

Ms. NISHTHA VASHISTH (30 /F)

UHID

AHIL.0000856688

AHC No

AHILAH202467

Date

30/03/2023

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

Namaste Ms. NISHTHA VASHISTH,

Thank you for choosing Apollo ProHealth, India's first Al-powered health management program, curated to help you make positive health shifts. Being healthy is about making smart choices, and you have taken the first step with this program. We are privileged to be your healthcare partner. Your health is our priority.

We are with you on your path to wellness by:

Predicting your risk: Artificial Intelligence-powered predictive risk scores are generated, based on your personal, medical, and family history and detailed multi-organ evaluation of your body through diagnostic and imaging tests.

Preventing onset or progress of chronic lifestyle diseases: Your Health Mentor is available to help you understand your physician's recommendations and helping you handle any concerns (complimentary service up to one year)

Overcoming barriers to your wellbeing: Your Health Mentor will help you set your health goals and guide you with tips to stay on track. We will also, digitally remind you to proactively prioritize your health.

Through this report, you will be able to understand your overall health status, your health goals and the recommendations for your path to wellness. Your Health Report will include the following:

- Your medical history and physical examination reports
- Results from your diagnostic and imaging tests
- Al powered health risk scores
- Your physician's impression and recommendations regarding your overall health
- Your personalized path to wellness, including your follow-up assessments and vaccinations



We have reviewed the results of the tests and have identified some areas for you to act on . We believe that with focus and targeted interventions, you can be healthier and happier.

Scarthe QR code to download the Apollo 247 App



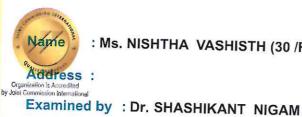
You can visit your proHealth physician in person at this center, or you can book a virtual consultation for review via www.apollo247.com or through the Apollo 24*7 mobile app. You can avail 30% discount on additional tests and follow-up tests at Apollo Hospitals within one week. You may call your Health Mentor on 04048492633 or email at prohealthcare@apollohospitals.com

Stay Healthy and happy! © Apollo ProHealth Care team

Disclaimer: The services offered in the program may vary depending on any prior mutual agreements between guests and the facility/unit.

For Enquiry/Appointments Contact +91 76988 15003 / +91 79 66701880

The Emergency Specific 1995



: Ms. NISHTHA VASHISTH (30 /F)

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

Date



UHID

: AHIL.0000856688

AHC No : AHILAH202467

Chief Complaints

For Annual health checkup No specific complaints



Systemic Review

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Gynaec history

- Nil Significant

Central nervous system

- Nil Significant

Eyes

- Nil Significant

:

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant

General symptoms

- Nil Significant



Past medical history

Do you have any

allergies?

Do you have any drug - No

allergies?



Surgical history

Caesarian section

- 2019 & 2022

Fracture

- LEFT ELBOW



Personal history

Page 3 of 12





MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

Date AHC No

Organization is Appelited by Joint Commission Librard City

- Indian Asian

Marital status

Married

No. of children

- 2

Female

1

Male

Diet

Vegetarian

Alcohol

does not consume alcohol

UHID : AHIL.0000856688

Smoking

No

Chews tobacco

No

Physical activity

- Moderate

Family history

Father

- alive

Aged

55

Mother

alive

Aged

52 2

Brothers Diabetes

mother

none

Hypertension

father, mother

Coronary artery

disease

Cancer

None

Physical Examination



General

General appearance

- normal

Build

- normal

Height

- 161

Weight

- 60.5

BMI

- 23.34

Pallor

- No

Oedema

- no



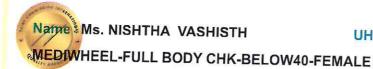
Cardiovascular system

Heart rate (Per minute)

- 71

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UHID : AHIL.0000856688

Date AHC No

Organization is Ascredible by Joint Commission Villayetham

- Regular

- B.P. Supine

Systolic(mm of Hg)

- 124

Diastolic(mm of Hg)

- 86

Heart sounds

- S1S2+

Respiratory system

Breath sounds

- Normal vesicular breath sounds

Abdomen

Organomegaly

- No

Tenderness

- No

Printed By:

MUKTA S ADALTI

Page 5 of 12

Apollo Hospitals - City Centre (NON MORH-JO)
India.
1, Tulsibaug Society, Nr. Parimal Garden, Ahmedaad.
1843
Phone: +91 79 66305800 / 01 or +91 76988 15148
E-mail: infoahcc@apolloahd.com
For online appointment: www.askapollo.com
Keep the records carefully and bring them along during your next visit to our Hospital

Organization is Accredited by Joint Commission Independent FOR ROUTINE EXAMINATION

Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

| Test Name | Result | Unit | Level | Range | | | |
|------------------|-------------|---------|-------|---------|--|--|--|
| Volume | 25 | mL | | | | | |
| Specific Gravity | 1.005 | | | | | | |
| Colour: | Pale-Yellow | | | | | | |
| Transparency: | Clear | | | | | | |
| На | 7 | | | | | | |
| Protein: | Nil | | | | | | |
| Sugar: | Nil | | | | | | |
| Blood: | Negative | | | | | | |
| Ketone | Absent | | | | | | |
| Bile Pigments: | Absent | | | | | | |
| Urobilinogen | Nil | E.U./dL | | | | | |
| Nitrite | Negative | | | | | | |
| Pus Cells | Occassional | | | 0-5 | | | |
| RBC | Nil | /hpf | | 0-5/hpf | | | |
| Epithelial Cells | 1-2 /h.p.f | | | | | | |
| Casts: | Absent | | | | | | |
| Crystals: | Absent | | | | | | |
| | | | | | | | |

COMPLETE BLOOD COUNT WITH ESR

| Test Name | Result | Unit | Level | Range |
|--------------------------------------|--------|------------|-------|------------|
| Hemoglobin (Photometric Measurement) | 11.5 * | gm% | | 12-16 |
| Packed cell volume(Calculated) | 34.9 * | % | | 36-46 |
| RBC COUNT (Impedance) | 3.83 | Million/ul | | 3.8-5.2 |
| MCV (From RBC Histogram) | 91 | fl | | 80-100 |
| MCH(Calculated) | 29.95 | pg | | 27-32 |
| MCHC(Calculated) | 32.9 | % | | 31-36 |
| RDW(Calculated) | 14 | % | | 11.5-14.5 |
| WBC Count (Impedance) | 5296 | /cu mm | | 4000-11000 |
| | | | | |

Within Normal Range

Borderline High/Low



Out of Range

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UHID : AHIL.0000856688

Date AHC No CAMILAH 202467

| Omanizatio | n is Accredited | | | | AHC No AHILAH 2024 |
|---------------|---|----------------|-----------|-------|--------------------|
| by Joint Comm | riscontribution of the second | 49 | % | • | 40-75 |
| | Lymphocytes | 43 * | % | | 20-40 |
| | Monocytes | 6 | % | | 2-10 |
| | Eosinophils | 2 | % | | 01-06 |
| | Basophils | 0 | % | | 0-1 |
| | Platelet Count (Impedance) | 250500 | /cu mm | | 150000-450000 |
| | MPV (Calculated) | 8.9 | fl | | 7-11 |
| | RBC: | Anemia | | | 2.0 |
| | WBC: | As mentioned. | | | |
| | Platelets: | Adequate on t | he smear | | |
| | Parasite | No Parasites S | | | |
| | ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic– electronic) | 28 * | mm/1st hr | | 0-20 |
| | URINE GLUCOSE(FASTING) | | | | |
| | Test Name | Result | Unit | Level | Range |
| | Urine Glucose (Post Prandial) | Nil | | | |
| | URINE GLUCOSE(POST PRANDIAL) | | | | |
| | Test Name | Result | Unit | Level | Range |
| | Urine Glucose (Post Prandial) | Nil | | | |

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name Result Unit Range Level

BLOOD GROUP: A Positive

LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

| | The state of the s | | | |
|--|--|------|-------|-------------------------|
| Test Name | Result | Unit | Level | Range |
| ALT(SGPT) - SERUM / PLASMA | 16 | U/L | | 0-35 |
| ALKALINE PHOSPHATASE - SERUM/PLASMA | 74 | U/L | | Adult(Female): 35 - 104 |

Within Normal Range

Borderline High/Low

Out of Range

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Organizati by Joint Comm

UHID : AHIL.0000856688

Date AHC No AHILAH202467

| EDWHEEL-FI | JLL BODY | CHK-BEL | OW40-FEMALE |
|--------------|-----------------|---------|------------------------|
| To again the | | O C DEE | O A A A O O I LIAIW LE |

| | | | Apono |
|-------|---------------|---------------------------|--|
| 16 | U/L | | >1 year Female : <32 |
| 0.471 | mg/dL | • | 0.300-1,200 |
| 0.17 | mg/dL | | Upto 0.3 mg/dl |
| 0.3 | mg/dL | • | 1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL ≥20 Years 0.2-1.2 mg/dL |
| | 0.471 0.17 | 0.471 mg/dL 0.17 mg/dL | 0.471 mg/dL • 0.17 mg/dL • |

CREATININE - SERUM / PLASMA

| Test Name | Result | Unit | Level | Range |
|-----------------------------|--------|-------|-------|-------------------------|
| CREATININE - SERUM / PLASMA | 0.58 | mg/dL | | Adult Female: 0.5 - 1.2 |

Result

LFT (LIVER FUNCTION TEST)

Test Name

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

Level

Range

| GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM | 11 | U/L | | Male : 10 - 71 Female : 6 - 42 | | | |
|---|----------|-------|-------|---|--|--|--|
| GLUCOSE - SERUM / PLASMA (| FASTING) | | | 7 5 112 | | | |
| Test Name | Result | Unit | Level | Range | | | |
| Glucose - Plasma (Fasting) | 98 | mg/dL | • | 70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus | | | |
| GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS | | | | | | | |

| Test Name | Result | Unit | Level | Range | |
|--|--------|-------|-------|--------|--|
| Glucose - Plasma (Post Prandial) | 105 | mg/dL | | 70-140 | |
| GLYCOSYLATE HEMOGLOBIN (HBA1C) - WHOLE BLOOD | | | | | |

| Test Name | Result | Unit | Level | Dongs |
|-----------|--------|-------|-------|-------|
| | | OIIIL | Level | Range |



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%

Organization is Acceptated on Sylvated Hemoglobin (HbA1c)

5.2

Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus < 7.0 : Well Controlled Diabetes 7.1 - 8.0 : Unsatisfactory Control

> 8.0 : Poor Control & Needs Immediate

Treatment

Estimated Average Glucose.

102

LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment. **Test Name**

| | Test Name | Result | Unit | Level | Range |
|------|---|--------------|---------|--------|--|
| | PROTEIN TOTAL - SERUM / PLASMA | 7.19 | g/dL | | 6.00-8.00 |
| | PROTEIN TOTAL - SERUM / PLASMA | 7.19 | g/dL | | 6.00-8.00 |
| | ALBUMIN - SERUM | 4.3 | g/dL | | Adult(18 - 60 Yr): 3.5 - 5.2 |
| | ALBUMIN - SERUM | 4.3 | g/dL | | |
| | Globulin-Serum/Plasma | 2.9 | | | Adult(18 - 60 Yr): 3.5 - 5.2 2.20-4.20 |
| | Globulin-Serum/Plasma | 2.9 | | | 2.20-4.20 |
| | A/G ratio | 1.00 | | | 1.00-2.00 |
| | A/G ratio | 1.00 | | | 1.00-2.00 |
| | THYROID PROFILE (T3,T4 AND TSH | n | | | 1.00-2.00 |
| | Test Name | Result | Unit | Level | Range |
| | TOTAL T3: TRI IODOTHYRONINE - SERUM | 1.9 | nmol/L | • | Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female : First Trimester : 1.61 - 3.53 Second Trimester : 1.98 - 4.02 Third Trimester : 2.07 - 4.02 |
| | TOTAL T4: THYROXINE - SERUM | 84 | nmol/L | | Adults(20-100 Yrs):66 - 181 Pregnant Female : First Trimester : 94.3 - 190 Second Trimester : 102 - 207 Third Trimester : 89 - 202 |
| H | TSH: THYROID STIMULATING HORMONE - SERUM | 1.01 | μIU/mL | • | 14-120 years : 0.27 - 4.20 |
| Pago | Within Normal Range 9 of 12 | Borderline H | igh/Low | Out of | Range |





Organization is Accredited by Joint Commission International ACID - SERUM

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

| Test Name | Result | Unit | Level | Range |
|--|--------|-------|-------|---|
| URIC ACID - SERUM | 5.0 | mg/dL | | Male : 3.4-7.0 Female : 2.4-5.7 |
| BUN (BLOOD UREA NITROGEN) | | | | |
| Test Name | Result | Unit | Level | Range |
| BUN (BLOOD UREA NITROGEN) | 6 | mg/dL | | 6-20 |
| UREA - SERUM / PLASMA | 15 | mg/dL | | 15 - 50 |
| LIPID PROFILE - SERUM | | | | |
| Test Name | Result | Unit | Level | Range |
| Total Cholesterol | 131 | mg/dl | • | 0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High |
| Triglycerides - Serum | 47 | mg/dL | | 0-150 |
| HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric) | 47 * | mg/dL | | < 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease |
| LDL Cholesterol (Direct LDL) | 82 | mg/dL | | 100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High |
| VLDL CHOLESTEROL | 9 | | | < 40 mg/dl |
| C/H RATIO | 3 | | | 0-4.5 |
| | | | | |

X-RAY CHEST PA

X-ray imaging create pintures of the inside of your body. Chest X-ray can reveal abnormalities in the lungs, the heart, and bones that sometimes cannot be detected by examination.

NORMAL STUDY.



Within Normal Range



Borderline High/Low



Out of Range

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UHID : AHIL.0000856688

Organization is Acquedited by Joint Commission Intelligent Englations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

Histopathology

CONVENTIONAL PAP SMEAR /CERVICAL SMEAR

CARDIOLOGY

ECHO/TMT

ECG

Within Normal Range



Borderline High/Low



Out of Range

Page 11 of 12



Organization is Accredited by Joint Commission Internation

Executive Summary



.BODY WEIGHT 60.5 KG, DEAL BODY WEIGHT 49-59 KG .ECG - NORMAL SINUS RHYTHM

.TMT — TEST IS NEGATIVE, EXERCISE TIME 8:05 , WORKLOAD 10.10 METS .USG ABDOMEN - RIGHT KIDNEY IS NOT SEEN IN RIGHT RENAL FOSSSA BUT SEEN IN PERIUMBILICAL REGION ON RIGHT SIDE SUGGESTIVE OF ECTOPIC KIDNEY .CHEST X-RAY - NORMAL

.EYE - NORMAL

.DENTAL - AS PER DOCTOR ADVICE

Wellness Prescription

Advice On Diet :-



BALANCED DIET---LOW FAT DIET LOW CARBOHYDRATE DIET

Advice On Physical Activity :-



REGULAR WALK FOR 30 MINS FOR HEALTH, 60 MINS WALK FOR WEIGHT REDUCTION PRACTICE YOGA AND MEDITATION MAINTAIN WEIGHT BETWEEN 49-59 KG

Printed By : MUKTA S ADALTI

AHC Physician / Consultant Internal Medicine

Dr. Shashikant Nigam MBBS, MD (Gen. Med.) Consultant Internal Medicine Apollo Hospitals International Ltd., Gandhinagar, Gujarat-382428, INDIA, Regd. No.: G-21951

Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required to cases







RADIOLOGY

Patient Details : Ms. NISHTHA VASHISTH | Female | 30Yr 11Mth 12Days

UHID : AHIL.0000856688

Patient Location: AHC

Patient Identifier: AHILAH202467

DRN

223017943

Completed on:

30-MAR-2023 10:07

Ref Doctor

DR. SHASHIKANT NIGAM

USG WHOLE ABDOMEN

FINDINGS:

Liver appears normal in size and shows uniform normal echotexture. No evidence of focal or diffuse pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in calibre. Intrahepatic portal radicles appear normal.

Gall bladder appears normal with no evidence of calculus. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized Head and body of pancreas appear normal in size and echotexture. No focal lesions identified. Pancreatic duct appears normal in caliber.

Spleen measures 10 cms and shows uniform echotexture.

Right kidney is not seen in right renal fossa but seen in periumbilical region on right side suggestive of ectopic kidney.

Right kidney measures 9.4 x 3.7 cm

Left kidney measures 10.1 x 5.2 cm

Both kidneys show normal echopattern with good corticomedullary differentiation .Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or lymphadenopathy.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Uterus is anteverted and appears normal in size and echotexture. No focal lesion is seen. Myometrial and endometrial echopattern appear normal. Endometrial thickness is 13 mm.

Printed on:

30-Mar-2023 15:02

Printed By: 107575

Reported By: 71787

Page 1 of 2









Ms. NISHTHA VASHISTH

AHIL.0000856688

AHILAH202467

USG WHOLE ABDOMEN

Both ovaries are normal in size and echopattern.

No free fluid is seen in Pouch Of Douglas.

No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION:

Right kidney is not seen in right renal fossa but seen in periumbilical region on right side suggestive of ectopic right kidney.

END OF THE REPORT -

& S. Posmoe

SIDDHARTH S PARMAR

Medical Officer

Printed on:

30-Mar-2023 15:02

Printed By:

1075754

Reported By:

Page 2 of 2







RADIOLOGY

Patient Details : Ms. NISHTHA VASHISTH | Female | 30Yr 11Mth 12Days

UHID : AHIL.0000856688

Patient Location: AHC

Patient Identifier: AHILAH202467

DRN :

123041764

Completed on:

30-MAR-2023 09:37

Ref Doctor

DR. SHASHIKANT NIGAM

X-RAY CHEST PA

FINDINGS:

Lung fields are clear.

Cardio thoracic ratio is normal.

Both costophrenic angles are clear.

Domes of diaphragm are well delineated.

Bony thorax shows no significant abnormality.

IMPRESSION

NORMAL STUDY.

- END OF THE REPORT -

AKSHAY SHARMA

Medical Officer

Printed on:

30-Mar-2023 15:02

Printed By: 1075754

Reported By:

717876

Page 1 of 1







Place Label Here

856688

If label not available, write Pt, Name, IP No/UHID, Age, Sex, Date, Name of Treating Physician

| Total Cives | | | | Age, Sex, Date, Name of Treating Physician | | |
|-------------------------------|---------------------|----------------|------------------|--|--|--|
| DENTISTRY | | | | All of the building the same of the | | |
| Name: NIX Che | | Date : | | Unit No. : | | |
| Occupation : | | 1 | Ref. Physician : | | | |
| Age : Sex : Male Female | | | Copies to : | | | |
| | DENTAL | RECOR | RD | | | |
| ALLERGIES: | | - | | | | |
| PAIN : Score (0-10) Lo | ocation : | | Ch | aracter: | | |
| | . = | vice nger | Occ | asionally | | |
| OWNER CONTRACT | | wder | Stice Any | other | | |
| DO THE GUMS BLEED WHEN YOU | BRUSH YOUR TEETH | 1 ? | Yes | No | | |
| ARE YOUR TEETH SENSITIVE TO I | HEAT / COLD? | | Yes | No | | |
| ORAL HYGIENE | 2 | | Good | Fair Poor | | |
| ORAL TISSUE EXAMINATION | PERIODONTAI | L EXAMIN | IATION | OCCLUSION | | |
| NORMAL FINDINGS IN DISEASE | | | MOD SEV | CLASS I II III CROSSBITE | | |
| Lips : / | Gingivitis | | | Hypoplasia | | |
| Cheeks : / | Calculus | | 닉 님 | Impaction | | |
| Tongue : | | | 닉 닏ㅣ | Non-vital | | |
| Floor of the mouth: | | | 닉닏ㅣ | Fracture | | |
| Palate : | Periodontal Pockets | | | Abcess | | |
| Tonsilar Area : KA | Attrition | | | Ulcers Caries - \$18 | | |
| Any other : | Erosion | | | Missing Teeth | | |
| · . | Mobility | ПГ | コロー | Supernumerary 5 | | |
| | | 4 7 | | Others | | |
| PRESENT COMPLAINT: | Pouts Cl | dry) | | | | |
| e | | , | | | | |
| | ☐ HTN ☐ Thyroid | | | ancy | | |

AHMROP007V1



Place Label Here

If label not available, write Pt, Name, IP No/UHID, Age, Sex, Date, Name of Treating Physician

| + | 3 | |
|------|----|--------|
| | | |
| A | po | |
| TOUG | | PITALS |

| OBSTETE | RICS & GYNAECOL | LOGY - AHC |
|--|---------------------|--|
| Name : Ms. NIS VASHIS | 0000856688 SHTHA | Date: 3013123 Unit No.: Ref. Physician: Dn. Veurdeure Links Copies to: |
| Chief Compleint | GYNAEC | C CHECK UP |
| Chief Complaint: | ne, | L+0 |
| Children: 2, | 7270) | Weight: |
| Deliveries: 2 LS | CS | BP: |
| Last Child: Ful | 10 moners / Lscs. | |
| Abortions: Nove Periods: fegue LMP: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | n - 28 d | Previous Medical H/O: |
| G. Condition: | | FIHIO: HITW, DM. |
| P/A: Soft | 1 2 | Previous Surgical H/O: |
| S/E: | | Surgery for Left and forcuture |
| ervin: | : Could not be. | our word de year ago. |
| P/R: | feet hearing. | |
| mpression: | | |

Doctor Signature Date & Time 3013123



OPTHALMIC EXA

AHIL.0000856688

PRDS

Name:

UHID:

Ms. NISHTHA VASHISTH

Date: 30/3/23

30 Year(s) / Female

Distance Vision:

Right Eye -

616

Left Eye -

2/2

Near Vision:

Right Eye:

201

Left Eye:

2 CM

APLN.TN - Right Eye

R

Left Eve-

4 mmHg

No son e

Both Eye - Colour Vision

Normal

Both Eye - Anterior Segment Examinations -

Normal

Both Eye Posterior Segment Examinations -

Negron

Doctor's Signature

AHMROP028V1

Ophthalmologist Name

APOLLO HOSPITAL BHAT AHMEDABAD

Station Telephone:

EXERCISE STRESS TEST REPORT

DOB: 18.04.1992

Gender: Female

Referring Physician: --

Attending Physician: --

Technician: MS. KHUSHALI. C. SUCHAK

Age: 30 yrs

Race: Asian

Patient Name: VASHISTH, MS.NISHTA

Patient ID: 856688 Height: 161 cm Weight: 60,5 kg

Study Date: 30.03.2023

Test Type: --Protocol: BRUCE

Medications:

-

Medical History:

Reason for Exercise Test:

--

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed [mph] | Grade [%] | HR [bpm] | BP [mmHg] | Comment |
|-----------------------------|---|--|--|---|-------------------------------------|--|--|
| PRETEST EXERCISE RECOVERY | SUPINE STANDING STAGE 1 STAGE 2 STAGE 3 | 00:12 00:53 03:00 03:00 02:06 04:14 | 0.00 1.00 1.70 2.50 3.40 0.00 | 0.00 0.00 10.00 12.00 14.00 0.00 | 76 83 117 139 171 96 | 120/80 120/84 130/86 140/90 120/86 | 2:06 No symptoms 5:33 No symptoms 7:47 Fatigue 3:42 No symptoms |

The patient exercised according to the BRUCE for 8:05 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 75 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Fatigue, Target heart rate achieved.

Interpretation

- -

Conclusions

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT HIGH WORKLOAD.
NORMAL HR AND NORMAL BP RESPONSE.
NO ANGINA // ARRHYTHMIA DUIRNG TEST.
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE AND RECOVERY.
TEST TERMINATED DUE TO THR ACHIEVED & FATIGUE.
GOOD EFFORT TOLERANCE.

Physician

Technician