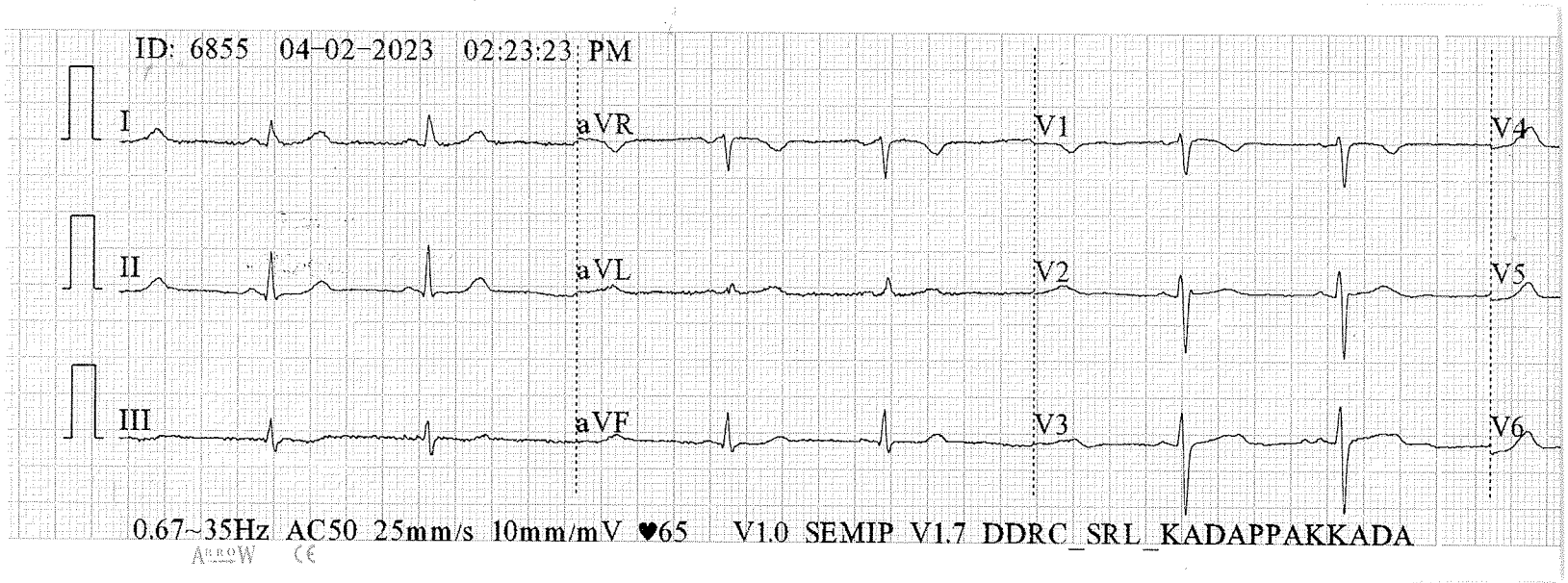
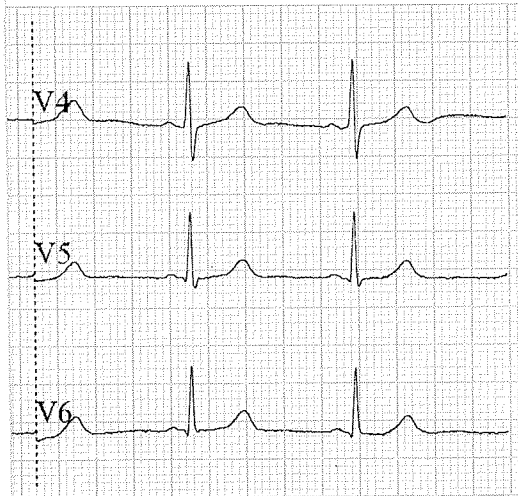

ID: 6855 04-02-2023 02:23:23 PM
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
0.67~35Hz AC50 25mm/s 10mm/mV ♥65 V1.0 SEMIP V1.7 DDRC_SRL_KADAPPAKKADA
ARROW



ID: 6855

Female / mmHg
28Years
cm kg

Aswathy baby-V
28/Female
04/02/2023.

HR	: 64	bpm
P	: 91	ms
PR	: 114	ms
QRS	: 84	ms
QT/QTc	: 395/409	ms
P/QRS/T	: -90/15/23	°
RV5/SV1	: 0.858/0.551	mV

Diagnosis Information:

Report Confirmed by:

ARROW CE

DIAGNOSTIC REPORT

DDRC SRL Diagnostic Services

PATIENT NAME : ASWATHY BABU V **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4071WB000781** PATIENT ID : ASWAF3007944071 CLIENT PATIENT ID: 27828 ABHA NO :	AGE/SEX :28 Years Female DRAWN : RECEIVED :04/02/2023 09:12:37 REPORTED :05/02/2023 13:22:50

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

TREADMILL TEST	REPORTED

OPTHAL

OPTHAL	REPORTED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	REPORTED

SUMI M
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Test Report Status **Preliminary**	Results	Units

HAEMATOLOGY - CBC

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	12.0	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.52	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	5.66	4.0 - 10.0	thou/µL
PLATELET COUNT	270	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	**35.6 Low**	36 - 46	%
MEAN CORPUSCULAR VOL	**78.7 Low**	83 - 101	fL
MEAN CORPUSCULAR HGB.	**26.5 Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.7	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.5	11.6 - 14.0	%
MENTZER INDEX	17.4		
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	56	40 - 80	%
LYMPHOCYTES	40	20 - 40	%
MONOCYTES	02	2 - 10	%
EOSINOPHILS	02	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.17	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.26	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.11 Low**	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.11	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	00		thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	08	0 - 20	mm at 1 hr
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
SUGAR URINE - FASTING			

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Test Report Status **Preliminary**	**Results**	**Units**
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED

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

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

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

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

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Test Report Status **Preliminary**	Results	Units

IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O
RH TYPE	POSITIVE

Interpretation(s)
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.

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Test Report Status **Preliminary**	Results	Units

BIO CHEMISTRY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	10	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	18.5		
CREATININE, SERUM			
CREATININE	0.54	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	89	Diabetes Mellitus : > or = 200 Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE FASTING,FLUORIDE PLASMA			
GLUCOSE, FASTING, PLASMA	89	Diabetes Mellitus : > or = 126 Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	4.7	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
MEAN PLASMA GLUCOSE	88.2	< 116.0	mg/dL
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.56	General Range : < 1.1	mg/dL

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BILIRUBIN, DIRECT	0.19	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.37	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.2	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.3	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	**2.1 High**	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	Adults : < 34	U/L
ALKALINE PHOSPHATASE	71	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	16	Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.2	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	3.4	Adults : 2.4-5.7	mg/dL

Interpretation(s)
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in

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Test Report Status **Preliminary**	**Results**	**Units**

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.

1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.

IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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,Multiple Sclerosis

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BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	123	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	77	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	45	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	85	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	78	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	15.4	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	**2.7 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	1.9	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated

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Test Report Status **Preliminary**	**Results**	**Units**

apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category		
Extreme risk group	A.CAD with > 1 feature of high risk group	
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease	
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia	
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque	
Moderate Risk	2 major ASCVD risk factors	
Low Risk	0-1 major ASCVD risk factors	
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors		
1. Age > or = 45 years in males and > or = 55 years in females		3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD		4. High blood pressure
5. Low HDL		

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	**Treatment Goals**		**Consider Drug Therapy**	
	LDL-C (mg/dl)	**Non-HDL (mg/dl)**	**LDL-C (mg/dl)**	**Non-HDL (mg/dl)**
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100

DEVAYANI SATHEESAN
LAB TECHNOLOGIST

DR.AKHILA SEKHAR, M.D
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(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST

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Patient Ref. No. 666000003272367

DDRC SRL Diagnostic Services

PATIENT NAME : ASWATHY BABU V **REF. DOCTOR :** SELF

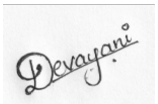
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4071WB000781** PATIENT ID : ASWAF3007944071 CLIENT PATIENT ID: 27828 ABHA NO :	AGE/SEX :28 Years Female DRAWN : RECEIVED :04/02/2023 09:12:37 REPORTED :05/02/2023 13:22:50

Test Report Status **Preliminary**	**Results**	**Units**

Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.



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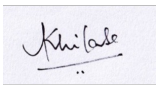

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Test Report Status **Preliminary**	Results	Units

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

THYROID PANEL, SERUM

T3	117.50	Non-Pregnant : 80-200 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	7.85	Adults : 4.5-12.1	µg/dl
TSH 3RD GENERATION	1.240	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4**.**

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism

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Patient Ref. No. 666000003272367

DDRC SRL Diagnostic Services

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Test Report Status **Preliminary** **Results** **Units**

4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

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Test Report Status **Preliminary**	Results	Units

CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW		
APPEARANCE	**SLIGHTLY HAZY**		
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.8 - 7.4	
SPECIFIC GRAVITY	1.025	1.015 - 1.030	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NOT DETECTED	NOT DETECTED	

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis

LAVANYA
LAB TECHNOLOGIST

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Test Report Status **Preliminary** **Results** **Units**

Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

LAVANYA
LAB TECHNOLOGIST

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(Reg No - TCMC 53950)
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DIAGNOSTIC REPORT

DDRC SRL Diagnostic Services

PATIENT NAME : ASWATHY BABU V **REF. DOCTOR :** SELF

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Test Report Status **Preliminary**	Results	Units

CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING

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Tel : 93334 93334
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Patient Ref. No. 666000003272367

Medical Record No. : 03-127325 **Patient Name :** MS. ASWATHY BABU **Age :** 28 Years **Sex :** Female
Report Date : 2023-02-04 **Optometrist :** Bibija **Start Time :** 2023-02-04 10:51
PG : Dr. **Start Time :** **Consultant :** Dr.ANJU SURESH **Start Time :** 2023-02-04 10:59

Purpose of Visit: Regular checkup--

Main Complaints

Eye	Symptom Description	Duration	Unit	Onset	Progression	Remarks	Associated Symptoms
OU.	NIL.						

REMARKS: H/O Glass using since at 12 yrs and present pgp at 6 months (Not Brought)

Past Ocular History

Eye	Disease	Duration	Unit	Past Surgery	Surgery Date	Previous Medication	Past Investigation	Other Trtmt
OU.	Nil .							

Past Medical History

Description	Duration	Unit	Past Surgery	Surgery Date	Previous Medication	Past Investigation	Prev Hospitalization
Nil .			Nil.				No

FamilyHistory

Disease	Relation	Age	Duration	Unit	Treatment	Status
Nil -Nil,						No.

Allergy History

Allergy Type	Allergen	AllergyReaction
Not aware of.	Not Aware Of.	

History entered by Optometrist was reviewed and Authorized by Dr.ANJU SURESH

Visual Acuity/Refraction

PGP Nil

VISUAL ACUITY

Dr. ANJU SURESH MS, DO, FAEH
Reg. No: 24666
Consultant- Orbit & Oculoplasty
Chaithanya Eye Hospital & Research Institute
Pratibha Junction,Kadappakkada,Kollam-691008

	Without Glass	With Glass	Contact Lens	With PH
OD	6/18 (0.50) -- -- -- --	-- --	-- -- --	6/6 (0.00)
OS	6/18 (0.50) -- -- -- --	-- --	-- -- --	6/6 (0.00)

TYPE OF CHART NEAR VISION CHART N Chart

ACCEPTANCE

OD	--	-2.00	70	6/6 (0.00)	OD -- N6 --	Prefers new glass	
OS	--	-2.00	90	6/6 (0.00)	OS -- N6 --	Prefers new glass	

GLASS PRESCRIPTION

	Distance Vision				Add			Acceptance
Eye	DSph	DCyl	Axis	BCVA	Eye DSph	BCVA	cm	Preference
OD	--	-2.00	70	6/6 (0.00)	OD --	N6	--	Prefers new glass
OS	--	-2.00	90	6/6 (0.00)	OS --	N6	--	Prefers new glass

Lash and Conjunctiva

	OD	OS
Lids	Normal	Normal
Conjunctiva	Normal	Normal

Cornea/ Anterior Chamber

Cornea	Normal	Normal
AC	Normal	Normal
Sclera	Normal	Normal

Iris/ Lens

Iris	Normal	Normal
Lens	Normal	Normal

Fundus

	OD	OS
Vitroues	Normal	Normal
Disc	Normal	Normal
Macula	Normal	Normal
Retinal Vessels	Normal	Normal

Fundus Cont...

Retina	Normal	Normal
Choroid	Normal	Normal

Dr. ANJU SU[illegible]H MS, DO, FAEH
Reg. No: 24666
Consultant- Orbit & Oculoplasty
Chaithanya Eye Hospital & Research Institute
Pratibha Junction,Kadappakkada,Kollam-691008

GlassPrescriptionReport

Diagnosis

Diagnosis

EYE	DESCRIPTION
	GENERAL EXAMINATION - V70.9a

FollowUp

FOLLOW-UP

Review After		Year(s)	Instructions
	1		

External File Uploaded - GLASSGLASSPRESCRIPTION REPORT - file

Examined by Consultant : Dr.ANJU SURESH **Time :** 04-02-2023 11:00:03

Dr. ANJU SURESH MS, DO, FAEH
Reg No: 24666
Consultant- Orbit & Oculoplasty
Chaithanya Eye Hospital & Research Institute
Pratibha Junction,Kadappakkada,Kollam-691008

भारत सरकार

आधार

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Unique Identification Authority of India

Government of India

എന്റെ ആധാർ നമ്പർ/ Enrolment No.: 2001/11539/05300

To
അശ്വതി ബാബു വി
Aswathy Babu V
D/O: Babu K
Kannitta Puthuvel
Neendakara P.O
Neendakara
Neendakara
Kollam Kerala - 691582
9995428413

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ഭാരത സർക്കാർ
Government of India

അശ്വതി ബാബു വി
Aswathy Babu V
ജനന തീയതി/DOB: 30/07/1994
സ്ത്രീ/ FEMALE

2142 2369 2470

VID : 9179 9878 5233 3507

എന്റെ ആധാർ, എന്റെ ഐഡന്റിറ്റി

Government of India

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- To establish identity, authenticate online.
- This is electronically generated letter.

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നീണ്ടകര, കൊല്ലം,
കേരള - 691582

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Kerala - 691582

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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

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

1. Name of the examinee	:	Mr./Mrs./Ms. Vaswathy Baby
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	31/7/1994 Gender: Female F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..162..... (cms) b. Weight ...57..... (Kgs) c. Girth of Abdomen ...83..... (cms)

d. Pulse Rate ..62..... (/Min) e. Blood Pressure: 113/74

	Systolic	Diastolic
1st Reading	113	
2nd Reading	74	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	61	healthy	
Mother	56	healthy	
Brother(s)	—		
Sister(s)	—		

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

Tobacco in any form	Sedative	Alcohol

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

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

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

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

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

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

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

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

.....

.....

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

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. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch : DDRC SRL PVT LTD Kadappakkada

Date & Time : 4/2/23

DDRC SRL DIAGNOSTICS (P) LTD. Ph 9497 7820

DDRC SRL Diagnostics Private Limited
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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME: ASWATHY BABU V	AGE/ SEX :28/F	04.02.2023

ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM : NSR – 64 .../minute. No evidence of ischaemia or chamber hypertrophy

Impression : **ECG within normal limits.**

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DR ANJALI NAIR V

MBBS,MD

CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS

Name : Mrs. Aswathy Babu. V *Ref. Ref. from. Mediwheel Arcofemi*	*Age : 28 yrs*	*Sex: F*	*Date : 04.02.2023*

USG OF ABDOMEN (TAS & TVS)

LIVER: Is normal in size (15.0 cms) and echotexture. No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head & body appear normal. *Rest obscured by bowel gas.*

SPLEEN: Is normal in size (10.7 cms) and echotexture.

RIGHT KIDNEY: Measures 9.8 x 3.8 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

LEFT KIDNEY: Measures 9.6 x 3.7 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

URINARY BLADDER: Is minimally distended. Normal wall thickness. No obvious calculus or mass noted.

UTERUS: Measures 7.8 x 4.4 x 5.8 cms. Normal in size. ***Small hypoechoic lesions noted - Possibly fibroids; F (1) - 11.2 x 5.5 mm in the anterior myometrium, 7.5 x 8 mm in the fundus.*** Endometrium measures 6.6 mm.

Right ovary measures - 27 x 20 mm Left ovary measures - 29 x 18 mm
Both ovaries are normal in size and echoes.
No adnexal mass lesion seen. No free fluid in POD.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

IMPRESSION:

- ***Small uterine fibroids.***
  - Suggested follow up & clinical correlation
  - Images overleaf.

Dr. AISALUTH THULASEEDHARAN
MBBS, DMRD

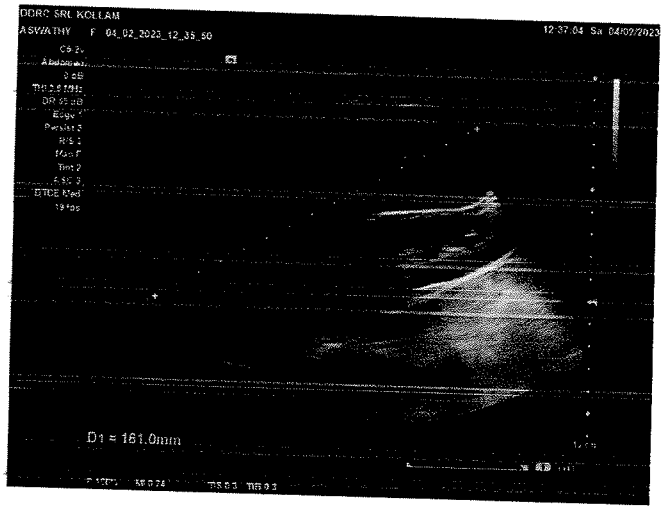
(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

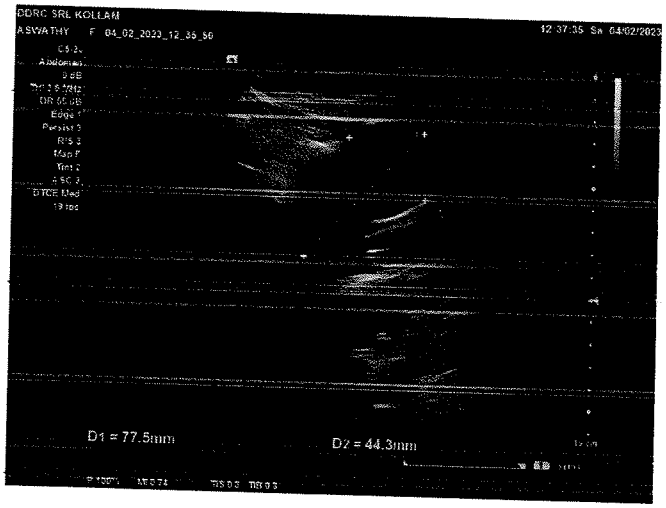
Gynecology Report

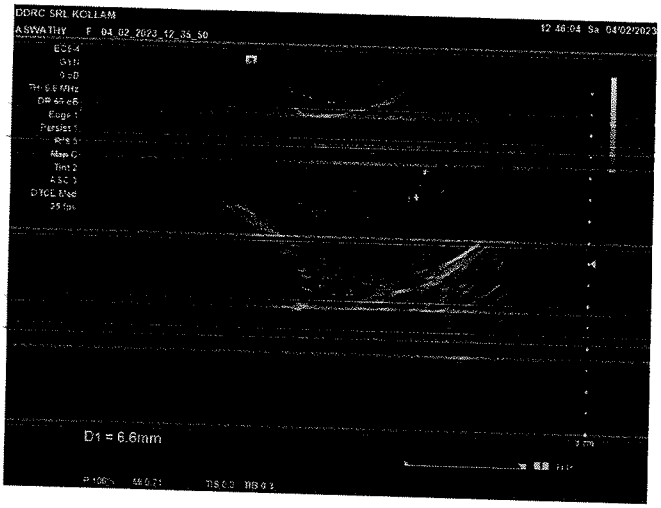
Patient ID : 04_02_2023_12_35_50
Patient Name : ASWATHY
Study Date : 04/02/2023
Referring MD :
Performing MD :
Sonographer :
Indication :

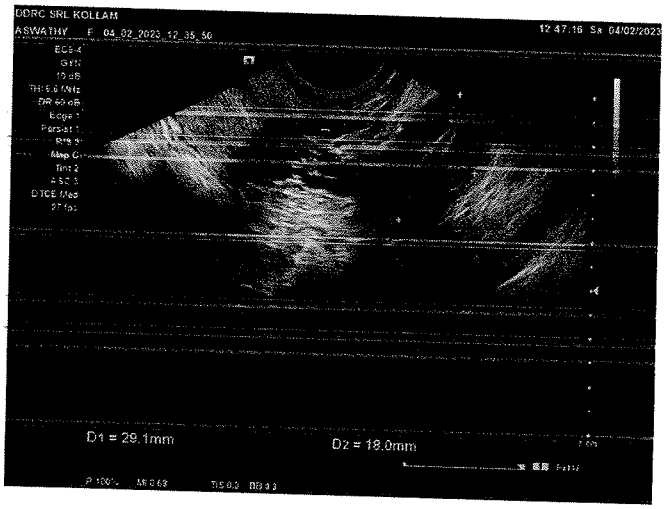
Sex : F **Age :**

Exam Type : GYN
Height : **Weight :**
Gravida : **Para :** **AB :** **Ectopic :**
LMP :









Signature _____

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

From,

Aswathy Babu. V
W/o Bichu S Raj
EC No: 116715
Bank of Baroda
Kanunagapally

To,
Medisheel

Dear Sir, I didn't want to do blood examination.

Yours faithfully
Aswathy Babu. V

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME	AGE/ SEX	DATE
ASWATHY BABU V	28/F	04.02.2023

CHEST X-RAY WITH REPORT

CHEST X-RAY : NORMAL

Impression : Within normal limits

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DR ANJALI NAIR V

MBBS,MD

CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS PVT LTD

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 0 m 0 s Stage Time : 0 m 45 s **HR: 70 bpm**

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

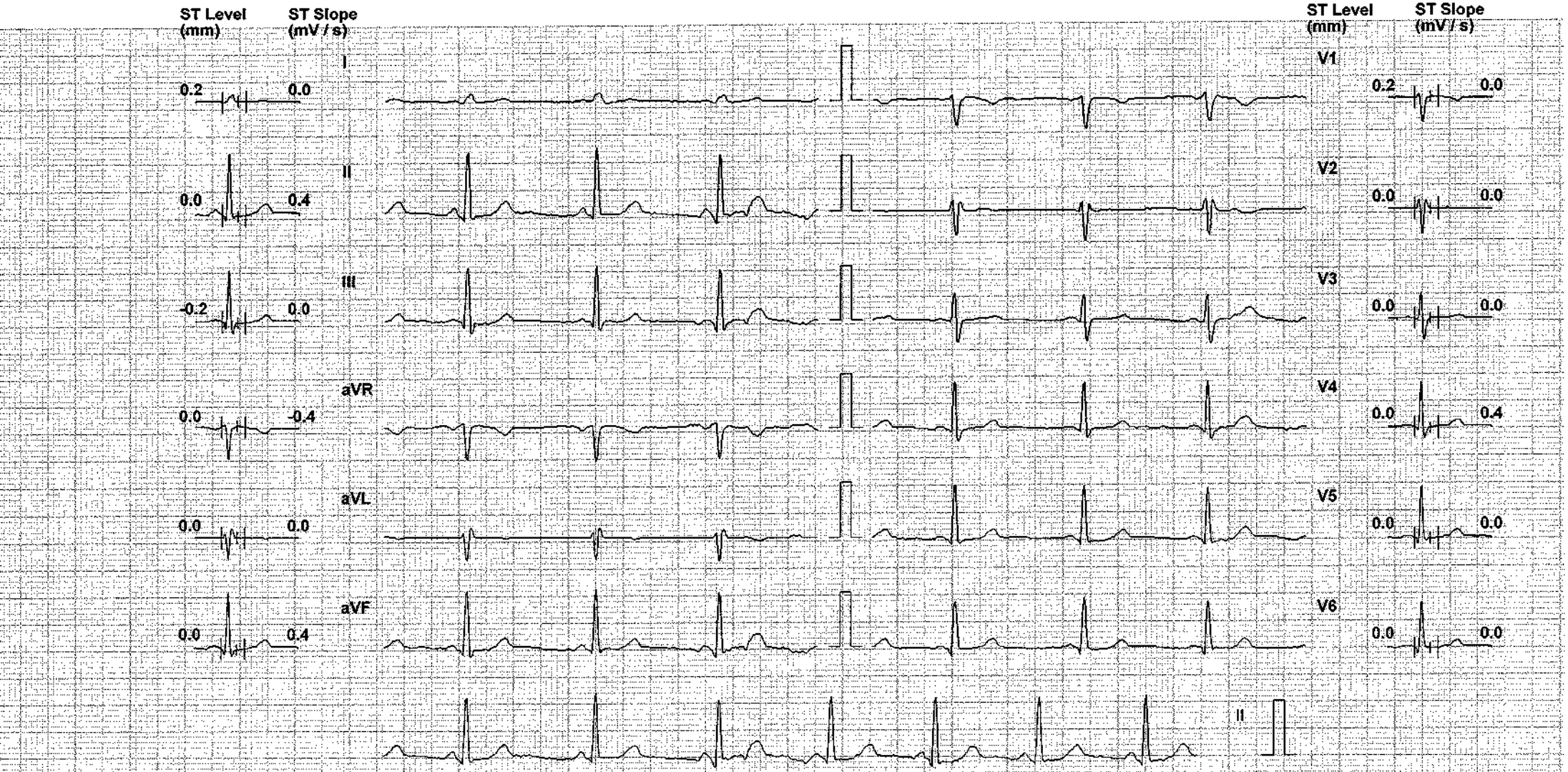


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 0 m 0 s Stage Time : 0 m 16 s **HR: 68 bpm**

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

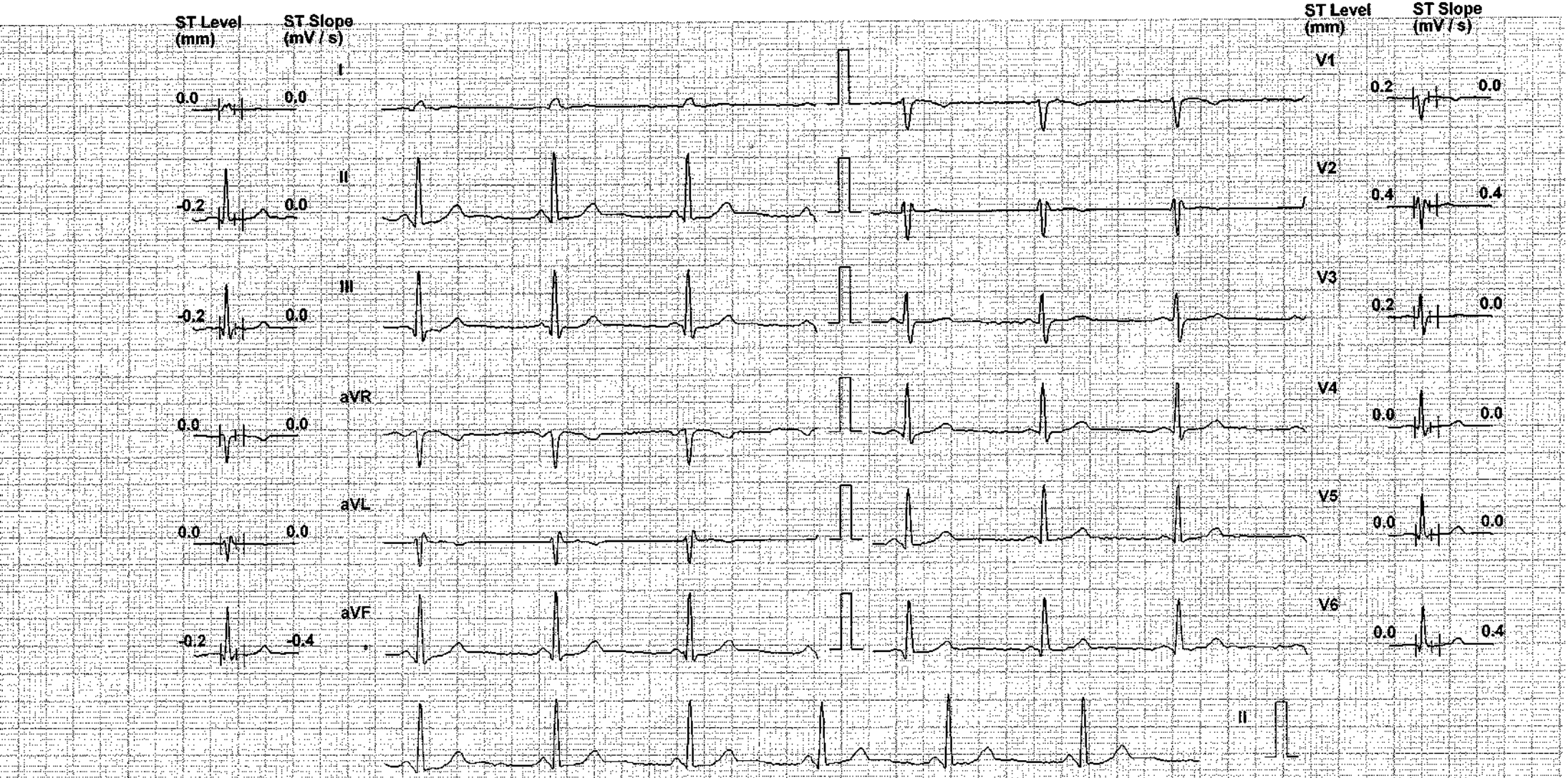


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 0 m 0 s Stage Time : 0 m 9 s ***HR: 61 bpm***

Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

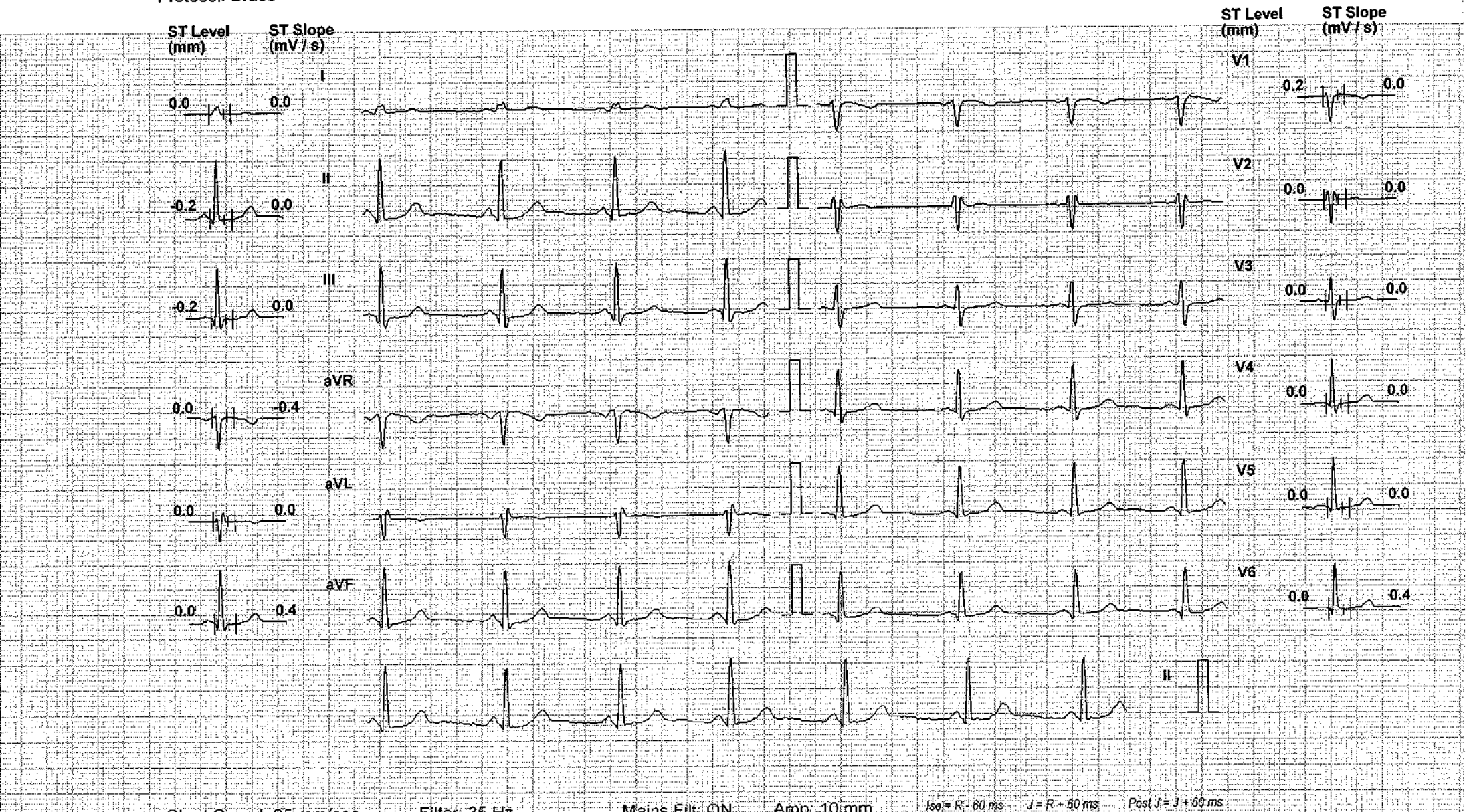


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

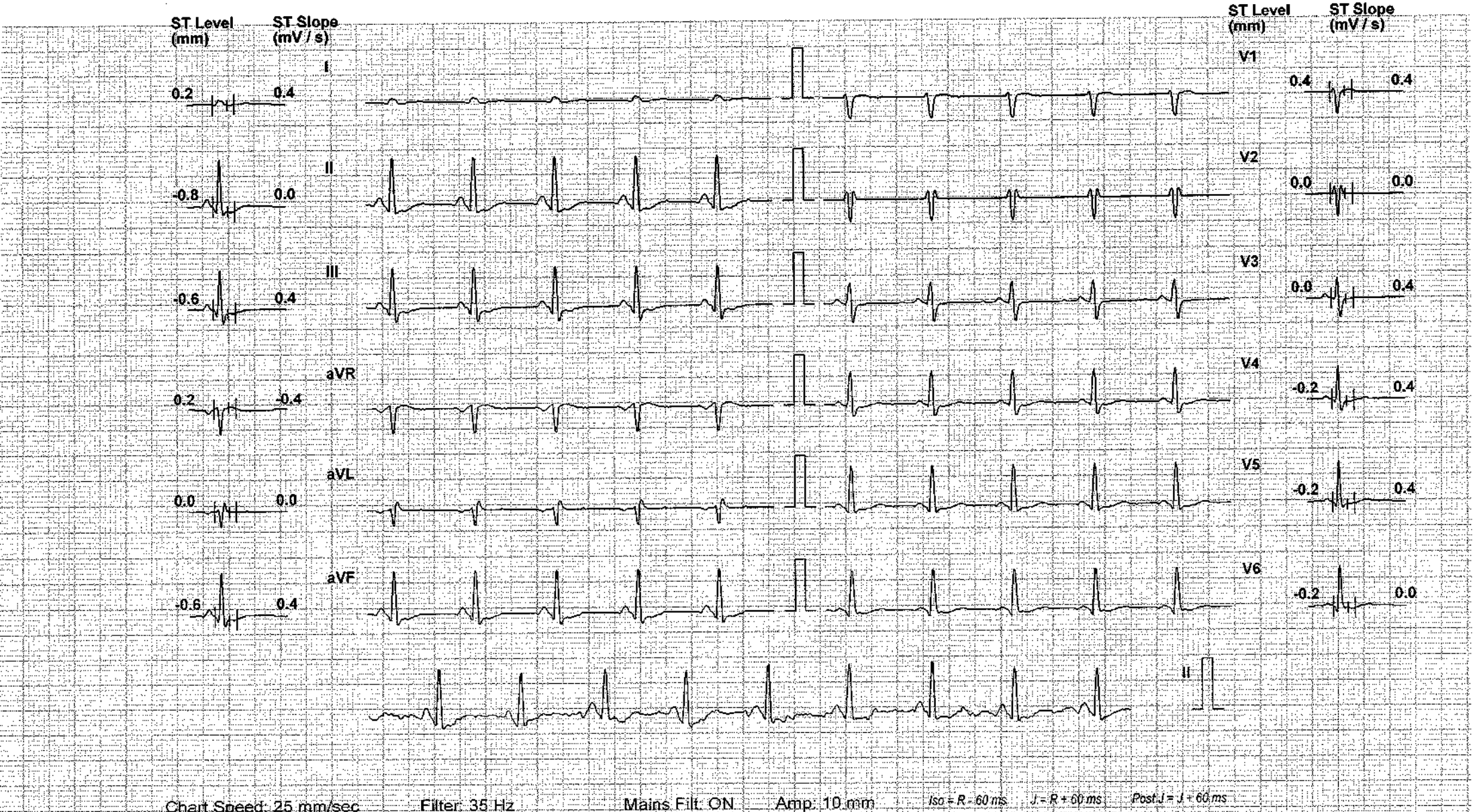
Schiller Spandan V.4.7

DDRC Hospital

Test Report

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s ***HR: 93 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 172 bpm) B.P: 100 / 60



DDRC Hospital — Test Report

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 105 bpm**

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 172 bpm) B.P: 100 / 60

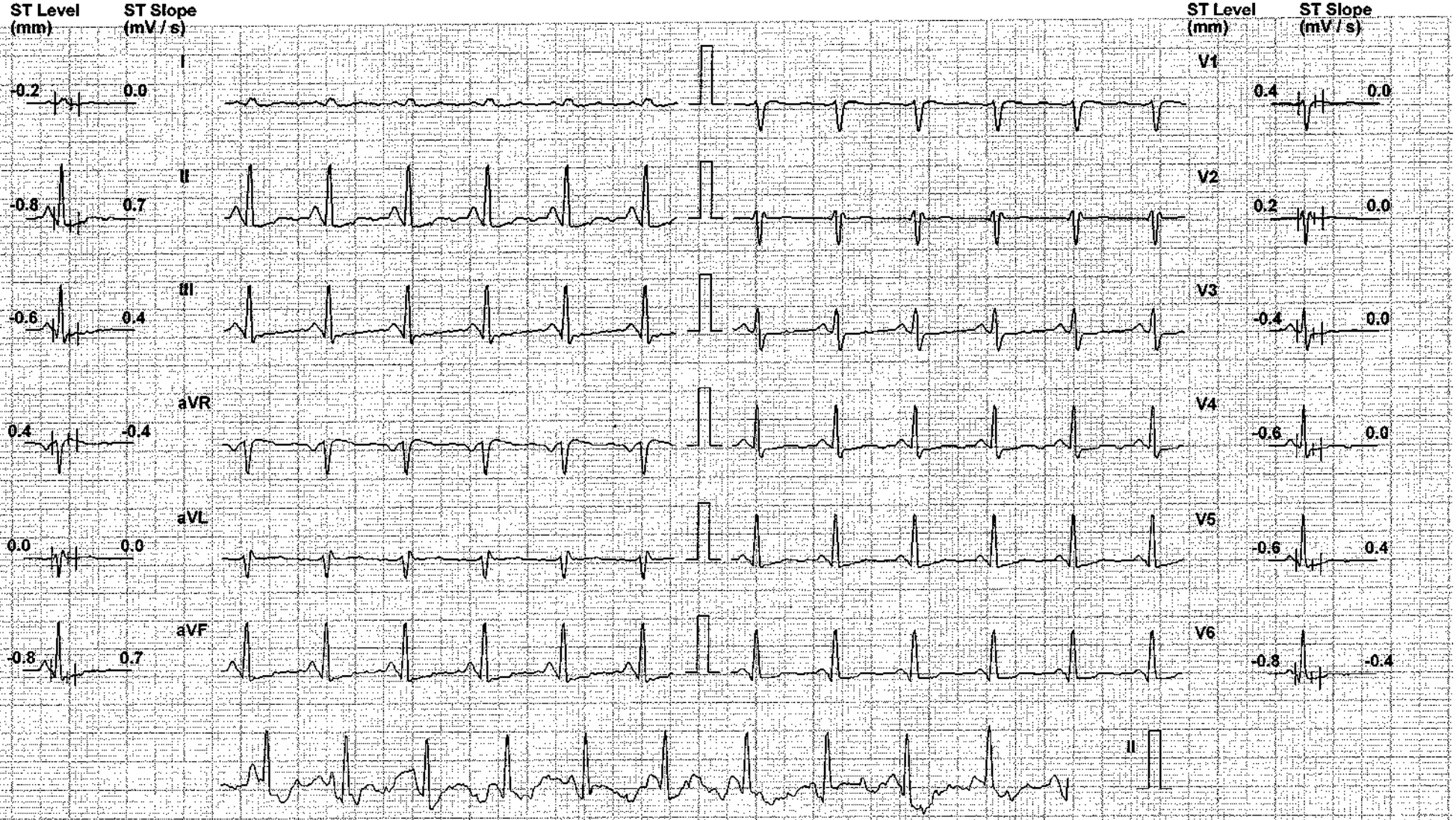


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC Hospital Test Report

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s **HR: 125 bpm**

Protocol: Bruce Stage: 3 Speed: 3.4 mph Grade: 14 % (THR: 172 bpm) B.P: 100 / 60

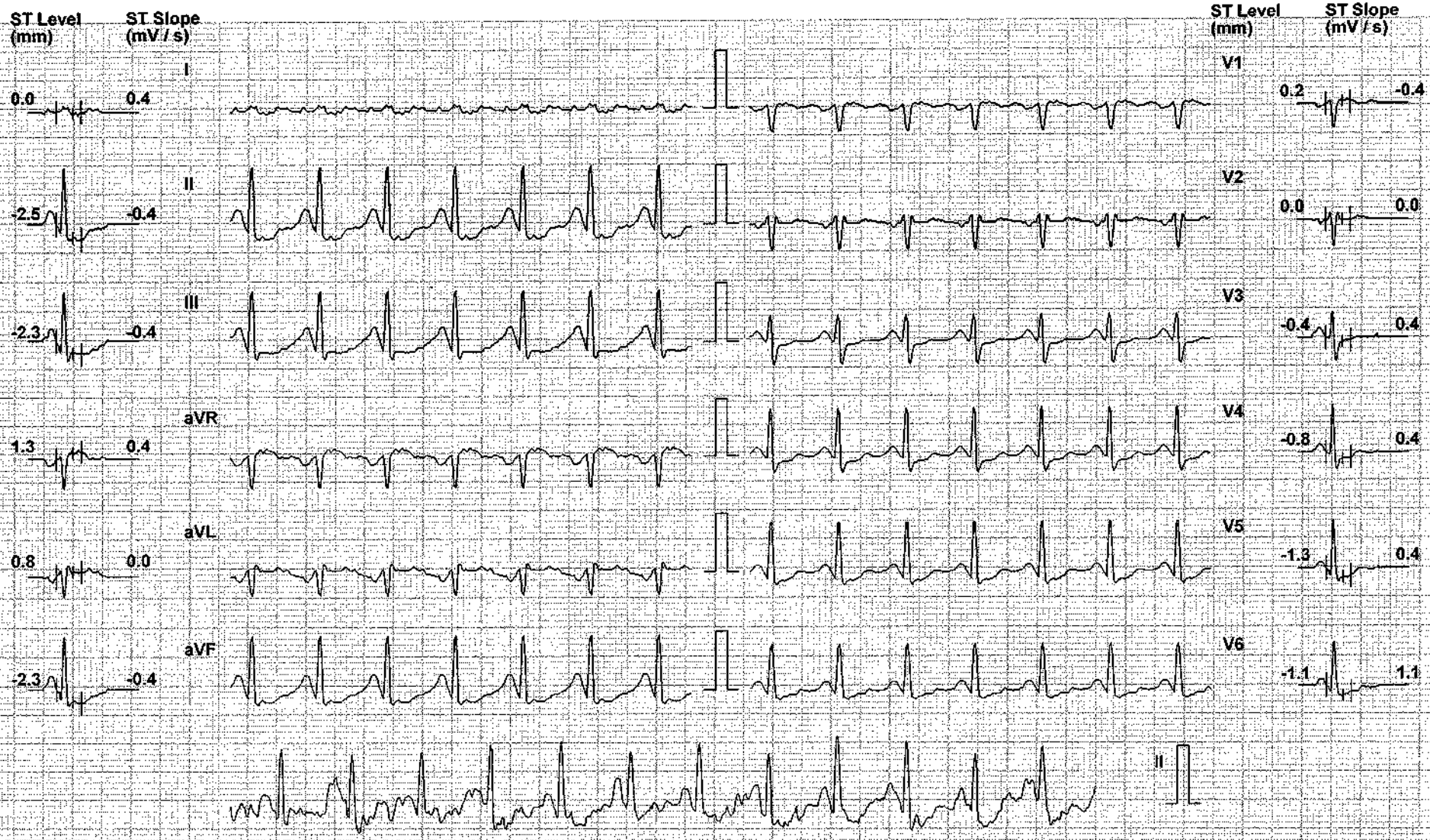


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7 Linked Median

DDRC Hospital

Test Report

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 2 s Stage Time : 1 m 2 s **HR: 150 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 4.2 mph Grade: 16 % (THR: 172 bpm) B.P: 120 / 60

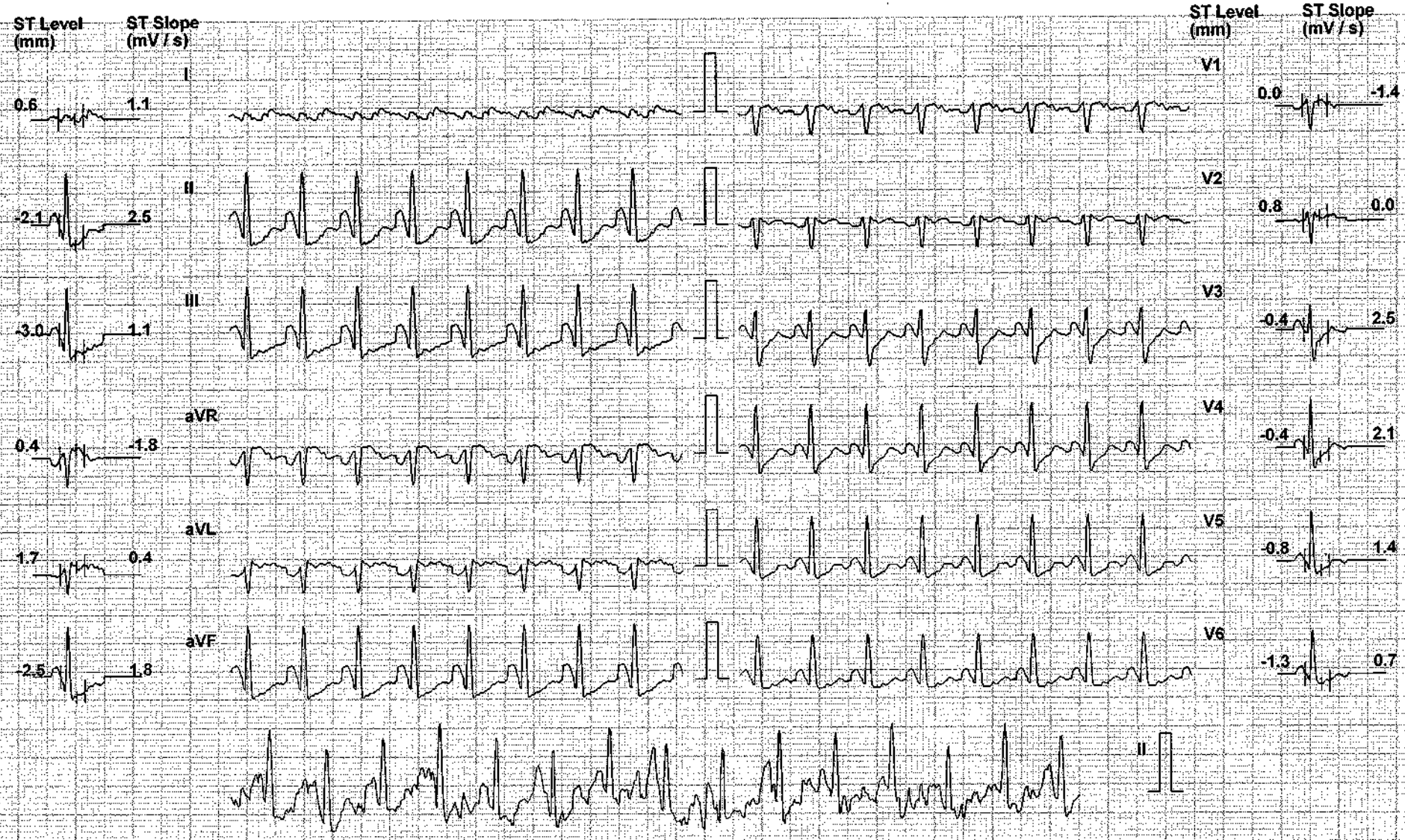


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7 Linked Median

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 8 s Stage Time : 1 m 0 s **HR: 121 bpm**

Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 120 / 60

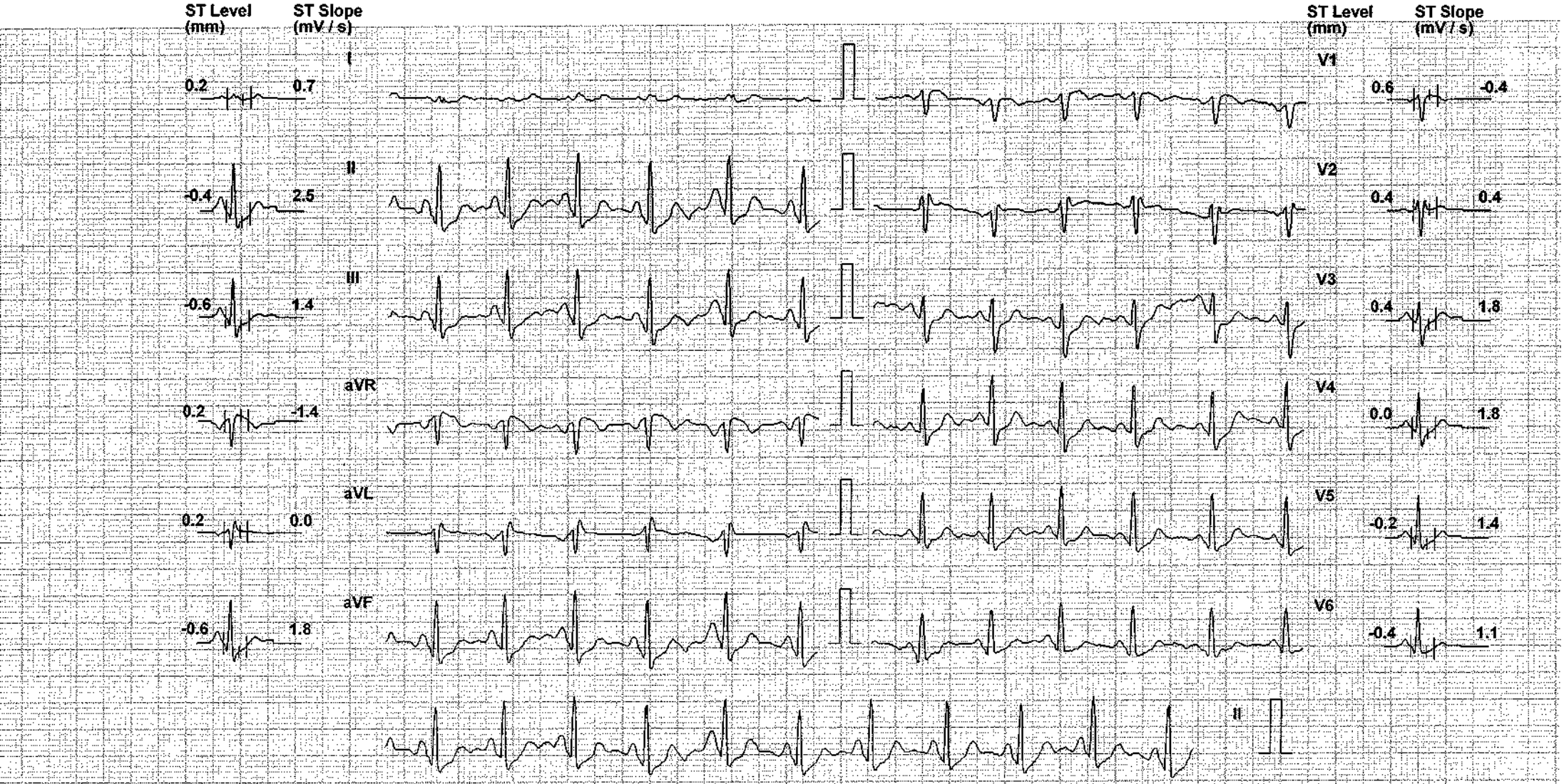


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 8 s Stage Time : 1 m 0 s **HR: 75 bpm**

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 120 / 60

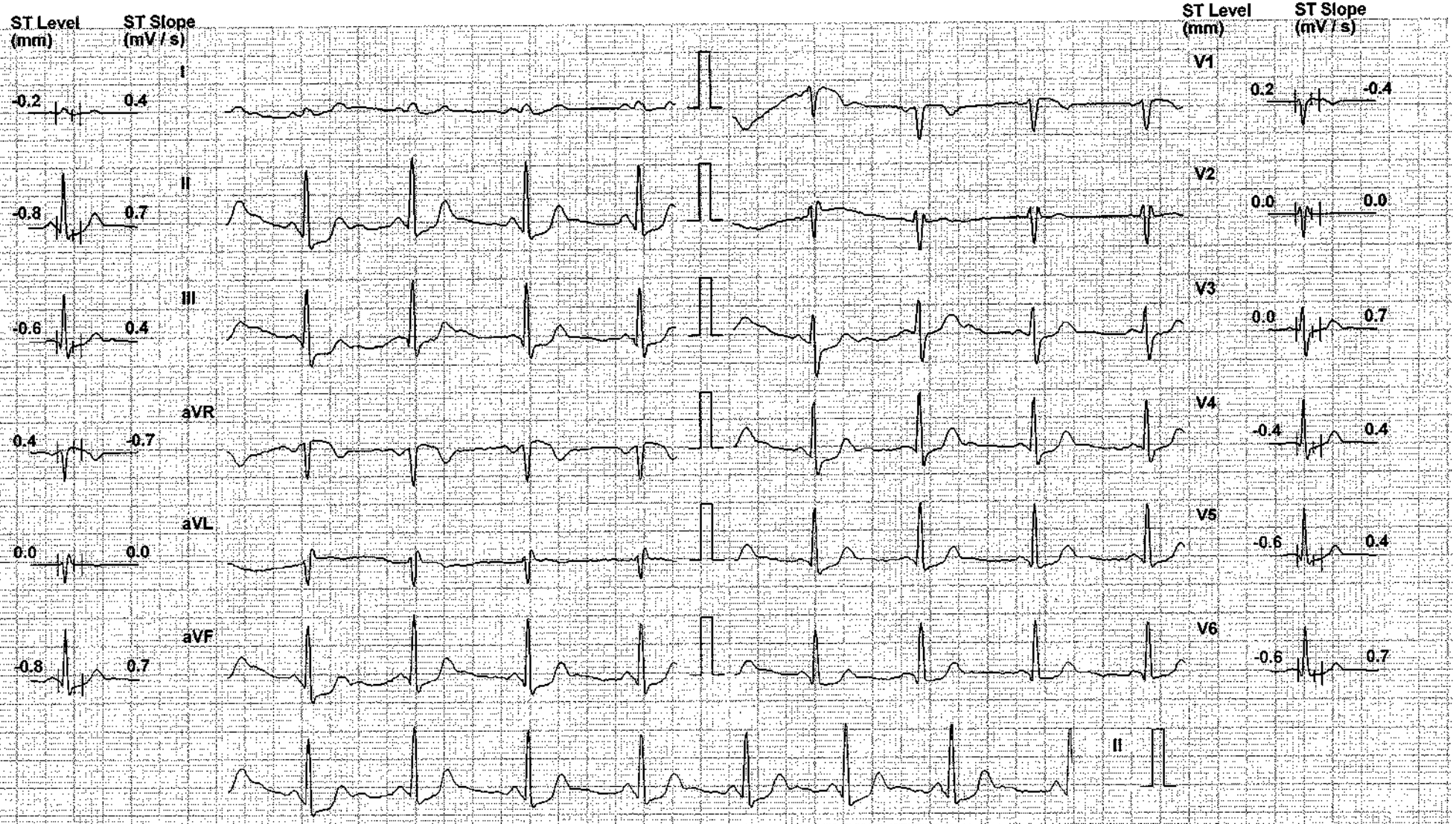


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso : R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandau V.4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 8 s Stage Time : 1 m 0 s ***HR: 73 bpm***

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

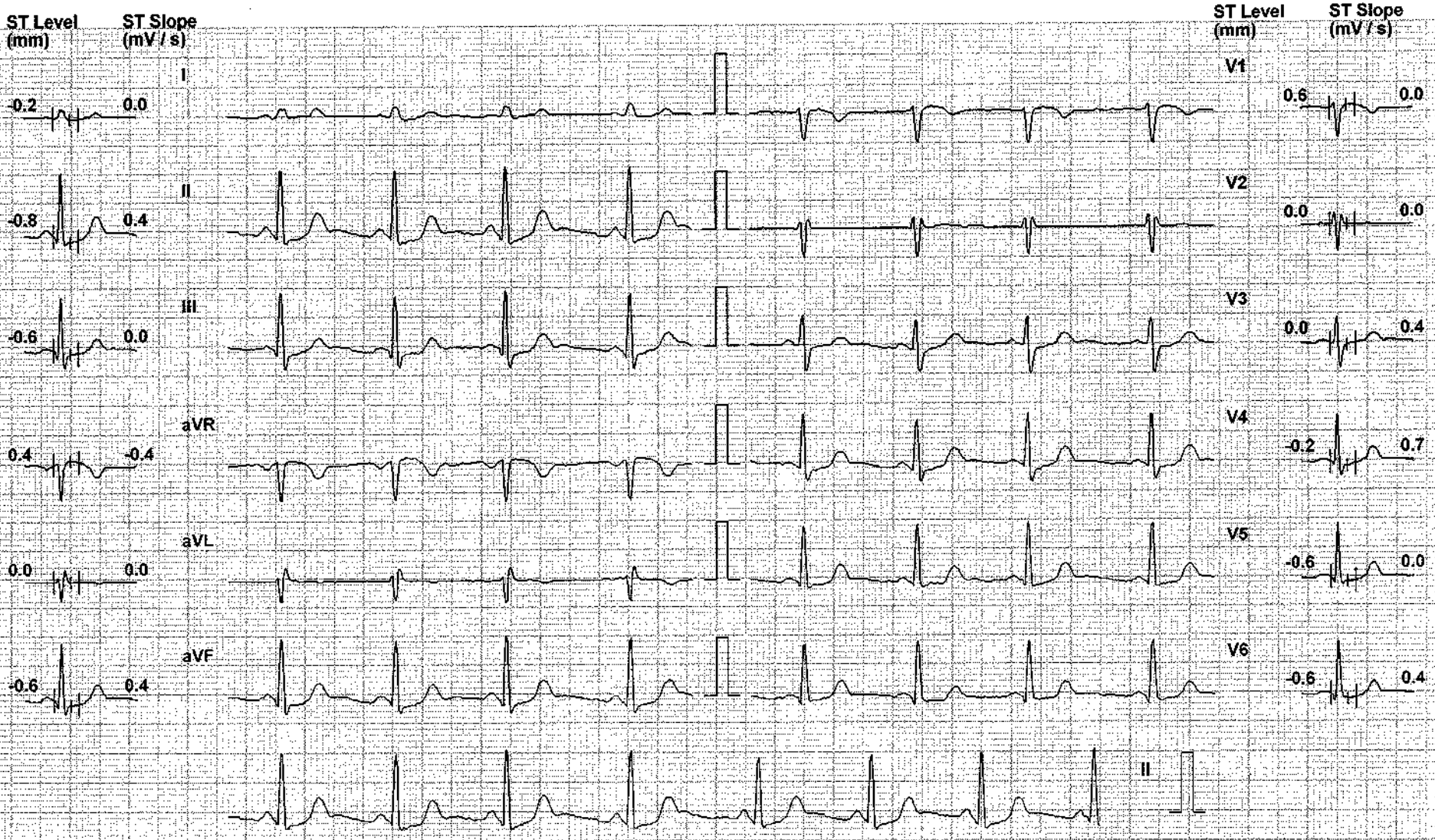


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 8 s Stage Time : 1 m 0 s **HR: 70 bpm**

Protocol: Bruce Stage: Recovery(4) Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

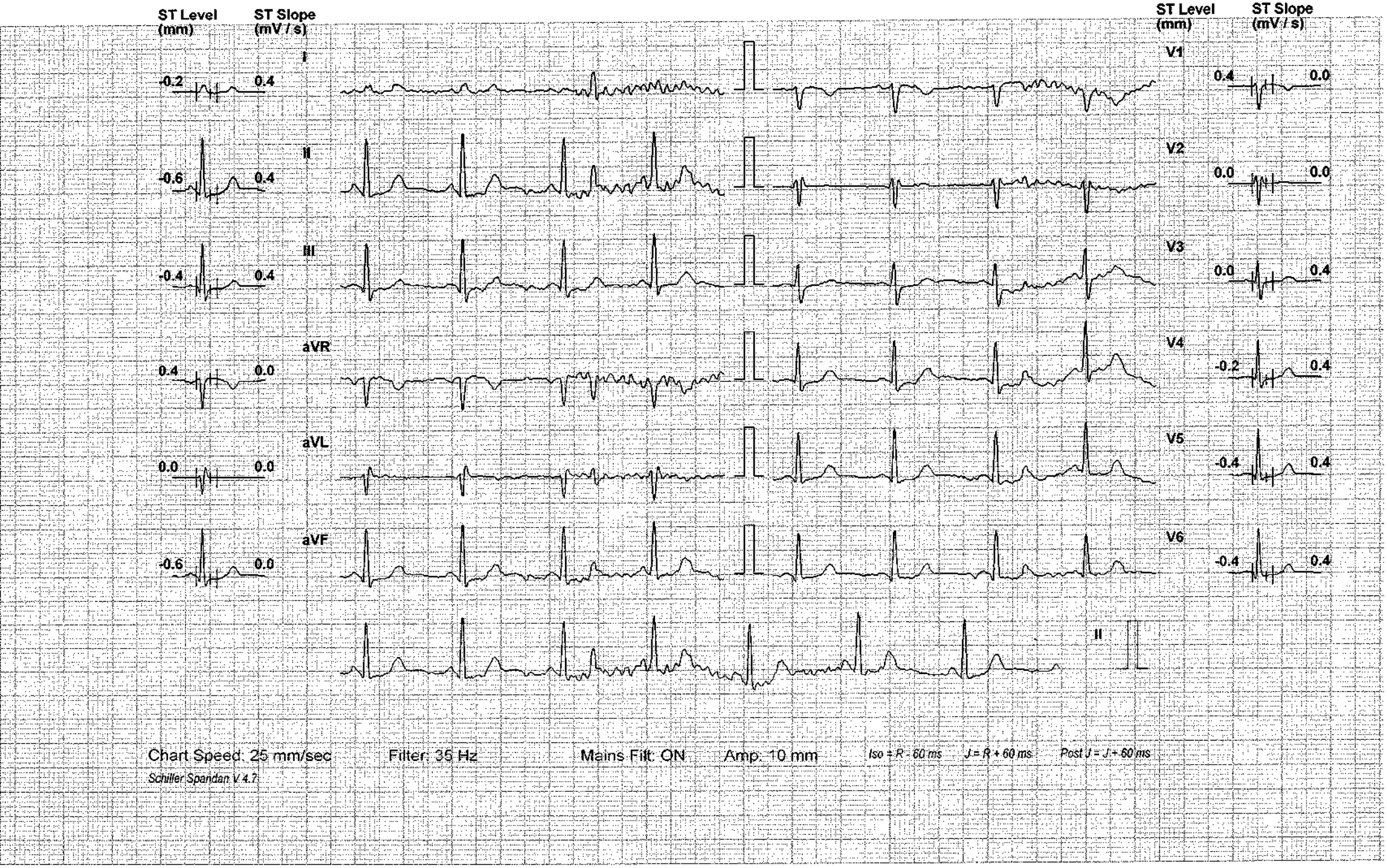


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

ASWATHY BABU V (28 F) ID: 2127 Date: 04-Feb-23 Exec Time : 10 m 8 s Stage Time : 1 m 0 s **HR: 78 bpm**

Protocol: Bruce Stage: Recovery(5) Speed: 0 mph Grade: 0 % (THR: 172 bpm) B.P: 100 / 60

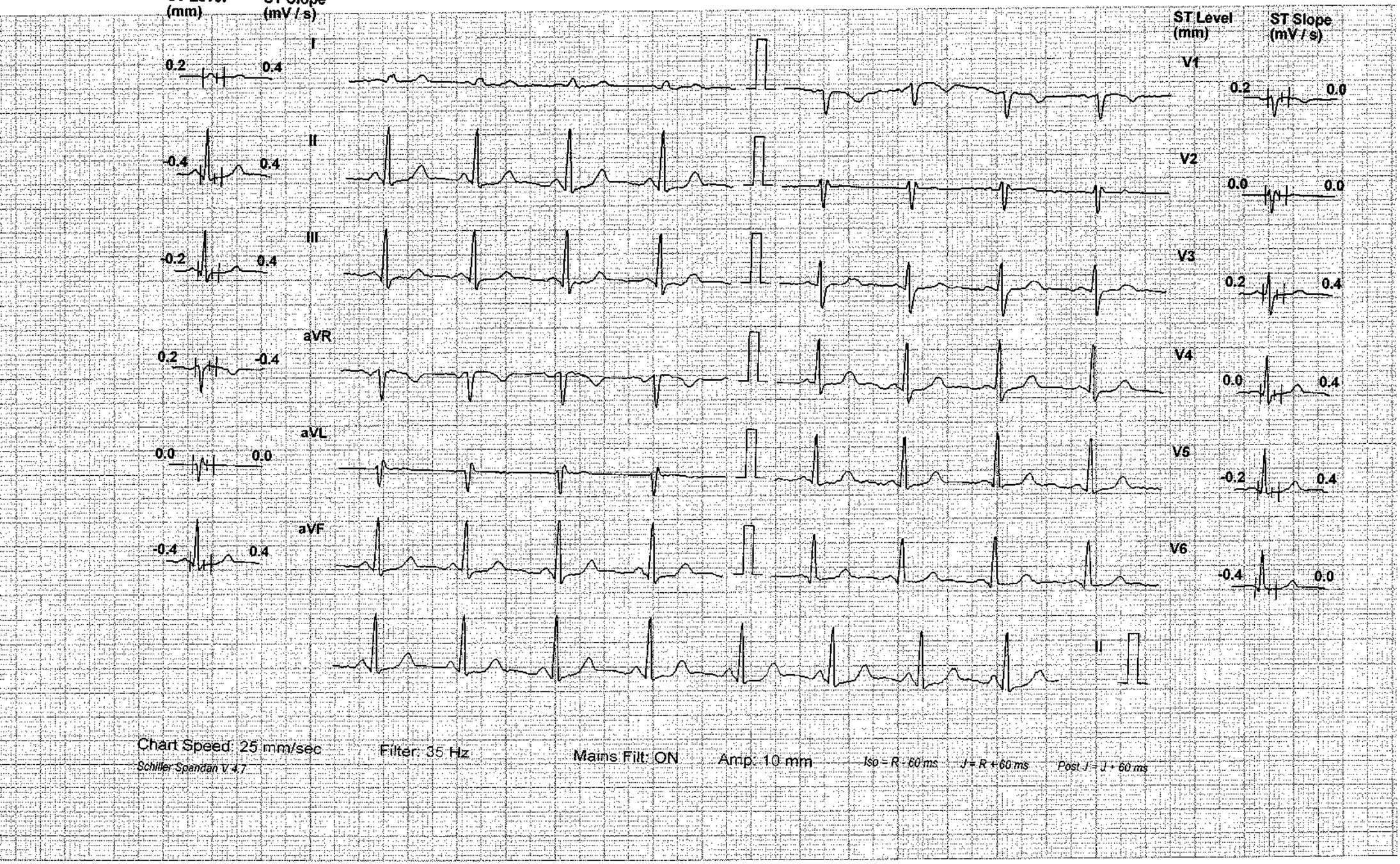


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC Hospital

Patient Details **Date: 04-Feb-23** **Time: 1:59:26 PM**

Name: ASWATHY BABU V **ID: 2127**

Age: 28 y **Sex: F** **Height:162 cms** **Weight:57 Kgs**

Clinical History: ROUTINE CHECK UP

Medications: NO MEDICATION TAKEN

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 172 (90 % of Pr.MHR) bpm

Total Exec. Time: 10 m 8 s **Max. HR:** 150 (78% of Pr.MHR) bpm **Max. Mets:** 13.50

Max. BP: 120 / 60 mmHg **Max. BP x HR:** 18000 mmHg/min **Min. BP x HR:** 3660 mmHg/min

Test Termination Criteria: THE TEST IS TERMINATED DUE TO LEG PAIN.

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 45	1.0	0	0	70	100 / 60	-0.42 III	0.35 II
Standing	0 16	1.0	0	0	68	100 / 60	-0.21 II	0.71 II
Hyperventilation	0 9	1.0	0	0	61	100 / 60	-0.21 II	-0.35 aVR
1	3 0	4.6	1.7	10	94	100 / 60	-1.06 II	0.71 II
2	3 0	7.0	2.5	12	105	100 / 60	-1.27 II	1.06 II
3	3 0	10.2	3.4	14	124	100 / 60	-1.70 II	1.77 II
Peak Ex	1 8	13.5	4.2	16	150	120 / 60	-3.61 III	2.83 II
Recovery(1)	1 0	1.8	1	0	121	120 / 60	-3.61 III	2.83 II
Recovery(2)	1 0	1.0	0	0	75	120 / 60	-1.06 II	2.48 II
Recovery(3)	1 0	1.0	0	0	73	100 / 60	-1.06 II	1.42 II
Recovery(4)	1 0	1.0	0	0	70	100 / 60	-0.85 II	1.06 V4
Recovery(5)	1 0	1.0	0	0	78	100 / 60	-0.64 II	0.71 II
Recovery(6)	0 18	1.0	0	0	81	100 / 60	-0.42 II	0.71 II

DDRC Hospital

Patient Details

Date: 04-Feb-23 **Time: 1:59:26 PM**

Name: ASWATHY BABU V ID: 2127

Age: 28 y **Sex: F** **Height: 162 cms.** **Weight: 57 Kg.**

Interpretation

The Patient exercised according to the Bruce Protocol for 10 m 08 s achieving a work level if Maximum Mets:10.2 Resting heart rate Initially 70 bpm. Rose to a maximum heart rate 150(78% of Pr. MHR)bpm. Resting Blood pressure 100/60 mmHg,Rose to maximum blood pressure of 120/80 mmHg.

· No angina, arrhythmias, significant ST-T changes, signs of LV dysfunction during exercise or at recovery

· TMT negative for provocable myocardial ischemia

Dr. THOMAS MATHEW

Ref. Doctor: ---

Doctor: SSN

(Summary Report edited by user)