VITALS

B.P-

Weight -

Pulse -

Height 164

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

JAHNAVI

SUNIL PRABHAKAR

15/11/1988

Permanent Account Number

ANXPJ3885E

Signature

1406
15
87103

REDMI NOTE 8 PRO
AI QUAD CAMERA


REDMI NOTE 8 PRO
AI QUAD CAMERA

HEALTHSPRING
FAMILY HEALTH EXPERTS
Department of Pathology
Wellspring Healthcare Pvt. Ltd.
NABL Accredited

Certificate No. : MC-3200

MEDICAL REPORT

Lab Address:
Udyog Bhavan, Unit No. 15, Ground Floor,
Wadala (Dadar), Mumbai - 400031.
86528 86529

Patient Name : **Ms. Jahnavi Jahnavi**
Age / Gender : 33 Y / Female
Referred By : Dr. Neelam Karande
SID No. : **41009731**

Reg.Date / Time : 30/07/2022 / 09:54:43
Report Date / Time : 30/07/2022 / 19:35:44
MR No. : **0468332**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	**11.5**	gm%	12.0-15.0
	PCV (Electrical Impedance)	**34.1**	%	40 - 50
	MCV (Calculated)	**77.7**	fL	83-101
	MCH (Calculated)	**26.3**	pg	27.0 - 32.0
	MCHC (Calculated)	33.8	g/dl	31.5-34.5
	RDW-CV (Calculated)	**18**	%	11.6-14.0
	RDW-SD (Calculated)	40	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	4.38	Million/cmm	3.8-4.8
	TOTAL WBC COUNT (Electrical Impedance)	5800	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	49.4	%	40-80
	LYMPHOCYTES (Flow cell)	34.2	%	20-40
	EOSINOPHILS (Flow cell)	**7.3**	%	1-6
	MONOCYTES (Flow cell)	8.4	%	2-10
	BASOPHILS (Flow cell)	**0.7**	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	2870	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1980	/cumm	1000-3000

Contd ...

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HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	420	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	490	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	40	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	402000	/cumm	150000-410000
	MPV (Calculated)	8.9	fL	6.78-13.46
	PDW (Calculated)	14.8	%	11-18
	PCT (Calculated)	0.356	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Microcytic Hypochromic RBCs		

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Barcode :

Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

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HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP***			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	A		
	Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE		

Comments : Note: Blood Group test is temporarily not part of NABL scope

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Final Test Report

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HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	**24**	mm / 1 hr	0-20

Notes : The given result is measured at the end of first hour.

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	0.43	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.17	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	0.26	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	24	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	19	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	95	U/L	35-104
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	15	U/L	<40
	TOTAL PROTEIN (Colorimetric)	7.50	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.30	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	3.20	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	1.3		1-2

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.7	mg/dl	0.5 - 1.1
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	9.8	mg/dl	7-17
	BUN/CREATININE RATIO (Calculation)	14.0		10 - 20
	URIC ACID (Uricase Enzyme)	2.9	mg/dl	2.5 - 6.2
	CALCIUM (Bapta Method)	9.2	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	3.9	mg/dl	2.5-4.5

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	161	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.
Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.
Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	64	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	54	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	94	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	**13**	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.0		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	91	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	87	mg/dl	70 - 140
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	5.7	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	117	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		

Contd ...

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.41	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	10.46	ug/dl	5.5 - 11
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.060	uIU/ml	0.27 - 4.20

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low FT4- Primary hypothyroidism.
-High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
SERUM	Ferritin* (ECLIA)	26.0	ng/ml	13 - 150

Notes : Interpretation :-
Ferritin is an iron-containing protein that is the primary form of iron stored inside of cells. The small quantity of ferritin that is released into the blood is a reflection of the amount of total iron stored in the body. This test measures the amount of ferritin in the blood. It is ordered to assess a person's iron stores in the body. The test is sometimes ordered along with an iron test and a TIBC to detect the presence and evaluate the severity of an iron deficiency or overload. Ferritin levels are low in people who have iron deficiency and are elevated in those
with hemochromatosis and other excess iron storage disorders and in those who have had multiple blood transfusions. Ferritin is an acute phase reactant and thus may be increased in people with inflammation, liver disease, chronic infection, autoimmune disorders, and some types of cancer. Ferritin is not typically used to detect or monitor these conditions.

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	10		
	COLOR (Visual Examination)	PALE YELLOW		
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	1-2	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

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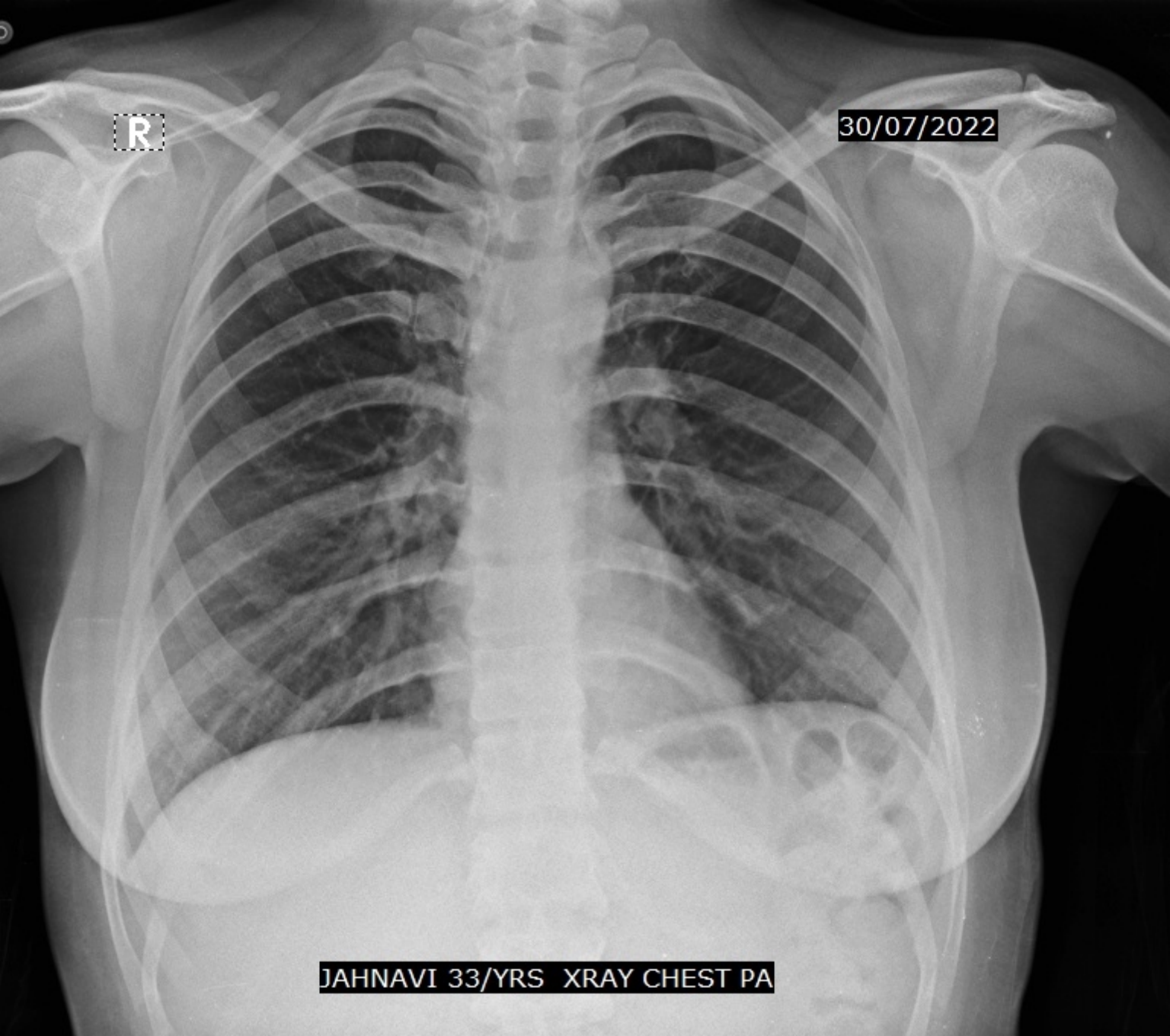
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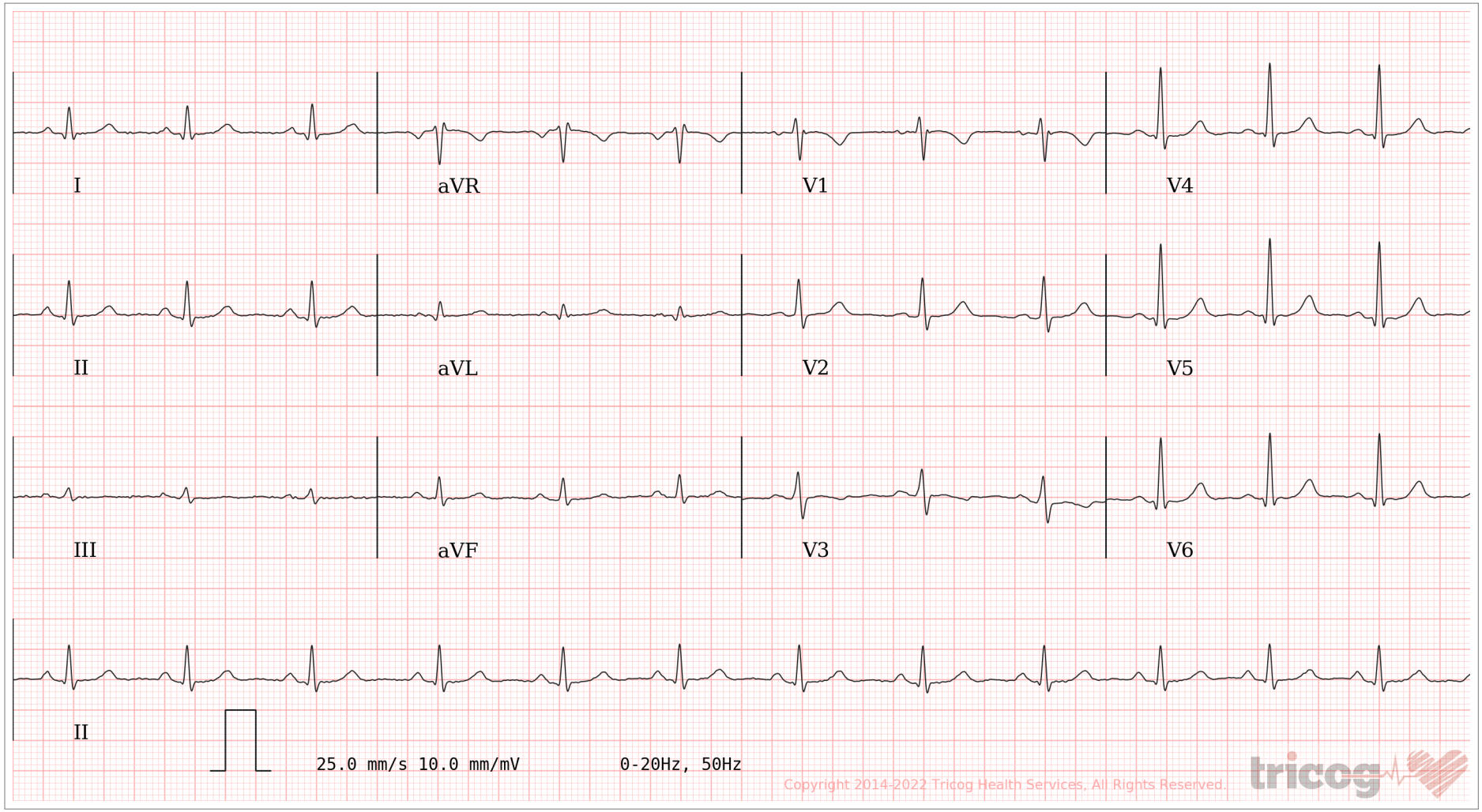
30/07/2022
JAHNAVI 33/YRS XRAY CHEST PA

HEALTHSPRING
FAMILY HEALTH EXPERTS

Health spring Khar, Mumbai

Age / Gender: 33/Female
Patient ID: 0468332
Patient Name: Jahnavi Jahnavi

Date and Time: 30th Jul 22 10:15 AM



tricog

AR: NA VR: 76bpm QRSD: 96ms QT: 378ms QTc: 424ms PRI: 144ms P-R-T: 48° NA 26°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis.Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Alafia Hatim Canteenwala

2000/08/2914

HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

Patient Details **Date: 30-Jul-22** **Time: 10:10:26 AM**

Name: JAHNAVI **ID: 466100**

Age: 33 y **Sex: F** **Height: 169 cms.** **Weight: 70 Kg.**

Clinical History: Routine Test

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 8 s **Max. HR:** 176 (94% of Pr.MHR)bpm **Max. Mets:** 7.00

Max. BP: 140 / 80 mmHg **Max. BP x HR:** 24640 mmHg/min **Min. BP x HR:** 7600 mmHg/min

Test Termination Criteria: Target HR Attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 8	1.0	0	0	95	120 / 80	-3.29 V4	2.53 III
Standing	0 : 8	1.0	0	0	99	120 / 80	-0.25 V4	0.42 II
Hyperventilation	0 : 6	1.0	0	0	97	120 / 80	-0.25 V4	0.42 I
1	3 : 0	4.6	2.7	10	149	130 / 80	-4.30 aVR	-5.49 V4
Peak Ex	2 : 8	7.0	4	12	176	130 / 80	-2.53 I	4.22 V5
Recovery(1)	1 : 0	1.8	1.6	0	148	140 / 80	-1.52 V5	2.53 II
Recovery(2)	1 : 0	1.0	0	0	113	140 / 80	-0.76 aVR	2.11 II
Recovery(3)	1 : 0	1.0	0	0	112	130 / 80	-0.51 aVR	1.69 II
Recovery(4)	1 : 0	1.0	0	0	101	120 / 80	-0.51 aVR	0.84 II
Recovery(5)	0 : 8	1.0	0	0	98	120 / 80	-0.25 II	0.84 V2

Interpretation

The patient exercised according to the Bruce protocol for 5 m 8 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 95 bpm, rose to a max. heart rate of 176 (94% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 140 / 80 mmHg.

Ref. Doctor: ------

(Summary Report edited by user)

Doctor: ------

Schiller CS-20 V 1.7

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 0 m 0 s Stage Time : 0 m 6 s ***HR: 90 bpm***

Protocol: Bruce Stage: Supine Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 98 bpm***

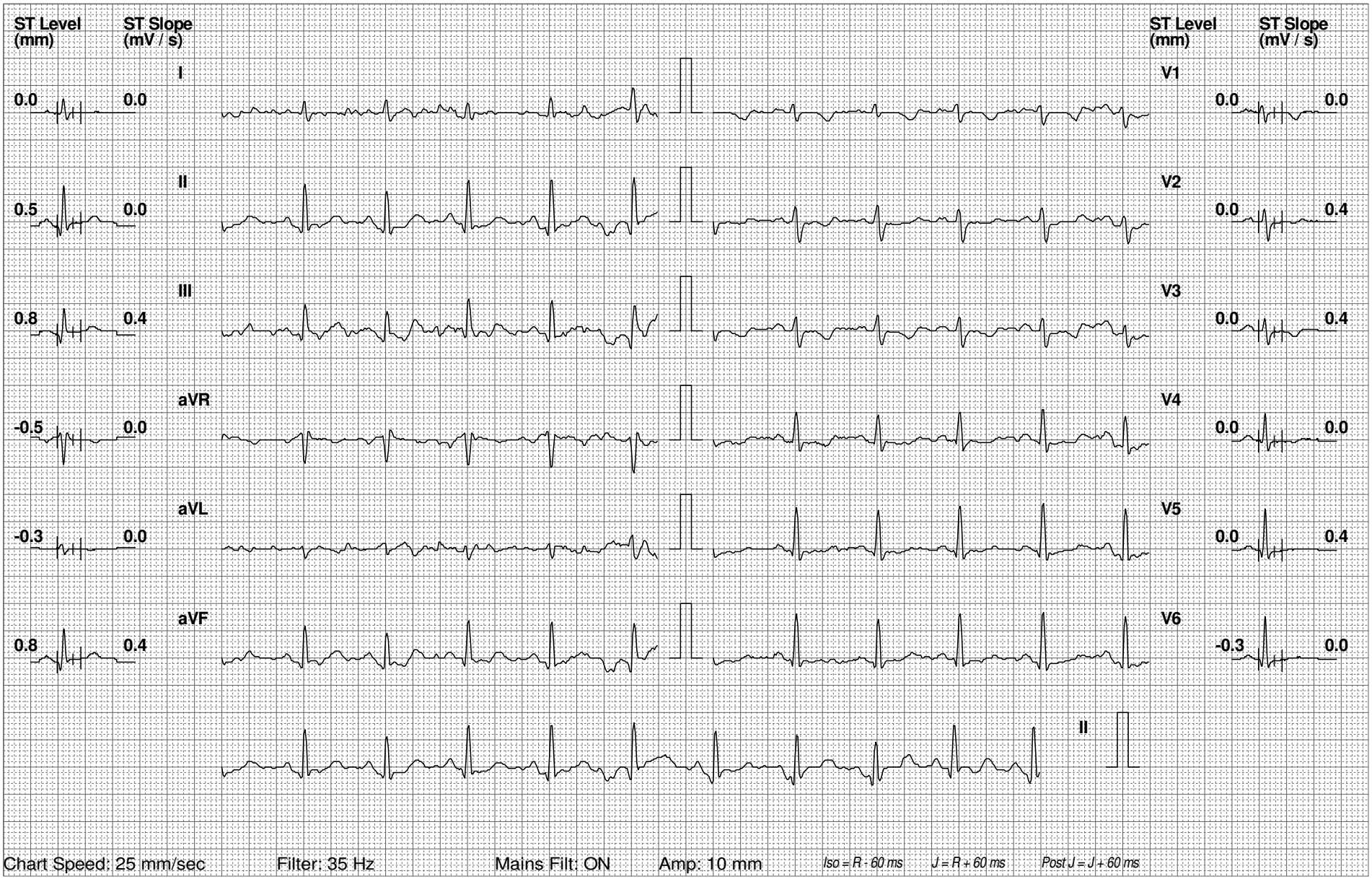
Protocol: Bruce Stage:Standing Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 101 bpm***

Protocol: Bruce Stage:Hyperventilation Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 102 bpm***

Protocol: Bruce Stage:Pre Test Speed: 1.6 Km/h Grade: 0.5 % (THR: 158 bpm) B.P: 120 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 98 bpm***

Protocol: Bruce Stage:1 Speed: 2.7 Km/h Grade: 10 % (THR: 158 bpm) B.P: 130 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 3 m 0 s Stage Time : 0 m 0 s ***HR: 148 bpm***

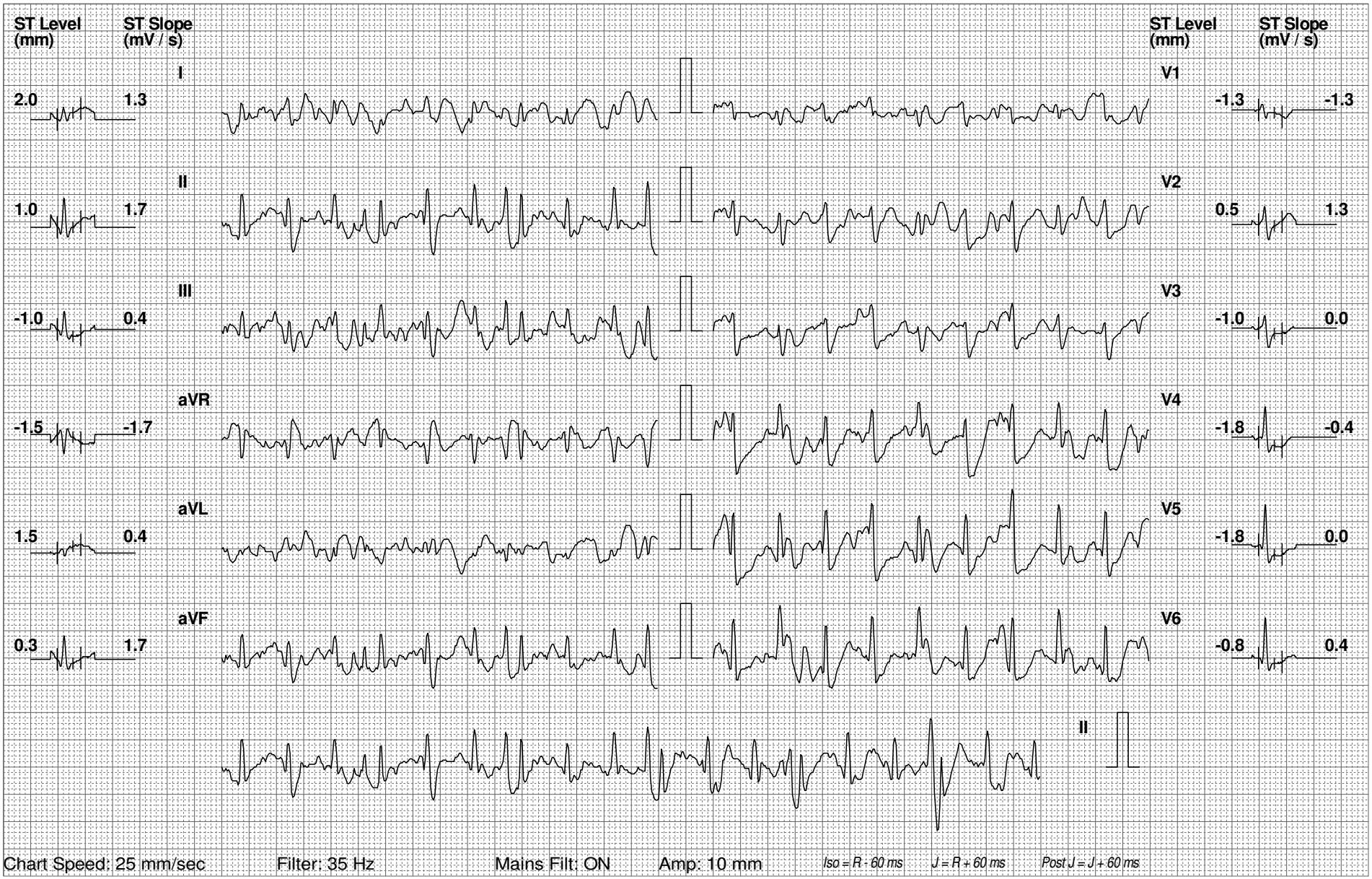
Protocol: Bruce Stage:Peak Ex Speed: 4 Km/h Grade: 12 % (THR: 158 bpm) B.P: 130 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 5 m 8 s Stage Time : 0 m 0 s ***HR: 175 bpm***

Protocol: Bruce Stage:Recovery(1) Speed: 1.6 Km/h Grade: 0 % (THR: 158 bpm) B.P: 140 / 80

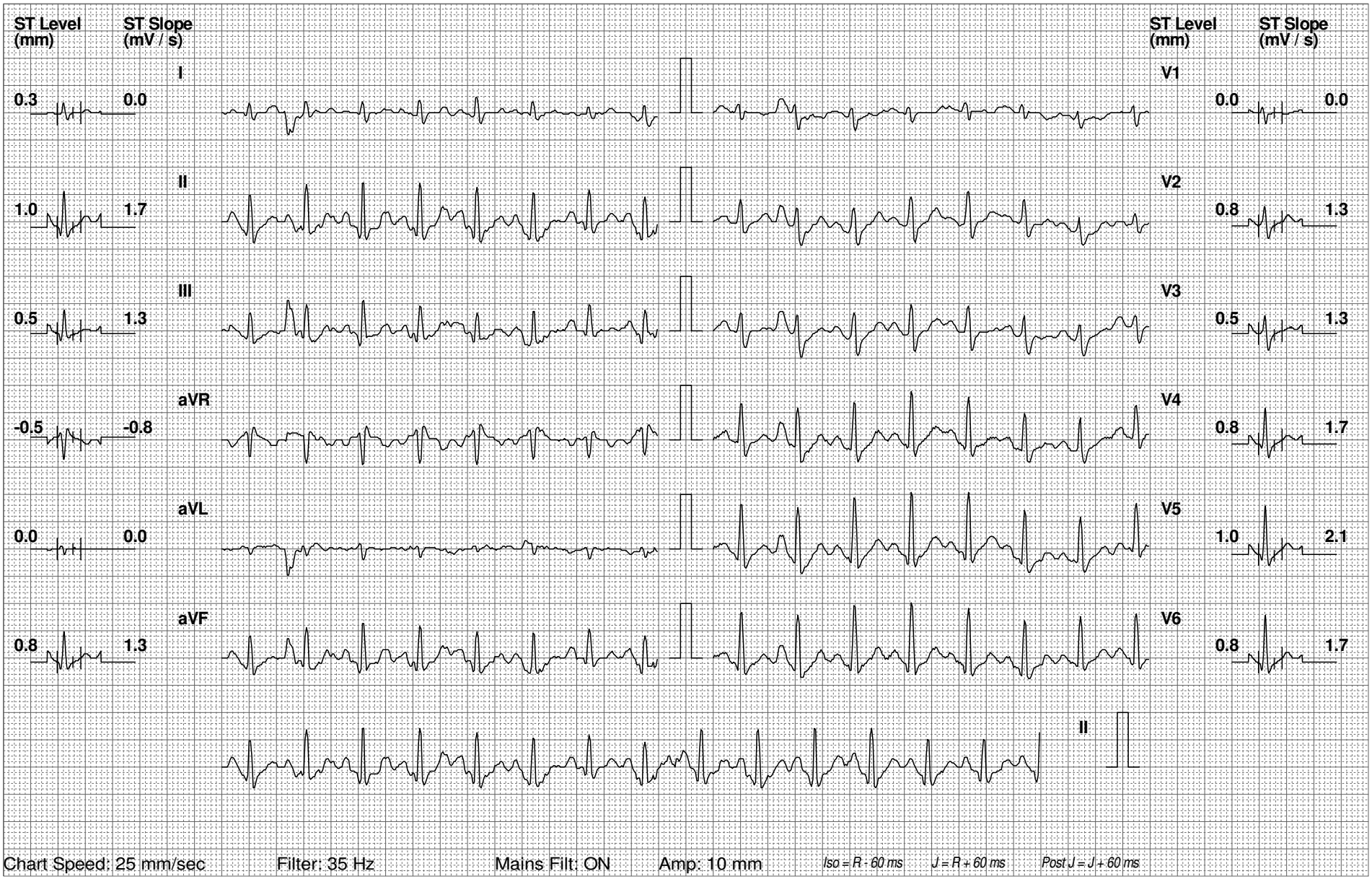


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 5 m 8 s Stage Time : 0 m 0 s ***HR: 145 bpm***

Protocol: Bruce Stage:Recovery(2) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 140 / 80

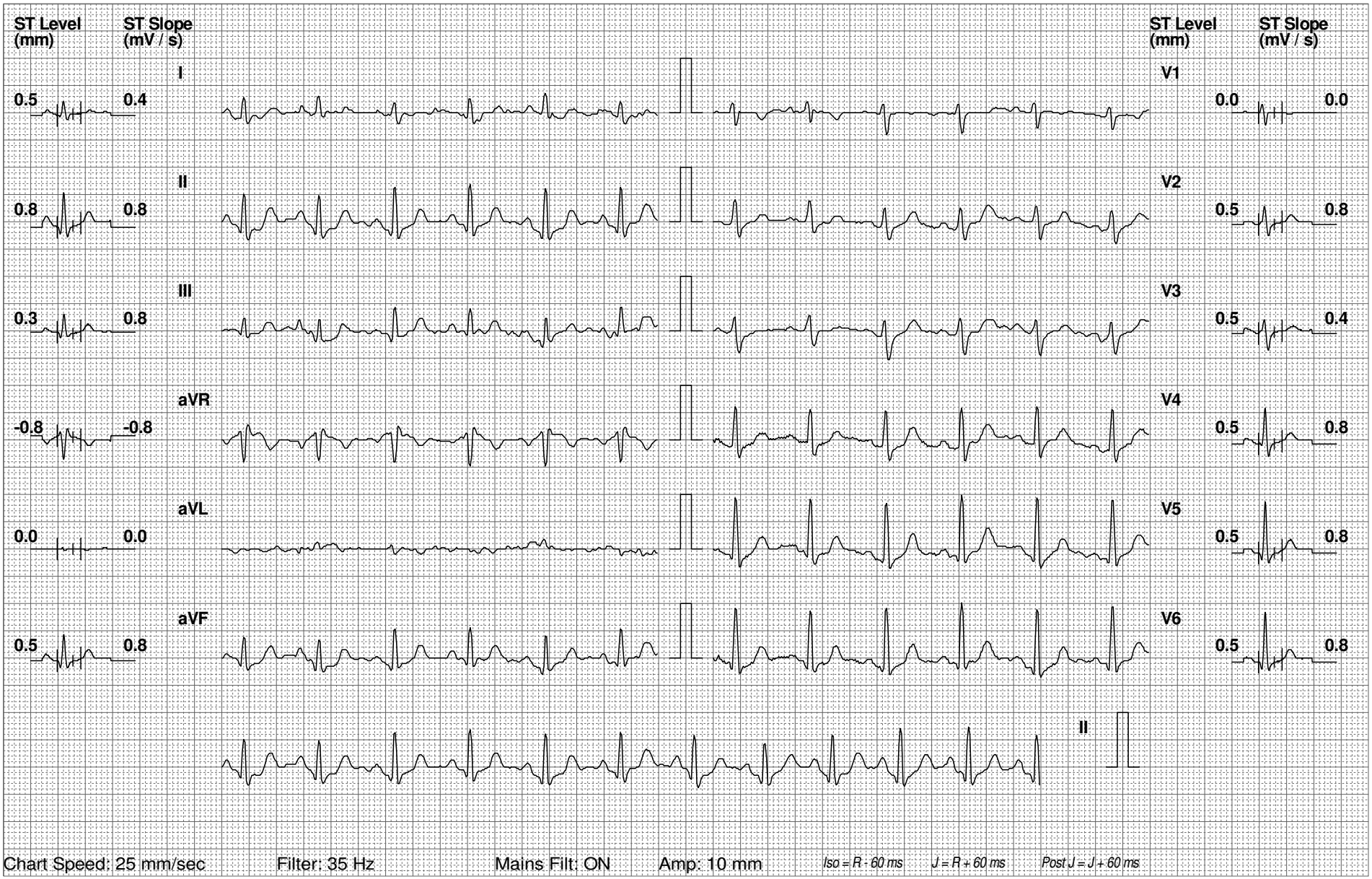


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 5 m 8 s Stage Time : 0 m 0 s ***HR: 113 bpm***

Protocol: Bruce Stage:Recovery(3) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 5 m 8 s Stage Time : 0 m 0 s ***HR: 111 bpm***

Protocol: Bruce Stage:Recovery(4) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

JAHNAVI (33 F) ID: 466100 Date: 30-Jul-22 Exec Time : 5 m 8 s Stage Time : 0 m 0 s ***HR: 102 bpm***

Protocol: Bruce Stage:Recovery(5) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

Schiller CS-20 V 1.6

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE:30/07/2022

NAME:	JAHNAVI	**AGE**:(years)	33	**SEX**:	F

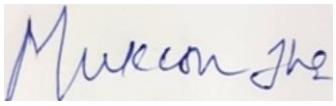
PROTOCOL USED	**BRUCE PROTOCOL**		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7	DOUBLE PRODUCT	24640 mmHg/Min
DUKES SCORE (High Risk Score ≤ -11, Low Risk Score ≥ 5)	5		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS OR ARRHYTHMIAS NOTED DURING EXERCISE
UPSLOPING ST-T CHANGES SEEN DURING EXERCISE
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
TARGET HR ACHIEVED
STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

HEALTHSPRING

PATIENT'S NAME - JAHNAVI DATE - 30/7/2022

AGE/GENDER - 15/11/1988, 33Y4

DOCTOR'S NAME - DR. Neelam Karanje

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/32		6/36.
NEAR		N/6		N/6.
COLOUR	Normal.			
Recommendations	Spectacle			

VITALS

Pulse - 86/min	B.P- 120/80 mm/Hg	SpO2 100%.
Height 164	Weight - 70.2	BMI-
Waist - 90	Hip - 105	Waist/Hip Ratio-
Chest - 93	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP- Wellspring Healthcare Pvt. Ltd. KHAR

HEALTHSPRING
COMMUNITY MEDICAL CENTRES

Name : JAHNAVI	**Age : 33 YRS**
Gender : FEMALE	**Date : 30/07/2022**

X– RAY CHEST PA VIEWA

Lung fields show normal translucency.

Bronchovascular markings appear normal.

Pleural cavities are clear.

Heart,arota and mediastinum are normal.

Hilar shadows show normal pulmonary vasculatures.

No evidence of any hilar lymphadenopathy

Both cardiophrenic and costophrenic angles are clear.

Both domes of diaphragm are normal.

Bone cage and soft tissue shadows are normal.

IMPRESSION:NO SIGNIFICANT ABNORMALITY SEEN.

DR.NEIL C FERNANDES
D.N.B., D.M.R.D.,D.M.R.E.,M.B.
Consultant Radiologist And Sonologist.

Online reporting done hence no signature