

गणतन्त्र भारत  
INDO METAL DEPARTMENT

AMITH C SHETTY  
CHANDRASHKHAR

30/12/1985

BMAPS6283E

भारत सरकार  
GOVT. OF INDIA



**Dr. Manasse Kulbarni**  
M.B.B.S.,  
2005/09/3439

*(Handwritten signature in blue ink)*

**PHYSICAL EXAMINATION REPORT**

Patient Name	Armith Shetty	Sex/Age	M/37
Date	14/11/23	Location	Rane

**History and Complaints**

NIL

**EXAMINATION FINDINGS:**

Height (cms):	168	Temp (0c):	Afe
Weight (kg):	70.7	Skin:	NAAD
Blood Pressure	130/82	Nails:	—
Pulse	70/min	Lymph Node:	not palpable

**Systems :**

Cardiovascular:	
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

- ↑ chol, TG's, Non HDL chol.
- ↑ LDL.
- Need Specs For Distant Vision.
- Fatty Liver.




Advice:

Eye check-up.  
Low fat, low sugar Diet  
~~Repeat~~

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	Litho trypsy (Renal stones) 10 yrs back
17)	Musculoskeletal System	NO

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO

 **Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439



Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2301420607  
Name : MR. AMITH C SHETTY  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:10  
Reported : 14-Jan-2023 / 11:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.78	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.0	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	2602.6	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	408.1	200-1000 /cmm	Calculated
Neutrophils	56.8	40-80 %	
Absolute Neutrophils	4373.6	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	315.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	179000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	18.5	11-18 %	Calculated



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Reported : 14-Jan-2023 / 10:18

**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amith Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.65	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	17.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	27.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	56.4	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	67.7	40-130 U/L	PNPP
BLOOD UREA, Serum	12.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.6	6-20 mg/dl	Calculated

022-6170-0000



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Collected : 14-Jan-2023 / 10:50  
Reported : 14-Jan-2023 / 16:39

CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.8	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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OUR PRESENCE



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

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Reported : 14-Jan-2023 / 11:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*Amit Taori*

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Collected : 14-Jan-2023 / 08:10  
Reported : 14-Jan-2023 / 12:05

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Reported : 14-Jan-2023 / 12:01

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



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Pathologist



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Collected :  
 Reported :

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Collected : 14-Jan-2023 / 08:10  
Reported : 14-Jan-2023 / 13:25

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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*Amit Taori*

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Pathologist

0000-0716-5507





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	228.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	173.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	187.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	152.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	35.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

0000-0518-5507

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:10  
Reported : 14-Jan-2023 / 10:54

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.7	0.35-5.5 microlU/ml	ECLIA

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:10  
Reported : 14-Jan-2023 / 10:54

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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



*Amith Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

0000-0170-0000

Date: 14/1/23

CID:

Name: Anith Shetty

Sex / Age: M-37

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RR 6/12 L12/6g NV 6/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Made spectacles for D.R.

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



Reg. No. : 2301420607	Sex : MALE
Name : MR. AMITH C SHETTY	Age : 37 YRS
Ref. By : -----	Date : 14.01.2023

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**



**DR.GAURI RODA**  
**MBBS,DMRE**  
**(CONSULTANT RADIOLOGIST)**

Reg. No. : 2301420607	Sex : MALE
Name : MR. AMITH C SHETTY	Age : 37 YRS
Ref. By : -----	Date : 14.01.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and shows increased echoreflexivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.3 x 4.3 cm. Left kidney measures 10.3 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

022-6170-0000



Reg. No. : 2301420607	Sex : MALE
Name : MR. AMITH C SHETTY	Age : 37 YRS
Ref. By : -----	Date : 14.01.2023

**IMPRESSION:**

**GRADE I FATTY INFILTRATION OF LIVER.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further evaluation.

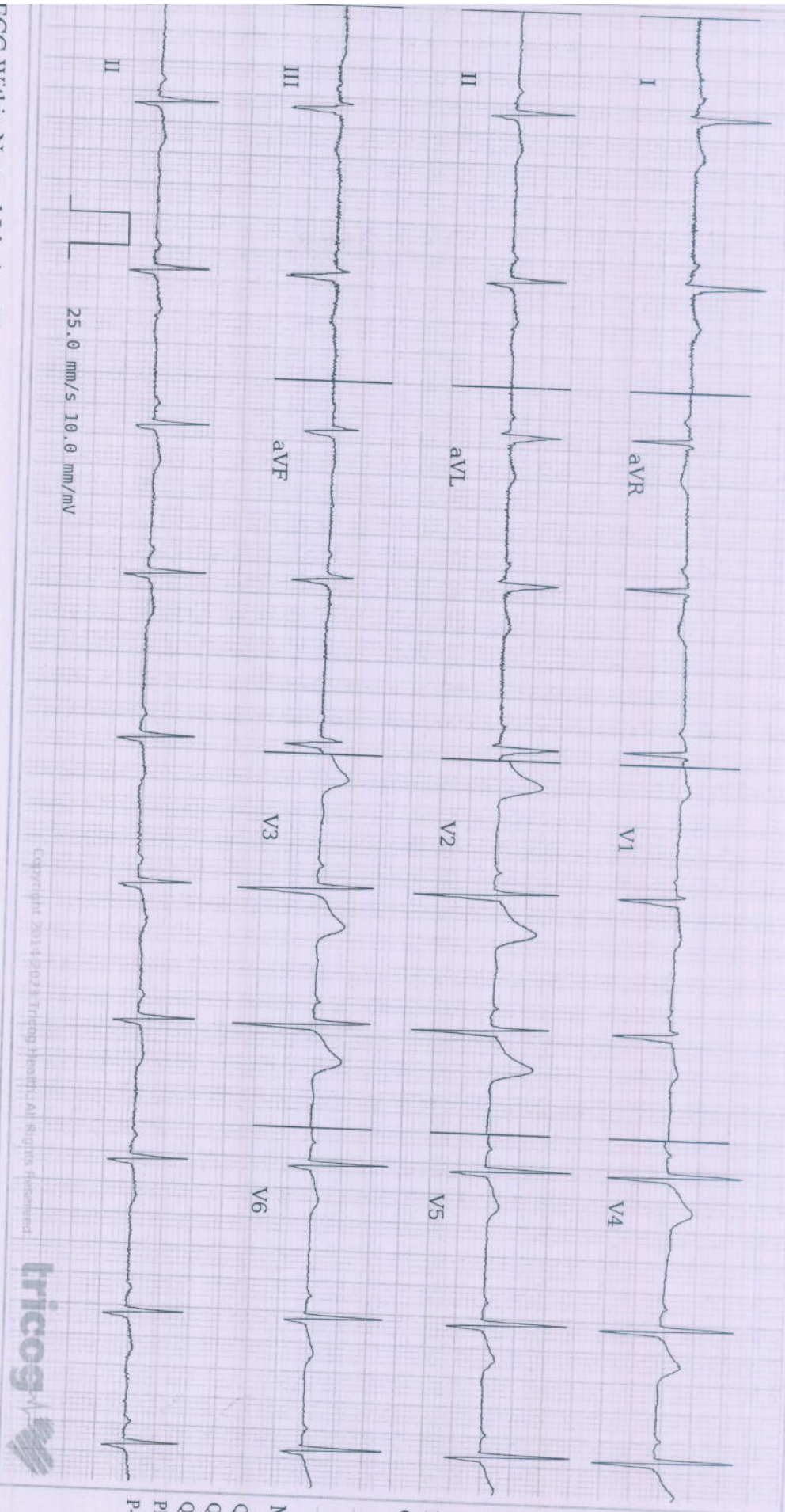
**DR. GAURI RODA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
 Patient Name: **AMITH C SHETTY**  
 Patient ID: **2301420607**  
 Date and Time: **14th Jan 23 8:57 AM**



25.0 mm/s 10.0 mm/mV

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Age **37** 0 15  
 years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: NA  
 Weight: 70 kg  
 Height: 168 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others: NA

Measurements

QRSD: 94ms  
 QT: 390ms  
 QTc: 395ms  
 PR: 142ms  
 P-R-T: 20° -2° 10°

REPORTED BY

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 MBBS, MD Physician  
 MD Physician  
 49972

ECG Within Normal Limits: Sinus Arrhythmia. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	Rpp	PVC	Comments
Supine	01:36	1:36	00.0	00.0	01.0	086	47%	120/80	103	00	
Standing	01:45	0:09	00.0	00.0	01.0	086	47%	120/80	103	00	
HV	01:54	0:09	00.0	00.0	01.0	085	46%	120/80	102	00	
ExStart	02:03	0:09	00.0	00.0	01.0	092	50%	120/80	110	00	
BRUCE Stage 1	05:03	3:00	01.7	10.0	04.7	121	66%	130/80	157	00	
BRUCE Stage 2	08:03	3:00	02.5	12.0	07.1	156	85%	150/80	233	00	
PeakEx	08:11	0:08	03.4	14.0	07.3	157	86%	160/80	251	00	
Recovery	09:11	1:00	00.0	00.0	01.2	130	71%	160/80	208	00	
Recovery	10:11	2:00	00.0	00.0	01.0	115	63%	130/80	149	00	
Recovery	12:11	4:00	00.0	00.0	01.0	109	60%	130/80	141	00	
Recovery	12:24	4:13	00.0	00.0	01.0	105	57%	130/80	136	00	

**FINDINGS :**

Exercise Time : 06:08  
 Initial HR (ExStrt) : 92 bpm 50% of Target 183  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 7.3 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : avL & -0.8 mm in Stage 2  
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 157 bpm 86% of Target 183  
 Max BP Attained 160/80 (mm/Hg)

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REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

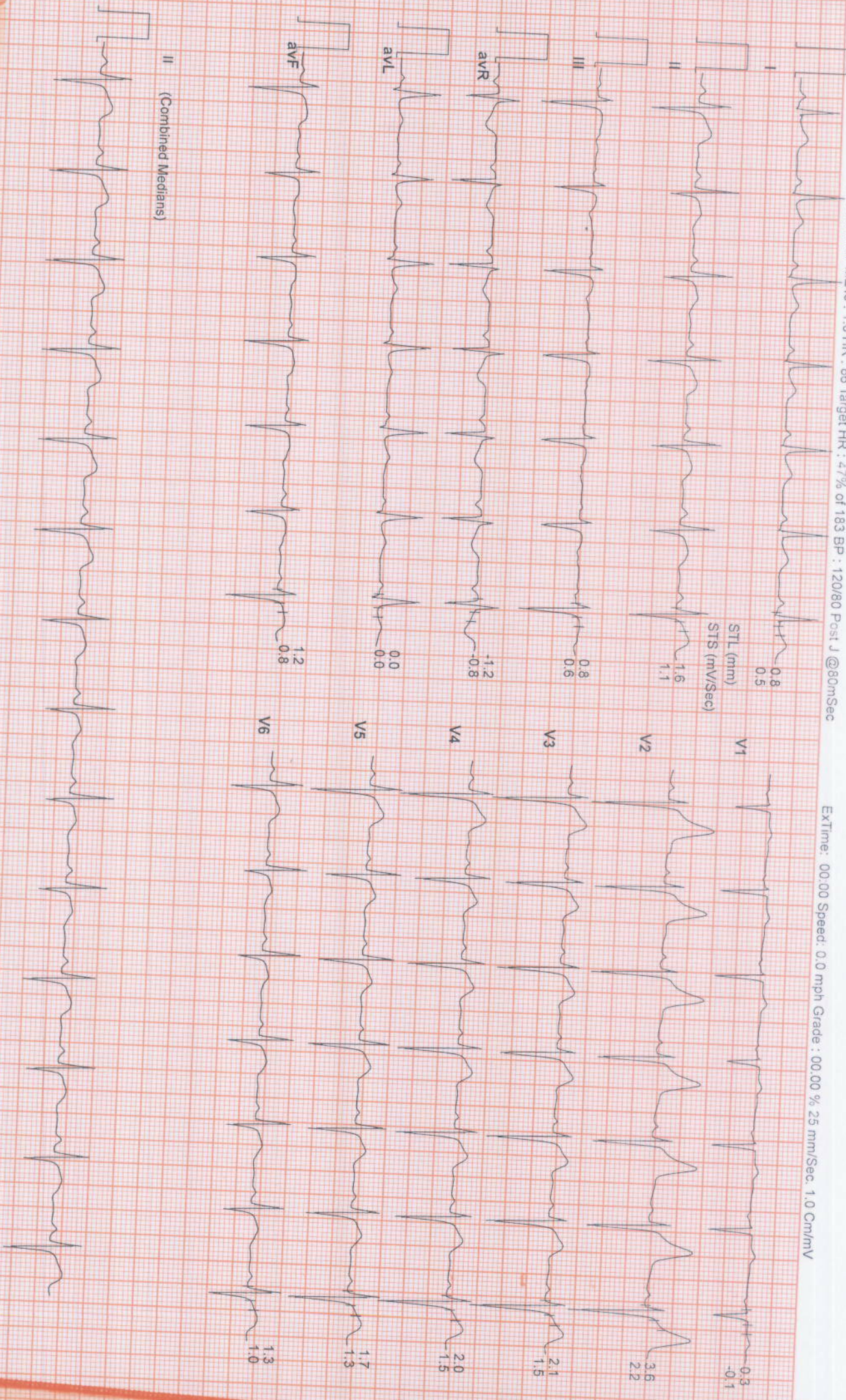
1. TMT is negative for exercise induced ischaemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

  
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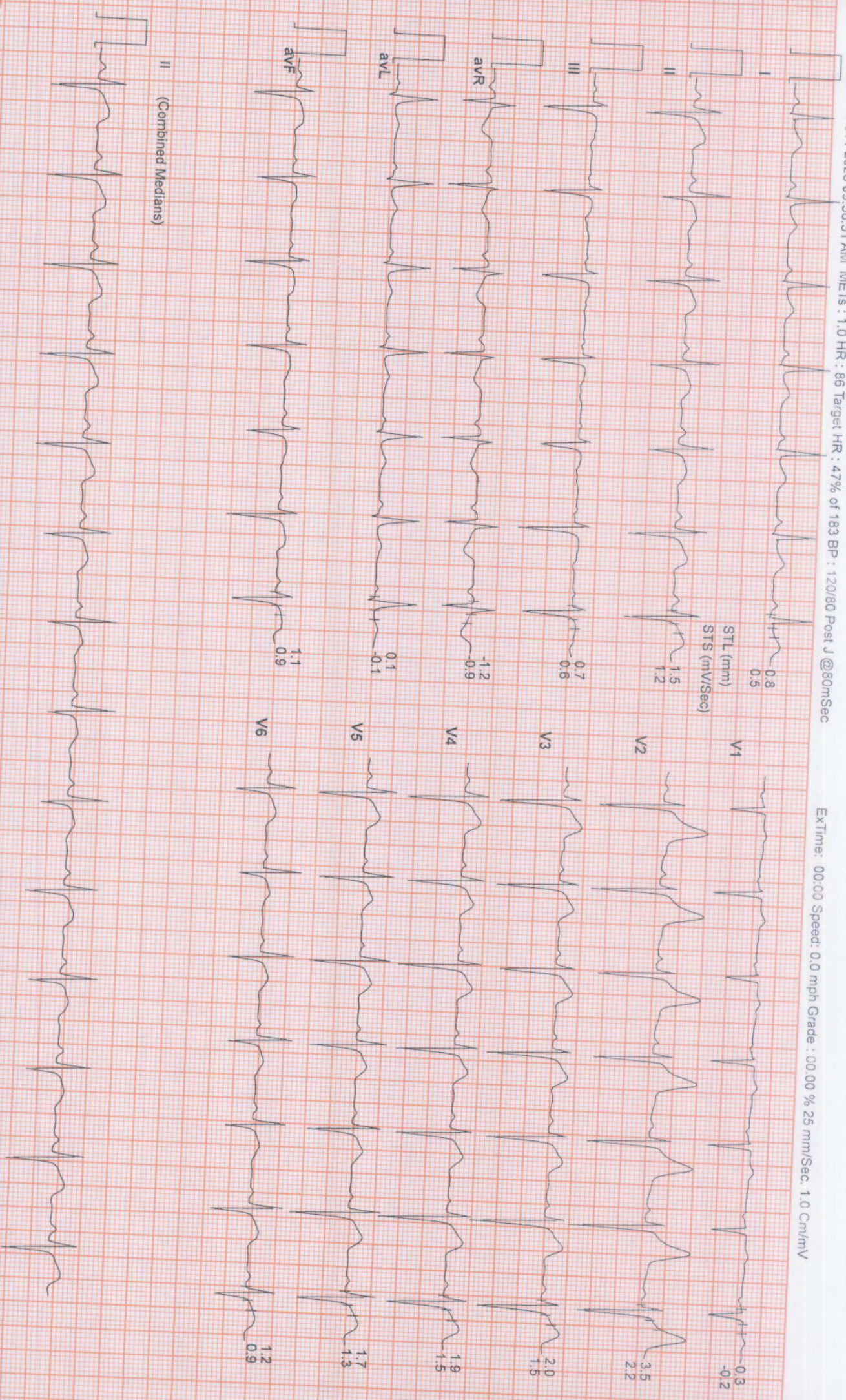




ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



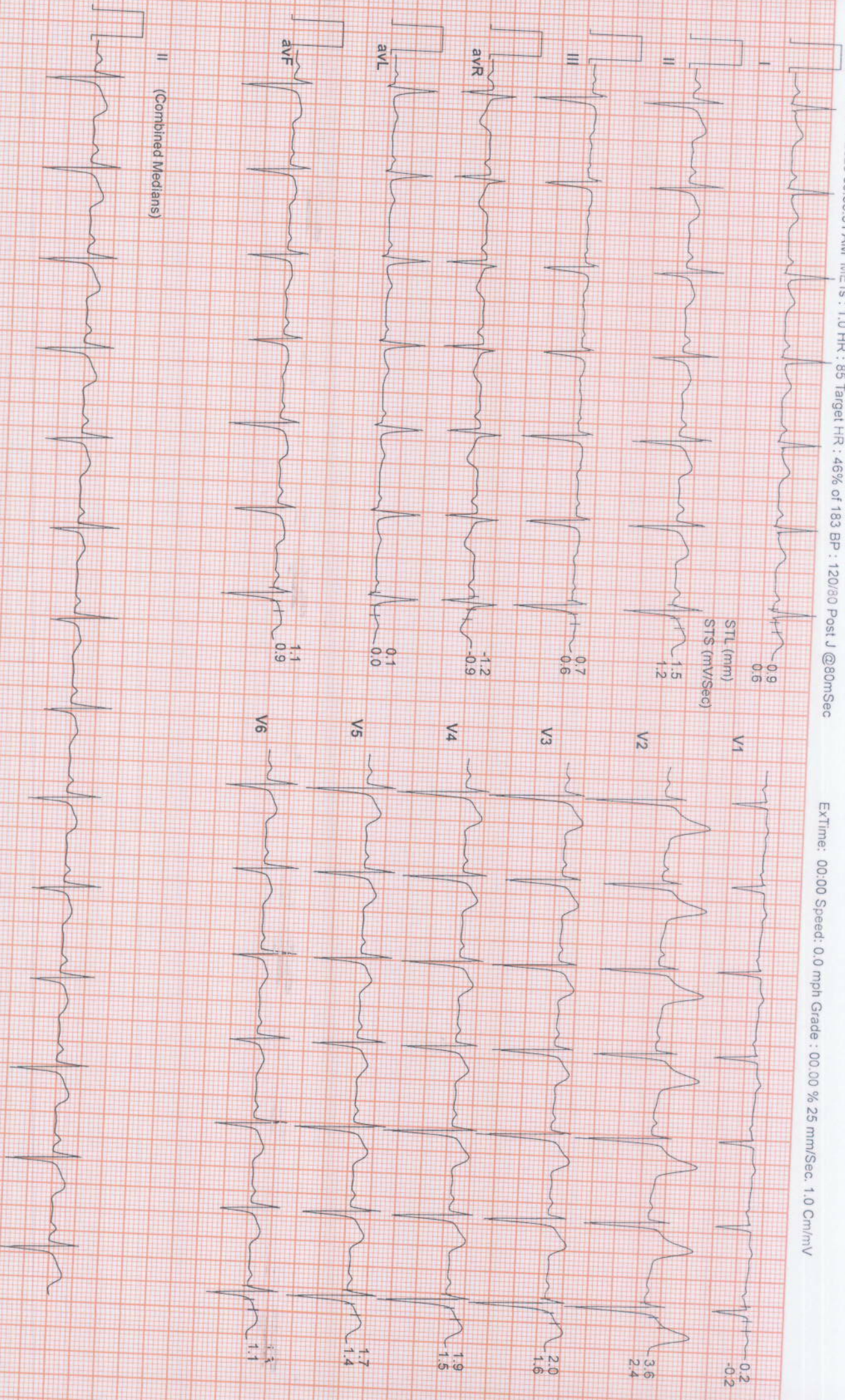




II (Combined Medians)





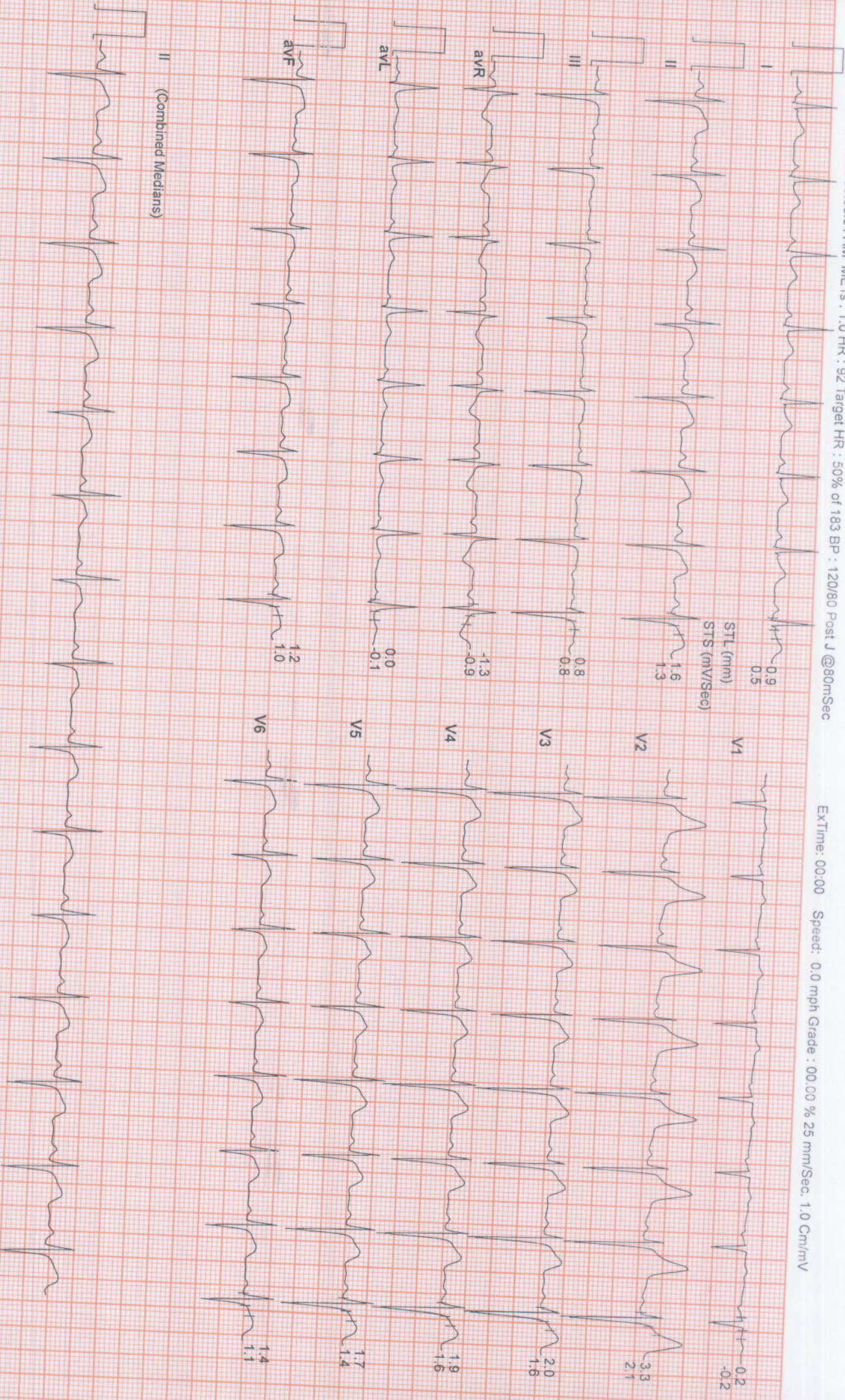






Date: 14 / 01 / 2023 09:38:51 AM METs : 1.0 HR : 92 Target HR : 50% of 183 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

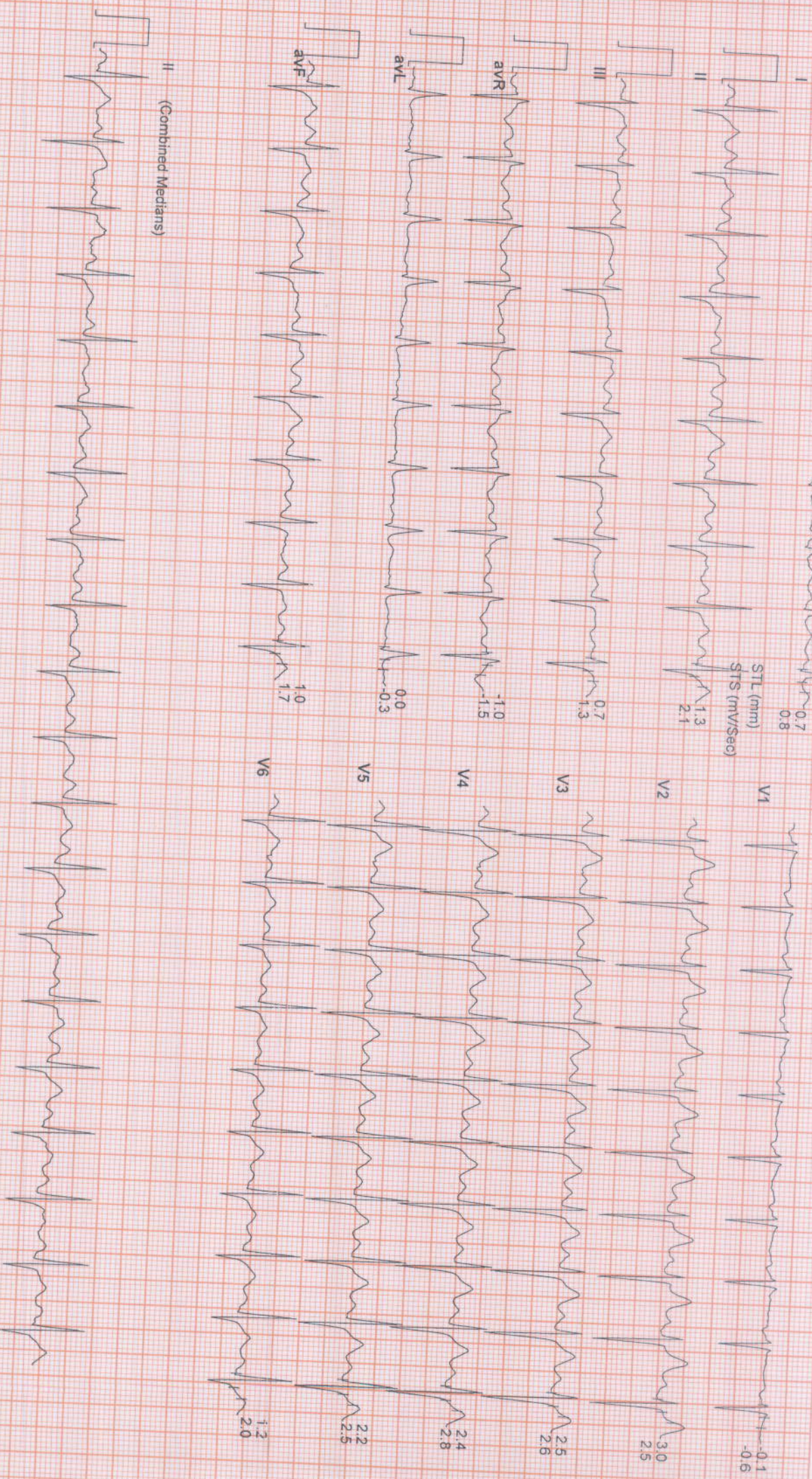


Date: 14 / 01 / 2023 09:38:51 AM METs : 4.7 HR : 121 Target HR : 66% of 183 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )



ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



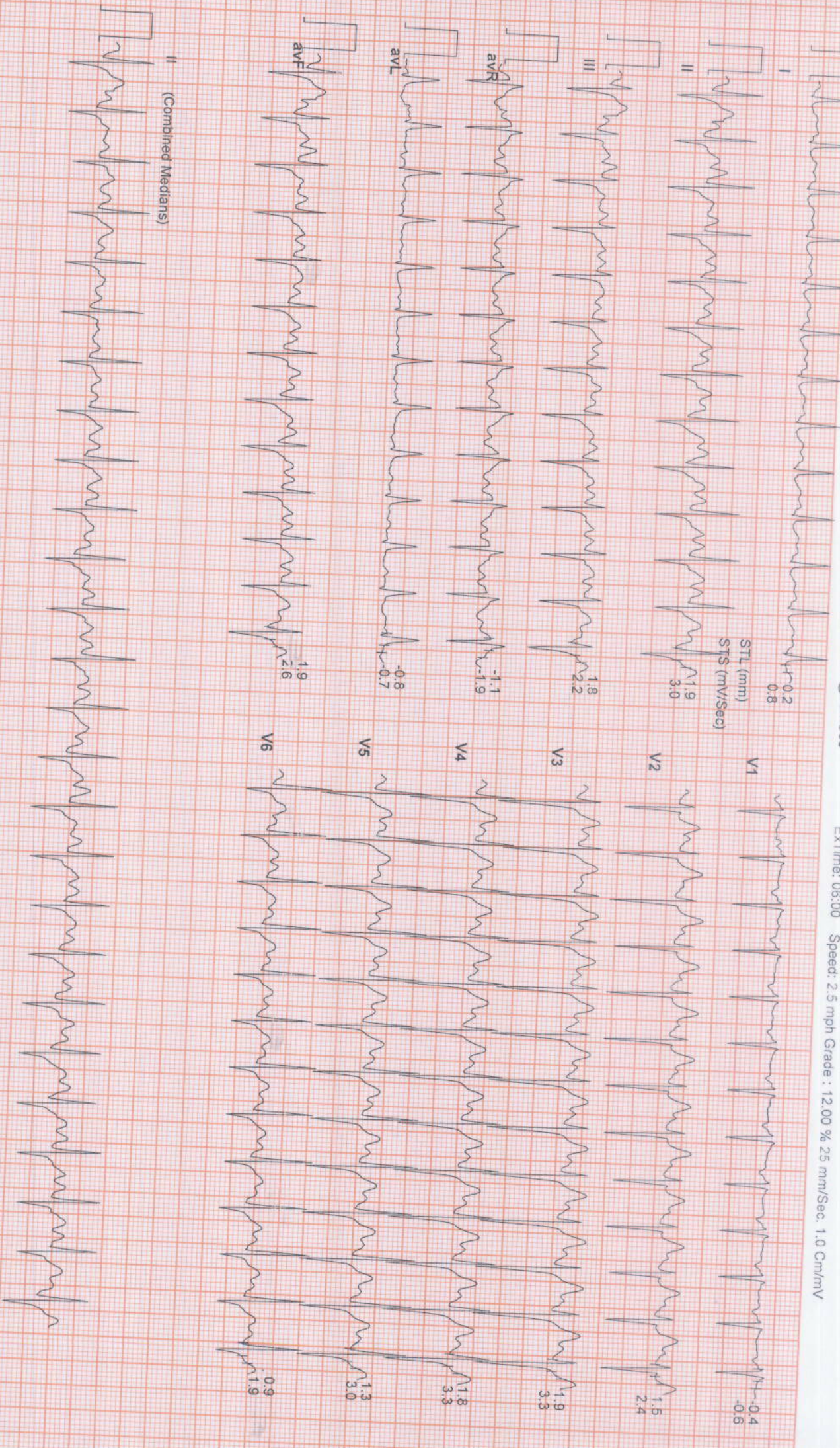


Date: 14 / 01 / 2023 09:38:51 AM METs : 7.1 HR : 156 Target HR : 85% of 183 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

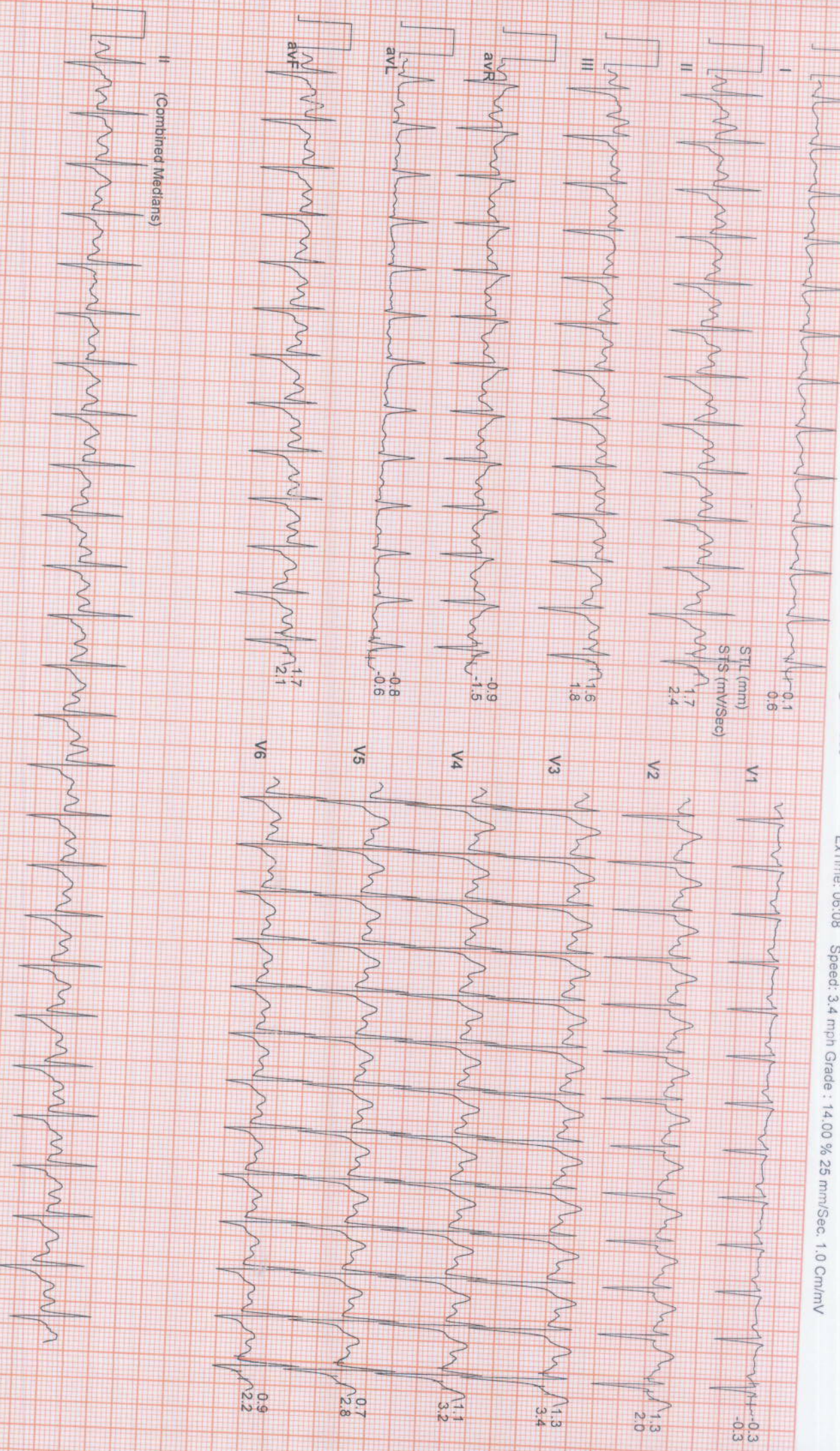




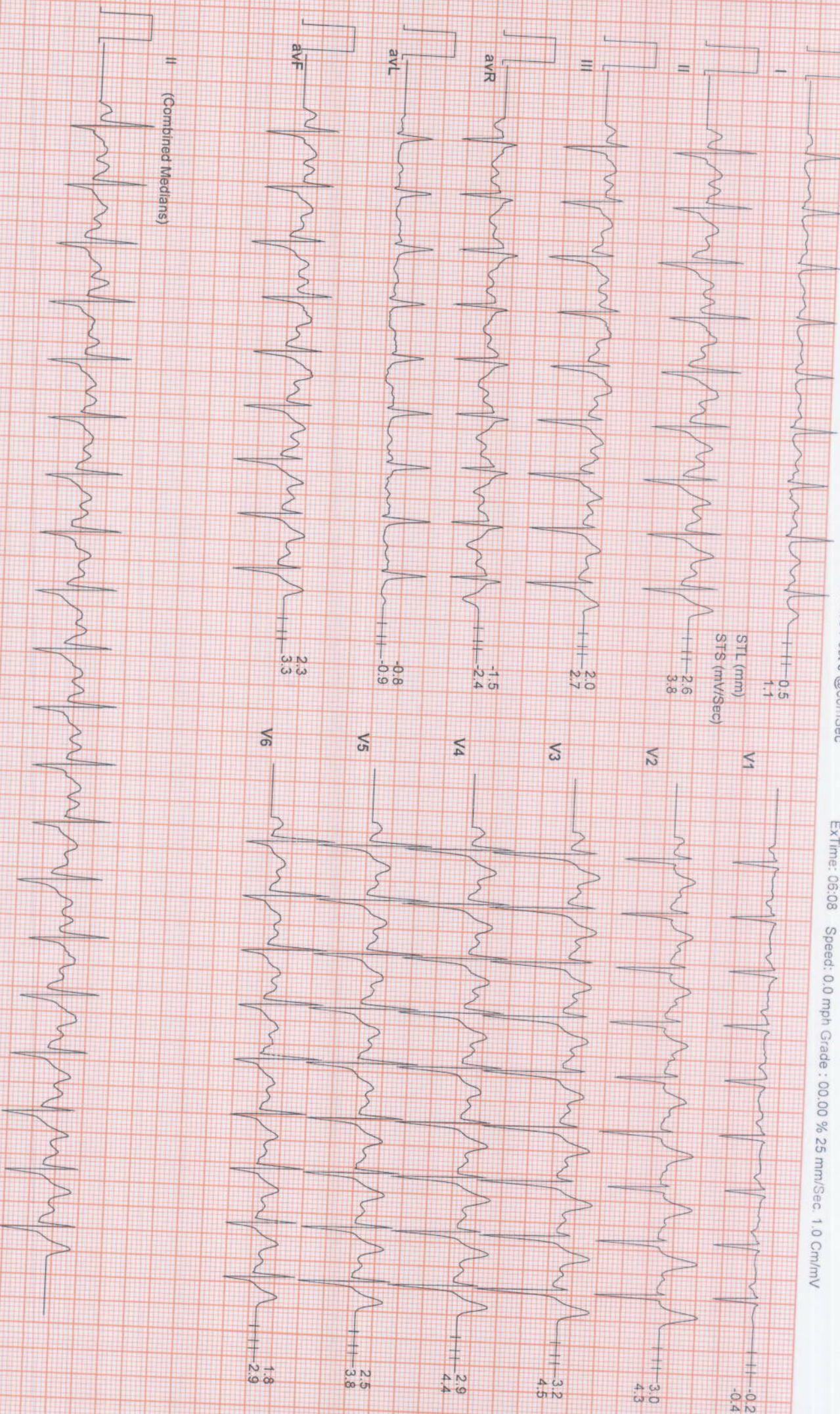


Date: 14 / 01 / 2023 09:36:51 AM METs : 7.3 HR : 157 Target HR : 66% of 183 BP : 160/80 Post J @50mSec

ExTime: 06:08 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV









Date: 14 / 01 / 2023 09:38:51 AM METs : 1.0 HR : 115 Target HR : 63% of 183 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )

ExTime: 05:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

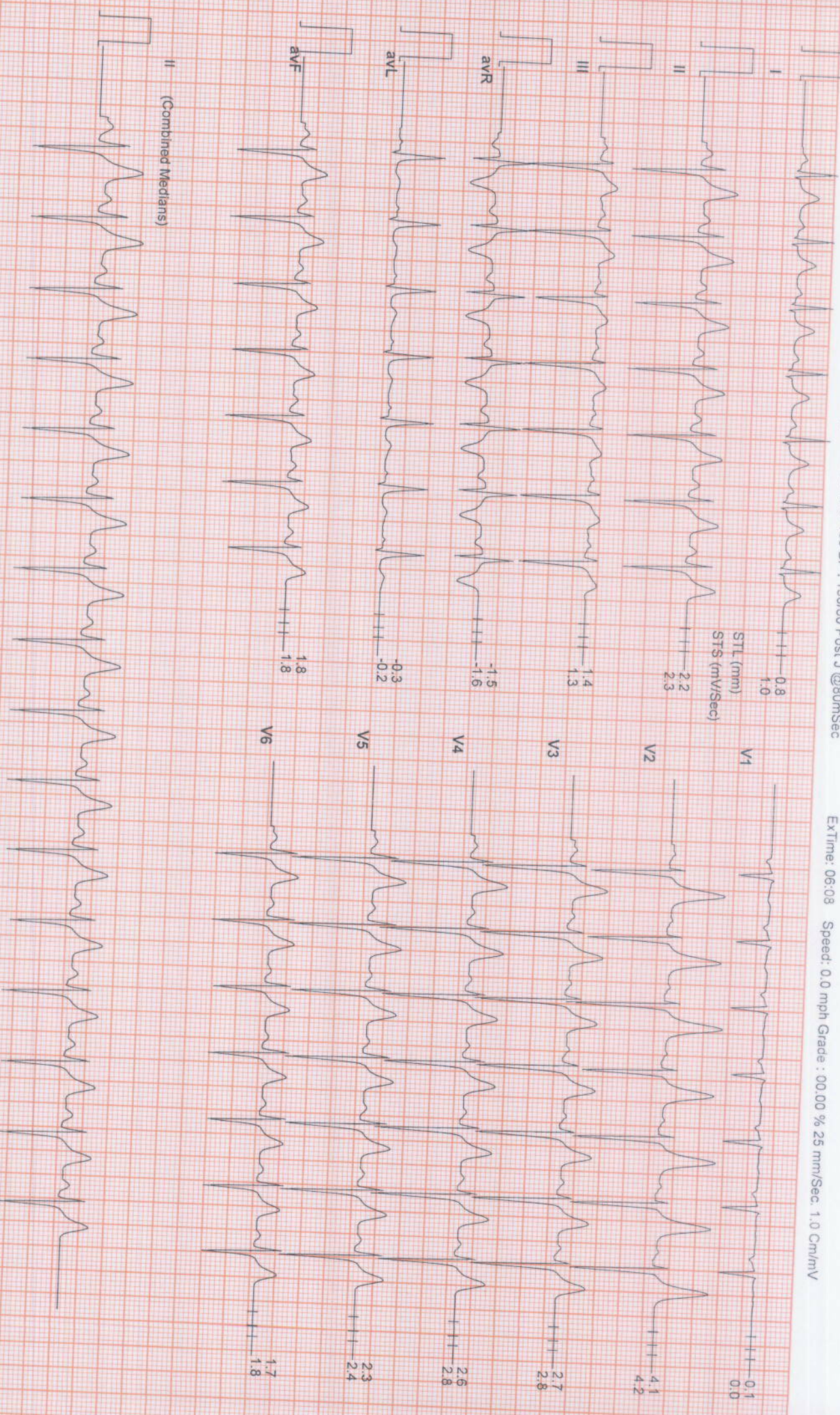




Date: 14 / 01 / 2023 09:38:51 AM METs : 1.0 HR : 109 Target HR : 60% of 183 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:00 )

ExTime: 06:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 14 / 01 / 2023 09:38:51 AM METs : 1.0 HR : 105 Target HR : 57% of 183 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:13 )

ExTime: 06:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

