Name	: **Mrs. RAJAPRIYA.R**		
PID No.	: MED111966804	**Register On**	: 25/11/2023 7:49 AM
SID No.	: 1802339680	**Collection On**	: 25/11/2023 7:57 AM
Age / Sex	: 34 Year(s) / Female	**Report On**	: 25/11/2023 2:30 PM
Type	: OP	**Printed On**	: 01/12/2023 11:02 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'A' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	**11.7**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	**35.0**	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation)*	**3.93**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	12.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	40.18	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	7300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	45.3	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**47.3**	%	20 - 45

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Consultant Pathologist
Reg No : 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.4	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.7	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.31	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.45	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.10	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.42	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.02	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	278	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	**7.1**	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	9	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	9.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	90.9	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	101.0	mg/dL	70 - 140

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

Urine Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	**5.7**	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.63	mg/dL	0.6 - 1.1

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

Uric Acid (Serum/*Enzymatic)*	3.2	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS)*	0.88	mg/dL	0.1 - 1.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.65	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	25.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	27.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	17.7	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	67.0	U/L	42 - 98
Total Protein (Serum/*Biuret)*	6.68	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	3.75	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.93	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.28		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	136.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	75.1	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

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Type	: OP	**Printed On**	: 01/12/2023 11:02 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_ circulating level of triglycerides during most part of the day.			
HDL Cholesterol (Serum/*Immunoinhibition)*	**39.2**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	81.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	15	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	96.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	3.5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated)*	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose (Whole Blood)	105.41	mg/dL	

INTERPRETATION: Comments
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.22	ng/ml	0.7 - 2.04

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

T4 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	8.20	µg/dl	4.2 - 12.0

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

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	2.43	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator)*	Negative		Negative
Glucose (Urine/*GOD - POD)*	Negative		Negative
Pus Cells (Urine/*Automated ¯ Flow cytometry)*	**1 - 2**	/hpf	NIL
Epithelial Cells (Urine/*Automated ¯ Flow cytometry)*	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated ¯ Flow cytometry)*	NIL	/hpf	NIL
Casts (Urine/*Automated ¯ Flow cytometry)*	NIL	/hpf	NIL
Crystals (Urine/*Automated ¯ Flow cytometry)*	NIL	/hpf	NIL

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Investigation	Observed Value	Unit	Biological Reference Interval
Others (Urine)	NIL		

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

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-- End of Report --

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Vital Signs™ 226 166 05

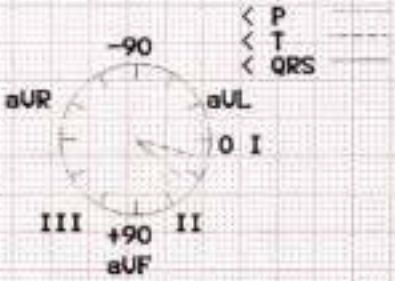
GE MAC1200 ST MRS RAJAPRIYA R, 34/F MED966804, MEDALL, ADYAR

HR 66bpm

74.1
155.0
30.8

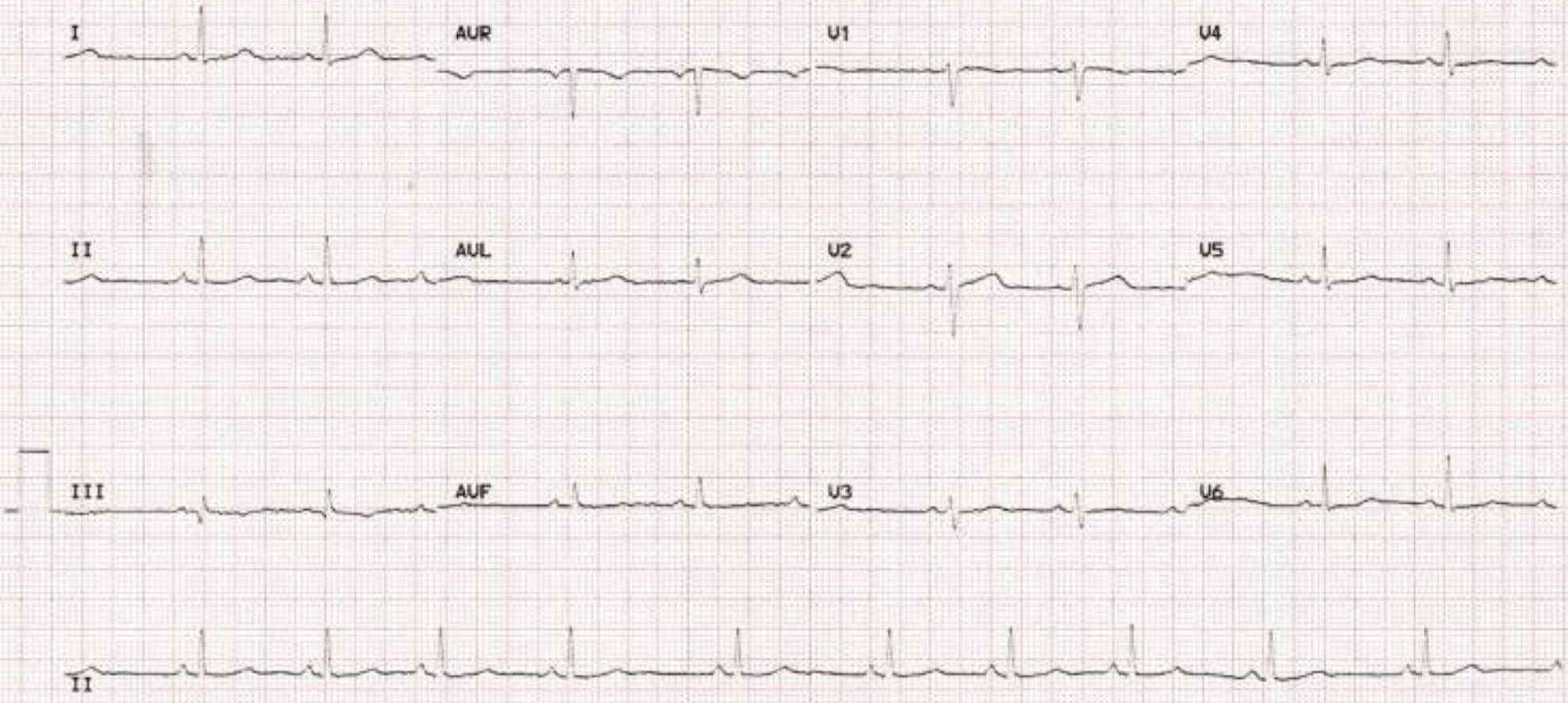
Measurement Results:

QRS	:		92 ms
QT/QTcB	:	422 /	442 ms
PR	:		132 ms
P	:		104 ms
PR/PP	:	864 /	905 ms
P/QRS/T	:	52/ 40/	16 degrees



Interpretation:
12SL - Interpretation:
Sinus rhythm with sinus arrhythmia
Normal ECG

Unconfirmed report.



25.Nov.2023 08:23:33 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic V6.2 12i (1) 12SL8v231

Name	RAJAPRIYA.R	ID	MED111966804
Age & Gender	34-Female	Visit Date	25-11-2023 17:29:56
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN (TAS/TVS)

The liver is normal in size and shows uniform echotexture with no focal abnormality.

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

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 9.9 x 4.5 cms.

The left kidney measures 10.0 x 4.5 cms.

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

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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

or calculus.

REPORT DISCLAIMER

1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	RAJAPRIYA.R	ID	MED111966804
Age & Gender	34-Female	Visit Date	25-11-2023 17:29:56
Ref Doctor Name	MediWheel		

The uterus is anteverted, and measures cms. **It is bulky.**

Myometrial echoes are inhomogeneous.

The endometrial thickness is 5.8 mm.

The right ovary measures 2.9 x 1.6 cms.

The left ovary measures cms.hemorrhagic cyst of size 5.4 x 5.5 cms in size noted, another cyst of size 2.1 x 1.8 cms noted in the left adnexa.

Nabothian cysts seen in the cervix.

Minimal free fluid in cul-de -sac noted

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Bulky uterus with adenomyosis.**
- **Left adnexal hemorrhagic cyst & clear cyst.**
- **Free fluid in pouch of douglas.**
- **Nabothian cysts cervix**

sr

DR.AZAKU TAMIL SELVI D.M.R.D,M.D.R.D,
CONSULTANT RADIOLOGIST

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MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 9:27:05am
Female 155 cm 74 kg
34 yrs

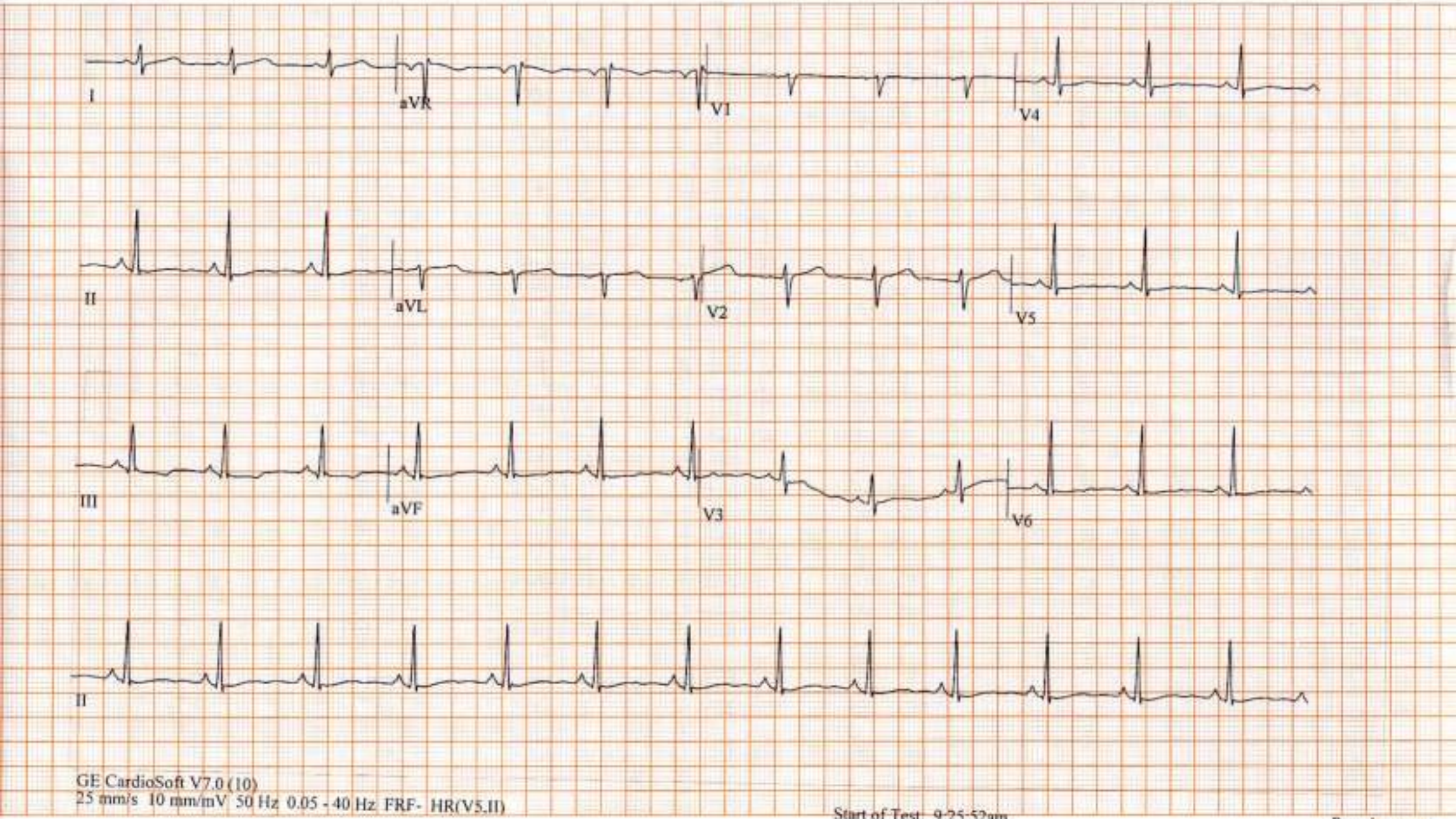
Exercise Test / 12-Lead Report

75 bpm
110/80 mmHg

PRETEST
STANDING
01:06

BRUCE
0.0 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

TREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:27:45am 34 yrs

Exercise Test / Linked Medians

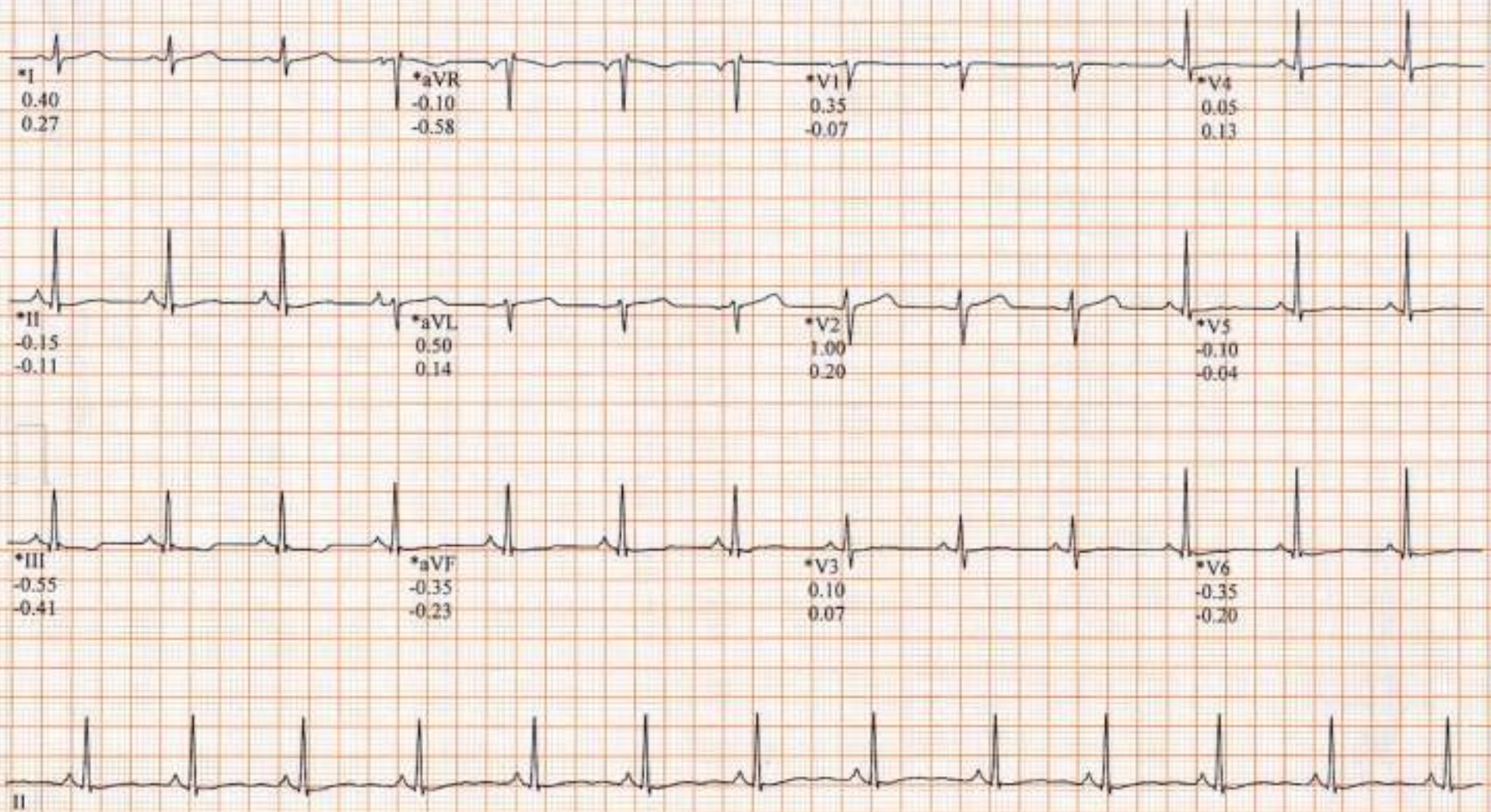
78 bpm
110/80 mmHg

PRETEST
WARM-UP
01:51

BRUCE
0.0 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

CREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:31:15am 34 yrs

Exercise Test / Linked Medians

129 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)

*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:34:15am 34 yrs

Exercise Test / Linked Medians

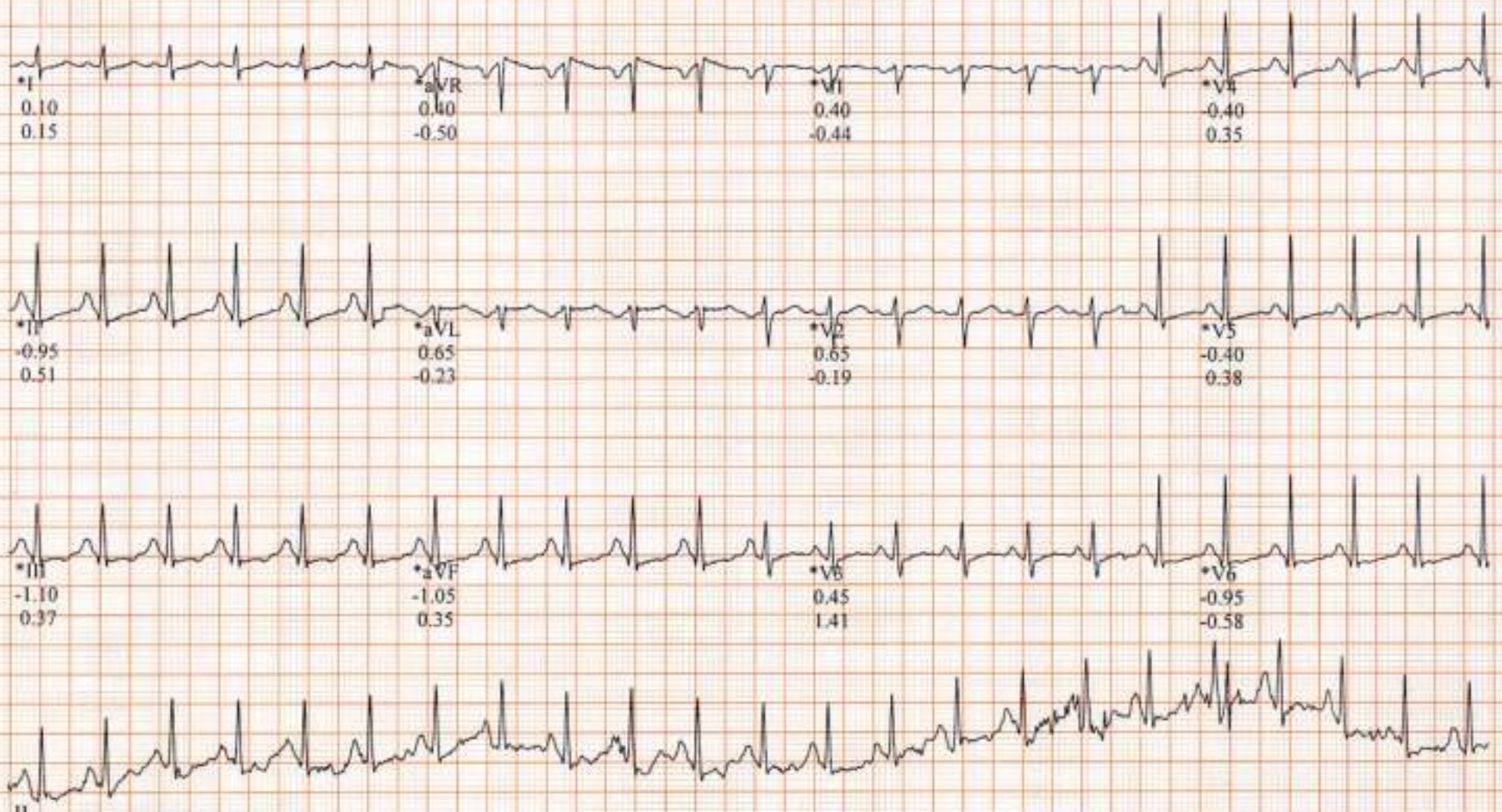
137 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5.II)

Start of Test: 9:25:52am

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:37:15am 34 yrs

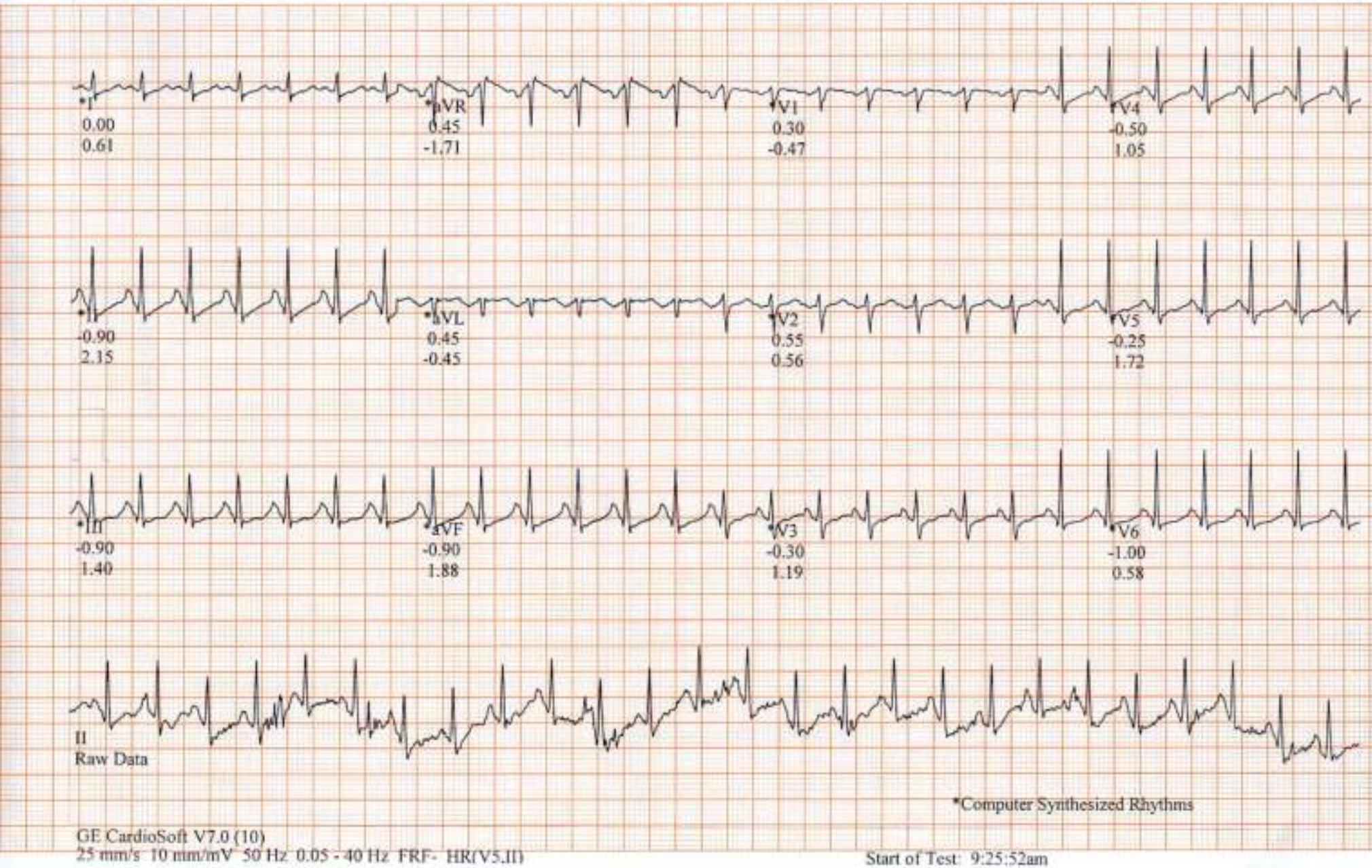
Exercise Test / Linked Medians

160 bpm
140/90 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.4 km/h
14.0 %

MEDALL DIAGNOSTICS, ADYAR



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

REATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:37:36am 34 yrs

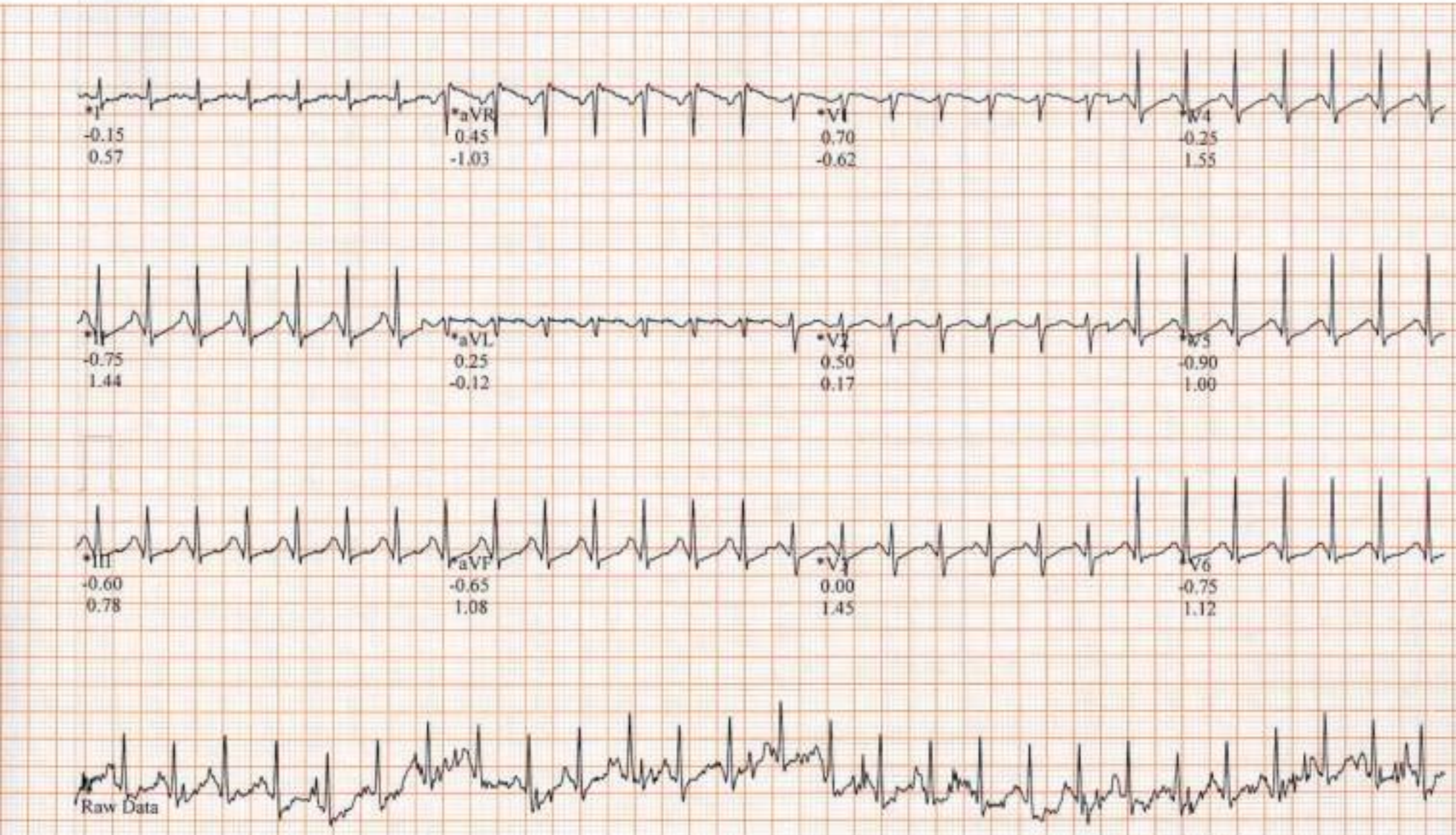
Exercise Test / Linked Medians (PEAK EXERCISE)

166 bpm

EXERCISE STAGE 4 09:11

BRUCE 6.7 km/h 16.0 %

MEDALL DIAGNOSTICS, ADYAR



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

BREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:38:26am 34 yrs

Exercise Test / Linked Medians

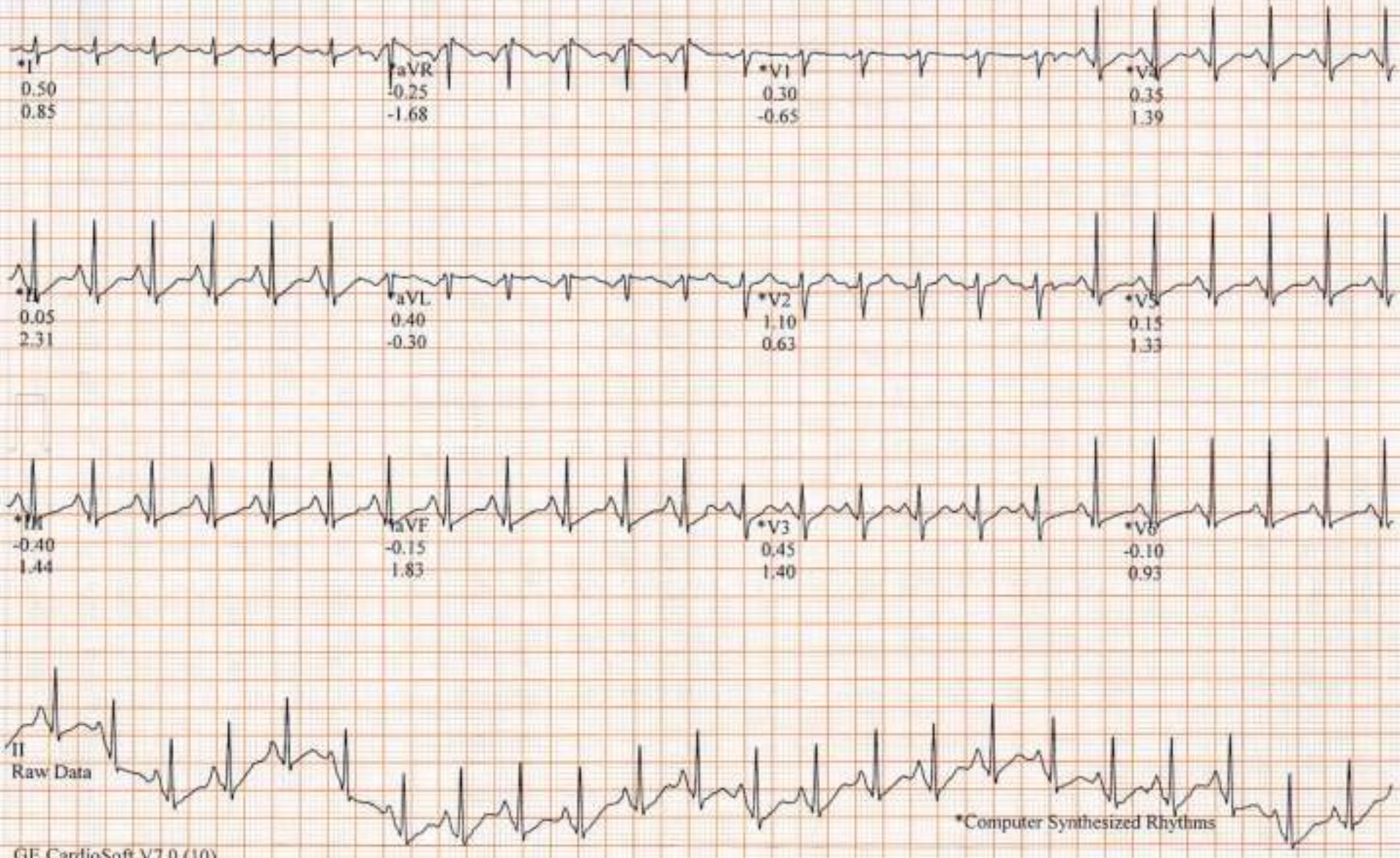
142 bpm

RECOVERY
#1
00:50

BRUCE
2.4 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

REATA

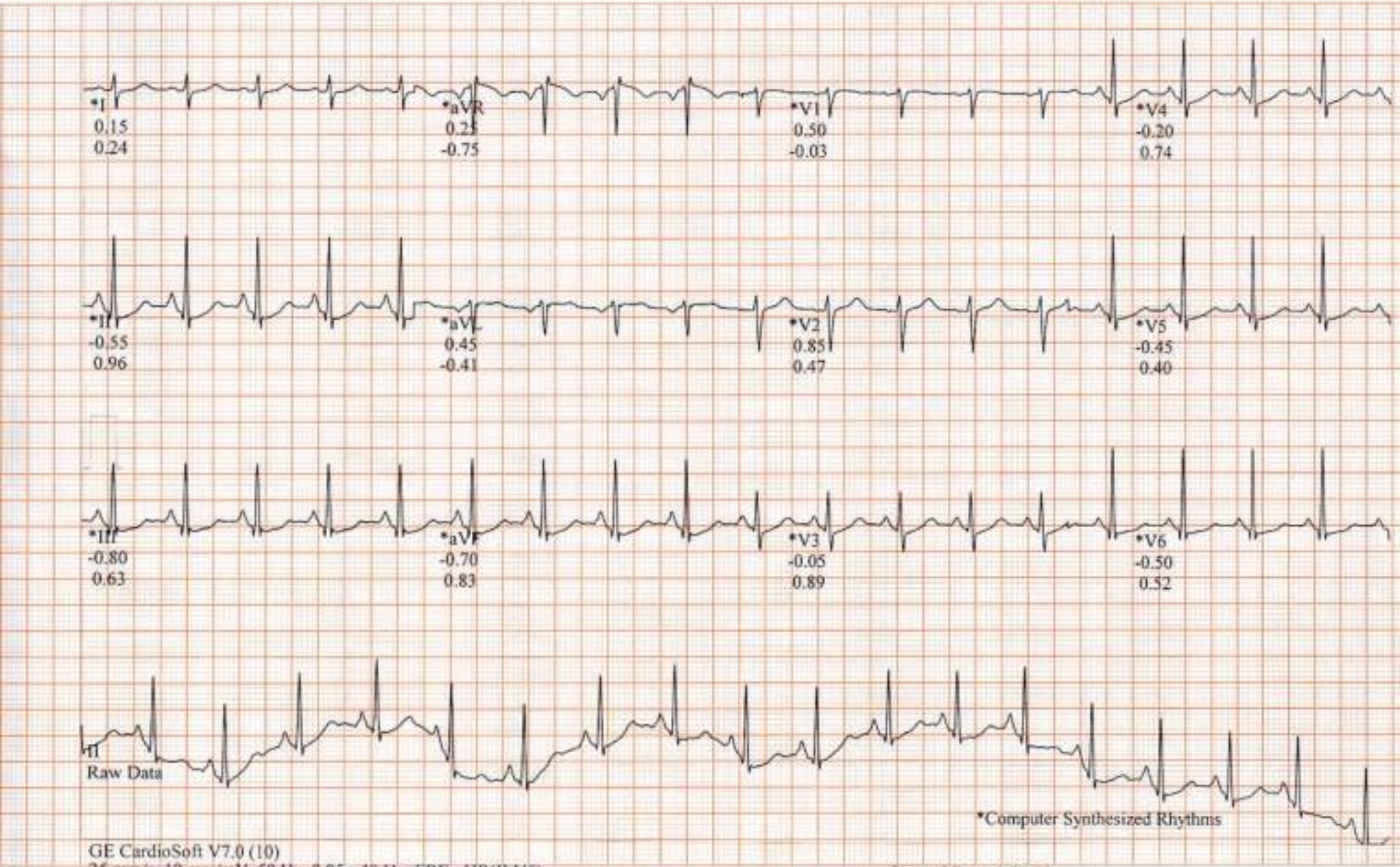
MRS RAJAPRIYA,
, Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:40:26am 34 yrs

Exercise Test / Linked Medians

	RECOVERY	BRUCE
109 bpm	#1	0.0 km/h
130/90 mmHg	02:50	0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

KREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:25:52am 34 yrs
Meds:

Test Reason: Screening for CAD
Medical History: Nothing specific

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Exercise Time 09:11
Max HR: 169 bpm 90 % of max predicted 186 bpm HR at rest: 82
Max BP: 140/90 mmHg BP at rest: 110/80 Max RPP: 23660 mmHg*bpm
Maximum Workload: 10.50 METS
Max. ST: -1.25 mm, 0.29 mV/s in III; EXERCISE STAGE 3 6:29
Arrhythmia: A:21, VBIG:7, PVC:64, PSVC:2, VTACH:1, RUN:2, CPLT:6
ST/HR index: 1.13 µV/bpm
ST/HR slope: 1.43 µV/bpm (II)
HR reserve used: 80 %
HR recovery: 30 bpm
VE recovery: 17 VE/min
ST/HR hysteresis: 0.081 mV (V3)
QRS duration: BASELINE: 88 ms, PEAK EX: 84 ms, REC: 86 ms
Reasons for Termination: Target heart rate achieved
Room:
Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp	VE [/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	00:04	0.00	0.00	1.0	83			0	-0.50	
	STANDING	01:29	0.00	0.00	1.0	77	110/80	8470	0	-0.60	
	HYPERV.	00:03	0.00	0.00	1.0	80		8800	0	-0.55	
	WARM-UP	00:55	1.60	0.00	1.6	94		10340	8	-0.45	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	126	130/80	16380	2	-0.70	
	STAGE 2	03:00	4.00	12.00	7.0	139	130/80	18070	6	-1.15	
	STAGE 3	03:00	5.40	14.00	10.0	162	140/90	22680	0	-1.00	
	STAGE 4	00:11	6.70	16.00	10.5	166		23240	0	-0.80	
RECOVERY		03:11	0.00	0.00	1.0	106	130/90	13780	0	-0.90	

MEDALL DIAGNOSTICS, ADYAR
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CHENNAI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS RAJAPRIYA,
Patient ID: MED111966804
Height: 155 cm
Weight: 74 kg

DOB: 09.06.1989
Age: 34 yrs
Gender: Female
Race:

Study Date: 25.11.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
Nothing specific

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:04	0.00	0.00	83		
	STANDING	01:29	0.00	0.00	77	110/80	
	HYPERV.	00:03	0.00	0.00	80		
	WARM-UP	00:55	1.60	0.00	94		
EXERCISE	STAGE 1	03:00	2.70	10.00	126	130/80	
	STAGE 2	03:00	4.00	12.00	139	130/80	
	STAGE 3	03:00	5.40	14.00	162	140/90	
	STAGE 4	00:11	6.70	16.00	166		
RECOVERY		03:11	0.00	0.00	106	130/90	

The patient exercised according to the BRUCE for 9:11 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 82 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg , rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Work done 10.50 METS
Negative for Inducible Ischaemic
and arrhythmias

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Conclusions

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Physician _____ Technician _____

Prof. Dr. N. Subramanian
MD., DM, FRCP, FACC
Sr. Consultant Cardiologist
Reg. No.14978

Name	Mrs. RAJAPRIYA.R	ID	MED111966804
Age & Gender	34Y/F	Visit Date	Nov 25 2023 7:49AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression*: *No significant abnormality detected.

DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC MRI)
CONSULTANT RADIOLOGIST

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 9:27:05am
Female 155 cm 74 kg
34 yrs

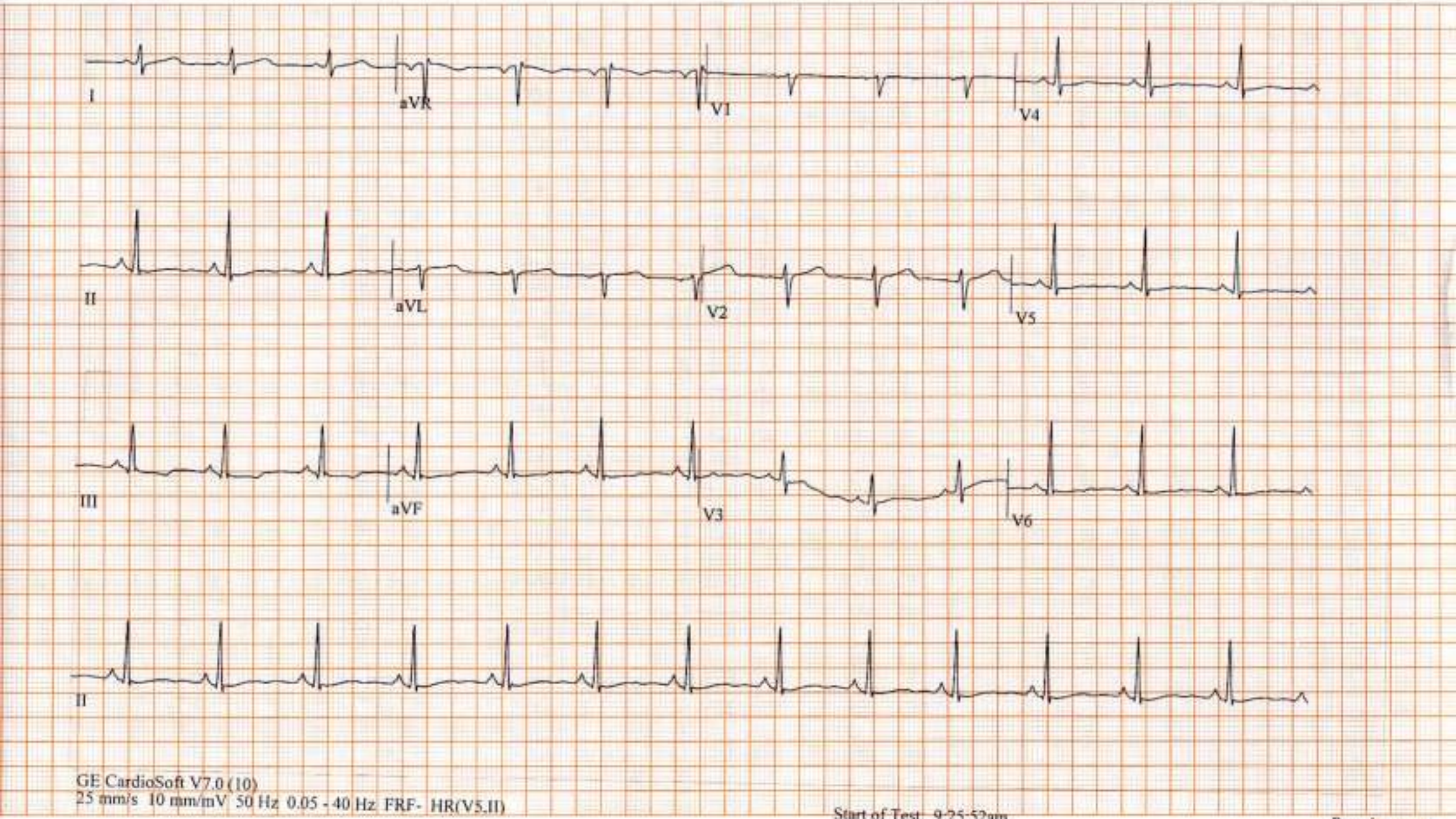
Exercise Test / 12-Lead Report

75 bpm
110/80 mmHg

PRETEST
STANDING
01:06

BRUCE
0.0 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

TREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:27:45am 34 yrs

Exercise Test / Linked Medians

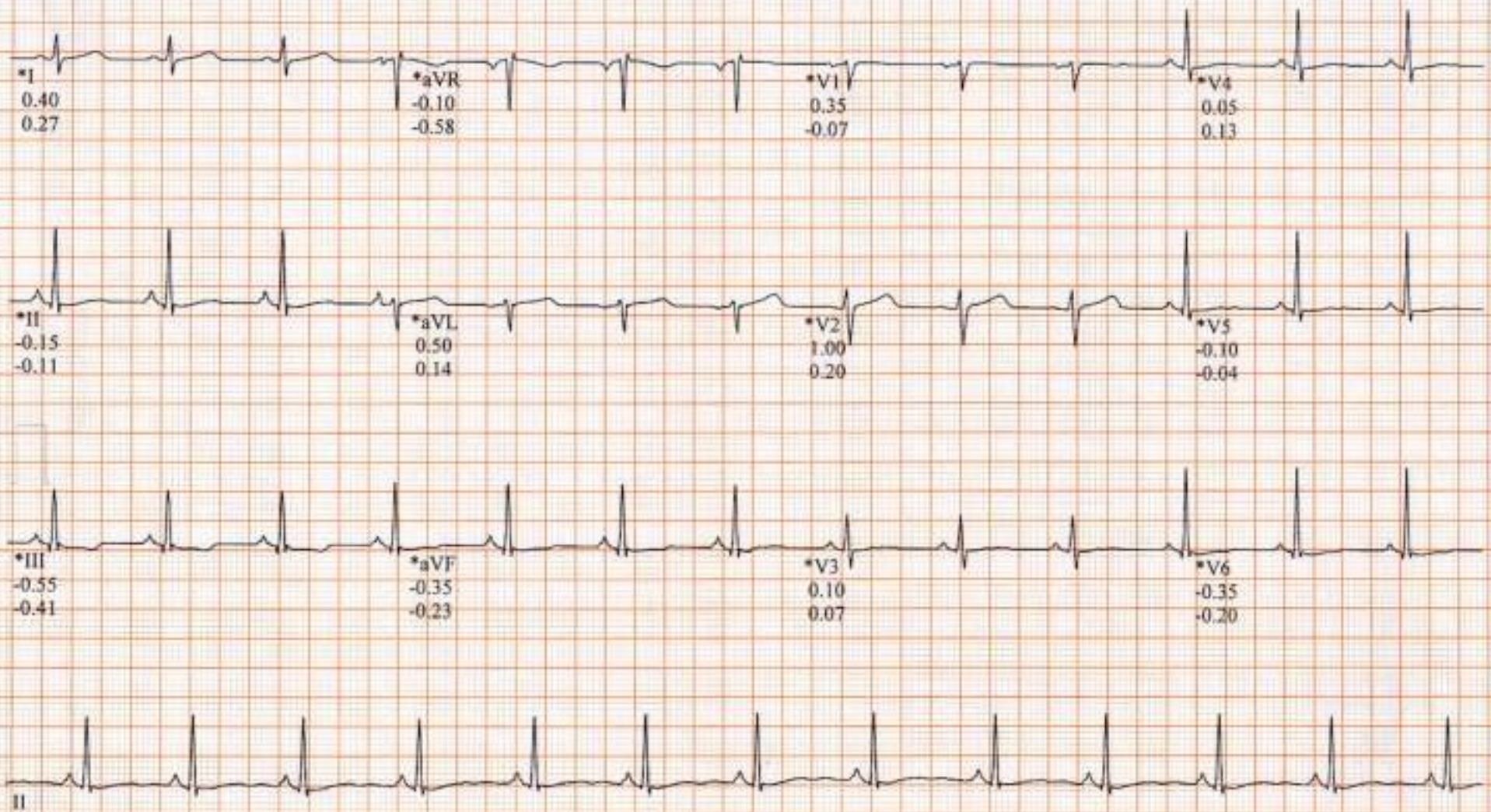
78 bpm
110/80 mmHg

PRETEST
WARM-UP
01:51

BRUCE
0.0 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

CREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:31:15am 34 yrs

Exercise Test / Linked Medians

129 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)

*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:34:15am 34 yrs

Exercise Test / Linked Medians

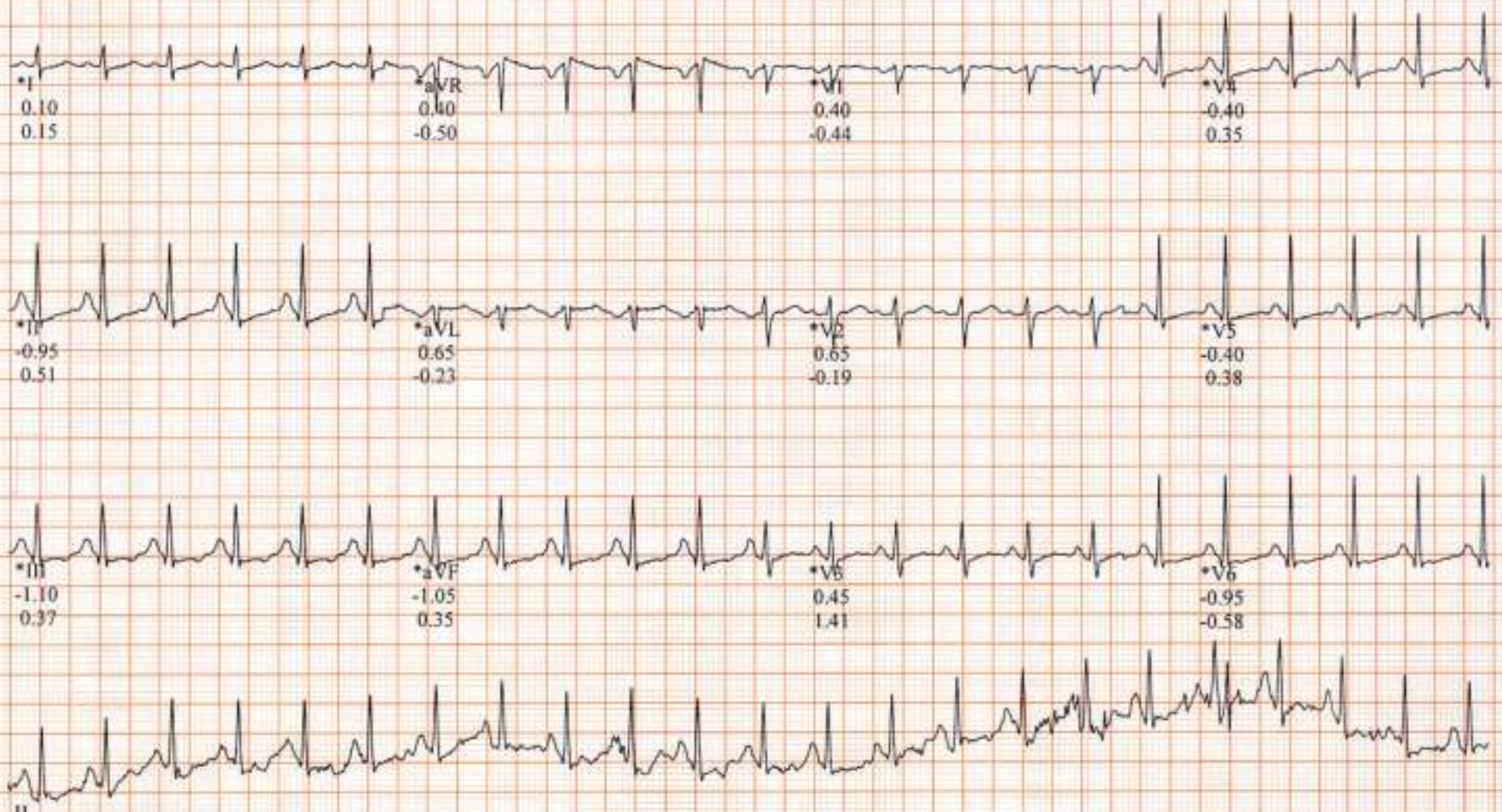
137 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5.II)

Start of Test: 9:25:52am

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:37:15am 34 yrs

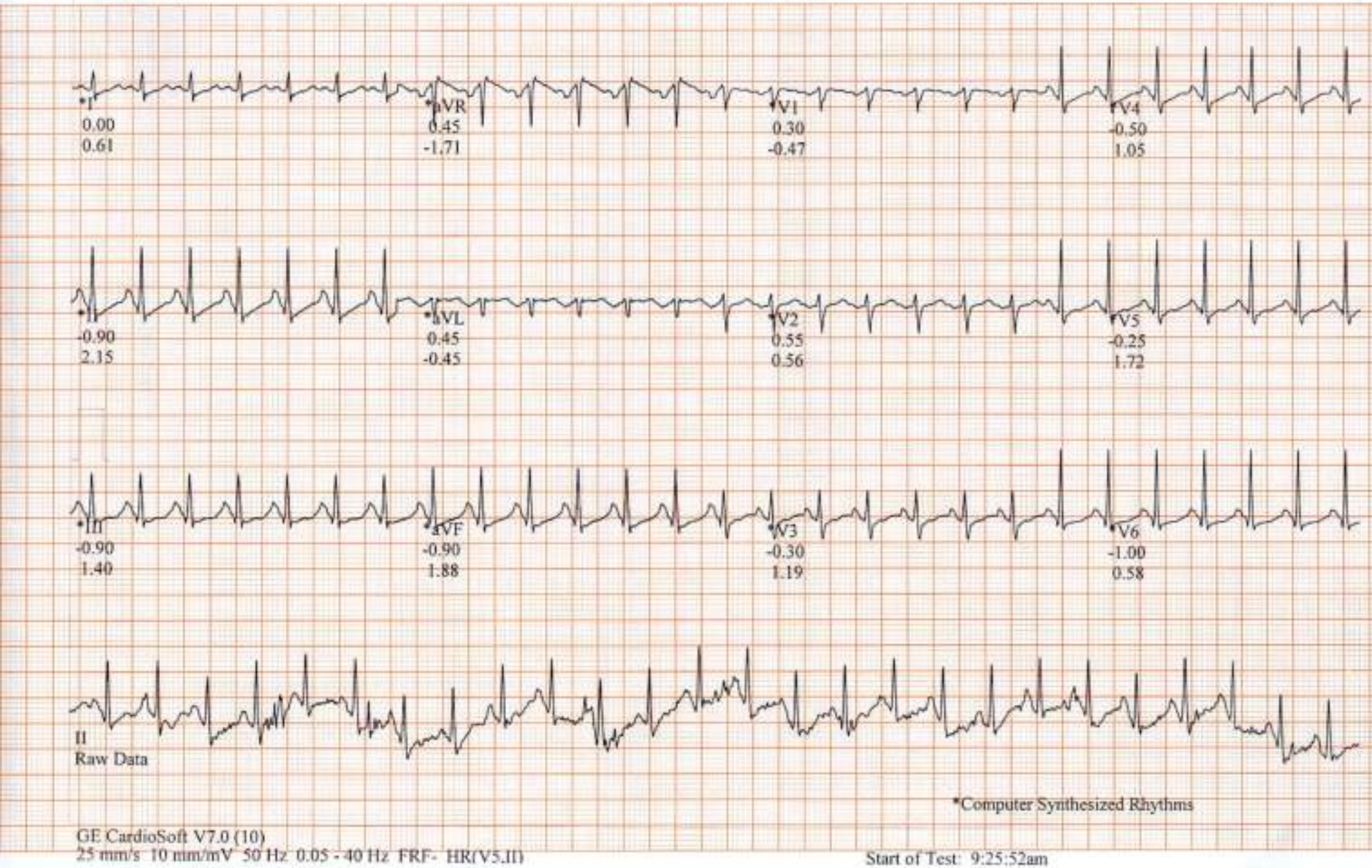
Exercise Test / Linked Medians

160 bpm
140/90 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.4 km/h
14.0 %

MEDALL DIAGNOSTICS, ADYAR



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

REATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:37:36am 34 yrs

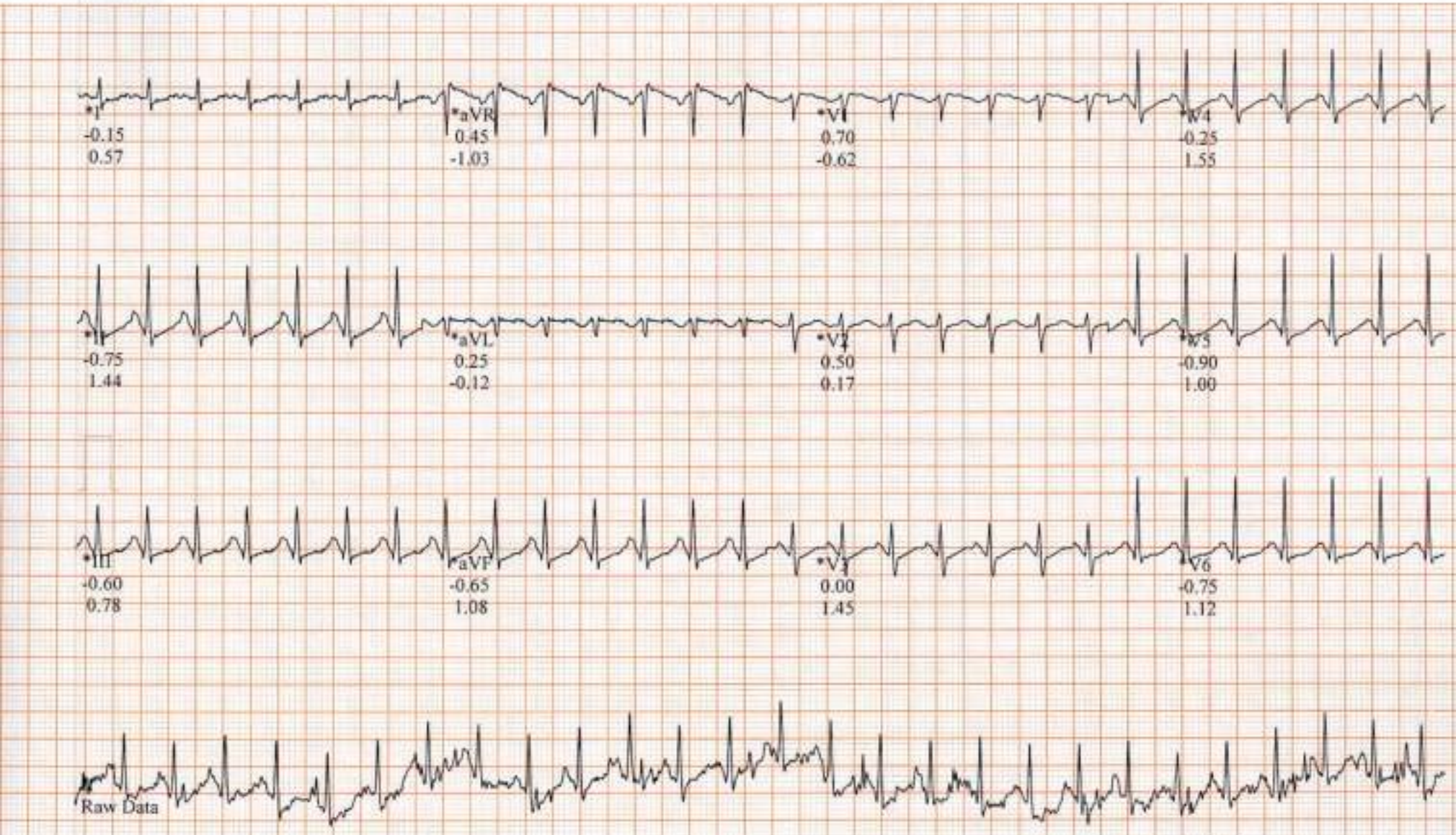
Exercise Test / Linked Medians (PEAK EXERCISE)

166 bpm

EXERCISE STAGE 4 09:11

BRUCE 6.7 km/h 16.0 %

MEDALL DIAGNOSTICS, ADYAR



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 9:25:52am

BREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:38:26am 34 yrs

Exercise Test / Linked Medians

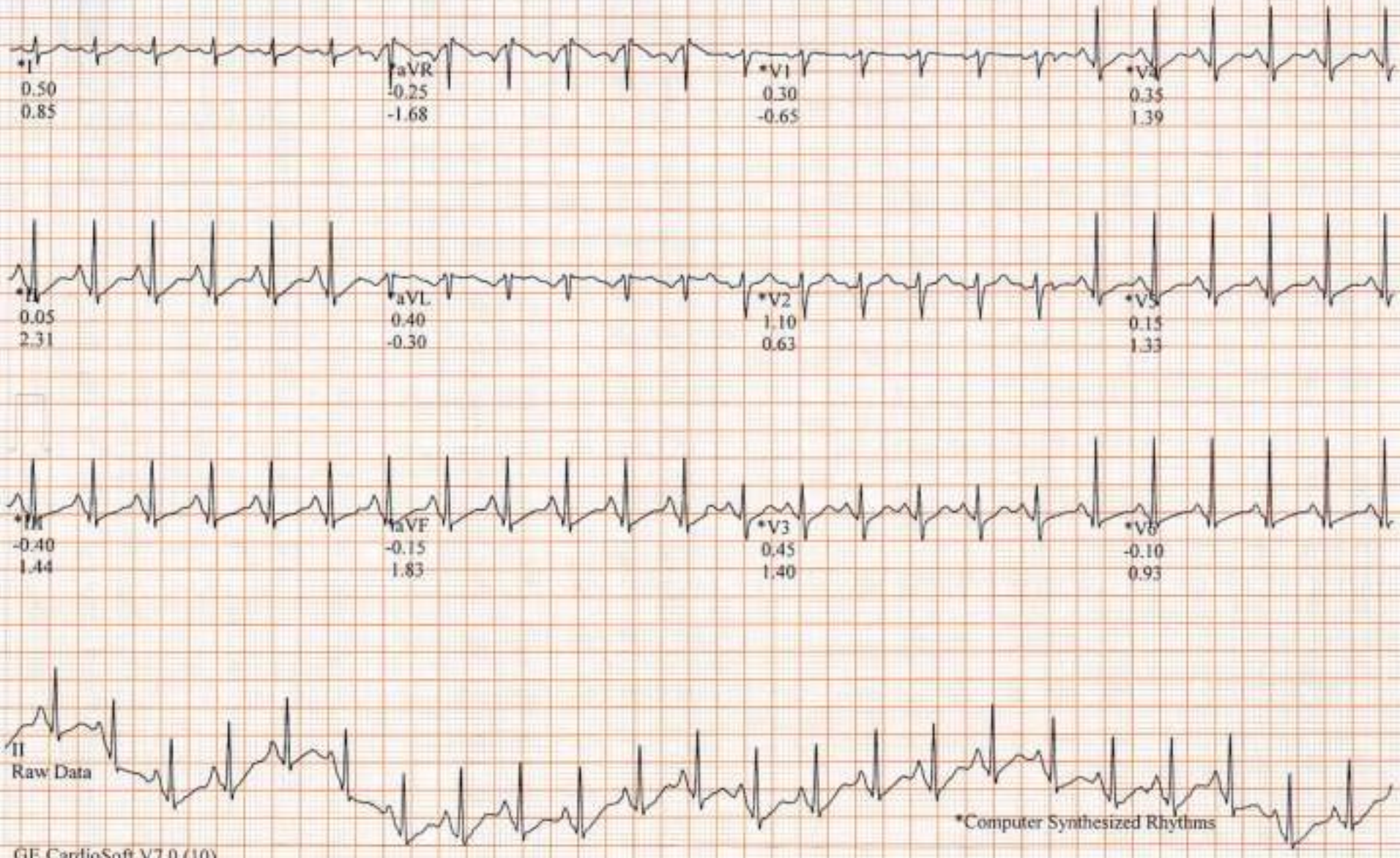
142 bpm

RECOVERY
#1
00:50

BRUCE
2.4 km/h
0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

REATA

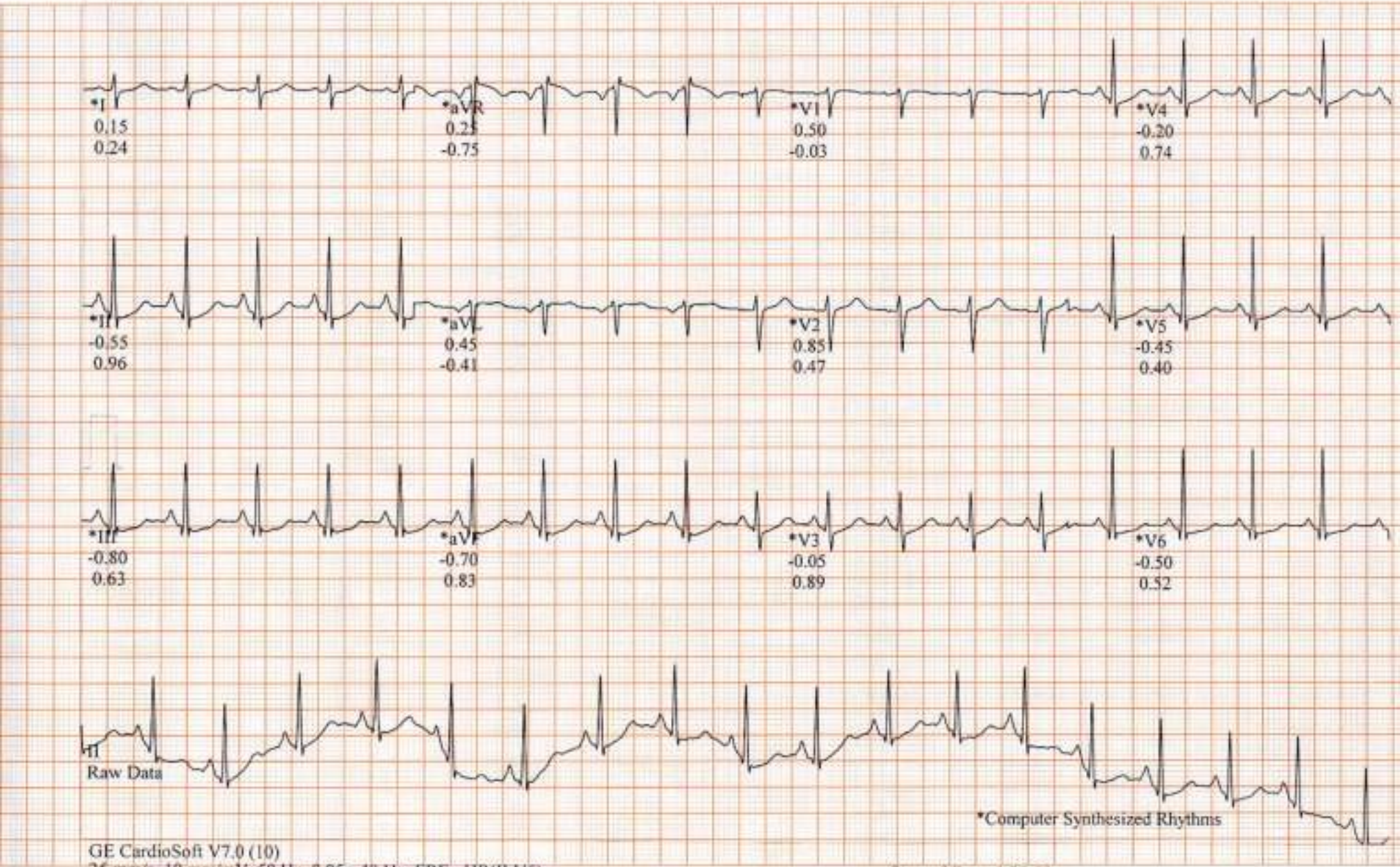
MRS RAJAPRIYA,
, Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:40:26am 34 yrs

Exercise Test / Linked Medians

	RECOVERY	BRUCE
109 bpm	#1	0.0 km/h
130/90 mmHg	02:50	0.0 %

MEDALL DIAGNOSTICS, ADYAR

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(II,V5)

Start of Test: 9:25:52am

KREATA

MRS RAJAPRIYA,
Patient ID: MED111966804
25.11.2023 Female 155 cm 74 kg
9:25:52am 34 yrs
Meds:

Test Reason: Screening for CAD
Medical History: Nothing specific

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Exercise Time 09:11
Max HR: 169 bpm 90 % of max predicted 186 bpm HR at rest: 82
Max BP: 140/90 mmHg BP at rest: 110/80 Max RPP: 23660 mmHg*bpm
Maximum Workload: 10.50 METS
Max. ST: -1.25 mm, 0.29 mV/s in III; EXERCISE STAGE 3 6:29
Arrhythmia: A:21, VBIG:7, PVC:64, PSVC:2, VTACH:1, RUN:2, CPLT:6
ST/HR index: 1.13 µV/bpm
ST/HR slope: 1.43 µV/bpm (II)
HR reserve used: 80 %
HR recovery: 30 bpm
VE recovery: 17 VE/min
ST/HR hysteresis: 0.081 mV (V3)
QRS duration: BASELINE: 88 ms, PEAK EX: 84 ms, REC: 86 ms
Reasons for Termination: Target heart rate achieved
Room:
Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp	VE [/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	00:04	0.00	0.00	1.0	83			0	-0.50	
	STANDING	01:29	0.00	0.00	1.0	77	110/80	8470	0	-0.60	
	HYPERV.	00:03	0.00	0.00	1.0	80		8800	0	-0.55	
	WARM-UP	00:55	1.60	0.00	1.6	94		10340	8	-0.45	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	126	130/80	16380	2	-0.70	
	STAGE 2	03:00	4.00	12.00	7.0	139	130/80	18070	6	-1.15	
	STAGE 3	03:00	5.40	14.00	10.0	162	140/90	22680	0	-1.00	
	STAGE 4	00:11	6.70	16.00	10.5	166		23240	0	-0.80	
RECOVERY		03:11	0.00	0.00	1.0	106	130/90	13780	0	-0.90	

MEDALL DIAGNOSTICS, ADYAR
--
CHENNAI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS RAJAPRIYA,
Patient ID: MED111966804
Height: 155 cm
Weight: 74 kg

DOB: 09.06.1989
Age: 34 yrs
Gender: Female
Race:

Study Date: 25.11.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
Nothing specific

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:04	0.00	0.00	83		
	STANDING	01:29	0.00	0.00	77	110/80	
	HYPERV.	00:03	0.00	0.00	80		
	WARM-UP	00:55	1.60	0.00	94		
EXERCISE	STAGE 1	03:00	2.70	10.00	126	130/80	
	STAGE 2	03:00	4.00	12.00	139	130/80	
	STAGE 3	03:00	5.40	14.00	162	140/90	
	STAGE 4	00:11	6.70	16.00	166		
RECOVERY		03:11	0.00	0.00	106	130/90	

The patient exercised according to the BRUCE for 9:11 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 82 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg , rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Work done 10.50 METS
Negative for Inducible Ischaemic
and arrhythmias

--

Conclusions

--

Physician _____ Technician _____

Prof. Dr. N. Subramanian
MD., DM, FRCP, FACC
Sr. Consultant Cardiologist
Reg. No.14978