





Lab No. 012503080294 Age/Gender 31.11 YRS/MALE Coll. ON 08/Mar/2025 09:17AM

NAME Mr. KARAN MEENA 08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL** BarcodeNo 01080294 Approved ON 08/Mar/2025 11:04AM

Rpt. Centre undefined Printed ON 08/Mar/2025 06:36PM

Test Name	Value	Unit	Biological Reference Interval
Complete Haemogram, EDTA wh	ole blood		
Haemoglobin (Hb) Method: Colorimetry	15.40	gm/dl	13.0 - 17.0
RBC count Method: Electrical impedence	5.11	Millons/cmm	4.5 - 5.5
PCV / Haematocrit Method : Calculated	46.70	%	40.0 - 50.0
MCV Method : Calculated	91.20	fl	83.0 - 101.0
MCH Method : Calculated	30.10	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	33.00	%	31.5 - 34.5
RDW - CV Method : Calculated	14.40	%	11.6 - 14.0
Mentzer Index Method : Calculated	17.85		>= 13.0

The Mentzer index (MCV/RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) Method: Flowcytometry	4,460	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	58.20	%	35.0 - 75.0
Lymphocytes	29.70	%	25.0 - 45.0
Eosinophils	6.80	%	1.0 - 5.0
Monocytes	5.10	%	1.0 - 6.0
Basophils	0.20	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	2,595.72	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,324.62	/cmm	1000 - 3000
Absolute Eosinophil count	303.28	/cmm	20 - 500
Absolute Monocyte count	227.46	/cmm	200 - 1000
Absolute Basophil count	8.92	/cmm	0 - 100
Platelet count Method: Electrical impedence	1.81	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) Method: Westergren method	15	mm/1st hr	0 - 22

Peripheral Smear

RBCs are normocytic and normochromic.

Leucocytic series reveals eosinophilia.

Platelets are adequate in number and are normal in morphology.

Dr. Deepak Sadwani

No atypical cells or haemoparasites are seen.

Impression: Eosinophilia.

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MD Pathology Lab Director Scan to view report

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist MCI Regd. No. IMR/11/115 Mousheir Mukkeezee Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist DMC Regd. No. 61873

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Reg. ON



Lab No. 012503080294 Age/Gender 31.11 YRS/MALE Coll. ON 08/Mar/2025 09:17AM

Mr. KARAN MEENA

BarcodeNo

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NAME

Approved ON 08/Mar/2025 11:04AM Printed ON 08/Mar/2025 06:36PM

Unit Test Name Value **Biological Reference** Interval

01080294

Blood Group (ABO + RH)

Blood Group , EDTA blood Method : Slide agglutination (Forward & Reverse grouping)

, EDTA blood

Rh type Method : Slide agglutination Positive



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Dr. Deepak Sadwani MD Pathology Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist MCI Regd. No. IMR/11/115 Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist

DMC Regd. No. 61873

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08/Mar/2025 09:17AM

60 - 100

mg/dL



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96.80

Ref. Dr. **MEDIWHEEL** BarcodeNo 01080294 Approved ON 08/Mar/2025 10:46AM

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Test Name	Value	Unit	Biological Reference Interval

Interpretation (In accordance with the American diabetes association guidelines):

 $\bullet~$ A fasting plasma glucose level below 100 mg/dl is considered normal.

Glucose Fasting, plasma

Method: GOD POD

- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.



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Dr. Smita Sadwani MD(Biochemistry) Technical Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Mr. KARAN MEENA

08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL**

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Approved ON 08/Mar/2025 06:20PM

BarcodeNo 01080294 Rpt. Centre undefined Printed ON 08/Mar/2025 06:36PM

Test Name	Value	Unit	Biological Reference Interval
Glucose PP, plasma Method : GOD POD	83.00	mg/dL	90 - 140

Interpretation (In accordance with the American diabetes association guidelines):

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.



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Dr. Smita Sadwani MD(Biochemistry) Technical Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Lab No. 012503080294

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08/Mar/2025 06:36PM

Test Name	Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN), serum Method: Calculated	11.18	mg/dl	7.8 - 20.2
Serum Creatinine Method : Jaffe kinetic	0.72	mg/dl	0.7 - 1.2
Serum Uric Acid <i>Method : Uricase-Peroxidase</i>	5.21	mg/dl	3.6 - 8.2



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Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Deepak Sadwani MD(Pathology) Lab Director

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Test Name	Value	Unit	Biological Reference Interval

HbA1c (Glycosylated haemoglobin), EDTA whole blood 5.10 < 5.7

Method: HPLC Estimated average plasma Glucose 99.67 mg/dL 65 - 136

The test is approved by NGSP for patient sample testing.

Method : Calculated

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceeding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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08/Mar/2025 06:36PM

Value	Unit	Biological Reference Interval
0.54	mg/dl	0.1 - 1.2
0.17	mg/dl	0.0 - 0.3
0.37	mg/dl	0.1 - 1.1
30.90	U/I	<= 35.0
37.40	U/I	<= 45.0
164.70	U/I	30.0 - 120.0
42.60	U/I	11.0 - 61.0
7.28	g/dl	6.6 - 8.3
4.70	g/dl	3.5 - 5.2
2.58	g/dl	2.0 - 3.5
1.82		1.5 - 2.5
	0.17 0.37 30.90 37.40 164.70 42.60 7.28 4.70 2.58	0.17 mg/dl 0.37 mg/dl 30.90 U/l 37.40 U/l 164.70 U/l 42.60 U/l 7.28 g/dl 4.70 g/dl 2.58 g/dl

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Mobile:9782858140

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Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Deepak Sadwani MD(Pathology) Lab Director

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08/Mar/2025 06:36PM Rpt. Centre undefined **Printed ON**

Test Name	Value	Unit	Biological Reference Interval
Lipid Profile basic (direct HDL,calculated	LDL)		
Total Cholesterol, , serum Method : CHOD-POD	139.50	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	89.00	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	41.50	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated	17.80	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	80.20	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	98.00	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.36		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	1.93		< 3.5
Interpretation:		 1	
National Lipid Association Recommendation (NLA-2014)			
Borderline high: 200-239 mg/dL High: > or -240 mg/dI	mg/dL gh: 150-199 mg/dL		
Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or = 190 mg/dI High: 160-189	0 mg/dL : 100-129 mg/dL gh: 130-159 mg/dL		
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL			

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Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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08/Mar/2025 06:36PM Rpt. Centre undefined Printed ON

Test Name	Value	Unit	Biological Reference Interval
			mervar
Thyroid Profile Total (T3, T4, TSH)			
T3, (Triiodothyronine) , serum Method : ECLIA	1.36	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	12.69	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method: ECLIA	1.24	uIU/ml	0.27 - 4.2

Interpretation:

- · Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Ref. Dr. **MEDIWHEEL** BarcodeNo 01080294 Approved ON 08/Mar/2025 10:33AM

Rpt. Centre undefined Printed ON 08/Mar/2025 06:36PM

Test Name	Value	Unit	Biological Reference Interval
Urine Routine & Microscopic Examina	ation		
Physical examination			
Volume	15	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity Method: pKa change	1.020		1.003 - 1.035
<u>Chemical examination</u>			
Protein Method: error-of-indicator	Nil		Nil
Glucose Method: GOD-POD	Nil		Nil
pH Method : Double indicator	5.0		
Bilirubin Method: Azo-coupling reaction	Negative		Negative
Urobilinogen Method: Azo- coupling reaction	Normal		Normal
Ketone Method: Legals test	Negative		Negative
Erythrocytes Method: Peroxidase	Absent		Absent
Nitrite Method : Griess reaction	Negative		Negative
Leukocytes Method : Esterase activity of granulocytes	Absent	Leu/uL	Negative
Microscopic examination			
WBC	0 - 1	/ HPF	0 - 2
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	0 - 1	/ HPF	0 - 15
Bacteria	Absent		Absent

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Others

Method : Light microscopy

Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Moushmi Mukherjee MD Pathology

Mousheei Mukkaezee

Consultant Pathologist

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Lab No. 012503080294 Age/Gender 31.11 YRS/MALE

BarcodeNo

Coll. ON 08/Mar/2025 09:17AM

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08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL**

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Rpt. Centre

Approved ON 08/Mar/2025 04:25PM

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08/Mar/2025 06:36PM

Test Name	Value	Unit	nit Biological Reference			
			Interval			
Urine Sugar fasting Method : Hexokinase	Nil		Nil			
Urine Sugar PP Method: Hexokinase	NIL		NIL			

01080294



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Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Moushmi Mukherjee

Mousheei Mukkaezee

MD Pathology Consultant Pathologist

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Lab No. 012503080294

Courier

Age/Gender 31.11 YRS/MALE Coll. ON 08/Mar/2025 09:17AM

Mr. KARAN MEENA

08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL** BarcodeNo 01080294 Approved ON 08/Mar/2025 03:42PM

Printed ON 08/Mar/2025 06:36PM

ECG Electro-cardiography

Sinus Rhythm.

NAME

Rpt. Centre

TMT (Treadmill Test)

Negative For RMI.

Eye Vision						
	Right Eye	Left Eye				
NEAR	N/6 (With	N/6 (With				
VISION	Glass)	Glass)				
DISTANCE	6/12 (With	6/12 (With				
VISION	Glass)	Glass)				
COLOR	Normal	Normal				
VISION	INUITIIAI	INUITII				

MER

General	Fair, no pallor, no icterus, no anemia
Condition	observed
Height (cm)	166
Weight (kg)	60
Pulse (bpm)	75
BP (mm/hg)	100/70

Please note: Kindly review with clinician in view of abnormal reports (if any).

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Dr. Smita Sadwani MBBS. MD Director

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Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist Lab Director

Dr. Deepak Sadwani Dr. Ashish Gautam MD(Pathology)

MD, PGDCC

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Cardiologist Consultant Pathologist

DMC Regd. No. 48732

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Dr. Smita Sadwani MBBS. MD

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Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist Lab Director

Dr. Deepak Sadwani Dr. Ashish Gautam MD(Pathology)

MD, PGDCC Consultant Cardiologist Consultant Pathologist

Dr. Moushmi Mukherjee MBBS,MD (Pathology)

Director DMC Regd. No. 48732

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Mr. KARAN MEENA 08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL** BarcodeNo 01080294 Approved ON 08/Mar/2025 10:24AM Rpt. Centre Courier Printed ON 08/Mar/2025 06:36PM

X-Ray Chest PA view

Prominent bronchovascular markings are seen.

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Please correlate clinically

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MBBS,DMRD.DNB (RADIO DIAGNOSIS)
Page 14 of 15 DMC No. 55709





Lab No. 012503080294

NAME

Ref. Dr.

Rpt. Centre

Age/Gender 31.11 YRS/MALE Coll. ON

08/Mar/2025 09:17AM

Mr. KARAN MEENA

MEDIWHEEL

Courier

BarcodeNo 01080294 Reg. ON 08/Mar/2025

Approved ON 08/Mar/2025 11:41AM

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08/Mar/2025 06:36PM

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size (13.0 cm) and shape. It shows a normal parenchymal echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. Gb shows few echogenic polyps, largest of them measuring 5.1 x 3.6 mm seen arising from anterior and posterior wall. There is no evidence of any calculi. There is no evidence of any wall thickening seen. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (7.5 cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 10.4 x 3.5 cm and the left kidney measures 11.9 x 4.2 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The prostate is normal in size.

IMPRESSION

Gall bladder polyps.

Kindly correlate clinically

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*** Partial Report ***



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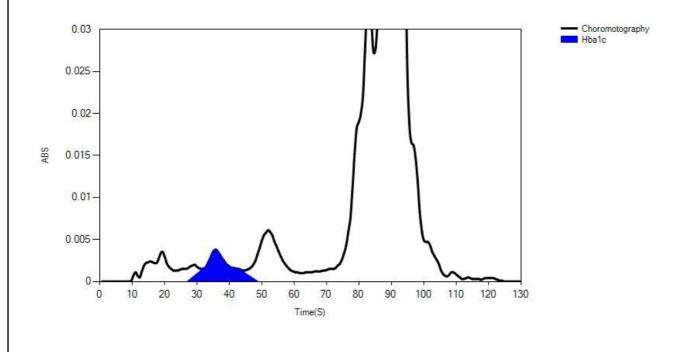


LIFOTRONIC Graph Report

Name: Case: Patient Type: Test Date: 08/03/2025 11:16:33

Age: Department: Sample Type: Whole Blood EDTA Sample Id: 01080294
Gender: Total Area: 12451

Peak Name	Retention Time(s)	Absorbance Area		Result (Area %)		
HbA0	66	3786	11192	84.8		
HbA1c	38	61	675	5.1		
La1c	26	38	288	2.2		
HbF	21	20	38	0.3		
Hba1b	14	36	145	1.1		
Hba1a	11	24	113	0.9		



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Mr. KARAN MEENA

I.D. : 626 AGE/SEX : 31 Yr /M HT/WT : /

DATE : 08-03-2025 12:17:13 PM

REF.BY: Dr.MEDIWHEEL

MACHINE INTERPRETATION: Sinus Rhythm.

 RATE
 : 60 bpm
 P Duration
 : 109 ms

 BP
 : N/A
 PR Duration
 : 152 ms

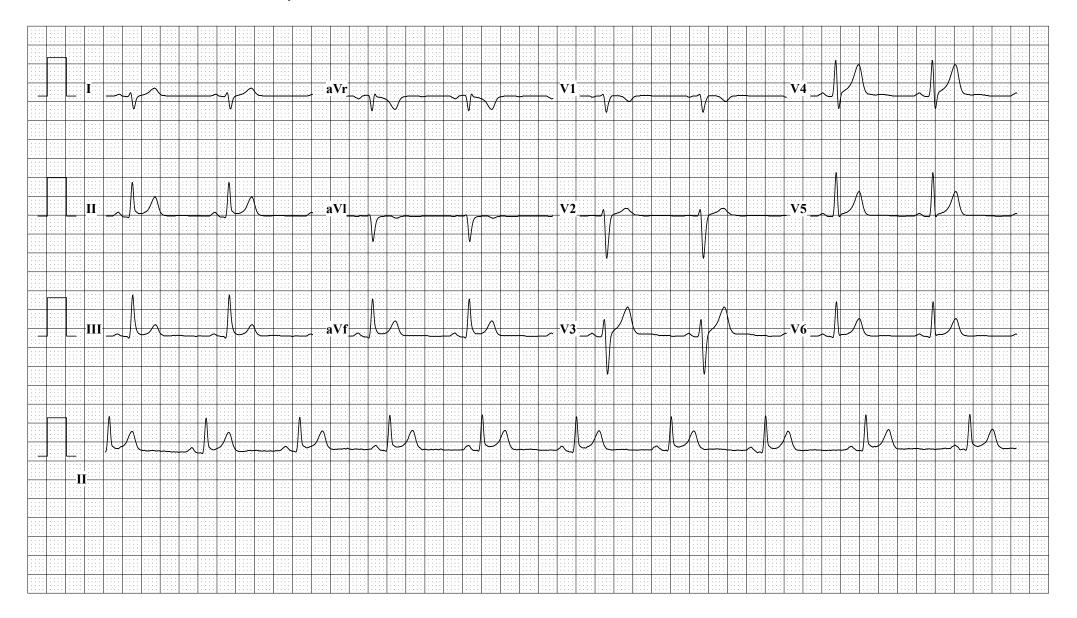
 P Axis
 : 57 deg.
 QRS Duration
 : 109 ms

 QRS Axis
 : 100 deg.
 QT Interval
 : 360 ms

 T Axis
 : 65 deg.
 QTc Interval
 : 360 ms

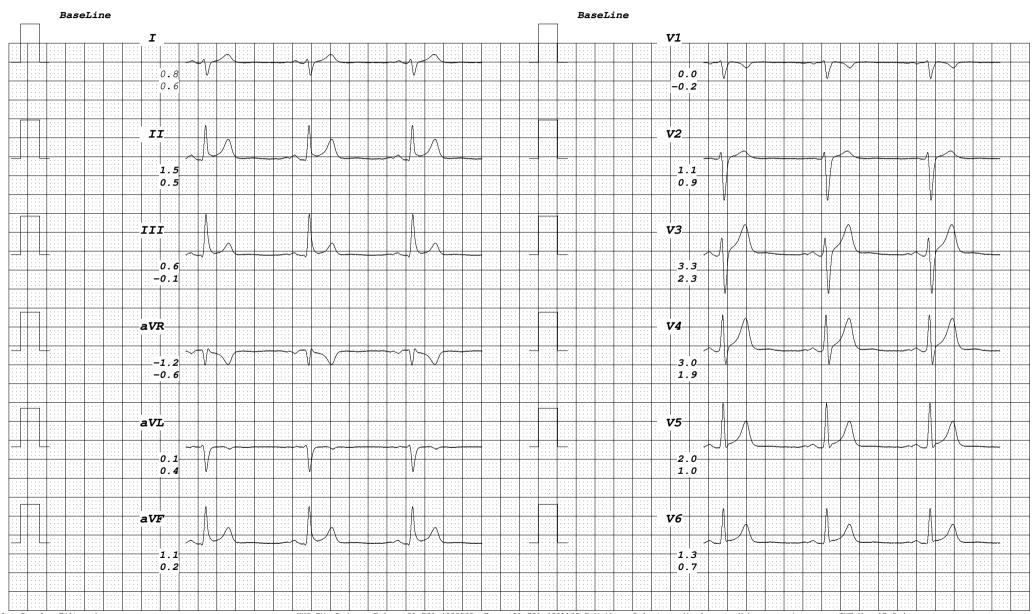
Linked Median

Average Filtered Speed : 25 mm/s Sensitivity : 10 mm/mV



KARAN MEENA

I.D. 184 Age 31/M Date 08-03-2025 RATE 55bpm B.P. 98/67 PRETEST SUPINE ST @ 10mm/mV 80ms PostJ



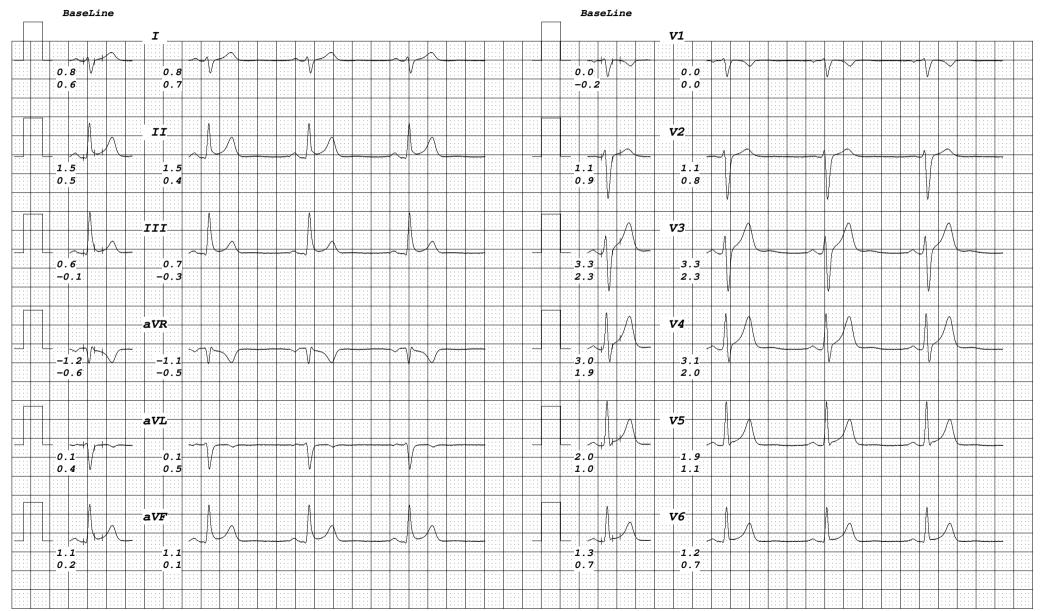
KARAN MEENA

I.D. 184 Age 31/M

Date 08-03-2025

RATE 57bpm B.P. 98/67 PRETEST HYPERVENT ST @ 10mm/mV 80ms PostJ

PHASE TIME 0:25



KARAN MEENA

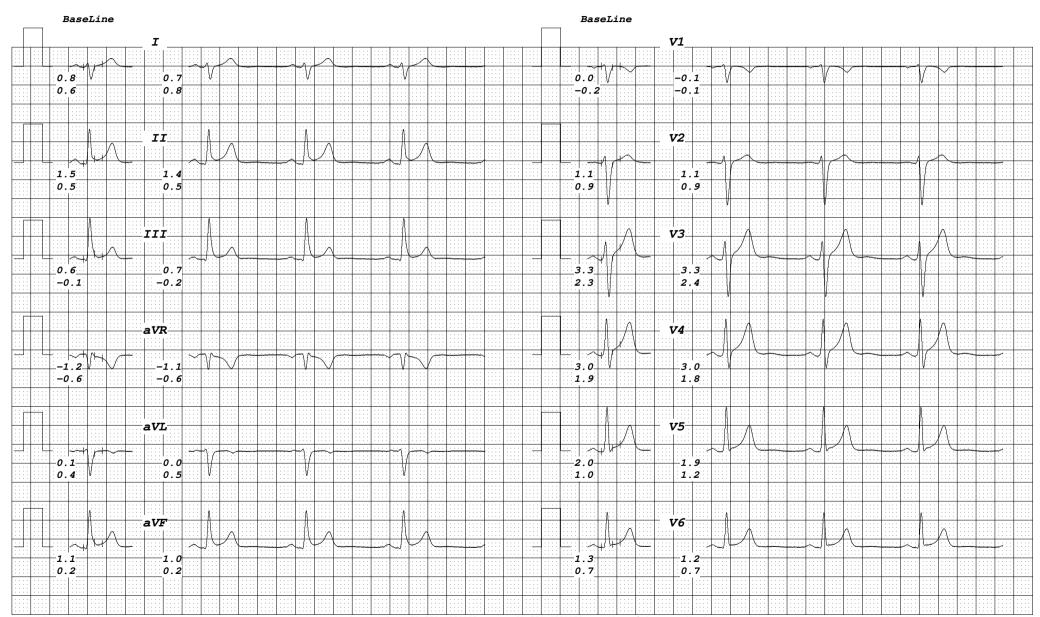
I.D. 184 Age 31/M

Date 08-03-2025

RATE 59bpm

B.P. 98/67

PRETEST STANDING ST @ 10mm/mV 80ms PostJ



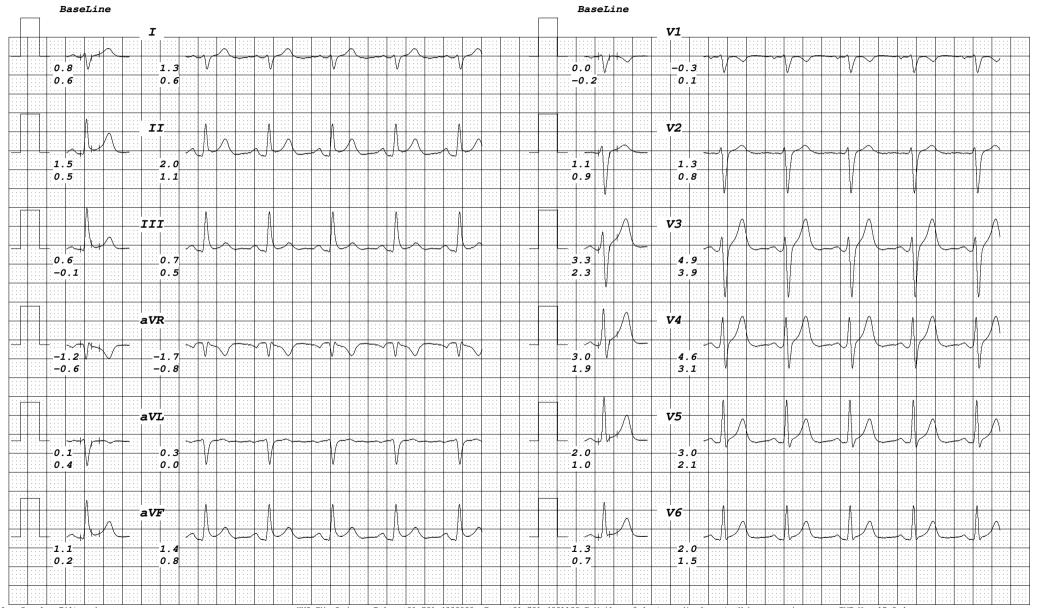
KARAN MEENA

I.D. 184 Age 31/M

Date 08-03-2025

RATE 90bpm B.P. 105/70 Bruce Stage 1 ST @ 10mm/mV 80ms PostJ

TOTAL TIME 2:55 PHASE TIME 2:55 Speed 2.7 km/hr SLOPE 10 %



KARAN MEENA

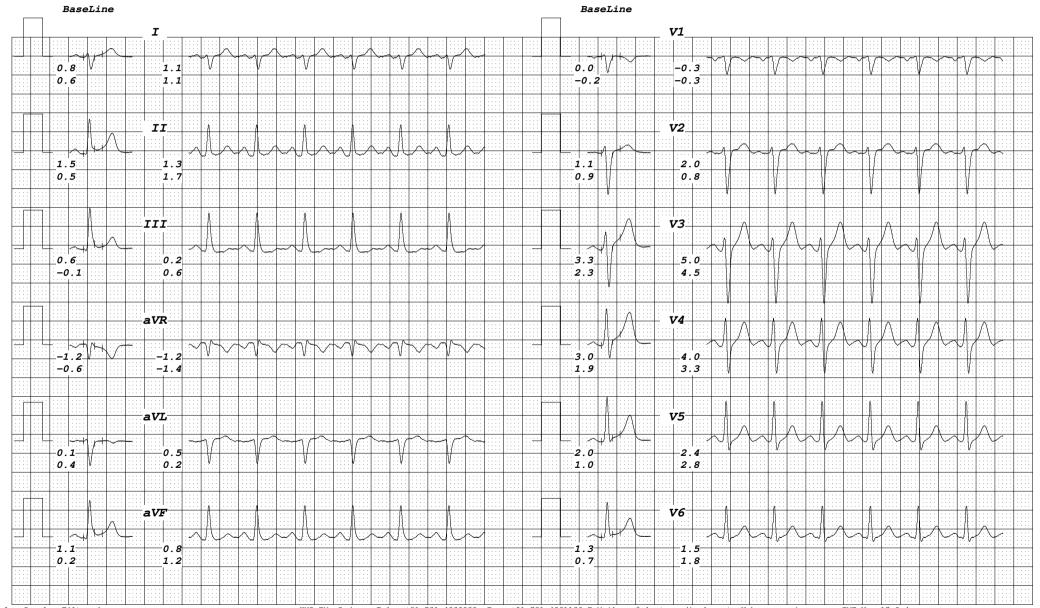
I.D. 184 Age 31/M

Date 08-03-2025

RATE 120bpm B.P. 110/75 Bruce Stage 2 ST @ 10mm/mV 80ms PostJ

TOTAL TIME 5:55
PHASE TIME 2:55

Speed 4 km/hr SLOPE 12 %



TOTAL TIME 8:55

PHASE TIME 2:55

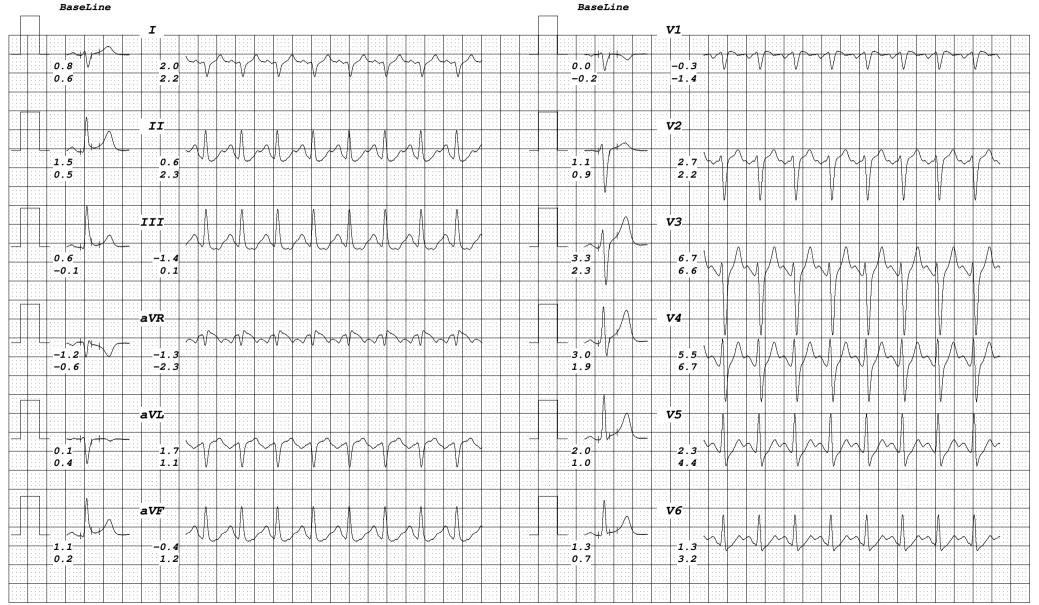
KARAN MEENA

I.D. 184 Age 31/M

Date 08-03-2025

RATE 160bpm B.P. 115/80 Bruce Stage 3 ST @ 10mm/mV 80ms PostJ

Speed 5.4 km/hr SLOPE 14 %



KARAN MEENA

I.D. 184 Age 31/M

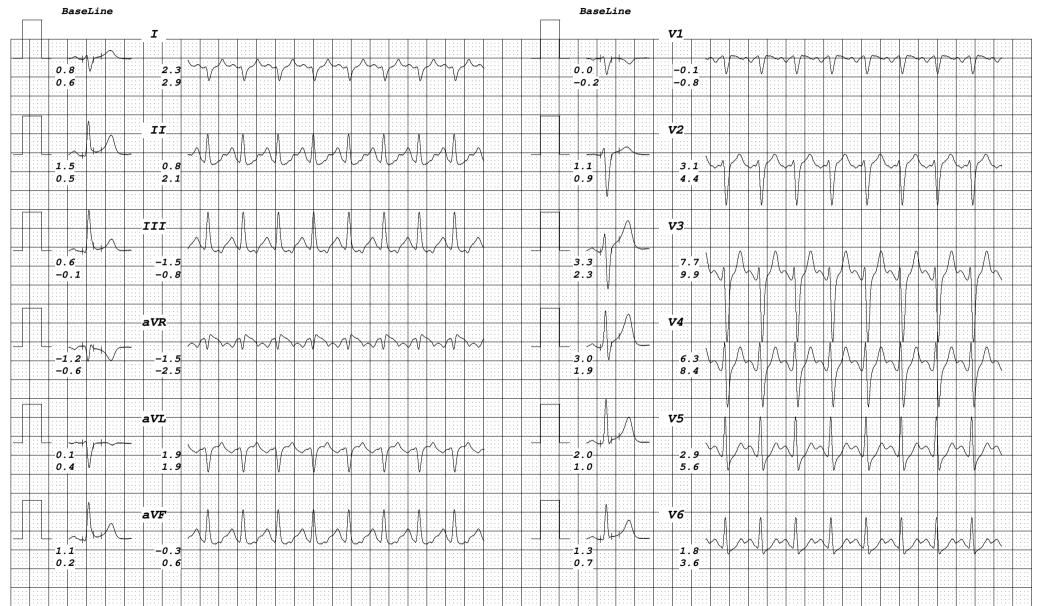
Date 08-03-2025

RATE 163bpm B.P. 115/80 Bruce

PK-EXERCISE

TOTAL TIME 9:20 PHASE TIME 0:20 ST @ 10mm/mV 80ms PostJ

Speed 6.7 km/hr SLOPE 16 %



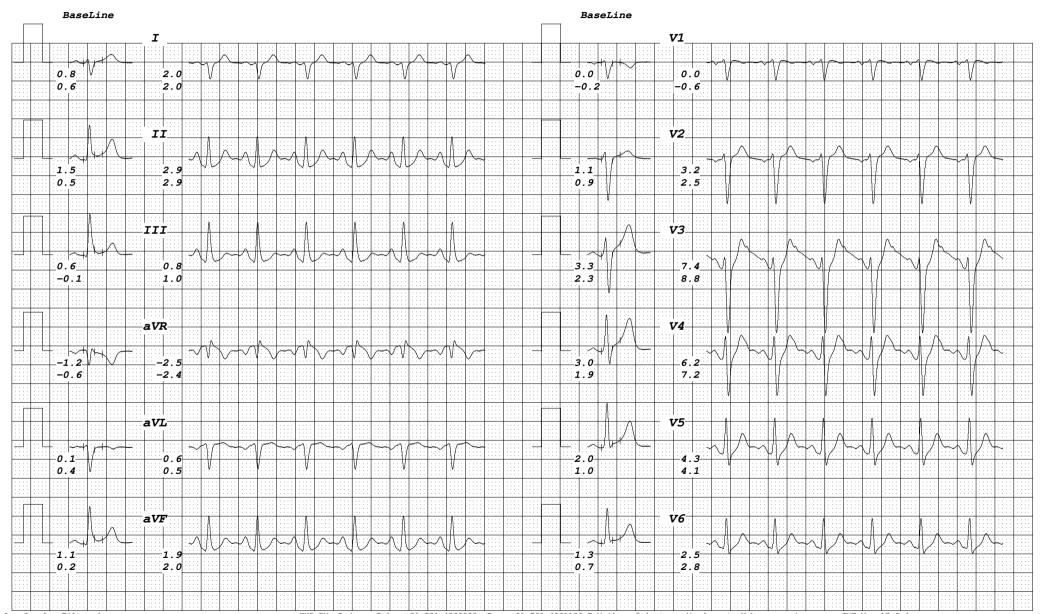
KARAN MEENA

I.D. 184 Age 31/M

Date 08-03-2025

RATE 118bpm B.P. 110/75 Bruce RECOVERY ST @ 10mm/mV 80ms PostJ

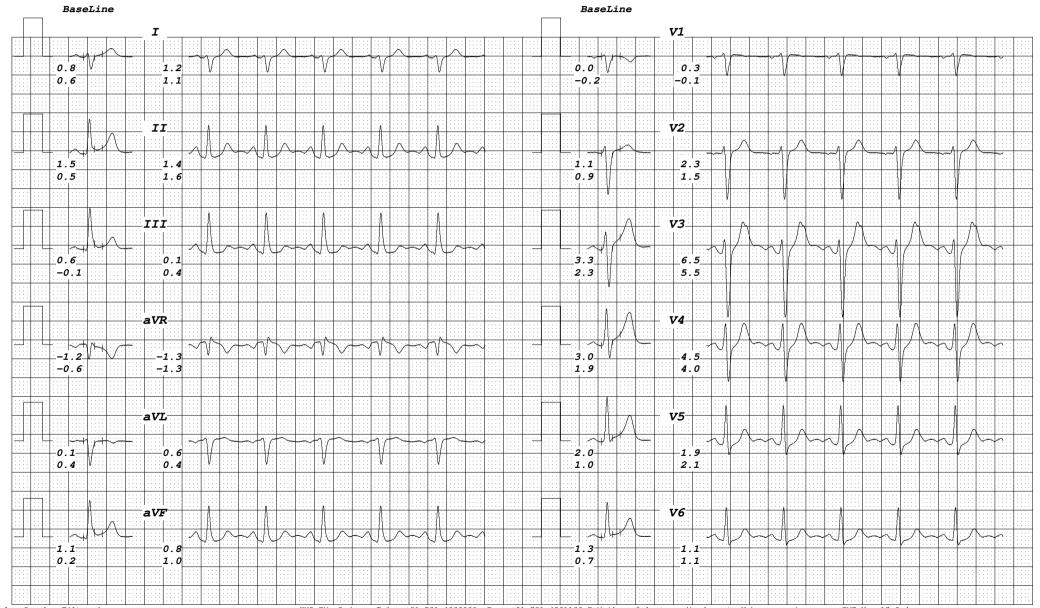
TOTAL TIME 10:25 PHASE TIME 0:55



KARAN MEENA

I.D. 184 Age 31/M Date 08-03-2025 RATE 100bpm B.P. 105/70 Bruce RECOVERY ST @ 10mm/mV 80ms PostJ

TOTAL TIME 11:25 PHASE TIME 1:55



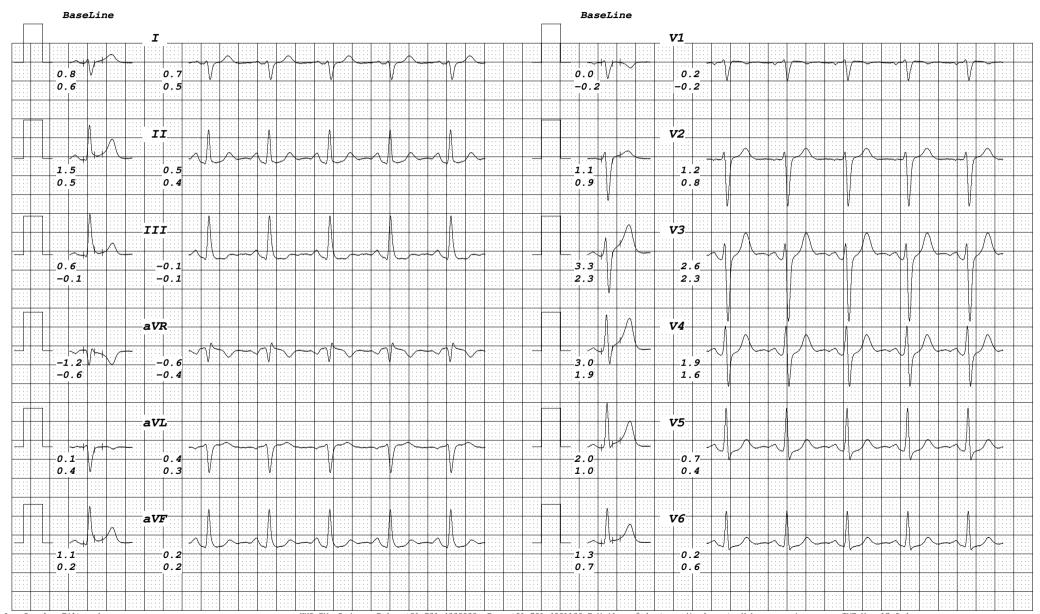
KARAN MEENA

I.D. 184 Age 31/M

Date 08-03-2025

RATE 95bpm B.P. 98/67 Bruce RECOVERY ST @ 10mm/mV 80ms PostJ

TOTAL TIME 12:25 PHASE TIME 2:55



A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC-19 NEW DLEHI-110075

KARAN MEENA

TREADMILL TEST REPORT

: 184

: 08-03-2025 DATE

PROTOCOL : Bruce

AGE/SEX : 31 /M HISTORY : Checkup/Physical fitness,

HT/WT : 0 / 0INDICATION REF.BY : MEDIWHEEL MEDICATION

PHASE	TOTAL STAGE SPEED TIME TIME Km/Hr		GRADE H.R.			RPP	ST LEVEL(MM)			METS	
		Km/Hr %	bpm	mmHg	x100	II	V1	V5			
SUPINE	•				55	98 / 67	53	1.5	0	2	•
HYPERVENT		0:25			57	98 / 67	55	1.5	0	1.9	
STANDING					59	98 / 67	57	1.4	-0.1	1.9	
Stage 1	2:55	2:55	2.7	10	90	105 / 70	94	2	-0.3	3	4.67
Stage 2	5 : 55	2:55	4	12	120	110 / 75	132	1.3	-0.3	2.4	7.04
Stage 3	8:55	2:55	5.4	14	160	115 / 80	184	0.6	-0.3	2.3	9.92
PK-EXERCISE	9:20	0:20	6.7	16	163	115 / 80	187	0.8	-0.1	2.9	10.44
RECOVERY	10:25	0:55			118	110 / 75	129	2.9	0	4.3	
RECOVERY	10:25	0:55			118	110 / 75	129	2.9	0	4.3	
RECOVERY	11:25	1:55			100	105 / 70	105	1.4	0.3	1.9	
RECOVERY	11:25	1:55			100	105 / 70	105	1.4	0.3	1.9	
RECOVERY	12:25	2:55			95	98 / 67	93	0.5	0.2	0.7	
RECOVERY	12 : 25				95	98 / 67	93	0.5	0.2	0.7	

RESULTS

EXERCISE DURATION : 9:20 MAX WORK LOAD

MAX HEART RATE : 163 bpm 86 % of target heart rate 189 bpm

MAX BLOOD PRESSURE : 115 / 80 mm Hg REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal, ARRYTHMIA : None,

: Normal Chronotropic Response, H.R. RESPONSE

IMPRESSIONS

Negative for Provocable myocardial ischemia,

Technician:

: 10.44 METS



