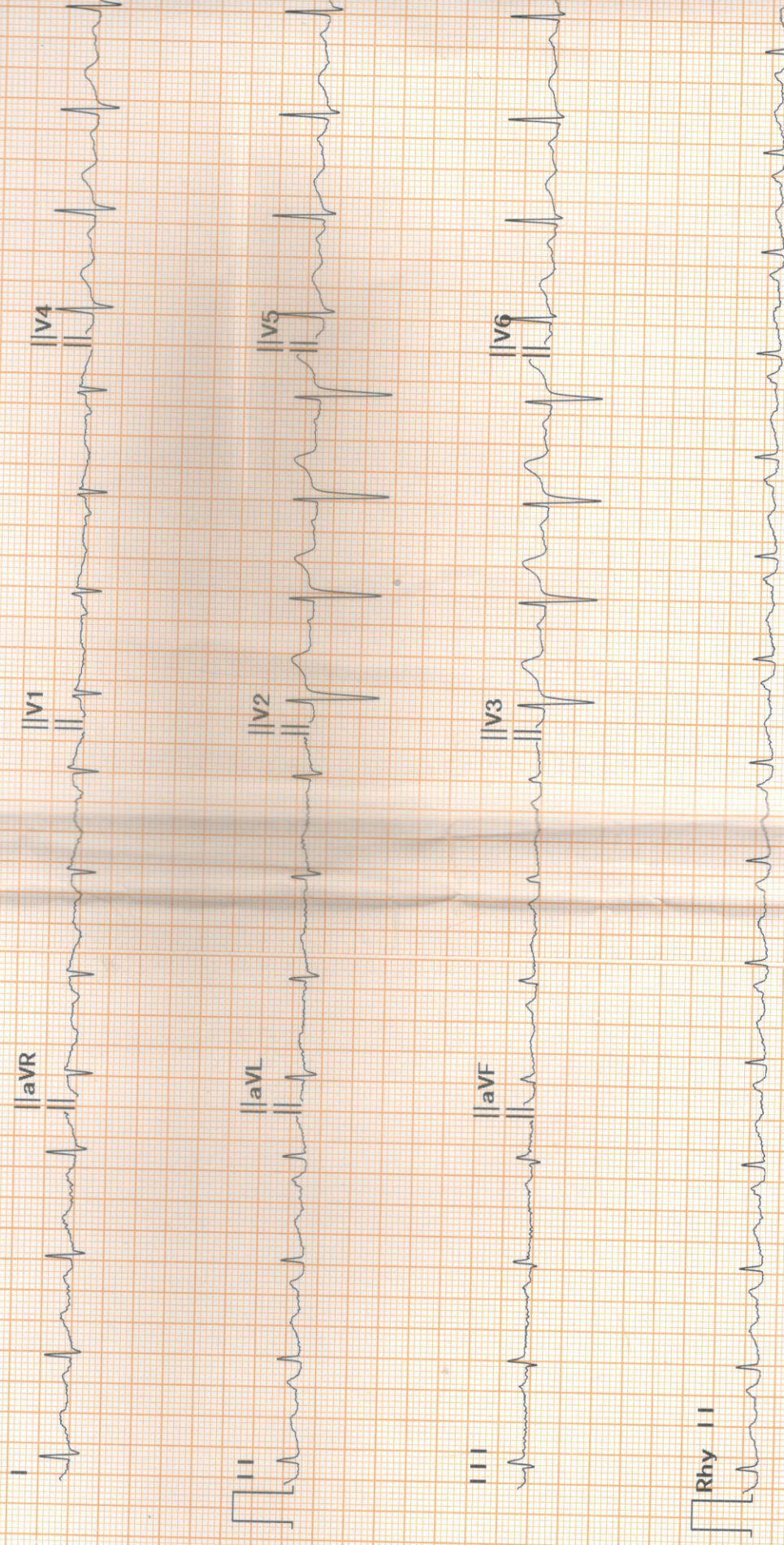


Sex : _____
 Divisions: _____
 HR 90 bpm
 P Dur/PR int 96 / 159ms
 QRS Dur 88 ms
 QT/QTc int 365 / 448 ms
 P/QRST axis 52 / 68 / 32 °

BP _____ mmHg
 Bed No. _____
 RV5/SV1 amp 0.814 / 0.356mV
 RV5+SV1 amp 1.170mV
 RV6/SV2 amp 0.838 / 1.231mV

Weight _____ cm
 Hospital No. _____
 Minnesota Code

Diagnosis Info
 800: Sinus Rhythm
 Normal ECG



Diagnosis for reference, ask your doctor to confirm
 AUTO PRINT 3X4+1R 90bpm 10 mm/mV 0.50Hz-25Hz AC 50Hz 25 mm/sec Confirmed By: _____



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 23-MAR-2024 REP. DATE : 23-MAR-2024
NAME : MR. PODDAR NAVIN PRAKASH
PATIENT CODE : 081176 AGE/SEX : 55 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS (MALE)

OBSERVATION :

Liver : Is normal in size , shape & echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 9.9 x 4.2 cm.
Left kidney measures : 10.3 x 4.5 cm.

Urinary bladder : Moderately distended, normal.

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

No demonstrable small bowel / RIF pathology.

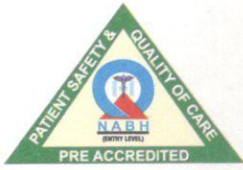
No ascites / lymphadenopathy.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly correlate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 23-MAR-2024 REP. DATE : 23-MAR-2024
NAME : MR. PODDAR NAVIN PRAKASH
PATIENT CODE : 081176 AGE/SEX : 55 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Widening of mediastinum seen. Adv: CT Thorax

Both lungs appear clear.

Heart is normal in size & shape.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

-Kindly correlate clinically.

DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST

2D ECHO / COLOUR DOPPLER

NAME : MR.NAVEEN PODDAR
REF BY : DR. HOSPITAL PATIENT

55Yrs/M

OPD
23-Mar-24

M - Mode values

Doppler Values

AORTIC ROOT (mm)	22	TAPSE (mm)	23
LEFT ATRIUM (mm)	36	PULMONARY PG (mmHg)	4
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	43	PG (mmHg)	5
LVID - S (mm)	24	MITRAL E VEL (m/sec)	0.5
IVS - D (mm)	11	A VEL (m/ sec)	0.8
LVPW -D (mm)	11	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60	PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve. Trivial tricuspid regurgitation ,
PA pressure = 24 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal study.
No regional wall motion abnormality.
Normal biventricular function , LVEF 60%
Normal PA pressure.


DR. RAJDATT DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

Tabular Summary

PODDAR, NAVEEN
 Patient ID 16230
 23.03.2024 Male
 10:51:13 55yrs
 Meds:

Test Reason: Screening for CAD
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:
 Technician: RUPALI Test Type: Treadmill Stress Test
 Comment:

BRUCE: Total Exercise Time 06:53
 Max HR: 153 bpm 92% of max predicted 165 bpm HR at rest: 88
 Max BP: 160/95 mmHg BP at rest: 130/80 Max RPP: 22720 mmHg*bpm
 Maximum Workload: 9.70 METS
 Max. ST: -0.26 mV, 0.00 mV/s in V5; EXERCISE STAGE 3 06:54
 ST/HR index: 4.39 μ V/bpm

Reasons for Termination: Dyspnea
Summary: Resting ECG: normal, Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: Depression horizontal. Overall impression: Positive stress test suggestive of ischemia.
Conclusion: GOOD EFFORT TOLERANCE
 ACHIEVED 92 % THR ON RX.
 NORMAL BP RESPONSE
 SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD
 HORIZONTAL ST-T CHANGES, NO ANGINA.

STRESS TEST IS POSITIVE FOR INDUCIBLE ISCHEMIA

~~DR. RAJDAJI DEORE
 MD,DM-CARDIOLOGIST
 MMC 2005/03/1520~~

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	90	130/80	11700	0	0.07	
	STANDING	00:11	0.00	0.00	1.0	85			0	0.06	
	HYPERV.	00:52	0.50	0.00	1.2	93	130/80	12090	0	0.07	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	118	130/80	15340	0	-0.01	
	STAGE 2	03:00	2.50	12.00	7.0	137	135/80	18495	0	-0.14	
	STAGE 3	00:54	3.40	14.00	9.7	151	135/85	20385	0	-0.26	
RECOVERY		02:52	0.00	0.00	1.0	93	160/95	14880	0	-0.03	

PODDAR, NAVEEN

Patient ID 16230

23.03.2024

11:02:17

Linked Medians

RECOVERY

#1

02:50

96 bpm

160/95 mmHg

BRUCE

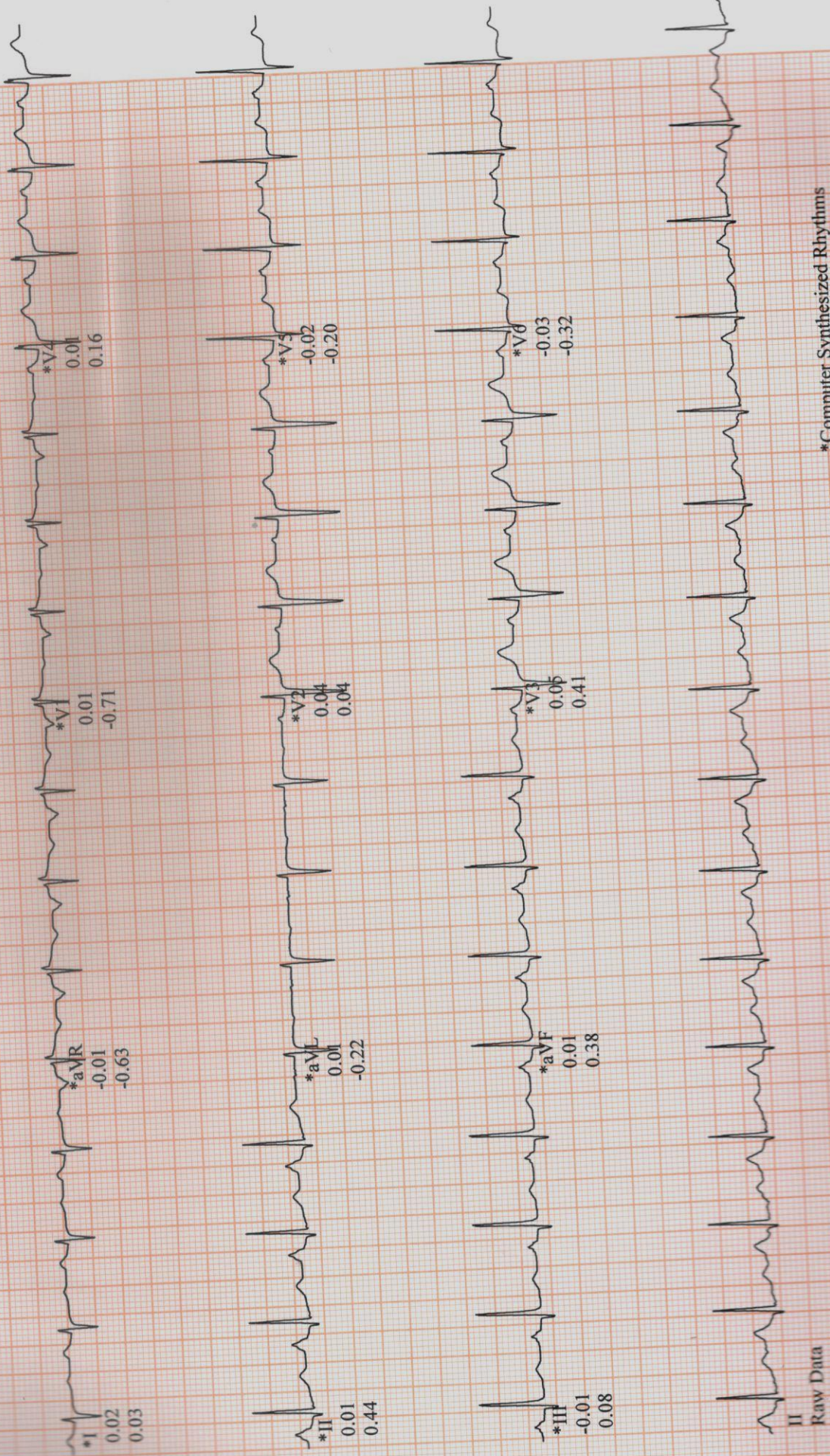
0.0 mph

0.0 %

Lead

ST Level (mV)

ST Slope (mV/s)



II Raw Data

*Computer Synthesized Rhythms