

Visit ID	: YGT15210	UHID/MR No	: YGT.0000015085
Patient Name	: Mrs. JHANSY RANI	Client Code	: 1409
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10523954
DOB	:	Registration	: 08/Jun/2023 06:07PM
Ref Doctor	: SELF	Collected	: 08/Jun/2023 06:09PM
Client Name	: MEDI WHEELS	Received	: 08/Jun/2023 06:12PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Jun/2023 07:03PM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	35	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	" O "			
Rh Typing	Negative (-)			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsieed cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	7.4	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.10	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	25.1	%	36.0 - 46.0	RBC pulse height detection
MCV	61.2	fL	83 - 101	Automated/Calculated
MCH	18.0	pg	27 - 32	Automated/Calculated
MCHC	29.4	g/dl	32 - 35	Automated/Calculated
RDW - CV	19.8	%	11.0-16.0	Automated Calculated
RDW - SD	45.0	fl	35.0-56.0	Calculated
MPV	9.5	fL	6.5 - 10.0	Calculated
PDW	15.0	fL	8.30-25.00	Calculated
PCT	0.183	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,100	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	47	%	40 - 80	Impedance
LYMPHOCYTE	46	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	1.92	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.23	ng/ml	0.60 - 1.78	CLIA
T4	11.58	ug/dl	4.82-15.65	CLIA
TSH	4.26	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04


(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.50	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.41	mg/dl		Calculated
S.G.O.T	14	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	23	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	77	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.7	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.0	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl		Calculated
A/G RATIO	1.48			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	159	mg/dl	See Table	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	44	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	100	mg/dl	See Table	Enzymatic Selective Protein
TRIGLYCERIDES	75	mg/dl	See Table	GPO
VLDL	15.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.61		See Table	Calculated
TRIGLYCEIDES/ HDL RATIO	1.7	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	115	mg/dl	< 130	Calculated

Interpretation


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
 - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
 - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.6	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	114	mg/dl		

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 .

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	16	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	88	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)


Decreased In

- Pancreatic disorders
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	102	mg/dl	<140	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.55	mg/dl	0.51 - 0.95	KINETIC-JAFFE
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Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	3.7	mg/dl	2.6 - 6.0	URICASE - PAP
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Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.55	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	13.60	Ratio	6 - 25	Calculated

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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	15 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2 - 3	cells/HPF	0-5	
EPITHELIAL CELLS	1 - 2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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Name: Mrs. Jhansy Rani
 Date: 08/06/23 Age: 31 Sex: Female
 Address: Guntur



Routine Health checkup
 NO COMPLAINTS
 H/O Hypothyroidism

HB - 7.4g/dl

- 1) Iron Rich Food
- 2) Tab. BANDY PLUS
0 - 0 - 1 - (1)
- 3) Tab. DROFER-XT
1 - 1 - (30)

TEMP:
 B.P: 110/70 mm/Hg
 PULSE: 63 bpm
 WEIGHT: 63 kg
 HEIGHT: 152 cm

CONTACT US

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 CONSULTANT GENERAL PHYSICIAN
 YODA DIAGNOSTICS-GUNTUR



JHANSI RANI

10522944

..... * / Female

31 years

..... cm / kg

HR 90/min

Intervals:

RR 663 ms

P 96 ms

PR 116 ms

QRS 78 ms

QT 344 ms

QTC 425 ms

Axis:

P 62 °

QRS 45 °

T 28 °

P (II) 0.19 mV

S (V1) -0.71 mV

R (V5) 1.22 mV

Sokol. 1.93 mV

SINUS RHYTHM

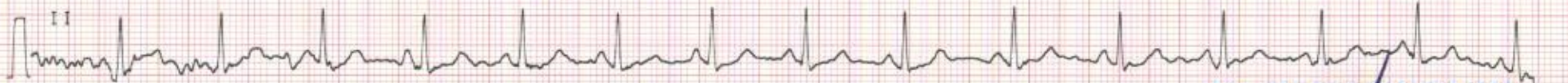
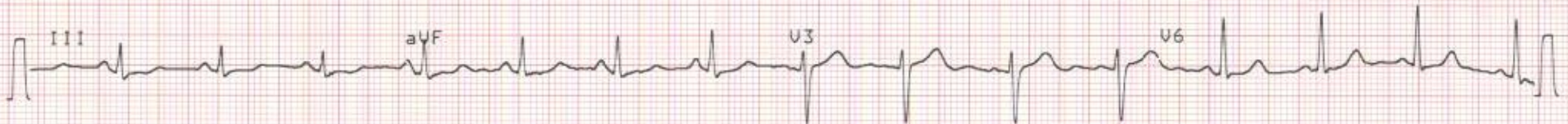
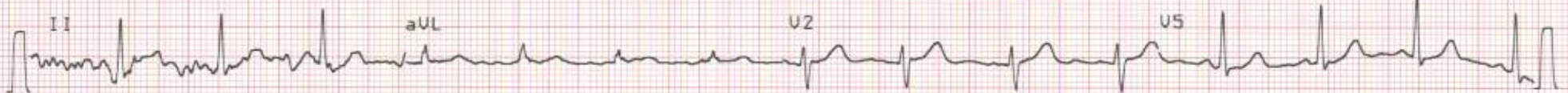
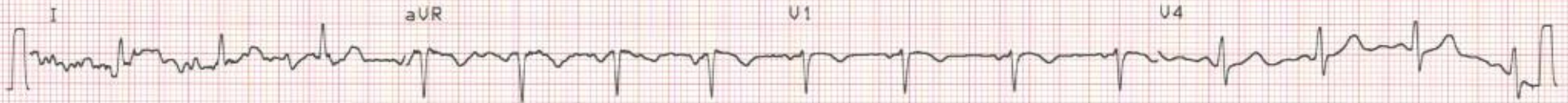
NORMAL ECG

5.79

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 S5F S35 TH 08-JUN-23 11:24:33

Dr. B. NAGARAJU
 Regd.No: 70760 MBBS, M.D, DM
 CONSULTANT CARDIOLOGIST
 YODA DIAGNOSTICS-GUNTUR

AT-102 1.37 C/m

EYE GLASS PRESCRIPTION

Name : Jhansi Ranigaru
 Age : 31y Employee ID: YGT15210
 Gender : F Date: 8/6/23

Vn
(unaided)
PGP

6/18p	6/12p
-------	-------

Distance

	SPH	CYL	AXIS	BCVA
OD	-1.25	-0.75	20	6/6
OS	-1.00	-1.00	150	6/6

Add

N	6
---	---

@30cm

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: _____


Signature

yoda Diagnostics

diagnostics.com

Covid-19
RT-PCR

Biochemical
Genetics

Molecular
Diagnostics

YODA
DIAGNOSTICS

Dr Keerthi Kishore Nagalla
MBBS, MD (General Medicine)
Consultant Physician & Diabetologist
Reg. No. 64905

Name: Mrs. Jhansy Rani
Date: 08/06/23 Age: 51 Sex: Female
Address: Gandhinagar

TRx

Routine Health checkup
NO complaints
H/O Hypothyroidism

Hb - 7.4g/dl

1) Iron Rich Food
2) Tab. BANDY PLUS
0 - 0 - 1
3) Tab. OROFER-XT
1 - 1 - 30

TEMP: _____
B.P. 120/80 mm/Hg
PULSE: 63 /min
WEIGHT: 62 kg
HEIGHT: 152 cm

CONTACT US
040-95353535 | www.yodadiagnostics.com | lab.gurnal@yodadiagnostics.in
12-12-36/1, Opp Mahana Hospital, Old Club Road, Kothapet, Guntur - 522001

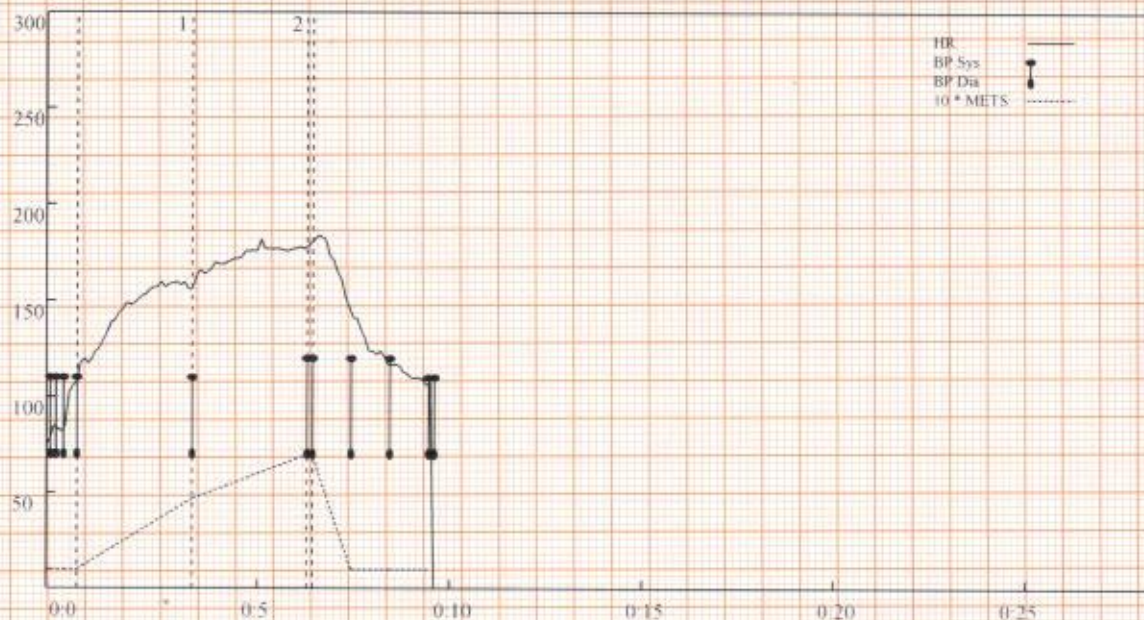
Dr. KEERTHI KISHORE NAGALLA
Reg. No. 64905 MBBS, MD (General Medicine)
CONSULTANT GENERAL PHYSICIAN

Name: MRS.JHANSY RANI P

Date: 08-06-2023

Time: 12:23

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:10 achieving a work level of 7 METS.
 Resting Heart Rate, initially 75 bpm rose to a max. heart rate of 178bpm (94% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 120/70 mmHg
 *NO SIGNIFICANT ST T-CHANGES DURING EXERCISE & RECOVERY
 *POOR EFFORT TOLERANCE
 *TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA

Ref. Doctor: DR SELF

Schiller Spandan-CS-10 Version:2.14

Dr. B. NAGARAJU
 Regd.No: 7074 MBBS, M.D, DM
 CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR
 Doctor: DR NAGARAJU

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: MRS.JHANSY RANI P

Date: 08-06-2023

Time: 12:23

Age: 31

Gender: F

Height: 152 cms

Weight: 63 Kg

ID: 10522944

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 189

Target HR: 160

Exercise Time: 0:06:10

Achieved Max HR: 178 (94% of Predicted MHR)

Max BP: 120/70

Max BP x HR: 21360

Max Mets: 7

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:07	1	0	0	75	110/70	8250	1.2 aVR	0.8 V3
Standing	00:09	1	0	0	78	110/70	8580	0.7 V1	1.1 II
Hyper Ventilation	00:11	1	0	0	83	110/70	9130	1.2 V2	0.6 V3
Pre Test	00:21	1	1.6	0	106	110/70	11660	-4.4 aVR	-1.4 III
Stage 1	03:00	4.7	2.7	10	156	110/70	17160	4.8 III	2 V3
Stage 2	03:00	7	4	12	177	120/70	21240	-4.1 II	-2.2 V5
Peak Exercise	00:10	6.9	5.5	14	178	120/70	21360	9.8 V5	5 V5
Recovery1	01:00	1	0	0	152	120/70	18240	-3.2 V5	3.1 V3
Recovery2	01:00	1	0	0	121	120/70	14520	2.2 V3	2.3 V3
Recovery3	01:00	1	0	0	109	110/70	11990	-1.1 III	1.2 V3

Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 75 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

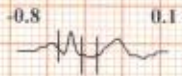
Speed: 0 km/h

Slope: 0%

THR: 160 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)



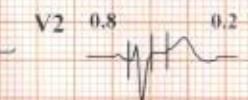
I



V1



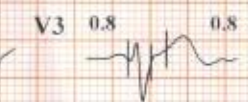
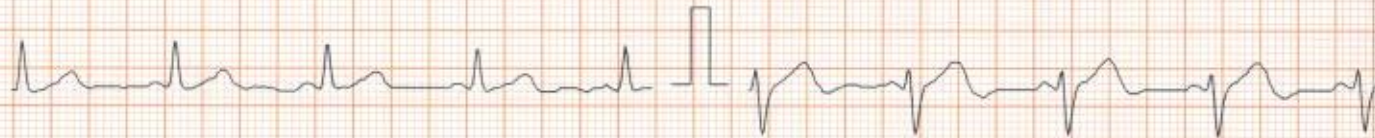
II



V2



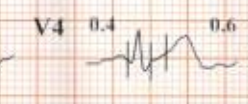
III



V3



aVR



V4



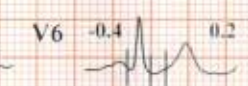
aVL



V5



aVF



V6

II



Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time: 0:00:00

Stage Time: 00:09

HR: 78 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

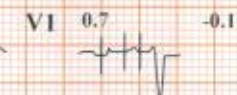
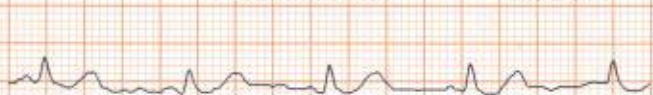
THR: 160 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)



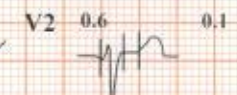
I



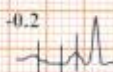
VI



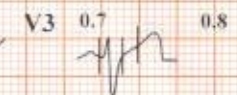
II



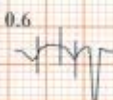
V2



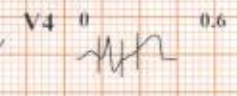
III



V3



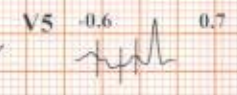
aVR



V4



aVL



V5

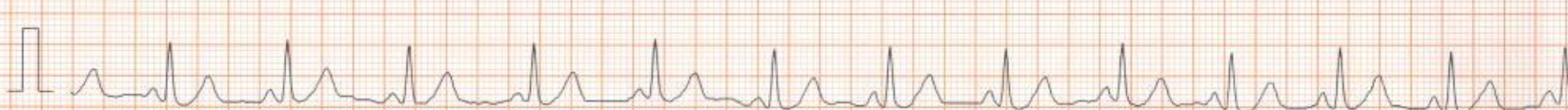


aVF



V6

II



Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 83 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 160 bpm

BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

0.1 0.1

I

V1 0.3 0.1

0 0.2

II

V2 1.2 0.2

0 0.2

III

V3 0.4 0.6

0 -0.1

aVR

V4 0 0.5

0.1 -0.1

aVL

V5 0.1 0.2

-0.1 0.2

aVF

V6 -0.2 0.3

II

Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 156 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Slope: 10 %

THR: 160 bpm

BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 177 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 160 bpm

BP: 120/70 mmHg
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 0:06:10

Stage Time: 00:10

HR: 178 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 160 bpm

BP: 120/70 mmHg
STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms J - R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 2.1.1

MICRO MED CHARTS

Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 152 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

0.6 0.6

I



V1 0.9 -0.7



0 2.2

II

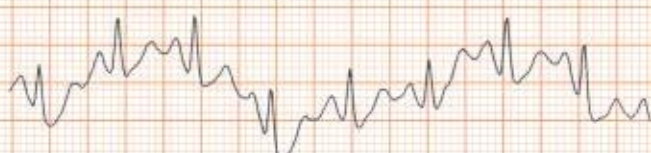


V2 1.3 0.6



0.8 1.6

III



V3 2.4 3.1



0.6 -1.7

aVR



V4 0.9 2.4



-0.6 -0.6

aVL



V5 3.0 1.5



0.5 1.9

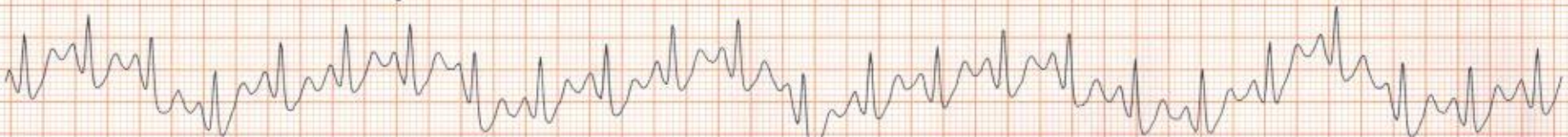
aVF



V6 0.6 1.8



II



Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 121 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

0.4 0.6

I

V1 0.7 -0.2

0 1.9

II

V2 1.1 0.6

-0.3 1.5

III

V3 2.2 2.3

-0.5 -1.4

aVR

V4 0.8 2.1

0.4 -0.4

aVL

V5 0.6 1.4

-0.1 1.7

aVF

V6 -0.1 0.9

II

Yoda Diagnostic Guntur

MRS. JHANSY RANI P

Bruce Protocol

ID: 10522944

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 109 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

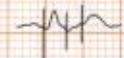
THR: 160 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

0.1 0.4

I



V1 0.9 0.1



-1 0.4

II

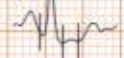


V2 0.9 0.2

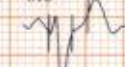


-1.1 0.1

III

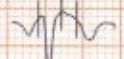


V3 0.6 1.2



0.5 -0.4

aVR



V4 -0.1 0.9



0.6 0.1

aVL



V5 -0.9 0.5

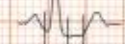


-1.1 0.2

aVF

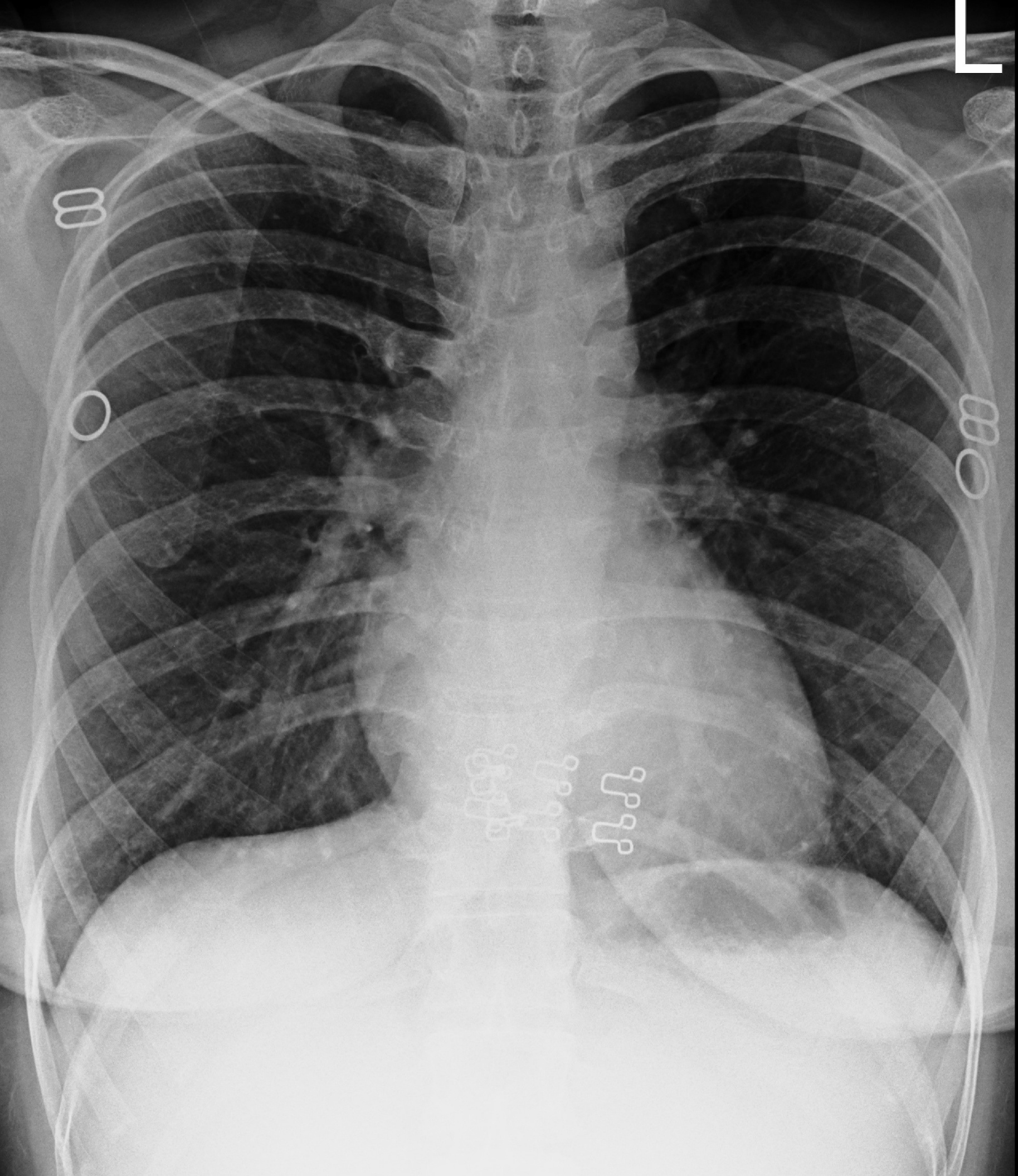


V6 -0.7 0.1



II





JHANSY RANI 31Y/F 10522944 CHEST PA 08-Jun-23

YODA DIAGNOSTICS