



CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun
Ph: 9235501532, 01356617357
CIN: U85110UP2003PLC193493

| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mrs.PRANTIKA-22S38319 | Registered On | : 09/Nov/2024 09:01:15 |
| Age/Gender | : 30 Y 0 M 0 D /F | Collected | : 09/Nov/2024 09:17:51 |
| UHID/MR NO | : IDUN.0000241723 | Received | : 09/Nov/2024 10:25:09 |
| Visit ID | : IDUN0265232425 | Reported | : 09/Nov/2024 11:58:03 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) , Blood

| | | | | |
|--------------|----------|--|--|---|
| Blood Group | O | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |

Complete Blood Count (CBC) , Whole Blood

| | | | | |
|---------------------------|----------|--------|--|---|
| Haemoglobin | 12.60 | g/dl | 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl | COLORIMETRIC METHOD (CYANIDE-FREE REAGENT) |
| TLC (WBC) | 8,520.00 | /Cu mm | 4000-10000 | IMPEDANCE METHOD |
| DLC | | | | |
| Polymorphs (Neutrophils) | 64.00 | % | 40-80 | FLOW CYTOMETRY |
| Lymphocytes | 29.00 | % | 20-40 | FLOW CYTOMETRY |
| Monocytes | 5.50 | % | 2-10 | FLOW CYTOMETRY |
| Eosinophils | 1.30 | % | 1-6 | FLOW CYTOMETRY |
| Basophils | 0.20 | % | < 1-2 | FLOW CYTOMETRY |
| ESR | | | | |
| Observed | 4.00 | MM/1H | 10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 | |





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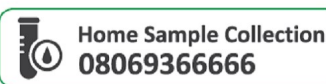
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|---------------------------------------|--------------|----------------|--------------------------------------|----------------------------------|
| | | | Pregnancy | |
| | | | Early gestation - 48 (62 if anaemic) | |
| | | | Leter gestation - 70 (95 if anaemic) | |
| Corrected | -- | Mm for 1st hr. | <20 | |
| PCV (HCT) | 40.50 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.69 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.10 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 38.30 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.32 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.70 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.68 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 86.50 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 26.80 | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | 31.00 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 16.10 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 50.40 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 5,460.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 110.00 | /cu mm | 40-440 | |

DR.SMIRITI GUPTA MD (PATHOLOGY)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 93.77 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it action at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

| | | | | |
|---|--------|-------|--|---------|
| Glucose PP <i>Sample: Plasma After Meal</i> | 104.87 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|---|--------|-------|--|---------|

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
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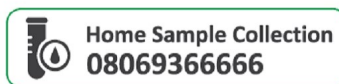
GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

| | | | | |
|----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.70 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 39.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 117 | mg/dl | | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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DEPARTMENT OF BIOCHEMISTRY

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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%) NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|--------------------------|----------------------|-------------|--------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |
| < 7 | <63.9 | <154 | Goal** |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia |
| < 6% | <42.1 | <126 | Non-diabetic level |

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen)

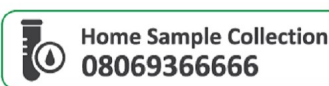
9.00

mg/dL

7.0-23.0

CALCULATED

Sample: Serum





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DEPARTMENT OF BIOCHEMISTRY

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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

| | | | | |
|---|------|-------|----------|-----------------|
| Creatinine <i>Sample: Serum</i> | 0.85 | mg/dl | 0.5-1.20 | MODIFIED JAFFES |
|---|------|-------|----------|-----------------|

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

| | | | | |
|--|------|-------|---------|---------|
| Uric Acid <i>Sample: Serum</i> | 4.23 | mg/dl | 2.5-6.0 | URICASE |
|--|------|-------|---------|---------|

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

| | | | | |
|---|--------------|-------|---------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 28.89 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 41.92 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 79.08 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.24 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.41 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.83 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.56 | | 1.1-2.0 | CALCULATED |





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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|--------------|-------|---|-------------------|
| Alkaline Phosphatase (Total) | 117.18 | U/L | 42.0-165.0 | PNP/AMP KINETIC |
| Bilirubin (Total) | 0.82 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.30 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.52 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) , Serum | | | | |
| Cholesterol (Total) | 194.47 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 61.11 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 98 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 35.17 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 175.85 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.020 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | Serum-0.1-3.0 Urine-0.0-14.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Bilirubin | ABSENT | | | DIPSTICK |
| Leucocyte Esterase | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Nitrite | ABSENT | | | DIPSTICK |
| Blood | ABSENT | | | DIPSTICK |
| Microscopic Examination: | | | | |
| Epithelial cells | 5-8/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 2-4/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, PP STAGE , Urine

| | |
|-----------------|--------|
| Sugar, PP Stage | ABSENT |
|-----------------|--------|





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Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL , Serum

| | | | | |
|-----------------------------------|--------------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 85.98 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 7.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 5.760 | μIU/mL | 0.27 - 5.5 | CLIA |

Interpretation:

| | | |
|----------|--------|------------------------|
| 0.3-4.5 | μIU/mL | First Trimester |
| 0.5-4.6 | μIU/mL | Second Trimester |
| 0.8-5.2 | μIU/mL | Third Trimester |
| 0.5-8.9 | μIU/mL | Adults 55-87 Years |
| 0.7-27 | μIU/mL | Premature 28-36 Week |
| 2.3-13.2 | μIU/mL | Cord Blood > 37Week |
| 0.7-64 | μIU/mL | Child(21 wk - 20 Yrs.) |
| 1-39 | μIU/mL | Child 0-4 Days |
| 1.7-9.1 | μIU/mL | Child 2-20 Week |

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION : NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY



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Chandan 24x7 App





CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun
Ph: 9235501532, 01356617357
CIN: U85110UP2003PLC193493

| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mrs.PRANTIKA-22S38319 | Registered On | : 09/Nov/2024 09:01:16 |
| Age/Gender | : 30 Y 0 M 0 D /F | Collected | : 2024-11-09 10:54:07 |
| UHID/MR NO | : IDUN.0000241723 | Received | : 2024-11-09 10:54:07 |
| Visit ID | : IDUN0265232425 | Reported | : 09/Nov/2024 11:36:18 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER : is normal in size and echotexture. No focal lesion seen.

PORTAL VEIN : is normal at porta .

CBD is normal in size and measures approx 4 mm. Intra Hepatic biliary radicles are not dilated.

GALL BLADDER is not seen (h/o cholecystectomy).

SPLEEN : is normal in size, shape and echotexture. No focal lesion is seen.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. No evident peripancreatic collection is seen.

RIGHT KIDNEY:- is normal in size, (92 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LEFT KIDNEY:- is normal in size, (96 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LYMPHNODES : No pre-or-para aortic lymph node mass is seen.

URINARY BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

UTERUS: - is retroverted. No focal lesion seen. Endometrial thickness is approx 5 mm.

ADNEXA: - Both ovaries re normal.

FLUID : No significant free fluid seen in peritoneal cavity.

IMPRESSION: - NO SIGNIFICANT ABNORMALITY DETECTED.

Note: - In case of any discrepancy due to typing error kindly get it rectified immediately.

***** End Of Report *****

Result/s to Follow:

STOOL ROUTINE EXAMINATION, SUGAR, FASTING STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EX



Dr. Amit Bhandari MBBS MD RADIOLOGY

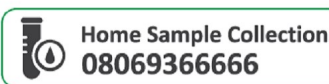
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location

Page 11 of 11

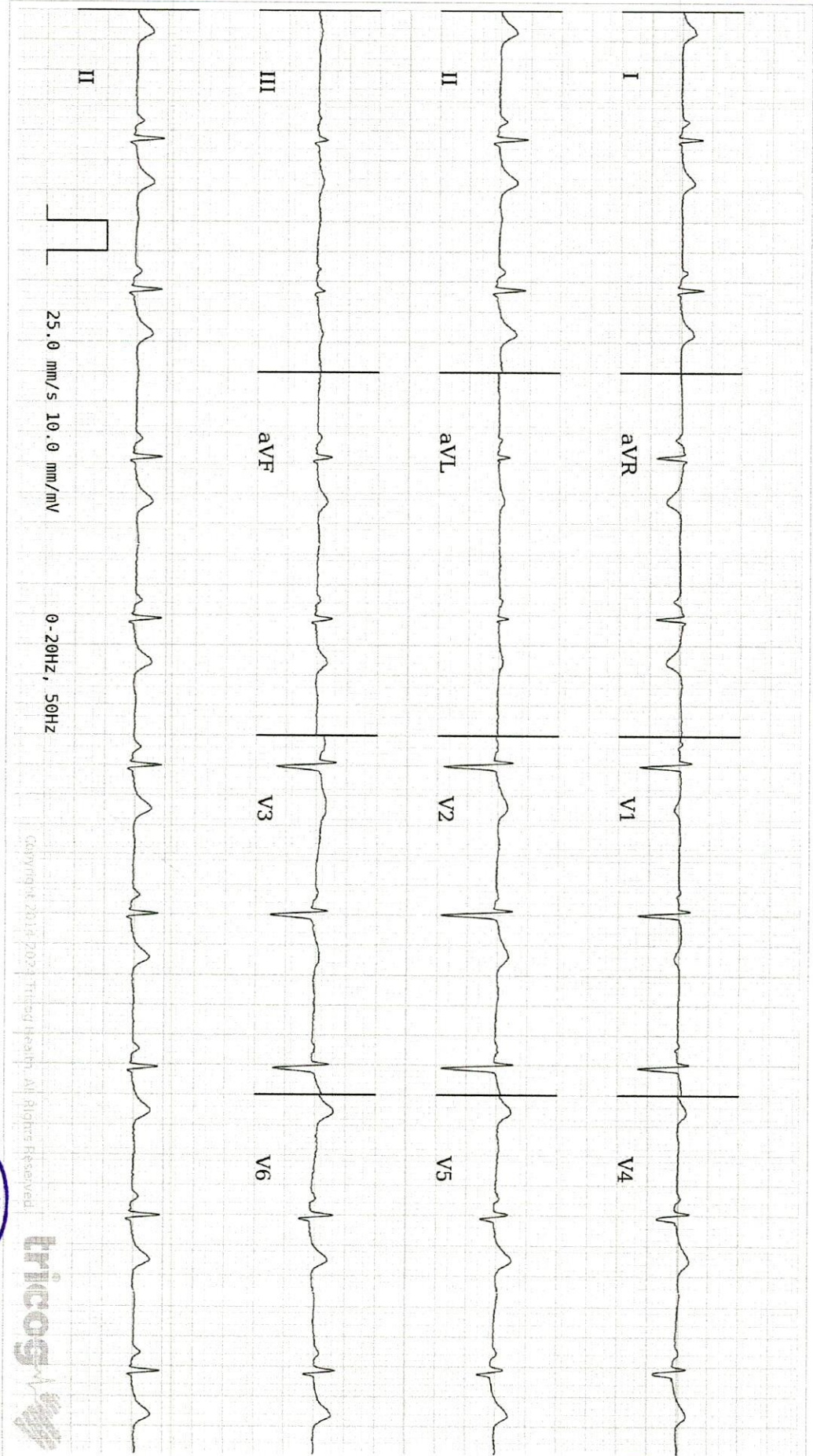




Chandan Diagnostic

Age / Gender: 30/Female
Patient ID: IDUN0265232425
Patient Name: Mrs. PRANTIKA-22S38319

Date and Time: 9th Nov 24 9:12 AM



Home Sample Collection
08069366666

Download
Chandan 24x7

Abnormal: Sinus Bradycardia. Poor "R" wave progression in anterior leads. Please correlate clinically.

45° 38° 45°

REPORTED BY

Dr. Manjunatha Gostikere Chikkangappa



Dr. Manjunatha Gostikere Chikkangappa

This document analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

CHANDAN DIAGNOSTIC CENTRE

56 ARMELLA BUILDING 1ST FLOOR MKP CHOWK DEHRADUN

Ms. PRANTIKA
Age: 30/F
Recorded: 9-11-2024 9:56
Ref. by: MEDIWHEEL ACROFEMI
Indication: . . .

ID: 26623
Ht/Wt: /

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE
History:
Medication: . . .

| PHASE | PHASE TIME | STAGE TIME | SPEED (Km./Hr.) | GRADE (%) | H.R. (BPM) | B.P. (mmHg) | RRP X100 | II | ST LEVEL (mm) V2 | V5 | METS |
|---------------|------------|------------|-----------------|-----------|------------|-------------|----------|------|------------------|------|------|
| SUPINE | | | | | | | | | | | |
| HYPERVENT | 0:30 | 0:30 | | | 85 | 114/76 | 96 | -1.1 | 0.2 | -0.7 | |
| STANDING | | | | | 89 | 114/76 | 101 | -1.0 | 0.2 | -0.5 | |
| | | | | | 86 | 114/76 | 98 | -1.0 | 0.2 | -0.5 | |
| STAGE 1 | 2:59 | 2:59 | 2.70 | 10.00 | 122 | 118/80 | 143 | -2.8 | 0.7 | -1.6 | 4.80 |
| STAGE 2 | 5:59 | 2:59 | 4.00 | 12.00 | 150 | 124/86 | 186 | -3.1 | 0.5 | -2.0 | 7.10 |
| STAGE 3 | 7:29 | 1:29 | 5.40 | 14.00 | 165 | 124/86 | 204 | -2.6 | 0.4 | -1.6 | 8.54 |
| PEAK EXERCISE | 7:34 | 1:34 | | | 163 | 124/86 | 202 | -2.7 | 0.5 | -1.7 | 8.62 |
| RECOVERY | 2:59 | 2:59 | 0.00 | 0.00 | 100 | 108/70 | 108 | -2.0 | 0.5 | -1.5 | |

RESULTS

Exercise Duration: 7:34 Minutes
Max Heart Rate: 165 bpm, 86 % of target heart rate 190 bpm
Max Blood Pressure: 124/86 mmHg
Max Work Load: 8.62 METS
Reason of Termination:

IMPRESSIONS
GOOD EFFORT TOLERANCE.
NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
NO ANGINA/ARRHYTHMIA/SLV DYSFUNCTION.
NO SIGNIFICANT ST T OR R WAVE CHANGES WERE SEEN DURING OR AFTER THE EXERCISE.
TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA.


Dr. GOPAL JEE SHARMA
D.N.B.
CHANDAN DIAGNOSTIC CENTRE
56, New Road, MKP Chowk
Dehradun-248001
Reg. No. 036883

DR RAJ PRATAP SINGH DR GOPAL JEE SHARMA

Ms. PRANTIKA
I.D. : 26523

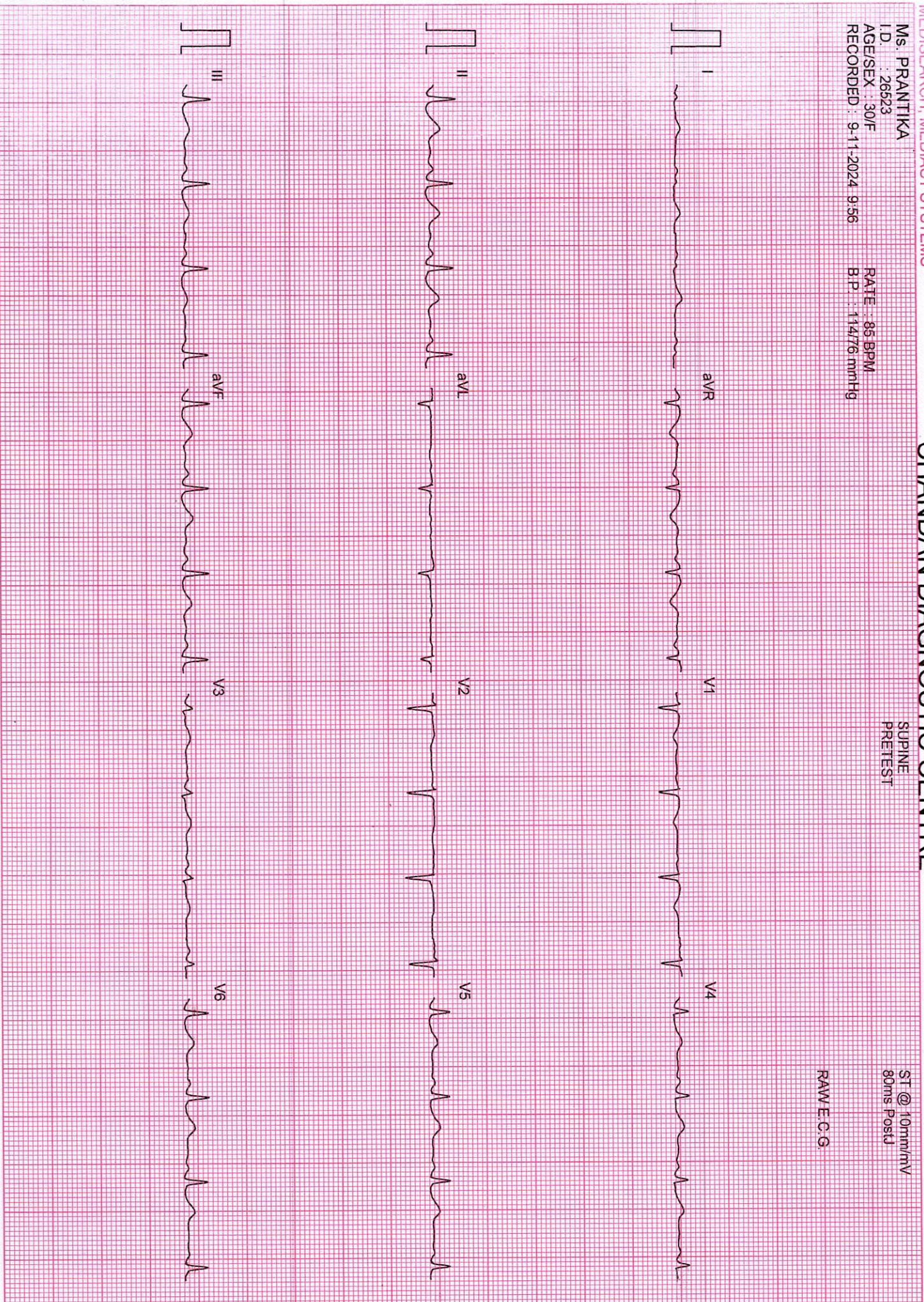
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

RATE : 85 BPM
B.P. : 114/76 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW ECG



CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA
ID : 26623
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

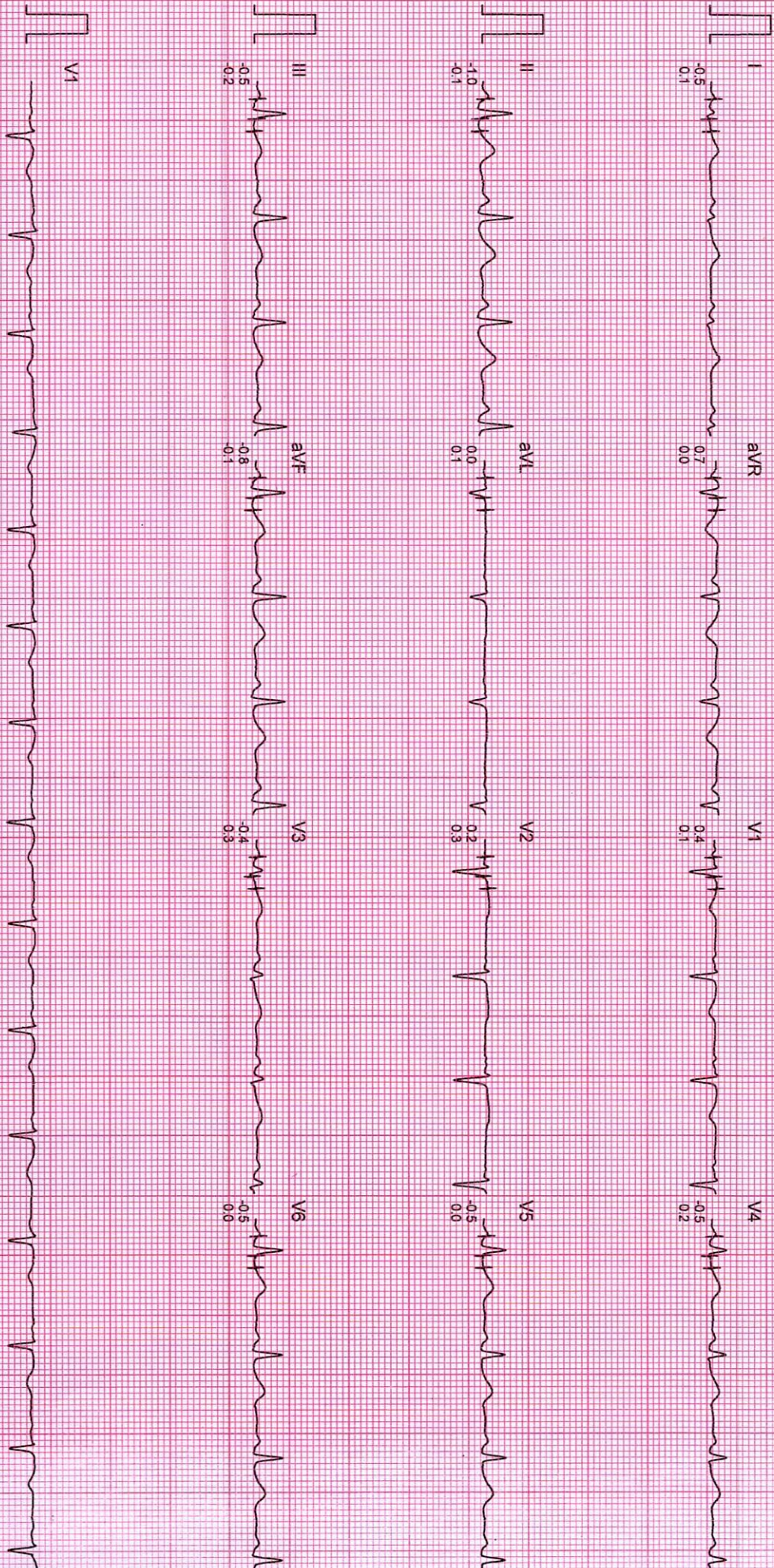
RATE : 89 BPM
B.P. : 114/76 mmHg

HYPERVENTILATION
PRETEST

ST @ 10mm/mV
80ms PostJ

STAGE TIME : 0.30

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, Email:cardiac@91-731-2431214

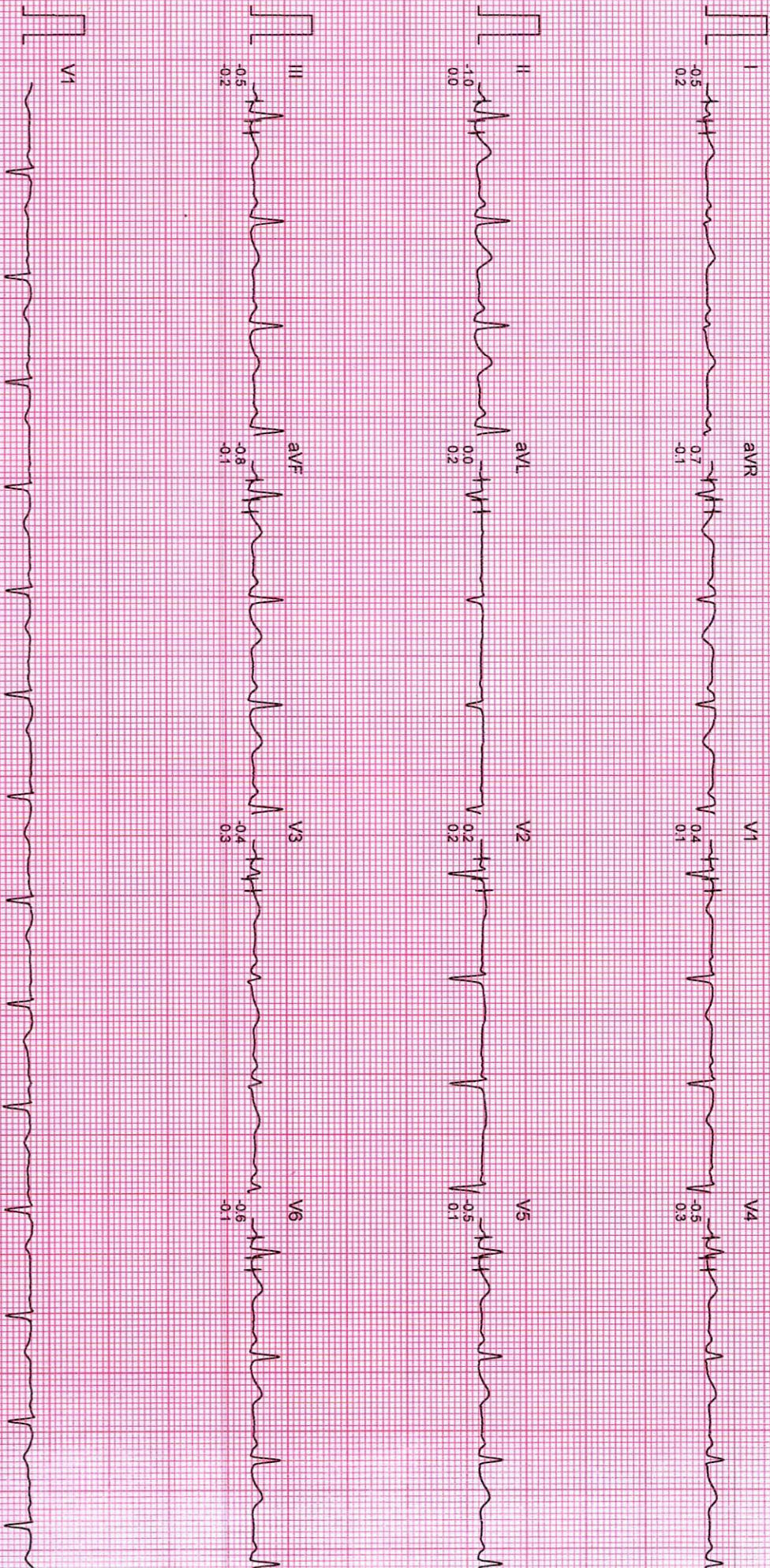
CHANDAN DIAGNOSTIC CENTRE

STANDING
PRETEST

ST @ 10mm/mV
80ms PostI

LINKED MEDIAN

Ms. PRANTIKA
ID : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56
RATE : 86 BPM
B.P : 114/76 mmHg



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

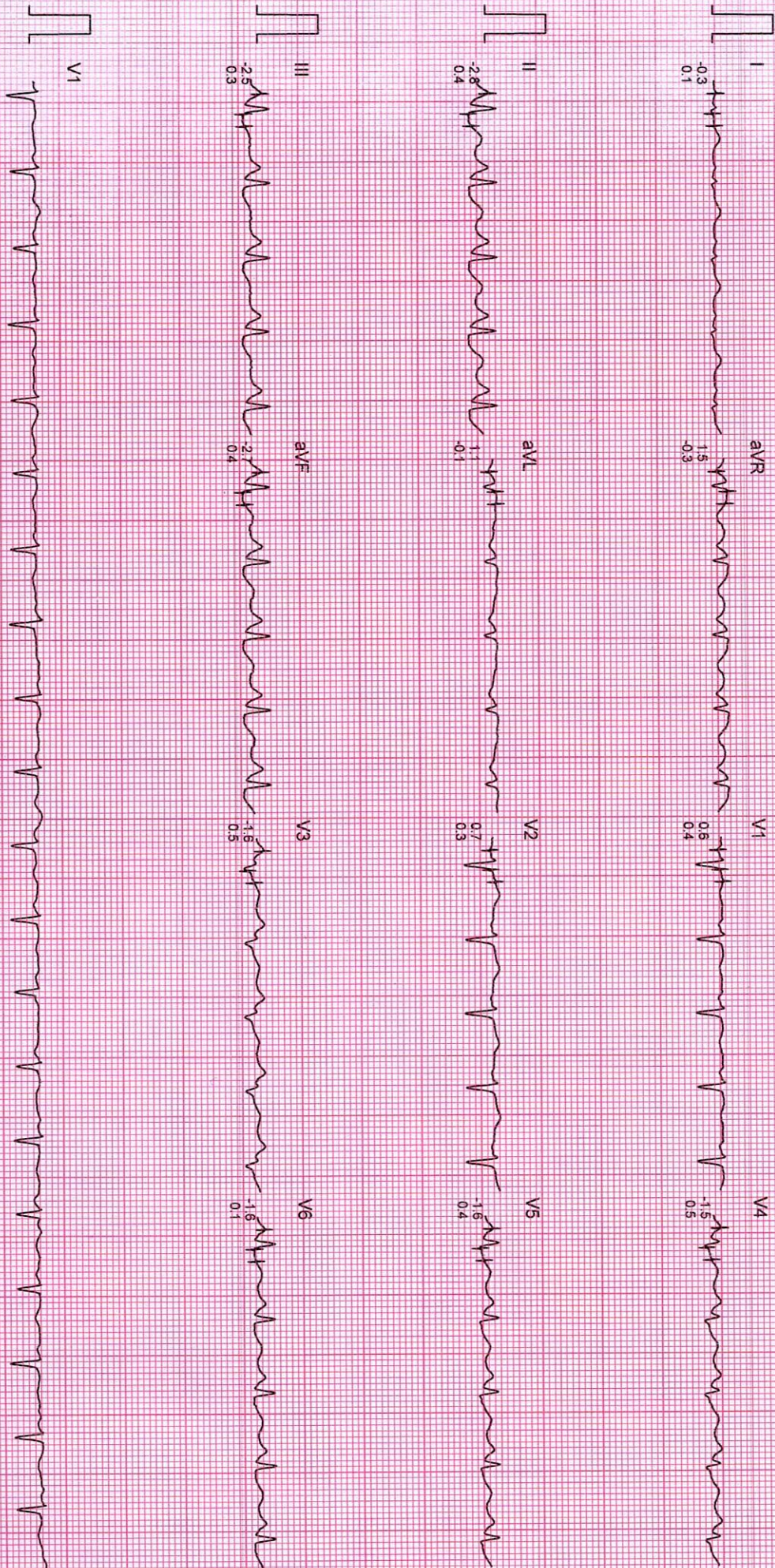
CardiCom, INDIA Ph.:091-731-2620740, Tel:091-731-2431214
SMAISIAIYQIEM HCGVVSICDEM

Ms. PRANTIKA
I.D. : 26623
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

RATE : 122 BPM
B.P. : 118/80 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %
LINKED-MEDIAN



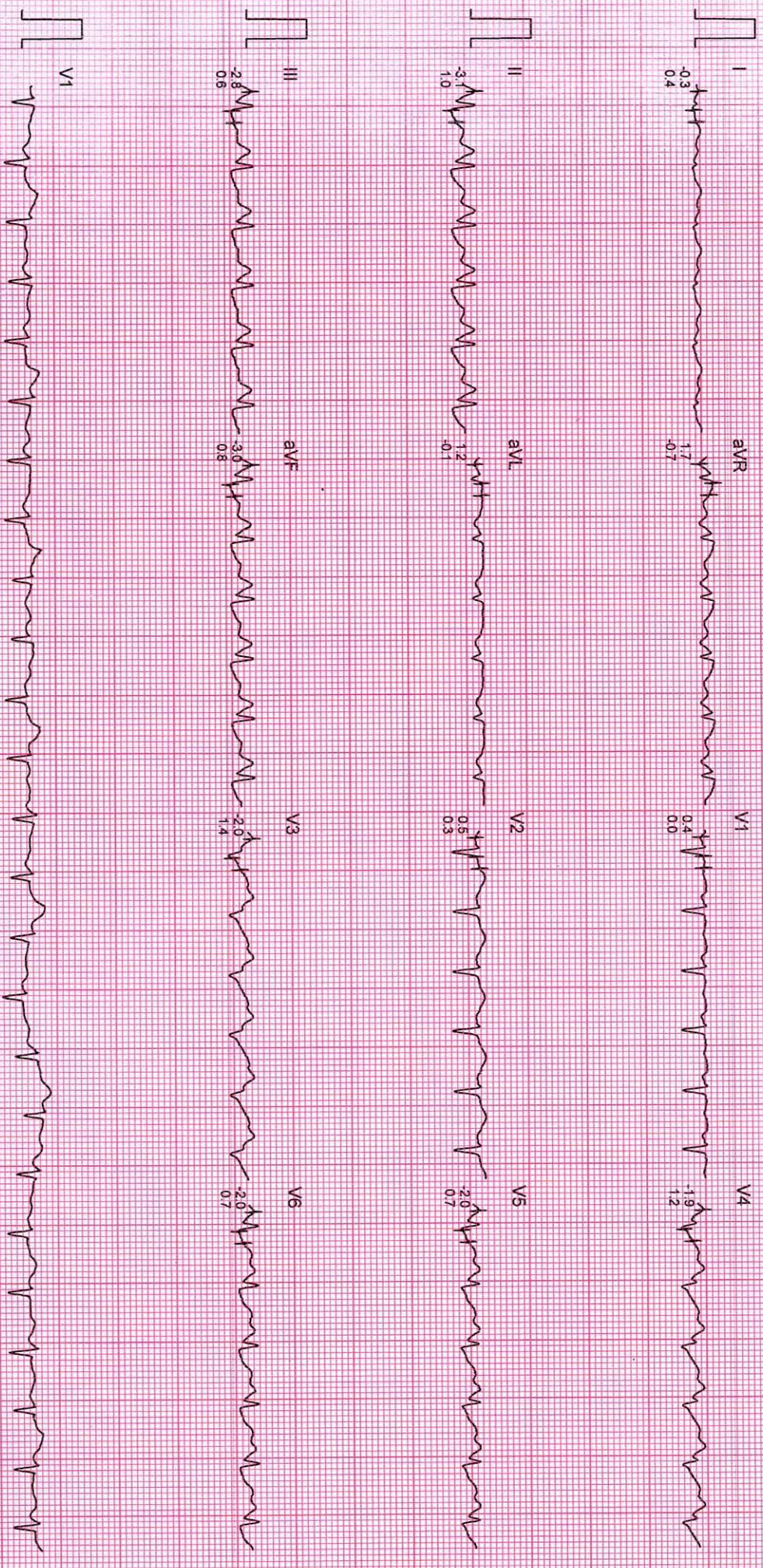
Ms. PRANTIKA
I.D. : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

RATE : 150 BPM
B.P. : 124/86 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km/Hr
GRADE : 12.0 %

LINKED-MEDIAN



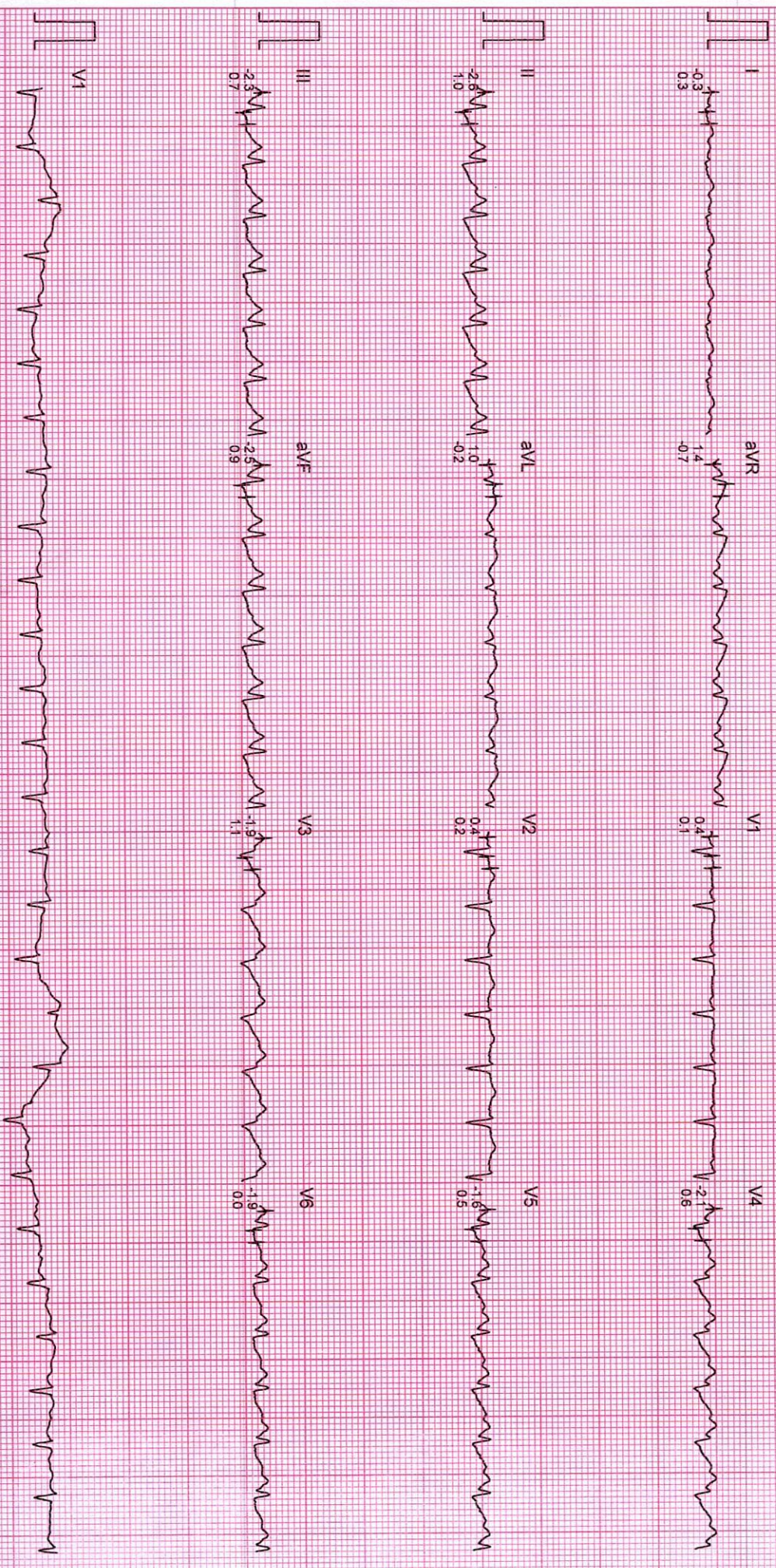
CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA
I.D. : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

BRUCE
EXERCISE 3
PHASE TIME : 7:29
STAGE TIME : 1:29

ST @ 10mm/mV
80ms PostU
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIAN



CHANDAN DIAGNOSTIC CENTRE

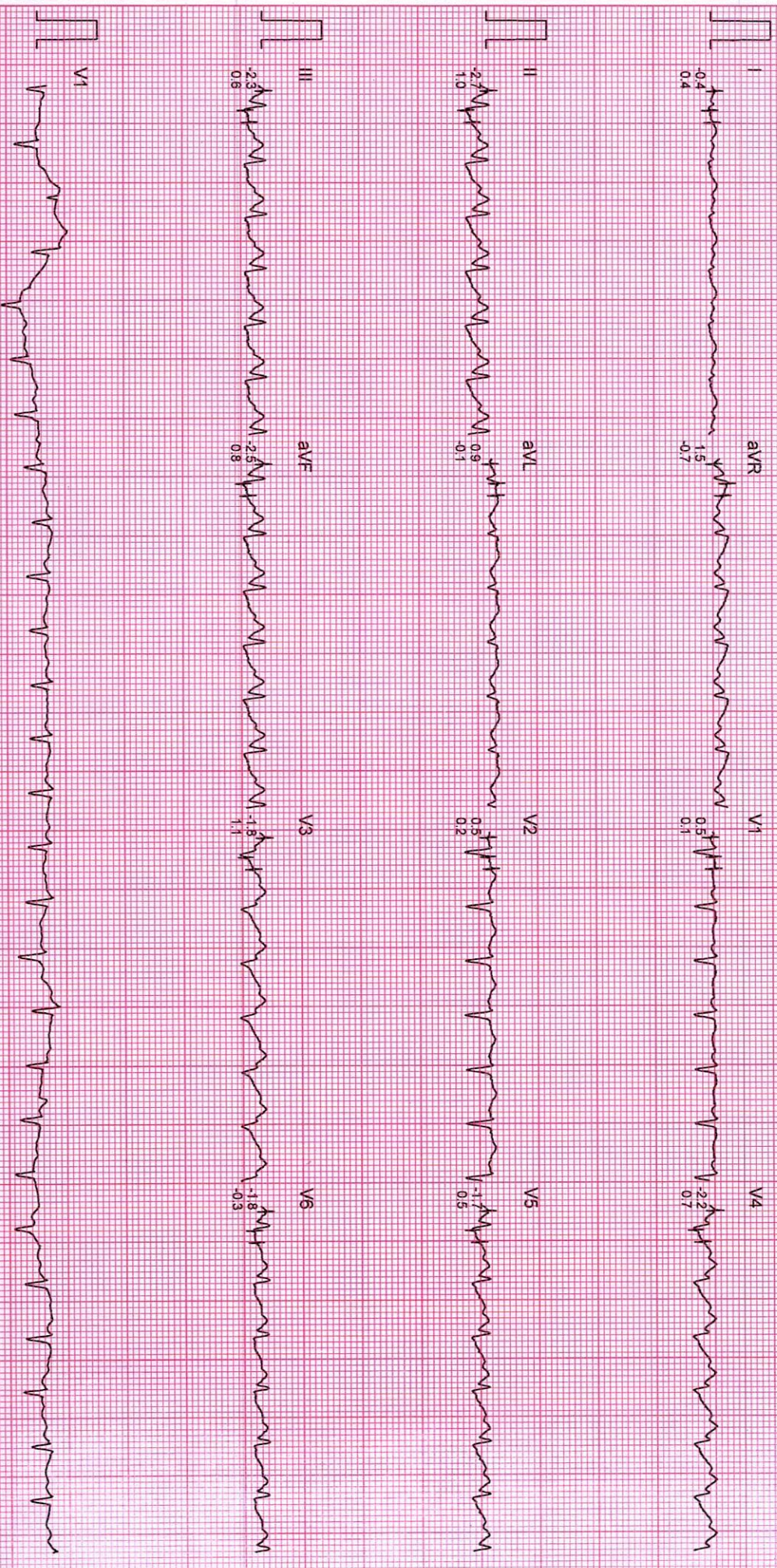
Ms. PRANTIKA
I.D. : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

BRUCE
PEAK EXERCISE
PHASE TIME : 7:34
STAGE TIME : 1:34

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIUM

RATE : 163 BPM
B.P. : 124/86 mmHg



CHANDAN DIAGNOSTIC CENTRE

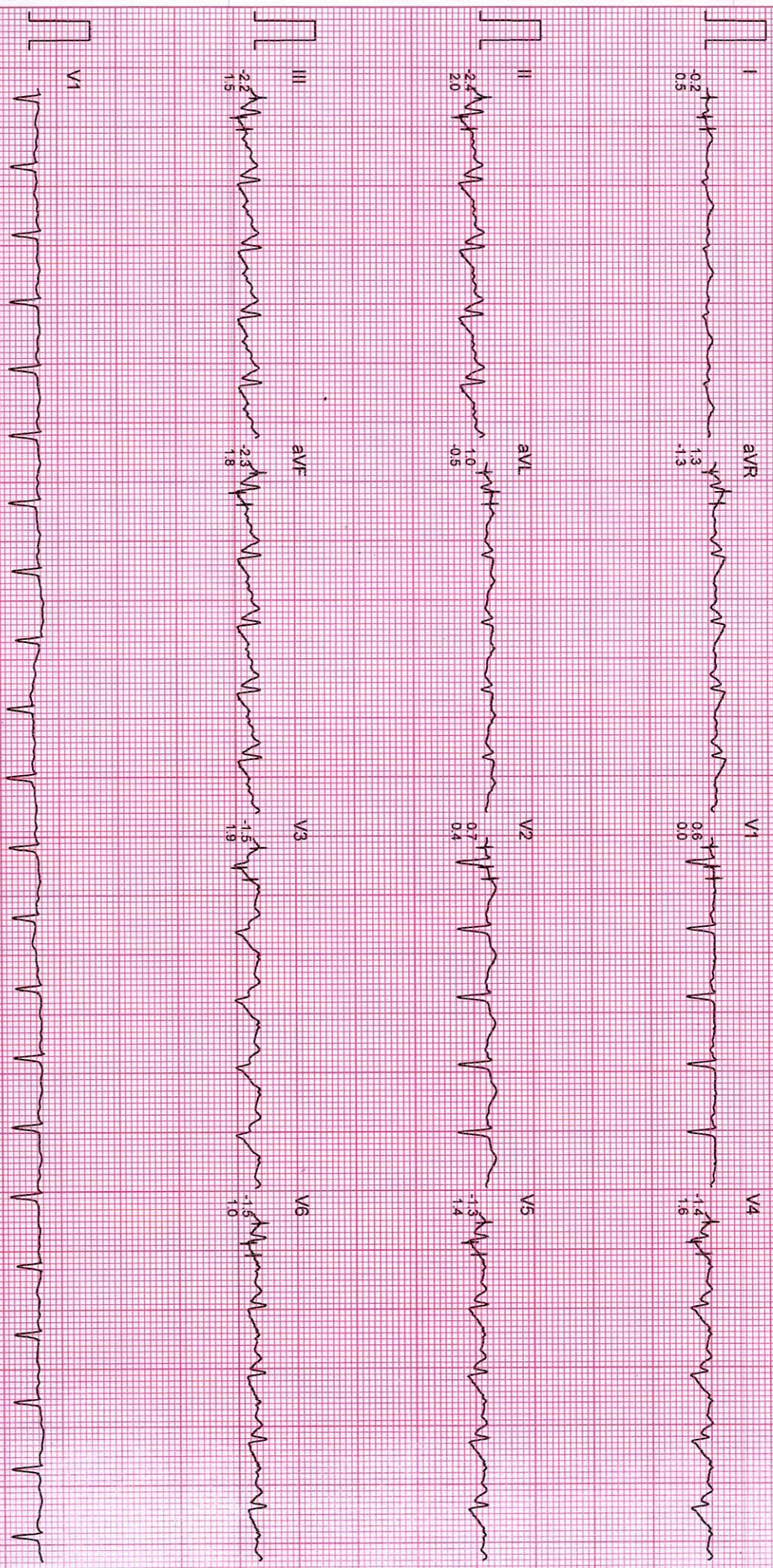
Ms. PRANTIKA
ID : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN

RATE : 129 BPM
B.P. : 120/82 mmHg



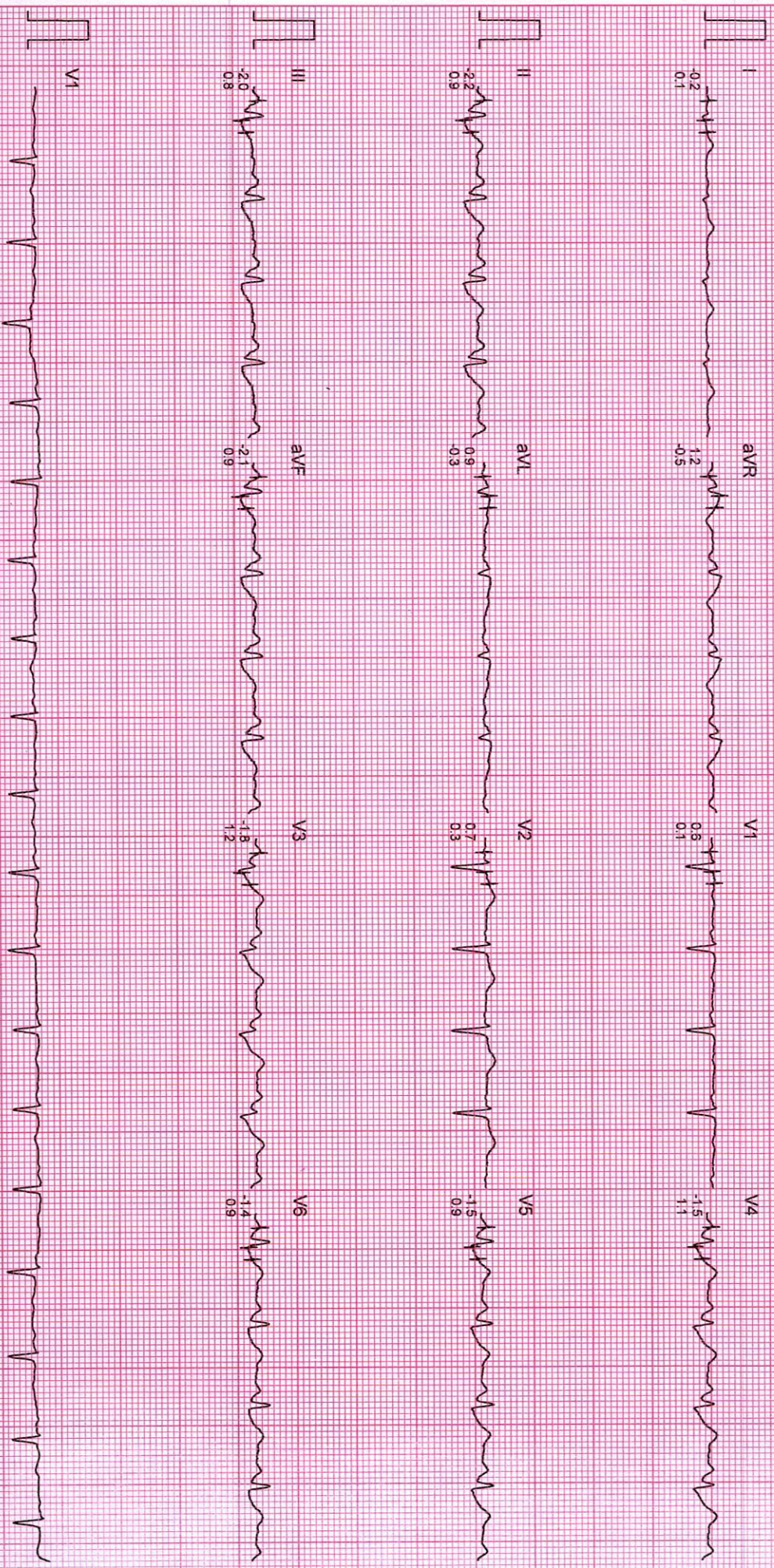
CHANDAN DIAGNOSTIC CENTRE

MS. PRANTIKA
ID : 26523
AGE/SEX : 30/F
RECORDED : 9-11-2024 9:56

BRUCE
RECOVERY
PHASE TIME : 1:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIUM



CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA

A.I.D. : 26523

AGE/SEX : 30/F

RECORDED : 9-11-2024 9:56

RATE : 100 BPM
B.P. : 108/70 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
LINKED MEDIUM

