



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.	<i>Indulekha</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):	
3. Age/Date of Birth	:	<i>80/F</i>	Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)	

PHYSICAL DETAILS:

a. Height <i>160</i> (cms)	b. Weight <i>58kg</i> (Kgs)	c. Girth of Abdomen <i>80</i> (cms)
d. Pulse Rate <i>80/m</i> (Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<i>120 80</i>
	2 nd 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
<i>-</i>	<i>-</i>	<i>-</i>

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

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.

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

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

Y/N

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

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

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

Y/N

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

Y/N

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

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- > Was the examinee co-operative? Y/N
- > Is there anything about the examinee'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: Y/N

? Prediabetic.

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

MEDICAL EXAMINER'S DECLARATION

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

Name & Signature of the Medical Examiner

DR. SCRIN LOPEZ
MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Pvt. Ltd.
Aster Square, Medical College P.O., Tvm
Reg. No. 77656

Seal of Medical Examiner



Name & Seal of DDRC SRL Branch

Date & Time

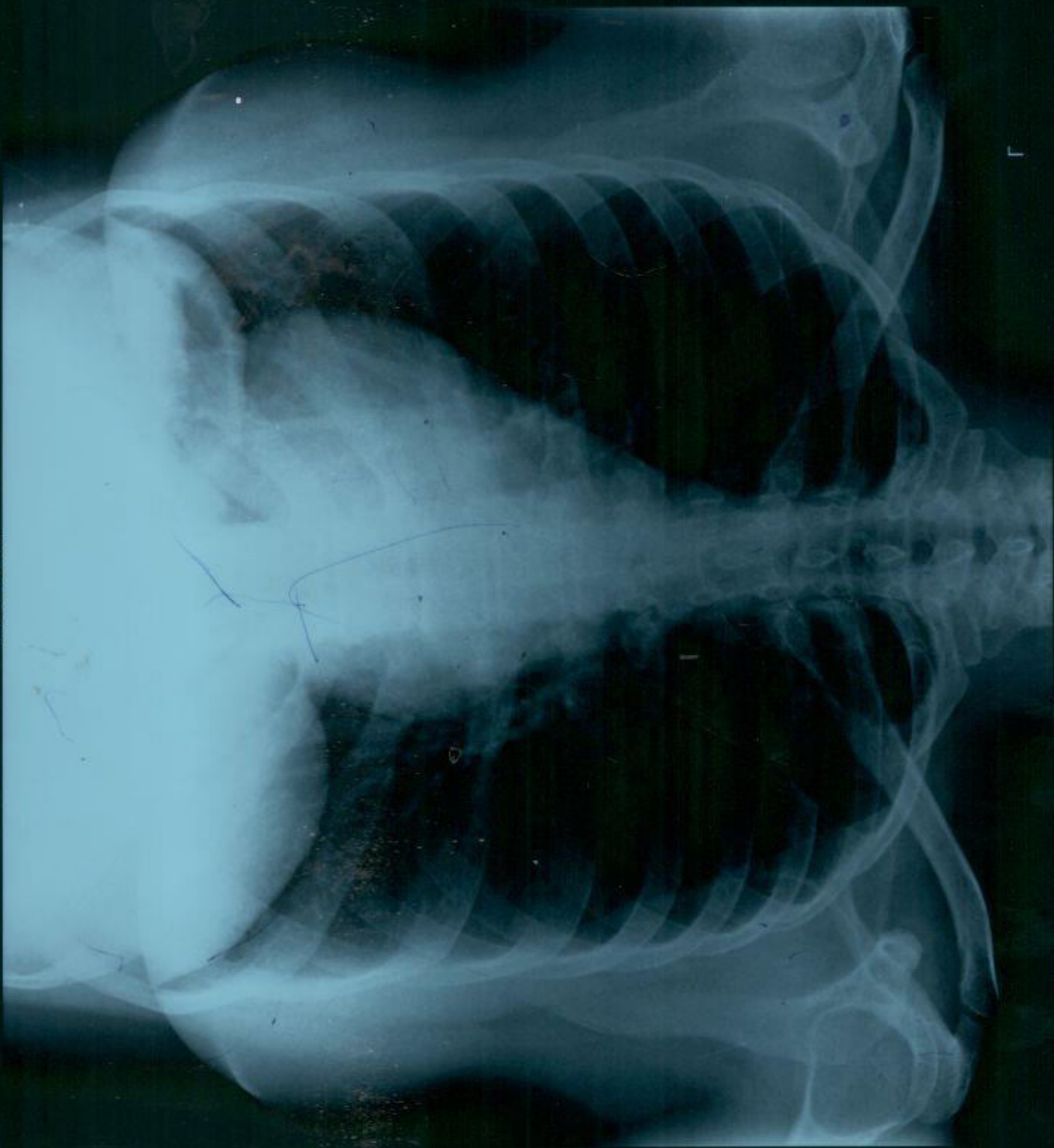
22/09/2022

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МРС ИНДУГКНА Л В 30У Р 015115055 CHEST PA 11009405
DPRC 2RF



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RADIOLOGY DIVISION

Acc no:4182VI009492	Name: Mrs. Indulekha J B	Age: 30 y	Sex: Female	Date: 21.09.22
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US SCAN WHOLE ABDOMEN (TAS ONLY)

LIVER is normal in size (13.2 cm). Margins are regular. Hepatic parenchyma shows normal echogenicity. No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (8.8 mm).

GALL BLADDER is minimally distended. No pericholecystic fluid seen.

SPLEEN is normal in size (8.4 cm) and parenchymal echotexture. No focal lesion seen.

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

RIGHT KIDNEY is normal in size (11 x 3.3 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 3.8 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 No retroperitoneal lymphadenopathy or mass seen.

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

UTERUS measures 7.7 x 3.9 x 4.6 cm, myometrial echopattern normal. No focal lesions seen.
Endometrial thickness is 9 mm (trilaminar pattern).

Both ovaries are normal. Right ovary measures 3.3 x 1 cm. Left ovary measures 3.2 x 1.5 cm. No adnexal mass seen. **Minimal fluid in pouch of Douglas.**

No ascites or pleural effusion.

CONCLUSION:-

- **No significant abnormality detected in present study.**



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

*Thanks for referral. 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 controversies. AR*

COMPLETE IMAGING SOLUTIONS



V1

V2

V3

V4

ID: 009492

Diagnosis Information:

Female / mmHg
30 Years cm kg

Mrs. Indulekha. J.B


DR. SERIM LOPEZ
MBBS
MEDICAL OFFICER
DDRC/SRL Diagnostics Pvt. Ltd.
DDRC/SRL Medical College P.O., Tum
Aster Square, Medical
Reg. No. 77656
V6

Standard

HR	75	bpm
P	105	ms
PR	166	ms
QRS	91	ms
QT/QTc	375/420	ms
P/QRS/T	40/62/0	°
RV5/SV1	1.262/0.567	mV

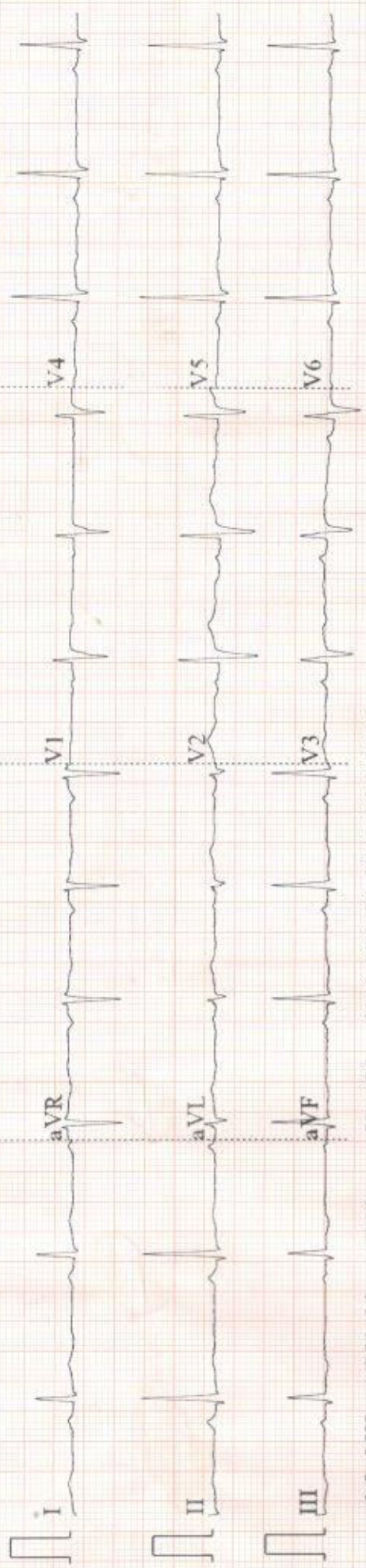
Report Confirmed by:



[Handwritten scribbles]

Standard	L I	L II	L III	L III Inspiration

ID: 009492 21-09-2022 10:40:20 AM



0.5-35Hz AC50 25mm/s 10mm/mV ♥75 V1.0 SEMIP V1.7 DDRCSRL
ALWAYS CE



NAME : MRS INDULEKHA J B	AGE:30/F	DATE21/09/2022
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CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
 No cardiomegaly
 Normal vascularity
 No parenchymal lesion.
 Costophrenic and cardiophrenic angles clear

➤ **IMPRESSION** : Normal Chest Xray

ELECTRO CARDIOGRAM : NSR 75/minute
 No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.



(Signature)
 DR. SERIN LOPEZ
 MBBS
 MEDICAL OFFICER
 DDRC SRL Diagnostics Pvt. Ltd.
 Aster Square, Medical College P.O., Tvm
 Reg. No. 77656

DR SERIN LOPEZ MBBS

Reg No 77656

DDRC SRL DIAGNOSTICS Services



CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
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Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS INDULEKHA J B

PATIENT ID : **MRSIF2109924182**

ACCESSION NO : **4182VI009492** AGE : 30 Years SEX : Female

DRAWN : RECEIVED : 21/09/2022 09:04 REPORTED : 21/09/2022 15:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** TREADMILL TEST**

TREADMILL TEST REPORT ATTACHED

OPHTHAL

OPHTHAL REPORT ATTACHED



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REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Units
DIRECT LDL CHOLESTEROL	79	Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190 mg/dL
NON HDL CHOLESTEROL	97	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220 mg/dL
CHOL/HDL RATIO	2.9	Low 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	1.6	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
VERY LOW DENSITY LIPOPROTEIN	18.8	Desirable value : 10 - 35 mg/dL
* LIVER FUNCTION TEST WITH GGT		
BILIRUBIN, TOTAL	0.53	< 1.1 mg/dL
BILIRUBIN, DIRECT	0.19	< 0.31 mg/dL
BILIRUBIN, INDIRECT	0.34	0.00 - 0.60 mg/dL
TOTAL PROTEIN	7.3	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
ALBUMIN	4.4	3.5 - 5.2 g/dL
GLOBULIN	2.9	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)	10	< 33 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	7	< 34 U/L
ALKALINE PHOSPHATASE	108	High 35 - 105 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	13	< 40 U/L
TOTAL PROTEIN, SERUM		
TOTAL PROTEIN	7.3	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
URIC ACID, SERUM		
URIC ACID	5.5	2.4 - 5.7 mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD		



Scan to View Details



Scan to View Report

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Test Report Status	Results	Units
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- 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, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (Ghb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of Ghb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of Ghb is directly proportional to the concentration of glucose in the blood, the Ghb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the Ghb level. Samples from patients with hemolytic anemias will exhibit decreased glycosylated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycosylated serum protein (fructosamine) should be considered.

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
 2. Forsham PH. Diabetes Mellitus: A rational plan for management. Postgrad Med 1982, 71, 139-154.
 3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
- CORONARY RISK PROFILE (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). 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.



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PATIENT NAME : MRS INDULEKHA J B

PATIENT ID : MRSIF2109924182

ACCESSION NO : 4182VI009492 **AGE :** 30 Years **SEX :** Female

DRAWN : **RECEIVED :** 21/09/2022 09:04 **REPORTED :** 21/09/2022 15:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Units
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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-

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-

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.

WBC DIFFERENTIAL COUNT - NLR-

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.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous



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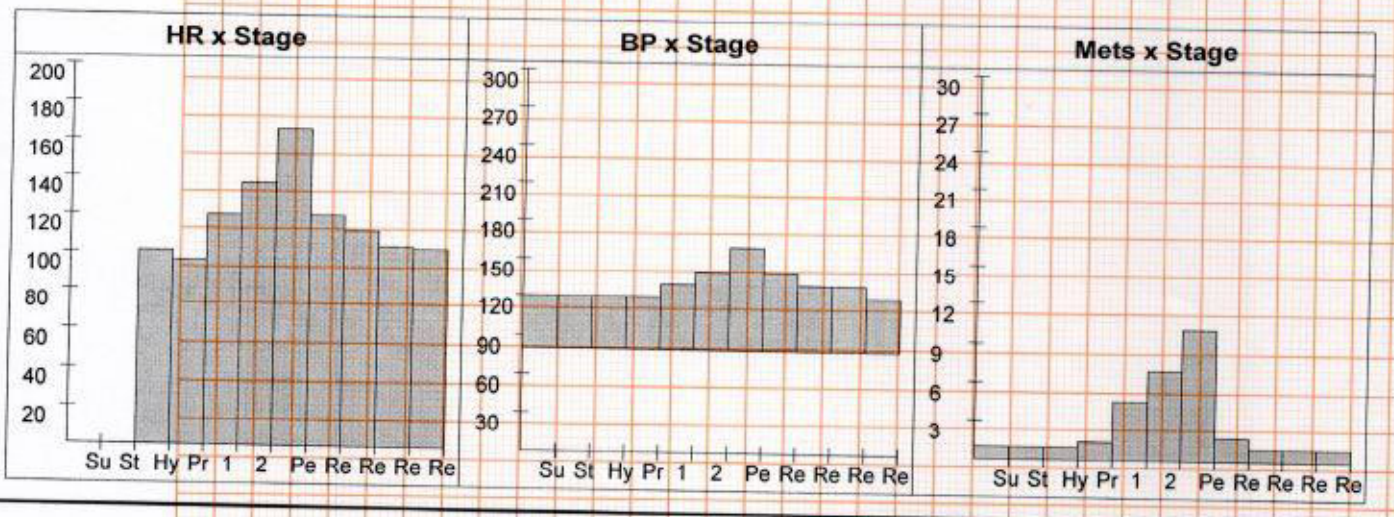
Patient Details **Date:** 21-Sep-22 **Time:** 11:12:05 AM
Name: INDULEKHA J B **ID:** 4182VI009492
Age: 30 y **Sex:** F **Height:** 160 cms **Weight:** 58 Kgs
Clinical History: NIL
Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 171 (90 % of Pr.MHR) bpm
Total Exec. Time: 8 m 29 s **Max. HR:** 166 (87% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 26560 mmHg/min **Min. BP x HR:** 8080 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 : 9	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 1	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Hyperventilation	0 : 32	1.0	0	0	101	120 / 80	-0.42 II	0.71 II
1	3 : 0	4.6	1.7	10	120	130 / 80	-0.64 III	1.06 II
2	3 : 0	7.0	2.5	12	137	140 / 80	-1.06 III	1.42 II
Peak Ex	2 : 29	10.2	3.4	14	166	160 / 80	-0.85 III	2.12 V2
Recovery(1)	1 : 0	1.8	1	0	120	140 / 80	-1.06 aVR	3.18 V4
Recovery(2)	1 : 0	1.0	0	0	112	130 / 80	-1.06 aVR	2.48 V4
Recovery(3)	1 : 0	1.0	0	0	104	130 / 80	-0.42 aVR	1.42 V3
Recovery(4)	0 : 12	1.0	0	0	103	120 / 80	-0.21 aVR	1.06 II



DDRC SRL

Patient Details

Date: 21-Sep-22

Time: 11:12:05 AM

Name: INDULEKHA J B ID: 4182VI009492

Age: 30 y

Sex: F

Height: 160 cms

Weight: 58 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 8 m 29 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a max. heart rate of 166 (87% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Reg No: 72354

DDRC SRL

INDULEKHA J B (30 F)

ID: 4182VI009492

Date: 21-Sep-22

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 84 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 0 m 0 s

DDRC SRL

ID: 4182VI009492

Stage: Standing

Stage Time : 0 m 4 s

Date: 21-Sep-22

Speed: 0 mph

HR: 84 bpm

B.P: 120 / 80

Grade: 0 %

(THR: 171 bpm)

MICRO MED CHARTS



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

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

Mains Fil: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 0 m 0 s

DDRC SRL

ID: 4182VI009492

Date: 21-Sep-22

B.P: 120 / 80

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 26 s

HR: 100 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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

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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 2 m 54 s

DDRC SRL

ID: 4182VI009492

Stage: 1

Stage Time : 2 m 54 s

Date: 21-Sep-22

B.P: 130 / 80

Speed: 1.7 mph

Grade: 10 %

HR: 118 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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

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

INDULEKHA J B (30 F)

ID: 4182VI009492

Date: 21-Sep-22

B.P: 140 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 137 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 8 m 23 s

DDRC SRL

ID: 4182VI009492

Stage: Peak Ex

Stage Time : 2 m 23 s

Date: 21-Sep-22

Speed: 3.4 mph

HR: 165 bpm

B.P: 160 / 80

Grade: 14 %

(THR: 171 bpm)

MICRO MED CHARTS



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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 8 m 29 s

DDRC SRL

ID: 4182VI009492

Stage: Recovery(1)

Stage Time : 0 m 54 s

Date: 21-Sep-22

Speed: 1 mph

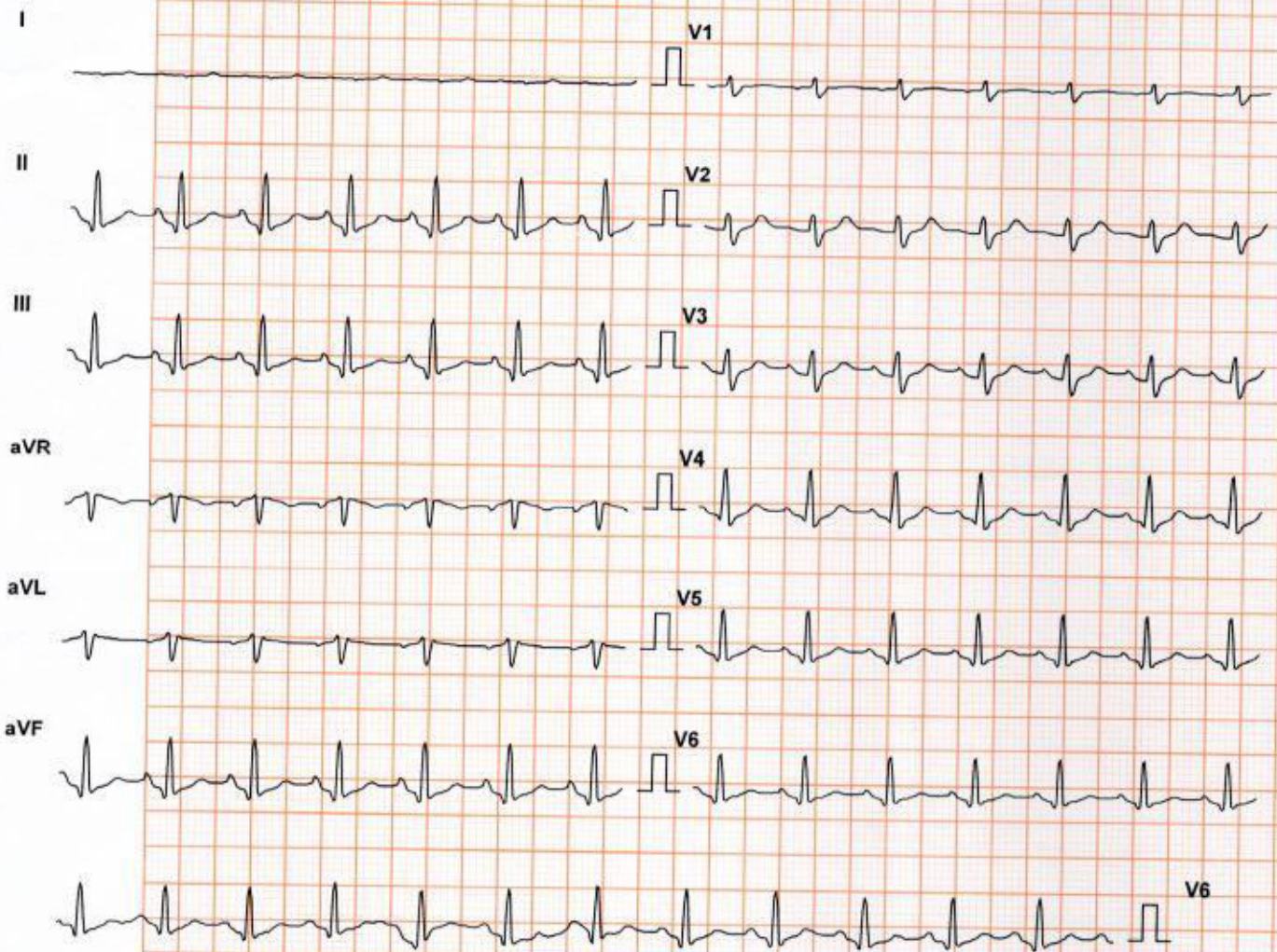
HR: 121 bpm

B.P: 140 / 80

Grade: 0 %

(THR: 171 bpm)

MICRO MED CHARTS



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-0.6	-1.1
V1	0.2	0.4
V4	1.5	2.8
II	1.3	2.1
aVL	0.0	-0.4
V2	1.5	2.1
V5	1.1	2.1
III	0.6	1.4
aVF	0.6	1.4
V3	1.5	1.8
V6	1.1	1.4

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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 8 m 29 s

DDRC SRL

ID: 4182VI009492

Stage: Recovery(2)

Stage Time : 0 m 54 s

Date: 21-Sep-22

B.P: 130 / 80

Speed: 0 mph

Grade: 0 %

HR: 111 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 8 m 29 s

DDRC SRL

ID: 4182VI009492

Stage: Recovery(3)

Stage Time : 0 m 54 s

Date: 21-Sep-22

Speed: 0 mph

HR: 104 bpm

B.P: 130 / 80

Grade: 0 %

(THR: 171 bpm)

MICRO MED CHARTS



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

INDULEKHA J B (30 F)

Protocol: Bruce

Exec Time : 8 m 29 s

DDRC SRL

ID: 4182VI009492

Stage: Recovery(4)

Stage Time : 0 m 6 s

Date: 21-Sep-22

B.P: 120 / 80

Speed: 0 mph

Grade: 0 %

HR: 103 bpm

(THR: 171 bpm)

MICRO MED CHARTS



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