

<b>Customer Name</b>	<b>MR.MUTHUKRISHNAN ARUNACHALAM</b>	<b>Customer ID</b>	<b>MED111369006</b>
<b>Age &amp; Gender</b>	<b>31Y/MALE</b>	<b>Visit Date</b>	<b>12/11/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 177.5 cms  
Weight : 68.2 kg  
BMI : 21.8 kg/m<sup>2</sup>

BP: 140/80 mmhg  
Pulse: 86/ min, regular

#### Systemic Examination:

CVS: S1 S2 heard;  
RS : NVBS +.  
Abd : Soft.  
CNS : NAD

#### Blood report:

Liver function test –SGOT/AST– 44.2 U/L, SGPT/ALT–101.7U/Left and GGT– 61.4 U/L – Slightly elevated

Total cholesterol- 260.7 mg/dl, Triglycerides- 457.7 mg/dl – Elevated

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

TMT – Normal study.

USG Whole abdomen – Hepatomegaly with fatty changes.





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Eye Test – Distant vision defect (with glass).

Vision	Right eye	Left eye
Distant Vision	6/12	6/12
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

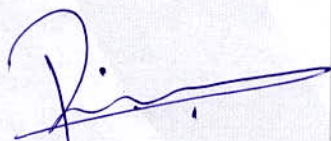
Liver function test –SGOT/AST– 44.2 U/L, SGPT/ALT–101.7U/Left and GGT– 61.4 U/L – Slightly elevated – To consult a gastroenterologist for further evaluation and management.

Total cholesterol- 260.7 mg/dl, Triglycerides- 457.7 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl total cholesterol, 150mg/dl triglycerides by having low cholesterol, high fiber diet recommended by the dietician.

USG Whole abdomen – Hepatomegaly with fatty changes. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test – Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM  
MHC Physician Consultant

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM  
Reg. No: 120325 Consultant Physician  
A Medall Health Care and Diagnostics Pvt. Ltd.







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**Investigation**

**Observed  
Value**

**Unit**

**Biological  
Reference Interval**

BLOOD GROUPING AND Rh  
TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin

15.9

g/dL

13.5 - 18.0

(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit

48.1

%

42 - 52

(EDTA Blood/Derived from Impedance)

RBC Count

5.47

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Impedance Variation)

Mean Corpuscular Volume(MCV)

87.8

fL

78 - 100

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin(MCH)

29.1

pg

27 - 32

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin  
concentration(MCHC)

33.2

g/dL

32 - 36

(EDTA Blood/Derived from Impedance)

RDW-CV

14.1

%

11.5 - 16.0

(EDTA Blood/Derived from Impedance)

RDW-SD

43.8

fL

39 - 46

(EDTA Blood/Derived from Impedance)

Total Leukocyte Count (TC)

7900

cells/cu.mm

4000 - 11000

(EDTA Blood/Impedance Variation)

Neutrophils

50.5

%

40 - 75

(EDTA Blood/Impedance Variation & Flow  
Cytometry)

Lymphocytes

34.0

%

20 - 45

(EDTA Blood/Impedance Variation & Flow  
Cytometry)

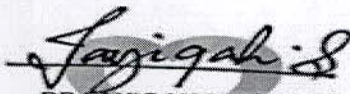
Eosinophils

7.2

%

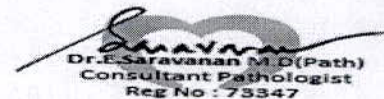
01 - 06

(EDTA Blood/Impedance Variation & Flow  
Cytometry)



DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO: 116685

VERIFIED BY



Dr. E. Saravanan M.D (Path)  
Consultant Pathologist  
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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**Investigation**

Observed Value	Unit	Biological Reference Interval
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Monocytes  
(EDTA Blood/Impedance Variation & Flow Cytometry)

7.5 %

01 - 10

Basophils  
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.8 %

00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count  
(EDTA Blood/Impedance Variation & Flow Cytometry)

4.0  $10^3 / \mu\text{l}$

1.5 - 6.6

Absolute Lymphocyte Count  
(EDTA Blood/Impedance Variation & Flow Cytometry)

2.7  $10^3 / \mu\text{l}$

1.5 - 3.5

Absolute Eosinophil Count (AEC)  
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.6  $10^3 / \mu\text{l}$

0.04 - 0.44

Absolute Monocyte Count  
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.6  $10^3 / \mu\text{l}$

< 1.0

Absolute Basophil count  
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.1  $10^3 / \mu\text{l}$

< 0.2

Platelet Count  
(EDTA Blood/Impedance Variation)

265  $10^3 / \mu\text{l}$

150 - 450

MPV  
(EDTA Blood/Derived from Impedance)

6.6 fL

7.9 - 13.7

PCT  
(EDTA Blood/Automated Blood cell Counter)

0.176 %

0.18 - 0.28

ESR (Erythrocyte Sedimentation Rate)  
(Blood/Automated - Westergren method)

2 mm/hr

< 15

BUN / Creatinine Ratio

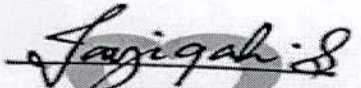
8.77

6.0 - 22.0

Glucose Fasting (FBS)  
(Plasma - F/GOD-PAP)

100.9 mg/dL

Normal: < 100  
Pre Diabetic: 100 - 125  
Diabetic:  $\geq$  126

  
DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO: 116685

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Dr. E. Saravanan M.D(Path)  
Consultant Pathologist  
Reg No : 73347

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**Investigation**

**Observed  
Value**

**Unit**

**Biological  
Reference Interval**

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

Glucose, Fasting (Urine)  
(Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)  
(Plasma - PP/GOD-PAP)

101.0 mg/dL

70 - 140

**INTERPRETATION:**

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

Urine Glucose(PP-2 hours)  
(Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)  
(Serum/Urease UV / derived)

9.3 mg/dL

7.0 - 21

Creatinine  
(Serum/Modified Jaffe)

1.06 mg/dL

0.9 - 1.3

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

Uric Acid  
(Serum/Enzymatic)

6.5 mg/dL

3.5 - 7.2

**Liver Function Test**

Bilirubin(Total)  
(Serum/DCA with ATCS)

0.59 mg/dL

0.1 - 1.2

Bilirubin(Direct)  
(Serum/Diazotized Sulfanilic Acid)

0.14 mg/dL

0.0 - 0.3

Bilirubin(Indirect)  
(Serum/Derived)

0.45 mg/dL

0.1 - 1.0

SGOT/AST (Aspartate  
Aminotransferase)  
(Serum/Modified IFCC)

44.2 U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)  
(Serum/Modified IFCC)

101.7 U/L

5 - 41

DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO:116685

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Dr. E. Saravanan M.D.(Path)  
Consultant Pathologist  
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

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**Investigation**

	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	61.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	62.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.50	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.63	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.87	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.61		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	260.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	457.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

**Remark:** Note:Sample lipemic.

HDL Cholesterol (Serum/Immuno-inhibition)	44.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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CONSULTANT - PATHOLOGIST  
REG NO:116685

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Dr. E. Saravanan M.D(Path)  
Consultant Pathologist  
Reg No : 79347

APPROVED BY

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**Investigation**

LDL Cholesterol  
(Serum/Calculated)

**Observed Value**  
124.7      mg/dL

**Biological Reference Interval**  
Optimal: < 100  
Above Optimal: 100 - 129  
Borderline: 130 - 159  
High: 160 - 189  
Very High: >= 190

VLDL Cholesterol  
(Serum/Calculated)

91.5      mg/dL

< 30

Non HDL Cholesterol  
(Serum/Calculated)

216.2      mg/dL

Optimal: < 130  
Above Optimal: 130 - 159  
Borderline High: 160 - 189  
High: 190 - 219  
Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio  
(Serum/Calculated)

5.9

Optimal: < 3.3  
Low Risk: 3.4 - 4.4  
Average Risk: 4.5 - 7.1  
Moderate Risk: 7.2 - 11.0  
High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio (TG/HDL)  
(Serum/Calculated)

10.3

Optimal: < 2.5  
Mild to moderate risk: 2.5 - 5.0  
High Risk: > 5.0

LDL/HDL Cholesterol Ratio  
(Serum/Calculated)

2.8

Optimal: 0.5 - 3.0  
Borderline: 3.1 - 6.0  
High Risk: > 6.0

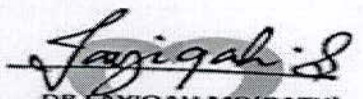
**Glycosylated Haemoglobin (HbA1c)**

HbA1C  
(Whole Blood/HPLC)

5.4      %

Normal: 4.5 - 5.6  
Prediabetes: 5.7 - 6.4  
Diabetic: >= 6.5

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



DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO:116685

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Dr. Saravanan M.D(Path)  
Consultant Pathologist  
Reg No - 73347

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**Investigation**

**Observed  
Value**

**Unit**

**Biological  
Reference Interval**

Estimated Average Glucose  
(Whole Blood)

108.28

mg/dL

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total

(Serum/Chemiluminescent Immunometric Assay  
(CLIA))

0.92

ng/ml

0.7 - 2.04

**INTERPRETATION:**

**Comment :**

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

T4 (Tyroxine) - Total

(Serum/Chemiluminescent Immunometric Assay  
(CLIA))

6.45

µg/dl

4.2 - 12.0

**INTERPRETATION:**

**Comment :**

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

TSH (Thyroid Stimulating Hormone)

(Serum/Chemiluminescent Immunometric Assay  
(CLIA))

1.66

µIU/mL

0.35 - 5.50

**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values <math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO: 116685

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Dr. E. Saravanan M.D(Path)  
Consultant Pathologist  
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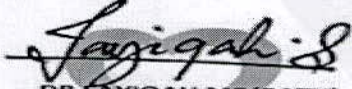
**Investigation**

Urine Analysis - Routine

COLOUR  
(Urine)  
APPEARANCE  
(Urine)  
Protein  
(Urine/Protein error of indicator)  
Glucose  
(Urine/GOD - POD)  
Pus Cells  
(Urine/Automated - Flow cytometry)  
Epithelial Cells  
(Urine/Automated - Flow cytometry)  
RBCs  
(Urine/Automated - Flow cytometry)  
Casts  
(Urine/Automated - Flow cytometry)  
Crystals  
(Urine/Automated - Flow cytometry)  
Others  
(Urine)

<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pale yellow		Yellow to Amber
Clear		Clear
Negative		Negative
Negative		Negative
<b>Occasional</b>	/hpf	NIL
<b>Occasional</b>	/hpf	NIL
NIL	/hpf	NIL
NIL	/hpf	NIL
NIL	/hpf	NIL
NIL		

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

  
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REG NO: 116685

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-- End of Report --

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Age & Gender	31Y/M	Visit Date	Nov 12 2022 8:52AM
Ref Doctor	MediWheel		

**X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- *Chest x-ray shows no significant abnormality.*



**Dr. Rama Krishnan, MD, DNB.,**  
Consultant Radiologist,  
Medall Healthcare Pvt Ltd.





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Age & Gender	31Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is enlarged in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is contracted.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 10.4 x 4.1 cm.

The left kidney measures 11.0 x 5.9 cm.

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

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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

The prostate measures 3.1 x 3.4 x 2.6 cm (15.3 cc) and is normal sized.

The echotexture is homogeneous.





Customer Name	MR.MUTHUKRISHNAN ARUNACHALAM	Customer ID	MED111369006
Age & Gender	31Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Hepatomegaly with fatty changes.**
- **Normal study of other abdominal organs.**

  
**DR. UMALAKSHMI  
SONOLOGIST**

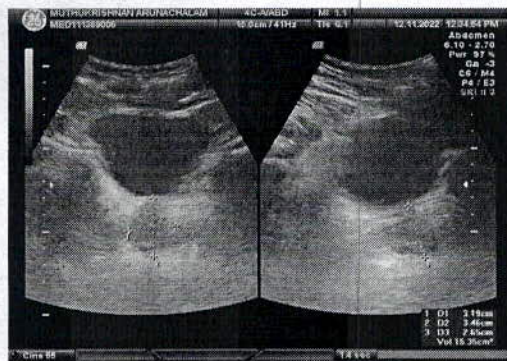




Medall Healthcare Pvt Ltd

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

<b>Customer Name</b>	<b>MR.MUTHUKRISHNAN ARUNACHALAM</b>	<b>Customer ID</b>	<b>MED111369006</b>
<b>Age &amp; Gender</b>	<b>31Y/MALE</b>	<b>Visit Date</b>	<b>12/11/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		





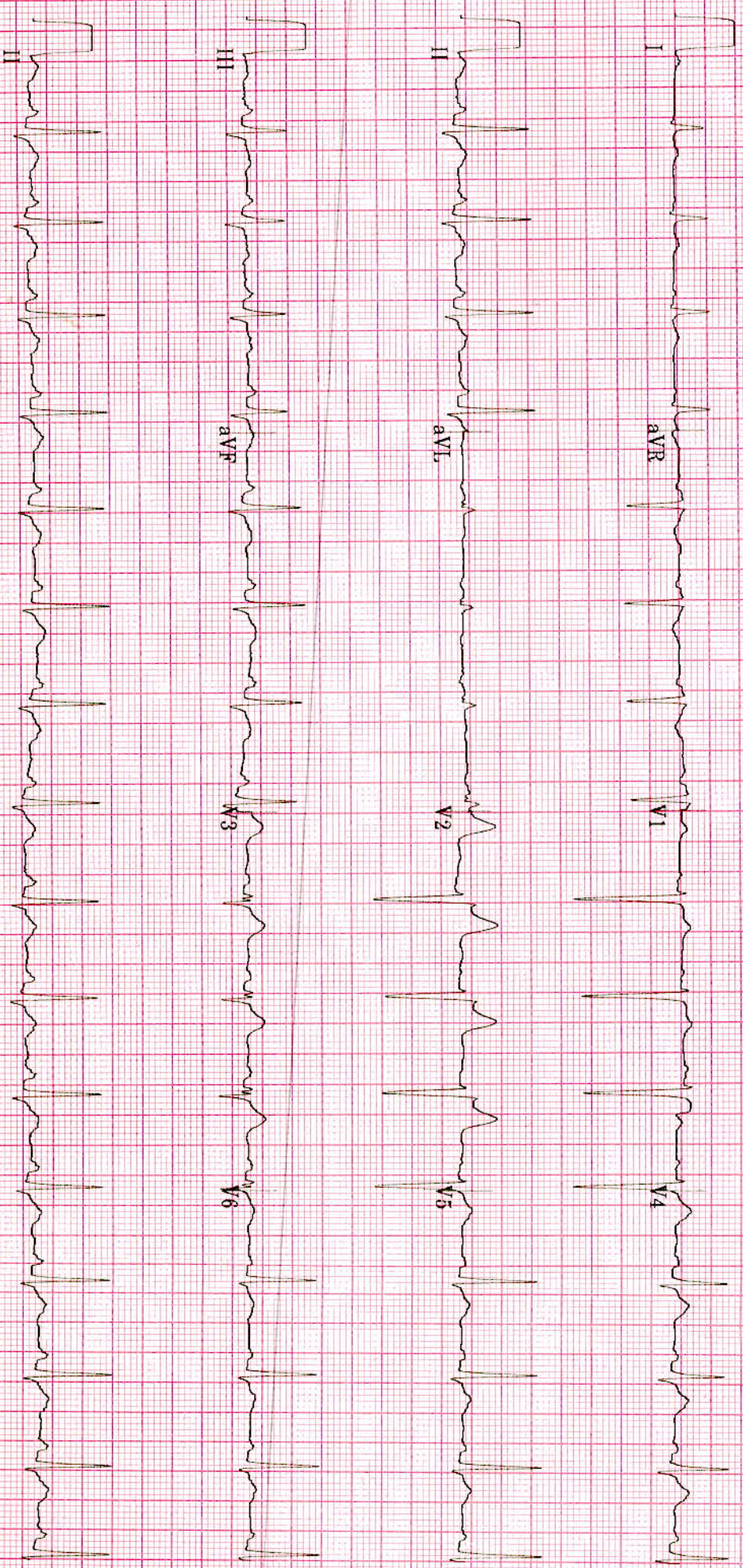
31 years  
Male

Heart rate 95 bpm  
PR interval 136 ms  
QRS duration 94 ms  
QT/QTc 324/407 ms  
P-R-T axes 82 58 71

Normal sinus rhythm  
Normal ECG

Test ind.

Unconfirmed



40 Hz  
25.0 mm/s  
10.0 mm/mV

MICRO MED charts  
CE 8U0553

4 by 2.5s + 1 rhythm ld

MAC35 009C

12SL™ V233480



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:07:58

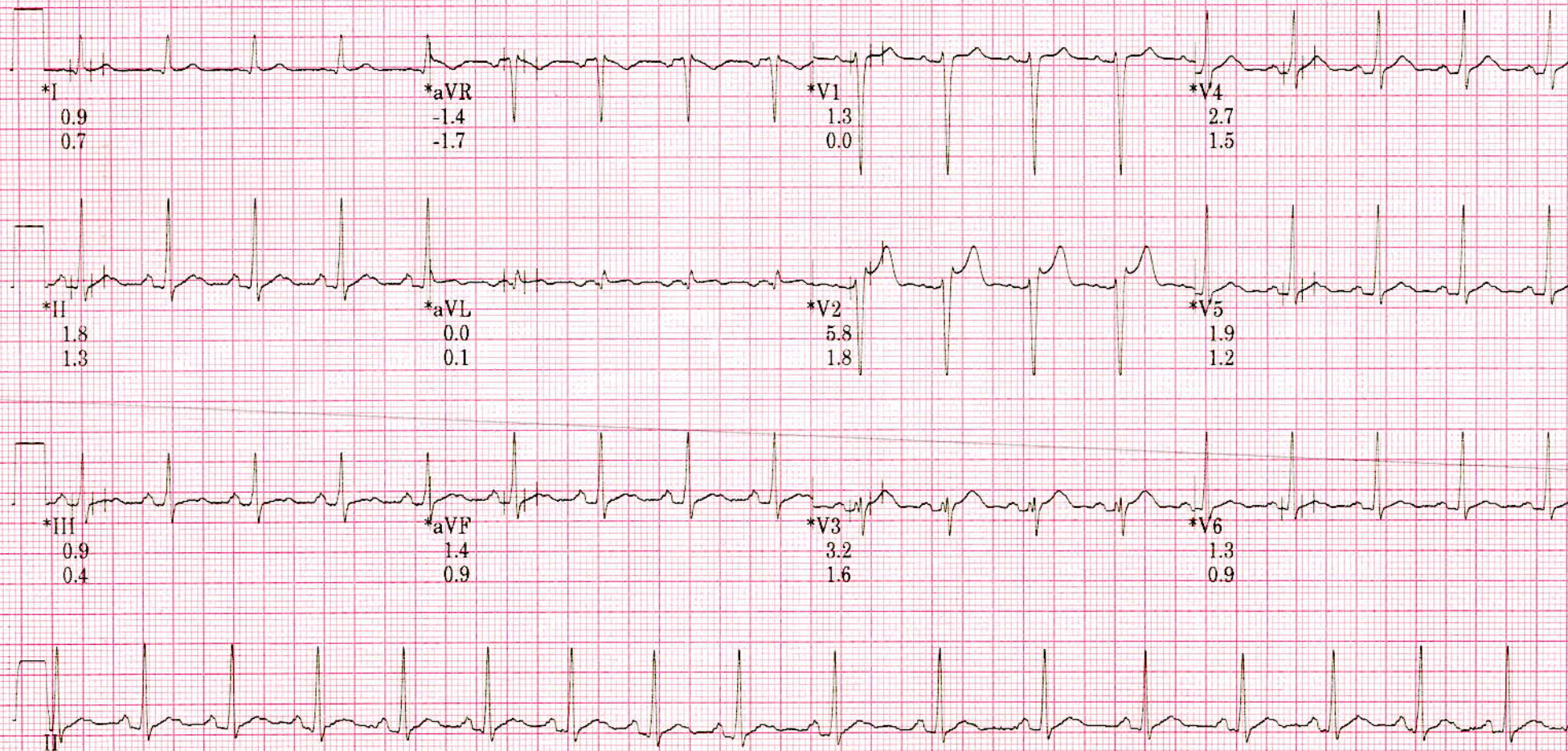
106bpm  
BP: 140/80

PRETEST  
SUPINE  
1:36

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:08:15

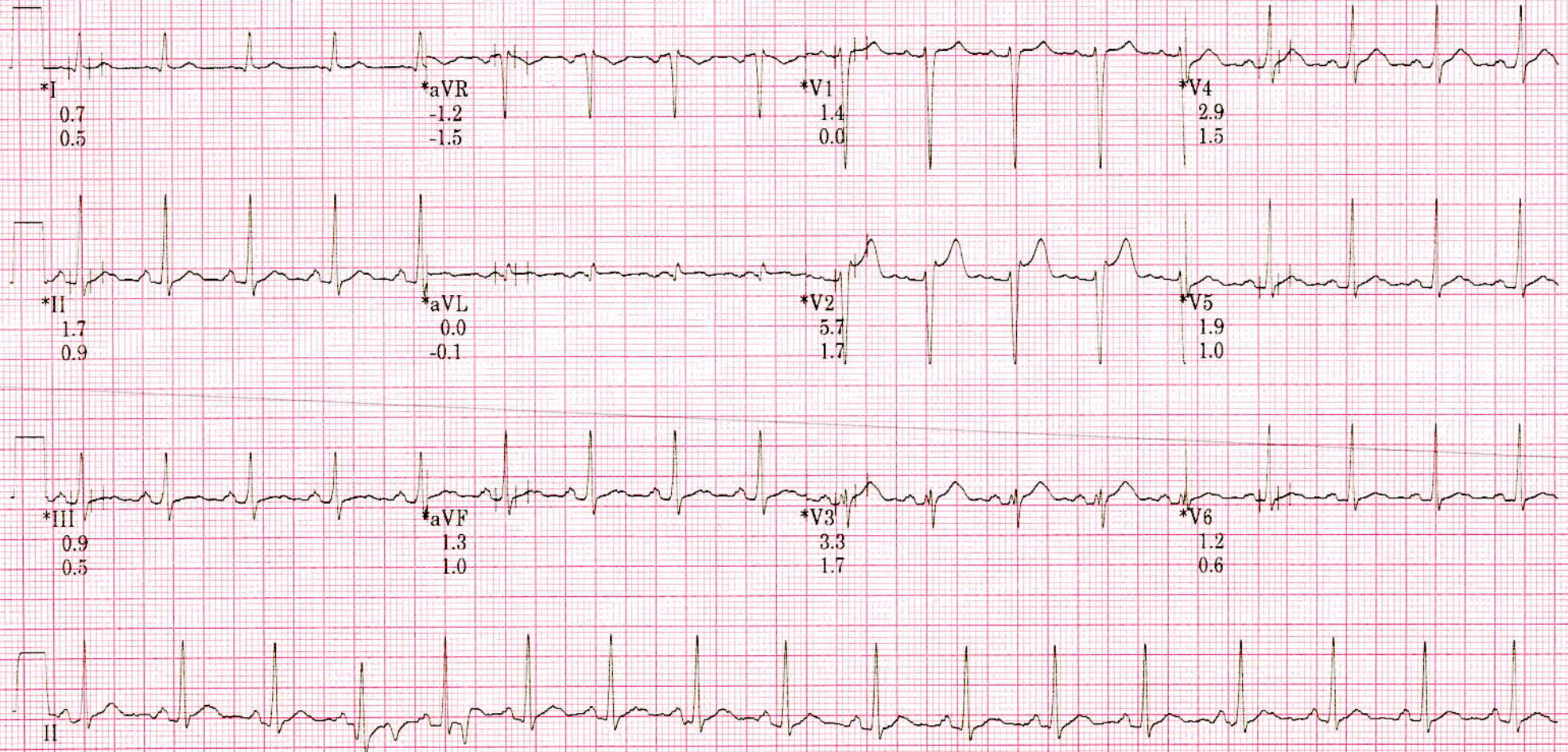
107bpm  
BP: 140/80

PRETEST  
STANDING  
1:54

BRUCE  
\*\* \*mph  
\*\* \*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:08:32

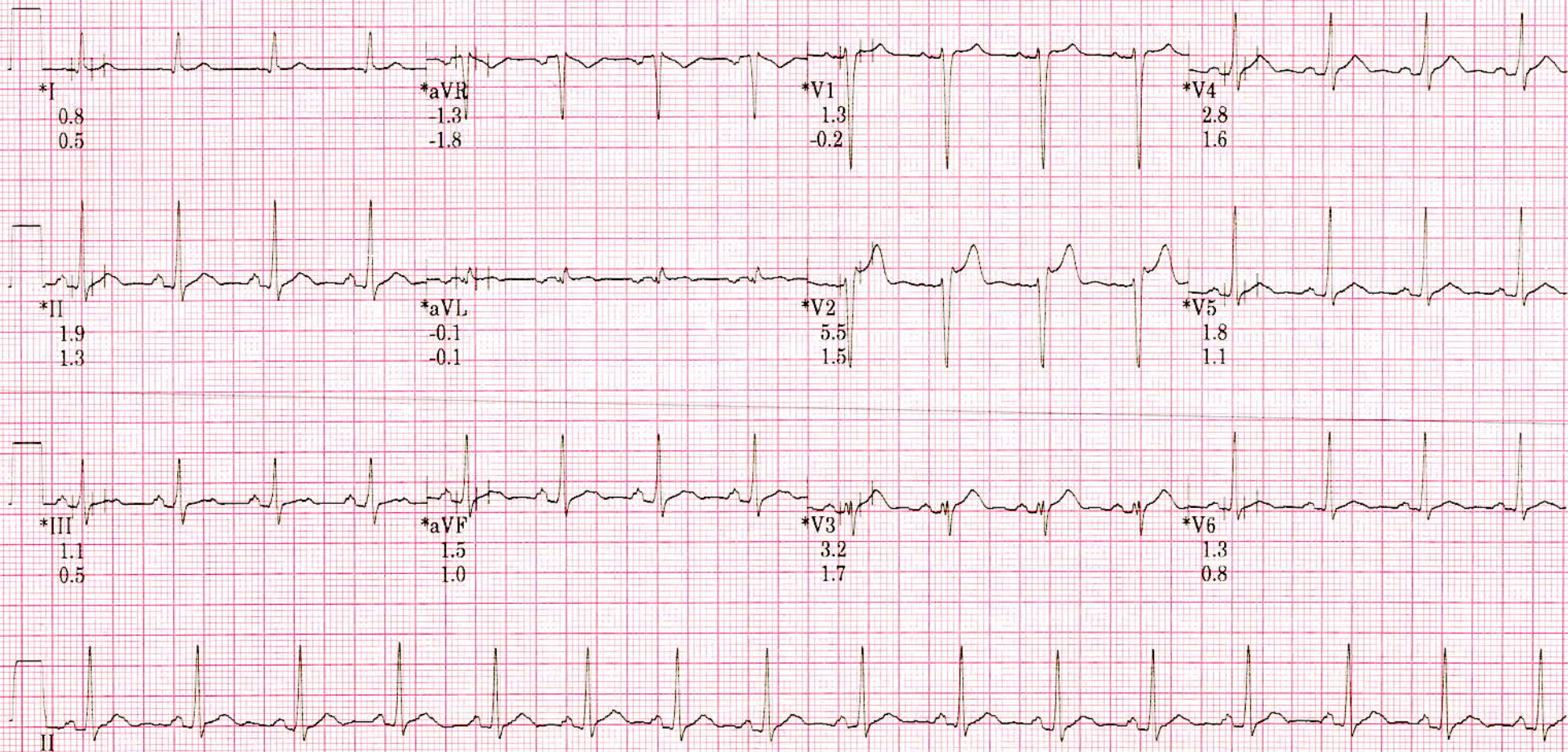
95bpm  
BP: 140/80

PRETEST  
HYPERVENT  
2:11

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:11:57

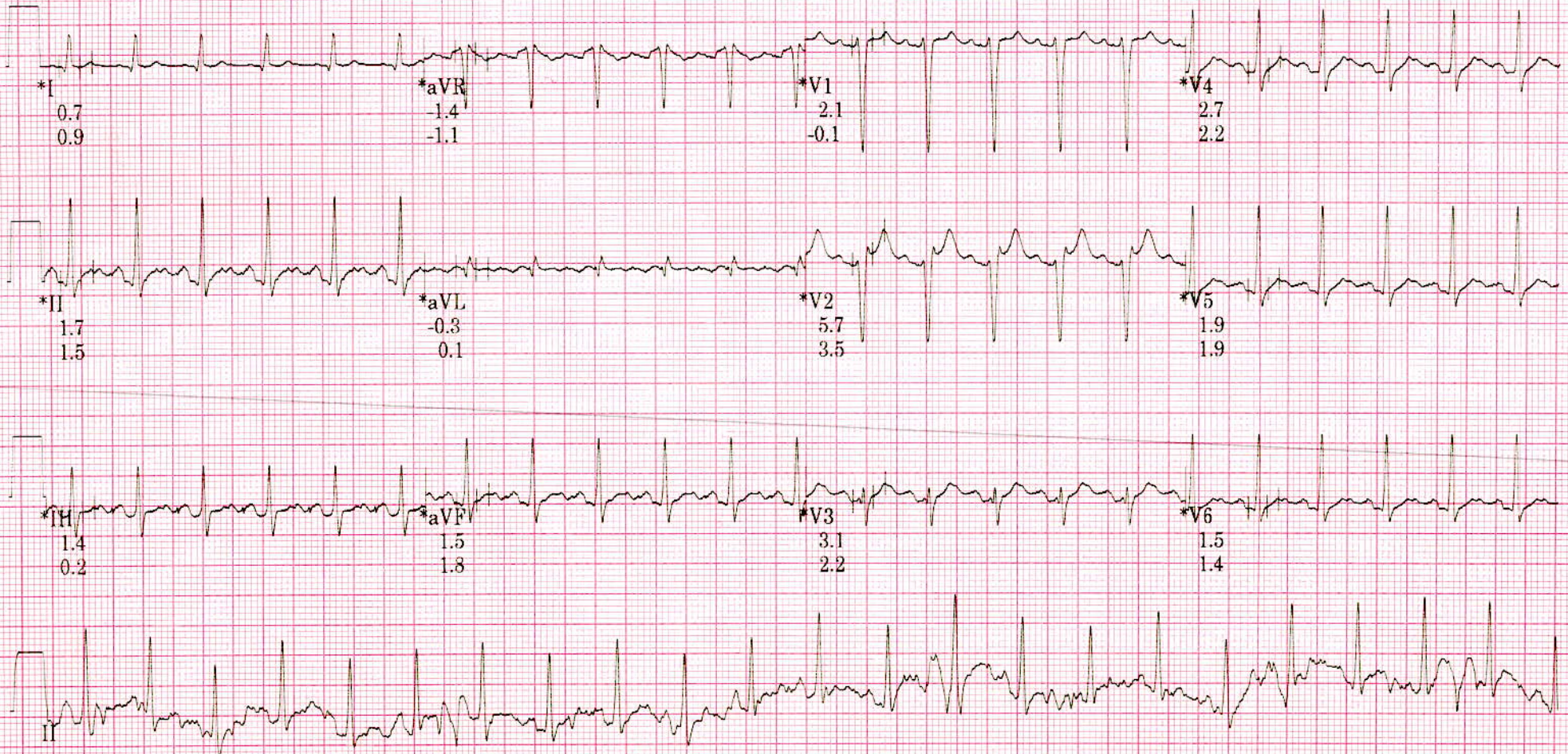
138bpm

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:14:57

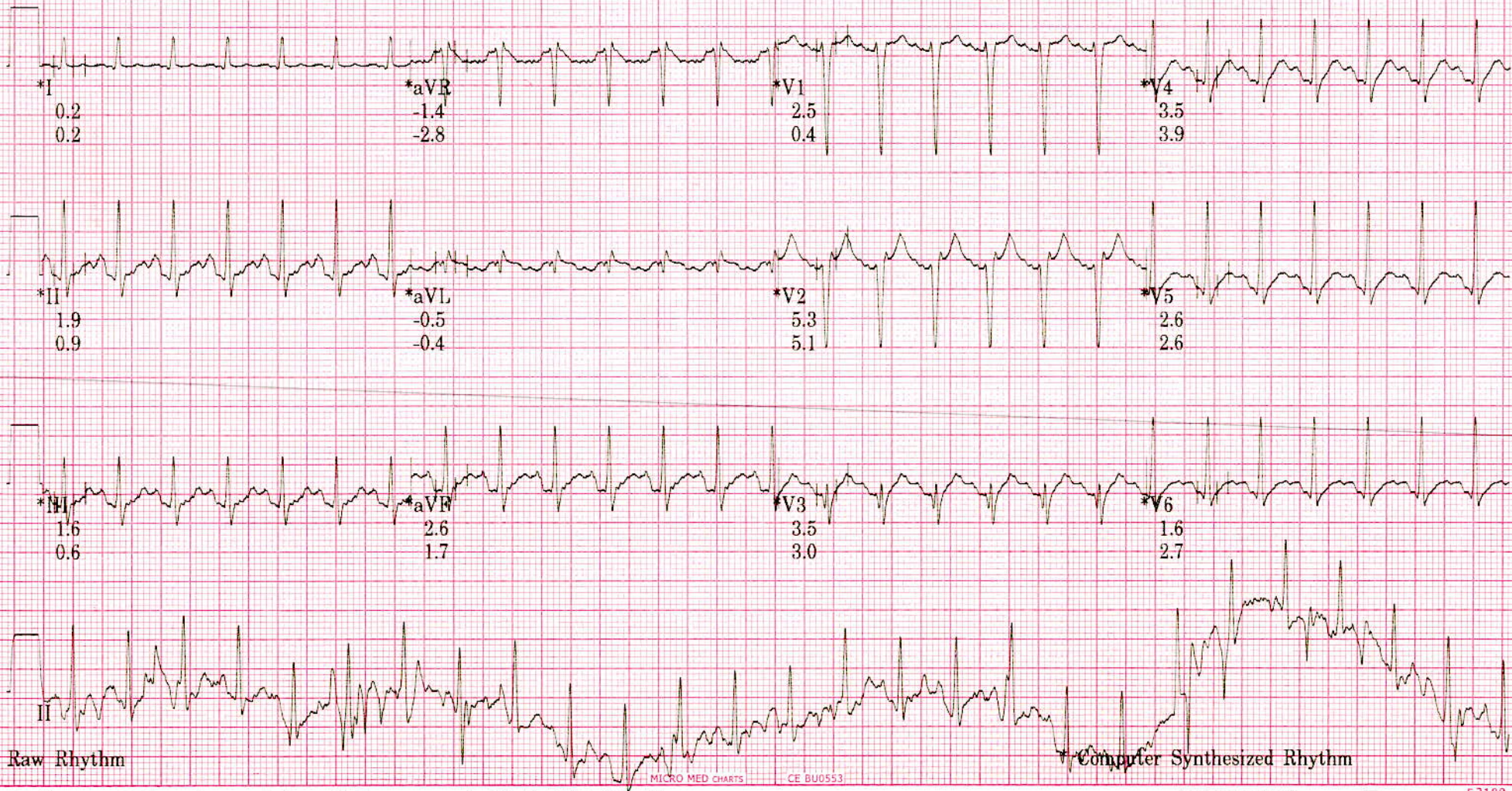
162bpm

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)





MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:16:38

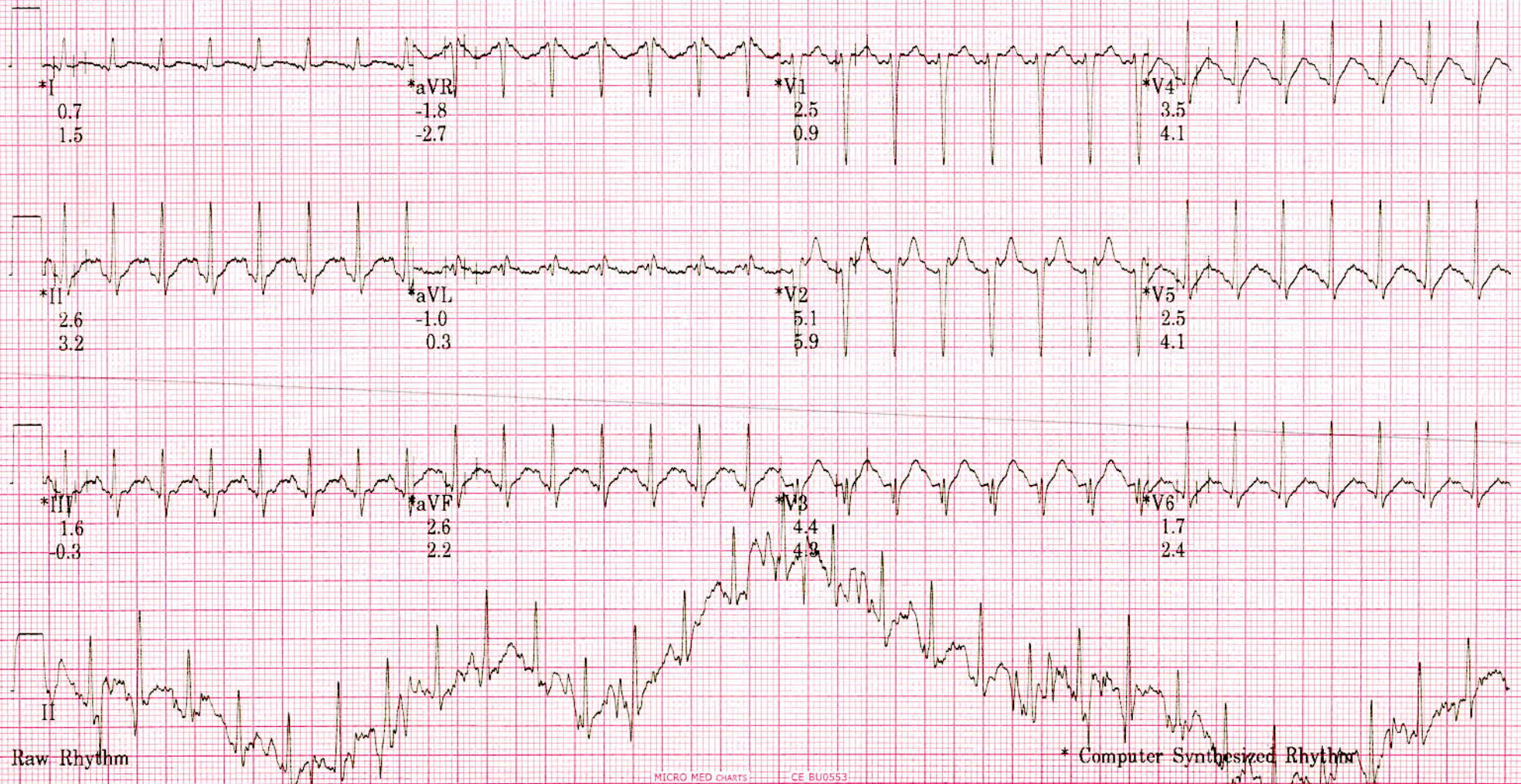
180bpm

EXERCISE  
STAGE 3  
7:31

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)





150/80

LINKED MEDIANS REPORT

PRECISION DIAGNOSTIC CENTRE

MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:17:38

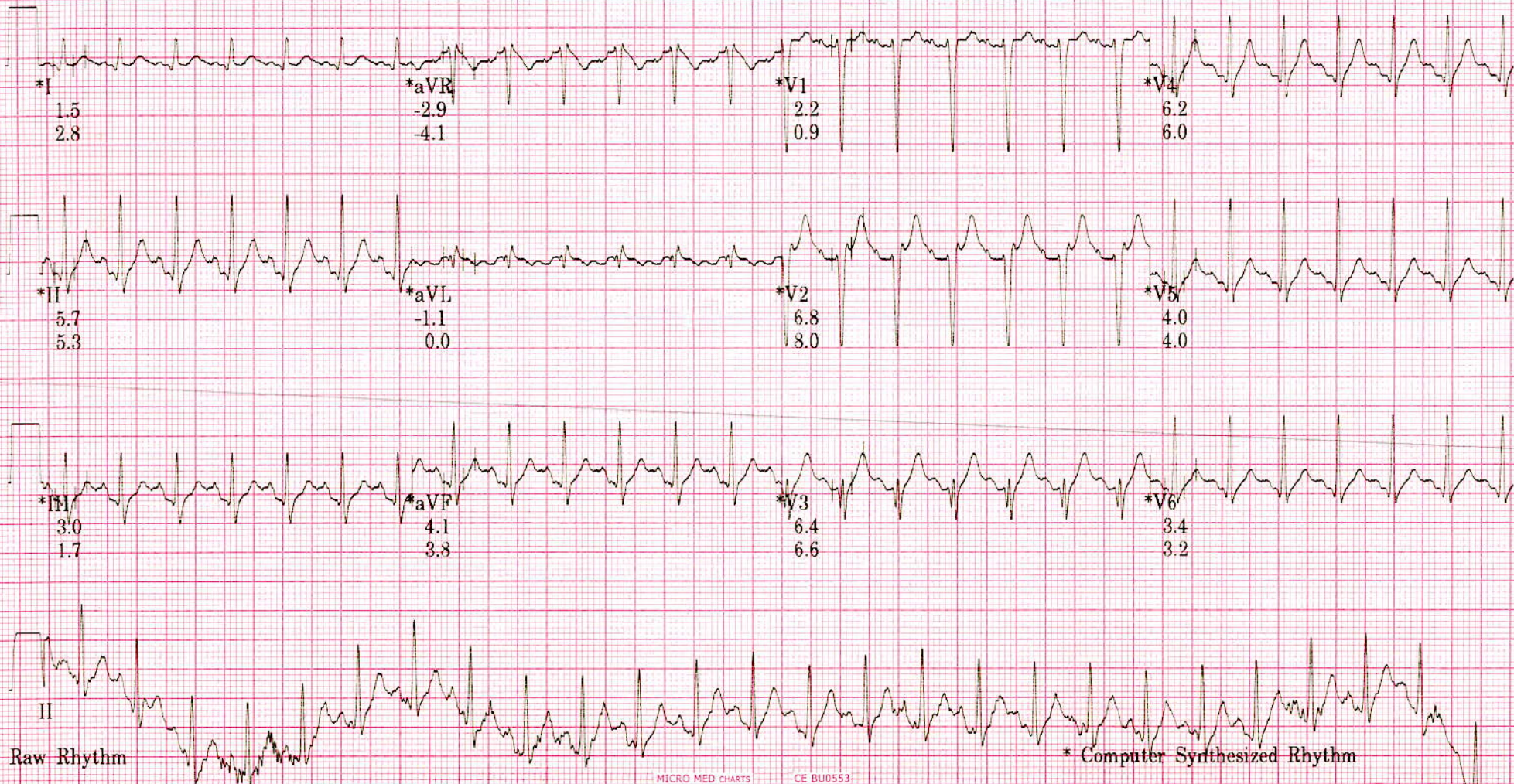
159bpm

RECOVERY  
RECOVERY  
1:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)





MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:18:38

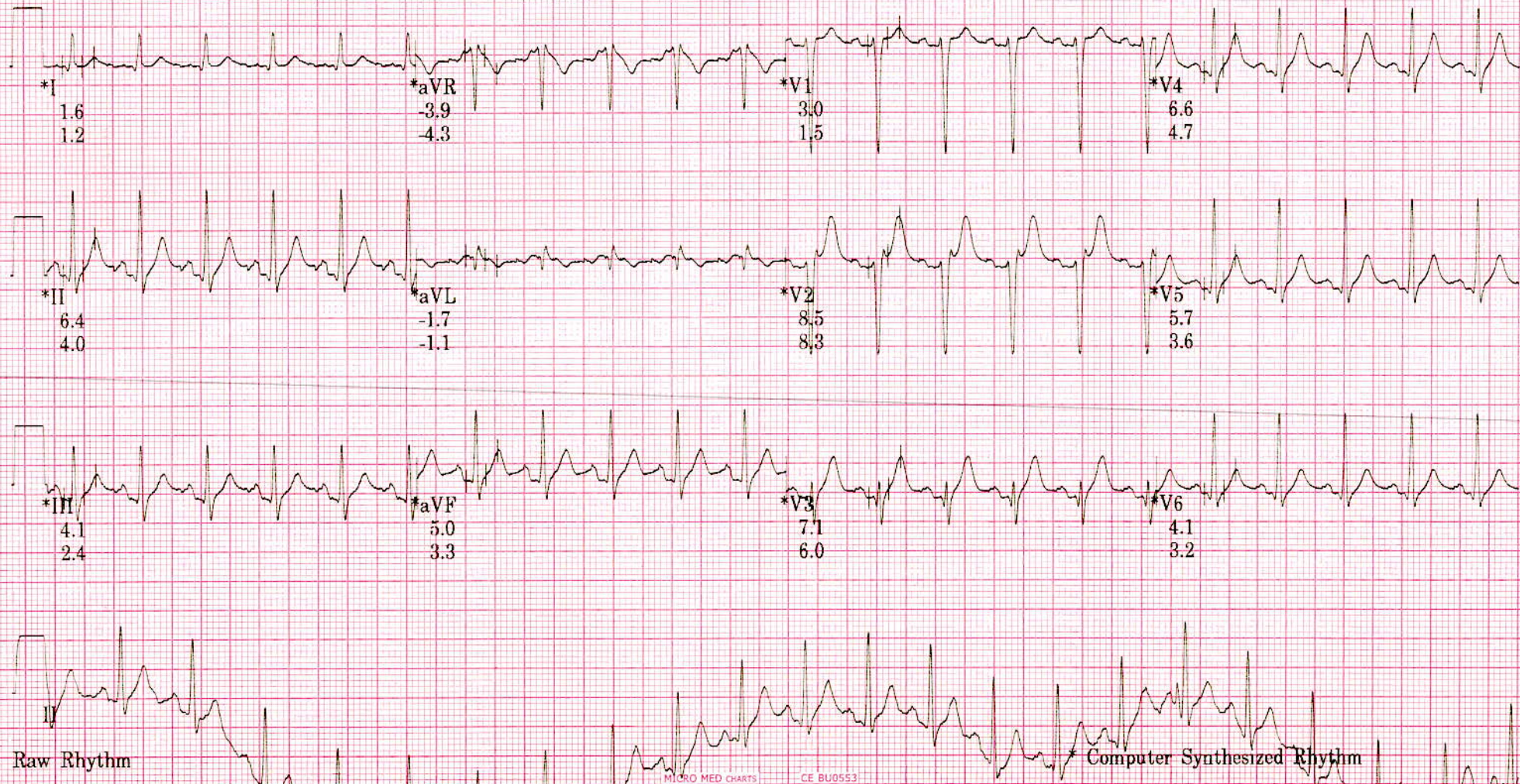
132bpm

RECOVERY  
RECOVERY  
2:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)





MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:19:38

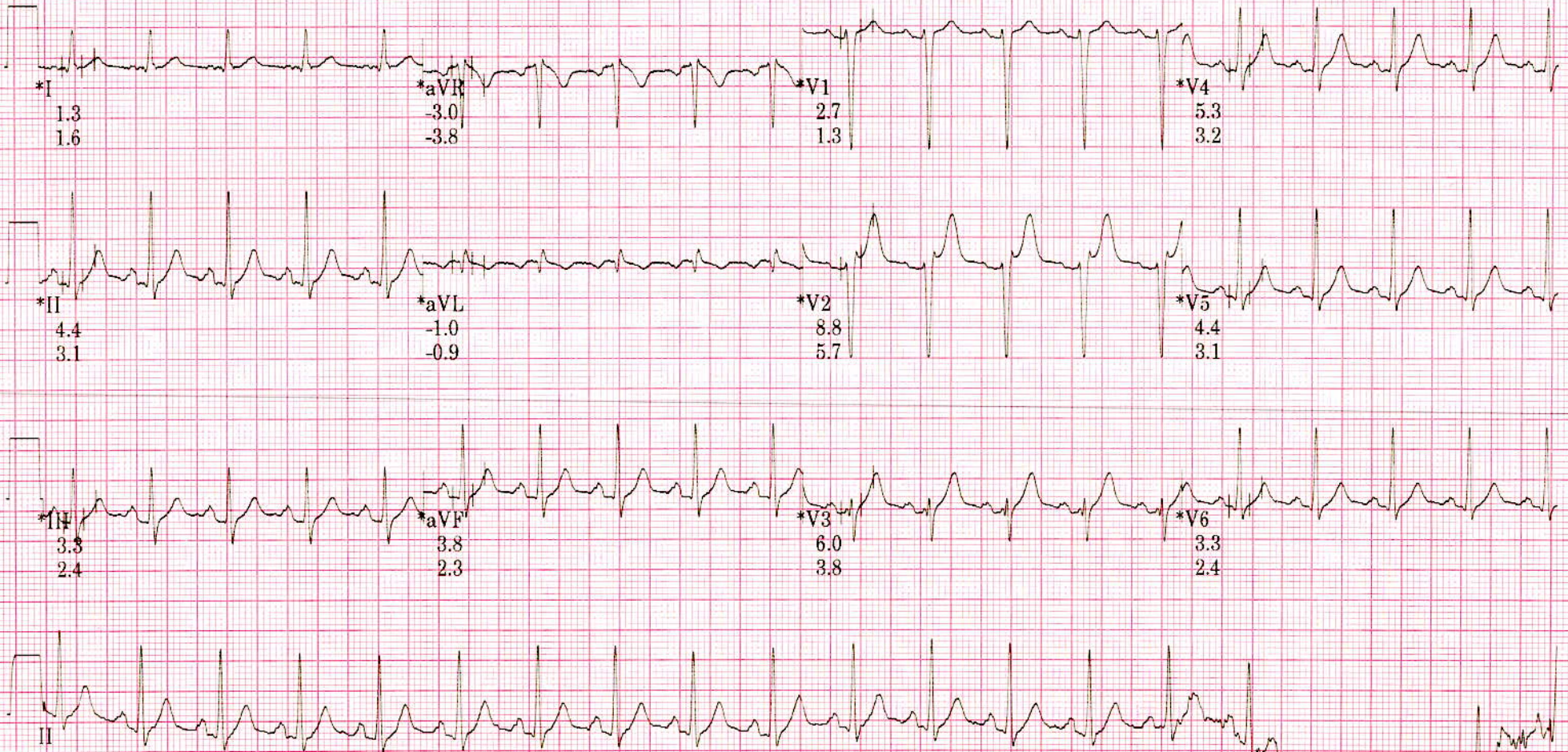
117bpm

RECOVERY  
RECOVERY  
3:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A

ID: 111369006

12-Nov-2022

11:20:38

112bpm

RECOVERY

RECOVERY

4:00

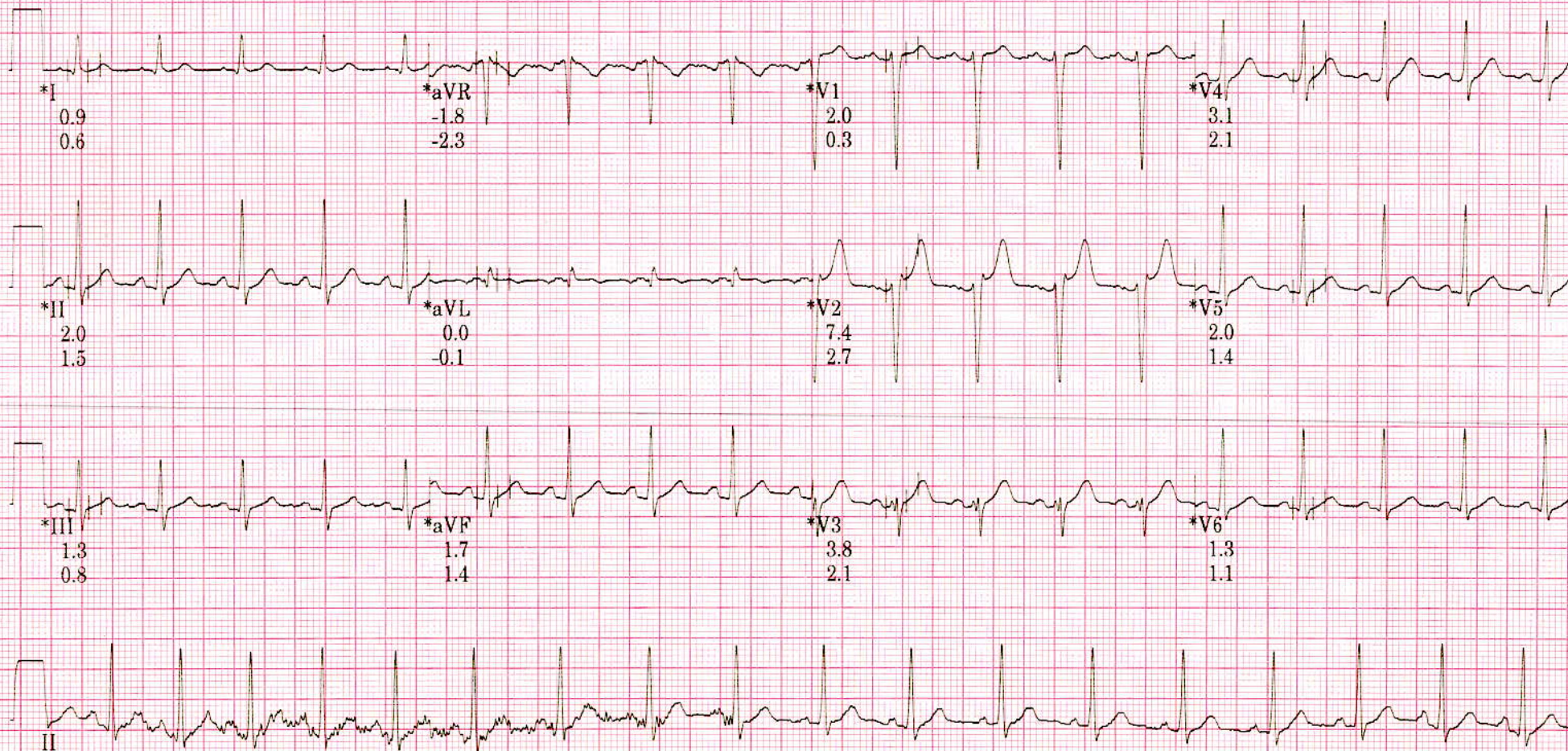
BRUCE

\*\*.\*mph

\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR MUTHUKRISHNAN, A  
ID: 111369006  
12-Nov-2022  
11:21:38

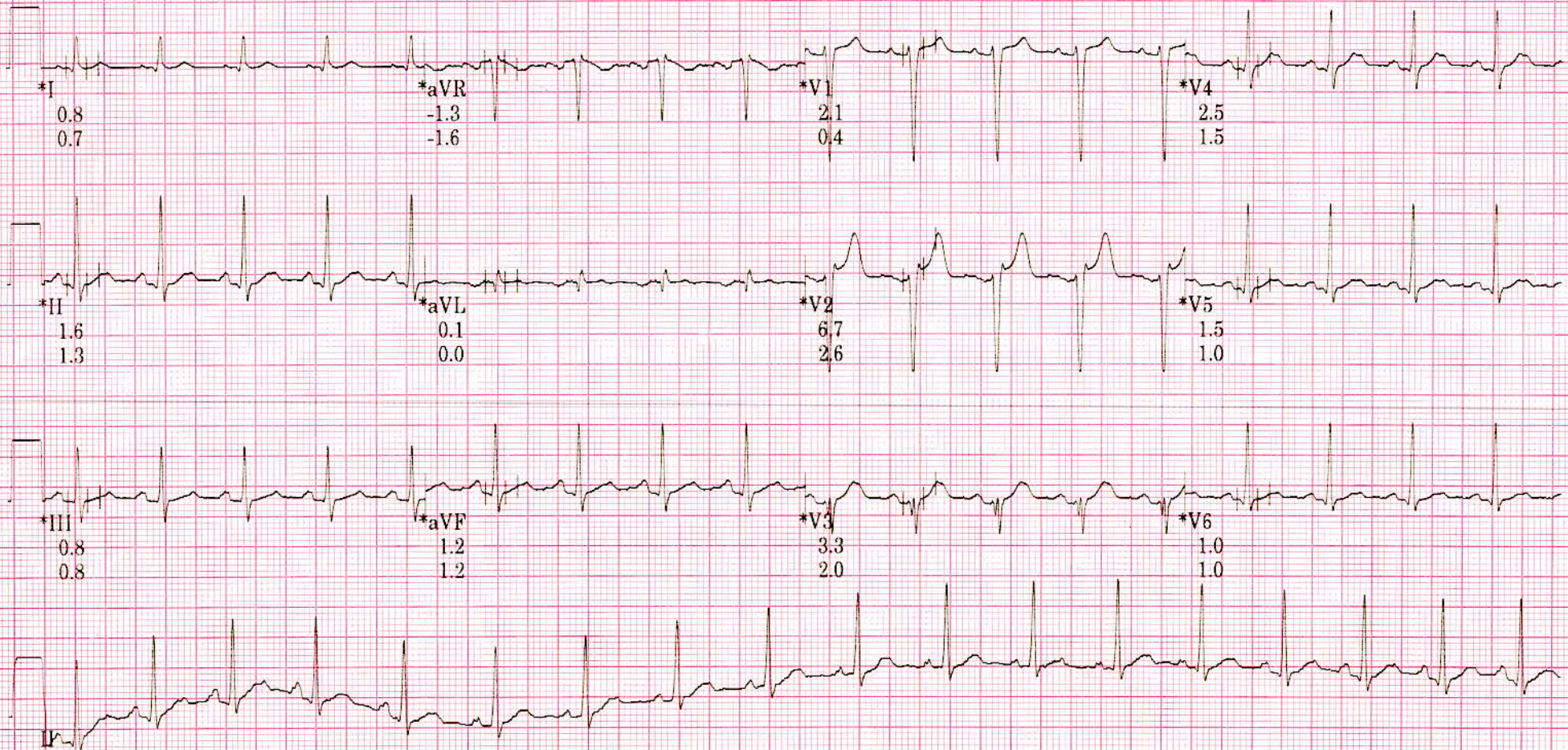
109bpm

RECOVERY  
RECOVERY  
5:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



SELECTED MEDIANS REPORT

MR MUTHUKRISHNAN, A  
ID: 111369006

31years

Male

BRUCE  
Max HR: 180bpm 95% of max  
Max BP: 140/80

Total Exercise time: 7:31  
predicted 189bpm  
Maximum workload: 9.3METS

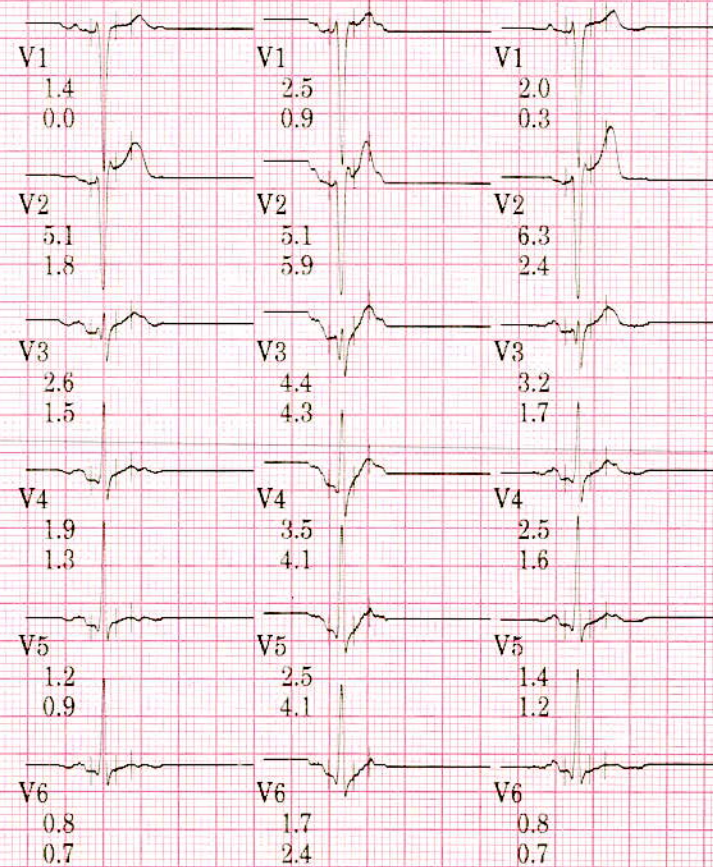
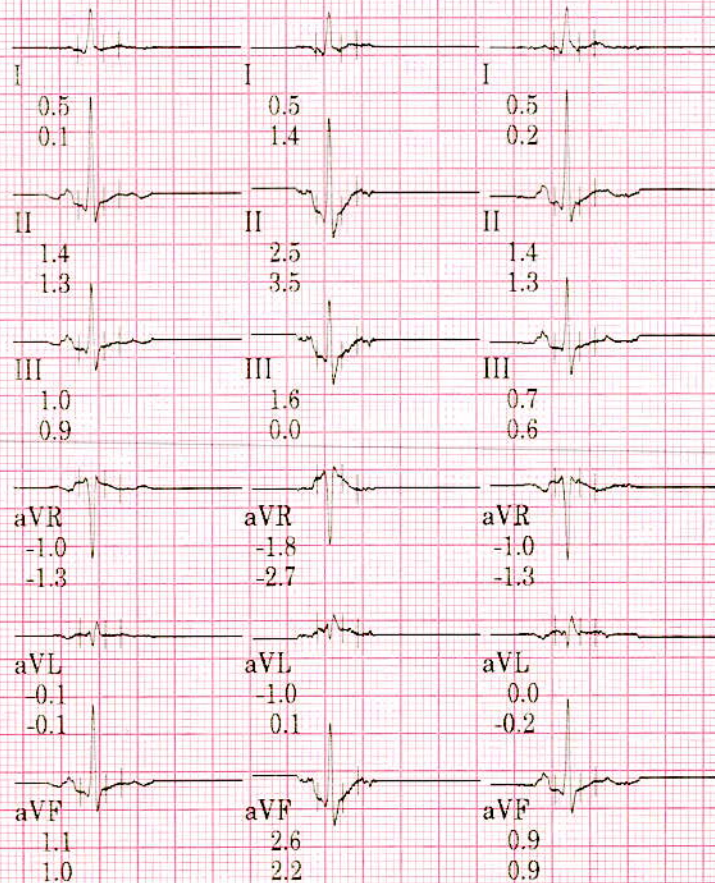
25.0 mm/s  
10.0 mm/mV  
100hz

12-Nov-2022  
11:06:22

Test ind:

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:31	5:16
123bpm	180bpm	115bpm
BP: 140/80		

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:31	5:16
123bpm	180bpm	115bpm
BP: 140/80		





GRADED EXERCISE SUMMARY

MR MUTHUKRISHNAN, A

ID: 111369006

31years

Male

12-Nov-2022

11:06:22

BRUCE

Max HR: 180bpm 95% of max predicted 189bpm

Max BP: 140/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:31

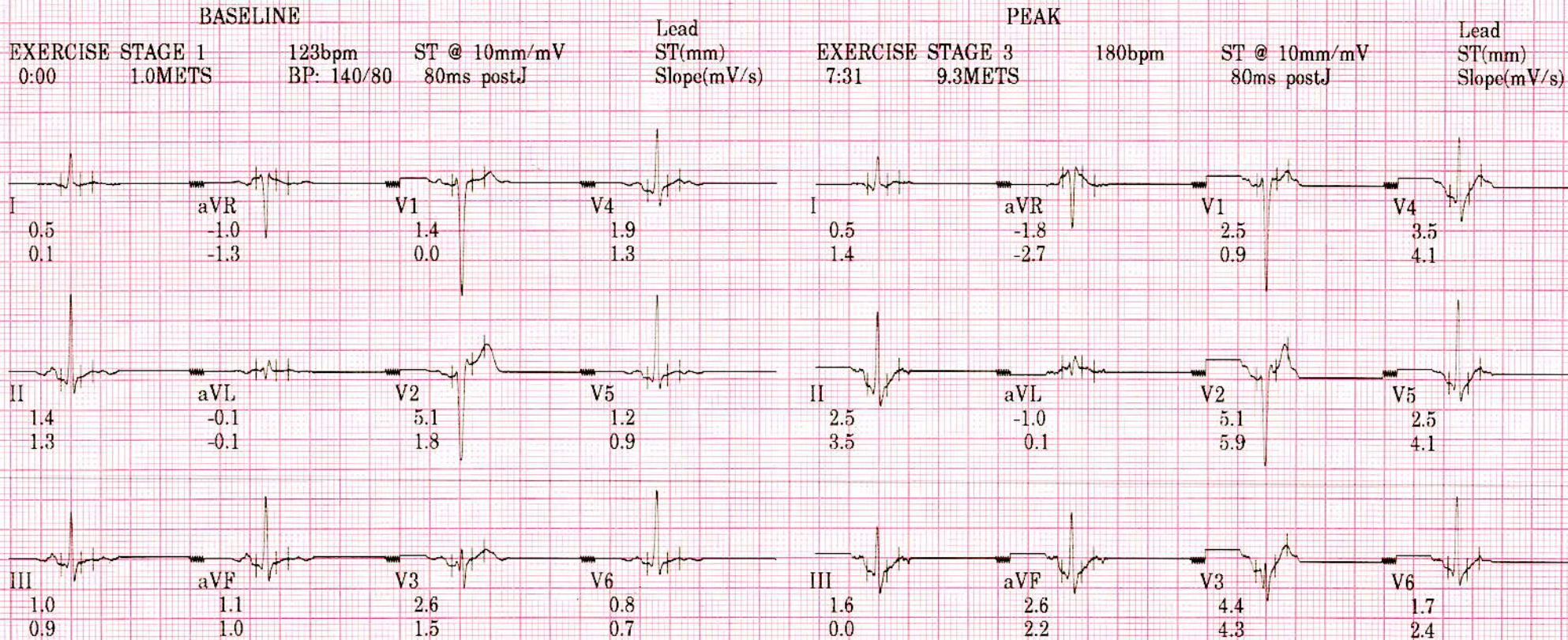
Maximum workload: 9.3METS

25.0 mm/s

10.0 mm/mV

100hz

Test ind:





TABULAR SUMMARY REPORT

MR MUTHUKRISHNAN, A  
ID: 111269006

31years

Male

BRUCE

Max HR: 180bpm 95% of max predicted 189bpm

Max BP: 140/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:31

Maximum workload: 9.3METS

25.0 mm/s  
10.0 mm/mV  
100hz

12-Nov-2022  
11:06:22

Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:52	***	***	1.0	102	140/80	143
	STANDING	0:17	***	***	1.0	94	140/80	132
	HYPERVENT	0:36	***	***	1.0	123	140/80	172
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	143		
	STAGE 2	3:00	2.5	12.0	7.0	164		
	STAGE 3	1:31	3.4	14.0	9.3	180		
RECOVERY	RECOVERY	5:16	***	***	1.0	115		

TMT: Negative for Exercise Inducible Ischaemia at 9.3 METS workload.

  
Dr. Anand Gnanaraj  
Reg No: 51510



SELECTED MEDIANS REPORT

MR MUTHUKRISHNAN, A

ID: 111869006

31years

Male

12-Nov-2022

11:06:22

BRUCE

Total Exercise time: 7:31

Max HR: 180bpm 95% of max predicted 189bpm

Max BP: 140/80

Maximum workload: 9.3METS

Reason for Termination: Leg discomfort

Comments:

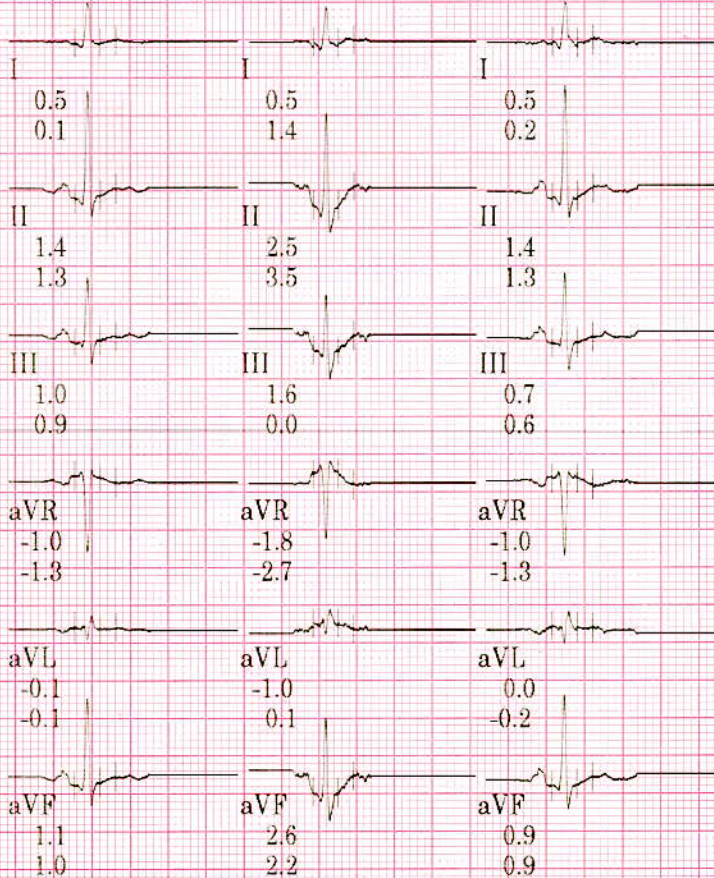
25.0 mm/s

10.0 mm/mV

100hz

Test ind:

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:31	5:16
123bpm	180bpm	115bpm
BP: 140/80		



BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:31	5:16
123bpm	180bpm	115bpm
BP: 140/80		

