

Namaste Ms. NIDHI PANDYA,

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

We are with you on your path to wellness by:

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

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

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

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

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

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



Scan the QR code to download the Apollo 247 App



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

Stay Healthy and happy! 😊
Apollo ProHealth Care team

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

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Name : Ms. NIDHI PANDYA (29 /F)

Date : 24/03/2023



UHID : AHIL.0000854627

AHC No : AHILAH201032

Examined by : Dr. SHASHIKANT NIGAM

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE



Chief Complaints

For Annual health checkup
No specific complaints

Present Known illness

Others - PCOS SINCE 1 YEAR



Drug Allergy

NO KNOWN ALLERGY :24/03/2023



Systemic Review

Cardiovascular system : - Nil Significant
Respiratory system : - Nil Significant
Oral and dental : - Nil Significant
Gastrointestinal system : - Nil Significant
Genitourinary system : - Nil Significant
Gynaec history : - Nil Significant
Central nervous system : - Nil Significant
Eyes : - Nil Significant
ENT : - Nil Significant
Musculoskeletal system :
Spine and joints
- Nil Significant
Skin : - Nil Significant
General symptoms : - Nil Significant



Past medical history

Do you have any allergies? - No
Allergies - Nil
Past medical history - nil significant



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Covid 19 - No

Post detection (3 Weeks) - No

Hospitalization for Covid 19 - No



Surgical history

Surgical history - Nil



Personal history

Ethnicity - Indian Asian

Marital status - Married

Diet - Vegetarian

Alcohol - does not consume alcohol

Smoking - No

Chews tobacco - No

Physical activity - Mild



Family history

Father - alive

Mother - alive

Brothers - 2

Coronary artery disease - father

Cancer - None

Physical Examination



General

General appearance - normal

Build - normal

Height - 148

Weight - 55.3

BMI - 25.25

Pallor - No

Oedema - no



Cardiovascular system



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Heart rate (Per minute) - 70

Rhythm - Regular

Systolic(mm of Hg) - 120

Diastolic(mm of Hg) - 70

- B.P. Sitting

Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

 **Abdomen**

Organomegaly - No

Tenderness - No

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URINE FOR ROUTINE EXAMINATION

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

Test Name	Result	Unit	Level	Range
Volume	20	mL		
Specific Gravity	1.010			
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	5.5			
Protein :	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Absent			
Bile Pigments:	Negative			
Urobilinogen	Nil	E.U./dL		
Nitrite	Negative			
Pus Cells	Occasional			0-5
RBC	Nil	/hpf		0-5/hpf
Epithelial Cells	Occasional			
Casts:	Absent			
Crystals:	Absent			

COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	12.2	gm%	●	12-16
Packed cell volume(Calculated)	36.8	%	●	36-46
RBC COUNT (Impedance)	4	Million/ul	●	3.8-5.2
MCV (From RBC Histogram)	92	fl	●	80-100
MCH(Calculated)	30.38	pg	●	27-32
MCHC(Calculated)	33	%	●	31-36
RDW(Calculated)	14.1	%	●	11.5-14.5
WBC Count (Impedance)	5204	/cu mm	●	4000-11000

● Within Normal Range ● Borderline High/Low ● Out of Range

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Neutrophils	60	%	●	40-75
Lymphocytes	32	%	●	20-40
Monocytes	07	%	●	2-10
Eosinophils	01	%	●	01-06
Basophils	00	%	●	0-1
Platelet Count (Impedance)	315600	/cu mm	●	150000-450000
MPV (Calculated)	8.5	fl	●	7-11
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	17	mm/1st hr	●	0-20

URINE GLUCOSE(FASTING)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

URINE GLUCOSE(POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
BLOOD GROUP:	A Positive			

LFT (LIVER FUNCTION TEST)

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

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	10	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	66	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	16	U/L	●	>1 year Female : <32
Total Bilirubin	0.253 *	mg/dL	●	0.300-1.200
Direct Bilirubin	0.11	mg/dL	●	Upto 0.3 mg/dl

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Indirect Bilirubin

0.14

mg/dL



1 Day ≤5.1 mg/dL
2 Days ≤7.2 mg/dL
3-5 Days ≤10.3 mg/dL
6-7 Days ≤8.4 mg/dL
8-9 Days ≤6.5 mg/dL
10-11 Days ≤4.6 mg/dL
12-13 Days ≤2.7 mg/dL
14 Days - 9 Years 0.2-0.8 mg/dL
10-19 Years 0.2-1.1 mg/dL
≥20 Years 0.2-1.2 mg/dL

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.56	mg/dL		Adult Female: 0.5 - 1.2

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Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	9	U/L		Male : 10 - 71 Female : 6 - 42

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	90	mg/dL		70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance ≥ 126 : Diabetes Mellitus

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	85	mg/dL		70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
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Within Normal Range Borderline High/Low Out of Range

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Glycosylated Hemoglobin (HbA1c)

4.8

%



Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus
<7.0 : Well Controlled Diabetes
7.1 – 8.0 : Unsatisfactory Control
> 8.0 : Poor Control & Needs Immediate Treatment

Estimated Average Glucose.

91.06

LFT (LIVER FUNCTION TEST)

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

Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.19	g/dL		6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	7.19	g/dL		6.00-8.00
ALBUMIN - SERUM	4.4	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	4.4	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.8			2.20-4.20
Globulin-Serum/Plasma	2.8			2.20-4.20
A/G ratio	2.00			1.00-2.00
A/G ratio	2.00			1.00-2.00

THYROID PROFILE (T3,T4 AND TSH)

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.9	nmol/L		Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female : First Trimester : 1.61 - 3.53 Second Trimester : 1.98 - 4.02 Third Trimester : 2.07 - 4.02
TOTAL T4: THYROXINE - SERUM	119	nmol/L		Adults(20-100 Yrs):66 - 181 Pregnant Female : First Trimester : 94.3 - 190 Second Trimester : 102 - 207 Third Trimester : 89 - 202
TSH: THYROID STIMULATING HORMONE - SERUM	3.19	µIU/mL		14-120 years : 0.27 - 4.20



Within Normal Range



Borderline High/Low



Out of Range



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URIC ACID - SERUM

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

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	4.0	mg/dL	●	Male : 3.4-7.0 Female : 2.4-5.7

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	6	mg/dL	●	6-20
UREA - SERUM / PLASMA	15	mg/dL	●	15 - 50

LIPID PROFILE - SERUM

Test Name	Result	Unit	Level	Range
Total Cholesterol	178	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	59	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	56 *	mg/dL	●	< 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease
LDL Cholesterol (Direct LDL)	123	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	12		●	< 40 mg/dl
C/H RATIO	3		●	0-4.5

X-RAY CHEST PA

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

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MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

AHC No : AHILAH201032



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Lung fields are clear.

Cardio thoracic ratio is normal.

Both costophrenic angles are clear.

Domes of diaphragm are well delineated.

Minimal scoliosis of dorsal spine noted with convexity towards left side.

Bony thorax shows no other significant abnormality.

Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

Histopathology

CONVENTIONAL PAP SMEAR /CERVICAL SMEAR

CARDIOLOGY

ECHO/TMT

ECG

● Within Normal Range ● Borderline High/Low ● Out of Range



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MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

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Executive Summary



- .BODY WEIGHT 55.3 KG, IDEAL BODY WEIGHT 41-50 KG
- .ECG - NORMAL
- .TMT — TEST IS NEGATIVE , EXERCISE TIME 7:20 ,WORKLOAD 9.0 METS
- .USG ABDOMEN - BOTH OVARIES ENLARGED IN SIZE WITH MULTIPLE TINY PERIPHERALLY ARRANGED FOLLICLES AND HYPERECHOTIC STROMA- PCOS
- .CHEST X-RAY - MINIMAL SCOLIOSIS OF DORSAL SPINE NOTED WITH CONVEXITY TOWARDS LEFT SIDE
- .VISION - NORMAL
- .DENTAL - AS PER DOCTOR ADVICE

Wellness Prescription

Advice On Diet :-



BALANCED DIET

Advice On Physical Activity :-



REGULAR 30 MINUTES WALK FOR HEALTH AND 60 MINUTES FOR WEIGHT REDUCTION
PRACTICE YOGA AND MEDITATION
MAINTAIN WEIGHT BETWEEN 41-50 KG

Handwritten signature of MUKTA S ADALTI

Handwritten signature of Dr. SHASHIKANT NIGAM

Dr.SHASHIKANT NIGAM

AHC Physician / Consultant Internal Medicine

Printed By : MUKTA S ADALTI

Dr. Shashikant Nigam
MBBS, MD (Gen. Med.)
Consultant (Internal Medicine)
Apollo Hospitals International Ltd., Gandhinagar,
Ahmedabad - 382 015, Gujarat - 382 015, India
1986


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



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RADIOLOGY

Patient Details : Ms. NIDHI PANDYA | Female | 29Yr 7Mth 24Days
UHID : AHIL.0000854627 **Patient Location:** AHC
Patient Identifier: AHILAH201032 
DRN : 123038708 **Completed on :** 24-MAR-2023 09:50
Ref Doctor : DR. SHASHIKANT NIGAM

X-RAY CHEST PA

IMPRESSION

Lung fields are clear.

Cardio thoracic ratio is normal.

Both costophrenic angles are clear.

Domes of diaphragm are well delineated.

Minimal scoliosis of dorsal spine noted with convexity towards left side.

Bony thorax shows no other significant abnormality.

— END OF THE REPORT —

RAJVEERSINH P CHAVDA

Medical Officer

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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details : Ms. NIDHI PANDYA | Female | 29Yr 7Mth 24Days
UHID : AHIL.0000854627 **Patient Location:** AHC
Patient Identifier: AHILAH201032 
DRN : 223016609 **Completed on :** 24-MAR-2023 09:53
Ref Doctor : DR. SHASHIKANT NIGAM

USG WHOLE ABDOMEN

FINDINGS :

Clinical Profile : Known case of PCOS , on treatment.

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

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

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

Spleen measures 8.2 cms and shows uniform echotexture.

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

No evidence of ascites or lymphadenopathy.

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

Uterus is anteverted and appears normal in size and echotexture. No focal lesion is seen. Myometrial and endometrial echopattern appear normal. Endometrial thickness is 5.7 mm.
 Right ovary : 2.2 x 2.4 x 4.4 cm (12 cc)
 Left ovary : 1.8 x 2.2 x 4.4 cm (9 cc)
 Both ovaries are enlarged in size and shows multiple tiny peripherally arranged follicles

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Ms. NIDHI PANDYA

AHIL.0000854627

AHILAH201032

USG WHOLE ABDOMEN

and hyperechoic stroma.

No free fluid is seen in Pouch Of Douglas.

No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION :

Both ovaries enlarged in size with multiple tiny peripherally arranged follicles and hyperechoic stroma - Findings are consistent with PCOS.

— END OF THE REPORT —

DR. VAIBHAVI PATEL

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OBSTETRICS & GYNAECOLOGY - AHC

AHIL.0000854627

Name : Ms. NIDHI PANDYA

Date : 24/3/23 Unit No. :

Occupation : 29 Year(s) / Female

Ref. Physician : Dr. Usha Behra

Age : 

Copies to :

GYNAEC CHECK UP

Chief Complaint:

None. (ML - 1 year)

Children: None.

Weight:

Deliveries: None.

BP:

Last Child: None

Abortions: None

Breasts: Normal.

Periods: Regular $\frac{5}{35}$ days.

PAP Smear: Taken.

LMP: 17/3/23

Previous Medical H/O: ~~None~~ KICLO @ PCOD.

Menopause: -

FH/O: None.

G. Condition: Fit

Previous Surgical H/O:

P/A: Soft

None.

S/E: -

Uterus: Anterverted, (N)

P/V:

Cervix: felt healthy

P/R: -

Impression:

Doctor Signature
Date & Time

24/3/23
11:33 AM



AHIL.0000854627

Ms. NIDHI PANDYA

29 Year(s) / Female

UHD,
ian



DENTISTRY

Name : Date : 24/3/23 Unit No. :

Occupation : Ref. Physician :

Age : Sex : Male Female Copies to :

DENTAL RECORD

ALLERGIES : NA

PAIN : Score (0-10) 0 Location : Character :

DENTAL CLEANING HABIT Once Twice Occasionally

Brush Finger Stick Any other

Tooth Paste Powder Any other

DO THE GUMS BLEED WHEN YOU BRUSH YOUR TEETH? Yes No

ARE YOUR TEETH SENSITIVE TO HEAT / COLD? Yes No

ORAL HYGIENE Good Fair Poor

ORAL TISSUE EXAMINATION	PERIODONTAL EXAMINATION	OCCLUSION
NORMAL FINDINGS IN DISEASE	MILD MOD SEV	CLASS I II III CROSSBITE
Lips : <u>NA</u>	Gingivitis <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hypoplasia
Cheeks : <u>NA</u>	Calculus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Impaction
Tongue : <u>NA</u>	Recession <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non-vital
Floor of the mouth : <u>NA</u>	Periodontal Pockets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fracture
Palate : <u>NA</u>	Attrition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abcess
Tonsillar Area : <u>NA</u>	Erosion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ulcers
Any other : <u>NA</u>	Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Caries
		Missing Teeth
		Supernumerary
		Others

PRESENT COMPLAINT : Route check up

PRE-MEDICAL HISTORY: DM HTN Thyroid Acidity Pregnancy

Anticoagulant Under Drug Therapy

NA

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Ms. NIDHI
PANDYA

ON RECORDS

OPHTHAL

Name :

29 Year(s) / Female

Date :

23/3/23

UHID :



Distance Vision :

Right Eye -

6/6

glass

Left Eye -

6/6

Near Vision :

Right Eye :

NG

Left Eye :

NG

APLN.TN - Right Eye

11

Left Eye -

12

mmHg

Both Eye - Colour Vision

WNL

Both Eye - Anterior Segment Examinations -

NAD

Both Eye Posterior Segment Examinations -

NAD

Doctor's Signature

Ophthalmologist Name

Rate 70

PR 130
QRSD 95
QT 386
QTc 417

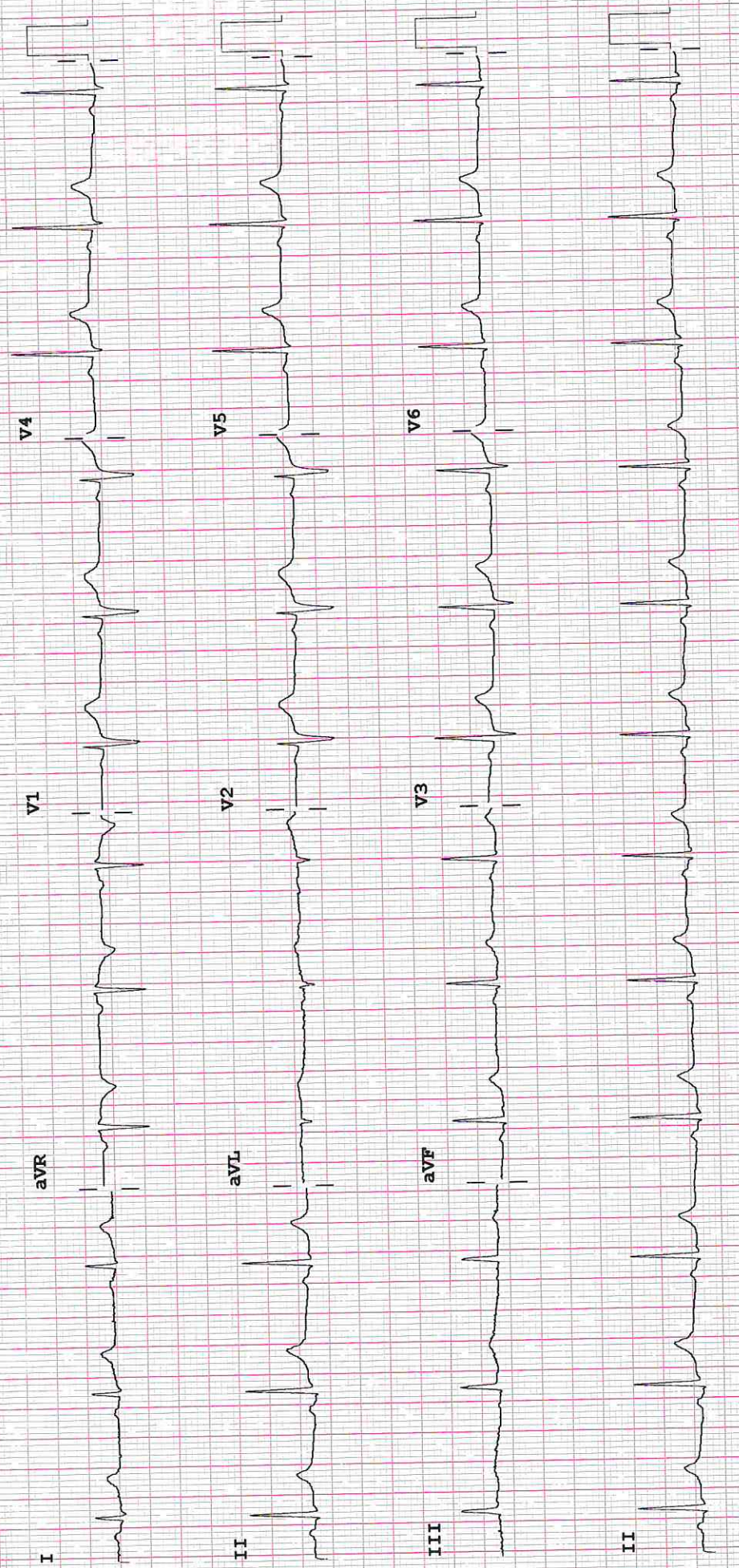
--AXIS--
P 39
QRS 66
T 33

AHIL.0000854627
Ms. NIDHI
PANDYA

29 Year(s) / Female



12 Lead; Standard Placement



F 50~ 0.15-100 Hz

PH10 CL

P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Device:

DEPARTMENT OF HISTOPATHOLOGY

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Name : Ms. NIDHI PANDYA Age : 29Yr Gender : Female
UHID : AHIL.0000854627 / AHILAH201032 W/BNo/RefNo : AHC
Lab No : AHIL01.H2300595 LRN : 1651771
Ref Doctor : DR. SHASHIKANT NIGAM



Collected on : 24-MAR-2023 11:49:13 AM Received on : 24-MAR-2023 11:49:13 AM Reported on : 25-MAR-2023 02:55:23

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE**CONVENTIONAL PAP SMEAR /CERVICAL SMEAR****Ref No:**

CY 540/23

Brief Clinical History:

LMP: 17.3.2023

SPECIMEN TYPE:

Conventional

Cervical smear

One wet fixed smear received, labeled as 'Nidhi 854627'.

SPECIMEN ADEQUACY:

Satisfactory for evaluation with endocervical cells.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy.

* END OF REPORT *

Dr. SUCHITA K PATEL
MD PATHOLOGY

Typed By: 1058420

Printed On : 25-MAR-2023 05:12:16 PM

NIDHI, PANDYA

LADULAN COMMUNITY HEALTH CENTRE

25.0 mm/s
10.0 mm/mV
100hz

Total Exercise time: 7:20

BRUCE

Max HR: 180bpm 94% of max predicted 191bpm
Max BP: 150/84 Maximum workload: 9.0METS
Reason for Termination: THR ACHIEVED.
Comments: TMT IS NEGATIVE FOR INDUCED ISCHEMIA AT MODERATE WORLOAD WITH NONRMAL HEMODYNAMIC RESPONSE WITH GOOD EFFORT TOLERANCE TEST TERMINATED DUE TO FATIGUE.

Female

Asian
55kg

29years
148cm

Referred by: DR SAMEER DANI
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:41	***	***	1.0	91		
EXERCISE	STANDING	0:23	0.8	0.0	1.1	100	120/70	120
	STAGE 1	3:00	1.7	10.0	4.6	137	130/80	178
	STAGE 2	3:00	2.5	12.0	7.0	167		
RECOVERY	STAGE 3	1:20	3.4	14.0	9.0	150		
	RECOVERY	3:01	***	***	1.0	113	130/80	147

Technician: CHIRAG THAKOR

APOLLO HOSPITALS INTERNATIONAL LIMITED
Unconfirmed

MAC55-010B