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Lab No.	012503080332	Age/Gender	32.11 YRS/FEMALE	Coll. ON	08/Mar/2025 11:11AM
NAME	Mrs. SHREYA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Approved ON	08/Mar/2025 01:26PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM
Test Name		١	/alue	Unit	Biological Reference Interval
Complete F Haemoglobin	laemogram, EDTA (Hb)		3.50	gm/dl	12.0 - 15.0
Method : Color		ľ	3.50	gm/dl	12.0 - 15.0
RBC count	rical impedence	4	.63	Millons/cmm	3.8 - 4.8
PCV / Haema Method : Calcu	tocrit	4	1.10	%	36.0 - 46.0
Method : Calct	nated				
MCV Method · Calcu	llated	8	8.80	fl	83.0 - 101.0
Method : Calcu MCH		-	9.20	fl picogram	83.0 - 101.0 27.0 - 32.0
Method : Calcu		2	9.20		27.0 - 32.0
Method : Calcu MCH Method : Calcu	lated	2		picogram	

Method : Calculated 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.

I	patients with a low normal to low hemoglobin and a Me	entzer index below 13 should be	screened for thalassemia tra	it by HPLC.
	TLC (Total Leucocyte Count) Method : Flowcytometry	3,550	/cmm	4000 - 10000
I	DLC (Flowcytometry)			
I	Neutrophils	67.30	%	35.0 - 75.0
I	Lymphocytes	26.60	%	25.0 - 45.0
I	Eosinophils	0.80	%	1.0 - 5.0
I	Monocytes	5.10	%	1.0 - 6.0
I	Basophils	0.20	%	0 - 1
I	Absolute Leucocyte Count (Calculated)			
	Absolute Neutrophil Count	2,389.15	/cmm	2000 - 7000
I	Absolute Lymphocyte Count	944.30	/cmm	1000 - 3000
I	Absolute Eosinophil count	28.40	/cmm	20 - 500
I	Absolute Monocyte count	181.05	/cmm	200 - 1000
I	Absolute Basophil count	7.10	/cmm	0 - 100
	Platelet count Method : Electrical impedence	1.78	Lakh/cmm	1.5 - 4.1
	ESR (Erythrocyte Sedimentation Rate) Method : Westergren method	15	mm/1st hr	0 - 29

19.18

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Mentzer Index

The total leucocyte counts are reduced, however the differential counts are within normal limits.

Platelets are adequate in number and are normal in morphology. No atypical cells or haemoparasites are seen.

Impression: Leucopenia.

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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

Moushiei Mukkeezie

>= 13.0

Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist DMC Regd. No. 61873

Page 1 of 12

Peripheral Smear

RBCs are normocytic and normochromic.

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Lab No. NAME Ref. Dr. Rpt. Centre	012503080332 Mrs. SHREYA MEDIWHEEL undefined	Age/Gender BarcodeNo	32.11 YRS/FEMALE 01080332	Coll. ON Reg. ON Approved ON Printed ON	08/Mar/2025 11:11 08/Mar/2025 08/Mar/2025 01:26 08/Mar/2025 06:05	PM
Test Name		V	/alue	Unit	Biological Refere	ence
					Interval	
Method : Slide a	aggiutination		R			
	s an electronically validated r Prognosis Laboratories,515- Dr. Deepak Sadwan	516, Sector-19, Dwark			shuur' Muk	Leezèe

Regd. Office: H. No - 515, Ground Floor, Sector-19, Dwarka, New Delhi- 110075 Our Footprint: Delhi (National Reference Lab) | Punjab | Haryana | Uttar Pradesh | Gujarat

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Lab No.	012503080332	Age/Gender	32.11 YRS/FEMALE	Coll. ON	08/Mar/2025 11:11AM
NAME	Mrs. SHREYA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Approved ON	08/Mar/2025 01:13PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM
Test Name		V	alue	Unit	Biological Reference Interval
Glucose Fastin Method : GOD		90	0.80	mg/dL	60 - 100

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

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- 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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TAN Dr. Smita Sadwani

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.	012503080332	Age/Gender	32.11 YRS/FEMALE	Coll. ON	08/Mar/2025 11:11AM
NAME	Mrs. SHREYA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Approved ON	08/Mar/2025 02:17PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM

Test Name	Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN), serum Method : Calculated	6.22	mg/dl	7.8 - 20.2
Serum Creatinine Method : Jaffe kinetic	0.51	mg/dl	0.5 - 0.9
Serum Uric Acid Method : Uricase-Peroxidase	5.02	mg/dl	2.3 - 6.1



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Tan 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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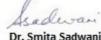
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Lab No.	012503080332	Age/Gende	r 32.11 YRS/FE	MALE Coll. ON	08/Mar/2025 11:11AM
NAME	Mrs. SHREYA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Approved ON	08/Mar/2025 02:33PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM
Test Name			Value	Unit	Biological Reference Interval
HbA1c (Glycos) Method : HPLC	ylated haemoglobin),	EDTA whole blood	4.70	%	< 5.7
Method : HPLC	age plasma Glucose	EDTA whole blood	4.70 88.19	% mg/dL	< 5.7 65 - 136
Method : HPLC Estimated aver Method : Calcula	age plasma Glucose				
Method : HPLC Estimated aver Method : Calcula	rage plasma Glucose				
Method : HPLC Estimated aver Method : Calcula The test is approved	rage plasma Glucose ted by NGSP for patient sample		88.19		
Method : HPLC Estimated aver Method : Calcula The test is approved Interpretation:	rage plasma Glucose ted by NGSP for patient sample		88.19	mg/dL	

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. Deepak Sadwani MD(Pathology) Lab Director Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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₋ab No. NAME	012503080332 Mrs. SHREYA	Age/Gender	32.11 YRS/FEMALE	Coll. ON	08/Mar/2025 11:11AM 08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Reg. ON Approved ON	08/Mar/2025 02:17PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM
Test Name		V	alue	Unit	Biological Reference Interval
LFT (Liver F	Function Test)				
Serum Bilirubii Method : Diazo	n Total htized Sulfanilic Acid (DSA)	0	.46	mg/dl	0.1 - 1.2
Serum Bilirubir	n Direct Direct Sulfanilic Acid (DSA)	0	.17	mg/dl	0.0 - 0.3
Serum Bilirubii Method : Calcu	n Indirect	0	.29	mg/dl	0.1 - 1.1
Serum SGOT/A Method : IFCC	ST	1	4.10	U/I	<= 31.0
Serum SGPT/A	LT	1	2.50	U/I	<= 34.0
	e Phosphatase	3	8.10	U/I	30.0 - 120.0
Method : PNP, Serum GGT (G	amma Glutamyl Trans	peptidase) 1	1.70	U/I	9.0 - 39.0
Serum total Pr		7	.20	g/dl	6.6 - 8.3
Method : Biure Serum Albumir	ו 🖉	5	.00	g/dl	3.5 - 5.2
Method : Brom Serum Globulii	n	2	.20	g/dl	2.0 - 3.5
Method : Calcu Albumin / Glob Method : Calcu	oulin ratio	2	.27		1.5 - 2.5

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Technical Director

Dr. Mayank Gupta MD, DNB Pathology **Consultant Pathologist**

Dr. Deepak Sadwani MD(Pathology) Lab Director

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					MC-6188
Lab No. NAME Ref. Dr. Rpt. Centre	012503080332 Mrs. SHREYA MEDIWHEEL undefined	Age/Gender BarcodeNo	32.11 YRS/FEMALE 01080332	Coll. ON Reg. ON Approved ON Printed ON	08/Mar/2025 11:11AM 08/Mar/2025 08/Mar/2025 02:17PM 08/Mar/2025 06:05PM
Test Name		\	/alue	Unit	Biological Reference Interval
l inid Profile	e basic (direct HD	calculated I DI)		
- Total Choleste	erol, , serum		53.60	mg/dl	< 200.0
Method : CHOL Triglycerides	, serum	4	9.10	mg/dl	< 150
Method : GPO- HDL Cholester	ol , serum		59.30	mg/dl	> 50
VLDL Choleste			0.82	mg/dl	< 30
<i>Method : Calcu</i> L.D.L Choleste	erol , serum	8	34.48	mg/dl	< 100
	on HDL , serum	9	94.30	mg/dl	< 130
	rol / HDL Cholesterol	Ratio , serum 2	2.59		< 5.0
Method : Calcu LDL / HDL Chc Method : Calcu	plesterol ratio , serum	1	.42		< 3.5
Interpretation:	· (;	AH A 2014)		7	
Total Cholester Desirable: <200 m Borderline high: 2 High: > or =240 m	ng/dL 100-239 mg/dL	Triglycerides Normal: <150 mg/dl Borderline high: 150 High: 200-499 mg/dl Very high: > or =50	0-199 mg/dL L		
Non HDL Cholesterol LDL Cholesterol Desirable: <130 mg/dL			IL 129 mg/dL)-159 mg/dL L		
HDL Cholestero Low (Men) <40 n Low (Women) <5	ng/dL				

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Dr. Deepak Sadwani MD(Pathology) Lab Director Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Lab No.	012503080332	Age/Gender	32.11 YRS/FEMALE	Coll. ON	08/Mar/2025 11:11AM
NAME	Mrs. SHREYA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080332	Approved ON	08/Mar/2025 01:39PM
Rpt. Centre	undefined			Printed ON	08/Mar/2025 06:05PM

Test Name	Value	Unit	Biological Reference Interval
Thyroid Profile Total (T3, T4, TSH)			
T3, (Triiodothyronine) , serum Method : ECLIA	1.36	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	7.22	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.14	uIU/mI	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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Lab No. NAME	012503080332 Mrs. SHREYA	Age/Gender	32.11 YRS/FEMALE	Coll. ON Reg. ON	08/Mar/2025 11:11AM 08/Mar/2025		
Ref. Dr. Rpt. Centre	MEDIWHEEL undefined	BarcodeNo	01080332	Approved ON Printed ON	08/Mar/2025 01:59PM 08/Mar/2025 06:05PM		
Test Name		V	/alue	Unit	Biological Reference Interval		
Urine Routin	ne & Microscopic E	Examination					
Physical exami	<u>ination</u>						
Volume		2	25	mL			
Colour		Р	ale Yellow		Pale yellow		
Transparency		C	Clear		Clear		
Specific gravity		1	.030		1.003 - 1.035		
Method : pKa ch	-						
Chemical exam	<u>nination</u>						
Protein Method : error-o	of indicator	N	lil		Nil		
Glucose	n-malcator	Ν	Jil		Nil		
Method : GOD-P	POD						
θΗ		5	.0				
Method : Double	indicator				Neretive		
Bilirubin Method : Azo-co	oupling reaction	N	legative		Negative		
Urobilinogen	apining rodotion	Ν	lormal		Normal		
Method : Azo- co	oupling reaction						
Ketone Method : Legals	tost	Ν	legative		Negative		
Erythrocytes	lesi	۵	bsent		Absent		
Method : Peroxic	dase		boont		Absent		
Nitrite		N	legative		Negative		
Method : Griess	reaction			Law (ml	Newstern		
Leukocytes Method : Estera:	se activity of granulocytes	A A	bsent	Leu/uL	Negative		
Microscopic ex							
WBC		1	- 2	/ HPF	0 - 5		
RBC			Jil	/ HPF	0 - 2		
Casts			Jil	/ HPF	Nil		
Crystals			Jil	/ HPF	Nil		
Epithelial cells		C	Occasional	/ HPF	0 - 15		
Bacteria		А	bsent		Absent		
a		N	Jil				
Others	microscopy						



Mobile:9726816700

Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist

Moushiei Mukkeezee

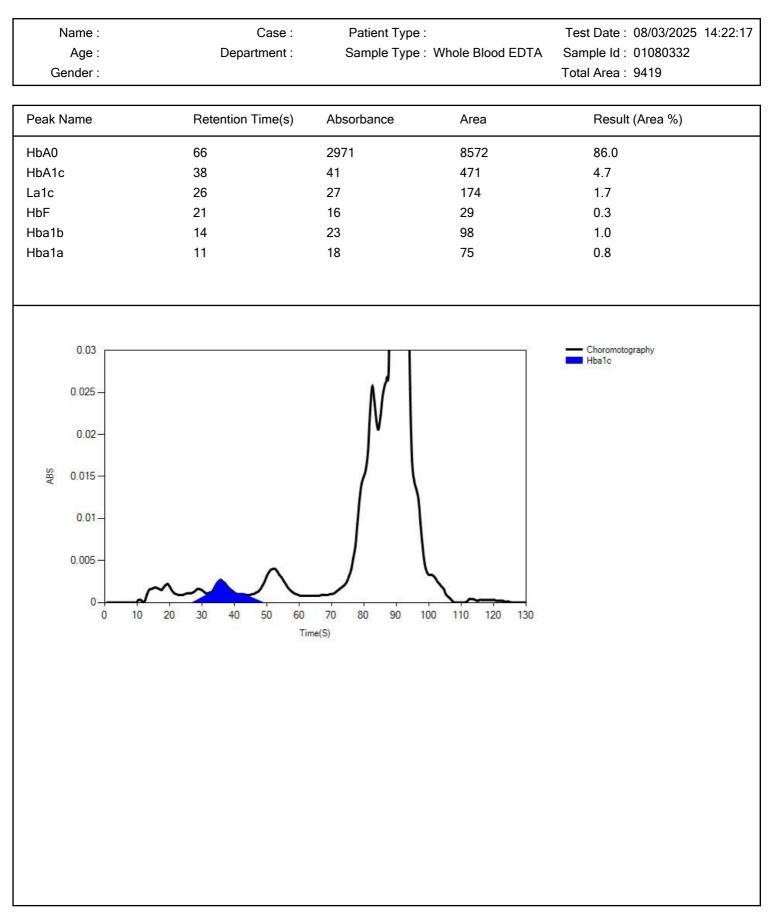
Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist Page 9 of 12

PRL Prognosis Laboratories A subsidiary of Company MEDGENOME & 8130192290 www.prlworld.com							
Lab No. NAME Ref. Dr. Rpt. Centre	012503080332 Mrs. SHREYA MEDIWHEEL undefined	Age/Gender BarcodeNo	32.11 YRS/FEMALE 01080332	Coll. ON Reg. ON Approved ON Printed ON	08/Mar/2025 11:11AM 08/Mar/2025 08/Mar/2025 01:59PM 08/Mar/2025 06:05PM		
Test Name		V	alue	Unit	Biological Reference Interval		
Jrine Sugar f	asting	Nil			Nil		
			RI				
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	is an electronically validated 2 : Prognosis Laboratories,515				shui Mutteejee		

	& 8130192290 ⊕ w	ww.prlworld.com <i>∃</i> ⊠	care@prlworld.com	
ab No.01250308IAMEMrs. SHRERef. Dr.MEDIWHERpt. CentreCourier	ΞYA	32.11 YRS/FEMALE	Reg. ON 08 Approved ON 08	/Mar/2025 11:11AM /Mar/2025 /Mar/2025 03:43PM /Mar/2025 06:05PM
CG Electro-cardiogr Sinus Rhythm. MT (Treadmill Test) Negative For RMI.				
	Eye Vision	Loft Erro		
NEAR VISION	Right Eye N/6	Left Eye N/6		
VISION	6/6	6/6		
COLOR VISION	Normal	Normal		
/IER				
Condition ob	ir, no pallor, no icte served 52	rus, no anem	iia	
Neight (kg) 57				
Pulse (bpm) 85 3P (mm/hg) 94	/60			
Please note: Kindly revie bisclaimer: This is an electronica	ew with clinician in view of abnor ally validated report. If any discrepancy i poratories,515-516, Sector-19, Dwarka, F	is found, it should be confi		Dr. Moushmi Mukherjee
The second s	MD(Microbiology)	MD(Pathology) Lab Director	MD, PGDCC Consultant Cardiologist	MBBS,MD (Pathology)

, Mobile:9726816700

b No. AME	01250308033 Mrs. SHREYA	2 Age/Gender	32.11 YRS/FEMALE		08/Mar/2025 11:11AM 08/Mar/2025		
f. Dr. t. Centre	MEDIWHEEL Courier	BarcodeNo	01080332		08/Mar/2025 03:43PM 08/Mar/2025 06:05PM		
			DI				
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LIFOTRONIC Graph Report

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Ms.	SHREYA
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 I.D.
 : 1791

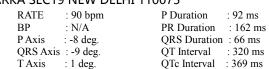
 AGE/SEX
 : 32 Yr /F

 HT/WT
 : /

 DATE
 : 08-03-2025 01:05:44 PM

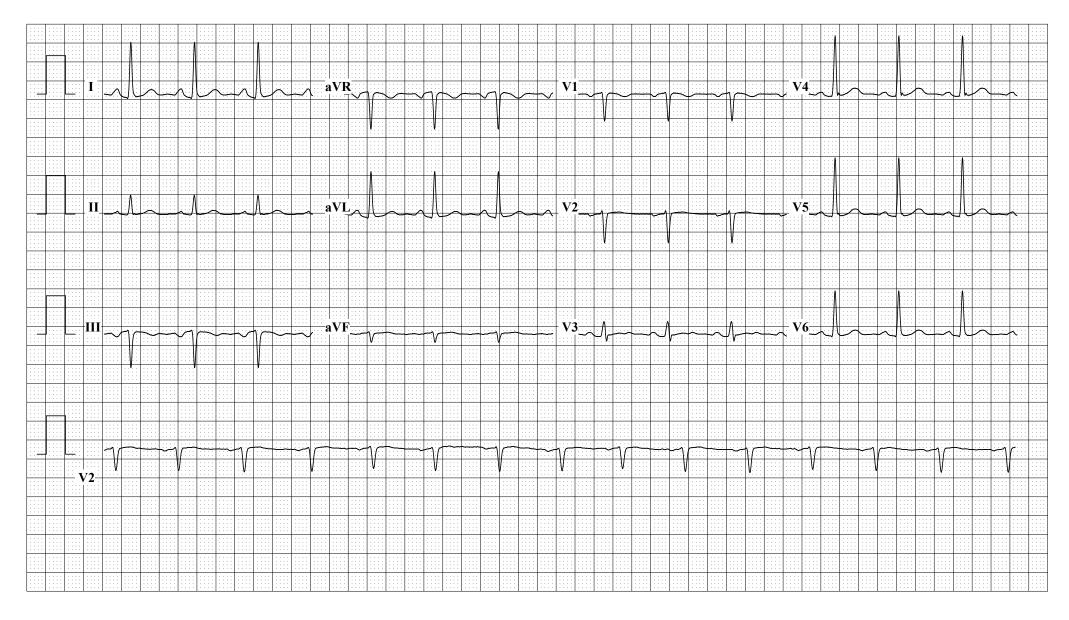
 REF.BY
 : Dr.MEDIWHEEL

 MACHINE INTERPRETATION : Sinus Rhythm.



Linked Median

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

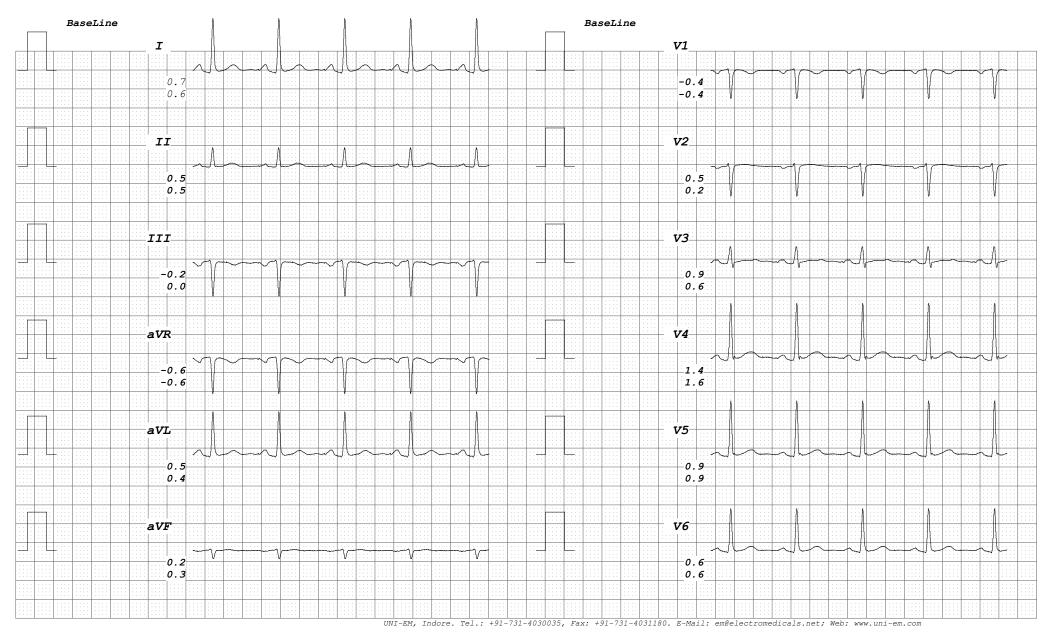


PRETEST SUPINE ST @ 10mm/mV 80ms PostJ

I.D. 891 Age 32/F Date 08-03-2025

SHREYA

RATE 87bpm B.P. 94/60



ST @ 10mm/mV

80ms PostJ

I.D. 891 Age 32/F Date 08-03-2025

SHREYA

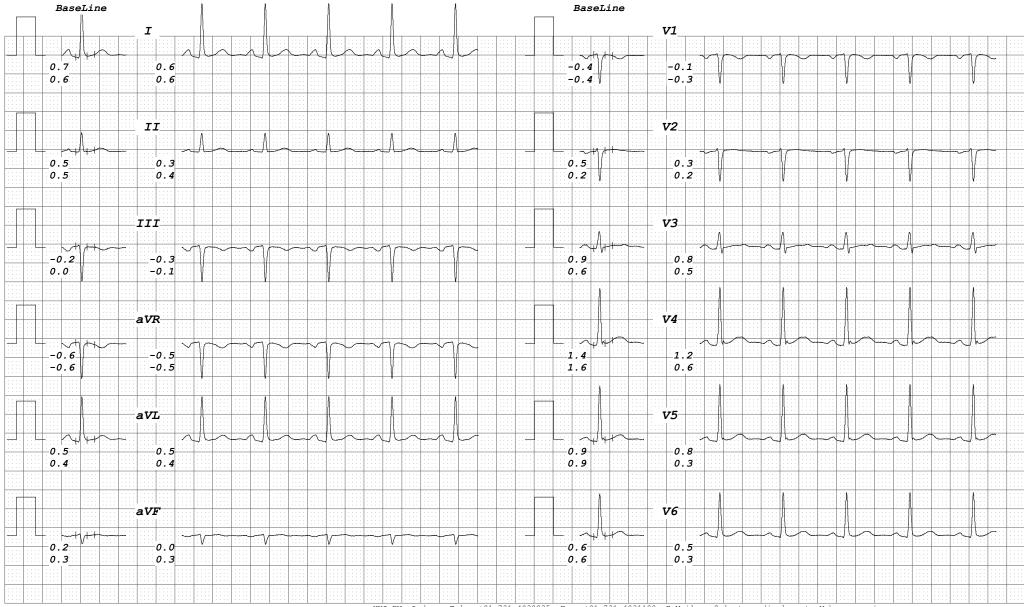
RATE 90bpm B.P. 94/60

PHASE TIME 0:10

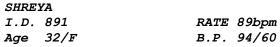
PRETEST

HYPERVENT



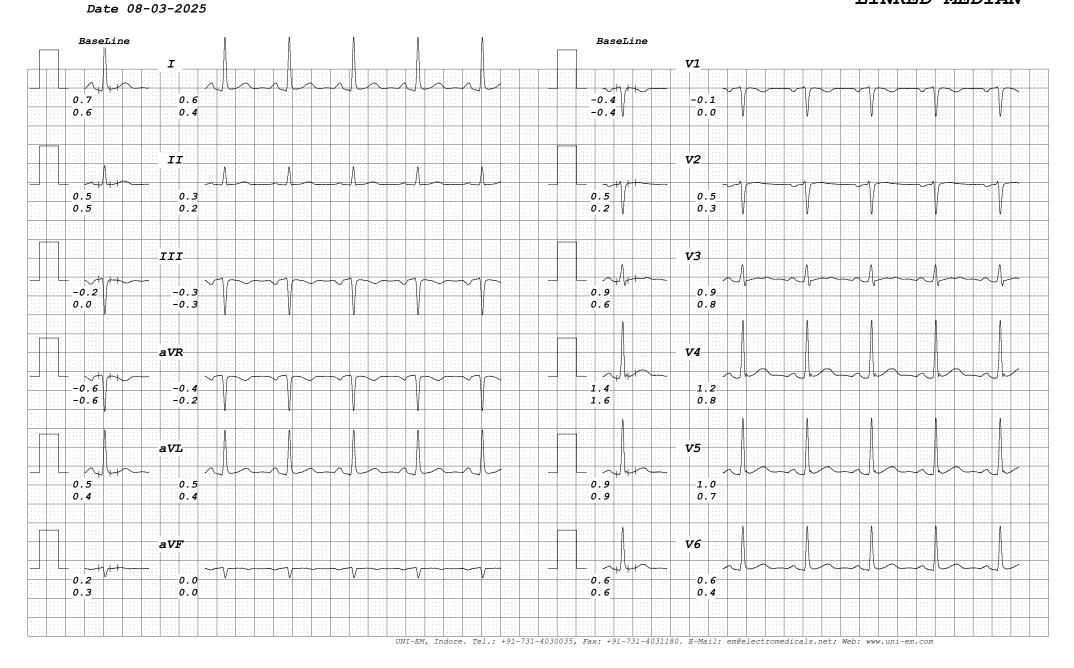


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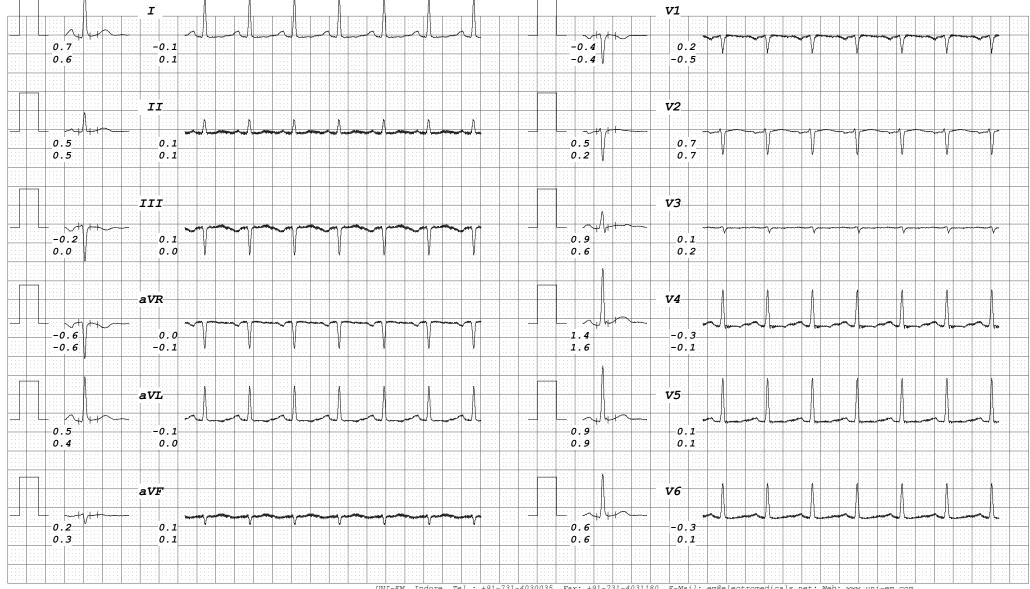


B.P. 94/60

PRETEST STANDING ST @ 10mm/mV 80ms PostJ



SHREYA I.D. 891 Age 32/F Date 08-03-2025		128bpm 105/65		5 1	Bruce Stage TOTAL PHASE	TIME		ST @ 10mm/mV 80ms PostJ Speed 2.7 km/hr SLOPE 10 %	LINKED M	EDIAN
BaseLine	4 4	Å	ł	4	ň		BaseLine			



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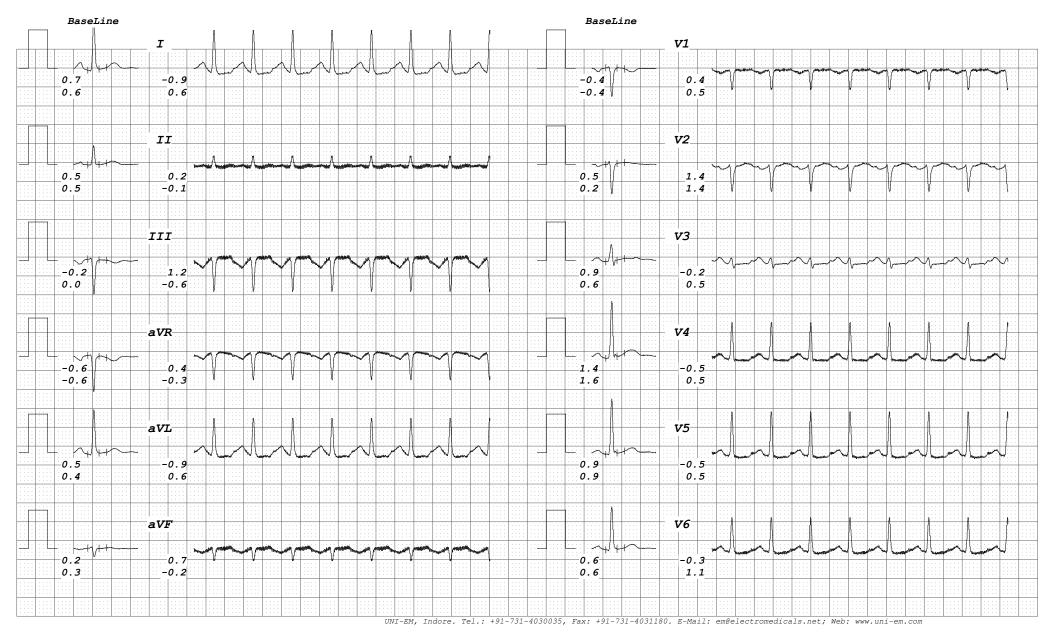
	Bruce	ST @ 10mm/mV
RATE 146bpm	Stage 2	80ms PostJ
B.P. 110/70	TOTAL TIME 5:55	Speed 4 km/hr
	PHASE TIME 2:55	SLOPE 12 %

SHREYA

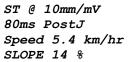
I.D. 891

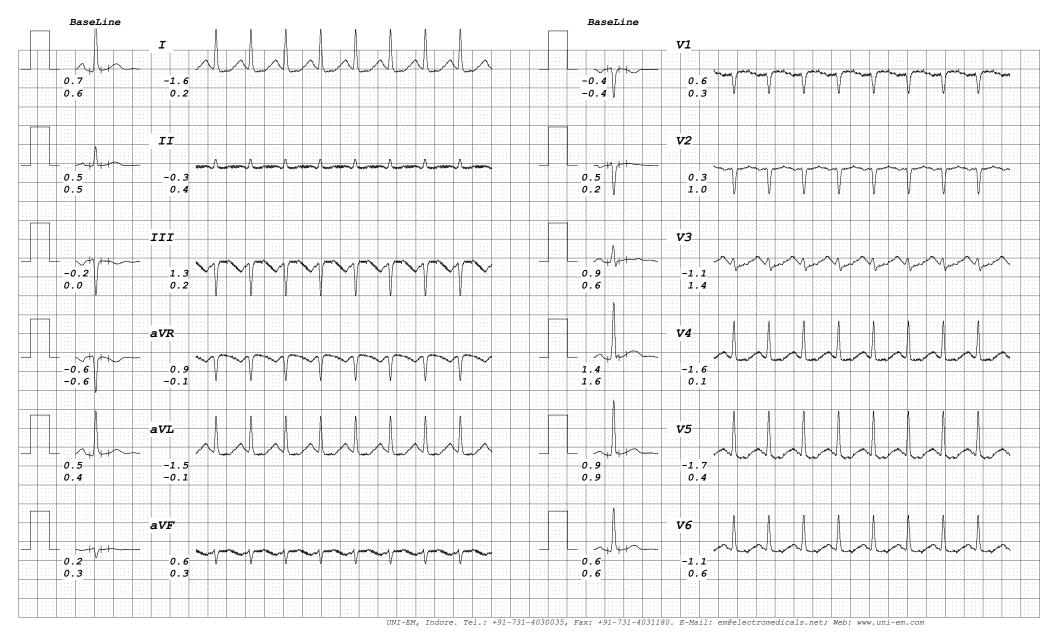
Age 32/F

Date 08-03-2025









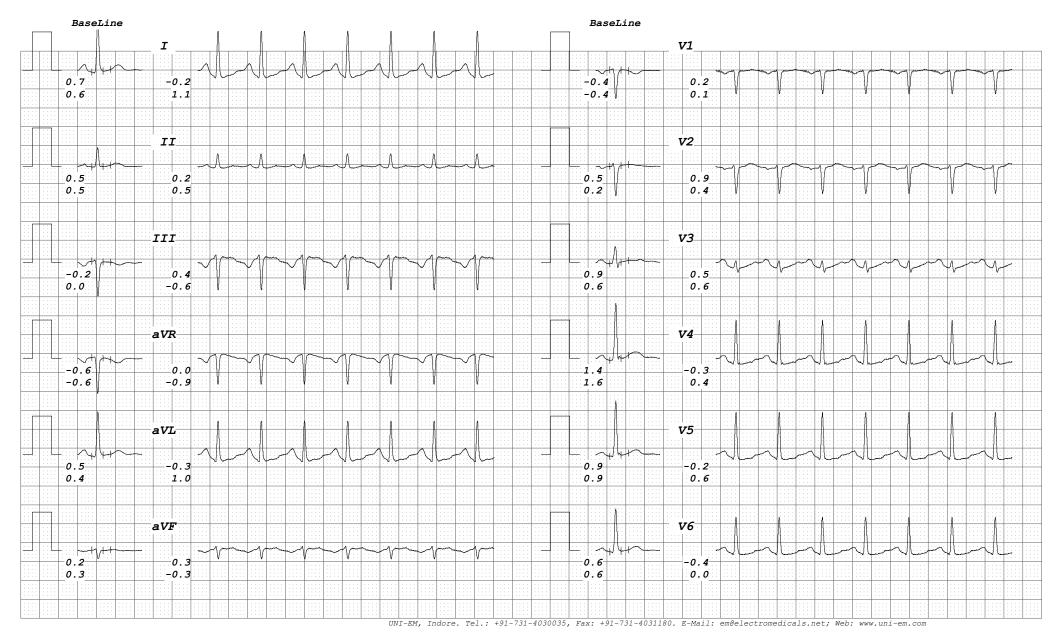
ST @ 10mm/mV 80ms PostJ

I.D. 891 Age 32/F Date 08-03-2025

SHREYA

RATE 133bpm B.P. 110/70 RECOVERY TOTAL TIME 7:52 PHASE TIME 0:55

Bruce



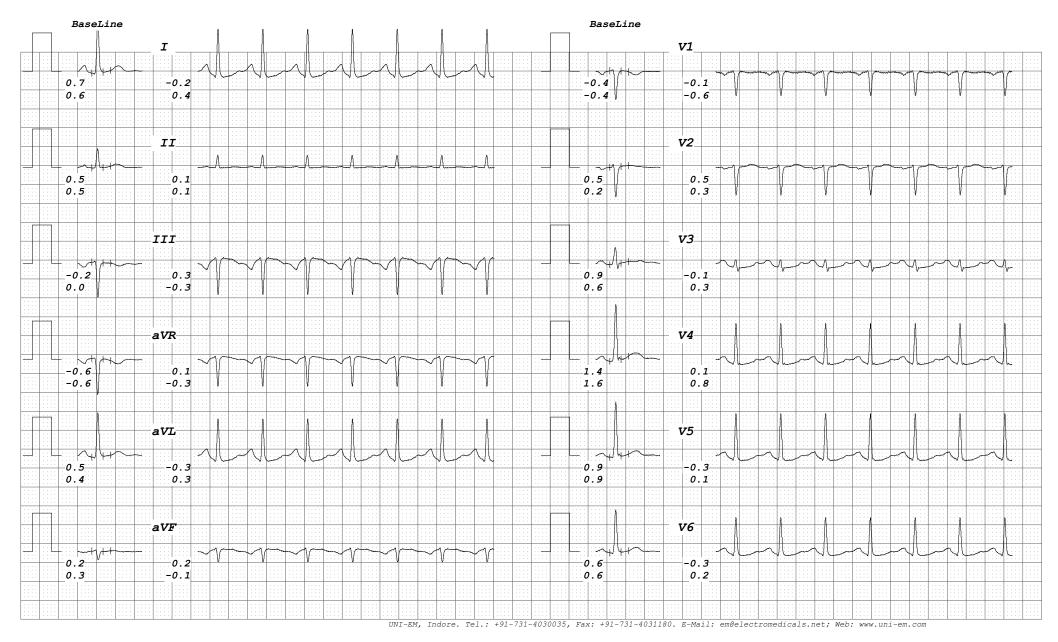
ST @ 10mm/mV 80ms PostJ

I.D. 891 Age 32/F Date 08-03-2025

SHREYA

RATE 128bpm B.P. 105/65 RECOVERY TOTAL TIME 8:52 PHASE TIME 1:55

Bruce



ST @ 10mm/mV 80ms PostJ

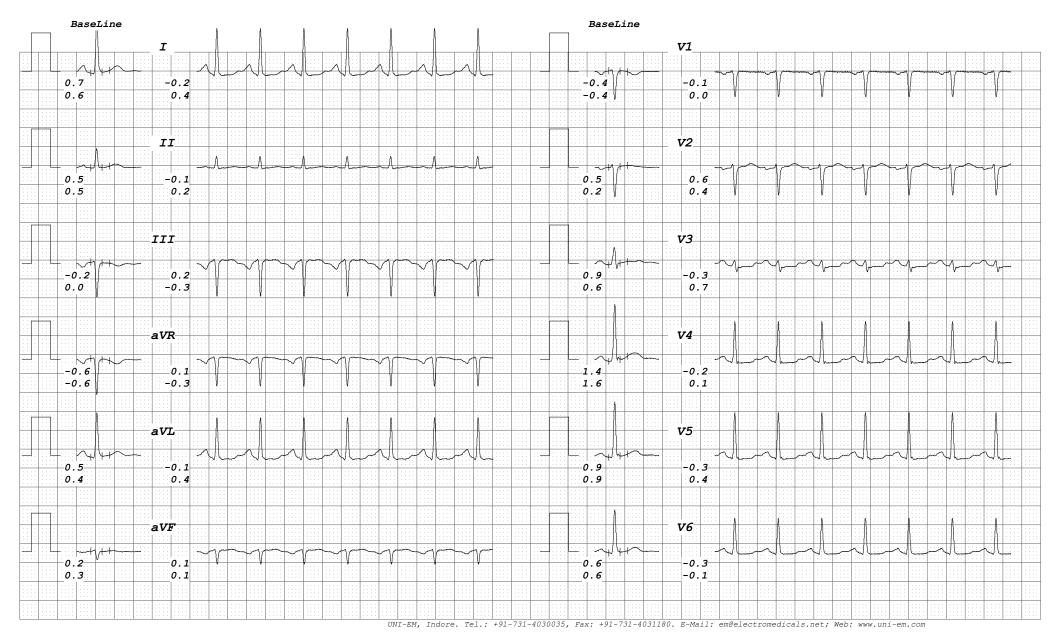
I.D. 891 Age 32/F Date 08-03-2025

SHREYA

RATE 132bpm B.P. 94/60

RECOVERY TOTAL TIME 9:52 PHASE TIME 2:55

Bruce



A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC 19 NEW DELHI 110075

SHREYA

PHASE

TREADMILL TEST REPORT

:	891
:	08-03-2025
:	32 /F
:	0 / 0
:	MEDIWHEEL
	::

TOTAL

PROTOCOL : Bruce : Checkup/Physical fitness, HISTORY INDICATION :

ST LEVEL (MM)

METS

MEDICATION : STAGE SPEED GRADE H.R. В.Р. RPP TIME TIME Km/Hr 8 bpm mmHa x100

	1 1111		1000/111	0	2 pm	mining	MI 0 0	II	V1	V5	
SUPINE	-		-		87	94 / 60	81	0.5	-0.4	0.9	
HYPERVENT		0:10			90	94 / 60	84	0.3	-0.1	0.8	
STANDING					89	94 / 60	83	0.3	-0.1	1	
Stage 1	2:55	2:55	2.7	10	128	105 / 65	134	0.1	0.2	0.1	4.67
Stage 2	5:55	2:55	4	12	146	110 / 70	160	0.2	0.4	-0.5	7.04
PK-EXERCISE	6:42	0:42	5.4	14	165	115 / 75	189	-0.3	0.6	-1.7	7.78
RECOVERY	7:52	0:55			133	110 / 70	146	0.2	0.2	-0.2	
RECOVERY	8:52	1:55			128	105 / 65	134	0.1	-0.1	-0.3	
RECOVERY	9:52	2:55			132	94 / 60	124	-0.1	-0.1	-0.3	

RESULTS

EXERCISE DURATION : 6:42 : 7.78 METS MAX WORK LOAD : 165 bpm 87 % of target heart rate 188 bpm MAX HEART RATE MAX BLOOD PRESSURE : 115 / 75 mm Hg REASON OF TERMINATION : Achieved THR, BP RESPONSE : Normal, ARRYTHMIA : None, : Normal Chronotropic Response, H.R. RESPONSE IMPRESSIONS :

Negative for Provocable myocardial ischemia,