COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

Acc no:**4182VK011009**	**Name: Mr. Sabu P L**	Age: **50 y**	Sex: **Male**	Date:**25.11.22**

US SCAN WHOLE ABDOMEN

LIVER is normal in size (11.1 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. **Portal vein is prominent in caliber (12.2 mm) and shows hepatopetal flow.**

GALL BLADDER is partially distended and grossly normal. No pericholecystic fluid seen.

SPLEEN is normal in size (8.9 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and part of body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (10.1 x 4.7 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (10.8 x 5.8 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA obscured by bowel air.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

PROSTATE is normal in size (vol - 17.8 cc) and shows **parenchymal calcification**.

No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically.

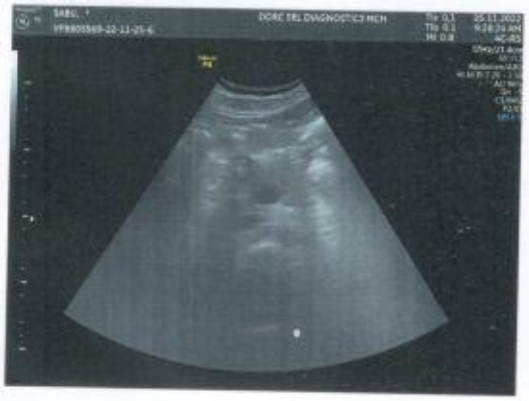
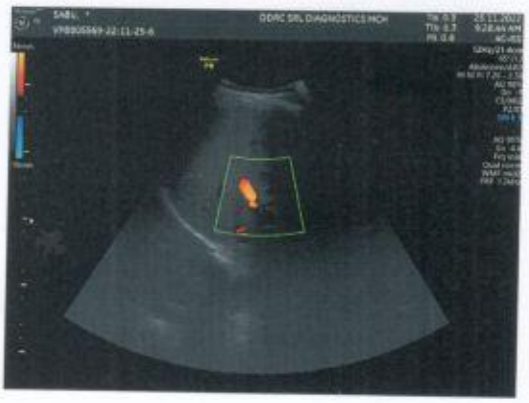
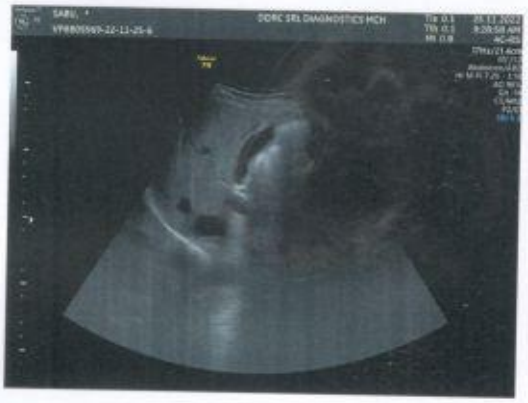
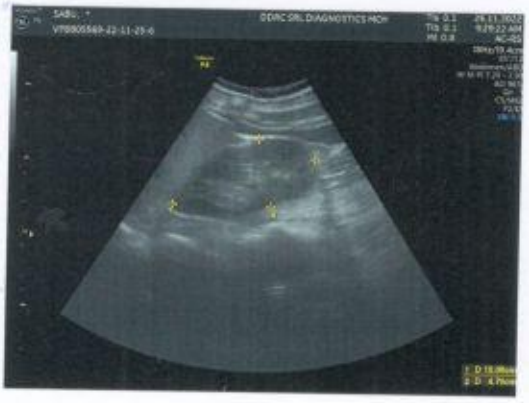
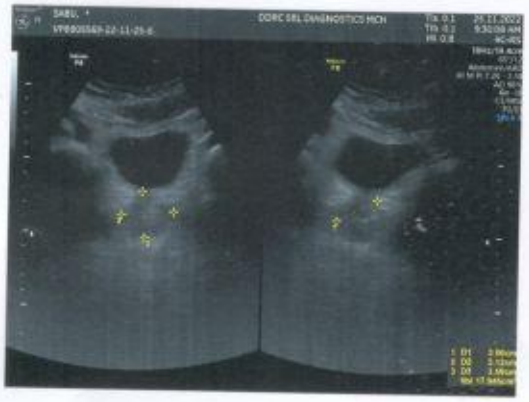
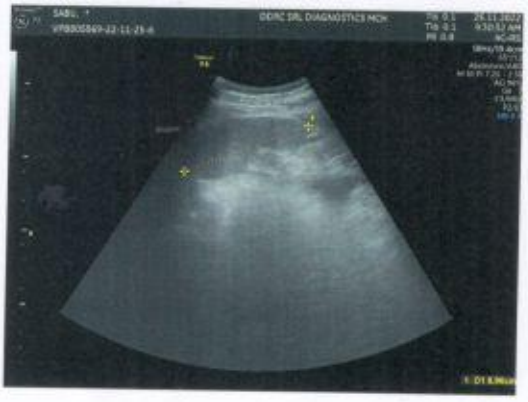
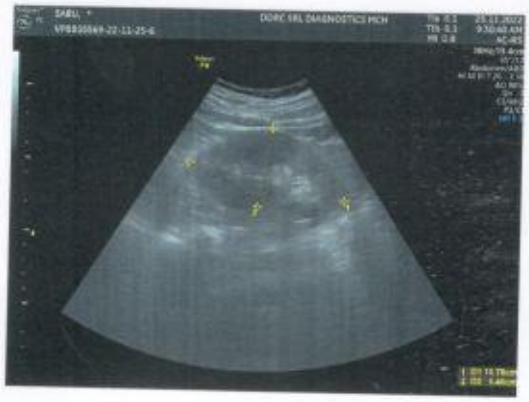
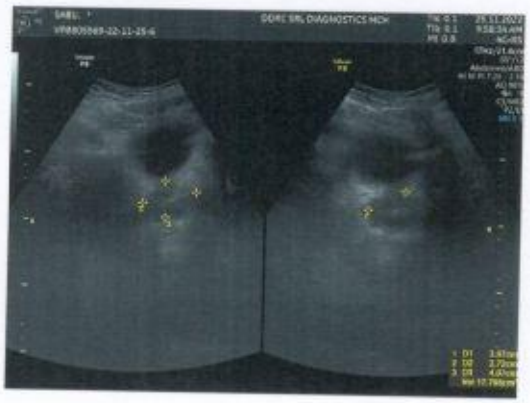
CONCLUSION:-

- **Grade II fatty liver** - *Suggest LFT correlation.*

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks, your feedback will be appreciated.
(Please bring relevant investigation reports during all visits).
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversities. AR

COMPLETE IMAGING SOLUTIONS

DDRC SRL
MR.SABU.P.L. 50Y M 11/25/2022 CHEST- PA VK01009 v

V1	V2	V3	V4

ID: 011009

Male
50Years
cm

/ mmHg
kg

Diagnosis Information:

Dr. Sabu Patel

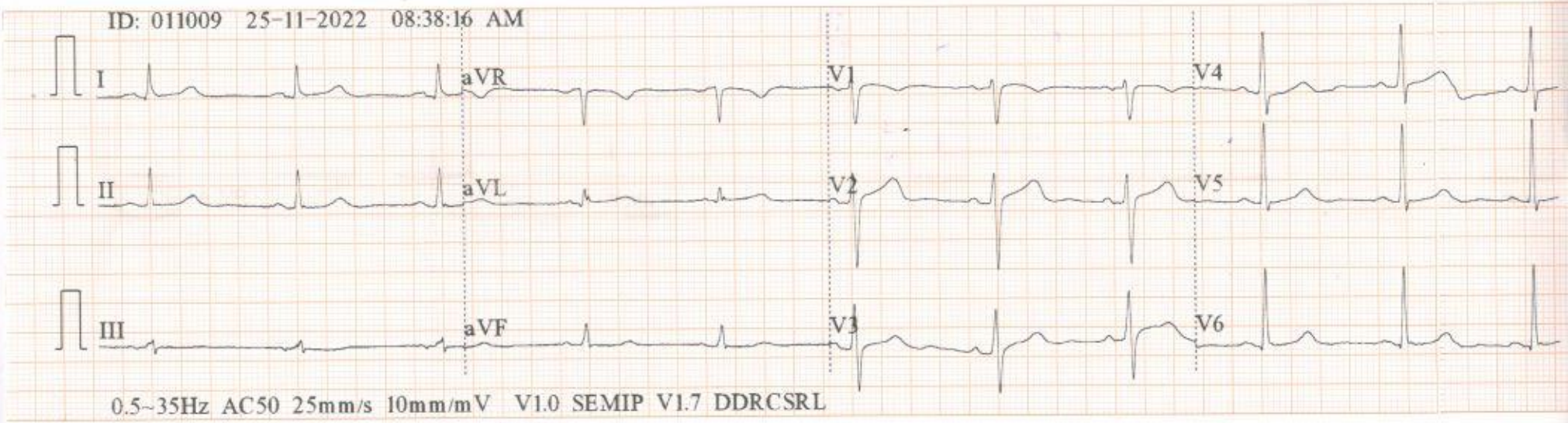
DDRC SRL Diagnostics MEDICAL COLLEGE PVT

HR	: 63	bpm
P	: 113	ms
PR	: 149	ms
QRS	: 82	ms
QT/QTc	: 426/436	ms
P/QRS/T	: 33/39/17	°
RV5/SV1	: 1.360/0.599	mV

Report Confirmed by:

V6	Standard	

Standard	L 1	L II	L III	L III Inspiration



Kailas
Dental Aesthetic &
Implant Centre

Opp. Medical College Men's Hostel-1,
Medical College P.O., Trivandrum- 695 011
Tel : 91-471-2553801, 2553802, 9847068787
www.trivandrumkailasdental.com

Date: 25/11/22

DENTAL REPORT

NAME: Sabu · P · L AGE: 50 SEX: M

PRESENTING COMPLAINT : needs dental checkup.

PAST DENTAL HISTORY : No fillings, crowns

EXTRA ORAL EXAMINATION :

TMJ :
FACIAL SYMMETRY :
LYMPH NODES :
EAR, NOSE, EYES, LIPS : } NAD

INTRA ORAL EXAMINATION :

SOFT TISSUES :

Frenal Attachment :
Labial & buccal mucosa :
Tongue :
Palate : } NAD

Gingiva :

Colour :
Consistency : } inflammed gingiva.
Pigmentation :
Texture : inflammed in certain areas
Recession : Present (in general)
Periodontal Pockets : Generalized Periodontal pockets

indicative of Chronic Gen. Periodontitis

HARD TISSUES :

Dental Conditions : FPD 1|12

Carious Teeth : - NIL

Missing Teeth : - Missing 11

Restoration : — 11, 36

Root stumps : NIL

Impactions : NIL

Mobility : - Gr II mobility 41, 42, 32

Attrition : Gen. attrition

Abrasion : Cervical abrasions of posterior teeth

Oral Hygiene: Fair/Moderate/Good/Poor ✓

Stains, calculus :

Brushing Habits : Twice daily

TREATMENT ADVISED :

Adv Periodontal Management

(for GP)

Dr. Ranjitha Rajan BDS

(Reg no: 5038)

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MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Sabu P.C
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	50/M Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... (cms) b. Weight ..... (Kgs) c. Girth of Abdomen ..... (cms)

d. Pulse Rate ..... (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	120	90
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
	—	—

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PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N

b. Have you undergone/been advised any surgical procedure? Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

OR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

ONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

PSA ↑, Urology Gr.

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

EDICAL EXAMINER'S DECLARATION

ereby confirm that I have examined the above individual after verification of his/her identity and the findings stated ve are true and correct to the best of my knowledge.

ne & Signature of the Medical Examiner :

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

l of Medical Examiner :

ıe & Seal of DDRC SRL Branch :

DDRC SRL Diagnostics Ltd MEDICAL COLLEGE

& Time : 29/1/2021

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062

DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002434020

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : SABU P L PATIENT ID : **SABUM2511724182**

ACCESSION NO : **4182VK011009** AGE : 50 Years SEX : Male

DRAWN : RECEIVED : 25/11/2022 08:07 REPORTED : 25/11/2022 14:14

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

*** TREADMILL TEST**			
TREADMILL TEST	REPORT ATTACHED		
DENTAL CHECK UP			
DENTAL CHECK UP	REPORT ATTACHED		
OPTHAL			
OPTHAL	REPORT ATTACHED		
*** PHYSICAL EXAMINATION**			
PHYSICAL EXAMINATION	REPORT ATTACHED		

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT			
*** SERUM BLOOD UREA NITROGEN**			
BLOOD UREA NITROGEN	13	Adult(<60 yrs) : 6 to 20	mg/dL
*** BUN/CREAT RATIO**			
BUN/CREAT RATIO	13.8		
CREATININE, SERUM			
CREATININE	0.94	18 - 60 yrs : 0.9 - 1.3	mg/dL
*** GLUCOSE, POST-PRANDIAL, PLASMA**			
GLUCOSE, POST-PRANDIAL, PLASMA	96	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	87	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	Normal : 4.0 - 5.6%.% Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	
MEAN PLASMA GLUCOSE	108.3		mg/dL
*** LIPID PROFILE, SERUM**			
CHOLESTEROL	219	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	67	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	63	General range : 40-60	mg/dL

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Test Report Status	Results			Units
DIRECT LDL CHOLESTEROL	146		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**156**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	3.5		3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.3		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	13.4		Desirable value : 10 - 35	mg/dL
*** LIVER FUNCTION TEST WITH GGT**				
BILIRUBIN, TOTAL	0.53		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.19		General Range : < 0.2	mg/dL
BILIRUBIN, INDIRECT	0.34		0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.4		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.7		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32		Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28		Adults : < 45	U/L
ALKALINE PHOSPHATASE	47		Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	25		Adult (Male) : < 60	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	6.0		Adults : 3.4-7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				

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Test Report Status	Results		Units
ABO GROUP	TYPE B		
RH TYPE	POSITIVE		
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	15.5	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	4.77	4.5 - 5.5	mil/µL
WHITE BLOOD CELL COUNT	7.33	4.0 - 10.0	thou/µL
PLATELET COUNT	162	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	46.3	40 - 50	%
MEAN CORPUSCULAR VOL	97.1	83 - 101	fL
MEAN CORPUSCULAR HGB.	**32.6** High	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.5	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	**11.7** Low	12.0 - 18.0	%
MENTZER INDEX	20.4		
MEAN PLATELET VOLUME	8.1	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	49	40 - 80	%
LYMPHOCYTES	36	20 - 40	%
MONOCYTES	9	2 - 10	%
EOSINOPHILS	6	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.59	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.64	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	0.66	0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.44	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	**0.00** Low	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	6	0 - 14	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING		
*** SUGAR URINE - POST PRANDIAL**			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
PROSTATE SPECIFIC ANTIGEN, SERUM			

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Test Report Status	Results		Units
PROSTATE SPECIFIC ANTIGEN	**5.140**	**High** < 3.5	ng/mL
*** THYROID PANEL, SERUM**			
T3	101.20	80 - 200	ng/dL
T4	7.15	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	2.060	21-50 yrs : 0.4 - 4.2	µIU/mL
PHYSICAL EXAMINATION, URINE			
COLOR	YELLOWISH		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.021	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
GLUCOSE	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	NEGATIVE	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NEGATIVE	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		
*** SUGAR URINE - FASTING**			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

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Email : customercare.ddrc@srl.in

PATIENT NAME : SABU P L PATIENT ID : **SABUM2511724182**

ACCESSION NO : **4182VK011009** AGE : 50 Years SEX : Male

DRAWN : RECEIVED : 25/11/2022 08:07 REPORTED : 25/11/2022 14:14

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Units

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don''''''''''''''t cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''''t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an ‘atherogenic lipoprotein profile’, and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL).

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CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
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TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : SABU P L PATIENT ID : **SABUM2511724182**

ACCESSION NO : **4182VK011009** AGE : 50 Years SEX : Male

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Test Report Status	Results	Units

NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS,EDTA WHOLE BLOOD-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION

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Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT''S TEST
PROSTATE SPECIFIC ANTIGEN, SERUM-
Prostate Specific Antigen (PSA) is a single-chain glycoprotein normally found in the cytoplasm of the epithelial cells lining the acini and ducts of the prostate gland. PSA is detected in the serum of males with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis. PSA is not detected (or detected at very low levels) in the serum of males without prostate tissue (because of radical prostatectomy or cystoprostatectomy) or in the serum of most females.

The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. PSA levels increase in men with cancer of the prostate. After radical prostatectomy PSA levels routinely fall to a very low level, which may not be seen in patients undergoing radiation therapy. Monitoring PSA levels appears to be useful in detecting residual disease and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and in the monitoring of the effectiveness of therapy.

PSA levels should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostate carcinoma frequently have levels of PSA within the range observed in healthy individuals. Elevated levels of PSA can be observed in the patients with nonmalignant diseases. Measurement of PSA should always be used in conjunction with other diagnostic procedures, including information from the patient's clinical evaluation. The concentration of total PSA in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay method cannot be used interchangeably.

Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA levels persisting upto 3 weeks.
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

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DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002434020

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

*** ECG WITH REPORT**

REPORT

REPORT GIVEN

*** USG ABDOMEN AND PELVIS**

REPORT

REPORT GIVEN

*** CHEST X-RAY WITH REPORT**

REPORT

REPORT GIVEN

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN
HOD - HAEMATOLOGY

PADMANABHAN NAIR
HOD - HORMONES

DR. SRI SRUTHY
CONSULTANT
MICROBIOLOGIST

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DDRC SRL

Patient Details **Date: 25-Nov-22** **Time: 10:18:31 AM**

Name: SABU.P.L ID: 4182VK011009

Age: 50 y **Sex: M** **Height: 171 cms** **Weight: 74 Kgs**

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 170 bpm **THR:** 153 (90 % of Pr.MHR) bpm

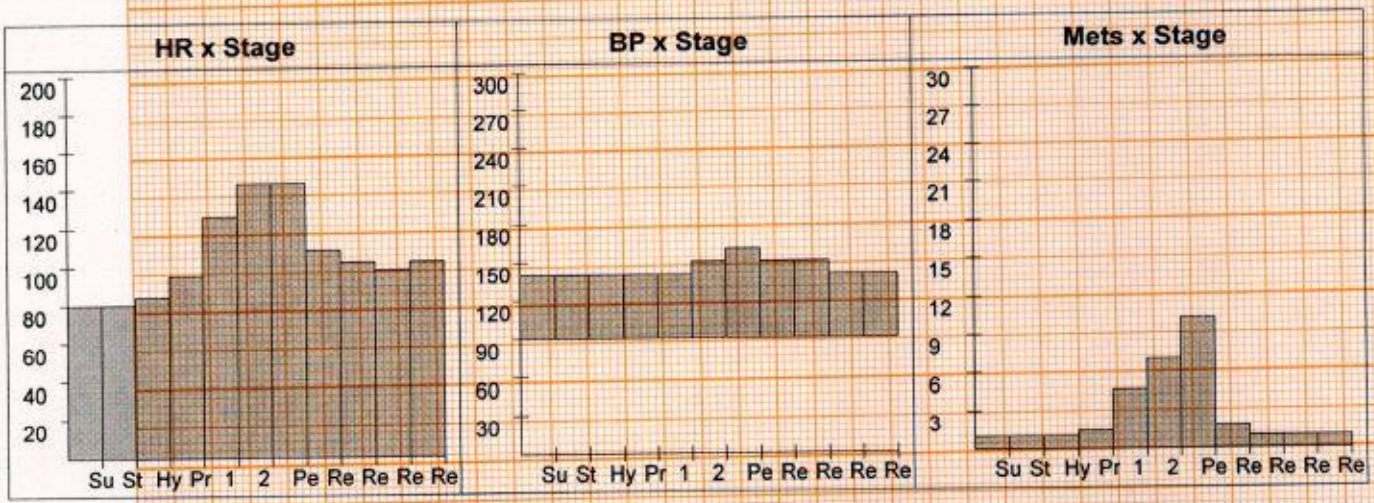
Total Exec. Time: 6 m 12 s **Max. HR:** 143 (84% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 160 / 90 mmHg **Max. BP x HR:** 22880 mmHg/min **Min. BP x HR:** 7200 mmHg/min

Test Termination Criteria: THR ATTAINED

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)
Supine	0 : 13	1.0	0	0	80	140 / 90	-0.42 III	1.06 V2
Standing	0 : 1	1.0	0	0	80	140 / 90	-0.42 III	1.06 V2
Hyperventilation	0 : 21	1.0	0	0	84	140 / 90	-0.64 III	1.42 V2
1	3 : 0	4.6	1.7	10	126	140 / 90	-1.27 III	4.25 V3
2	3 : 0	7.0	2.5	12	143	150 / 90	-1.06 aVR	5.66 V3
Peak Ex	0 : 12	10.2	3.4	14	143	160 / 90	-0.85 aVR	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	108	150 / 90	-1.49 aVR	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	102	150 / 90	-1.49 aVR	4.95 V3
Recovery(3)	1 : 0	1.0	0	0	98	140 / 90	-1.06 aVR	2.48 II
Recovery(4)	0 : 29	1.0	0	0	102	140 / 90	-0.64 III	1.77 II



DDRC SRL

Patient Details **Date:** 25-Nov-22 **Time:** 10:18:31 AM

Name: SABU.P.L ID: 4182VK011009

Age: 50 y **Sex:** M **Height:** 171 cms **Weight:** 74 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 6 m 12 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 80 bpm, rose to a max. heart rate of 143 (84% of Pr.MHR) bpm. Resting blood Pressure 140 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Ref. Doctor: MEDIWHEEL

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist

(Summary Report edited by user)

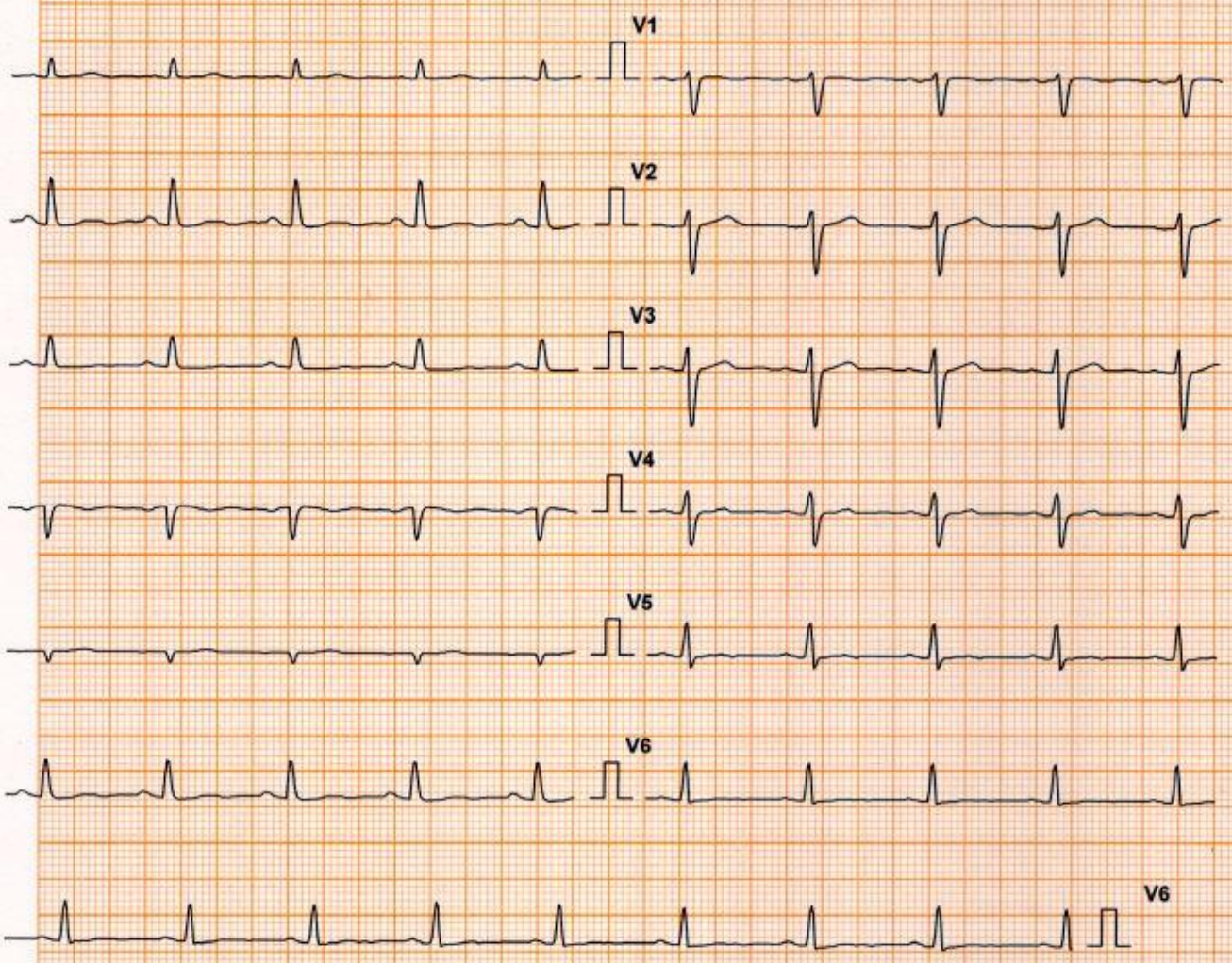
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK011009
Stage: Supine
Stage Time : 0 m 7 s

Date: 25-Nov-22
Speed: 0 mph
HR: 85 bpm

B.P: 140 / 90
Grade: 0 %
(THR: 153 bpm)



I	0.2	aVR	0.2	V1	0.6	V4	0.4	ST Level (mm)
	0.4		-0.4		0.4		0.4	ST Slope (mV / s)
II	-0.4	aVL	0.0	V2	1.3	V5	0.4	
	0.4		0.0		1.4		0.7	
III	-0.4	aVF	-0.4	V3	1.1	V6	0.0	
	0.0		0.0		1.1		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

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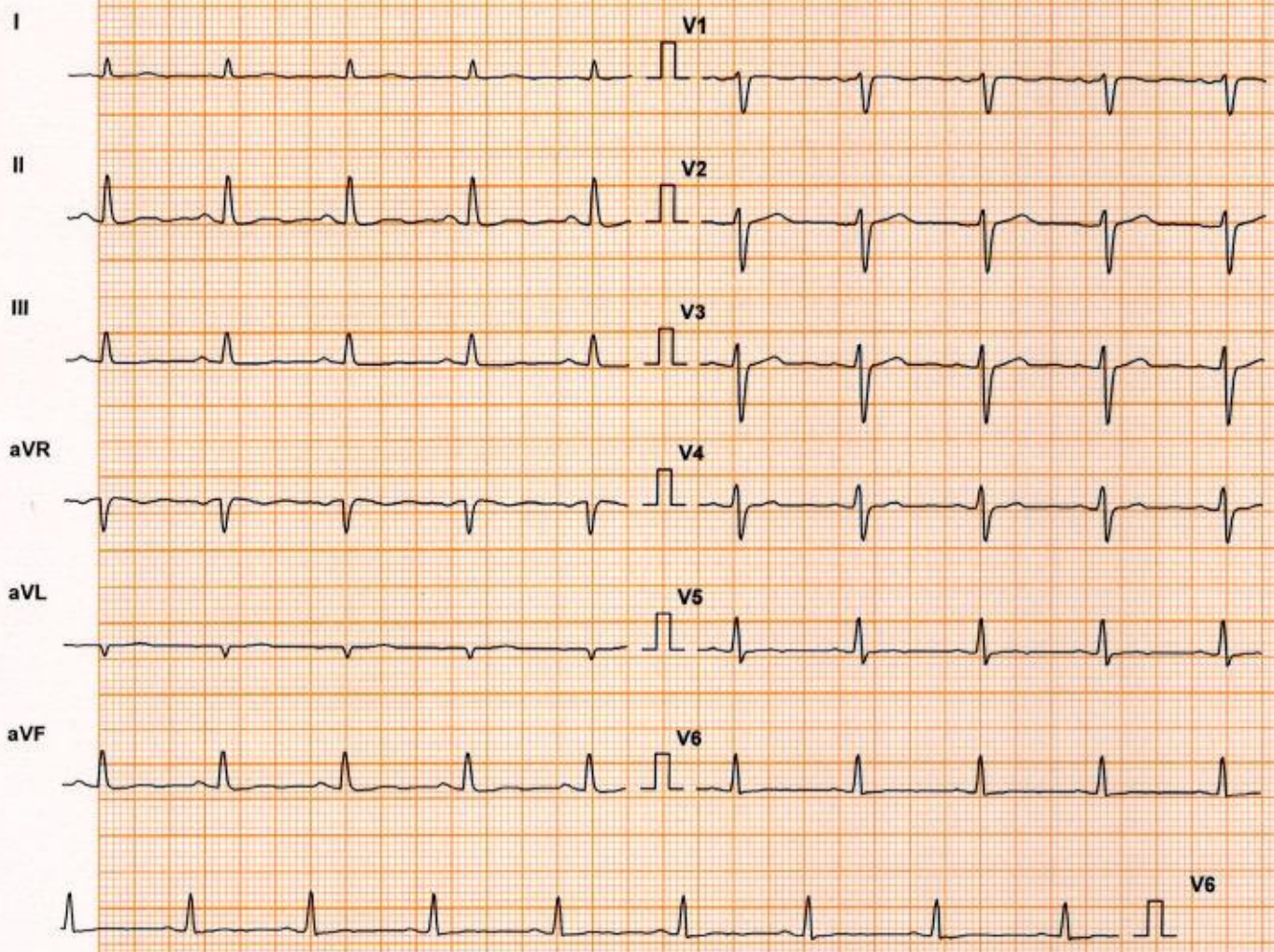
DDRC SRL

SABU.P.L (50 M)	ID: 4182VK011009	Date: 25-Nov-22	B.P: 140 / 90
Protocol: Bruce	Stage: Standing	Speed: 0 mph	Grade: 0 %
Exec Time : 0 m 0 s	Stage Time : 0 m 8 s	***HR: 85 bpm***	(THR: 153 bpm)



I	0.2	aVR	0.2	V1	0.6	V4	0.4	ST Level (mm)
	0.4		-0.4		0.4		0.4	ST Slope (mV / s)
II	-0.4	aVL	0.0	V2	1.3	V5	0.4	
	0.4		0.0		1.4		0.7	
III	-0.4	aVF	-0.4	V3	1.1	V6	0.0	
	0.0		0.0		1.1		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

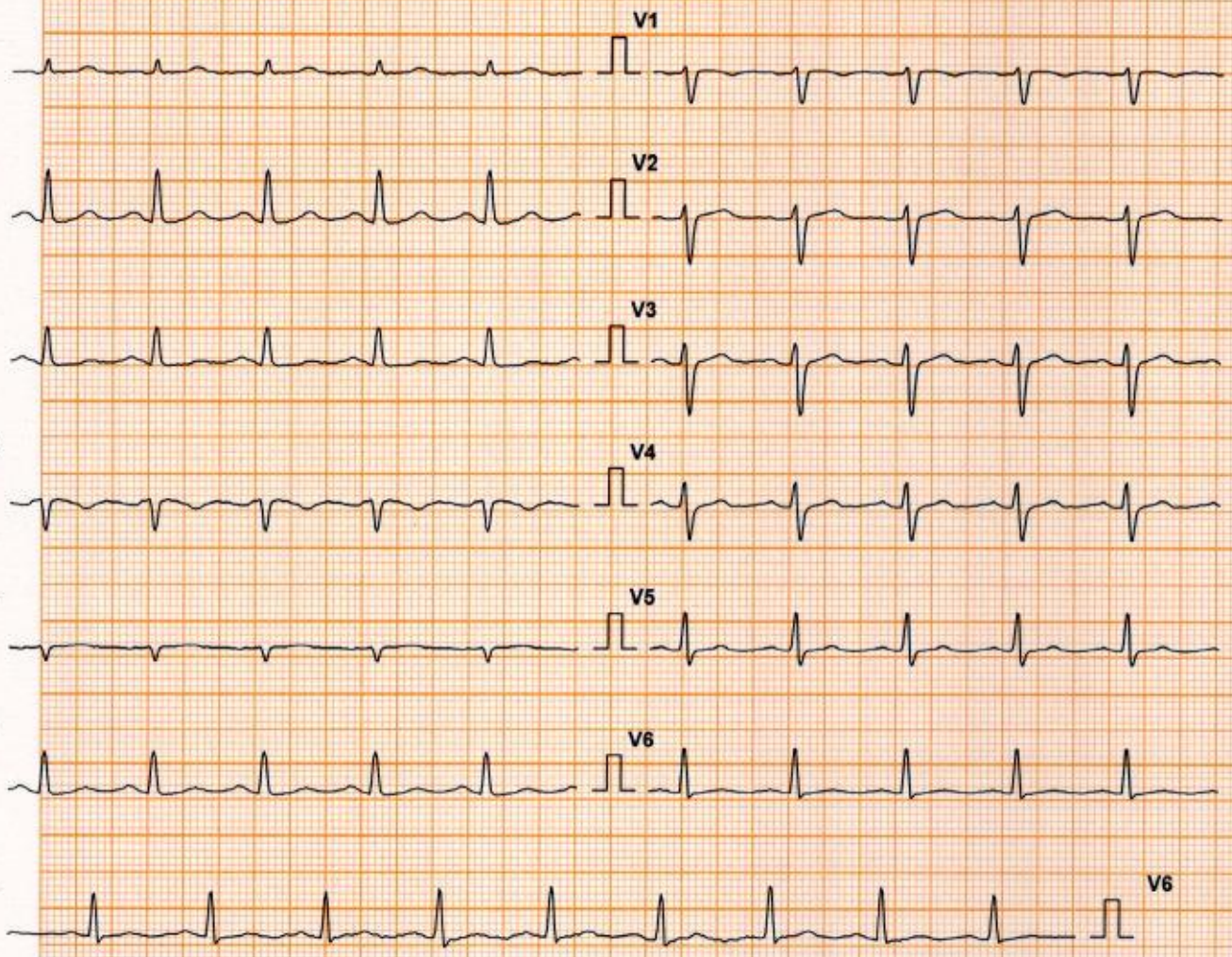
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK011009
Stage: Hyperventilation
Stage Time : 0 m 15 s

Date: 25-Nov-22
Speed: 0 mph
HR: 95 bpm

B.P: 140 / 90
Grade: 0 %
(THR: 153 bpm)



I	0.4	aVR	-0.2	V1	0.8	V4	0.6	ST Level (mm)
	0.4		-0.7		0.4		1.1	ST Slope (mV / s)
II	0.2	aVL	0.2	V2	1.3	V5	0.4	
	1.1		0.0		1.1		1.1	
III	-0.4	aVF	-0.2	V3	1.3	V6	0.4	
	0.4		0.7		1.4		1.1	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

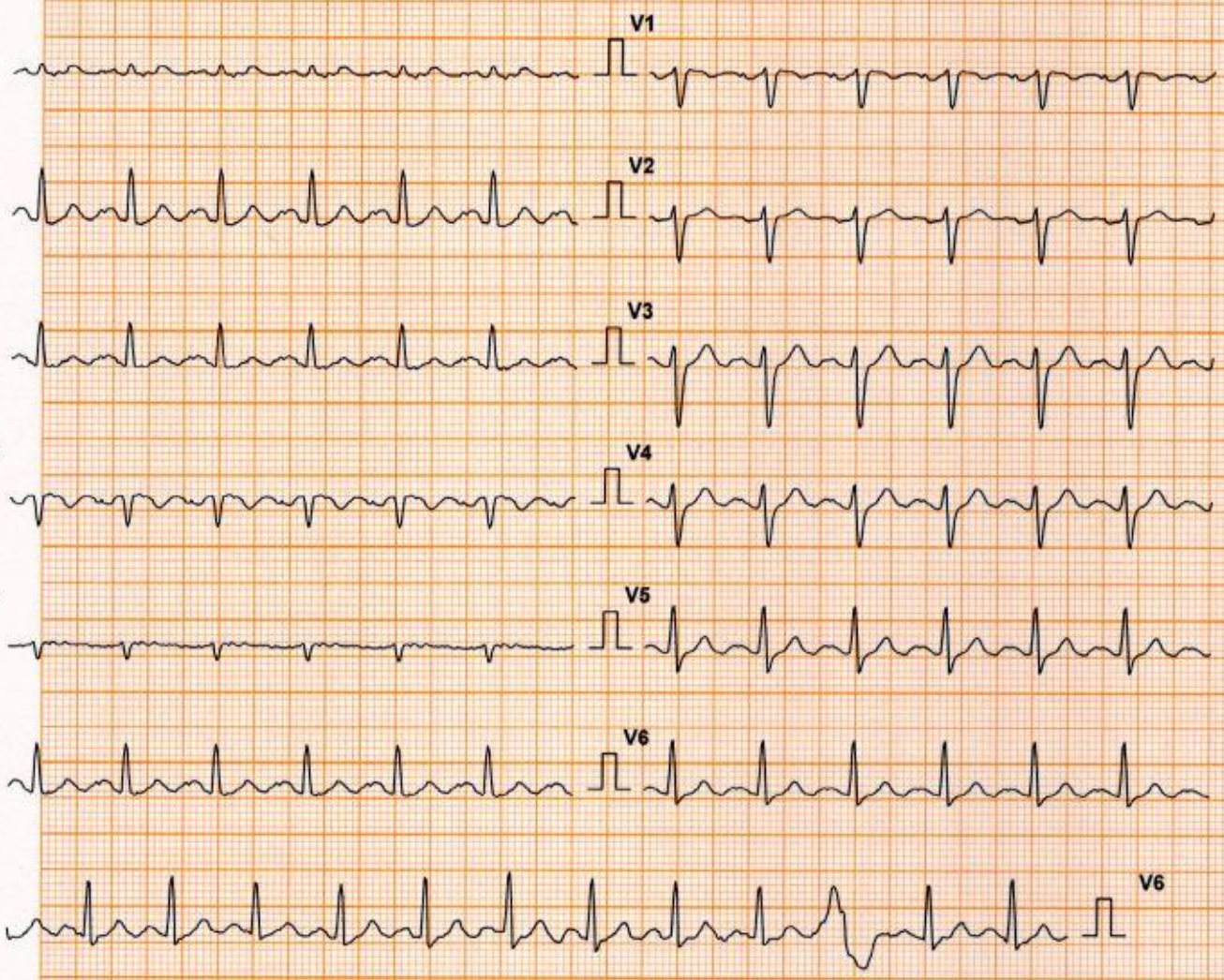
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 2 m 54 s

ID: 4182VK011009
Stage: 1
Stage Time : 2 m 54 s

Date: 25-Nov-22
Speed: 1.7 mph
HR: 115 bpm

B.P: 140 / 90
Grade: 10 %
(THR: 153 bpm)



I	0.6	aVR	-0.8	V1	0.8	V4	2.5	ST Level (mm)
	1.8		-2.5		-0.7		3.5	ST Slope (mV / s)
II	1.1	aVL	0.0	V2	1.9	V5	1.3	
	3.2		0.0		1.8		2.5	
III	0.2	aVF	0.8	V3	2.8	V6	1.1	
	1.1		2.1		3.2		2.5	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Linked Median

Schiller Spandan V 4.7
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

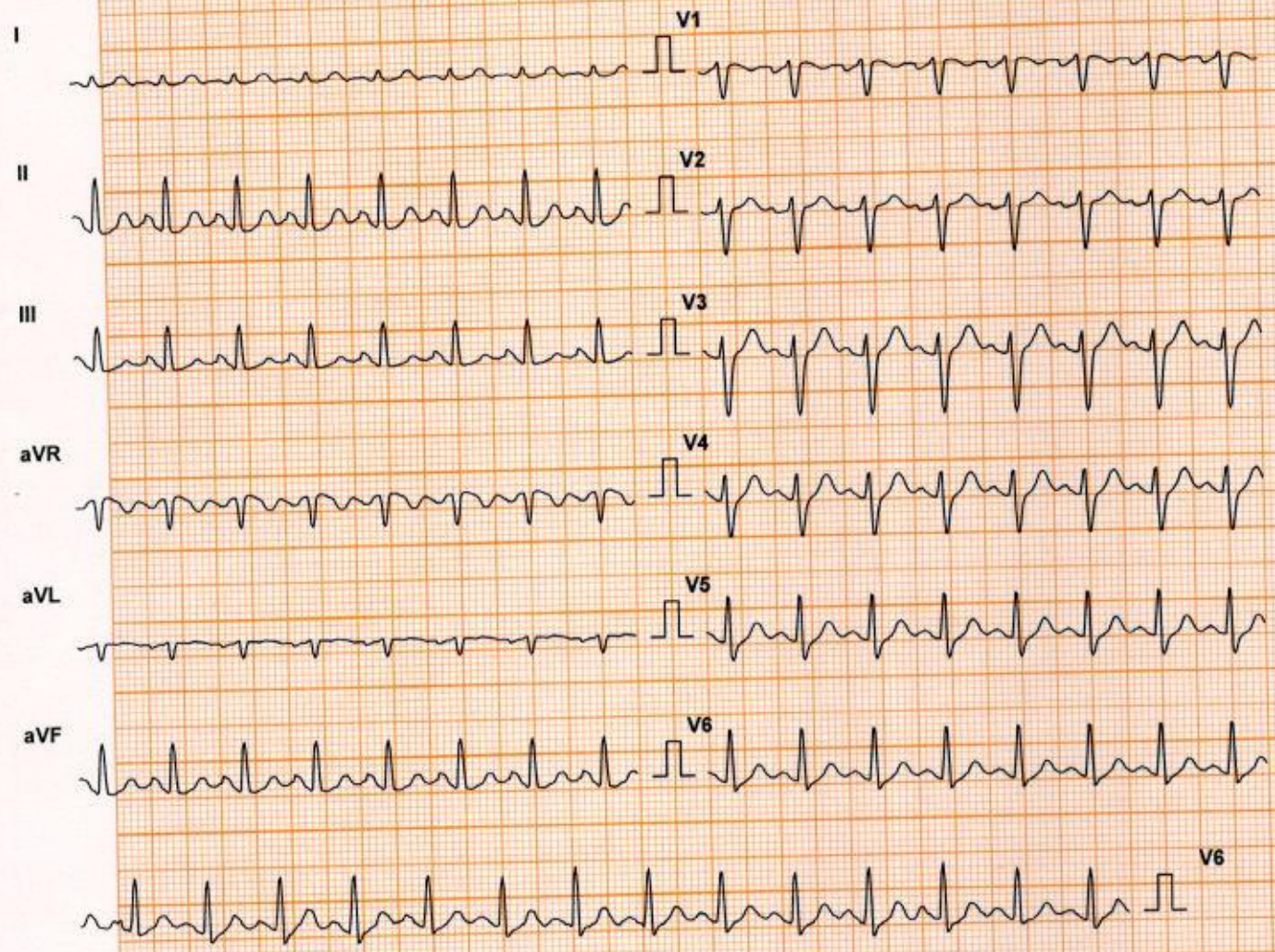
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 5 m 54 s

ID: 4182VK011009
Stage: 2
Stage Time : 2 m 54 s

Date: 25-Nov-22
Speed: 2.5 mph
HR: 142 bpm

B.P: 150 / 90
Grade: 12 %
(THR: 153 bpm)



I	0.6	aVR	-0.8	V1	0.6	V4	3.8	ST Level (mm)
	1.4		-2.8		-1.1		5.7	ST Slope (mV / s)
II	1.1	aVL	0.6	V2	2.3	V5	2.3	
	3.9		0.7		2.5		4.6	
III	0.0	aVF	0.4	V3	5.1	V6	1.5	
	1.8		2.8		3.2		3.5	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

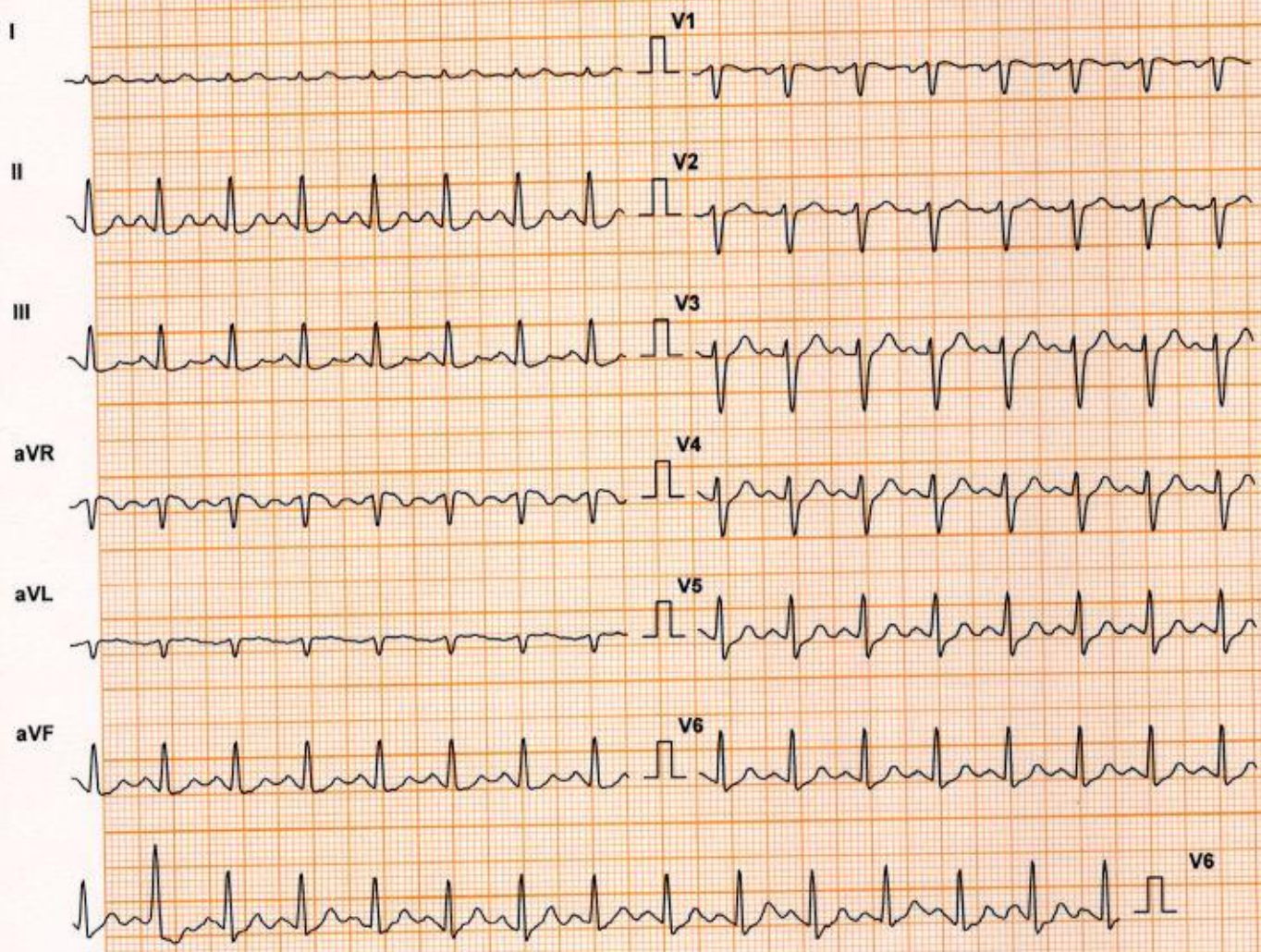
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 6 m 6 s

ID: 4182VK011009
Stage: Peak Ex
Stage Time : 0 m 6 s

Date: 25-Nov-22
Speed: 3.4 mph
HR: 143 bpm

B.P: 160 / 90
Grade: 14 %
(THR: 153 bpm)



I	0.4	aVR	-0.4	V1	0.6	V4	2.5	ST Level (mm)
	1.1		-2.5		-0.7		4.6	ST Slope (mV / s)
II	0.4	aVL	0.8	V2	1.9	V5	0.6	
	3.5		0.4		2.1		3.5	
III	-0.8	aVF	-0.2	V3	3.4	V6	0.8	
	1.4		2.5		5.0		3.5	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD, TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

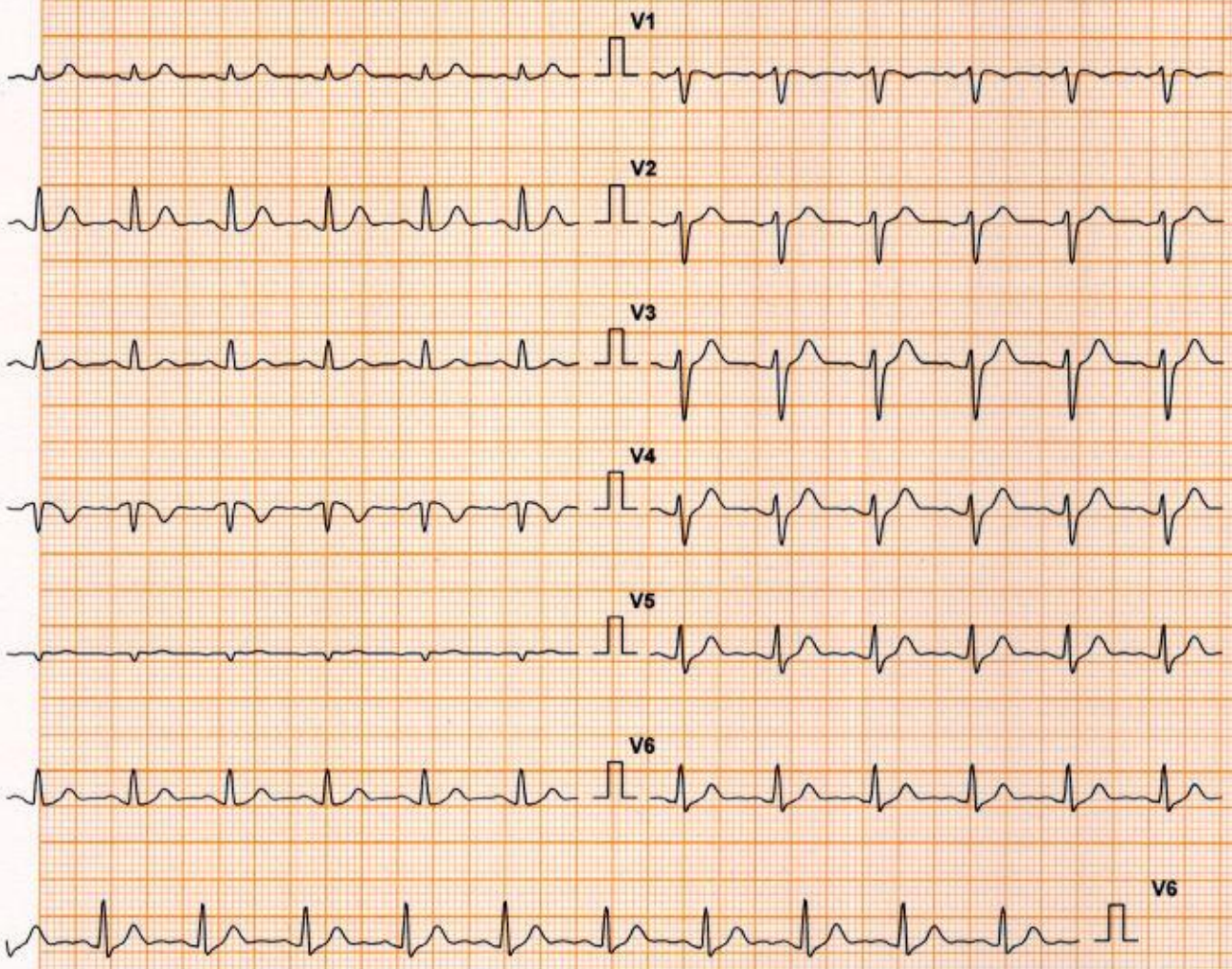
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 6 m 12 s

ID: 4182VK011009
Stage: Recovery(1)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 1 mph
HR: 108 bpm

B.P: 150 / 90
Grade: 0 %
(THR: 153 bpm)



I	0.6	aVR	-1.3	V1	0.4	V4	3.2	ST Level (mm)
	1.1		-2.5		-0.7		4.2	ST Slope (mV / s)
II	1.7	aVL	0.2	V2	2.1	V5	2.3	
	3.5		0.0		2.5		3.5	
III	0.6	aVF	1.1	V3	4.0	V6	1.5	
	1.8		2.5		4.6		2.8	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

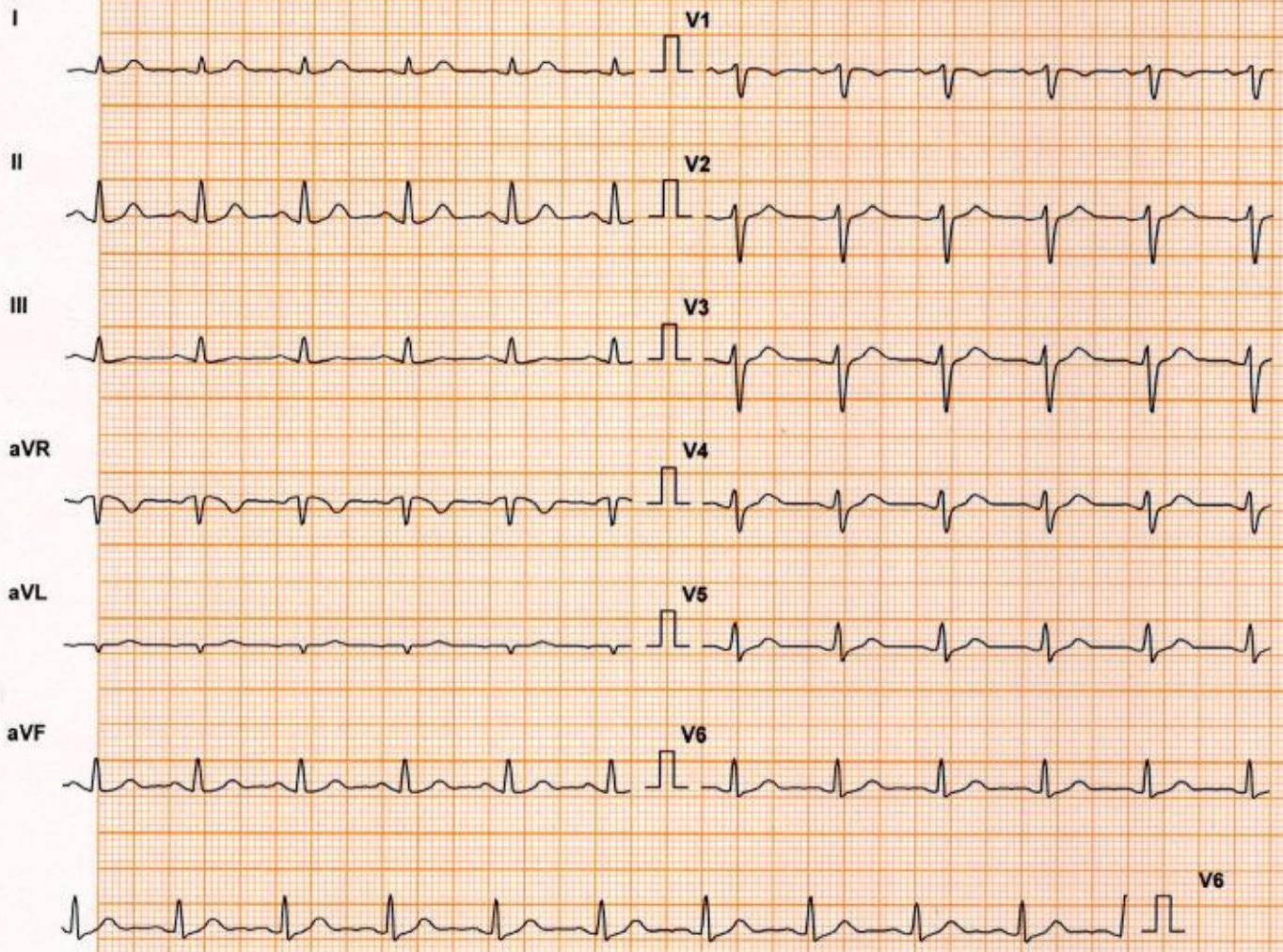
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 6 m 12 s

ID: 4182VK011009
Stage: Recovery(2)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 101 bpm

B.P: 150 / 90
Grade: 0 %
(THR: 153 bpm)



I	0.6	aVR	-1.1	V1	0.2	V4	1.1	ST Level (mm)
	1.1		-1.8		-0.7		1.8	ST Slope (mV / s)
II	0.8	aVL	0.0	V2	1.1	V5	1.1	
	2.1		0.0		1.4		1.8	
III	-0.2	aVF	0.4	V3	1.9	V6	0.8	
	0.7		1.4		1.8		1.8	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

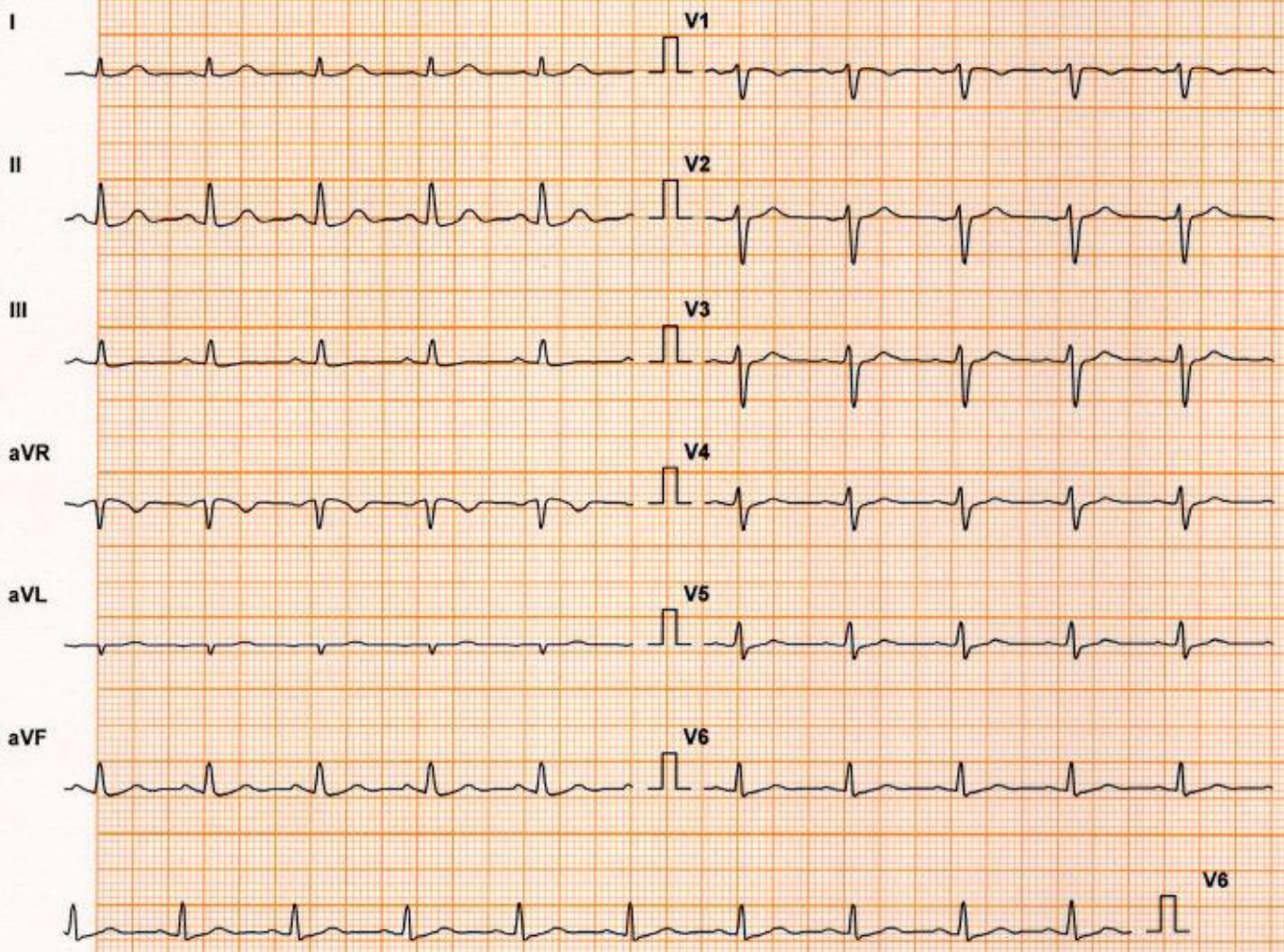
DDRC SRL

SABU.P.L (50 M)
Protocol: Bruce
Exec Time : 6 m 12 s

ID: 4182VK011009
Stage: Recovery(3)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 96 bpm

B.P: 140 / 90
Grade: 0 %
(THR: 153 bpm)



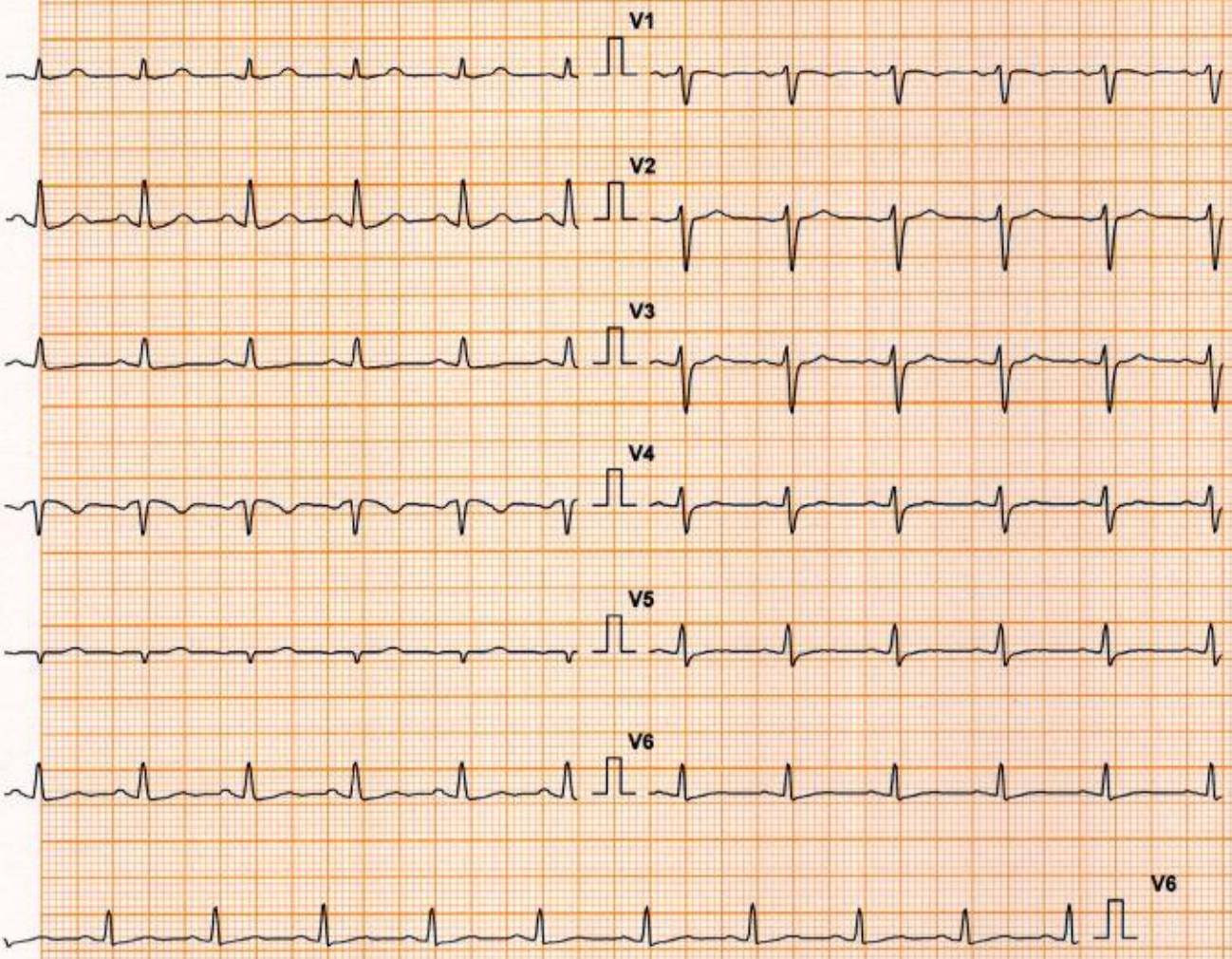
I	0.4	aVR	-0.2	V1	0.6	V4	0.4	ST Level (mm)
	0.7		-1.1		0.0		1.1	ST Slope (mV / s)
II	0.0	aVL	0.0	V2	0.8	V5	0.4	
	1.4		0.0		1.1		1.4	
III	-0.4	aVF	-0.2	V3	0.8	V6	0.0	
	0.7		1.1		0.7		1.1	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL

SABU.P.L (50 M)	ID: 4182VK011009	Date: 25-Nov-22	B.P: 140 / 90
Protocol: Bruce	Stage: Recovery(4)	Speed: 0 mph	Grade: 0 %
Exec Time : 6 m 12 s	Stage Time : 0 m 23 s	***HR: 101 bpm***	(THR: 153 bpm)



I	0.6	aVR	-0.2	V1	0.6	V4	0.2	ST Level (mm)
	1.1		-1.1		0.0		1.1	ST Slope (mV / s)
II	-0.2	aVL	0.0	V2	0.8	V5	0.4	
	1.1		0.0		1.1		1.4	
III	-0.6	aVF	-0.2	V3	0.8	V6	0.0	
	0.0		1.1		0.7		1.1	

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 5 mm

Schiller Spandan V 4.7 | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms* | Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.