



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.: 022 - 2898 6677 / 46 / 47 /

INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Khemani
Mon to Fri: 10:00 am to 11:00 am
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shroya Mehta
Mon to Sat: 01:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Kinjal Modi
Mon - Thurs: 01:00 pm to 03:00 pm

JOINT REPLACEMENT

SURGEON AND SPORT INJURIES

Dr. Amit Munde
Mon to Sun: 05:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST HEPATOLOGIST, ENDOSCOPIST

Dr. Darshil Shah
Mon to Fri: 09:00 am to 10:00 am
06:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Geeta Ghag
Mon to Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Shrikant Bhojra
Mon to Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Hemashri Patel
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Rashmi Padwalkar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehoob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 08:30 am to 09:30 pm

Puja Kumari 32yr/f.

clo-

No any active complain present

Brooding present.

Kluo- MAD

LSCS :- 4 1/2 yr back.

LMP- 10/2/24, Regular.

Breast examination-

No any lump noted at both breast.

ole

G.C Mod / AFeb

PR- 74/m

SpO₂ - 99%

Temp- AFeb

BP- 100/60mmHg

SLE

(X) - S₁₂

(M) - conscious oriented

R) - AEBE@

PIA- soft / NT

ENT Examination.

T- No Aphthous ulcer noted

No any deformity noted

M- No deviation,
symmetrical

E- No any deformity Noted

Ortho- No blurring of vision noted at both eye

NEUROSURGEON

Dr. Darpan Thakkar
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parikh
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Vivek Pate
Mon, Wed & Fri: 07:00 pm to 08:00 pm

HAEMATOLOGIST

Dr. Shraddha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thru: 04:00 pm to 06:00 pm
Dr. Yogendra Chheda
Mon, Wed & Sat: 05:00 pm to 07:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khade
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Smit Vora
Tues, Thurs & Sat: 06:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandash
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thru & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapolkar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Leena Jain
Tues: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Wed: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANESTHESIST

Dr. Sagar Yesale
Mon to Sat: 08:00 am to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Forum Kothari
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Deep Vora
Mon to Sat: 09:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 08:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Alvi
Mon to Sat: 09:00 am to 04:00 pm



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient	: Kumari Puja	UHID	: ASH232404258
Age/Sex	: 32/Female	ID	: OP232405018
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 19-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 19-Feb-2024
Collection Centre	: Apex Hospital		

COMPLETE BLOOD COUNT


Test	Result	Normal Value
HAEMOGLOBIN	L 10.4 Gm%	13.5-18.0 Gm%
RBC Count	L 3.55 Millions/cumm	4.0-6.0 Millions/cumm
PCV	L 30.3 %	37-47 %
MCV	85.35 Fl	78-100 Fl
MCH	29.30 Pg	27-31 Pg
MCHC	34.32 %	32-35 %
RDW	13.7 %	11-15 %
Total WBC Count	5100 /C.MM	4000-11000 /C.MM
Diferencial Count		
Neutrophils	62 %	40-75 %
Eosinophils	03 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	30 %	20-45 %
Monocytes	05 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	HYPO(+)	
PLATELET COUNT	266 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	H 12.9 Fl	7.0-11.0 Fl

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked/By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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HEMATOLOGY

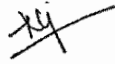
Test	Result	Normal Value
ESR	H <u>63 mm/hr</u>	0 - 10 mm/hr
BLOOD GROUP	"AB"	
Rh FACTOR	NEGATIVE	

Remarks : *

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Referring Dr	: MEDIWHEEL	Reported On	: 19-Feb-2024
Collection Centre	: Apex Hospital		

FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	83.4 Mg/dl	70-110 Mg/dl
URINE SUGAR	ABSENT	
URINE KETONES	ABSENT	

POST LUNCH BLOOD SUGAR

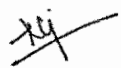
Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	117.3 Mg/dl	70-140 Mg/dl
URINE SUGAR (PP)	SNR	-
URINE KETONE (PP)	SNR	

Remarks : **

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Consultant Dr	: PAL DINESH KUMAR	Registered On	: 19-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 19-Feb-2024
Collection Centre	: Apex Hospital		

LIPID PROFILE

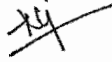
Test	Result	Normal Value
TOTAL CHOLESTEROL	189.3 Mg%	150-250 Mg%
TRIGLYCERIDES	62 Mg%	35-160 Mg%
HDL CHOLESTEROL	48 Mg%	30-70 Mg%
VLDL CHOLESTEROL	12.40	7-35
LDL CHOLESTEROL	128.90 Mg%	108-145 Mg%
TC/HDL CHOL RATIO	3.94	3.5-5.0
LDL/HDL RATIO	2.69	1.1-3.9

Remarks : *

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Patient	: Kumari Puja	UHID	: ASH232404258
Age/Sex	: 32/Female	ID	: OP232405075
Consultant Dr	: GUJAR NEERAJ	Registered On	: 21-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 21-Feb-2024
Collection Centre	: Apex Hospital		

RENAL FUNCTION TEST

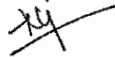
Test	Result	Normal Value
SERUM CREATININE	0.60 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	3.93 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	10.03 Mg/dl	0-23 Mg/dl

Remarks : *

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Patient	: Kumari Puja	UHID	: ASH232404258
Age/Sex	: 32/Female	ID	: OP232405018
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 19-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 19-Feb-2024
Collection Centre	: Apex Hospital		

LIVER FUNCTION TEST


Test	Result	Normal Value
TOTAL BILIRUBIN	0.73 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.14 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.59 Mg/dl	0.1-1.0 Mg/dl
SGOT	17.45 Iu/l	5-40 Iu/l
SGPT	20.94 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	66.91 U/l	25-147 U/l
SERUM PROTEINS TOTAL	7.43 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	3.80 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	H <u>3.63 Gm%</u>	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.05 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	11.58 Iu/l	5-45 Iu/l

Remarks : *

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Patient	: Kumari Puja	UHID	: ASH232404258
Age/Sex	: 32/Female	ID	: OP232405060
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 20-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

URINE ROUTINE


Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	20 MI	MI
COLOUR	YELLOW	
APPEARANCE	SLIDLIY HAZY	
DEPOSIT	PRESENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.025	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	2-3 /hpf	/hpf
EPITHELIAL CELLS	8-10 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOOZA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	PERESENT	
BACTERIA	ABSENT	

Remarks : *

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MD PATHOLOGY

Patient Id : **PVD04223-24/67109** Sample ID : 24025232
 Patient : MRS PUJA KUMARI Reg. Date : 19/02/2024
 Age/sex : 32 Yrs/ Female Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.4	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	108.28	mg/dL	
Method : HPLC-Biorad D10-USA			

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640

Patient Id : **PVD04223-24/67109** Sample ID : 24025232
 Patient : MRS PUJA KUMARI Reg. Date : 19/02/2024
 Age/sex : 32 Yrs/ Female Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HAEMATOLOGY

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

Blood group and Rh factor

ABO Type	AB
Rh Factor	Negative

Method : Tube agglutination

Limitations:

- 1) ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- 2) 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.
- 3) 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.
- 4) Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- 5) 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.

-----End Of Report-----

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IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	128.42	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.95	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.78	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radiiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

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APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404258 ID : OP232405018 Date : 19-Feb-2024
Patient : Kumari Puja Age/Sex : 32/Female Referred By : MEDIWHEEL
Company : SELF

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



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SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.8 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.6 x 3.7 cm	10 x 4.8 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 7.6 x 4.8 x 6.0 x cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 4.5 mm. Anterior wall subserosal uterine fibroid is seen.

Right Ovary 2.3 x 1.5 cm

Left Ovary 2.1 x 1.4 cm

Bilateral ovaries are normal in size and echopattern.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Anterior wall small subserosal uterine fibroid.
- No other significant abnormality noted.

DR. PANDYA SAUMIL
MD, D.N.B
RADIOLOGIST

Name: **Poola Kumar**
Age: **32/F**

02-19-2024 12:25:13

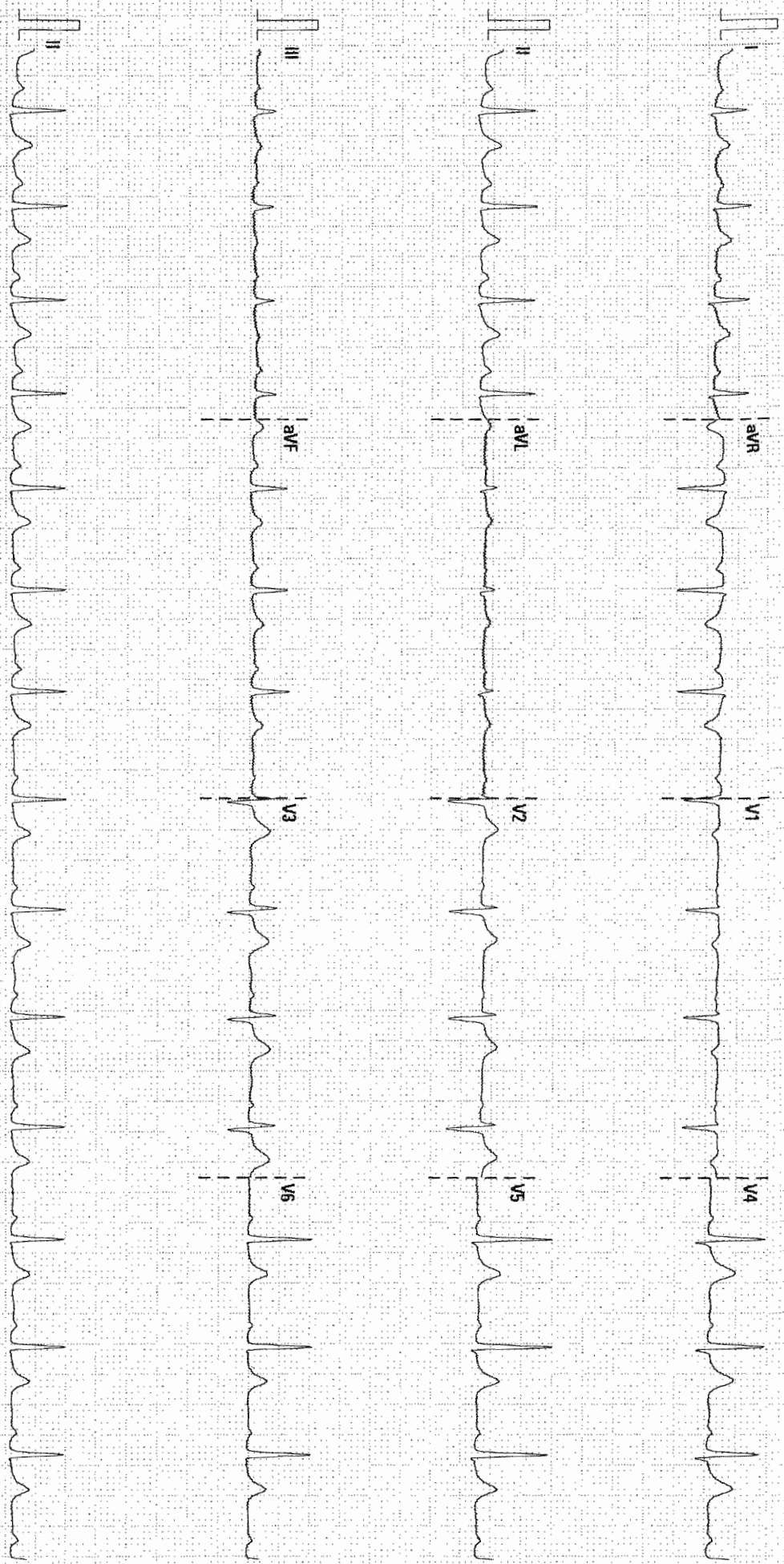
Vent. Ra.
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
OT: Hodges

88 bpm
154 ms
66 ms
334/383 ms
41/55/41 deg

Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Normal ECG

Subram

Unconfirmed Diagnosis.



25 mm/s 10 mm/mV

BDR 20 Hz

Apex Superspecialty Hospital

02.07.00/V28.4.1

SMJFN 83011150

**UNI-EM
ELECTRONICS COMPLEX
INDORE**

TREADMILL TEST REPORT

PUJA KUMARI
ID : 22239
DATE : 07/04/2003

AGE/SEX : 32 / M
HT/WT : 153 / 55
REF. BY : CAMP

PROTOCOL : Bruce
HI-TORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	I.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			MET'S
								I	VI	V5	
Stage 1	2:55	2:55	2.7	10	150	110 / 70	165	-3	0.5		4.67
Stage 2	5:55	2:55	4	12	180	110 / 70	198	1.1	1		7.04
PK-EXERCISE	8:21	2:21	5.4	14	189	110 / 70	207	1.4	1.8		9.37
RECOVERY	11:24	2:55			107	110 / 60	117	0.4	-0.2		

RESULTS

EXERCISE DURATION : 8:21
MAX HEART RATE : 189 bpm
MAX BLOOD PRESSURE : 110 / 70 mm Hg
REASON OF TERMINATION :
BP RESPONSE :
ARRHYTHMIA :
H.R. RESPONSE :
IMPRESSIONS :

MAX WORK LOAD : 9.37 METS

Technician :

UNI-EM

PUJA KUMARI
I.D. 22239
Age 32/M
Date 07/04/2005

RATE 109bpm
B.P. 110/60

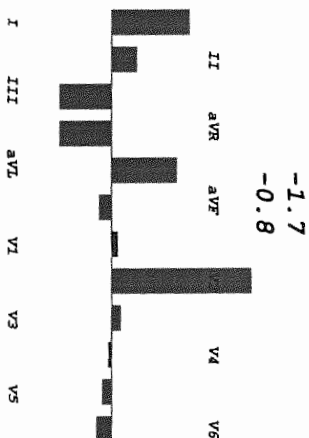
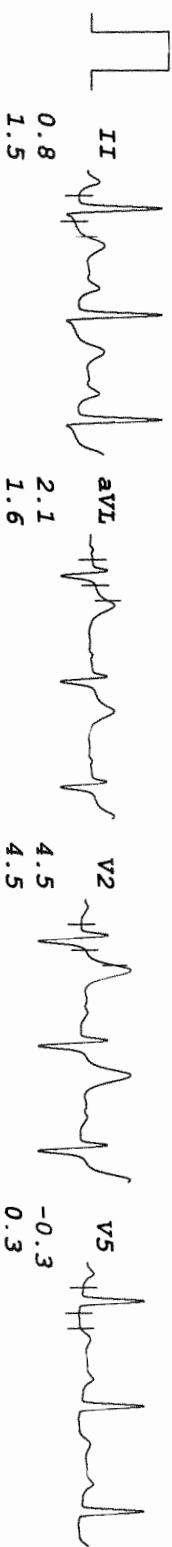
Bruce
RECOVERY
TOTAL TIME 11:10
PHASE TIME 2:41

ST @ 10mm/mv
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



PUJA KUMARI
I. D. 22239
Age 32/M
Date 07/04/2005

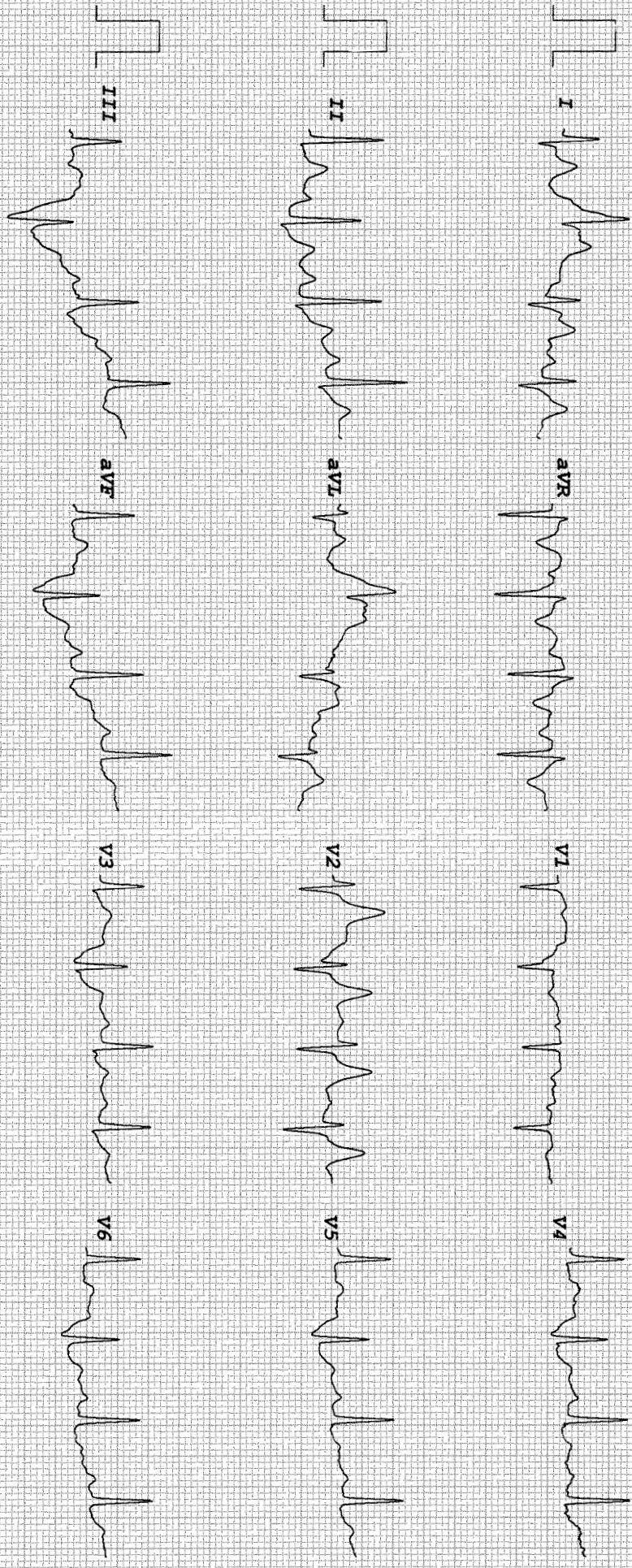
RATE 107bpm
B.P. 110/60

Brice
RECOVERY
TOTAL TIME 11:25
PHASE TIME 2:56

ST @ 10mm/mV
80ms PostJ

RAW ECG

UNI-EM



PUNJ KUMARI
I. D. 22239
Age 32/M
Date 07/04/2005

Rate 150bpm
B.P. 110/70

Brice
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

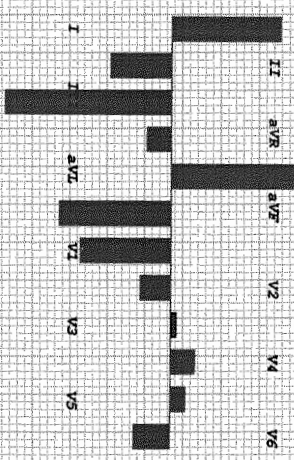
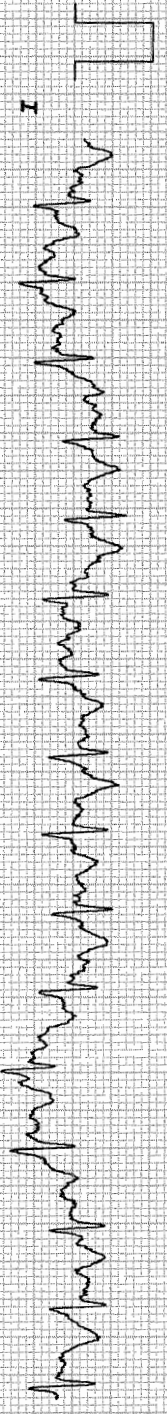
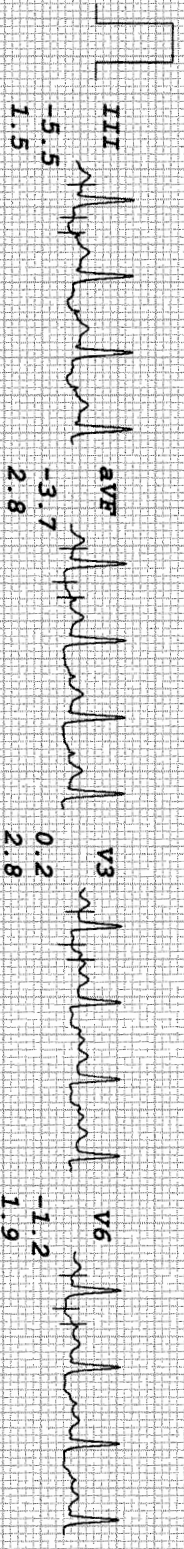
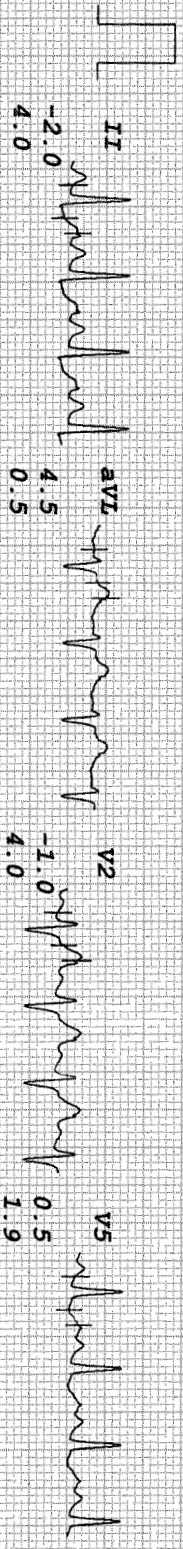
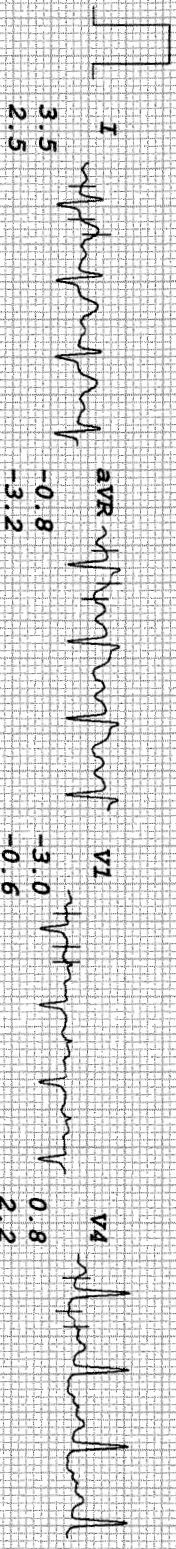
ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

UNI-EM

LINKED MEDIAN

Mag. X 2

III



PUJA KUMARI
 I.D. 22239
 Age 32/M
 Date 07/04/2005

Rate 180bpm
 B.P. 110/70

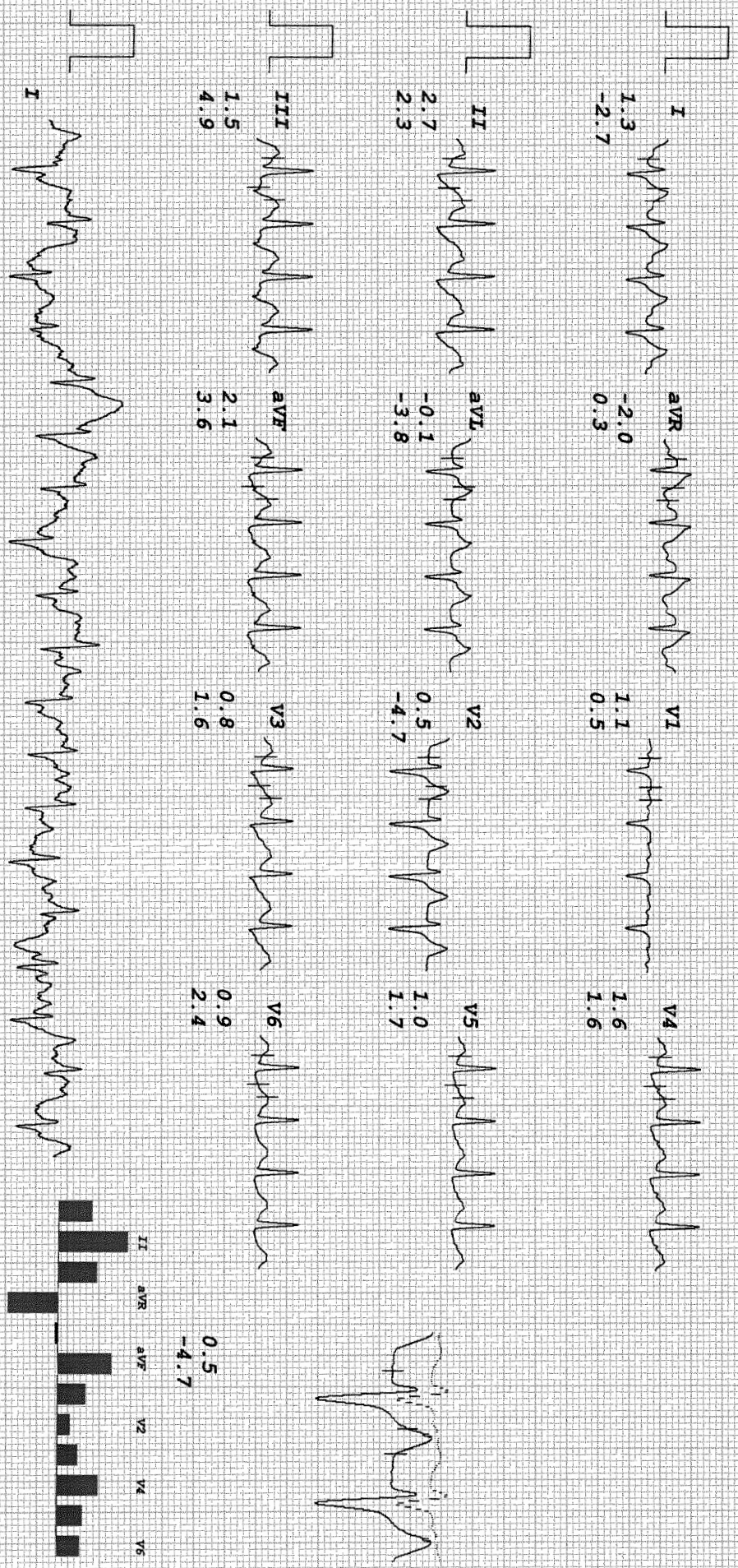
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

UNI-EM

LINKED MEDIAN

Mag. X 2



PUJA KUMARI
I.D. 22239
Age 32/M
Date 07/04/2005

RATE 189bpm
B.P. 110/70

Bruce
PR-EXERCISE
TOTAL TIME 8:21
PHASE TIME 2:21

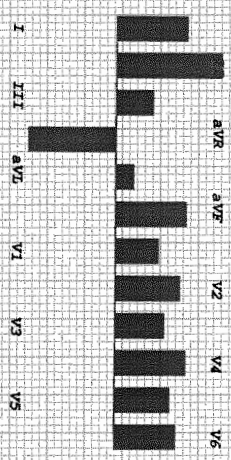
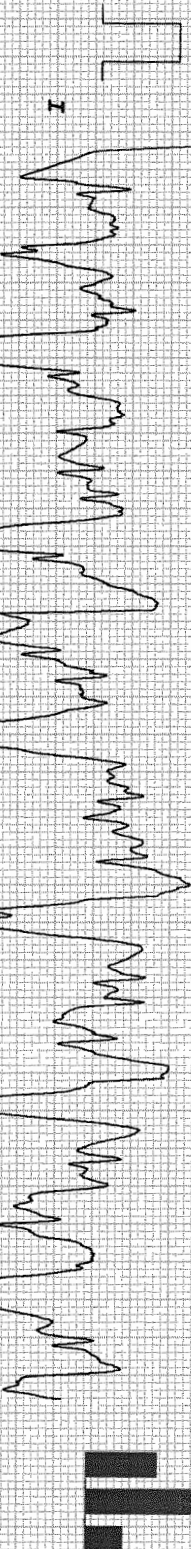
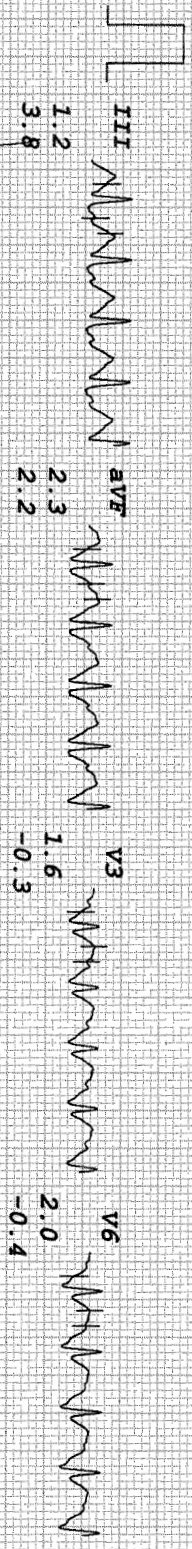
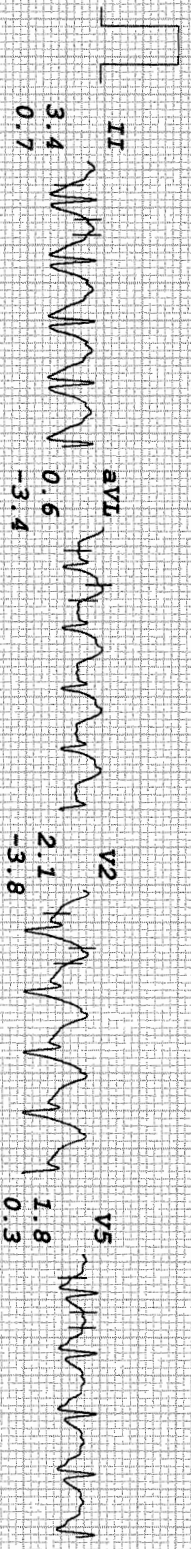
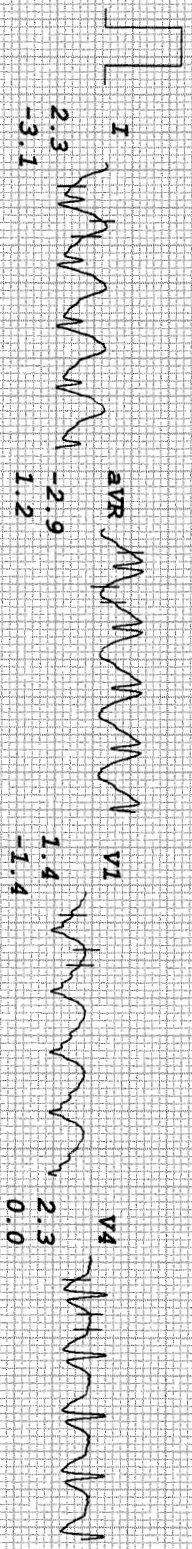
ST @ 10mm/mV
80ms Post-J
Speed 5.4 km/hr
SLOPE 14.8

UNI-EM

LINKED MEDIAN

Mag. X 2

III



UNI-EM

PUSA KUMARI
I.D. 22239
Age 32/M
Date 07/04/2005

RATE 107bpm
B.P. 110/60

Bruce
RECOVERY
TOTAL TIME 11:24
PHASE TIME 2:55

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2

III

