

नाम

Name

E.C. No.

पानूर्गीट अनिरूद Panuganti Anirudh 113374



धारक के हस्ताक्षर



Name	MR.ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	31Y/MALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height:	176 cm	Weight:	100.2 kg
BMI:	32.3		

PRESENT HISTORY:

Nil.

GENERAL EXAMINATION → P.I.C.C.L.E:

Pulse: 98/min

BP: 140/90 mmHg

Respiratory Rate: 18/min

Temp: Normal

Others: Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+

RS: B/L NVBS

CNS: NFND

P/A: Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

ECG:

· Normal ECG.

X-RAY:

· No significant diagnostic abnormality.

ULTRASOUND ABDOMEN:

- · Hepatomegaly with fatty changes.
- · Normal study of other abdominal organs.





Name	MR.ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	31Y/MALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		144/10/2022

TMT:

· TMT negative.

LAB REPORTS:

- S.Triglycerides level Very high.
- S.LDL level High.
- SGOT, SGPT and GGT levels High.

EYE SCREENING:

Vision	R/E	L/E
Distant Vision with glasses	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

> Within normal limits.

ADVISED:

- · Fat free diet.
- Brisk walking for 20 minutes / day advised.
- Advised Gastroenterologist opinion for Hepatomegaly & Raised SGOT, SGPT and GGT levels.

DR.GOMATHY.S M.B.B.S, D.M.C.H

Consultant General Physician

Dr. S. GOMATHY, M.B.B.S., D.M.CR., Reg. No : 52007 Consultant Physician A Medall Company Pvt. Ltd.

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Customer Name	MR.ANIRUDH PANUGANTI	Customer ID	MED121445387	
Age & Gender	31Y/MALE	Visit Date	22/10/2022	
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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.5 x 5.0 cm.

The left kidney measures 11.4 x 5.2 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 2.4 x 1.9 x 2.9 cm (7.4 cc) and is normal sized.

The echotexture is homogeneous.





Customer Name	MR.ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	31Y/MALE	Visit Date	22/10/2022
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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- · Hepatomegaly with fatty changes.
- Normal study of other abdominal organs.

DR. UMALAKSHMI SONOLOGIST



Medall Healthcare Pvt Ltd

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission are Office),

Customer Name	MR.ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	31Y/MALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		Sensor Street Selection and a







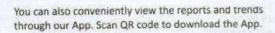














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Name	ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	31Y/M	Visit Date	Oct 22 2022 8:22AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

Dr.Jahnavi Barla MD (RD), DGO. Consultant Radiologist



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: 602209996
 : 31 Year(s) / Male
 Report On
 : 22/10/2022 4:05 PM
 : 27/10/2022 11:43 AM

Ref. Dr : MediWheel Type : OP

<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'B' 'Negative'

/Agglutination)

SID No.

Age / Sex

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	16.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	49.6	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.61	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	88.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.3	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	14.0	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	44.1	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5230	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	59.5	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31.1	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.8	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.3	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. A	ll abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.10	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.63	10^3 / μΙ	1.5 - 3.5

0.10





Absolute Eosinophil Count (AEC) (Blood/

Impedance Variation & Flow Cytometry)

0.04 - 0.44

 $10^{3} / \mu$ l

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Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.38	10^3 / μΙ	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	196	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	9.8	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.192	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.78		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	137.7	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.95	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	7.1	mg/dL	3.5 - 7.2
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.67	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.43	mg/dL	0.1 - 1.0





Diabetic: >= 126

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<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	68.1	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	91.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	115.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	76.8	U/L	53 - 128
Total Protein (Serum/Biuret)	6.86	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.66	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.58		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	204.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	454.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	47.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	130.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	156.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220





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Investigation Observed Value Unit Biological Reference Interval

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio 4.3 Optimal: < 3.3

(Serum/Calculated) Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1

Moderate Risk: 7.2 - 11.0

High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 9.5 Optimal: < 2.5

(TĞ/HDL) (Serum/Calculated) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/ 2.7 Optimal: 0.5 - 3.0

Calculated) Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) **5.7** % Normal: 4.5 - 5.6

Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 116.89 mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies,

Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Trijodothyronine) - Total (Serum/ 1.08 ng/ml 0.7 - 2.04

Chemiluminescent Immunometric Assay

(CLIA))

SID No.

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ 5.88 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum 2.02 μIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. 3. Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine) Pale yellow Yellow to Amber

APPEARANCE (Urine) Clear Clear

Protein (Urine/Protein error of indicator) Negative Negative Glucose (Urine/GOD - POD) Negative Negative NIL Pus Cells (Urine/Automated - Flow cytometry Occasional /hpf Epithelial Cells (Urine/Automated - Flow Occasional /hpf NIL cytometry) NIL RBCs (Urine/Automated - Flow cytometry) NIL /hpf

Casts (Urine/Automated - Flow cytometry) NIL /hpf NIL

The system of th

Crystals (Urine/Automated - Flow cytometry) NIL /hpf NIL

Others (Urine) NIL

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

-- End of Report --



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

Name : Mr. ANIRUDH PANUGANTI

PID No. : MED121445387

SID No. : 602209996

Age / Sex : 31 Year(s) / Male

Ref. Dr : MediWheel

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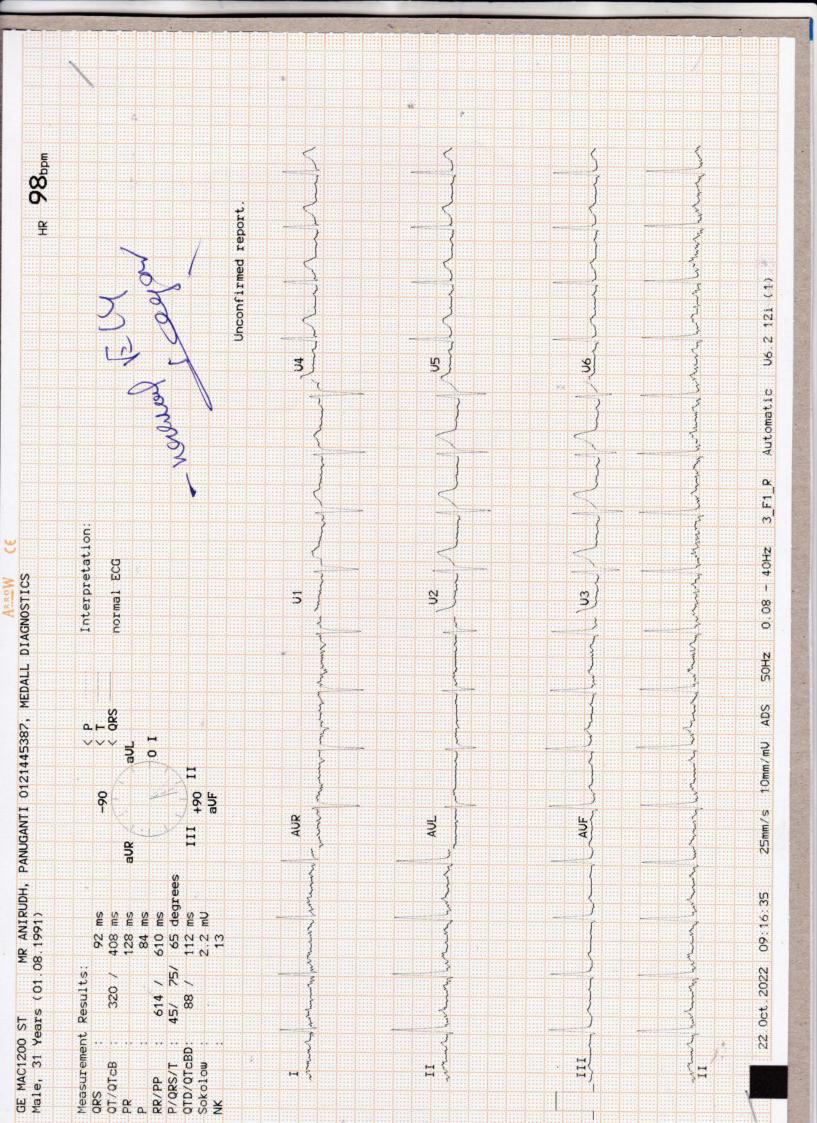
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Type : OP





Patient Details

Date: 22-Oct-22

Time: 9:43:01 AM

Name: MR ANIRUDH PANUGANTI ID: MED121445387

Age: 31 y

Sex: M

Height: 176 cms.

Weight: 100 Kg.

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time:

8 m 2 s

Max. HR: 180 (95% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 170 / 100 mmHg

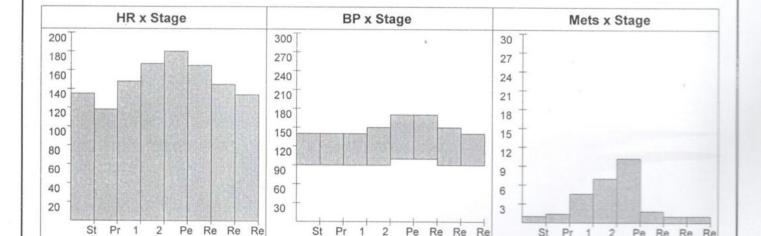
Max. BP x HR: 30600 mmHg/min

Min. BP x HR: 12060 mmHg/min

Test Termination Criteria: ACHIEVED THR

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0:8	1.0	0	0	135	140 / 90	-0.22	1.00 V1
1	3:0	4.6	1.7	10	148	140 / 90	-2.34 III	5.66 V2
2	3:0	7.0	2.5	12	167	150 / 90	-2.97 III	5.66 V2
Peak Ex	2:2	10.2	3.4	14	180	170 / 100	-3.18 III	5.66 V2
Recovery(1)	1:0	1.8	1	0	165	170 / 100	-2.55 III	5.66 V2
Recovery(2)	1:5	1.0	0	0	145	150 / 90	-2.55 aVR	5.66 V2
Recovery(3)	1:23	1.0	0	0	134	140 / 90	-1.70 III	5.66 V2



Patient Details

Date: 22-Oct-22

Time:

9:43:01 AM

Name: MR ANIRUDH PANUGANTI ID: MED121445387 Age: 31 y

Sex: M

Height: 176 cms

Weight: 100 Kgs

Interpretation

THR adviered

- good effect tolerang

- non specific ST/T

MR ANIRUDH PANUGANTI (31 M)

Protocol: Bruce

0.6

ID: MED121445387

Date: 22-Oct-22

Grade: 0 %

Exec Time: 0 m 0 s Stage Time: 0 m 2 s

Test Report

HR: 114 bpm

(THR: 170 bpm) B.P: 0/0

Chart Speed: 25 mm/sec Schiller Spandan V 4.51 -0.6 ST Level (mm) 1.3 -0.2 -0.4 1.4 -0.4 ST Slope (mV/s) -0.7 aVF aVL aVR = = Filter: 35 Hz Stage: Standing Mains Filt: ON Amp: 10 mm Speed: 0 mph lso = R - 60 ms $J = R + 60 \, ms$ Linked Median Post J = J + 60 ms**√**5 ST Level (mm) 8 √5 4 V2 5 √3 0.2 0.4 1.5 ىن 00 0.6 ST Slope (mV/s) 0.4 0.4 -3.9 :

-0.8

Test Report

Chart Speed: 25 mm/sec Schiller Spandan V 4.51 -0.4 Protocol: Bruce -1.3 1.5 ST Level (mm) MR ANIRUDH PANUGANTI (31 M) -1.9 -0.7 1.8 -0.7 -1.4 ST Slope (mV/s) 0.0 0.7 aVF aVL aVR ≡ = Filter: 35 Hz Stage: 1 ID: MED121445387 Mains Filt: ON Amp: 10 mm Date: 22-Oct-22 Speed: 1.7 mph Iso = R - 60 ms Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 150 bpm Grade: 10 % $J = R + 60 \, ms$ Linked Median (THR: 170 bpm) Post J = J + 60 ms**√**5 ST Level (mm) ٧6 5 4 ₹3 **≤** √2 B.P: 140 / 90 -0.2 0.0 0.8 1.9 4.2 1.3 ST Slope (mV/s) 0.0 -<u>-</u> 0.7 2.5 5.3 1.4

Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 167 bpm Test Report

ID: MED121445387

Stage: 2

Protocol: Bruce

MR ANIRUDH PANUGANTI (31 M)

Date: 22-Oct-22

Speed: 2.5 mph

Grade: 12 %

(THR: 170 bpm)

B.P: 150 / 90

Chart Speed: 25 mm/sec Schiller Spandan V 4.51 -1.7 1.9 ST Level (mm) -0.4 -2.8 -0.8 <u>:</u> 2.5 -1.4 -2.5 -1 ST Slope (mV/s) 0.4 aVF aVL aVR = = Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms $J = R + 60 \, ms$ Linked Median Post J = J + 60 ms5 ST Level (mm) 8 5 4 ₹3 < ¥2 -1.3 0.0 2.5 5.3 1.3 ST Slope (mV/s) -0.4 11 2.1 3.9 5.3 1.1

Test Report

MR ANIRUDH PANUGANTI (31 M)

Protocol: Bruce

ST Level (mm)

ST Slope (mV/s)

1.9

2.5

ID: MED121445387

Stage: Peak Ex

Date: 22-Oct-22

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

Exec Time: 7 m 56 s Stage Time: 1 m 56 s HR: 181 bpm

Amp: 10 mm $Iso = R - 60 \, ms$ $J = R + 60 \, ms$ Post J = J + 60 msST Level (mm) ٧6 5 4 53 < ₹2 B.P: 170 / 100 0.4 -0.4 1.1 2.8 5.5 1 ST Slope (mV/s) 0.7 1.8 2.5 4.2 5.3 0.7

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

-1.5

-0.4

aVF

1.9

2.1

aVL

-0.8

-1.8

aVR

-2.5

-1.8

=

-0.2

=

Linked Median

Test Report

MR ANIRUDH PANUGANTI (31 M)

Protocol: Bruce

ID: MED121445387

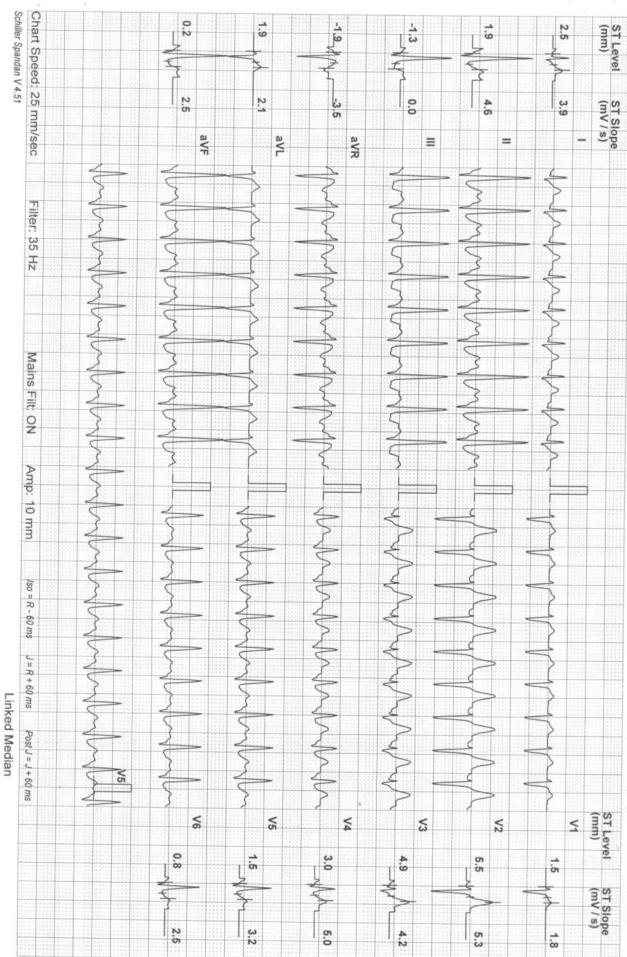
Stage: Recovery(1)

Date: 22-Oct-22

Speed: 1 mph Grade: 0 %

Exec Time: 8 m 2 s Stage Time: 0 m 54 s HR: 167 bpm

(THR: 170 bpm) B.P: 170 / 100



Protocol: Bruce MR ANIRUDH PANUGANTI (31 M) Stage: Recovery(2) ID: MED121445387 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Date: 22-Oct-22 Speed: 0 mph Exec Time: 8 m 2 s Stage Time: 0 m 59 s HR: 145 bpm Grade: 0 % (THR: 170 bpm) B.P: 150 / 90 Test Report

Chart Speed: 25 mm/sec Schiller Spandan V 4.51 0.0 1.5 ST Level (mm) 1 1.4 -2.5 ST Slope (mV/s) 0.4 2.5 aVF aVL aVR ≡ = Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms $J = R + 60 \, ms$ Linked Median Post J = J + 60 ms**√**5 ST Level (mm) 8 **V**5 4 V3 V2 5 0.6 4.5 01 1.3 ST Slope (mV/s) 2.5 2.1 4.2 4.2 5.3 1.4

Test Report

Protocol: Bruce MR ANIRUDH PANUGANTI (31 M) ID: MED121445387 Date: 22-Oct-22 Exec Time: 8 m 2 s Stage Time: 1 m 17 s HR: 134 bpm

