

# OPD ASSESSMENT FORM

Name Ms. Chintan Goswami Age Sex 29/M MR.No. 5139921  
 Doctor Dr. Krunal Gajjar Date 22/07/23  
 Ht: 1.87kg Wt: 83.1kg Temp: 97.8 Pulse: 99 B/M BP: 140/80 mm/Hg  
 SPO2: 99% Post of walk SPO2: \_\_\_\_\_  
 Drug / Food Allergy: \_\_\_\_\_

### Chief Complaints :

Not - Any

Prior Medication Reviewed : Yes  No

### On examination :

B | NAD  
CVS

### Past History :

N.S.

### Provisional Diagnosis :

### Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

### Treatment and further Advices : (Write in Capital Letters)

Rx \_\_\_\_\_

### Investigation advised :

\_\_\_\_\_

Krunal  
**Dr. Krunal Gajjar**  
 M.B.B.S., MD (MEDICINE)  
 CONSULTANT PHYSICIAN  
 Reg. No. G-20422  
 SUNSHINE GLOBAL HOSPITALS  
 SURAT

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_ Signature \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Mr. Chintun Daswami Age.Sex 29/M MR.No. 5139921

Doctor Dr. Shailaja Desai Date 22/07/23

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

- Routine dental check up

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

- tstein

**Past History :**

**Provisional Diagnosis :**

**Treatment and further Advices :  
(Write in Capital Letters)**

Rx

1) Scaling

**Nutritional Assessment :**

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Investigation advised :**

U.P. Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_

Signature

In case of emergency Please report to Emergency Department of Hospital OR

Call : 75748 49465, 0261-4111000



# OPD ASSESSMENT FORM



Name Mr. Chintan Gaswami Age.Sex 29/m MR.No. §139921

Doctor Dr Hardik Shroff Date 22/7/23

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

*No complain*

Prior Medication Reviewed : Yes  No

On examination :

*BE Ant. seg MAD*

Past History :

*IN 24 hr G6P  
G6P. NIG*

*SIR - d. 257 - 3.0 x 20'*

*L - d. 257 - 4.0 x 150'*

*Fundi (central) BE MAD*

Provisional Diagnosis :

*BE Compromed*

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :  
(Write in Capital Letters)

*myopia*

Rx

Investigation advised :

*Change of gl*

*Dr. Hardik Shroff*  
DOMS, DNB (Ophthalmology)

Regd. No. G-28902

Follow Up : *Self* Date : \_\_\_\_\_

SUNSHINE GLOBAL HOSPITAL  
Piplod, SURAT. Signature



**SPECTACLE CARD**



Ref. No. S139921 Name: Mr Chintan Goswami Date: 22/7/2023

RIGHT			
Sph.	Cyl.	Axis	V.A.
-2.75	-3.0	20'	G6

LEFT			
Sph.	Cyl.	Axis	V.A.
-2.75	-4.0	150'	G6

Remarks :

**INSTRUCTION :**

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09.00 am to 11.00 am, Monday to Saturday  
 Please obtain reporting time in advance & always bring OPD File

  
 Consulting Eye Surgeon



<b>PAT. NAME:</b> Mr. Chintanbhai Goswami	<b>Date :</b> 22/07/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 29 Yrs / M
<b>INV. :</b> USG Abdomen & Pelvis	<b>MR NO. :</b> S139921

**Findings:**

Liver is enlarge in size (16.4 cm), shape and shows mild increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.


Urinary bladder appears well distended and normal.

Prostate appears normal in size, shape and echopattern.

No e/o free fluid in pelvis.

**IMPRESSION:**

- **Hepatomegaly with grade I fatty liver.**

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796




<b>PAT. NAME:</b> Chintanbhai Goswami	<b>Date :</b> 22/07/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 29 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S139921

**Clinical Details:** HC

**Observation:**

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Fenali

Page: 1 out of 1  
Date & Time of report: 22/07/2023 – 11:46 AM

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**MR No.** : S139921 **Collection Date** : 22/07/2023 10:34AM  
**Patient Name** : Mr. Chintan Goswami **Age** : 29 Y **Sex** : Male  
**Ref By** : Dr. Hospital A Doctor **Report Date** : 22/07/2023 11:35AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	15.4	gm/dl	13.0 - 17.0
PCV	46.6	%	40 - 50
RBC COUNT	5.13	mill/cmm	4.5 - 5.5
MCV	90.8	fl	76 - 96
MCH	30.0	pg	26 - 32
MCHC	33.0	%	32 - 36
RDW	13.1	%	11 - 15
PLATELET COUNT	3.73	lacs/cmm	1.5 - 4.5
WBC COUNT	6920	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	49	%	40 - 70
LYMPHOCYTES	39	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
	Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

Page 1 of 1

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<b>MR No.</b> : S139921	<b>Collection Date</b> : 22/07/2023 10:34AM
<b>Patient Name</b> : Mr. Chintan Goswami	<b>Age</b> : 29 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 22/07/2023 11:30AM

### HAEMATOLOGY

Parameter	Result	Normal Range
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"A"	
RH FACTOR	POSITIVE	

### BIOCHEMISTRY

#### FASTING BLOOD SUGAR (FBS)

FASTING BLOOD GLUCOSE (Hexokinase)	103	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

### CLINICAL CHEMISTRY

#### THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.39	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.80	ug/dl	5.1 - 14.0
TSH (CLIA)	2.24	uIU/ml	0.2 - 4.5

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

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<b>MR No.</b> : S139921	<b>Collection Date</b> : 22/07/2023 10:34AM
<b>Patient Name</b> : Mr. Chintan Goswami	<b>Age</b> : 29 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 22/07/2023 11:31AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.2	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	<b>102.54</b>	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c  $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

Page 1 of 1

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**Toll Free No-1800 270 6666**

info@sunshineglobalhospitals.com | www.sunshineglobalhospitals.com



MR No. : S139921  
 Patient Name : Mr. Chintan Goswami  
 Ref By : Dr. Hospital A Doctor  
 Collection Date : 22/07/2023 10:34AM  
 Age : 29 Y Sex : Male  
 Report Date : 22/07/2023 11:31AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	137	mg/dl	50 - 200
HDL CHOLESTEROL Direct	33	mg/dl	40 - 60
LDL CHOLESTEROL Direct	82.4	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	111	mg/dl	50 - 150
/LDL Calc	22.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.15		0 - 5
LDL / HDL RATIO	2.5		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

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**MR No.** : S139921 **Collection Date** : 22/07/2023 10:34AM  
**Patient Name** : Mr. Chintan Goswami **Age** : 29 Y **Sex** : Male  
**Ref By** : Dr. Hospital A Doctor **Report Date** : 22/07/2023 11:32AM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	101	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.5	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	17	U/L	5 - 41
SGOT (IFCC)	13	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.8	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.6	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.2	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.09	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.8	mg/dl	0.5 - 1.2
<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	6.8	mg/dl	3.4 - 7.0
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	5.9	mg/dl	8 - 23

\*\*\*\*\* End Report \*\*\*\*\*

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 22/07/2023 11:33AM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>4.6</b>	mg/L	
URINE CREATININE (JAFEE)	<b>48.8</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	9.42	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 22/07/2023 11:35AM

**CLINICAL PATHOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Normal Range</b>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.005	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Present(Trace)	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	3-4	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

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ID: s139921

Visit:

22-Jul-2023

11:02:04

29years

Caucasian

Male

BRUCE

Max HR: 169bpm 88% of max predicted 191bpm

Max BP: 163/98

Reason for Termination:

Comments:

Referred by:

Test ind:

25.0 mm/s  
10.0 mm/mV  
100hz

al Exercise time: 9:13

Maximum workload: 10.4METS

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:39	0.6	0.0	1.3	104	140/80	146
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	120	140/80	168
	STAGE 2	3:00	2.5	12.0	7.0	137	150/80	206
	STAGE 3	3:00	3.4	14.0	10.1	161	160/90	258
	STAGE 4	0:13	4.2	16.0	10.4	189	160/90	270
RECOVERY	RECOVERY	4:16	***	***	1.0	111		

TMT is negative for inducible ischemia

Technician:

Unconfirmed

MAC55 010B

ID: s139921

Visit:

22-Jul-2023

11:03:30

PRETEST  
SUPINE

1:26

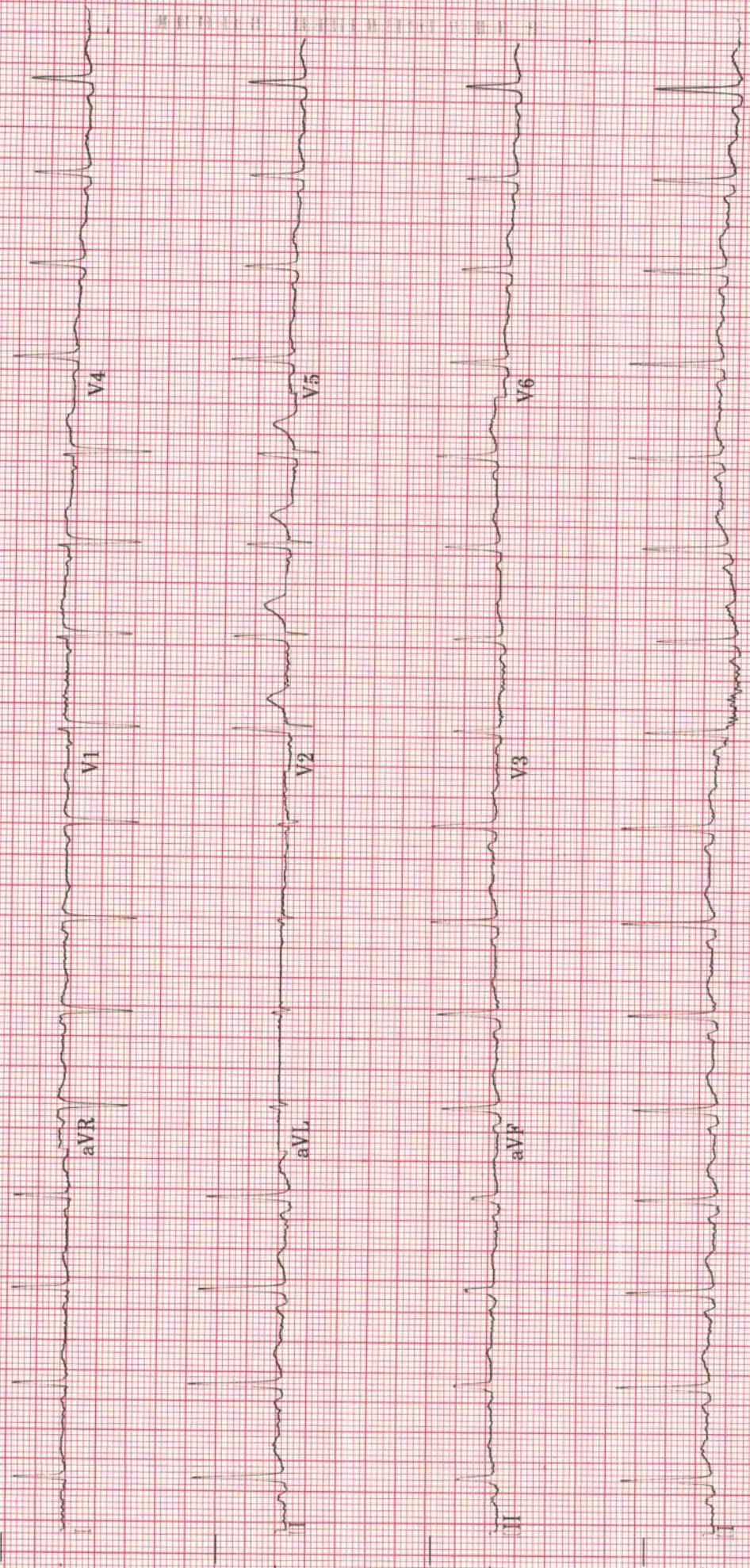
98bpm

BP: 140/80

BRUCE

\*\*\*mph

\*\*\*%



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm ld

MAC55 010B

0

ID: s139921

Visit:

22-Jul-2023

11:06:44

EXERCISE

STAGE 1

3:00

BRUCE

1.7mph

10.0%

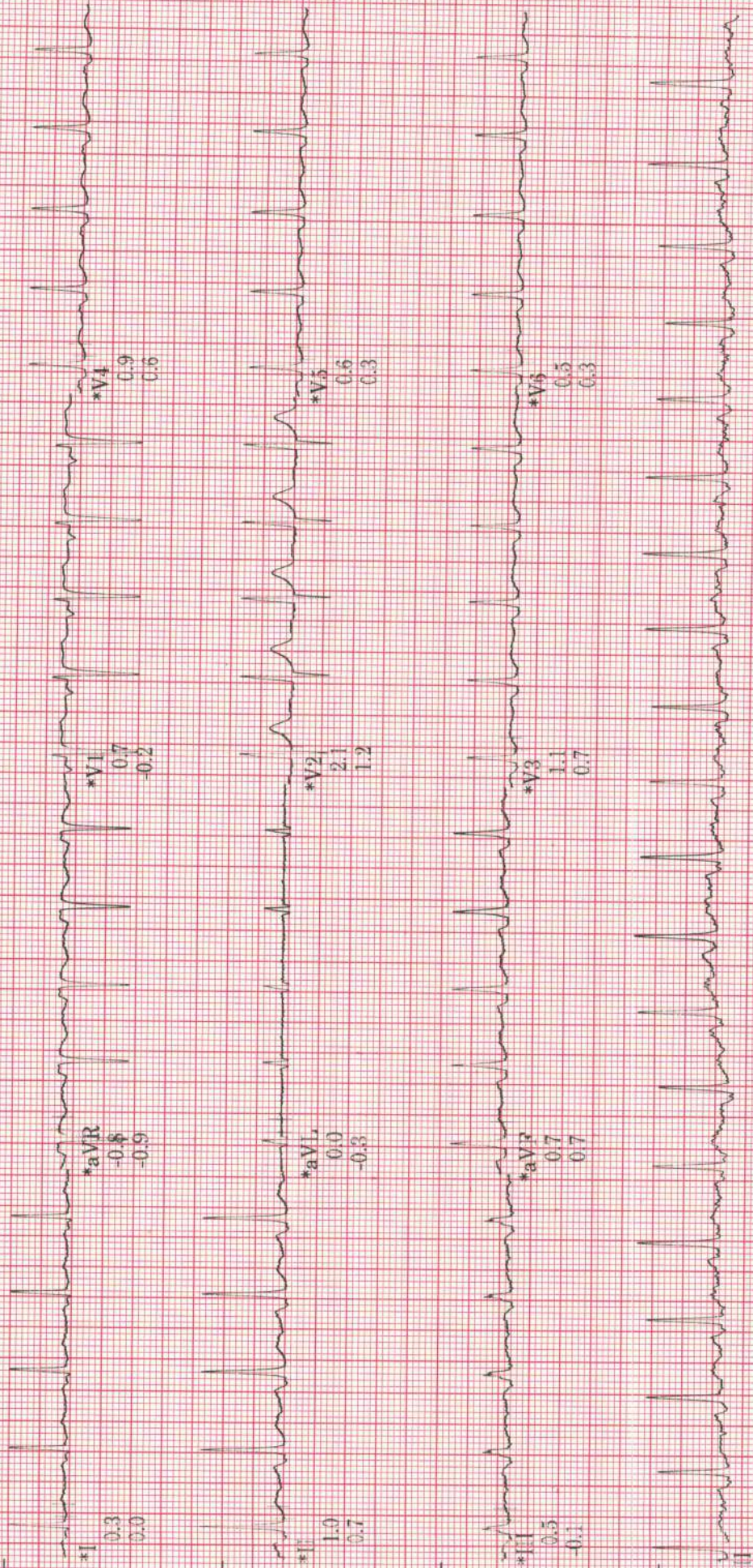
120bpm

BP: 140/80

ST @ 10mm/mV

80ms postLJ

Lead  
ST(mm)  
Slope(mV/s)



Rav Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

5



ID: s139921

Visit:

22-Jul-2023

11:09:43

137bpm

BP: 150/80

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 2

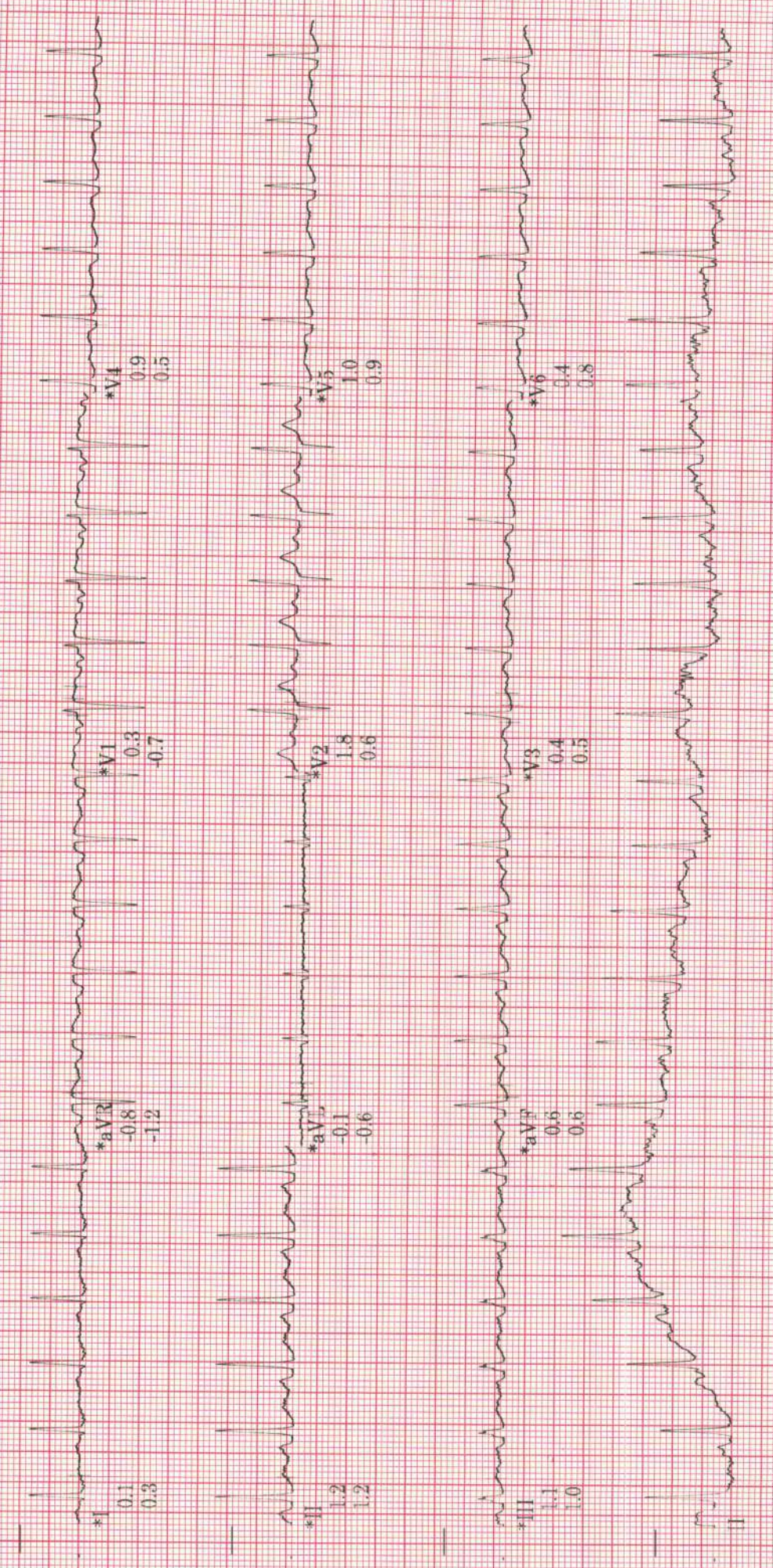
6:00

BRUCE

2.5mph

12.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

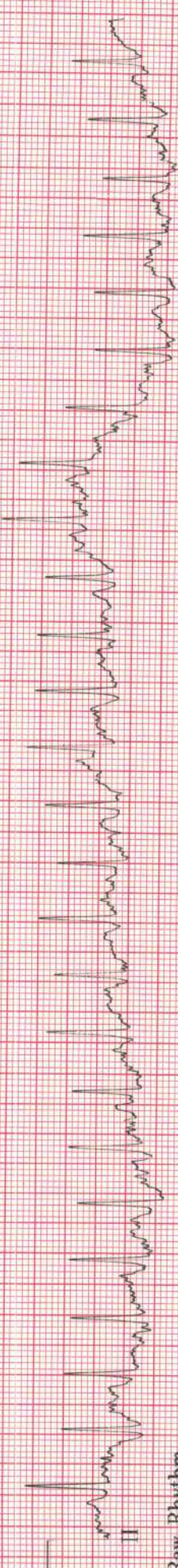
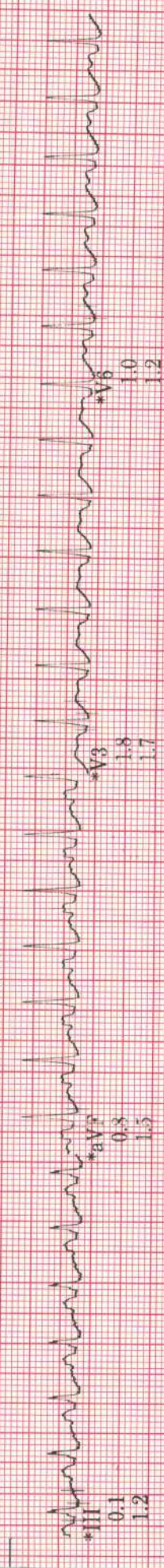
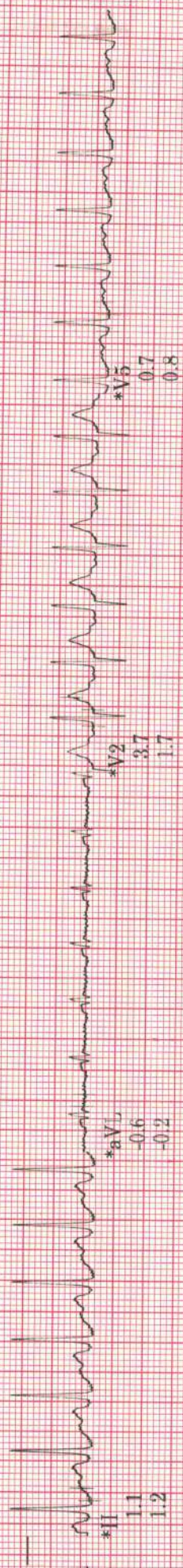
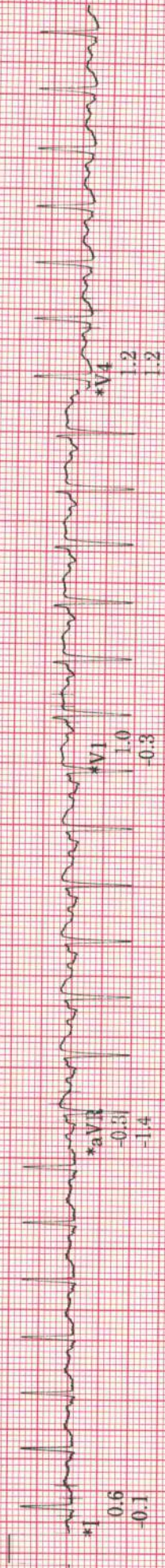
0

ID: s139921  
Visit:  
22-Jul-2023  
11:12:43

EXERCISE  
STAGE 4  
9:00  
BRUCE  
3.4mph  
14.0%

Lead  
ST(mm)  
Slope(mV/s)

161bpm  
BP: 160/90  
ST @ 10mm/mV  
80ms postJ



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

ID: s139921

Vis: t

22-Jul-2023

11:12:58

170bpm

BP: 160/90

ST @ 10mm/mV  
80ms post J

EXERCISE  
STAGE 4

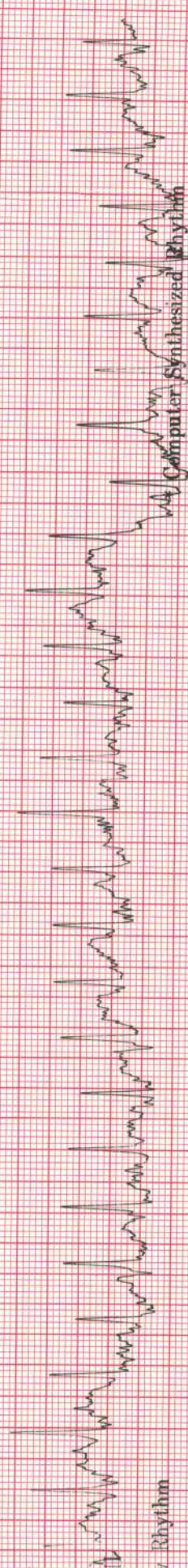
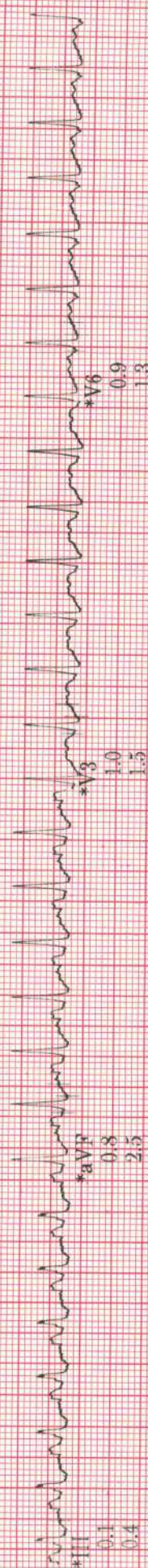
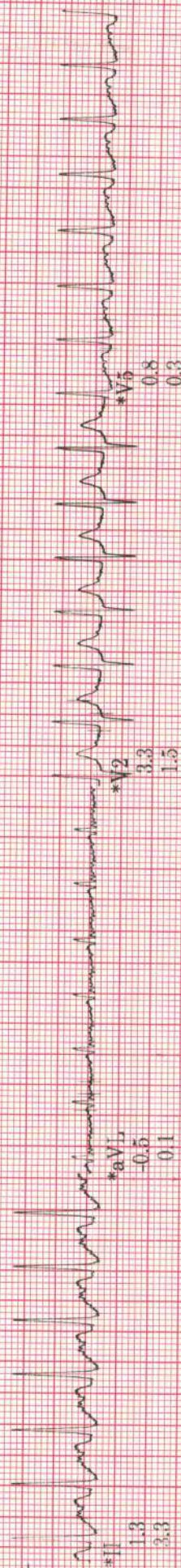
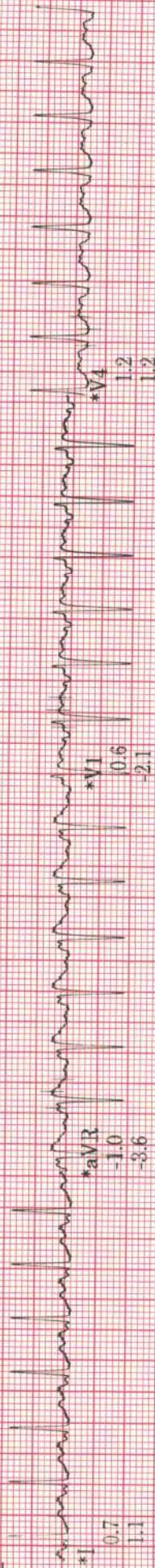
9:13

BRUCE

4.2mph

16.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010B

Computer Synthesized Rhythm

ID: s139921

Visit:

22-Jul-2023

11:14:57

RECOVERY

122bpm

BRUCE

RECOVERY

BP: 151/80

\*\* \*mph  
\*\* \*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

6

ID: s139921

Visit:

22-Jul-2023

11:16:57

RECOVERY  
RECOVERY

108bpm

BP: 163/98

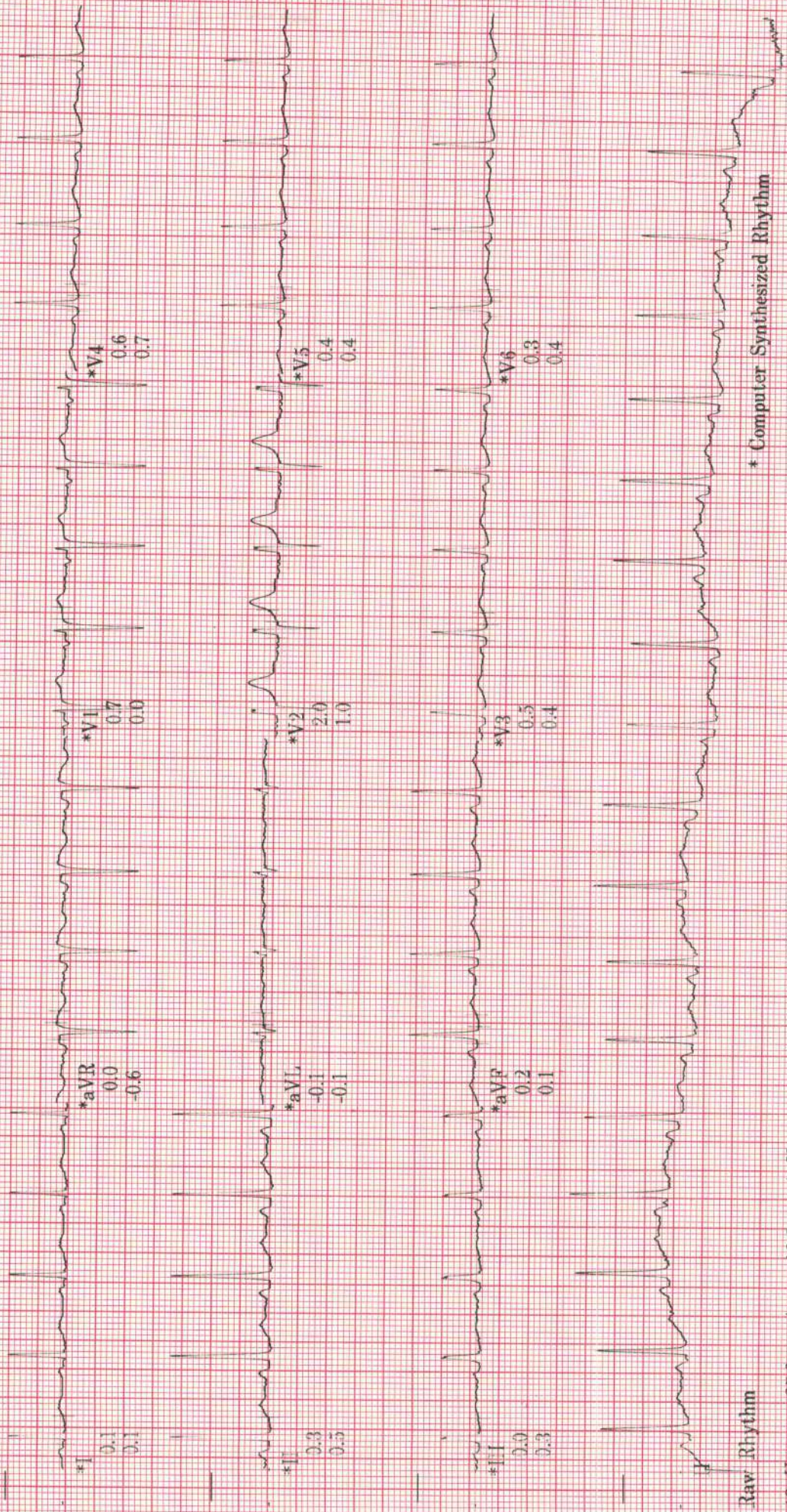
ST @ 10mm/mV  
80ms postJ

BRUCE

\*\* \*mph

\*\* %

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

9

ID: s139921

Visit:

22-Jul-2023

11:02:04

29years

Caucasian

Male

BRUCE

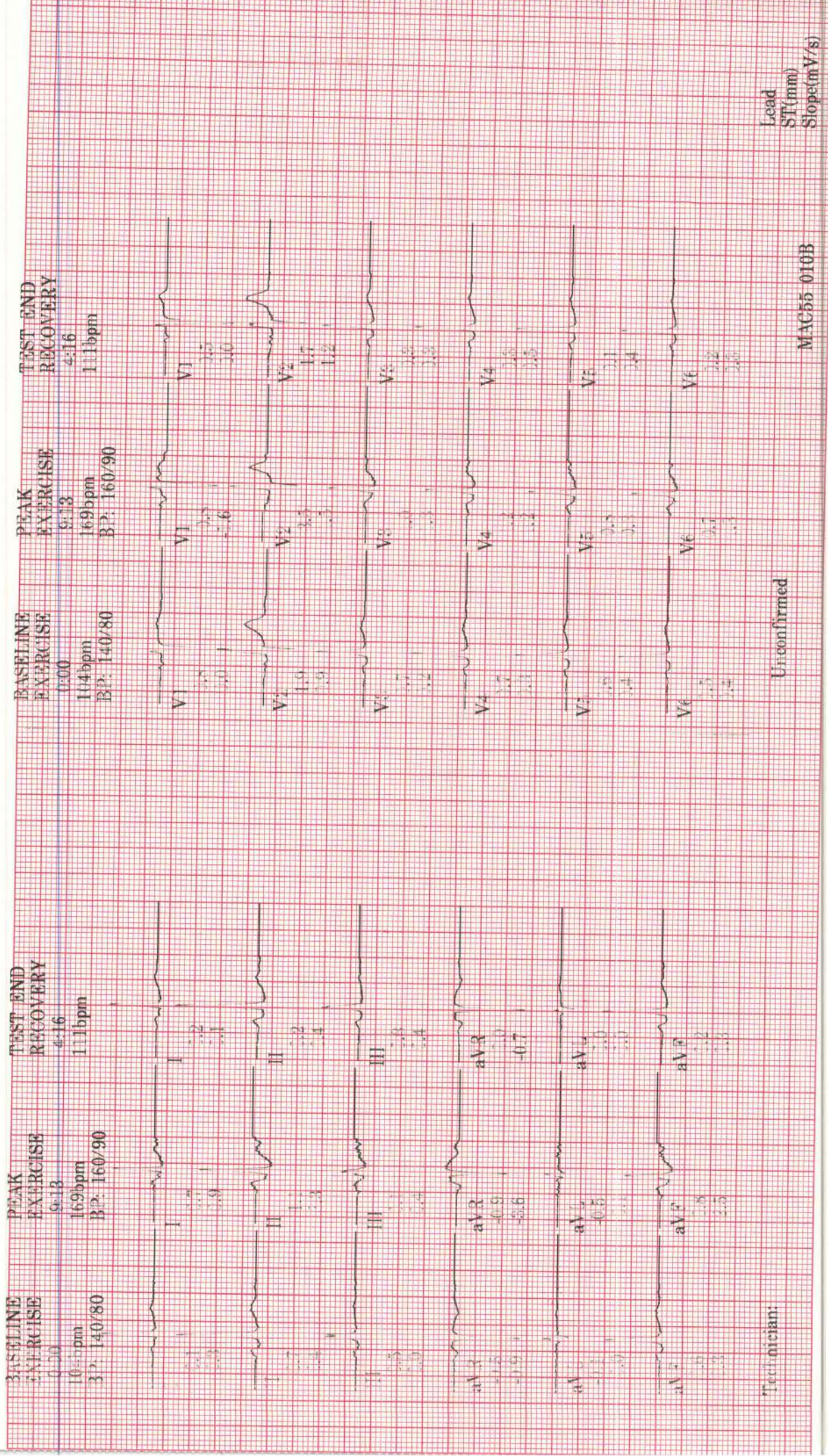
Total Exercise time: 9:13

Max F-R: 169bpm 88% of max predicted 191bpm

Max EP: 163/98  
Maximum workload: 10.4METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test ind:



Technician:

Unconfirmed

MAC55 010B

Lead  
ST(mm)  
Slope(mV/s)

ID: s139921

Visit:

22-Jul-2023

11:02:04

29years

Caucasian

Male

Referred by:

Test ind:

BRUCE

Exercise time: 9:13

Max HR: 169bpm 88% of max predicted 191bpm

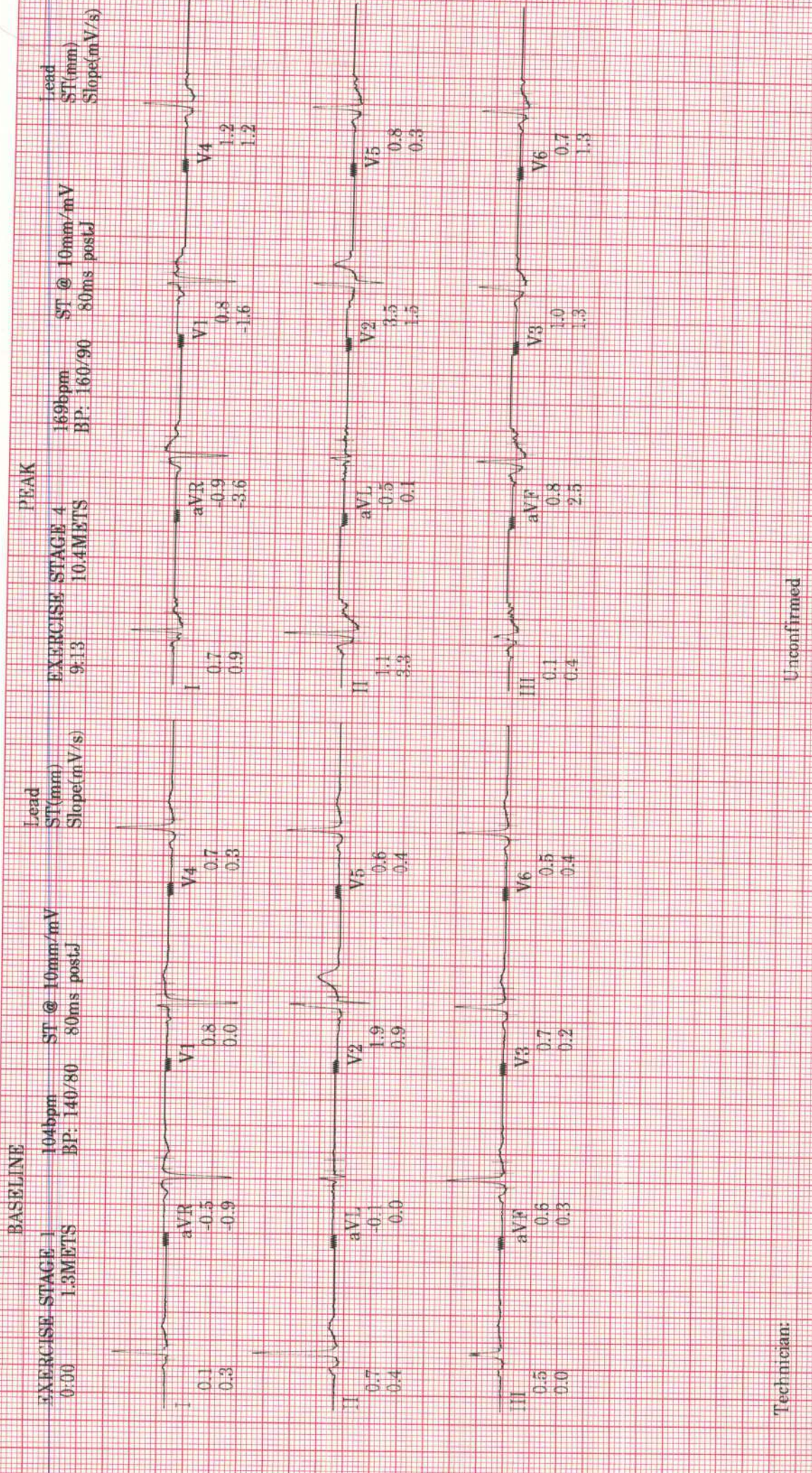
Max BP: 163/98

Maximum workload: 10.4METS

Reason for Termination:

Comments:

25.0 mm/s  
10.0 mm/mV  
100hz



Technician:

Unconfirmed

MAC55 010B

ID: S139921

22-Jul-2023  
11:02:04

PRETEST  
SUPINE  
1:26  
98bpm  
BP: 140/80  
1.0METS

EXERCISE  
STAGE 1  
0:00  
104bpm  
BP: 140/80  
1.3METS

EXERCISE  
STAGE 1  
1:00  
122bpm  
2.9METS

EXERCISE  
STAGE 1  
2:00  
119bpm  
BP: 140/80  
4.6METS

EXERCISE  
STAGE 1  
3:00  
120bpm  
BP: 140/80  
4.6METS

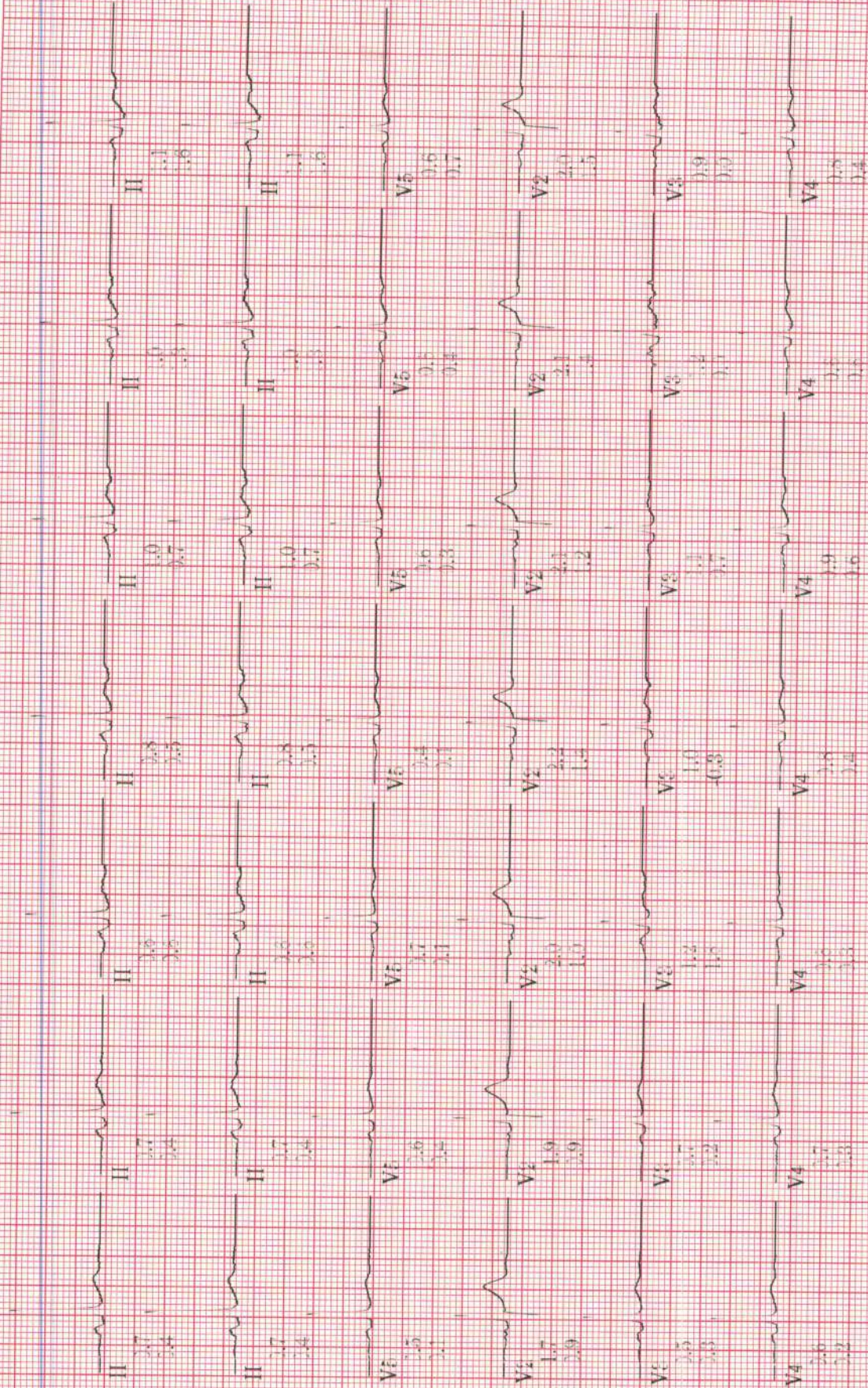
EXERCISE  
STAGE 2  
4:00  
126bpm  
BP: 150/80  
5.8METS

EXERCISE  
STAGE 2  
5:00  
132bpm  
BP: 150/80  
7.0METS

BRUCE

ST @ 10mm/mV  
80ms postd

25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B



ID: s139921

22-Jul-2023  
11:02:04

EXERCISE STAGE 2  
6:00  
137bpm  
BP: 150/80  
7.0METS

EXERCISE STAGE 3  
7:00  
147bpm  
BP: 150/80  
8.5METS

EXERCISE STAGE 3  
8:00  
154bpm  
BP: 160/90  
9.8METS

EXERCISE STAGE 3  
9:00  
161bpm  
BP: 160/90  
10.1METS

EXERCISE STAGE 4  
9:13  
169bpm  
BP: 160/90  
10.4METS

RECOVERY  
RECOVERY  
1:00  
134bpm  
5.7METS

RECOVERY  
RECOVERY  
2:00  
122bpm  
BP: 151/80  
1.0METS

PEAK

BRUCE

ST @ 10mm/mV

80ms post

25.0 mm/s

10.0 mm/mV

100hz



MAC55 010B

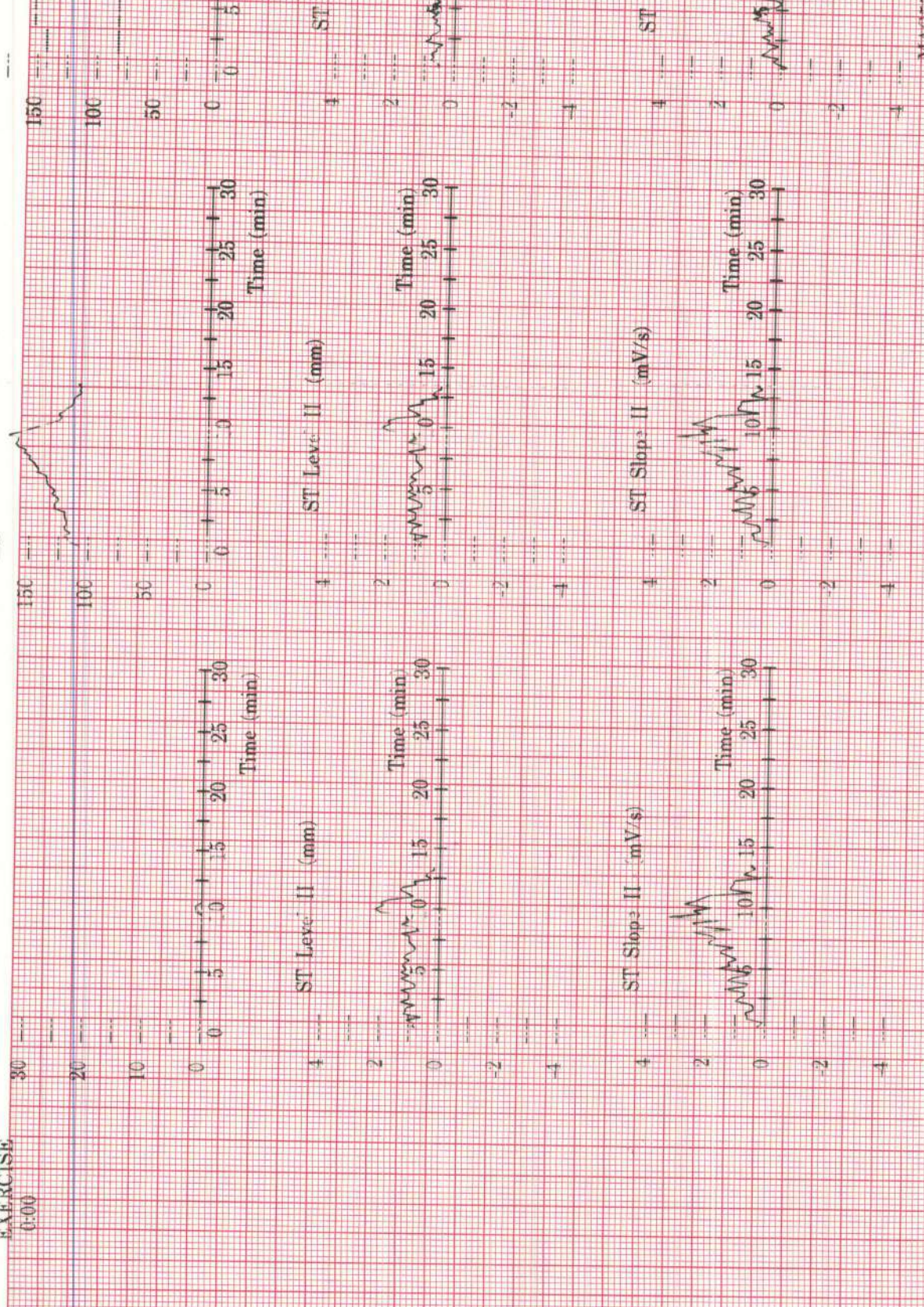
ID: s139921  
Visit:

22-Jul-2023  
11:02:04

BRUCE

Heart Rate (bpm) 250 ---  
BP (mm Hg) 250 ---  
200 ---  
150 ---

PVC's/m  
ST @ 10mm/mV 40 ---  
80ms postJ ---  
EXERCISE



MAC55 010B

