



Name : Ms. KHANDELWAL ANAMIKA
 Lab No. : 393818490
 Ref By : SELF
 Collected : 8/3/2025 8:40:00AM
 A/c Status : P
 Collected at : WALKIN - J B NAGAR, ANDHERI EAST (MAIN CENTRE)
 Metro Station, Sahar Plaza Midas II, Shop No. 9/10/19/20, Wing - A, Andheri - Kurla Road, Below J. B. Nagar, Andheri East, Mumbai, Maharashtra - 400059

Age : 40 Years
 Gender : Female
 Reported : 8/3/2025 8:08:24PM
 Report Status : Interim
 Processed at : SDRL, VIDYAVIHAR

ID : proposal_no-22E55991

**MediWheel Full Body Health Female >40/2D ECHO
CBC (Complete Blood Count), Blood**

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 12.1 | | Spectrophotometric |
| RBC | 4.4 | | Elect. Impedance |
| PCV | 36.1 | | Calculated |
| MCV | 82.0 | | Measured |
| MCH | 27.6 | | Calculated |
| MCHC | 33.6 | | Calculated |
| RDW | 13.3 | | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 10660 | 4000 - 10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 30.5 | | |
| Absolute Lymphocytes | 3251.3 | 1000.0 - 3000.0 /cmm | Calculated |
| Monocytes | 5.4 | | |
| Absolute Monocytes | 575.6 | 200.0 - 1000.0 /cmm | Calculated |
| Neutrophils | 60.1 | | |
| Absolute Neutrophils | 6406.7 | 2000.0 - 7000.0 /cmm | Calculated |
| Eosinophils | 3.8 | | |
| Absolute Eosinophils | 405.1 | 20.0 - 500.0 /cmm | Calculated |
| Basophils | 0.2 | | |
| Absolute Basophils | 21.3 | 20.0 - 100.0 /cmm | Calculated |





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CBC (Complete Blood Count), Blood**

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-----------------------------------|----------------------------|-----------------------------|------------------|
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 340000 | 150000 - 410000 /cmm | Elect. Impedance |
| MPV | 9.0 | | Measured |
| PDW | 15.6 | | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | -- | | |
| Microcytosis | -- | | |
| Macrocytosis | -- | | |
| Anisocytosis | -- | | |
| Poikilocytosis | -- | | |
| Polychromasia | -- | | |
| Target Cells | -- | | |
| Basophilic Stippling | -- | | |
| Normoblasts | -- | | |
| Others | Normocytic Normochromic | | |
| WBC MORPHOLOGY | -- | | |
| PLATELET MORPHOLOGY | -- | | |
| COMMENT | -- | | |

Specimen: EDTA whole blood





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**MediWheel Full Body Health Female >40/2D ECHO
ERYTHROCYTE SEDIMENTATION RATE (ESR)**

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
| ESR, EDTA WB | 22.00 | 2.00 - 20.00 mm/hr | Sedimentation |

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.





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MediWheel Full Body Health Female >40/2D ECHO

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|--|-----------------------|--|----------------------|
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP | 118.80 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl | Hexokinase |

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

| | | | |
|--|--------|--|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting | 108.80 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl | Hexokinase |
|--|--------|--|------------|

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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MediWheel Full Body Health Female >40/2D ECHO
KIDNEY FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|-------------------------|-----------------------|---|----------------------|
| BLOOD UREA, Serum | 19.10 | 19.29 - 49.28 mg/dL | Calculated |
| BUN, Serum | 8.92 | 9.00 - 23.00 mg/dL | Urease with GLDH |
| CREATININE, Serum | 0.63 | 0.55 - 1.02 mg/dL | Enzymatic |
| eGFR, Serum | 114.91 | (ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15 | Calculated |
| URIC ACID, Serum | 5.50 | 3.10 - 7.80 mg/dL | Uricase/Peroxidase |
| PHOSPHORUS, Serum | 4.00 | 2.40 - 5.10 mg/dL | Phosphomolybdate |
| CALCIUM, Serum | 9.60 | 8.70 - 10.40 mg/dL | Arsenazo |
| SODIUM, Serum | 141.00 | 136.00 - 145.00 mmol/L | IMT |
| POTASSIUM, Serum | 5.0 | 3.50 - 5.10 mmol/L | IMT |
| CHLORIDE Serum | 108.00 | 98.00 - 107.00 mmol/L | IMT |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation





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MediWheel Full Body Health Female >40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB | 5.8 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB | 119.8 | mg/dL | Calculated |

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.





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FUS and KETONES

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|-------------------------|-----------------------|-------------------------------------|----------------------|
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |



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KIDNEY FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|-------------------------|-----------------------|-------------------------------------|----------------------|
| TOTAL PROTEINS, Serum | 6.50 | 5.70 - 8.20 g/dL | Biuret |
| Albumin Serum | 4.50 | 3.20 - 4.80 g/dL | BCG |
| GLOBULIN Serum | 2.00 | 2.30 - 3.50 g/dL | Calculated |
| A/G RATIO Serum | 2.25 | 1.00 - 2.00 | Calculated |





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LIVER FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|-----------------------------|-----------------------|-------------------------------------|----------------------|
| BILIRUBIN (TOTAL), Serum | 0.43 | 0.30 - 1.20 mg/dL | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.11 | 0.00 - 0.30 mg/dL | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.32 | <1.20 mg/dL | Calculated |
| SGOT (AST), Serum | 17.40 | <34.00 U/L | Modified IFCC |
| SGPT (ALT), Serum | 22.40 | 10.00 - 49.00 U/L | Modified IFCC |
| GAMMA GT, Serum | 20.20 | <38.00 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 70.90 | 46.00 - 116.00 U/L | Modified IFCC |



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LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|------------------------|
| CHOLESTEROL, Serum | 198 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 153 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic colorimetric |
| HDL CHOLESTEROL Serum | 44 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 154 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL Serum | 123 | Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl | Calculated |
| VLDL CHOLESTEROL Serum | 31 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 5 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3 | 0-3.5 Ratio | Calculated |

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.



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THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|--------------------|----------------|--|---------------|
| Free T3, Serum | 5.30 | 3.50 - 6.50 pmol/L | CLIA |
| Free T4 Serum | 14.40 | 11.50 - 22.70 pmol/L | CLIA |
| sensitiveTSH Serum | 1.73 | 0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | CLIA |

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

| TSH | FT4 / T4 | FT3 / T3 | Interpretation |
|------|----------|----------|--|
| High | Normal | Normal | Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance |
| High | Low | Low | Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. |
| Low | High | High | Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole) |
| Low | Normal | Normal | Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness. |
| Low | Low | Low | Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. |
| High | High | High | Interfering anti TPO antibodies, Drug interference: |



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THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGES</u> | <u>METHOD</u> |
|------------------|---|------------------------------|---------------|
| | Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics. | | |

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



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LIVER FUNCTION TESTS

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MediWheel Full Body Health Female >40/2D ECHO
BLOOD GROUPING & Rh TYPING

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| Rh Typing | Positive |

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia





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URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|-------------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale Yellow | Pale Yellow | Light scattering |
| Transparency | CLEAR | Clear | Light scattering |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Specific Gravity | 1.004 | 1.002-1.035 | Refractive index |
| Reaction (pH) | 6.0 | 5-8 | pH Indicator |
| Proteins | Absent | Absent | Protein error principle |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Trace | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Negative | Negative | Griess Test |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| (WBC)Pus cells / hpf | 0.4 | 0-5/hpf | |
| Red Blood Cells / hpf | 0.5 | 0-2/hpf | |
| Epithelial Cells / hpf | 2.00 | 0-5/hpf | |
| Hyaline Casts | 0.00 | 0-1/hpf | |
| Pathological cast | 0.00 | 0-0.3/hpf | |
| Calcium oxalate monohydrate crystals | 0.00 | 0-1.4/hpf | |
| Calcium oxalate dihydrate crystals | 0.00 | 0-1.4/hpf | |
| Triple Phosphate crystals | 0.00 | 0-1.4/hpf | |
| Uric acid crystals | 0.00 | 0-1.4/hpf | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 4.60 | 0-29.5/hpf | |
| Yeast | Absent | Absent | |
| OTHERS | -- | | |

Note: Microscopic examination is performed by Automated Cuvette based technology. All the Abnormal results





Name : Ms. KHANDELWAL ANAMIKA
Lab No. : 393818490
Ref By : SELF
Collected : 8/3/2025 8:40:00AM
A/c Status : P
Collected at : WALKIN - J B NAGAR, ANDHERI EAST (MAIN CENTRE)
 Metro Station, Sahar Plaza Midas II, Shop No. 9/10/19/20, Wing - A, Andheri - Kurla Road, Below J. B. Nagar, Andheri East, Mumbai, Maharashtra - 400059

Age : 40 Years
Gender : Female
Reported : 8/3/2025 8:08:53PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

ID : proposal_no-22E55991

URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
|------------------|----------------|-----------------------------|---------------|

are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Leena Salunkhe
DPB
HOD

Dr Namrata Raul
MD, Biochemistry
Consultant Biochemist

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist



Result/s to follow:

CYTOLOGY(PAP SMEAR), GENITAL, FEMALE, CONVENTIONAL, EXAMINATION OF FAECES

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.

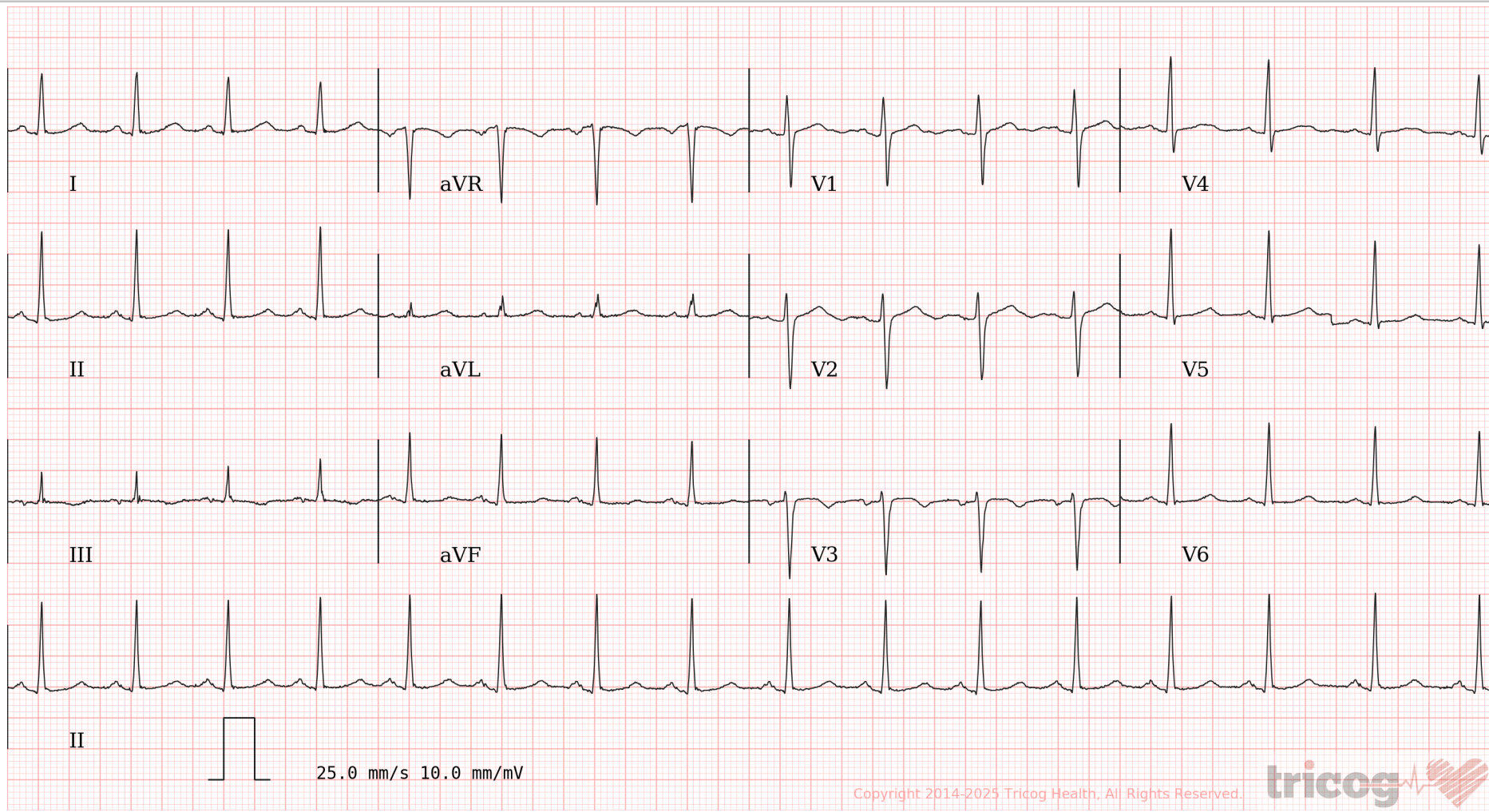


SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: KHANDELWAL ANAMIKA
Patient ID: 393818490

Date and Time: 8th Mar 25 11:08 AM



Age **40** NA **17**
years months days

Gender **Female**

Heart Rate **97bpm**

Patient Vitals

BP: 140/90 mmHg
Weight: 70 kg
Height: 157 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 378ms
QTcB: 480ms
PR: 136ms
P-R-T: 36° 54° 28°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

Disclaimer: 1) Analysis in this report is based on ECG alone and should 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

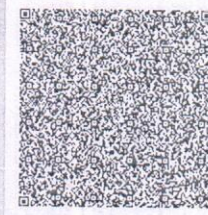
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AYQPK3933L



नाम/ Name
ANAMIKA KHANDELWAL

पिता का नाम/ Father's Name
HARI MOHAN KHANDELWAL

जन्म की तारीख/
Date of Birth
22/02/1985

Anamika

10072021

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

9920550266

Anamika

NAME : Mrs. Anamika Chandelwal.
 AGE/SEX: 40 yr

GYNAECOLOGICAL EXAMINATION REPORT

TEST DONE

OBSERVED VALUE

CHIEF COMPLAINTS 40. post-menstrual

MARITAL STATUS Married

MENSTRUAL HISTORY

1. MENARCHE - 13 yr of age.

2. PRESENT MENSTRUAL HISTORY LMP - 17/2/25 RWF

3. PAST MENSTRUAL HISTORY RWF

OBSTETRIC HISTORY - 1 FTLSCS - 2012.

PAST HISTORY - Bodhuni H-T.

PREVIOUS SURGERIES - LSCS.

ALLERGIES - No

FAMILY HISTORY - Mother - H-T.

DRUG HISTORY - No

BOWEL HABITS | Normal

BLADDER HABITS

PERSONAL HISTORY

TEMPERATURE (2)

RS | m

CVS

Pulse/min

B/P (mm of Hg)

BREAST EXAMINATION - NM

PER ABDOMEN - Sgr

PER VAGINAL - not done

RECOMMENDATION -

DR. ANJANA MAHESHWARI
 MBBS
 MMC NO-79947

*** END OF REPORT ***

(Signature)
 8/3/25

Consultant Physician

Date:-

CID: 393818490.

Name:- Khandelwal
Anamika

Sex / Age: F / 40y

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance — $\left\{ \begin{array}{l} R 6/6 \\ L 6/6 \end{array} \right.$ Near — $\left\{ \begin{array}{l} R 1/5 \\ L 1/5 \end{array} \right.$

Aided Vision:

Refraction:

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|----|------------|-----|------|----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics India Pvt Ltd
Shop No. 9/10/19/20, Wing -A, Bonanza Building,
C.I.T. Plaza, Near Kohinoor Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

CID : 393818490
Name : Ms. KHANDELWAL ANAMIKA
Age / Sex : 40 Years/Female
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:36

USG BILATERAL SONOMAMMOGRAPHY

Both the breasts reveal normal parenchymal echotexture.

No focal solid or cystic lesion is seen.

No ductal dilatation is seen.

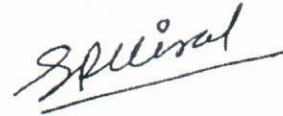
Bilateral nipple-areolar complex appears normal.

Bilateral axillae are unremarkable.

IMPRESSION:

No significant abnormality is seen.

-----End of Report-----



Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297

Click here to view images <<ImageLink>>

CID : 393818490
Name : Ms. KHANDELWAL ANAMIKA
Age / Sex : 40 Years/Female
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:31

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.9 cm), shape and smooth margins. It shows **raised** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.0 x 4.2 cm.
Left kidney measures 10.3 x 4.5 cm.

SPLEEN:

The spleen is normal in size (9.9 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 7.6 x 4.8 x 4.1 cm in size. The endometrial thickness is 9.5 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.4 x 1.8 cm.
Left ovary = 2.6 x 2.0 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2025030808405646>

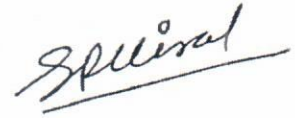
CID : 393818490
Name : Ms. KHANDELWAL ANAMIKA
Age / Sex : 40 Years/Female
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:31

No free fluid in POD.

IMPRESSION:-

- Grade I-II fatty liver.

-----End of Report-----



Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2025030808405646>

CID : 393818490
Name : Ms. KHANDELWAL ANAMIKA
Age / Sex : 40 Years/Female
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 12:15

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

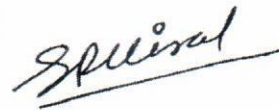
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----



Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297

Click here to view images <<ImageLink>>



Examined By: Dr. Ashish V Deshmukh MD

| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | %THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|------|--------|-----|-----|----------|
| Supine | 00:02 | 0:02 | 00.0 | 00.0 | 01.0 | 092 | 51% | 140/90 | 128 | 00 | |
| Standing | 00:07 | 0:05 | 00.0 | 00.0 | 01.0 | 092 | 51% | 140/90 | 128 | 00 | |
| HV | 00:12 | 0:05 | 00.0 | 00.0 | 01.0 | 094 | 52% | 140/90 | 131 | 00 | |
| Warm Up | 00:18 | 0:06 | 00.0 | 00.0 | 01.0 | 094 | 52% | 140/90 | 131 | 00 | |
| ExStart | 00:53 | 0:35 | 01.0 | 00.0 | 01.0 | 127 | 71% | 140/90 | 177 | 00 | |
| BRUCE Stage 1 | 03:53 | 3:00 | 01.7 | 10.0 | 04.7 | 167 | 93% | 160/90 | 267 | 00 | |
| BRUCE Stage 2 | 06:53 | 3:00 | 02.5 | 12.0 | 07.1 | 188 | 104% | 180/90 | 338 | 00 | |
| PeakEx | 07:12 | 0:19 | 03.4 | 14.0 | 07.4 | 189 | 105% | 200/90 | 378 | 00 | |
| Recovery | 08:12 | 1:00 | 01.1 | 00.0 | 01.2 | 178 | 99% | 180/90 | 320 | 00 | |
| Recovery | 09:12 | 2:00 | 00.0 | 00.0 | 01.0 | 142 | 79% | 160/90 | 227 | 00 | |
| Recovery | 10:12 | 3:00 | 00.0 | 00.0 | 01.0 | 124 | 69% | 140/90 | 173 | 00 | |
| Recovery | 11:12 | 4:00 | 00.0 | 00.0 | 01.0 | 117 | 65% | 140/90 | 163 | 00 | |
| Recovery | 11:39 | 4:27 | 00.0 | 00.0 | 01.0 | 116 | 64% | 140/90 | 162 | 00 | |

FINDINGS :

Exercise Time : 06:19
 Max HR Attained : 189 bpm 105% of Target 180
 Max BP Attained : 200/90
 Max Workload Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V2 & -3.2 mm in Stage 2
 History : Nil
 Test End Reasons : Test Complete, Heart Rate Achieved

DR. ASHISH V. DESHMUKH
 MD (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 58997

Doctor : Dr. Ashish V. Deshmukh

Suburban Diagnostics India Pvt Ltd
 107/19/20 Wing A, Bonanza Building,
 1st & 2nd Floor, Near Keshavnagar Hotel,
 Sahar Junction, B. Nagar Metro Station,
 Andheri East, Mumbai, 400059



REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
TACHYCARDIC CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

Disclaimer : Negative Stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence Clinical Correlation is mandatory.

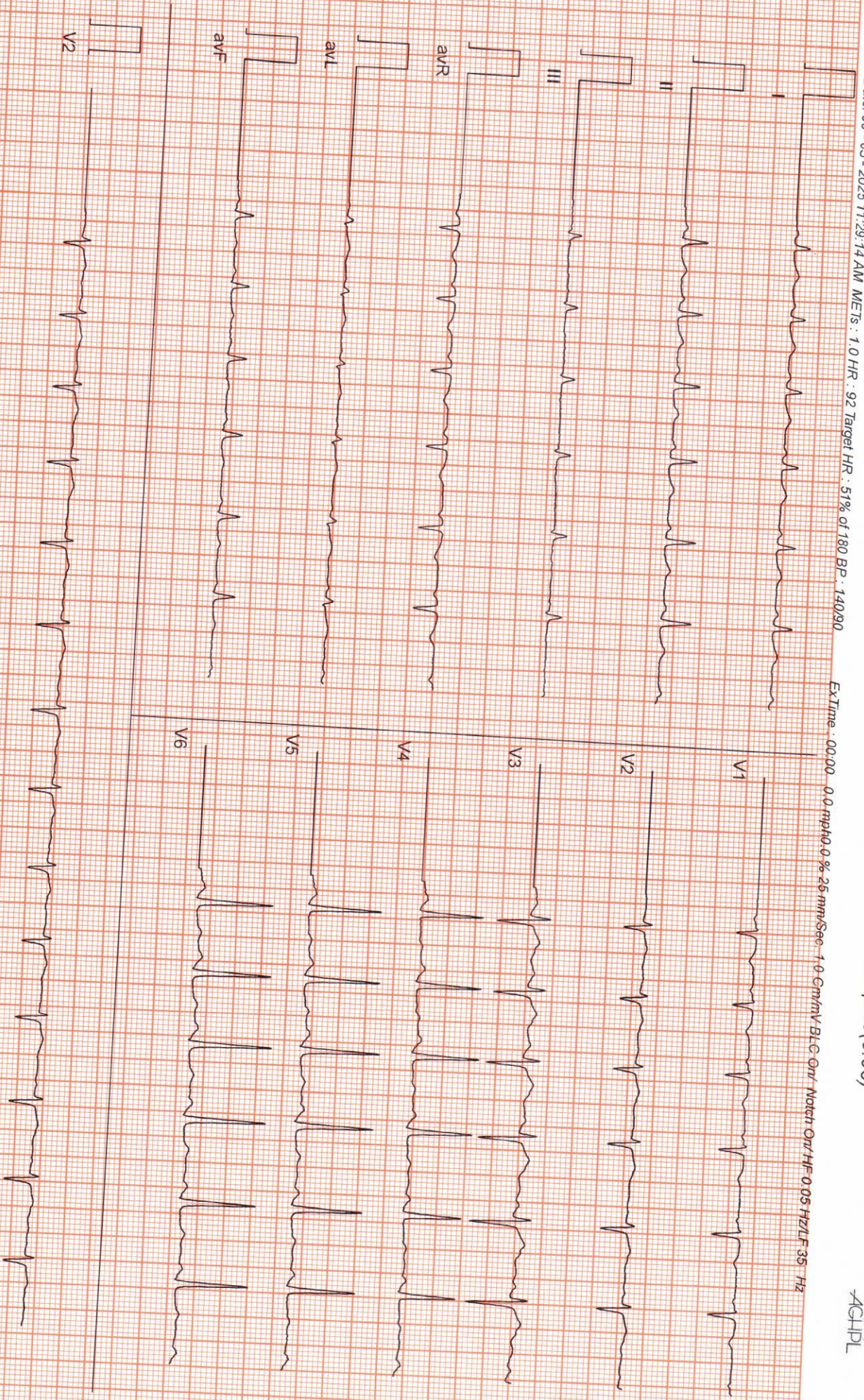
Suburban Diagnostics India Pvt Ltd
Sahar Plaza, Near Konnoor Hotel,
J.B. Nagar, Andheri East, Mumbai - 400059

DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 58987

Doctor : Dr Ashish V Deshmukh

Date: 08 - 03 - 2025 11:29:14 AM METs : 1.0 HR : 92 Target HR : 51% of 180 BP : 140/90

ExTime : 00:00 0.0 mPh0.0% 25 mm/Sec 1.0 Cm/mV B1.C.0m/ Notch On/ HF 0.05 Hz/IF 35 Hz



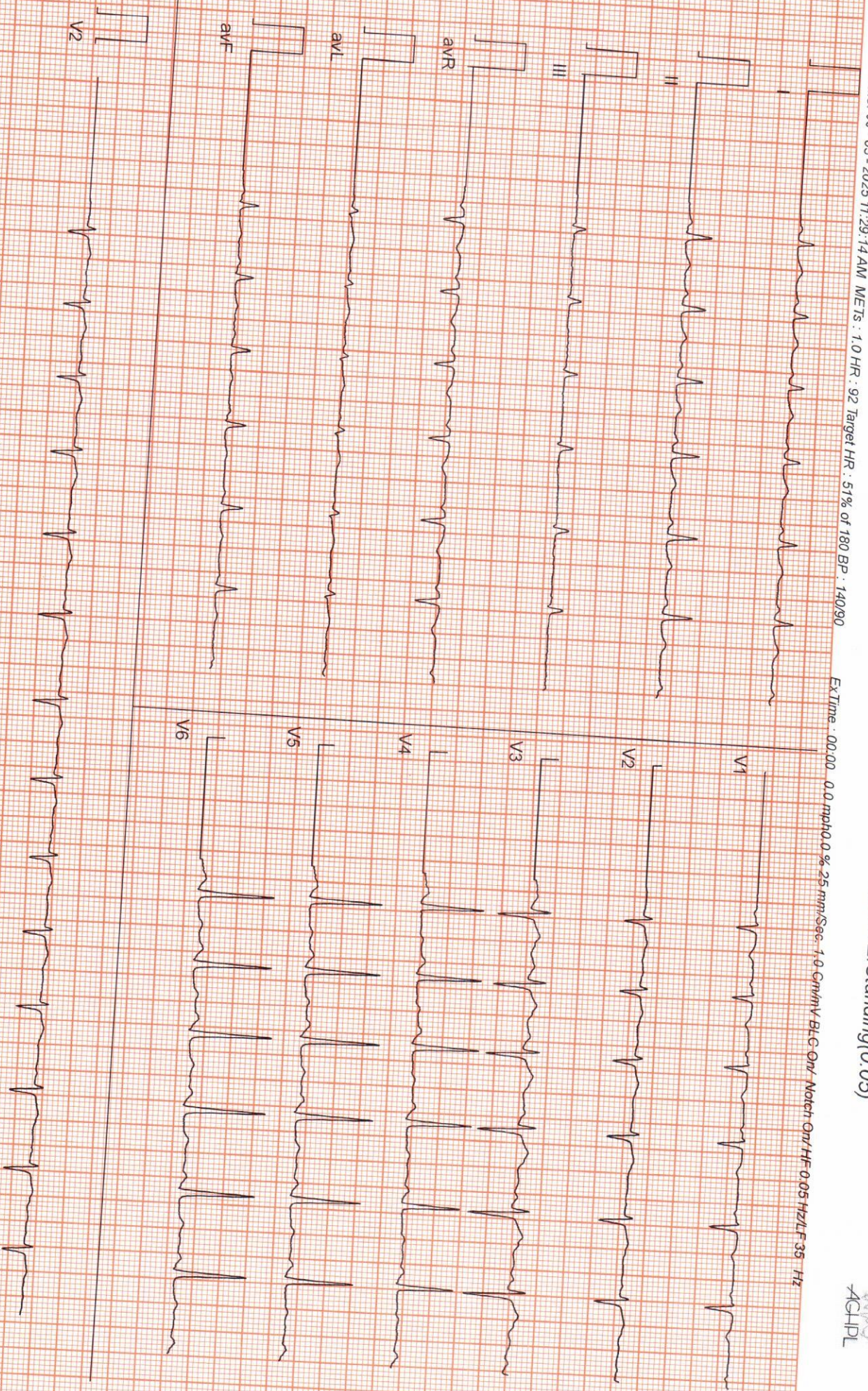
6 x 2 + Rhythm
BRUCE:Supine(0:06)



Date: 08 - 03 - 2025 11:29:14 AM METs : 1.0 HR : 92 Target HR : 51% of 180 BP : 140/90

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

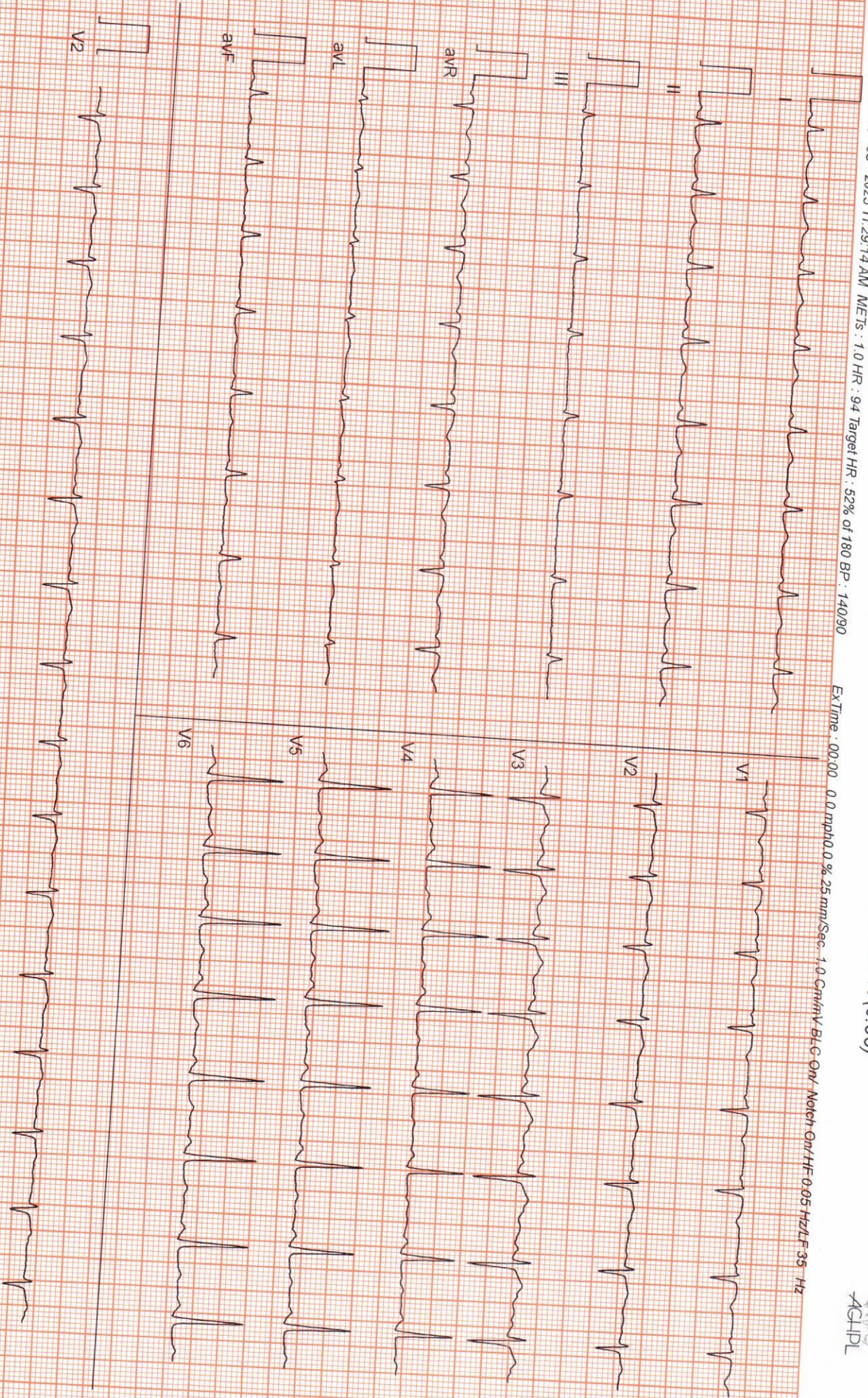
6 x 2 + Rhythm
BRUCE: Standing(0:05)



Date: 08 - 03 - 2025 11:29:14 AM METs : 1.0 HR : 94 Target HR : 52% of 180 BP : 140/90

ExTime : 00:00 0.0 mpm 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

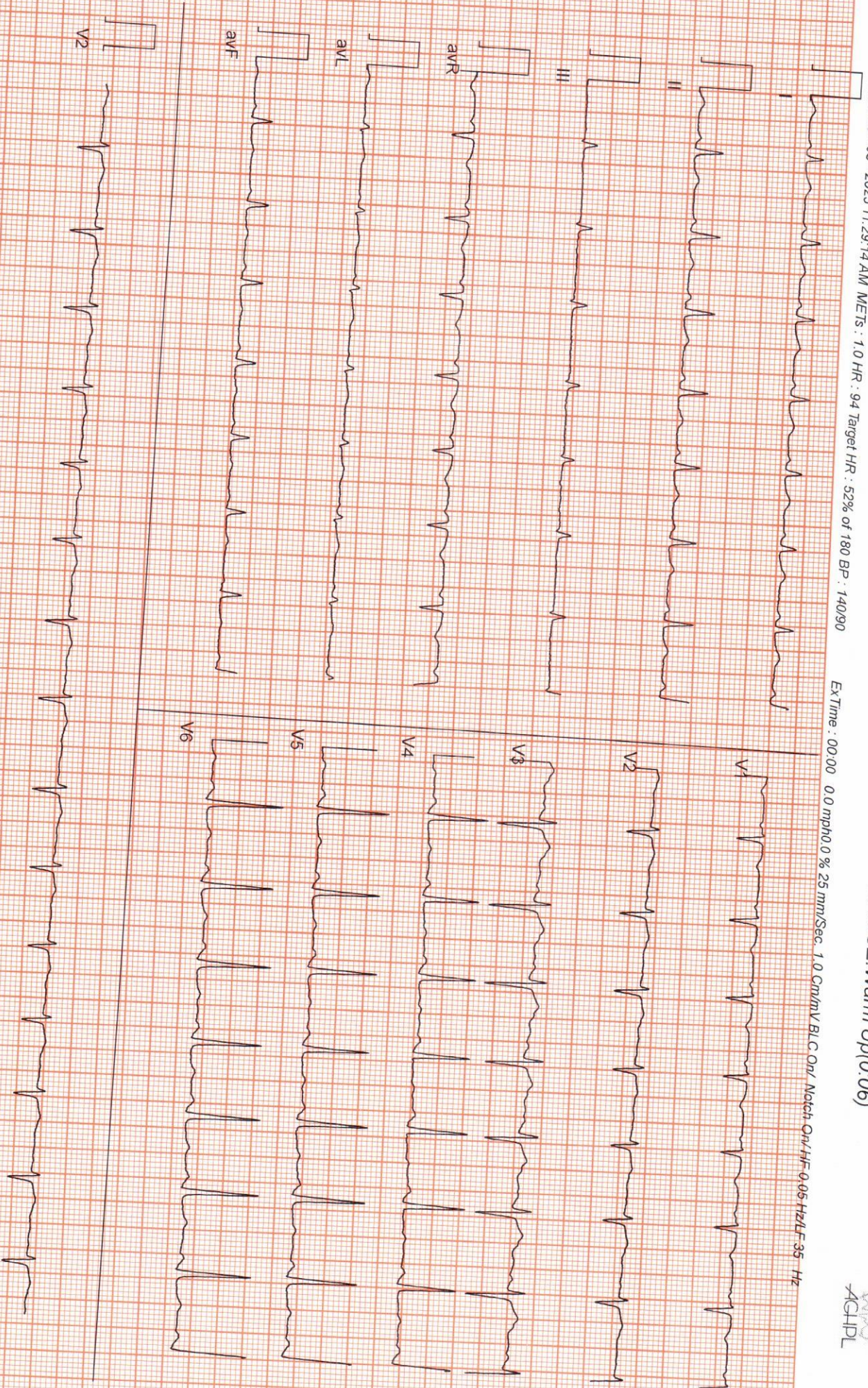
6 x 2 + Rhythm
BRUCE:HV(0:06)



Date: 08 - 03 - 2025 11:29:14 AM METS : 1.0 HR : 94 Target HR : 52% of 180 BP : 140/90

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz LF 35 Hz

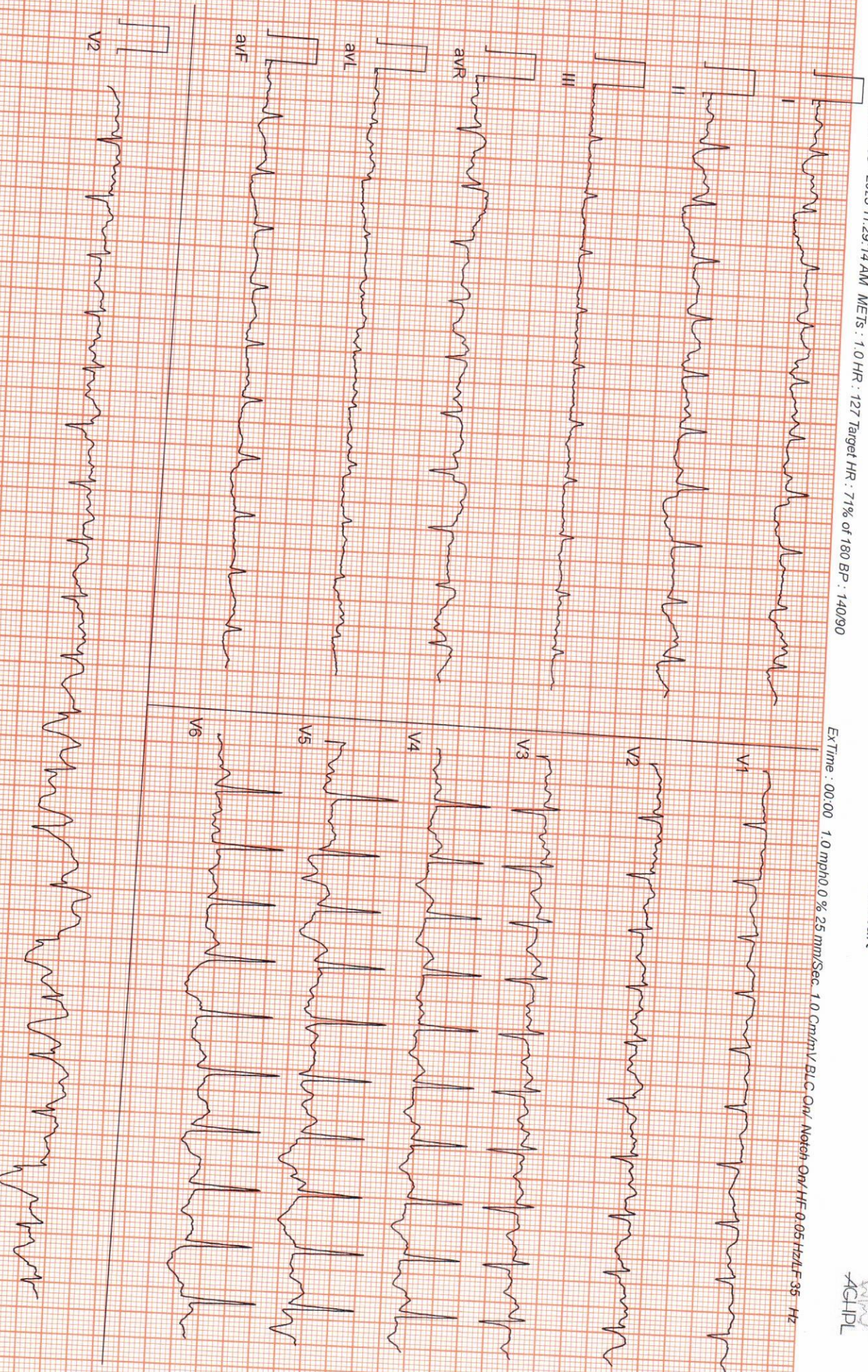
6 x 2 + Rhythm
BRUCE: Warm Up(0:06)



Date: 08 - 03 - 2025 11:29:14 AM METs : 1.0 HR : 127 Target HR : 71% of 180 BP : 140/90

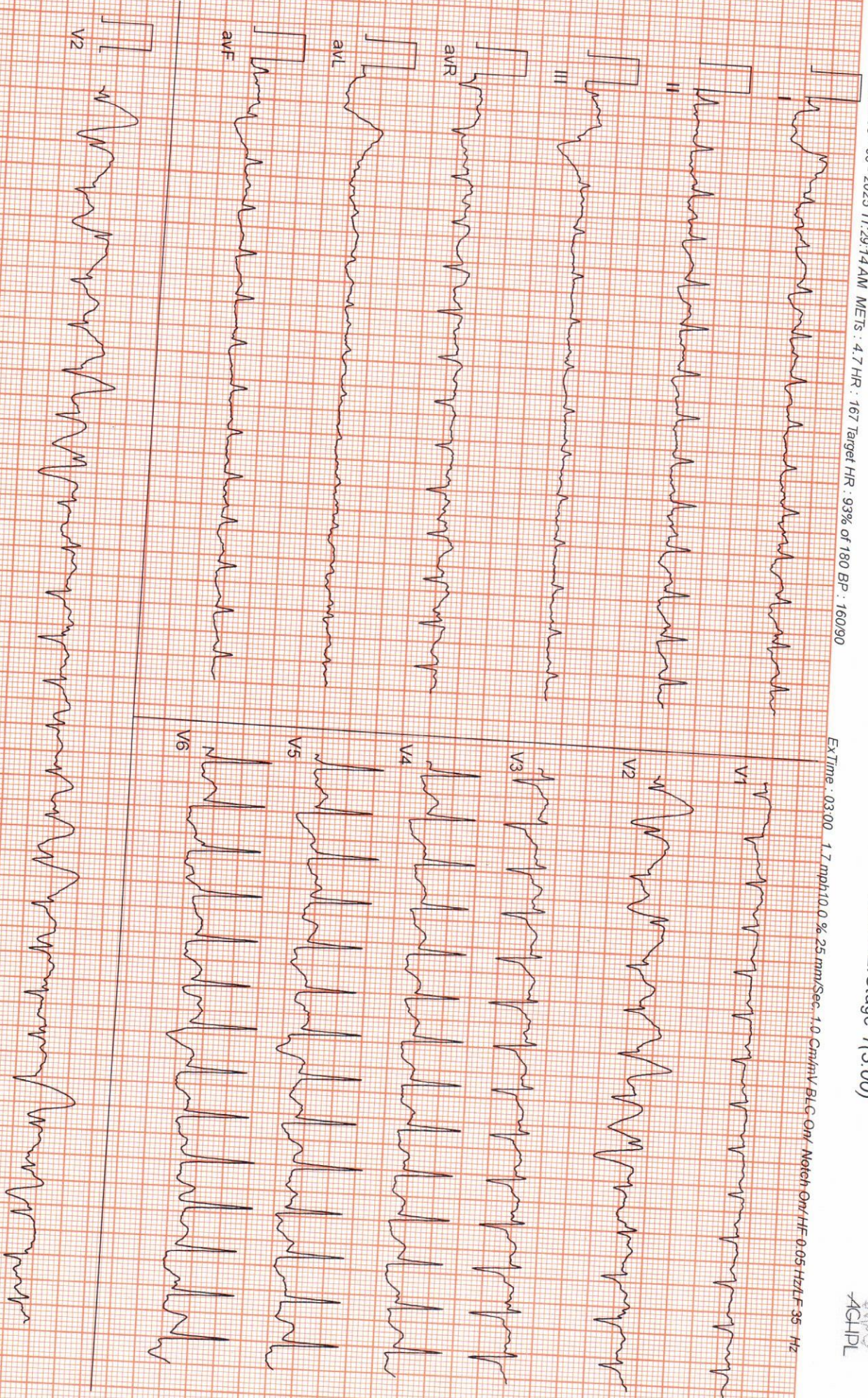
6 x 2 + Rhythm
ExStart

ExTime : 00:00 1.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/In V BLC On/ Noise On/ HF 0.05 Hz LF 35 Hz



Date: 08 - 03 - 2025 11:29:14 AM METs : 4.7 HR : 167 Target HR : 93% of 180 BP : 160/90

6 x 2 + Rhythm
BRUCE: Stage 1(3:00)



ExTime : 03:00 1.7 mph 10.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/HF 0.05 HZ/LF 35 Hz

Date: 08 - 03 - 2025 11:29:14 AM METS : 7.1 HR : 188 Target HR : 104% of 180 BP : 180/90

6 x 2 + Rhythm
BRUCE: Stage 2(3:00)



ECG Traces (I, II, III, aVR, aVL, aVF):
I: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
II: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
III: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
aVR: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
aVL: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
aVF: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.

ECG Traces (V1, V2, V3, V4, V5, V6):
V1: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
V2: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
V3: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
V4: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
V5: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.
V6: Normal sinus rhythm, PR 180ms, QRS 80ms, QT 360ms.

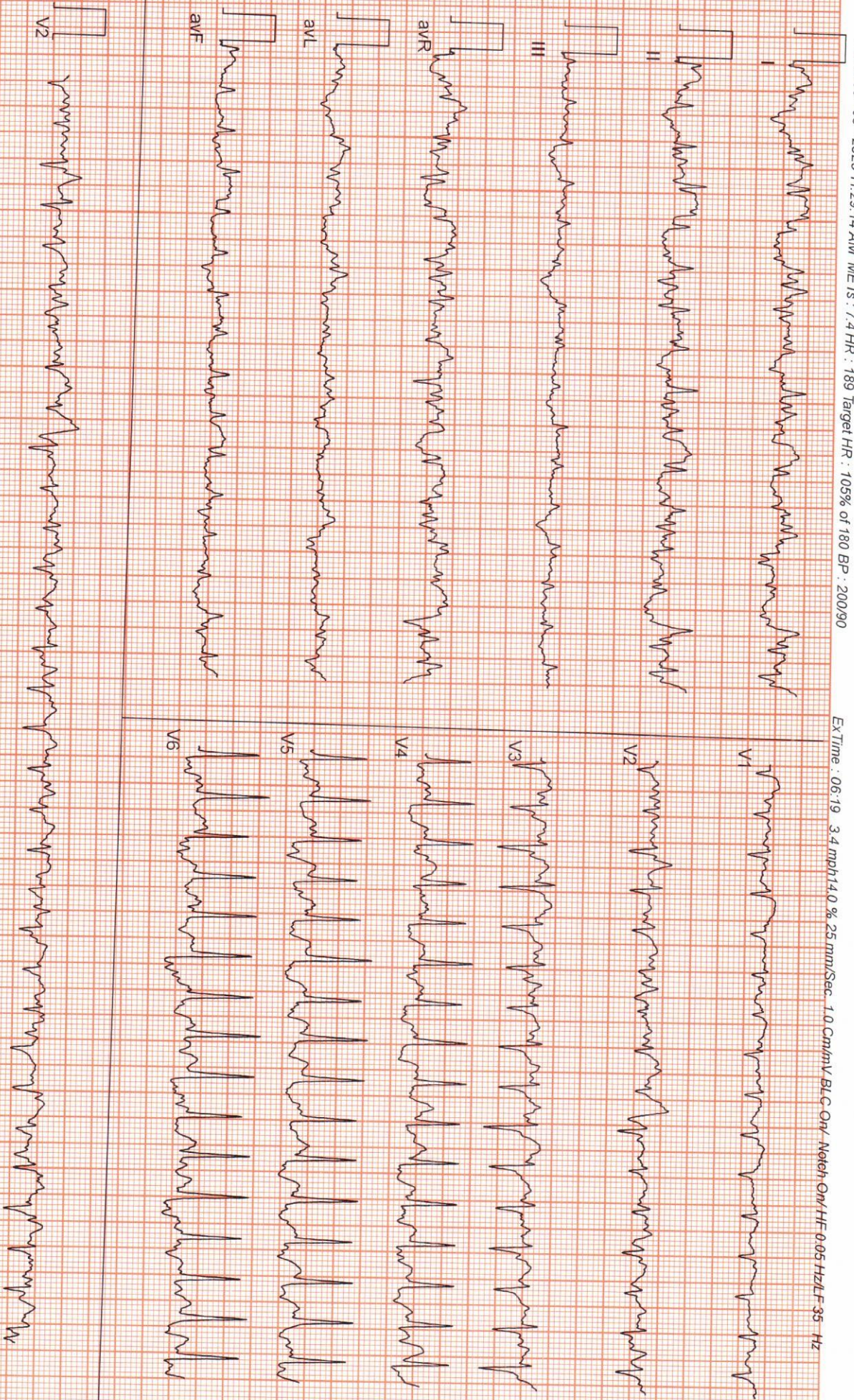


ExTime : 06:00 2.5 mph/2.0 % 25mm/Sec 1.0 Cm/mV BLC On/ Notch On/HF 0.05 HZ/LF 35 Hz

Date: 08 - 03 - 2025 11:29:14 AM METS : 7.4 HR : 189 Target HR : 105% of 180 BP : 200/90

EXTime : 06:19 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZ LF 35 Hz

6 x 2 + Rhythm
PeakEx



Date: 08 - 03 - 2025 11:29:14 AM METs : 1.2 HR : 178 Target HR : 99% of 180 BP : 180/90

ExTime : 06:19 1.1 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Netch On/ HF 0.05 Hz LF 35 Hz

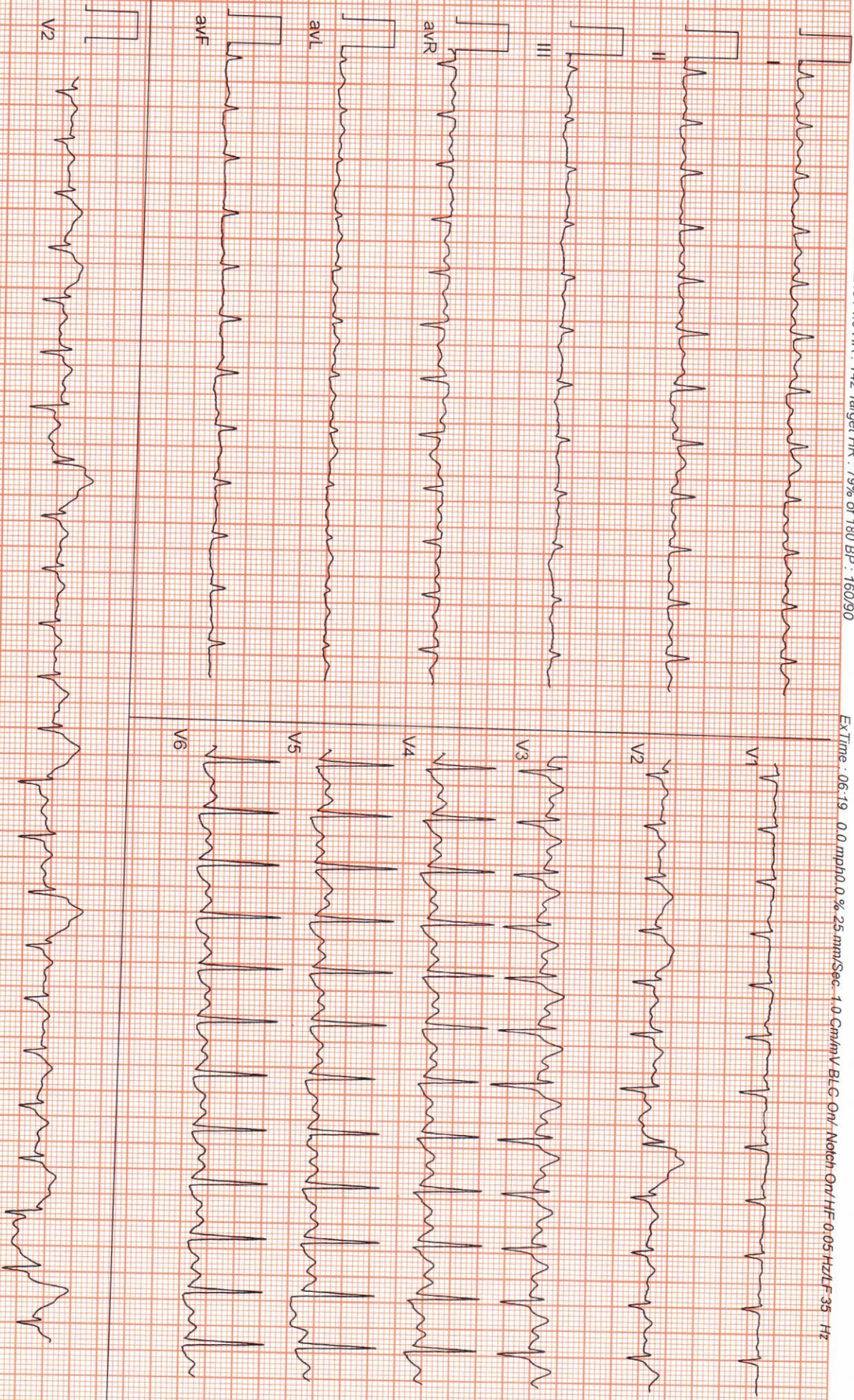
6 x 2 + Rhythm
Recovery(1:00)



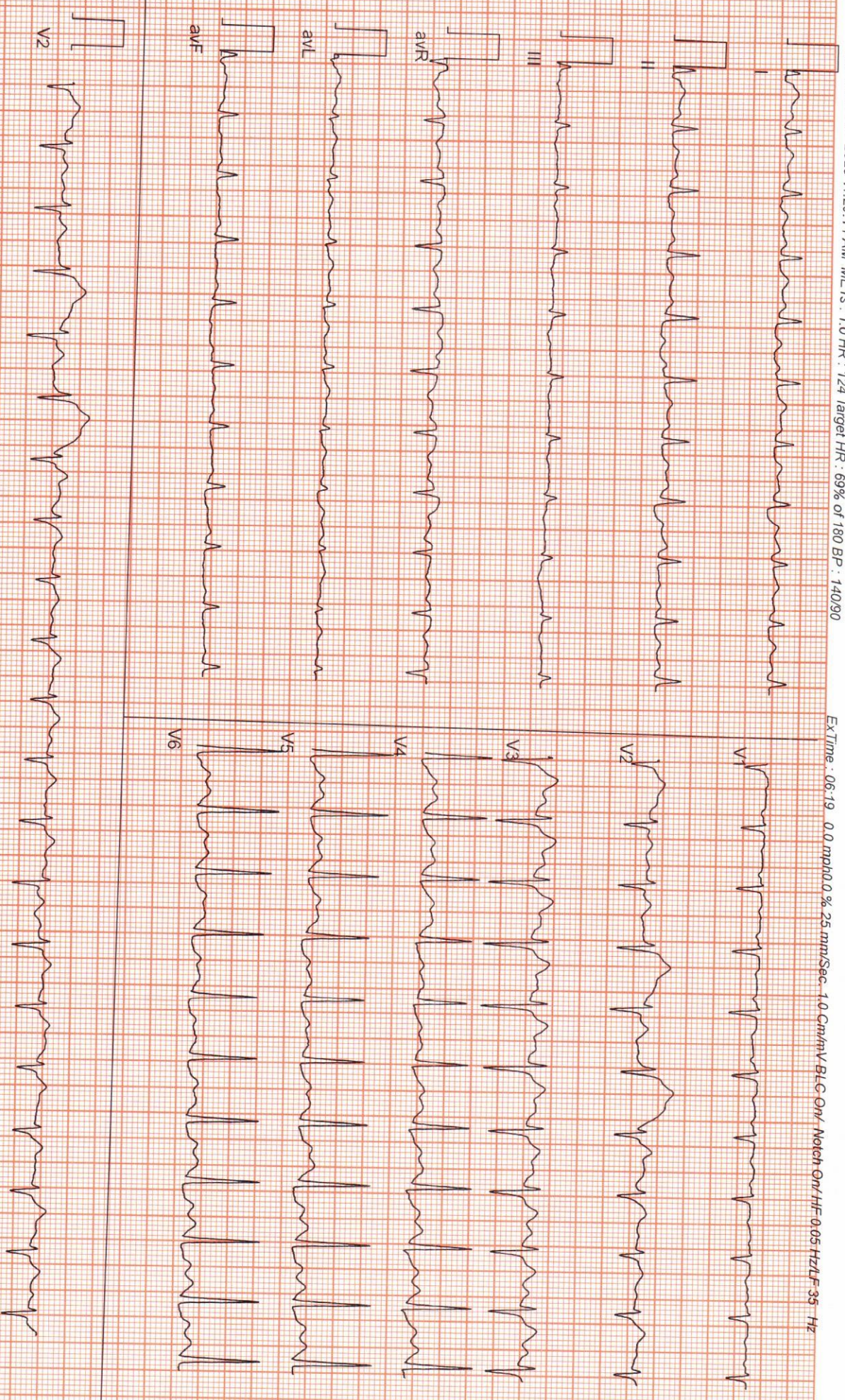
Date: 08 - 03 - 2025 11:29:14 AM METS : 1.0 HR : 142 Target HR : 79% of 180 BP : 160/90

ExTime : 06:19 0.0 mpm/0.0% 25 mm/Sec 1.0 Cm/mV B.L.G. Onr. Notch Onr/HF 0.05 HZ/LF 35 Hz

6 x 2 + Rhythm
Recovery(2:00)

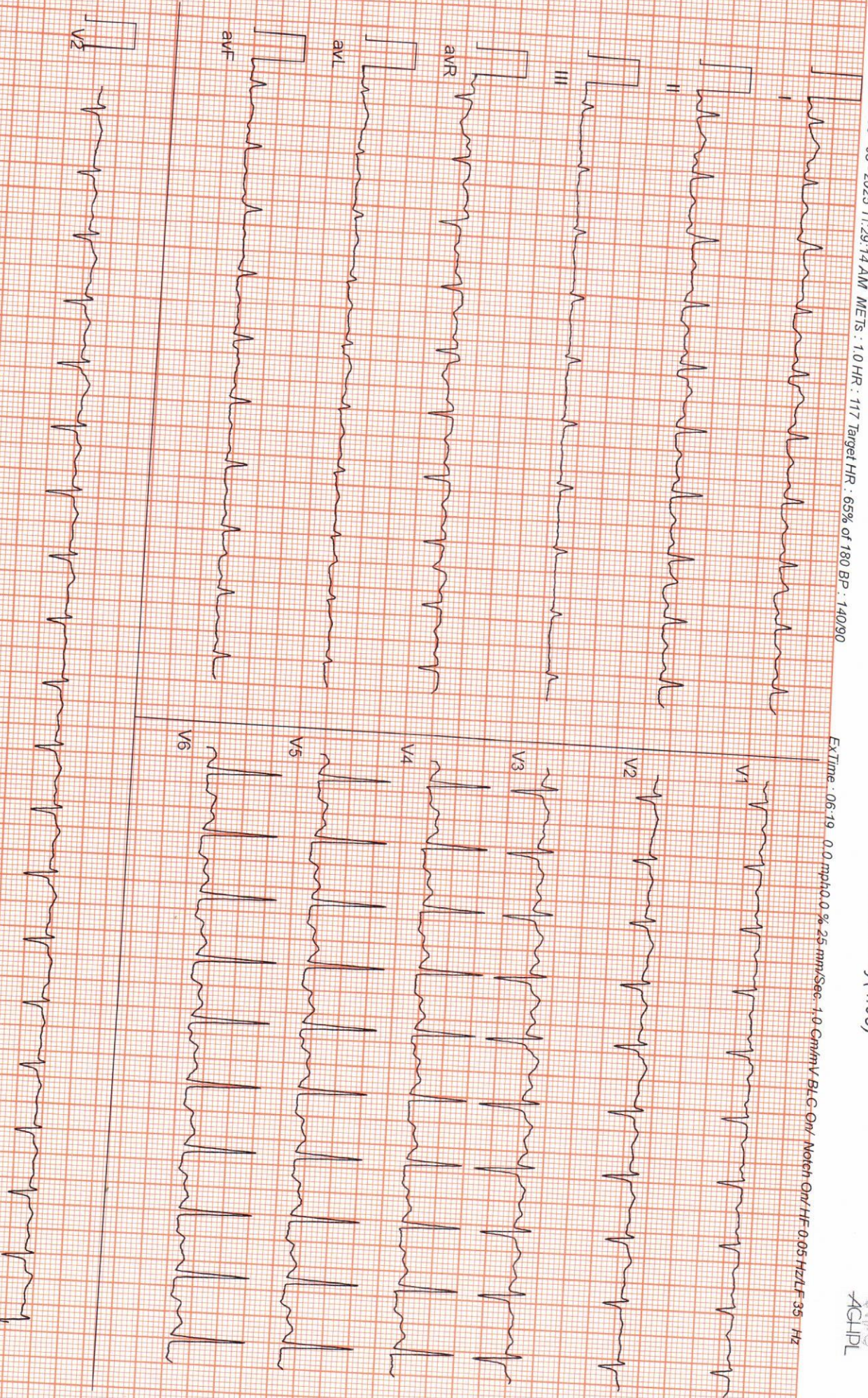


6 x 2 + Rhythm
Recovery(3:00)



Date: 08 - 03 - 2025 11:29:14 AM METS : 1.0 HR - 117 Target HR : 65% of 180 BP : 140/90

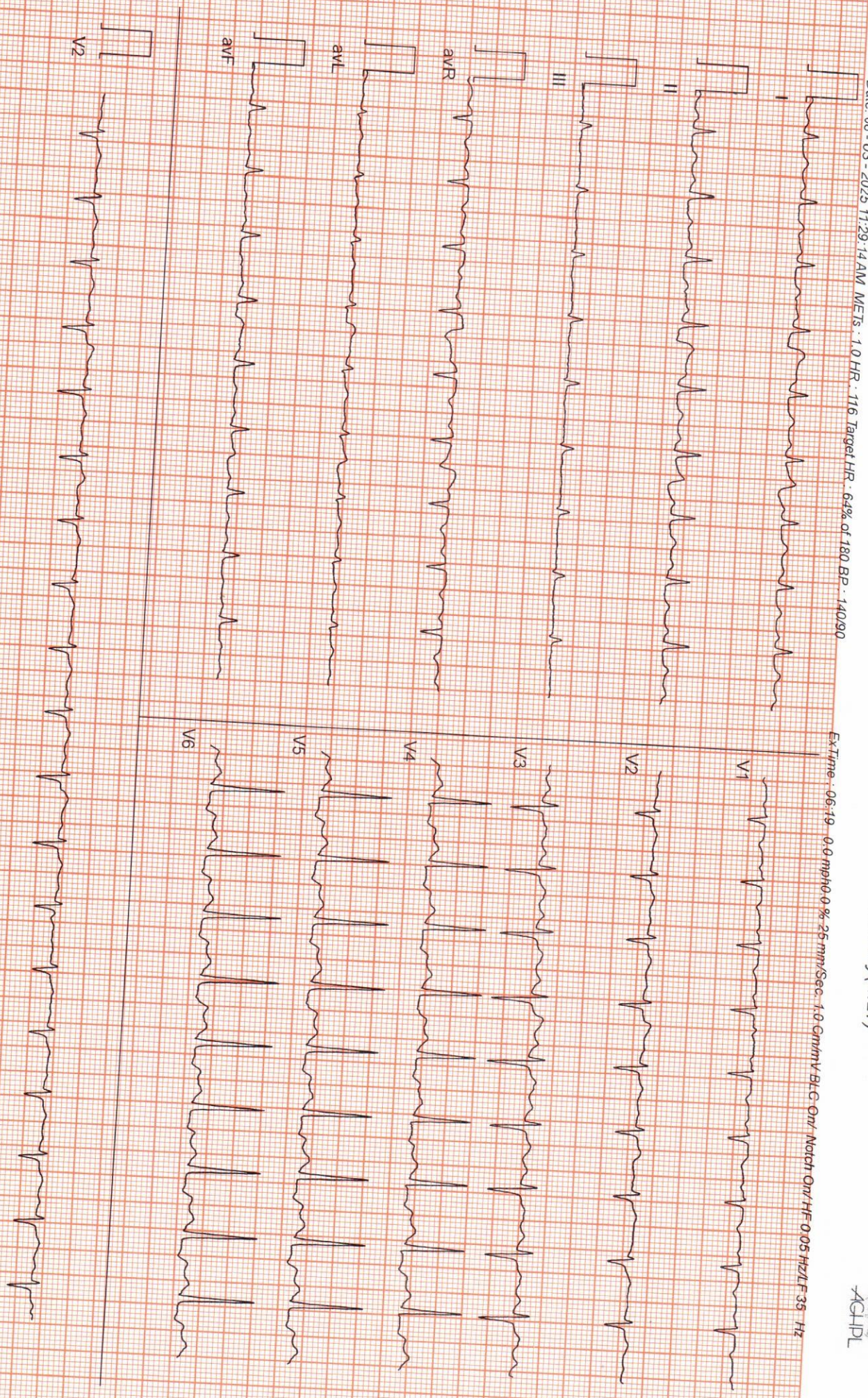
6 x 2 + Rhythm
Recovery(4:00)



ExTime : 06:19 0.0 mpa0.0 % 25 mm/Sec -1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

Date: 08 - 03 - 2025 11:29:14 AM METs - 1.0 HR - 116 Target HR - 64% of 180 BP - 140/90

6 x 2 + Rhythm
Recovery(4:27)



Ex Time: 06:19 0.0 mV/0.0% 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/IF 35 Hz

