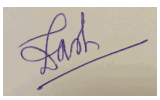
DIAGNOSTICS REPORT

Patient Name	: Mr. AJAYAKUMAR K R	Order Date	: 12/11/2022 09:06
Age/Sex	: 52 Year(s)/Male	Report Date	: 12/11/2022 12:40
UHID	: SHHM.52548	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.
Estimated LVEF = 60%
No LV regional wall motion abnormality at rest .
AII valves are structurally and functionally normal.
Normal sized cardiac chambers.
No LV Diastolic dysfunction .
No pulmonary arterial hypertension.
No regurgitation across any other valves.
Normal forward flow velocities across all the cardiac valves.
Aorta and pulmonary artery dimensions: normal.
IAS / IVS: Intact.
No evidence of clot, vegetation, calcification, pericardial effusion.
COLOUR DOPPLER: NO MR/AR.



Dr.Jayashree Dash ,

(Junior Consultant NIC)

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AJAYAKUMAR K R	**Age/Sex**	: 52 Year(s) / Male
UHID	: SHHM.52548	**Order Date**	: 12/11/2022 09:06
Episode	: OP		
Ref. Doctor	:	**Mobile No**	: 8660221824
		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Test Name	Result	Unit	Ref. Range

Sample No : O0248589A | Collection Date : 12/11/22 09:07 | Ack Date : 12/11/2022 10:15 | Report Date : 12/11/22 10:33

GLYCOSLYATED HAEMOGLOBIN (HBA1C)

HbA1c	6.0	%	4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control

Method - BIOCHEMISTRY

Estimated Average Glucose (eAG)	125.50	mg/dl	90 - 126

Method - Calculated

NOTES :-
1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease.Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
8. HbA1c target in pregnancy is to attain level <6 % .
9. HbA1c target in paediatric age group is to attain level < 7.5 %.
Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

Sample No : O0248589B | Collection Date : 12/11/22 09:07 | Ack Date : 12/11/2022 10:10 | Report Date : 12/11/22 10:33

GLUCOSE-PLASMA-FASTING

Glucose,Fasting	100.5	mg/dl	70 - 110

LABORATORY INVESTIGATION REPORT

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Episode	: OP		
Ref. Doctor	:	**Mobile No**	: 8660221824
		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics
Edited by: Carl A.burtis, Edward R. Ashwood,David e. Bruns

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

Sample No : O0248589C | Collection Date : 12/11/22 09:07 | Ack Date : 12/11/2022 09:53 | Report Date : 12/11/22 12:21

Lipid Profile

Total Cholesterol	147.9	mg/dl	Reference Values : Up to 200 mg/dL - Desirable 200-239 mg/dL - Borderline HIgh >240 mg/dL - High
Triglycerides	114.47	mg/dl	Reference Values: Up to 150 mg/dL - Normal 150-199 mg/dL - Borderline High 200-499 mg/dL - High >500 mg/dL - Very High
Method - Enzymatic			
HDL Cholesterol	32.11	mg/dl	0 - 60
Method - Enzymatic immuno inhibition			

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AJAYAKUMAR K R	**Age/Sex**	: 52 Year(s) / Male
UHID	: SHHM.52548	**Order Date**	: 12/11/2022 09:06
Episode	: OP		
Ref. Doctor	:	**Mobile No**	: 8660221824
		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

LDL Cholesterol *Method - Calculated*	92.90	mg/dl	0 - 130
VLDL Cholesterol *Method - Calculated*	22.89	mg/dl	0 - 40
Total Cholesterol / HDL Cholesterol Ratio - Calculated *Method - Calculated*	4.61	RATIO	0 - 5
LDL / HDL Cholesterol Ratio - Calculated *Method - Calculated*	2.89	RATIO	0 - 4.3

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis,Edward R. Ashwood,David e. Bruns

Interpretation
1.Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.

Uric Acid (Serum)

Uric Acid *Method - Uricase*	5.1	mg/dl	3.5 - 7.2

LABORATORY INVESTIGATION REPORT

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Ref. Doctor	:	**Mobile No**	: 8660221824
		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis,Edward R. Ashwood,David e. Bruns

Interpretation:-
Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body, including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).

Liver Function Test (LFT)

SGOT (Aspartate Transaminase) - SERUM *Method - IFCC*	21.38	U/L	0 - 35
SGPT (Alanine Transaminase) - SERUM *Method - IFCC*	31.77	U/L	0 - 45
Total Bilirubin - SERUM *Method - Diazo*	0.74	mg/dl	0 - 2
Direct Bilirubin - - SERUM *Method - Diazotization*	0.27	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated *Method - Calculated*	0.47	mg/dl	0.1 - 0.8
Alkaline Phosphatase - SERUM *Method - IFCC AMP Buffer*	49.39	U/L	0 - 115
Total Protein - SERUM *Method - Biuret*	6.84	gm/dl	6 - 7.8
Albumin - SERUM *Method - Bromo Cresol Green(BCG)*	4.25	gm/dl	3.5 - 5.2

LABORATORY INVESTIGATION REPORT

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Globulin - Calculated	2.59	gm/dl	2 - 4
Method - Calculated			
A:G Ratio	1.64	:1	1 - 3
Method - Calculated			
Gamma Glutamyl Transferase (GGT) - Gglutamyl carboxy nitroanilide - SERUM	20.92	U/L	0 - 55
Method - G glutamyl carboxy nitroanilide			

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis,Edward R. Ashwood,David e. Bruns

Interperatation :-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstonesgetting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia,Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.
Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-including drugs etc.
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 - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

Renal Function Test (RFT)

Urea - SERUM	23.48	mg/dl	15 - 39
Method - Urease			

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BUN - SERUM	10.97	mg/dl	4 - 18
Method - Urease-GLDH			
Creatinine - SERUM	0.82	mg/dl	0.5 - 1.3
Method - Jaffes Kinetic			

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis, Edward R. Ashwood, David e. Bruns

Interpretation:-
The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status when ordered as part of a renal panel, basic metabolic panel (BMP) or comprehensive metabolic panel (CMP).

Sample No : O0248634B Collection Date : 12/11/22 12:59 Ack Date : 12/11/2022 14:09 Report Date : 12/11/22 14:16

GLUCOSE-PLASMA POST PRANDIAL

Glucose,Post Prandial	131.1	mg/dl	70 - 140

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:
Non- Diabetic: Up to 140mg/dL
Pre-Diabetic: 140-199 mg/dL
Diabetic :>200 mg/dL

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A.burtis, Edward R. Ashwood,David e. Bruns

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AJAYAKUMAR K R	**Age/Sex**	: 52 Year(s) / Male
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Episode	: OP		
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		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

.

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AJAYAKUMAR K R	**Age/Sex**	: 52 Year(s) / Male
UHID	: SHHM.52548	**Order Date**	: 12/11/2022 09:06
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HAEMATOLOGY

Sample No : O0248589A Collection Date : 12/11/22 09:07 Ack Date : 12/11/2022 10:15 Report Date : 12/11/22 10:51

COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Ref. Range
Total WBC Count	5.49	x10^3/ul	4.00 - 10.00
Neutrophils	43.4	%	40.00 - 80.00
Lymphocytes	**48.1 ▲**	%	20.00 - 40.00
Eosinophils	1.8	%	1.00 - 6.00
Monocytes	6.6	%	2.00 - 10.00
Basophils	**0.1 ▼**	%	1.00 - 2.00
Absolute Neutrophils Count	2.39	x10^3/ul	2.00 - 7.00
Absolute Lymphocytes Count	2.64	x10^3/ul	0.80 - 4.00
Absolute Eosinophils Count	0.09	x10^3/ul	0.02 - 0.50
Absolute Monocytes Count	0.36	x10^3/ul	0.12 - 1.20
Absolute Basophils Count	0.01	x10^3/ul	0.00 - 0.10
RBCs	4.79	x10^6/ul	4.50 - 5.50
Haemoglobin	14.4	gm/dl	13.00 - 17.00
Hematocrit	41.4	%	40.00 - 50.00

LABORATORY INVESTIGATION REPORT

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MCV	86.3	fl	83.00 - 101.00
MCH	30.1	pg	27.00 - 32.00
MCHC	**34.8** ▲	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.4	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	41.0	fl	35.00 - 56.00
Platelet	297	x10^3/ul	150.00 - 410.00
MPV	8.2	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.5	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.242	%	0.11 - 0.28

NOTE: References are from "Interpretations of Diagnostic Tests" by Wallach & "Fundamentals of Clinical Chemistry" By Tietz

NOTE :-
The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	05	mm/hr	0 - 20

LABORATORY INVESTIGATION REPORT

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Ref. Doctor	:	**Mobile No**	: 8660221824
		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. it provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ES values. An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AJAYAKUMAR K R	**Age/Sex**	: 52 Year(s) / Male
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		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Ref. Range

Sample No : O0248589D | Collection Date : 12/11/22 09:07 | Ack Date : 12/11/2022 10:37 | Report Date : 12/11/22 14:05

Physical Examination

QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.010		

Chemical Examination

Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Absent
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent

LABORATORY INVESTIGATION REPORT

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Urobilinogen	NORMAL		Absent
NITRATE	Absent		
LEUKOCYTES	Absent		

Microscopic Examination

Puscells	OCCASIONAL	/HPF	
Epithelial Cells	OCCASIONAL	/HPF	
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

URINE SUGAR AND KETONE (FASTING)

Sugar	Absent
ketones	Absent

Sample No : O0248636D Collection Date : 12/11/22 13:02 Ack Date : 12/11/2022 14:02 Report Date : 12/11/22 14:16

LABORATORY INVESTIGATION REPORT

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		DOB	: 18/02/1970
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

URINE SUGAR AND KETONE (PP)

Sugar	Absent
ketones	Absent

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

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DIAGNOSTICS REPORT

Patient Name	: Mr. AJAYAKUMAR K R	Order Date	: 12/11/2022 09:06
Age/Sex	: 52 Year(s)/Male	Report Date	: 12/11/2022 12:17
UHID	: SHHM.52548	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

USG ABDOMEN

Liver is normal in size (14 cm) and shows bright echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (8.1 cm) and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 9.9 x 5.1 cm**.Evidence of simple cortical exophytic cyst at mid pole measures 3.6 x 3.4 cm.**
Left kidney measures 9.9 x 5.6 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Prevoid volume = 222 cc.
Postvoid is not significant

Prostate is mildly enlarged in size and normal echotexture. It measures 4.7 x 4.0 x 3.6 cm corresponding to 36.8 cc.

There is no free fluid in abdomen and pelvis.

IMPRESSION:

- **Grade I fatty liver.**
- **Right renal simple cyst.**
- **Grade I prostatomegaly with non-significant postvoid residue.**

Dr.Amol Balaji Sunkwad ,
DMRE,MBBS

DIAGNOSTICS REPORT

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UHID	: SHHM.52548	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

SEVEN HILLS HOSPITAL

MUMBAI

MUMBAI

Mr. AJAYA KUMAR K. R.
ID : 46863
DATE : 12-11-2022
AGE/SEX : 52 /M
HT/WT : 169 / 73
REF.BY : Self

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY : NIL
INDICATION : Routine
MEDICATION : OLMEZEST - 10MG

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL(MM) II	ST LEVEL(MM) V1	ST LEVEL(MM) V5	METS
SUPINE					73	112 / 76	81	0.6	0	0.4	
STANDING					70	112 / 76	78	0.6	0	0.4	
HYPERVENT		0:35			83	112 / 76	92	0.5	0.1	0.5	
Stage 1	2:55	2:55	2.7	10	93	120 / 80	111	0.4	-0.1	0.4	4.67
Stage 2	5:55	2:55	4	12	110	120 / 80	132	0	-0.2	0.3	7.04
Stage 3	8:55	2:55	5.4	14	139	130 / 84	180	-0.7	0.4	0	9.92
PK-EXERCISE	9:23	0:23	6.7	16	155	130 / 84	201	-1	0.4	-0.8	10.51
RECOVERY	11:48	2:5			105	150 / 90	157	-0.5	0.3	-0.5	
RECOVERY	12:38	2:55			93	150 / 90	139	-0.5	0.3	-0.4	
RECOVERY	13:2	3:19			91	120 / 70	109	-0.5	0.2	-0.4	

RESULTS

EXERCISE DURATION : 9:23 MAX WORK LOAD : 10.51 METS
MAX HEART RATE : 155 bpm 92 % of target heart rate 168 bpm
MAX BLOOD PRESSURE : 150 / 90 mm Hg
REASON OF TERMINATION : THR ACHIEVED

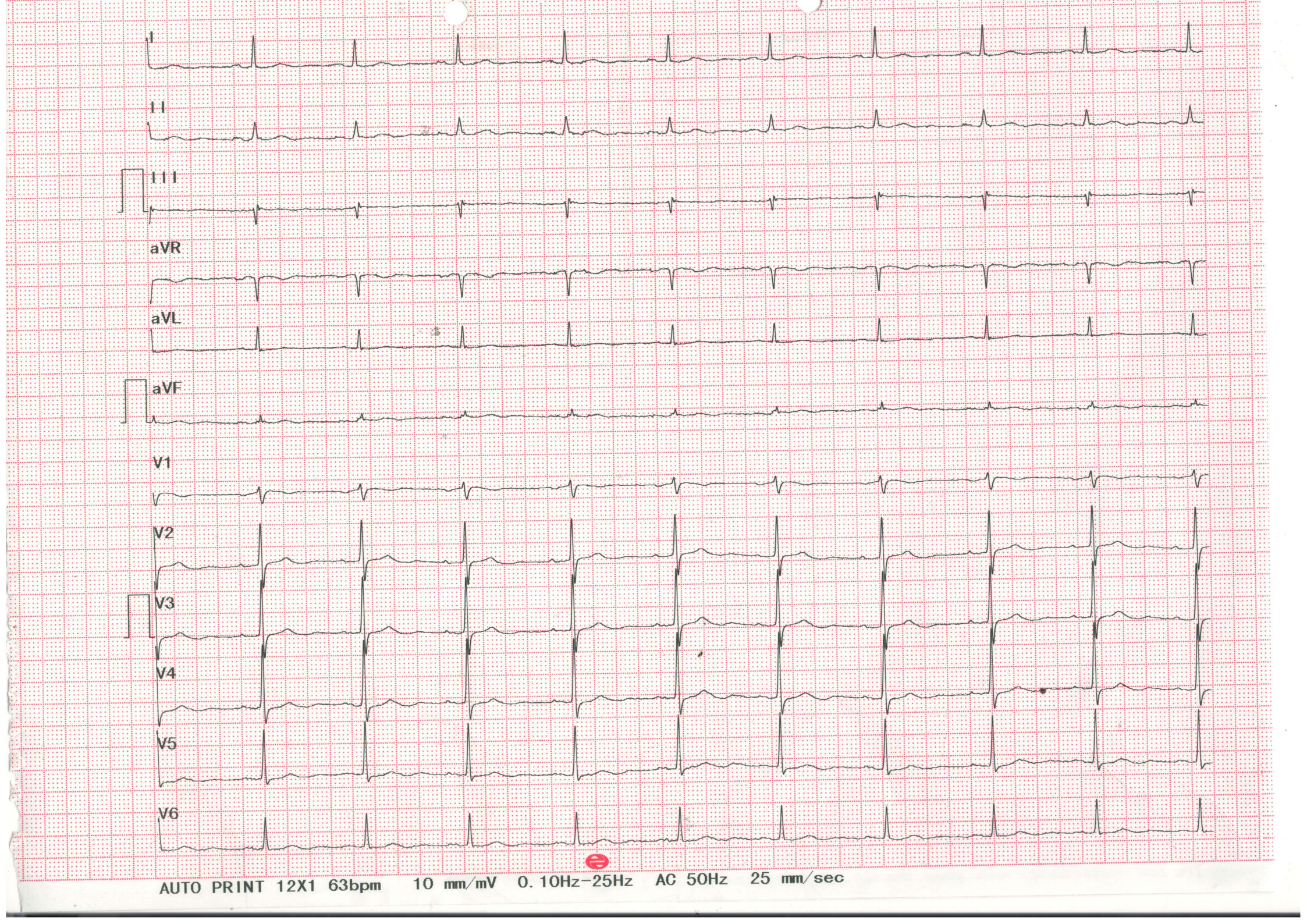
BP RESPONSE :
ARRYTHMIA :
H.R. RESPONSE :

IMPRESSIONS :

GOOD EFFORT TOLERANCE.
NORMAL CHRONOTROPIC AND IONOTROPIC RESPONSES.
NO ANGINA / ARRHYTHMIA.
NO ST - T CHANGES.
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Technician : VIKESH JADHAV

Dr. Jayshree Dash


I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
AUTO PRINT 12X1 63bpm 10 mm/mV 0.10Hz-25Hz AC 50Hz 25 mm/sec

ID	: 2211120012	DataTime:	2022-11-12 12:09
Name	: ajayakumar k.r.	Height :	cm
Sex	: Male	Weight :	kg
Age	: 52	BP : /	mmHg
Divisions:		Bed No. :	
Hospital No.:			
Hospital:	seven hills hospital		

HR	63 bpm	RV5/SV1 amp	1.242/0.241mV
P Dur/PR int	118/184ms	RV5+SV1 amp	1.483mV
QRS Dur	76 ms	RV6/SV2 amp	0.784/0.495mV
QT/QTC int	393/404 ms		
P/QRS/T axis	30/19/30 °		

Minnesota Code	Diagnosis Info
5-5-0(V4,V5)	800 Sinus Rhythm
9-4-1(V3)	

Biphasic T wave in V_3-V_6
Ischemic Changes

Diagnosis for reference, ask your doctor to confirm: