

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JKQPS2919B

नाम / Name
MEGHNA SHARMA

पिता का नाम / Father's Name
KAILASH CHAND SHARMA

जन्म की तारीख / Date of Birth
28/09/1993

Meghna Sharma

20122017

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No. - JE 7041
Dr. GOYAL'S
Path Lab & Imaging Center, Jaipur

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangner Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 12/03/2022 12:50:19
NAME :- Mrs. MEGHNA SHARMA
Sex / Age :- Female 28 Yrs
Company :- MediWheel

Patient ID :-122127668
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/03/2022 13:02:46

Final Authentication : 12/03/2022 14:59:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGEFEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.6

%

Method:- HPLC

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

114

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

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Technologist

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Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.1	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.07	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.1	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.77	10 ³ /uL	1.50 - 7.00
LYMPH#	2.07	10 ³ /uL	1.00 - 3.70
EO#	0.04	10 ³ /uL	0.00 - 0.40
MONO#	0.18	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.07	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	34.90 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	86.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	281	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	21.13		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and or connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	160.54	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	43.80	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	8.76	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	55.41	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	97.83	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	2.90		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.77		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	425.67	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</small>			
<small>TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</small>			
<small>DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</small>			
<small>DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.10	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	37.2 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	37.4 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	49.00	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.75	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.37	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.38	gm/dl	2.20 - 3.50
A/G RATIO	1.29 L		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.44	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.66	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	20.30	U/L	7.00 - 32.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively conjugating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.560	μIU/mL	0.465 - 4.680

ANANDSHARMA
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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.140 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 5.740 ug/dl 5.500 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

ANANDSHARMA
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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	3-5	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	77.5	mg/dl	75.0 - 115.0
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Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE Method:- Colorimetric Method	0.77	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.55	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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AJAYSINGH, ANANDSHARMA, KOMAL, MUKESH SINGH, SAPNA

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B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 12/03/2022 12:50:19
NAME :- Mrs. MEGHNA SHARMA
Sex / Age :- Female 28 Yrs
Company :- MediWheel

Patient ID :- 122127668
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM

Sample Collected Time 12/03/2022 13:02:46

Final Authentication : 12/03/2022 16:17:05

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
BLOOD UREA NITROGEN (BUN)	13.2	mg/dl	0.0 - 23.0

*** End of Report ***

AJAYSINGH, MUKESH SINGH
Technologist

Page No: 14 of 14



DR. TANURUNGTA
M.D (Path) RMC No.-17226

CONDITIONS OF REPORTING SEE OVER LEAF

Dr. Goyal's

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NAME :- Mrs. MEGHNA SHARMA
Sex / Age :- Female 28 Yrs
Company :- MediWheel

Patient ID :- 122127668
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 12/03/2022 14:16:45

BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. **Echo-texture is minimal bright** . No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size and measures 83 x 56 x 47 mm .
Myometrium shows normal echo - pattern. No focal space occupying lesion is seen.
Endometrial echo is mild thickened . Endometrial thickness is 16.4mm.

Both ovaries are visualized and mildly enlarged in size and having multiple 12-15 small follicle 1-2 mm in size arranged at periphery with hyperechoic central stroma.
Right ovary measures 39 x 21 x 27mm vol 12cc, left ovary measures 41 x21 x28 mmvol 13.2cc

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

- *Grade I fatty liver .
 - *Thickened endometrium .
 - *? Bilateral polycystic ovaries.
- Needs hormonal assay for confirmation

Page No: 1 of 1

*** End of Report ***

KOMAL

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Tej Prakash Gupta
DMRD (RADIO DIAGNOSIS)
RMC No. 24436

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

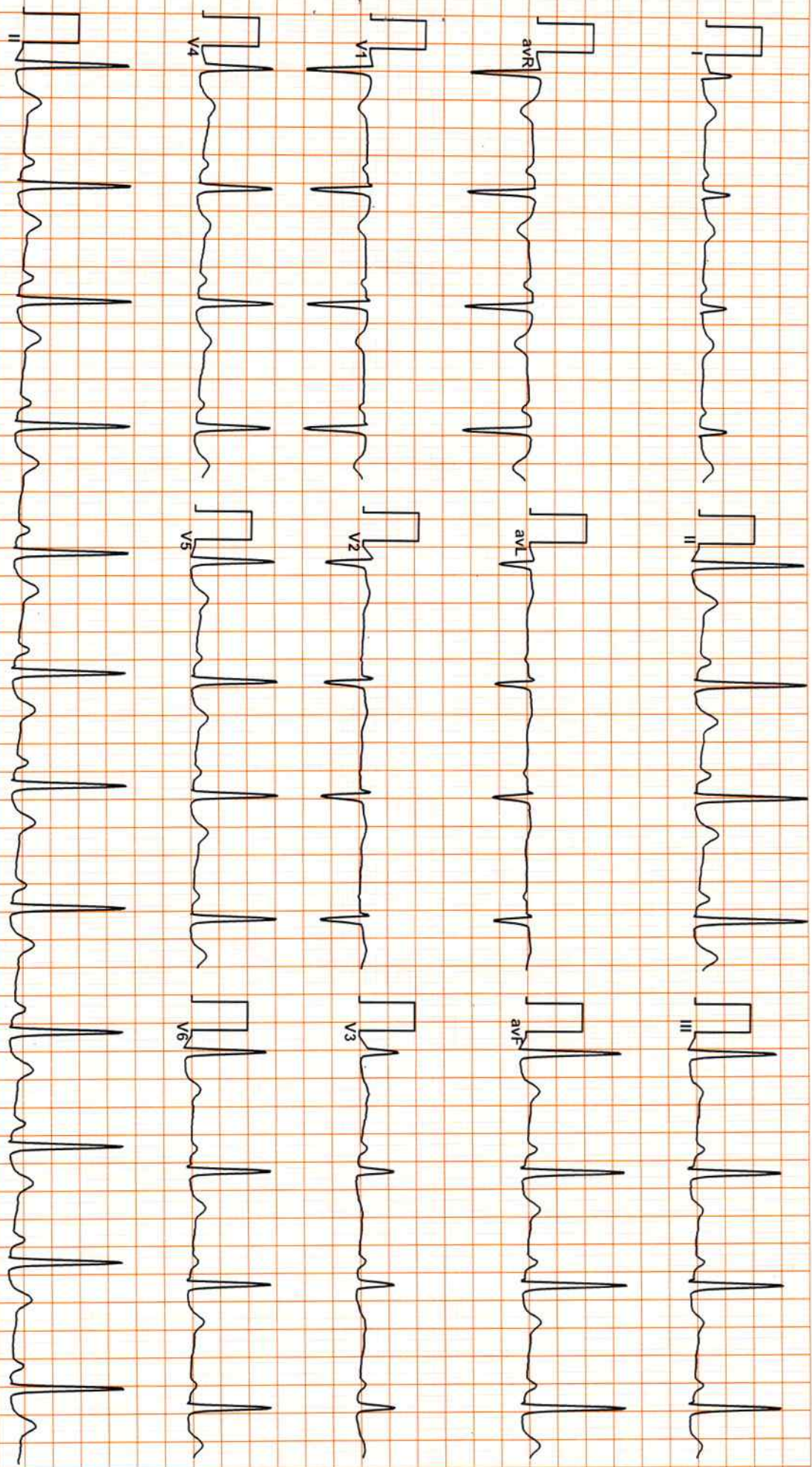
Transcript by.

DR. GOYALS PATH & IMAGING CENTER

ECG

11248 / MRS MEGHNA SHARMA / 28 Yrs / F / Non Smoker

Heart Rate : 70 bpm / / Refd By: BOB / Tested On : 12-Mar-22 15:30:46 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Normal

Dr. Narayana Kumar Mohanka
RACI No. 25703
MBBS, DIP. CARDIO (SCORIS)
D.E.M. (RCGP-UK)



Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:22	0:01	01.1	00.0	01.0	76	110/70	083	00	
Standing	00:32	0:01	01.1	00.0	01.0	79	110/70	086	00	
HV	00:38	0:01	01.1	00.0	01.0	078	110/70	085	00	
ExStart	02:02	0:07	01.7	10.0	01.1	102	110/70	112	00	
BRUCE Stage 1	05:02	3:00	01.7	10.0	04.7	143	120/74	171	00	
BRUCE Stage 2	08:02	3:00	02.5	12.0	07.1	158	130/78	205	02	
PeakX	08:37	0:35	03.4	14.0	07.7	170	130/78	221	00	
Recovery	09:36	1:00	00.0	00.0	01.2	127	140/80	177	00	
Recovery	10:36	2:00	00.0	00.0	01.0	106	130/70	137	00	
Recovery	12:36	4:00	00.0	00.0	01.0	098	120/70	117	00	
Recovery	13:09	4:32	00.0	00.0	01.0	094	120/70	112	00	

Findings :

Exercise Time : 06:36
 Max HR Attained : 173 bpm 90% of Target 192
 Max BP Attained : 140/80
 Max Workload Attained : 7.7 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

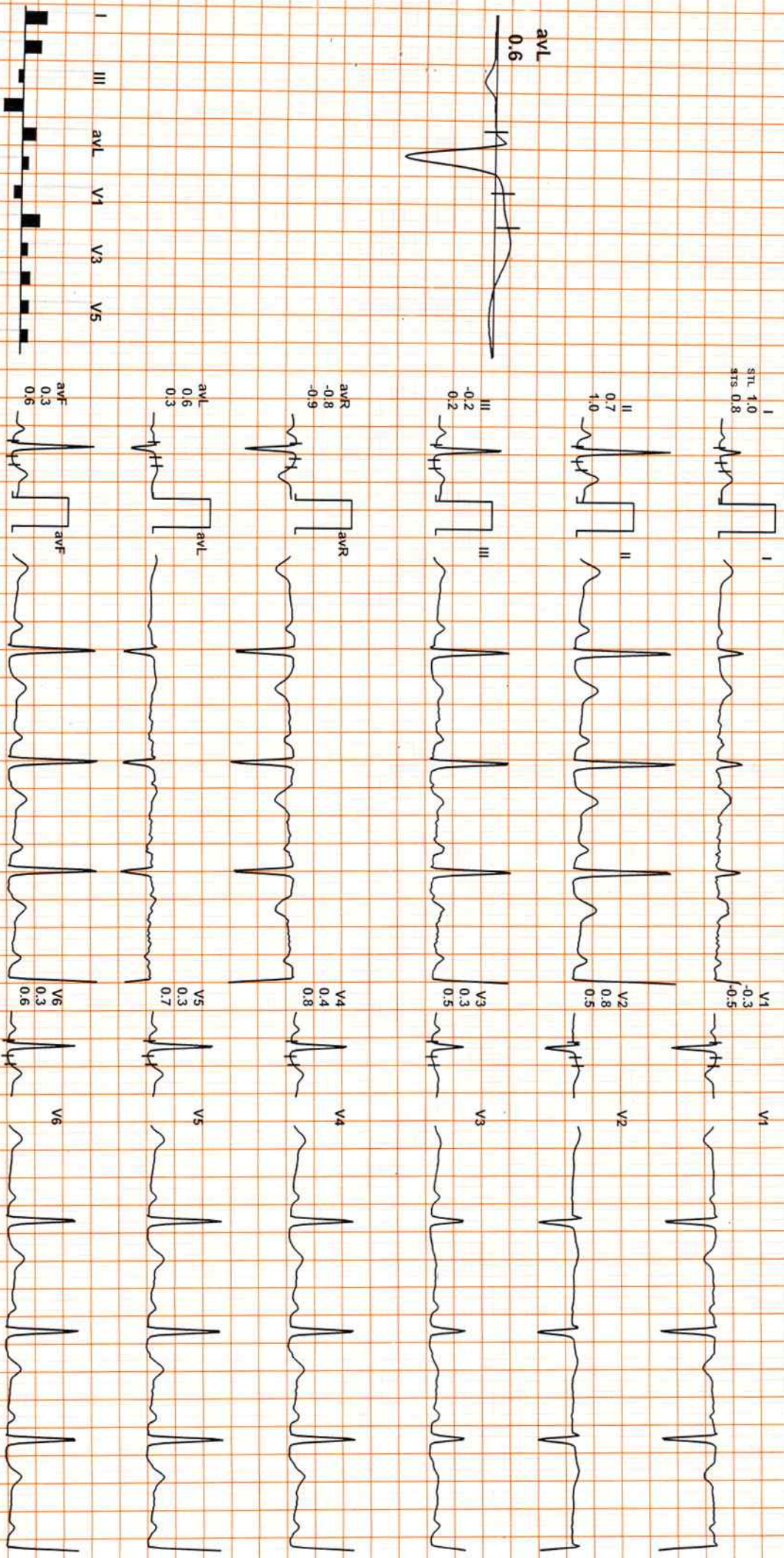
There is mild ST T changes seen during exercise in infero-lar leads which reversed to base line within 5 min of recovery. Again reappeared during late recovery.

Dr. Naresh Kumar Mehankar
 FRCP No. 34703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)



Date: 12-Mar-2022 03:31:47 PM MEIS: 1.0/ 76 bpm 39% of THR BP: 110/70 mmHg Raw ECG/BLG On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz
4X 80ms Post J

ExTime: 00:22 1.1 mph 0.0%
25 mm/Sec 1.0 cm/mV



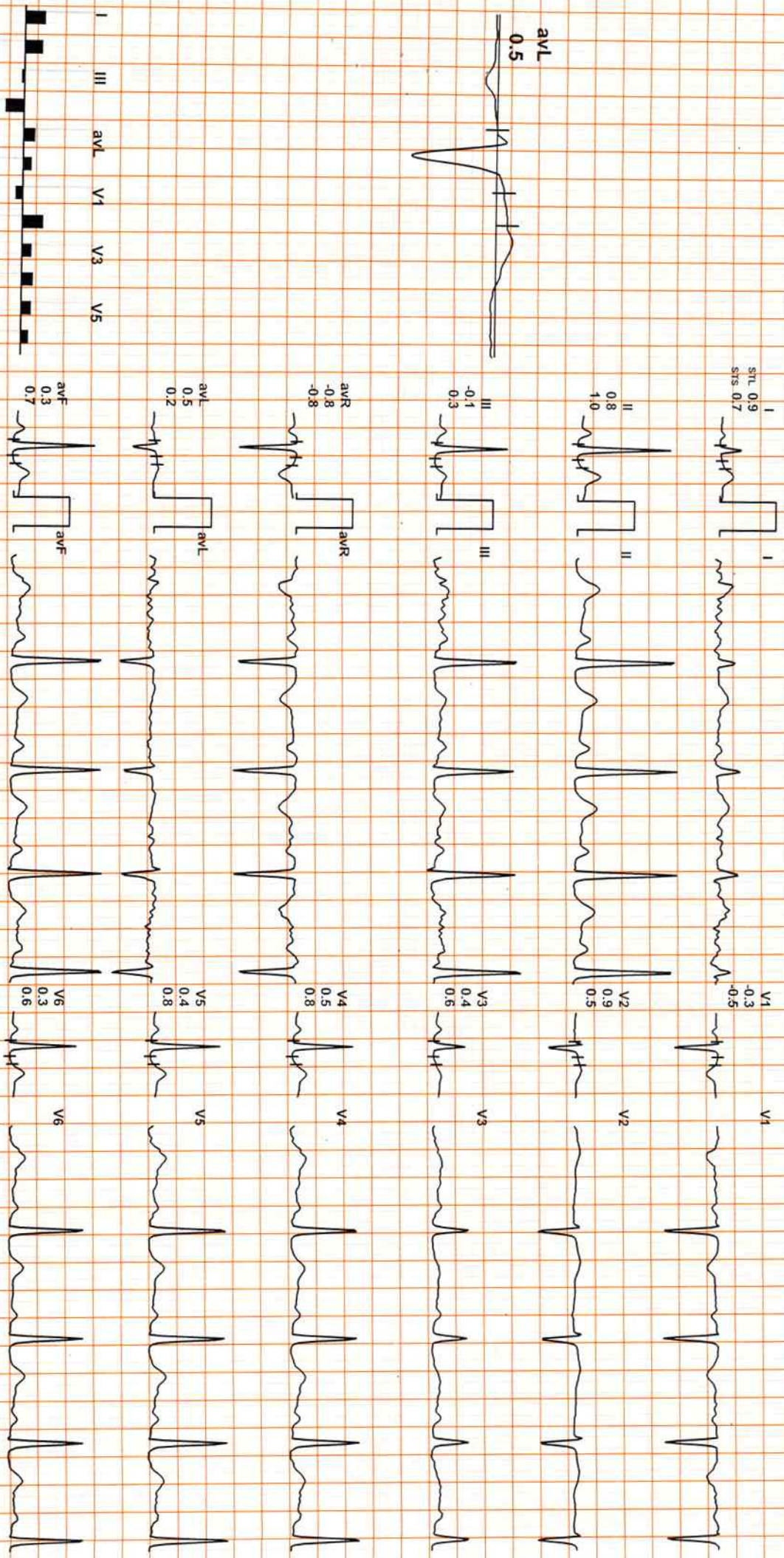
REMARKS:
II aVR aVF V2 V4 V6
I III aVL V1 V3 V5

Standing



Date: 12-Mar-2022 03:31:47 PM METS: 1.0/79 bpm 41% of ITHR BP: 110/70 mmHg Raw ECG/BLG-On/Notch On/HF 0.05 Hz/LF 100 Hz
4X 80 mS Post J

EXTime: 00:32 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



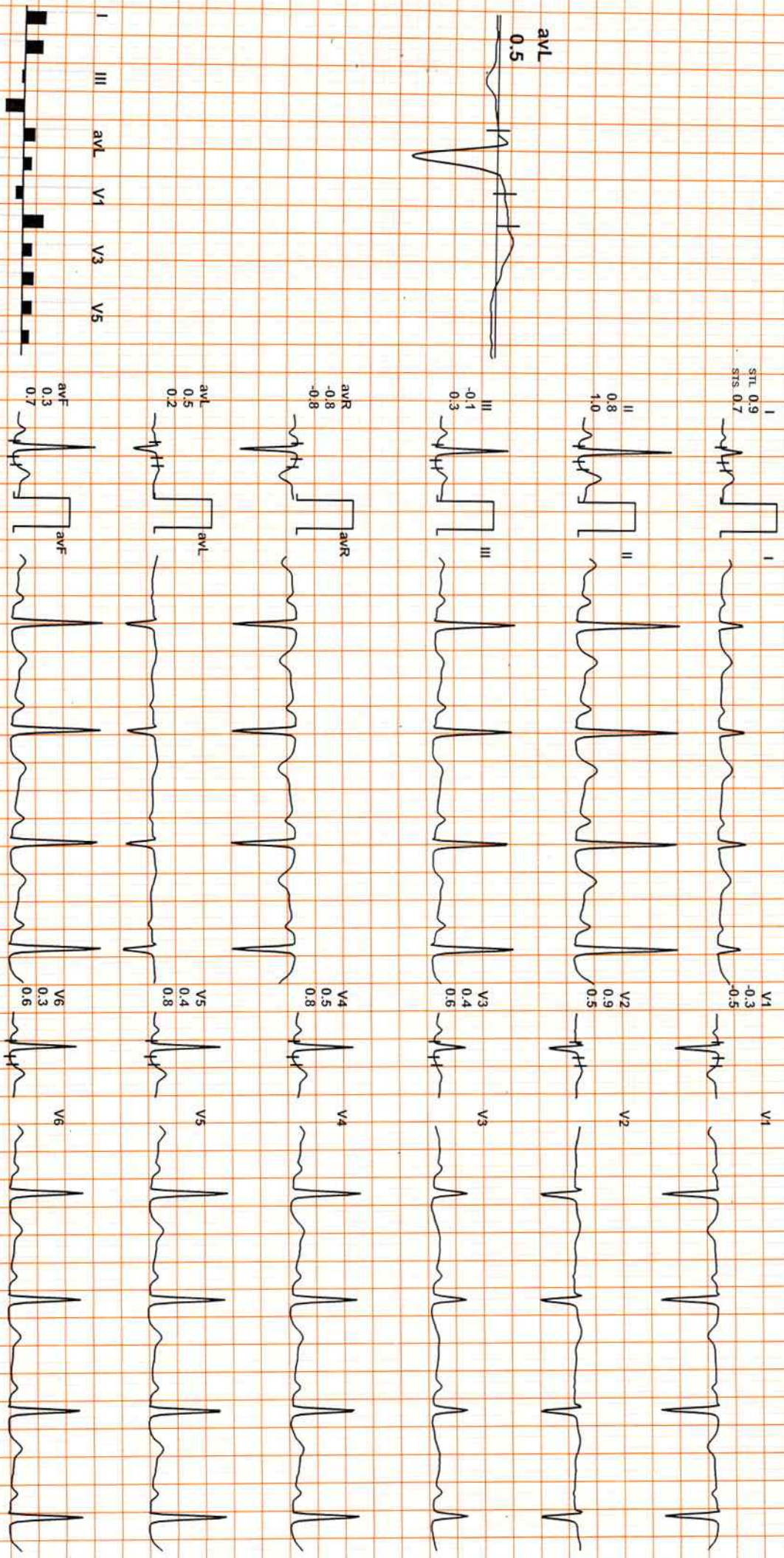
REMARKS:
I II
III aVR aVL aVF V1 V2 V3 V4 V5 V6



Date: 12-Mar-2022 03:31:47 PM METS: 1.0/ 78 bpm 40% of IHR BP: 110/70 mmHg Raw ECG/ BLG On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:38 1.1 mph, 0.0%
25 mm/Sec. 1.0 cm/mV

4X 80 mS Post J

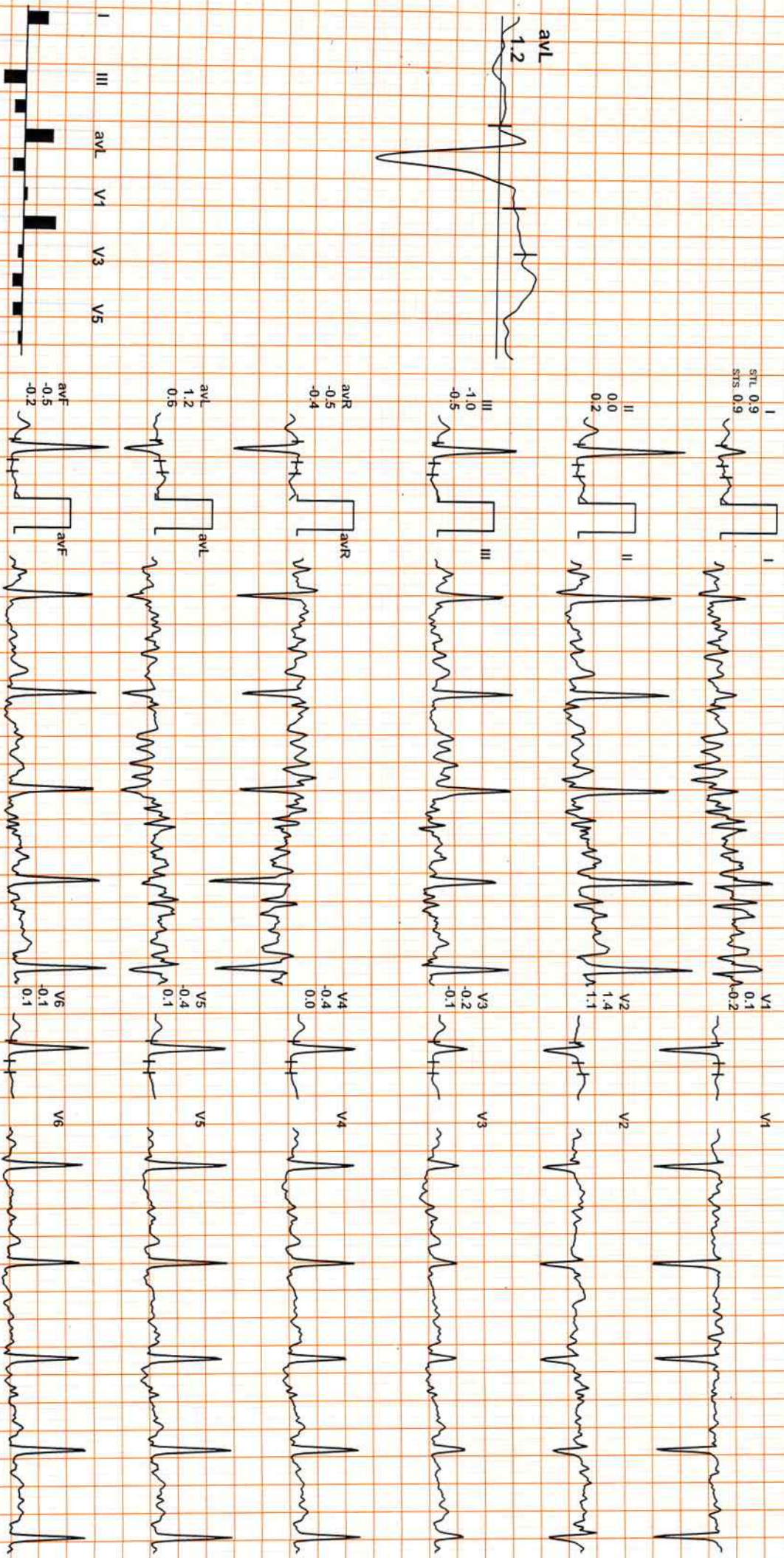


REMARKS: II avR avF V2 V4 V6

Date: 12-Mar-2022 03:31:47 PM METS: 1.1/1.102 bpm 53% of IHR BP: 110/70 mmHg Raw ECG/BLG On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

EXTime: 00:07 1.7 mph. 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS: II aVR aVF V2 V4 V6



Date: 12-Mar-2022 03:31:47 PM

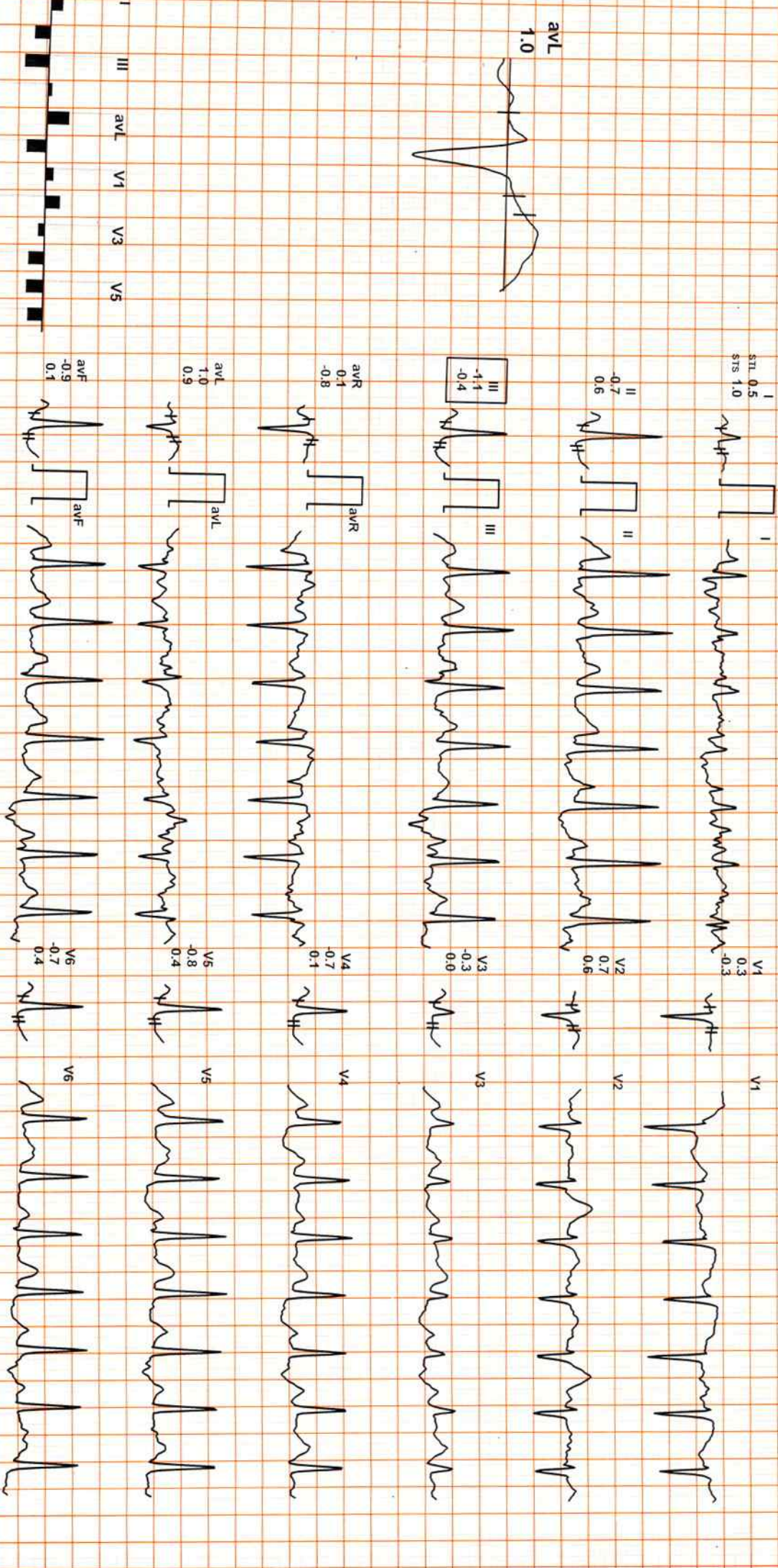
METS: 4.71 143 bpm 74% of THR

BP: 120/74 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 30 mS Post J

EXTime: 03:00 1.7 mph, 10.0%
25 mm/Sec: 1.0 Cm/mV

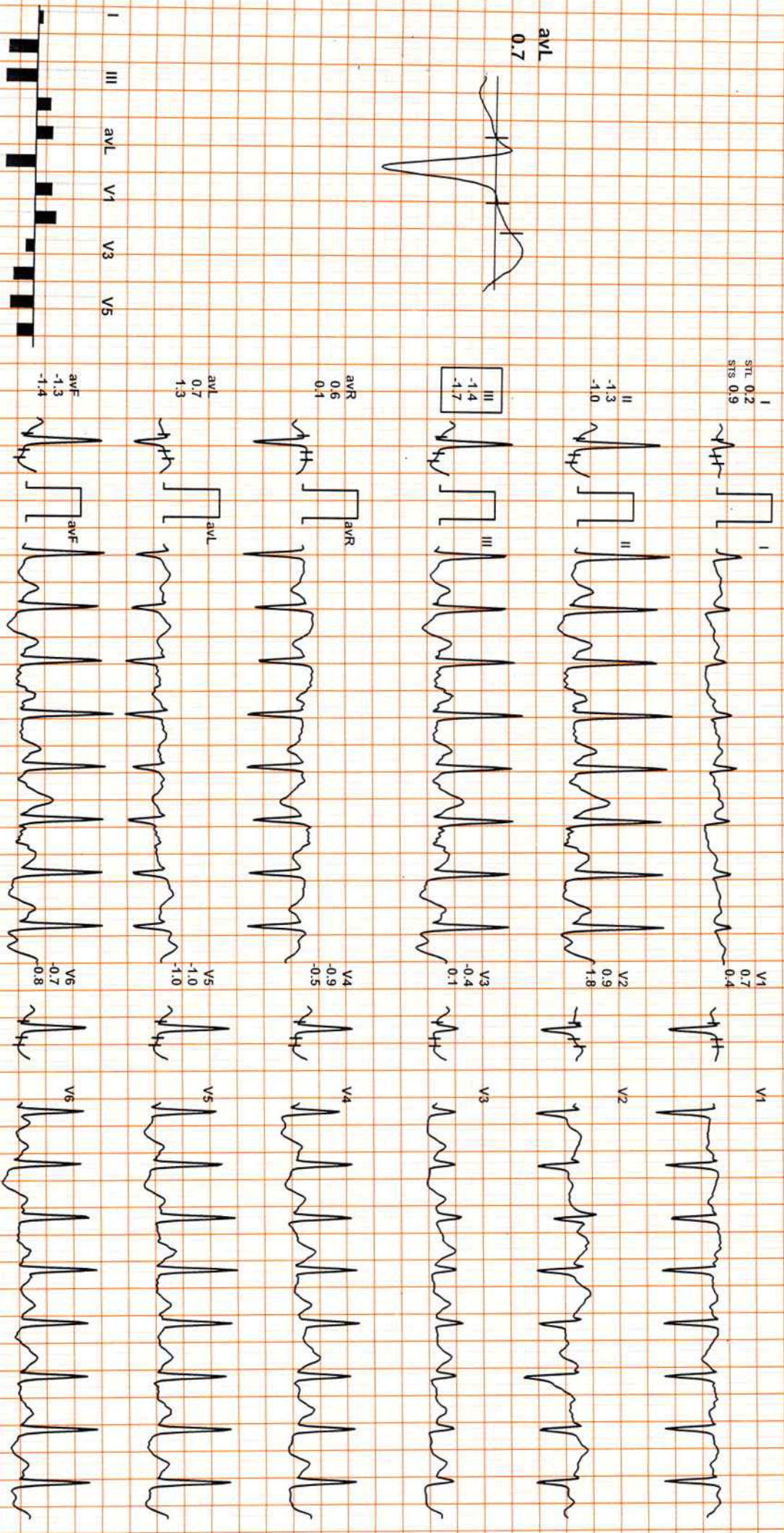


REMARKS:



Date: 12-Mar-2022 03:31:47 PM METS: 7.1/ 158 bpm 82% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz
 4X 50 ms Post-J

ExTime: 06:00 2.5 mph, 12.0%
 25 mm/Sec 1.0 cm/mV



REMARKS:
 II aVR aVF V2 V4 V6



Date: 12-Mar-2022 03:31:47 PM METS: 7.7/ 170 bpm 88% of THR BP: 130/78 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExtTime: 06:35 34 mph, 14.0%
25 mm/Sec: 1.0 Cm/InV

4X 60 ms Post J

I
ST-T: -0.4
ST-S: 0.7



V1



II
-1.2
-0.9



V2



III
-1.1
-1.5



V3



aVR
0.7
0.2



V4
-1.5
-0.4



aVL
0.5
1.2



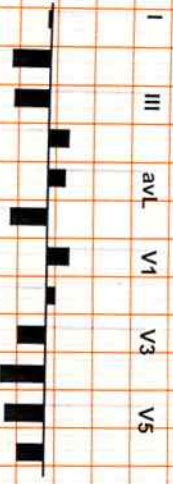
V5



aVF
-1.2
-1.3



V6



REMARKS:
II aVR aVF V2 V4 V6

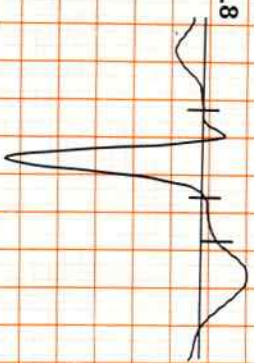


Date: 12-Mar-2022 03:31:47 PM METS: 1.2/127 bpm 66% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/LE 100 Hz

ExtTime: 06:36 0.0 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV

4X 60 ms/Post J

avL 0.8

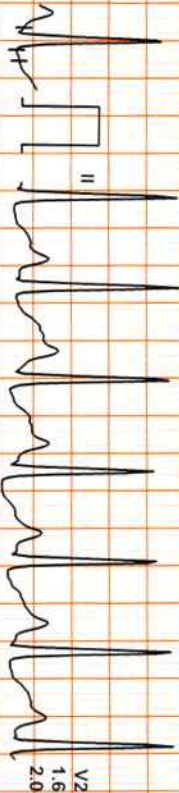


I 3RL -0.4
STS 1.3



V1

II -0.4
0.7



V2

III -1.0
-0.6



V3

avR 0.0
-1.0



V4

avL 0.8
1.0

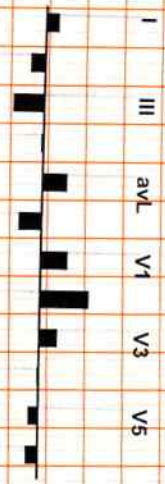


V5

avF -0.7
0.0



V6



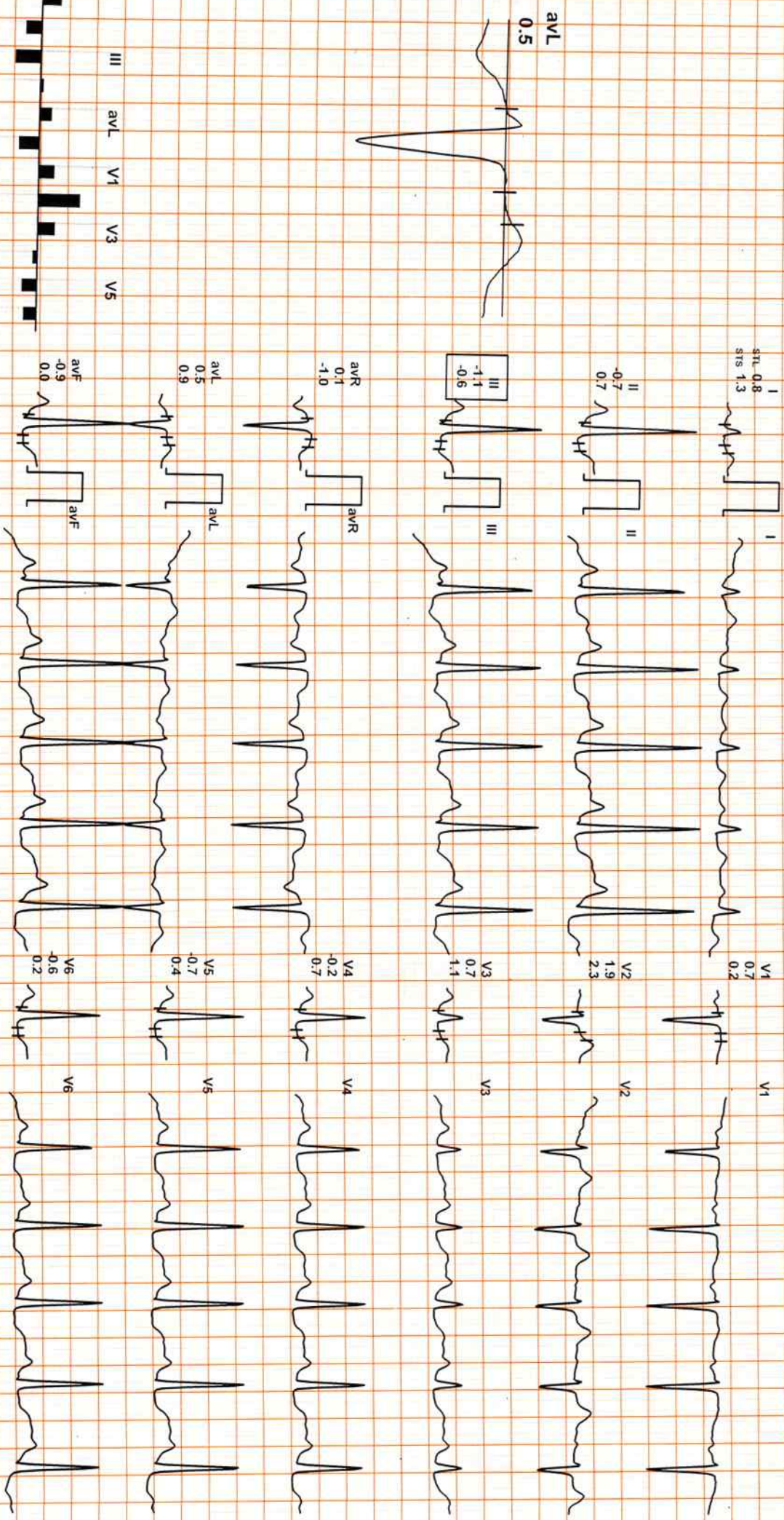
II avR avF V2 V4 V6

REMARKS:

Date: 12-Mar-2022 03:31:47 PM METS: 1.0/ 106 bpm 55% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ E: 100 Hz

ExTime: 06:36 0.0 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV

4X 60 ms Post J



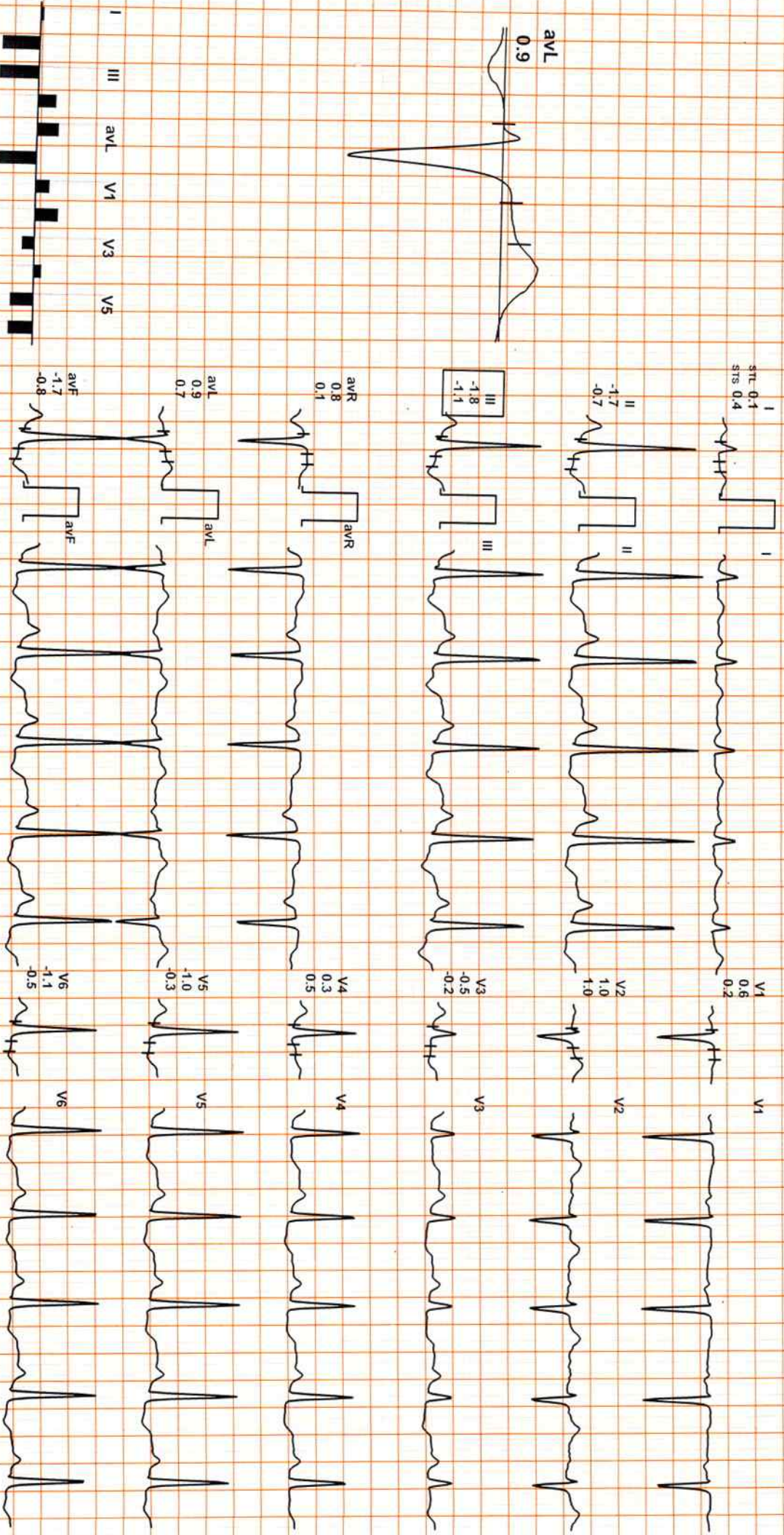
REMARKS:
II aVR aVF V2 V4 V6



Date: 12-Mar-2022 03:31:47 PM METS: 1.0/ 98 bpm 51% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05-Hz/LF: 100 Hz

4X 70ms Post J

EXTime: 06:36 0.0 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV

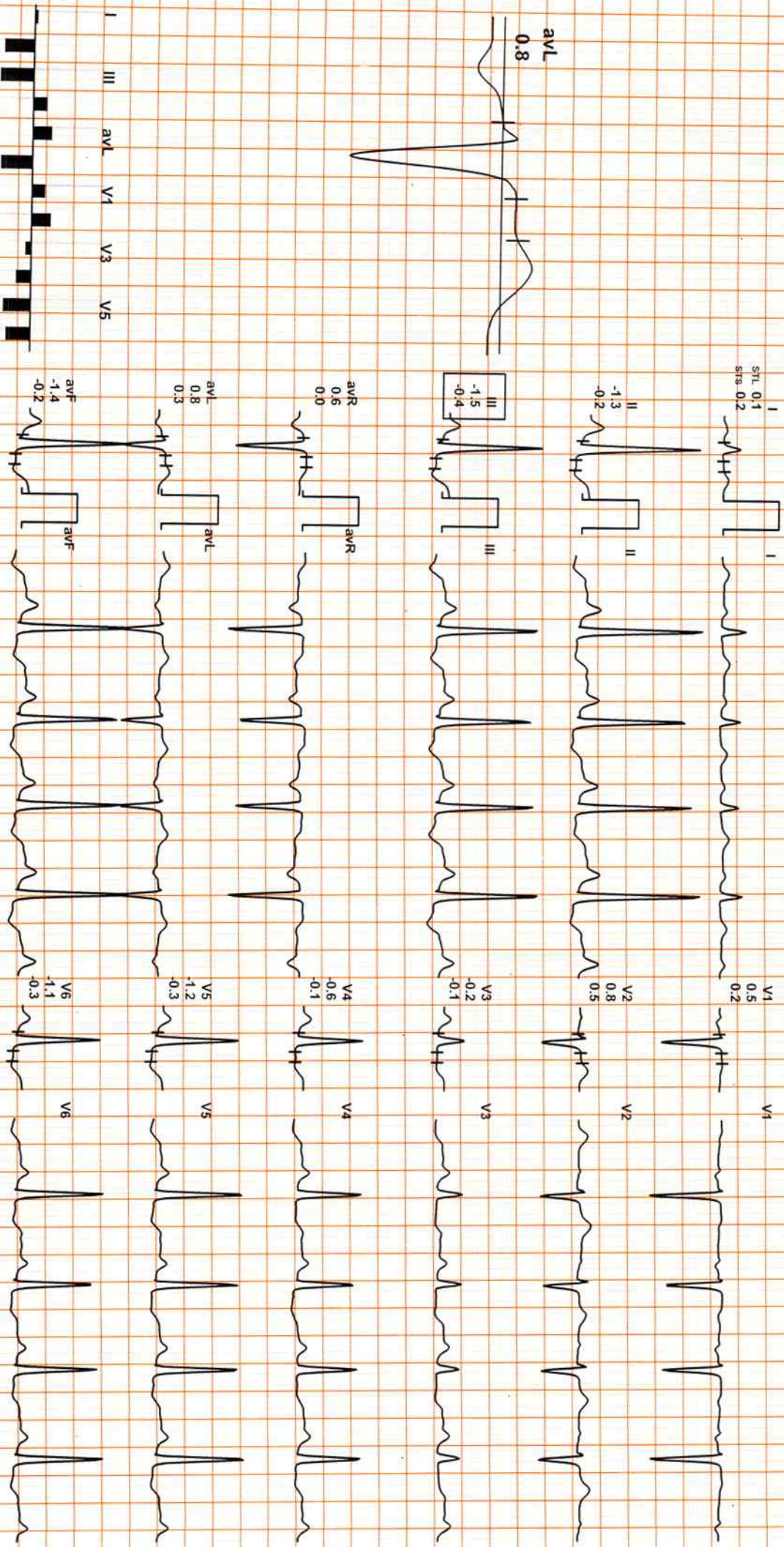


REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6



Date: 12-Mar-2022 03:31:47 PM METS: 1.0/ 94 bpm 48% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz
4X 70 mS Post J

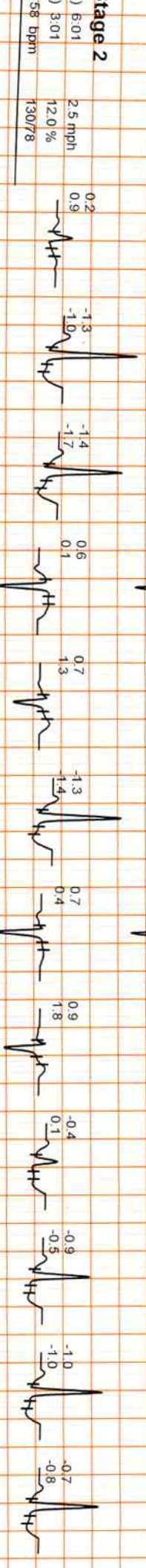
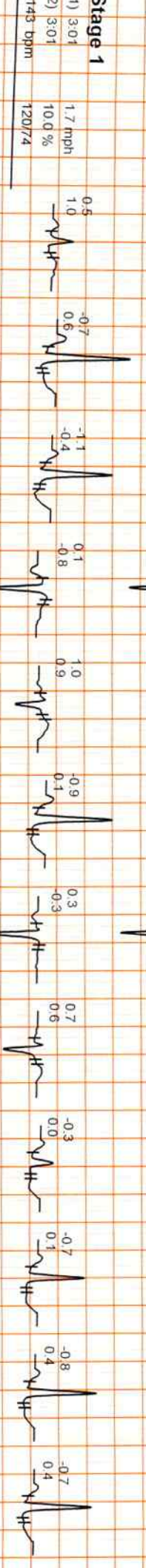
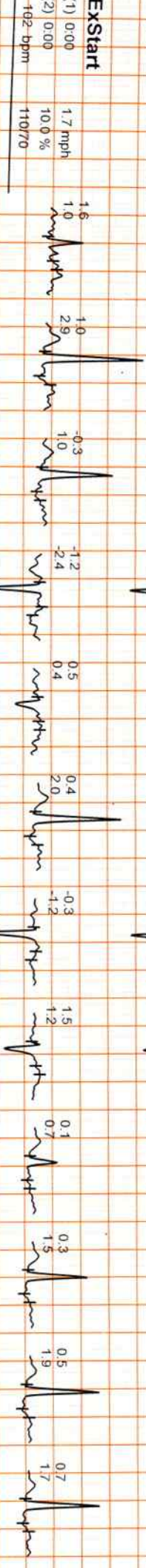
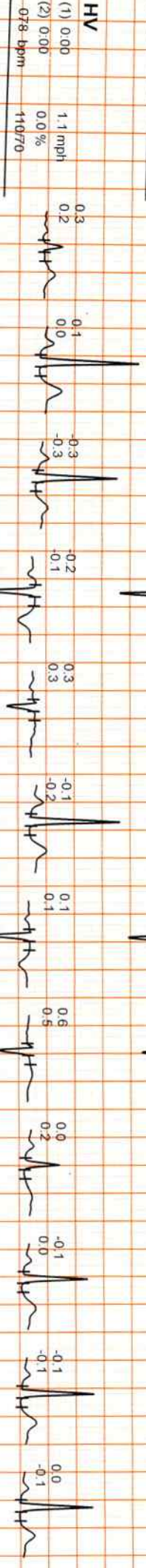
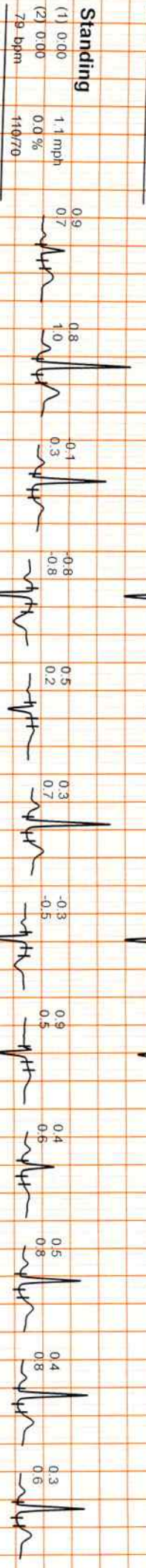
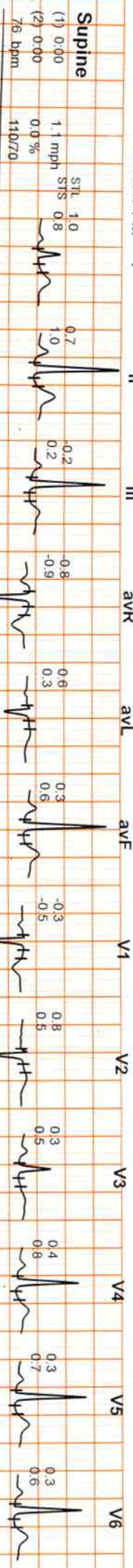
ExtTime: 06:36 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

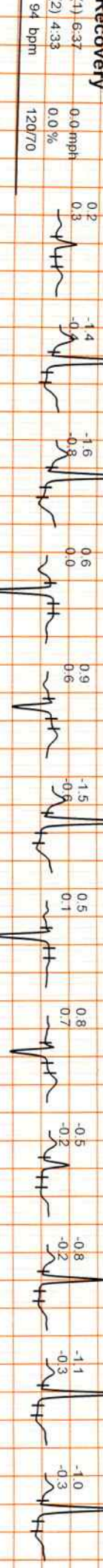
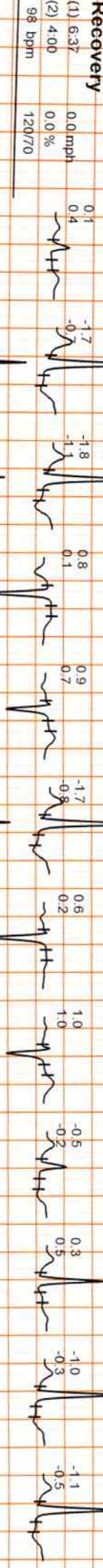
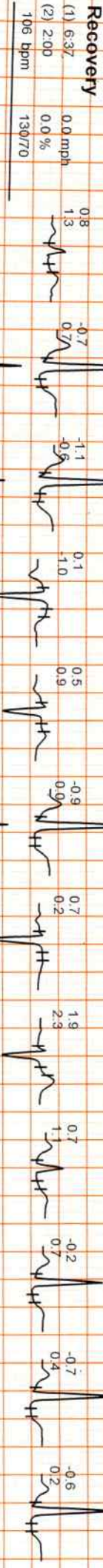
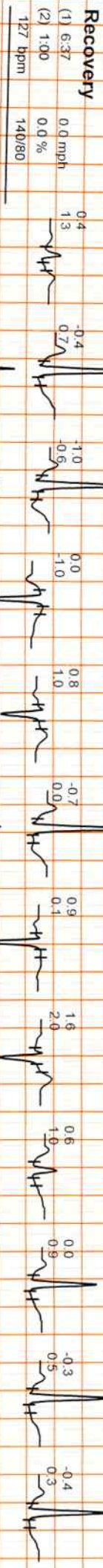


Date: 12-Mar-2022 03:31:47 PM I II III





Date: 12-Mar-2022 03:31:47 PM





Date: 12-Mar-2022 03:31:47 PM

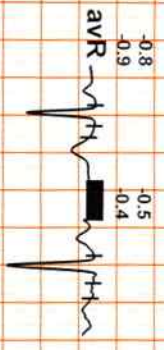
Protocol : BRUCE

Supine :	PhTime 0:22	StageTime 0:01	1.1mph	0.0%	1.0 METs	76 bpm	110/70	@70mSec Post J
ExStart :	PhTime: 0:07	StageTime: 0:07	1.7 mph	10.0%	7.7 METs	114 bpm	110/70	@70mSec Post J

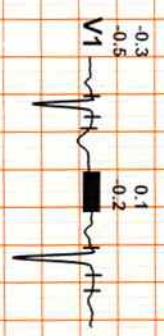
STL



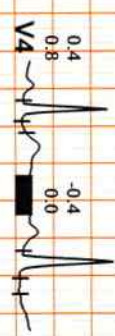
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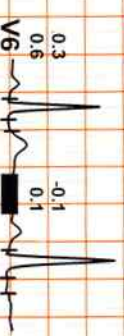
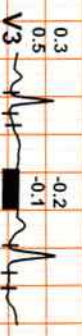
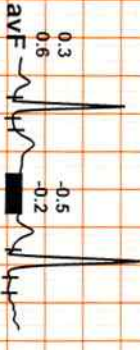
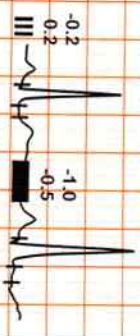
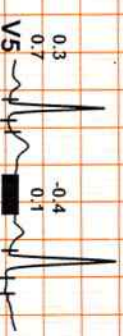
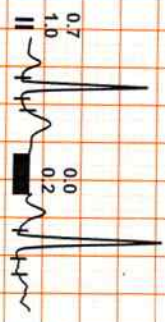
Supine ExStart



Supine ExStart



Supine ExStart



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Sex / Age :- Female 28 Yrs
Company :- MediWheel

Patient ID :- 122127668
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 12/03/2022 15:41:55

BOB PACKAGEFEMALE BELOW 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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DMRD (RADIO DIAGNOSIS)
RMC No. 24436

Dr. Hitesh Kumar Sharma
M.B.B.S.,D.M.R.D.
RMC Reg No. 27380

Transcript by.

This report is not valid for medico-legal purpose.