



Patient Ref. No. 66600002614656



Cert. No. MC-2812

CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : SREEBHAVANA B S PATIENT ID : SREEF2206854172

ACCESSION NO : 4182VL004056 AGE : 37 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:22 REPORTED : 10/12/2022 14:35

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** TREADMILL TEST**

TREADMILL TEST REPORT ATTACHED

OPHTHAL

OPHTHAL REPORT ATTACHED

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION REPORT ATTACHED





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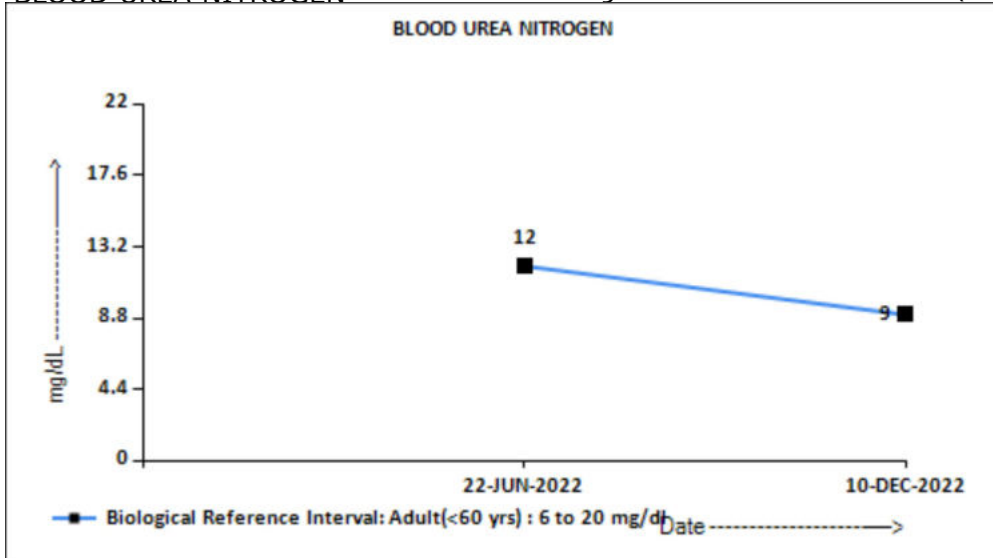
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN 9 Adult(<60 yrs) : 6 to 20 mg/dL



*** BUN/CREAT RATIO**

BUN/CREAT RATIO 13.2
CREATININE, SERUM

CREATININE 0.68 18 - 60 yrs : 0.6 - 1.1 mg/dL



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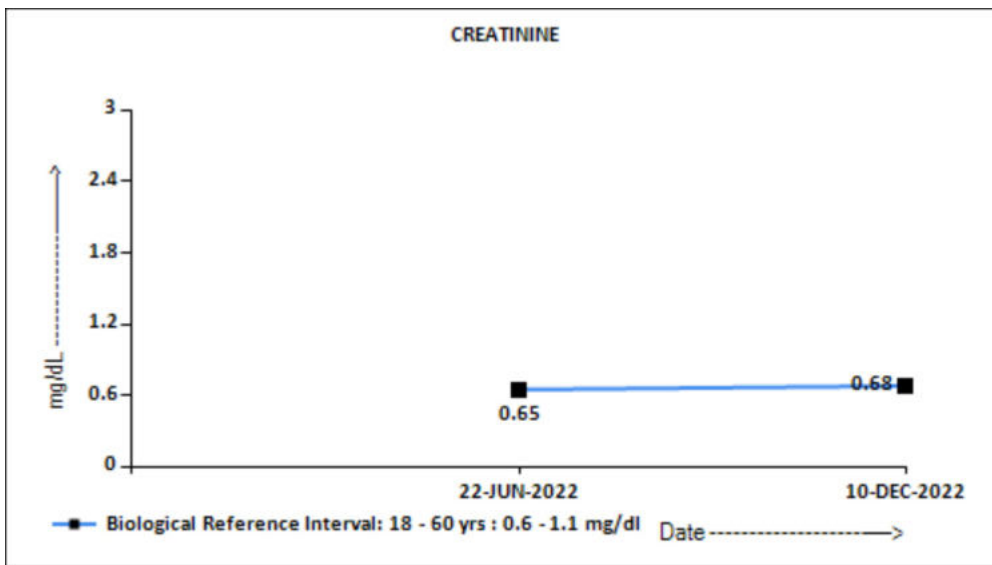
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*** GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 154 High Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55.

GLUCOSE, FASTING, PLASMA

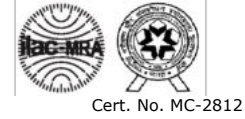
GLUCOSE, FASTING, PLASMA 99 Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.



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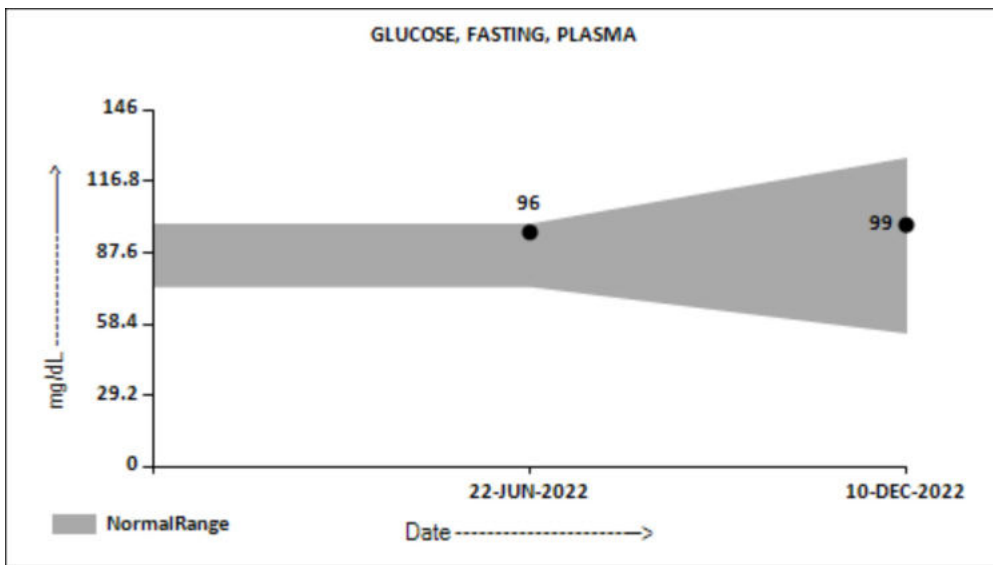
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ACCESSION NO : **4182VL004056** AGE : 37 Years SEX : Female ABHA NO :

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*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.7

Normal	: 4.0 - 5.6%. %
Non-diabetic level	: < 5.7%.
Diabetic	: >6.5%

Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 116.9 mg/dL





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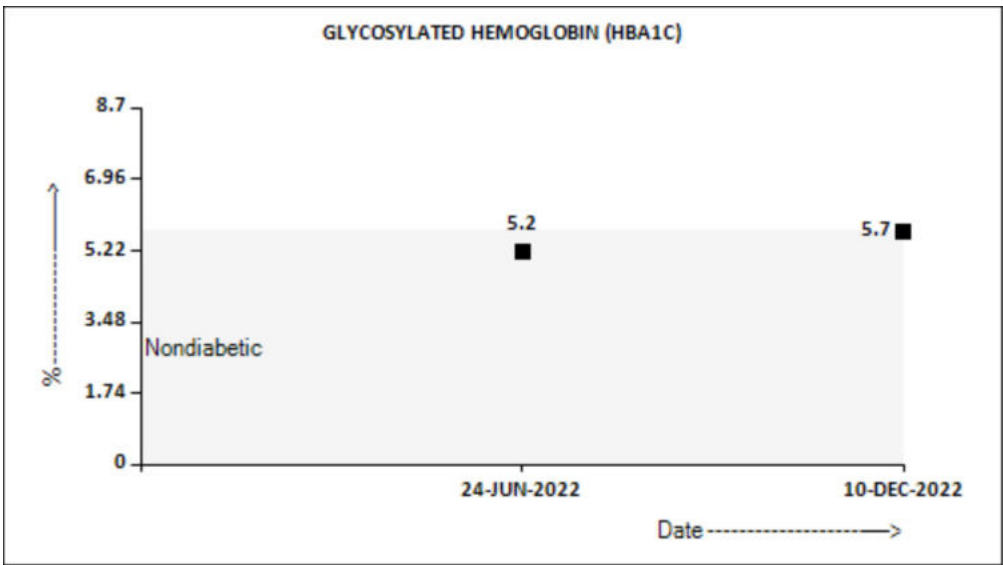
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Table with 4 columns: Test Report Status, Preliminary, Results, Units



* LIPID PROFILE, SERUM

Table listing lipid profile results: CHOLESTEROL (171 mg/dL), TRIGLYCERIDES (116 mg/dL), HDL CHOLESTEROL (49 mg/dL), DIRECT LDL CHOLESTEROL (115 mg/dL), NON HDL CHOLESTEROL (122 mg/dL), CHOL/HDL RATIO (3.5). Includes reference ranges and risk categories.



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Table header with columns: Test Report Status, Preliminary, Results, Units

Main table containing test results for LDL/HDL RATIO, LIVER FUNCTION TEST WITH GGT, URIC ACID, ABO GROUP & RH TYPE, and BLOOD COUNTS.



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Table with 4 columns: Test Report Status, Preliminary, Results, Units. Rows include hematology (MEAN CORPUSCULAR VOL, HGB, HEMOGLOBIN CONCENTRATION, etc.), WBC DIFFERENTIAL COUNT, ERYTHROCYTE SEDIMENTATION RATE (ESR), STOOL: OVA & PARASITE, SUGAR URINE - POST PRANDIAL, and THYROID PANEL, SERUM (T3, T4, TSH).

PHYSICAL EXAMINATION, URINE
COLOR PALE YELLOW



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Table with 4 columns: Test Report Status, Preliminary, Results, Units. Rows include APPEARANCE (CLEAR), CHEMICAL EXAMINATION, URINE (PH 6.0, SPECIFIC GRAVITY 1.010, etc.), MICROSCOPIC EXAMINATION, URINE (RED BLOOD CELLS NOT DETECTED, WBC 1-2, etc.), and REMARKS (NIL).

Interpretation(s)

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease

- SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
• Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.



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GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

- I. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.
III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
IV. Interference of hemoglobinopathies in HbA1c estimation is seen in
a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c. HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM- Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM- 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 syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-



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Causes of Increased levels

- Dietary
High Protein Intake.
Prolonged Fasting,
Rapid weight loss.
Gout
Leshch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
OCP's
Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
Limit animal proteins
High Fibre foods
Vit C Intake
Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS,EDTA WHOLE BLOOD-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

- 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACCC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** ECG WITH REPORT**

REPORT

REPORT GIVEN

*** USG ABDOMEN AND PELVIS**

REPORT

REPORT GIVEN

*** CHEST X-RAY WITH REPORT**

REPORT

REPORT GIVEN

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN, MBBS
DCP(Pathology)
(Reg No - TCC 27150)
HOD - HAEMATOLOGY

DR. SRI SRUTHY, MD
Microbiology
(Reg No - TCMC 44886)
CONSULTANT
MICROBIOLOGIST

DR. ASTHA YADAV, MD
Biochemistry
(Reg No - DMC/R/20690)
CONSULTANT BIOCHEMIST



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ID: 004056

Diagnosis Information:

Female
37 Years
cm

/ mmHg
kg

Wt. : Seebhavana . 85

HR	:	93	bpm
P	:	101	ms
PR	:	179	ms
QRS	:	75	ms
QT/QTc	:	352/438	ms
P/QRST	:	59/34/48	°
RV5/SVI	:	0.465/0.536	mV

Report Confirmed



V6

Standard

V1

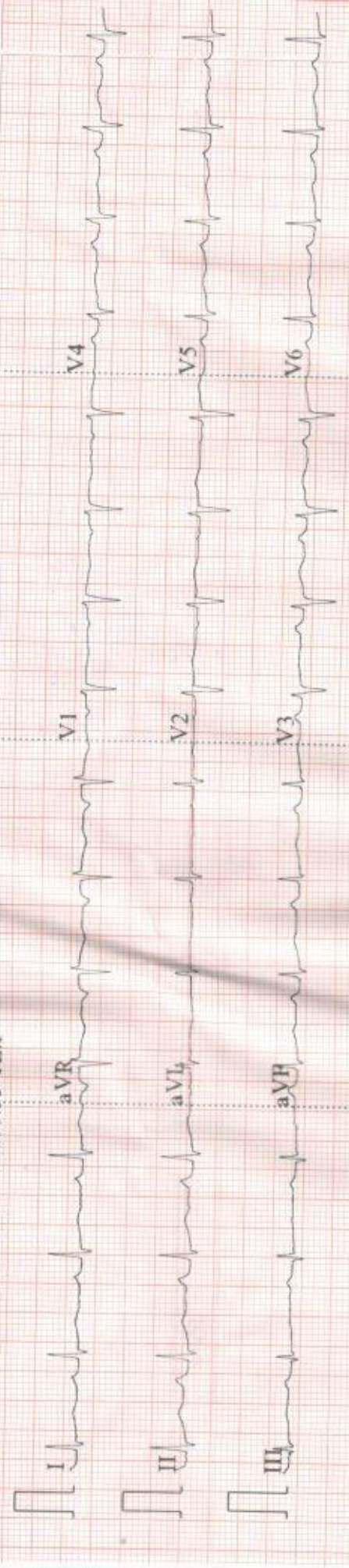
V2

V3

V4

Standard	L I	L II	L III	L III Inspiration
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ID: 004056 10-12-2022 10:06:35 AM

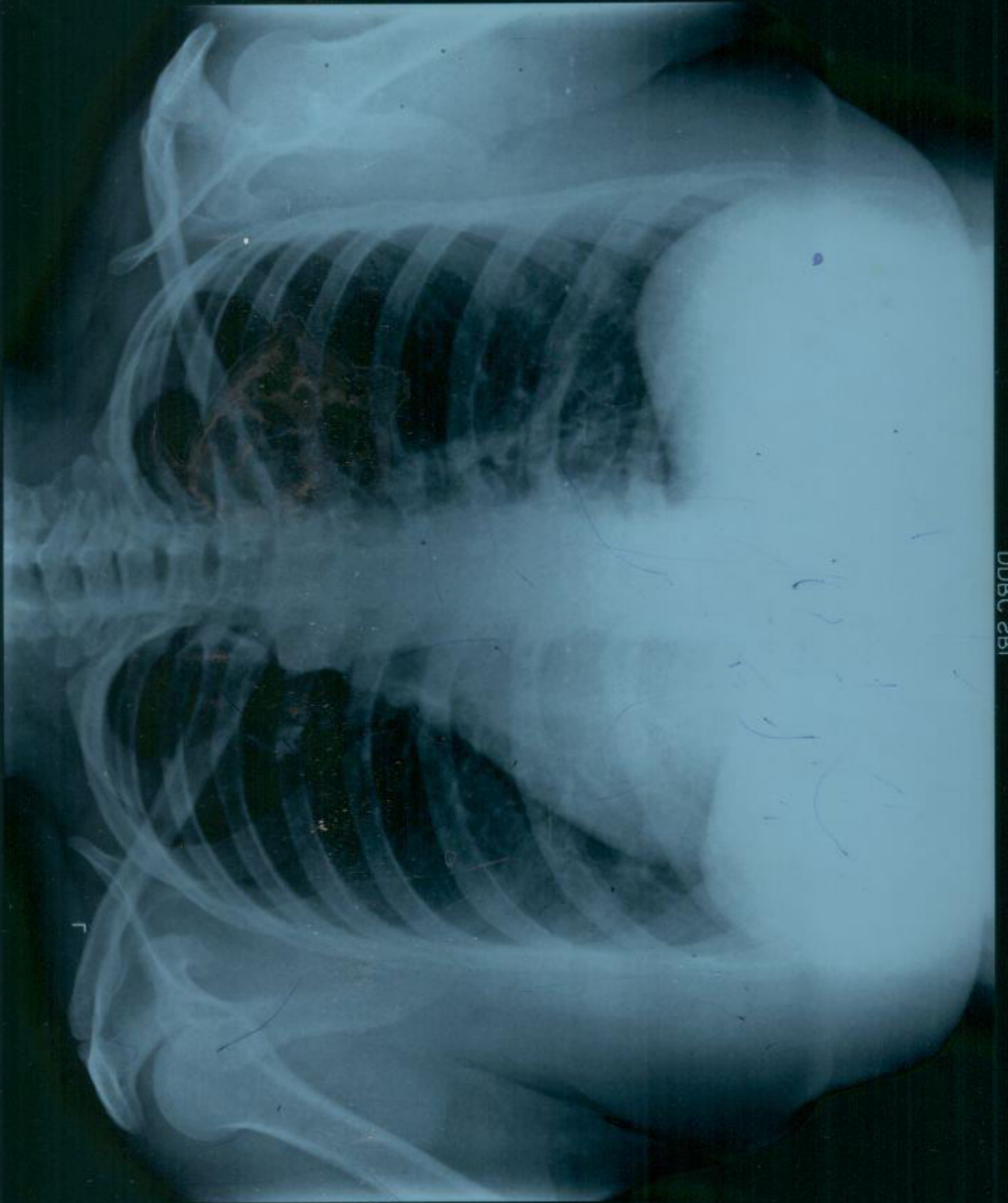


0.5-35Hz AC50 25mm/s 10mm/mV ♡94 V1.0 SEMIP V1.7 DDRCSRL
A^{0.1mV} W CE

DRUM REGION

- 0471 -
- 0475 -
- 0474 -
- 0474 -
- 0471 -
- 0471 -
- 0471 -
- 04652
- 94960
- 0470 -
- 0470 -
- 0474 -
- 0472
- 0472
- 0471
- 0465





DRRC SRL



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Sreebhavana . B.S.</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <u>LT Arm.</u>
3. Age/Date of Birth	:	<u>37, 9/5/1985</u> Gender: <u>F</u> F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>168</u> (cms)	b. Weight <u>71</u> (Kgs)	c. Girth of Abdomen (cms)
d. Pulse Rate <u>74/min</u> (Min)	e. Blood Pressure: <u>120/80 mmHg</u> Systolic <u>120</u> Diastolic <u>80 mmHg.</u>	
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			<u>55, heart attack.</u>
Mother	<u>54</u>	<u>DM/DLP/HTN.</u>	
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>—</u>	<u>—</u>	<u>—</u>

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or physical impairment or deformity. If No, please attach details. **Y/N** ✓
- b. Have you undergone/been advised any surgical procedure? **Y/N** ✓
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N** ✓
- d. Have you lost or gained weight in past 12 months? **Y/N** ✓

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N** ✓
- Any disorders of Respiratory system? **Y/N** ✓
- Any Cardiac or Circulatory Disorders? **Y/N** ✓
- Enlarged glands or any form of Cancer/Tumour? **Y/N** ✓
- Any Musculoskeletal disorder? **Y/N** ✓
- Any disorder of Gastrointestinal System? **Y/N** ✓
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N** ✓
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N** ✓
- Are you presently taking medication of any kind? **Y/N** ✓

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N ✓

d. Do you have any history of miscarriage/abortion or MTP

Y/N ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N ✓

f. Are you now pregnant? If yes, how many months?

Y/N ✓

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N ✓
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N ✓
- Are there any points on which you suggest further information be obtained? Y/N ✓
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....
.....

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. SERIN LOPEZ, MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :



Date & Time :

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.



NAME : MRS SREEBHAVANA B S

AGE:37/F

DATE:10/12/2022

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
 No cardiomegaly
 Normal vascularity
 No parenchymal lesion.
 Costophrenic and cardiophrenic angles clear

➤ **IMPRESSION** : Normal Chest Xray

ELECTRO CARDIOGRAM : NSR :93/minute
 No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.



Dr. SERIN LOPEZ, MBBS
 MEDICAL OFFICER
 DDRC SRL Diagnostics Ltd.
 Aster Square, Medical College P.O., TVM
 Reg. No. 77656

DR SERIN LOPEZ MBBS

Reg No 77656

DDRC SRL DIAGNOSTICS Services

DDRC SRL

Patient Details

Name: SREEBHAVANA B S ID: 4182VL004056

Age: 37 y

Clinical History: NIL

Date: 10-Dec-22

Sex: F

Time: 12:34:27 PM

Height: 168 cms

Weight: 71 Kgs

Medications: NIL

Test Details

Protocol: Bruce

Total Exec. Time: 6 m 9 s

Max. BP: 170 / 80 mmHg

Test Termination Criteria: THR ATTAINED

Pr.MHR: 183 bpm

Max. HR: 183 (100% of Pr.MHR)bpm

Max. BP x HR: 31110 mmHg/min

THR: 164 (90 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 7920 mmHg/min

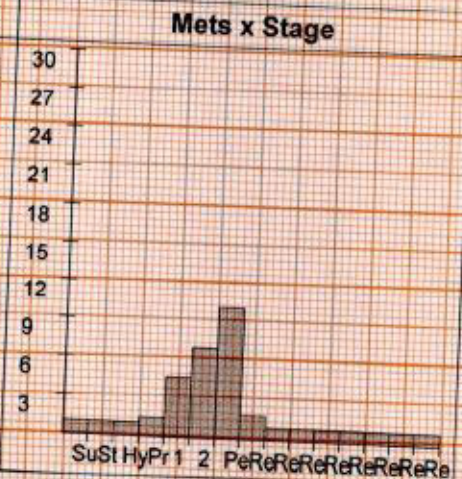
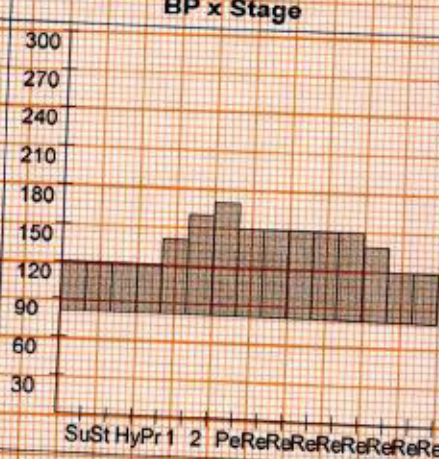
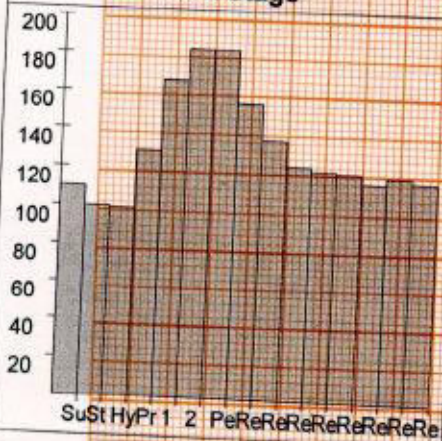
Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	110	120 / 80	-0.42 aVR	1.06 II
Standing	0 : 1	1.0	0	0	100	120 / 80	-0.42 aVR	1.06 II
Hyperventilation	0 : 18	1.0	0	0	99	120 / 80	-0.42 aVR	1.06 II
1	3 : 0	4.6	1.7	10	166	140 / 80	-0.64 aVR	2.83 II
2	3 : 0	7.0	2.5	12	183	160 / 80	-0.64 aVR	3.54 II
Peak Ex	0 : 9	10.2	3.4	14	183	170 / 80	-0.64 aVR	3.54 II
Recovery(1)	1 : 0	1.8	1	0	155	150 / 80	-1.27 aVR	4.95 V4
Recovery(2)	1 : 0	1.0	0	0	136	150 / 80	-1.27 aVR	5.31 V4
Recovery(3)	1 : 0	1.0	0	0	123	150 / 80	-1.06 aVR	3.89 V4
Recovery(4)	1 : 0	1.0	0	0	121	150 / 80	-0.85 aVR	2.48 II
Recovery(5)	1 : 0	1.0	0	0	120	150 / 80	-0.64 aVR	1.42 II
Recovery(6)	1 : 0	1.0	0	0	115	140 / 80	-0.42 aVR	1.42 II
Recovery(7)	1 : 0	1.0	0	0	118	120 / 80	-0.64 aVR	1.06 II
Recovery(8)	0 : 6	1.0	0	0	116	120 / 80	-0.42 aVR	1.06 II

HR x Stage

BP x Stage

Mets x Stage



DDRC SRL

Patient Details

Date: 10-Dec-22

Time: 12:34:27 PM

Name: SREEBHAYANA B S ID: 4182VL004056

Age: 37 y

Sex: F

Height: 168 cms

Weight: 71 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 6 m 9 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 110 bpm, rose to a max. heart rate of 183 (100% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

NO ANGINA/ARRHYTHMIAS/SOB

GOOD EFFORT TOLERANCE

NO SIGNIFICANT ST CHANGES

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

Dr

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN

Consulting Cardiologist

TCMO Reg No: 72364

(Summary Report edited by user)

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 0 m 0 s

DDRC SRL

ID: 4182VL004056

Stage: Supine

Stage Time : 0 m 11 s

Date: 10-Dec-22

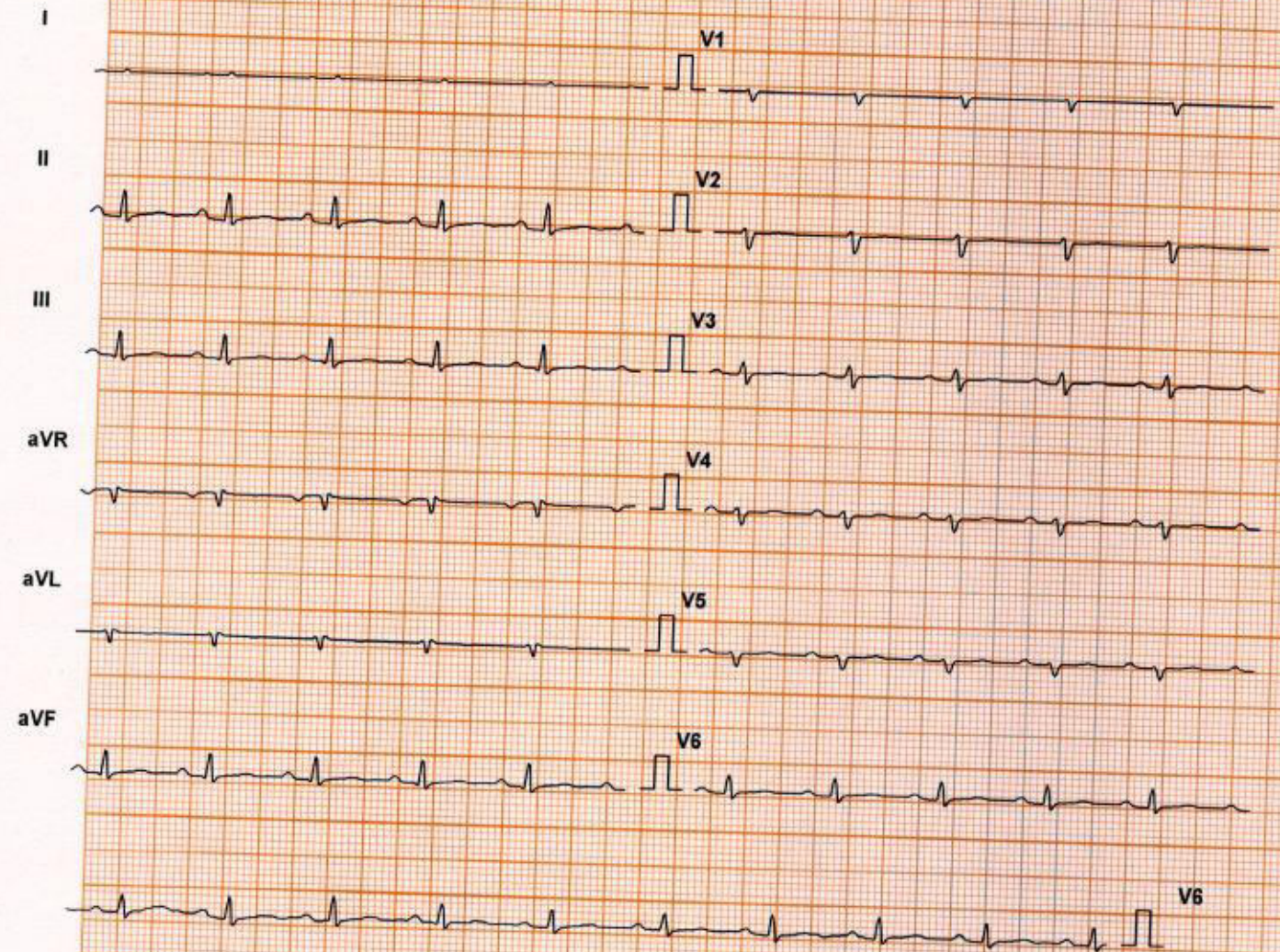
B.P: 120 / 80

Speed: 0 mph

Grade: 0 %

HR: 96 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	0.4	0.7
III	0.4	0.7
aVR	-0.2	-0.4
aVL	0.0	0.0
aVF	0.6	0.7
V1	0.0	0.0
V2	0.0	0.0
V3	0.4	0.7
V4	0.2	0.0
V5	0.2	0.0
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

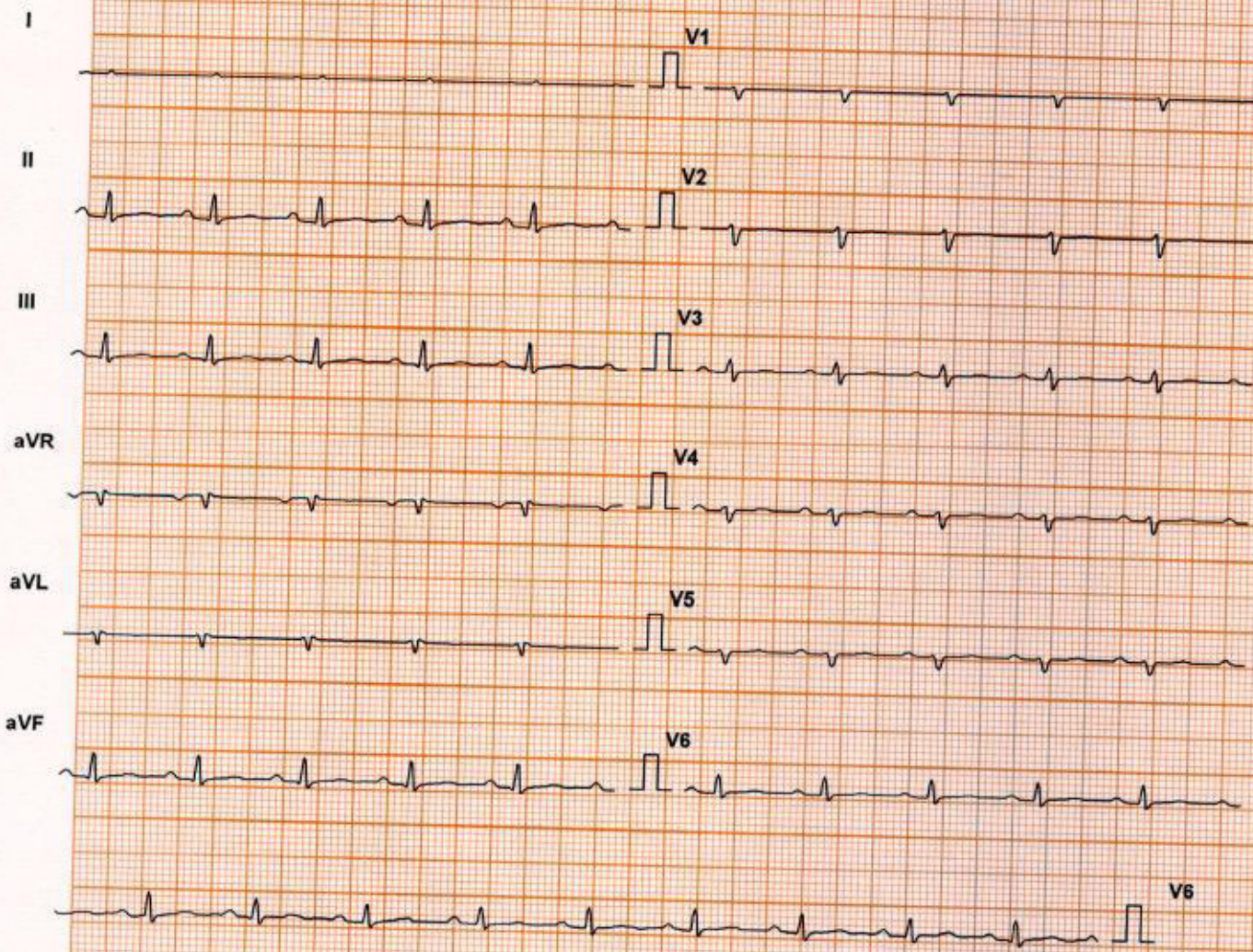
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 96 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/e)
I	0.0	0.0
II	0.4	0.7
III	0.4	0.7
aVR	-0.2	-0.4
aVL	0.0	0.0
aVF	0.6	0.7
V1	0.0	0.0
V2	0.0	0.0
V3	0.4	0.0
V4	0.2	0.0
V5	0.2	0.0
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 0 m 0 s

ID: 4182VL004056

Date: 10-Dec-22

B.P: 120 / 80

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 12 s

HR: 105 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.4
V1	0.0	0.0
V4	0.4	0.0
II	0.4	0.7
aVL	-0.2	0.0
V2	0.2	0.4
V5	0.4	0.4
III	0.4	0.4
aVF	0.4	0.4
V3	0.4	0.4
V6	0.6	0.7

Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Filter: 35 Hz

Isp = R - 60 ms

J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 140 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

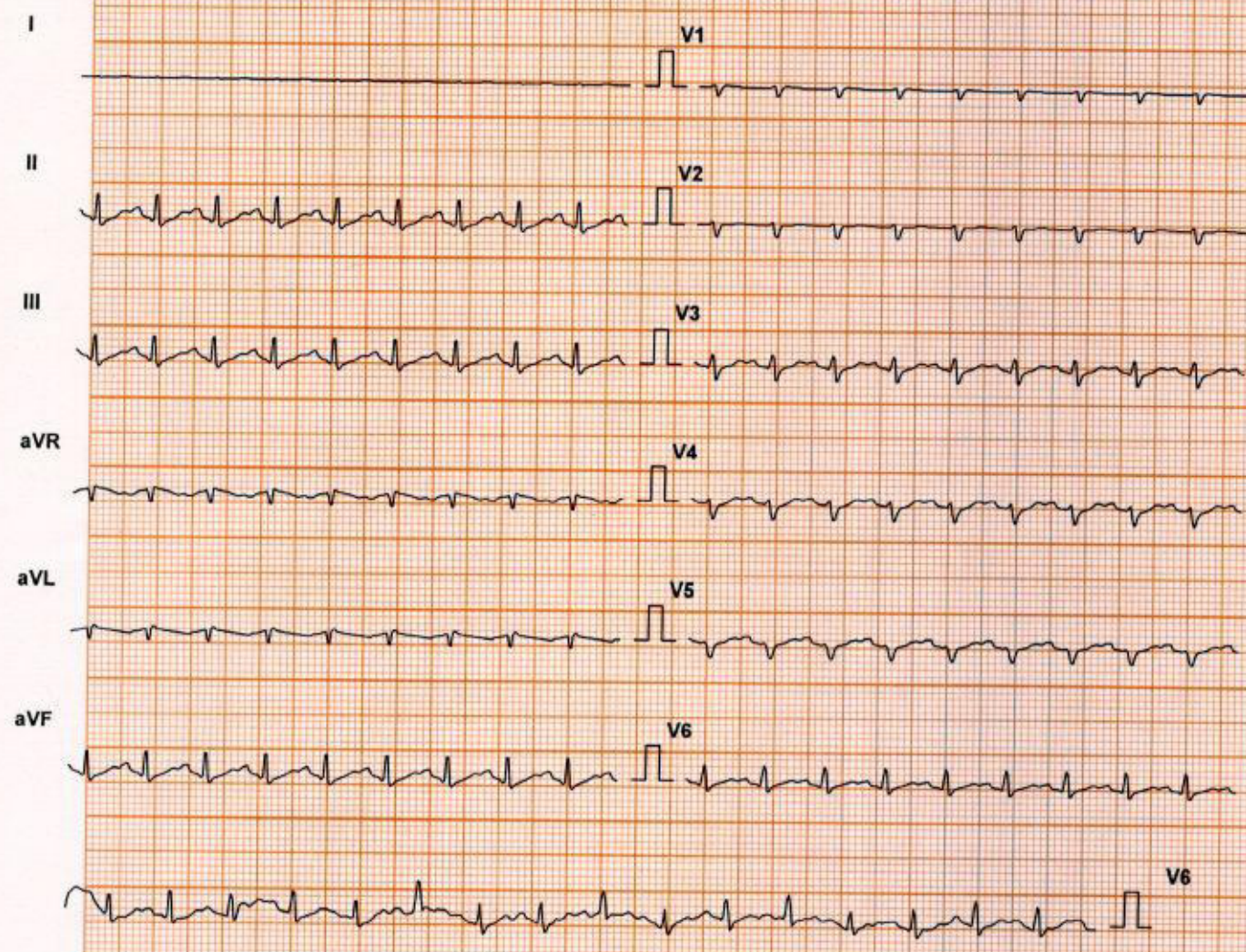
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 167 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
aVR	-0.4	-1.1
V1	0.2	-0.4
V4	0.8	2.1
II	0.6	2.5
aVL	0.0	-0.4
V2	0.4	0.7
V5	0.6	1.4
III	0.4	2.1
aVF	0.6	2.5
V3	0.8	2.1
V6	0.6	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 5 mm

Schiller Spandan V 4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 5 m 54 s

ID: 4182VL004056

Stage: 2

Stage Time : 2 m 54 s

Date: 10-Dec-22

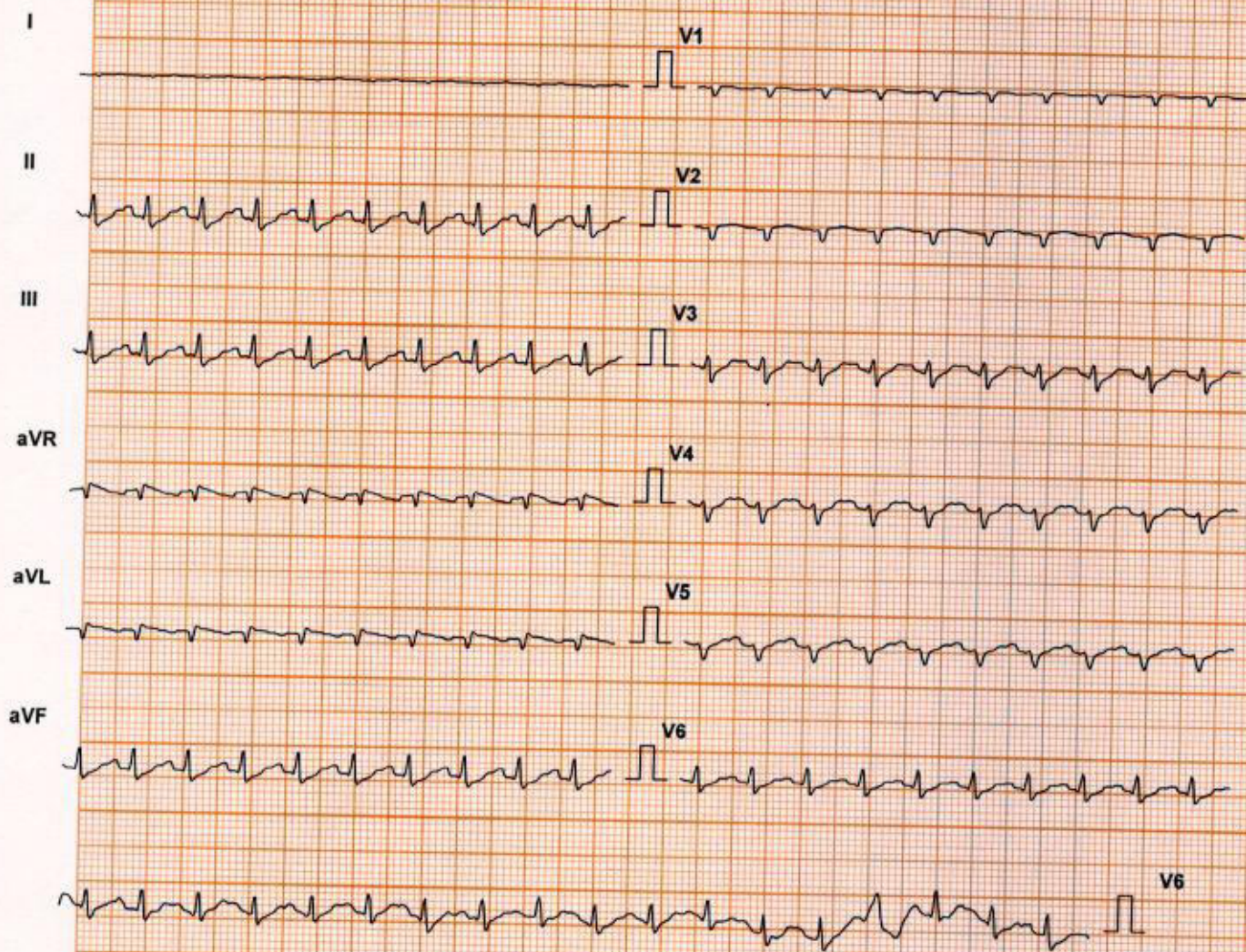
B.P: 160 / 80

Speed: 2.5 mph

Grade: 12 %

HR: 183 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
aVR	-0.4	-1.8
V1	0.0	-0.7
V4	1.7	3.5
II	0.8	3.5
aVL	0.2	-0.7
V2	1.1	0.7
V5	1.3	2.5
III	0.4	2.8
aVF	0.4	2.8
V3	1.1	3.2
V6	0.6	2.5

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 6 m 3 s

DDRC SRL

ID: 4182VL004056

Stage: Peak Ex

Stage Time : 0 m 3 s

Date: 10-Dec-22

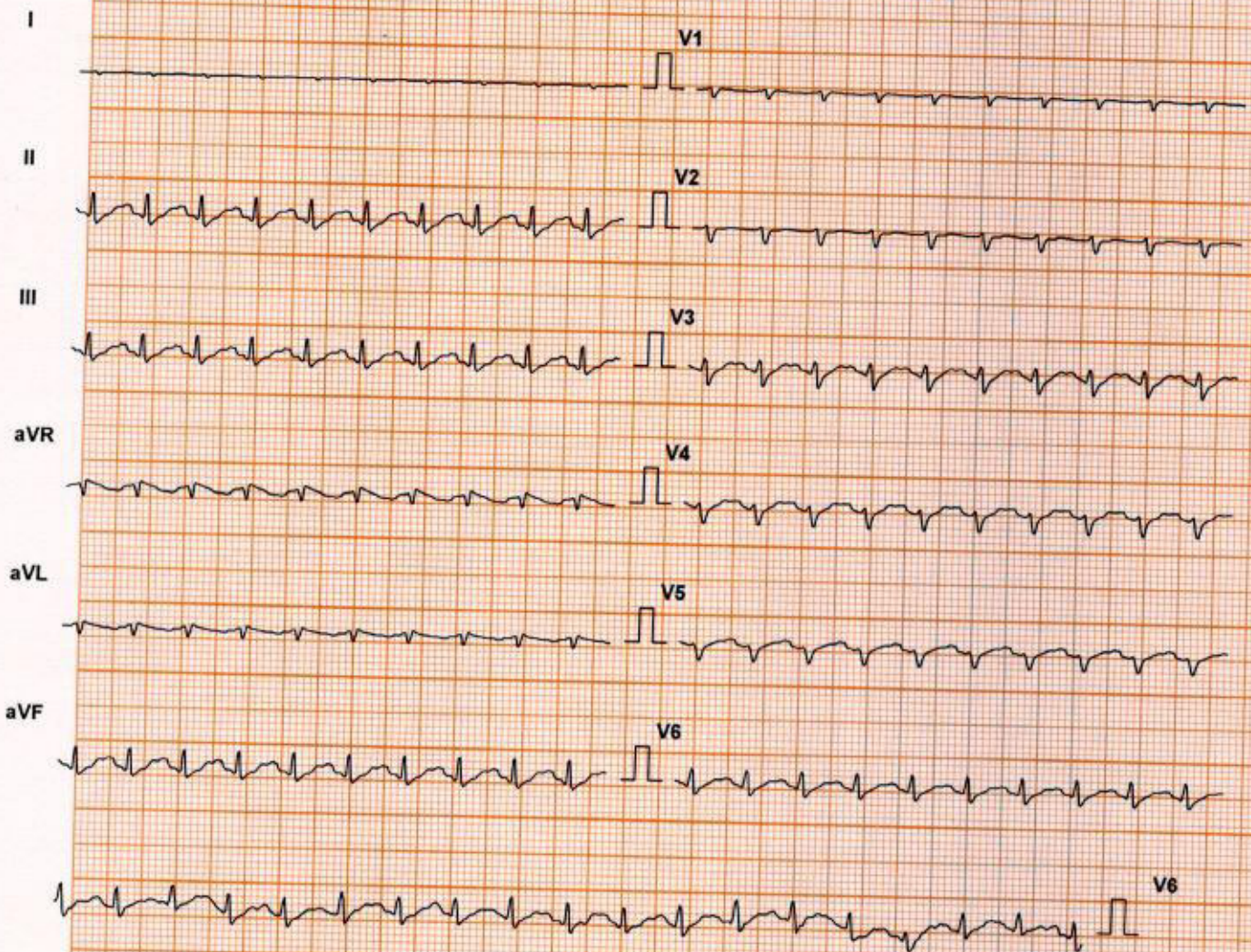
B.P: 170 / 80

Speed: 3.4 mph

Grade: 14 %

HR: 183 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
aVR	0.0	0.0
V1	-0.6	-1.4
V4	0.0	-0.4
V5	1.5	2.8
aVL	1.3	3.5
V2	0.0	-0.7
V5	0.4	0.7
V6	1.1	2.1
aVF	0.8	2.8
V3	0.8	2.8
V6	1.3	3.2
V6	0.8	2.5

Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 6 m 9 s

DDRC SRL

ID: 4182VL004056

Stage: Recovery(1)

Stage Time : 0 m 54 s

Date: 10-Dec-22

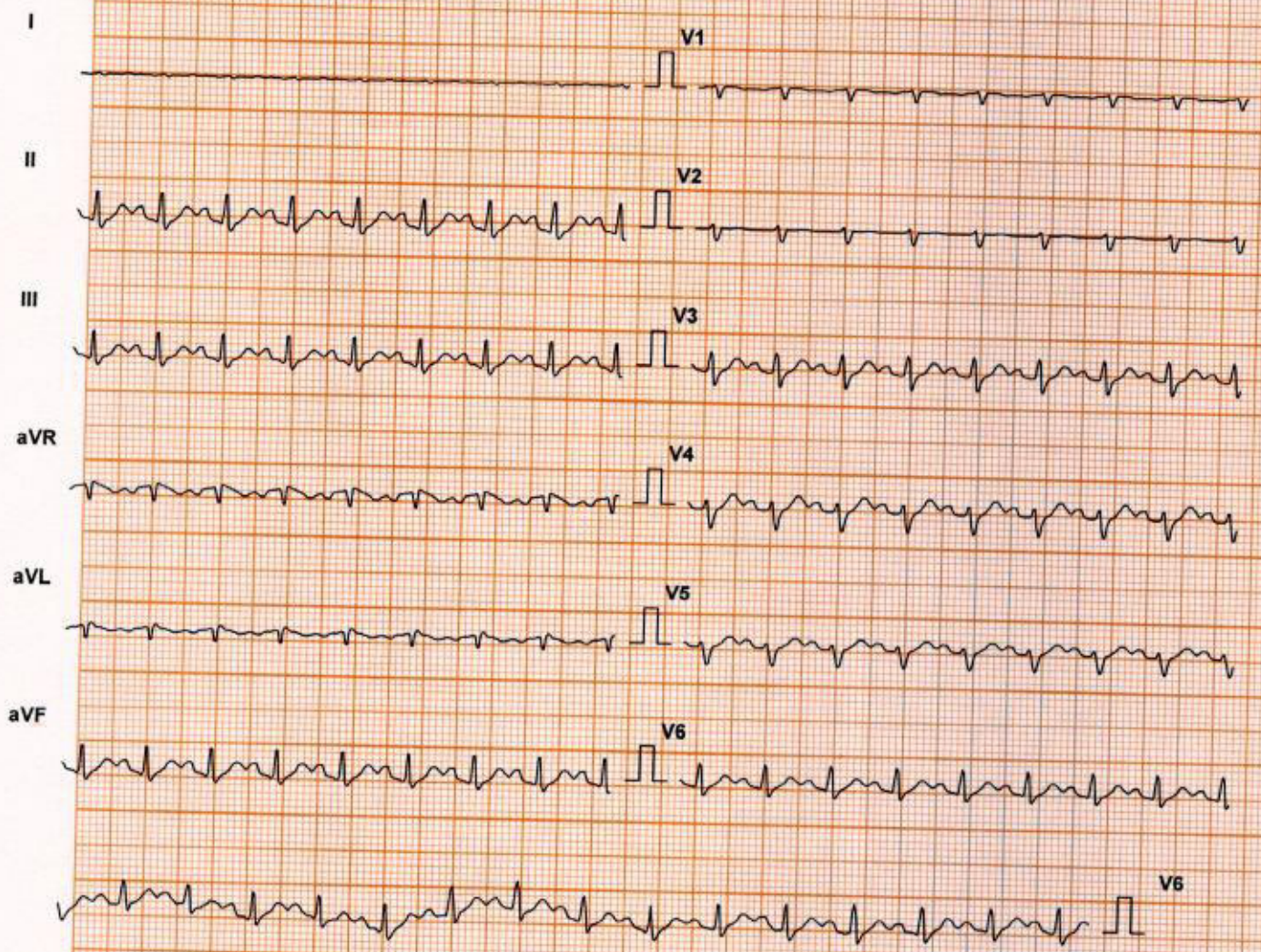
B.P: 150 / 80

Speed: 1 mph

Grade: 0 %

HR: 155 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-1.3	-2.1
V1	-0.2	-0.7
V4	3.4	5.0
II	2.5	4.6
aVL	-0.6	-1.1
V2	0.4	0.4
V5	2.5	3.5
III	2.1	3.9
aVF	2.3	4.6
V3	3.0	4.2
V6	2.3	3.5

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 6 m 9 s

DDRC SRL

ID: 4182VL004056

Stage: Recovery(2)

Stage Time : 0 m 54 s

Date: 10-Dec-22

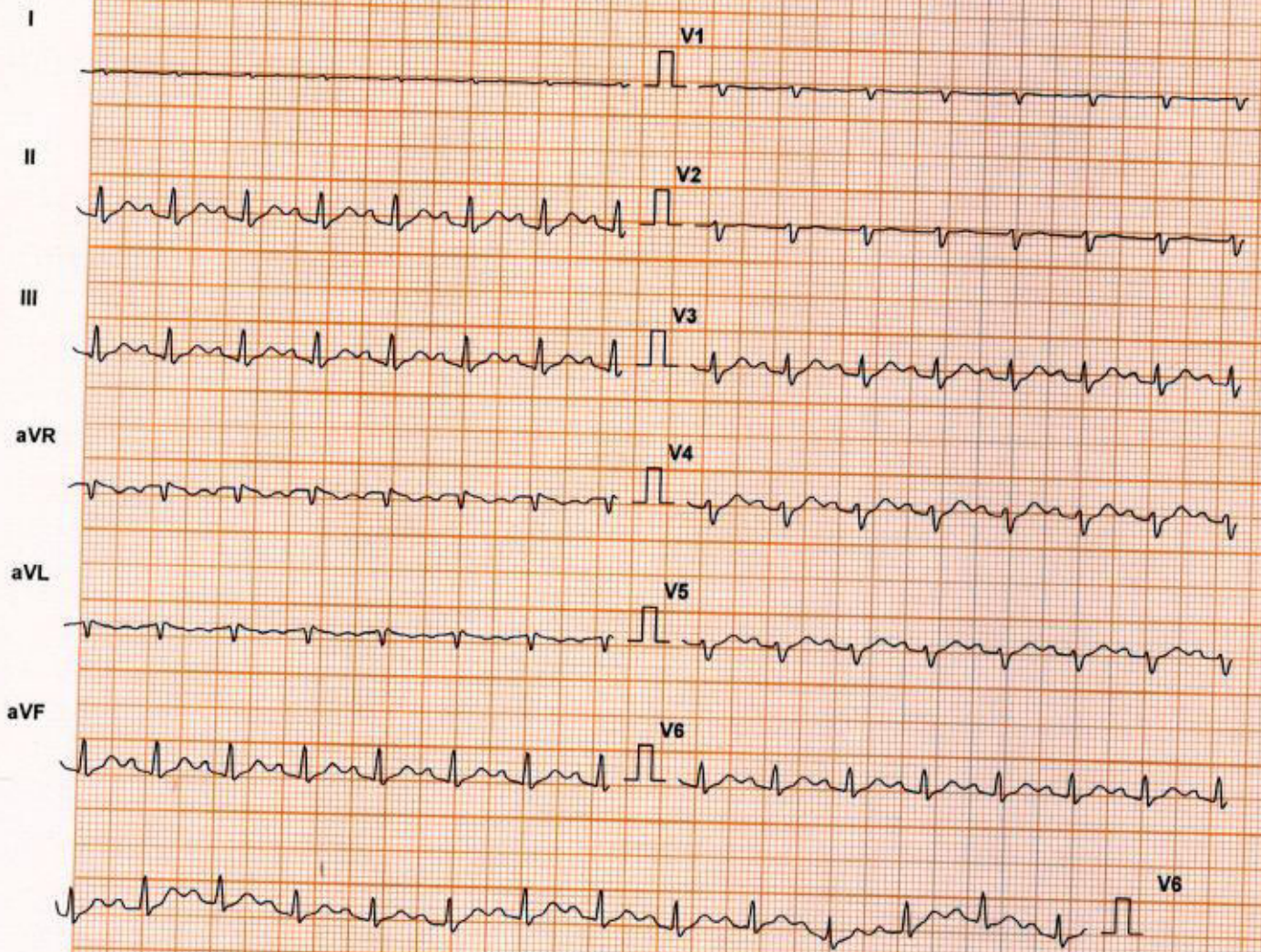
B.P: 150 / 80

Speed: 0 mph

Grade: 0 %

HR: 136 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-1.1	-1.4
V1	-0.2	-0.7
V4	2.5	3.9
II	1.9	2.5
aVL	-0.4	-0.4
V2	0.6	0.7
V5	1.9	2.5
III	1.5	2.1
aVF	1.7	2.5
V3	1.9	3.2
V6	1.7	2.5

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R + 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 6 m 9 s

ID: 4182VL004056

Stage: Recovery(3)

Stage Time : 0 m 54 s

Date: 10-Dec-22

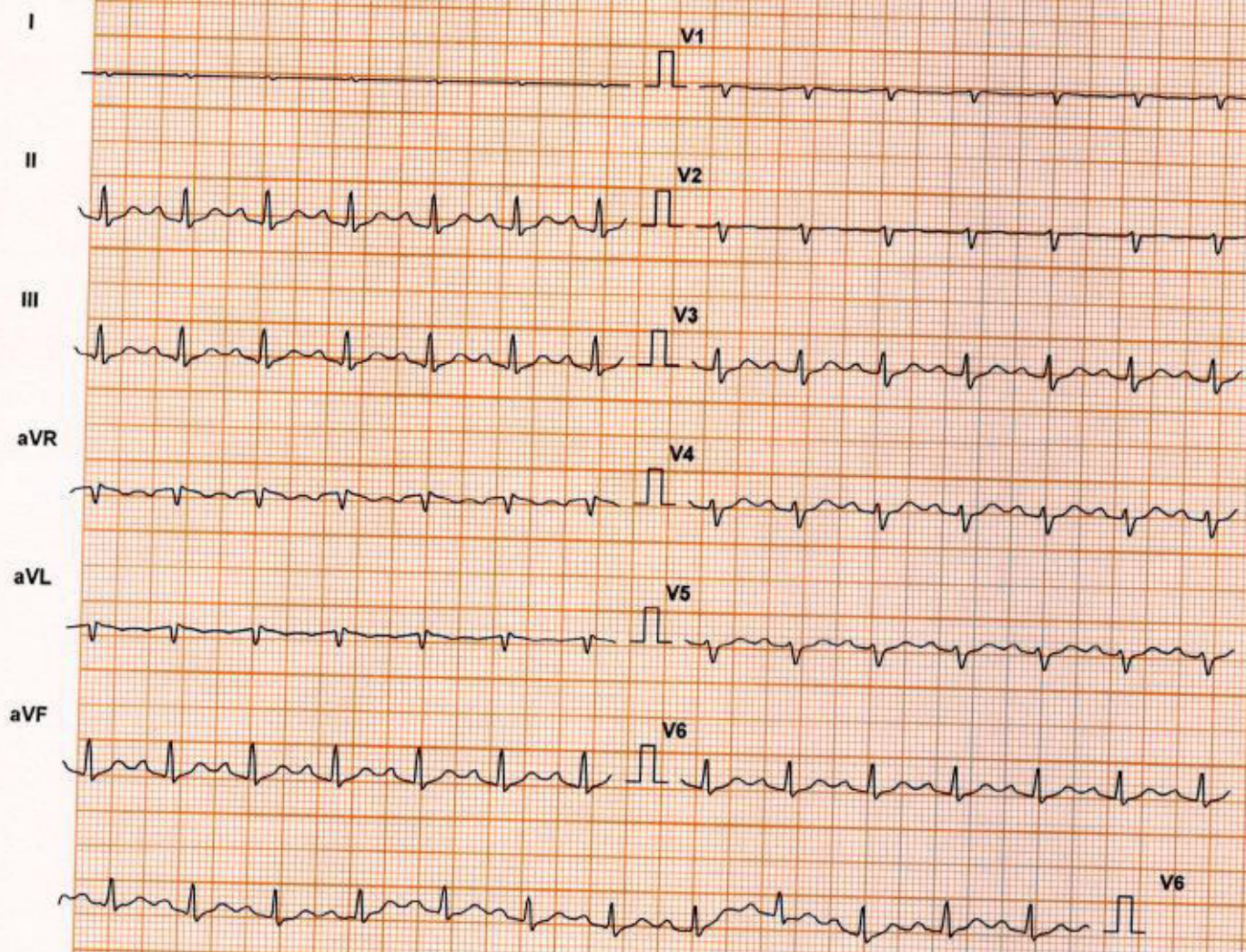
B.P: 150 / 80

Speed: 0 mph

Grade: 0 %

HR: 123 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-0.8	-1.4
V1	0.0	-0.4
V4	1.3	2.1
II	1.5	2.5
aVL	-0.4	-0.7
V2	0.4	0.4
V5	0.6	1.1
III	0.8	1.8
aVF	1.3	2.1
V3	1.1	1.8
V6	1.1	1.8

Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Filter: 35 Hz

Isa = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

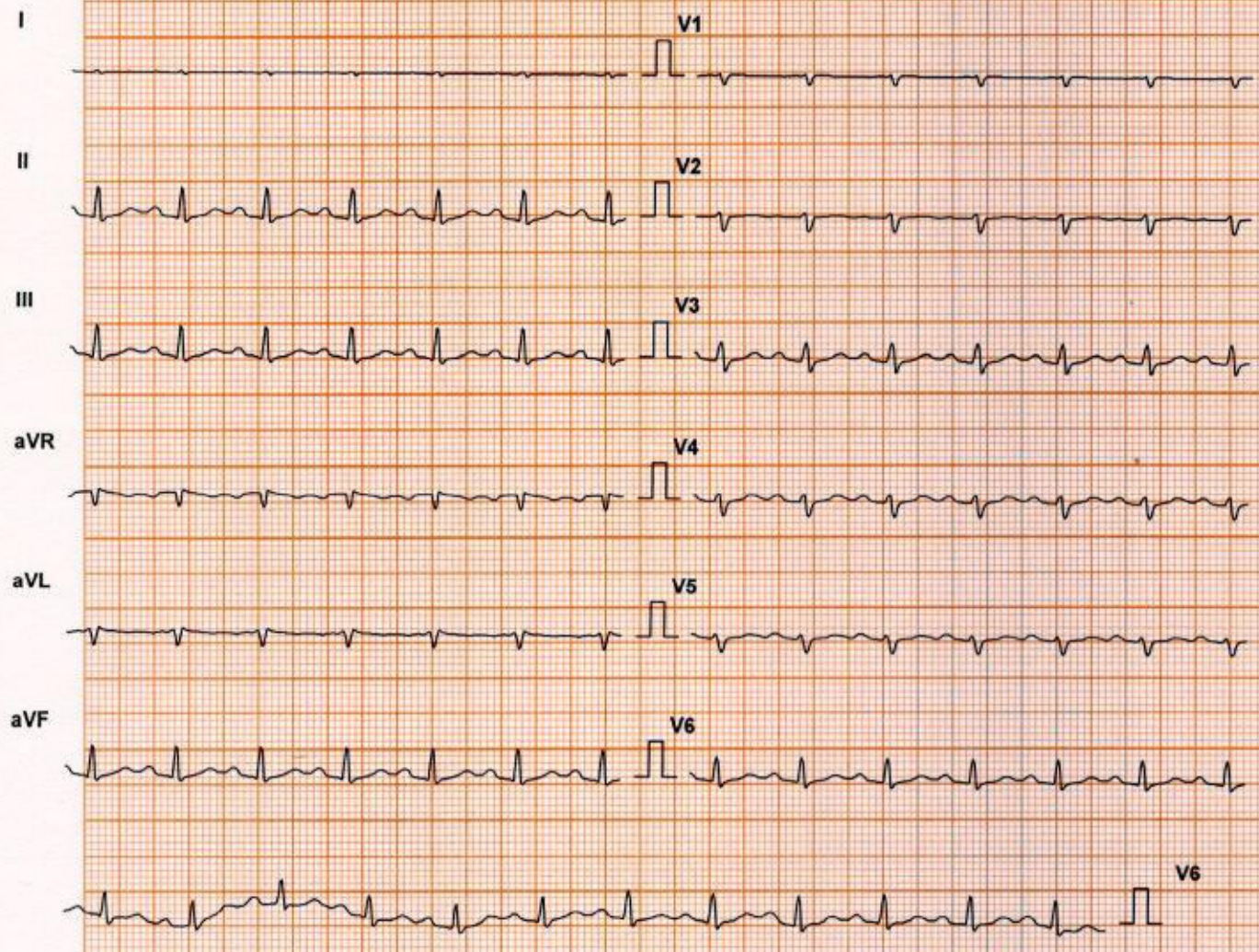
Grade: 0 %

Exec Time : 6 m 9 s

Stage Time : 0 m 54 s

HR: 121 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-0.4	-0.7
V1	0.0	-0.4
V4	0.6	1.1
II	0.4	1.1
aVL	0.2	0.0
V2	0.2	0.4
V5	0.4	0.4
III	0.4	1.1
aVF	0.6	1.1
V3	0.6	1.1
V6	0.6	1.1

Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

Exec Time : 6 m 9 s

Stage Time : 0 m 54 s

HR: 118 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.4	-1.1
V1	0.0	-0.4
V4	0.4	0.7
II	0.4	1.1
aVL	0.0	0.0
V2	0.2	0.4
V5	0.2	0.4
III	0.2	0.7
aVF	0.4	1.1
V3	0.4	0.7
V6	0.4	0.7

Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

Exec Time : 6 m 9 s

Stage Time : 0 m 54 s

HR: 115 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.4
V1	0.0	0.0
V4	0.4	0.4
II	0.6	1.1
aVL	0.0	-0.4
V2	0.0	0.0
V5	0.2	0.0
III	0.2	0.7
aVF	0.4	0.7
V3	0.6	1.1
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

SREEBHAVANA B S (37 F)

ID: 4182VL004056

Date: 10-Dec-22

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(7)

Speed: 0 mph

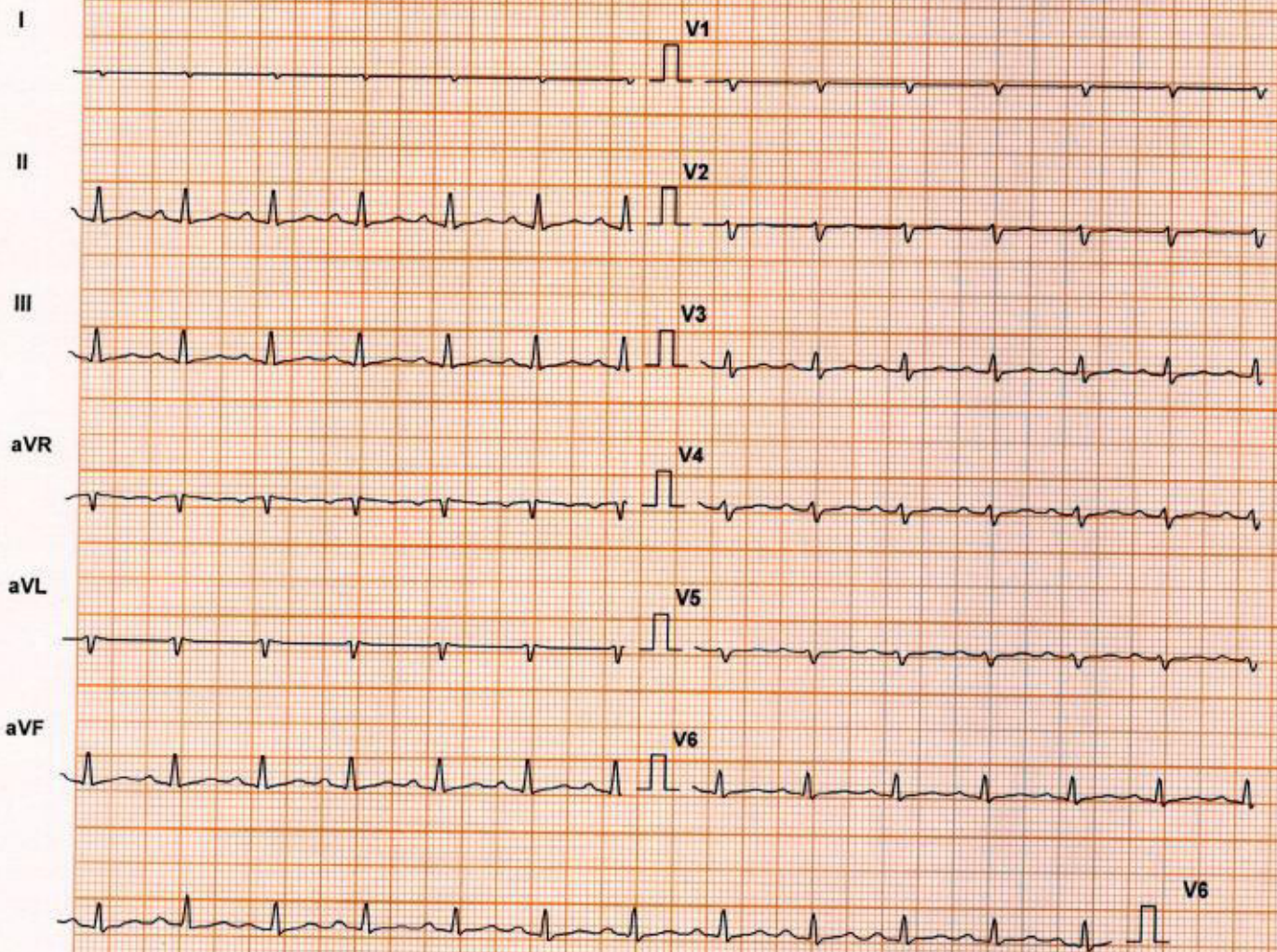
Grade: 0 %

Exec Time : 6 m 9 s

Stage Time : 0 m 54 s

HR: 118 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.4
V1	0.0	0.0
V4	0.4	0.4
II	0.6	1.1
aVL	0.0	-0.4
V2	0.0	0.0
V5	0.2	0.0
III	0.2	0.7
aVF	0.4	0.7
V3	0.4	0.7
V6	0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 5 mm

Schiller Spanden V4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

SREEBHAVANA B S (37 F)

Protocol: Bruce

Exec Time : 6 m 9 s

DDRC SRL

ID: 4182VL004056

Stage: Recovery(8)

Stage Time : 0 m 0 s

Date: 10-Dec-22

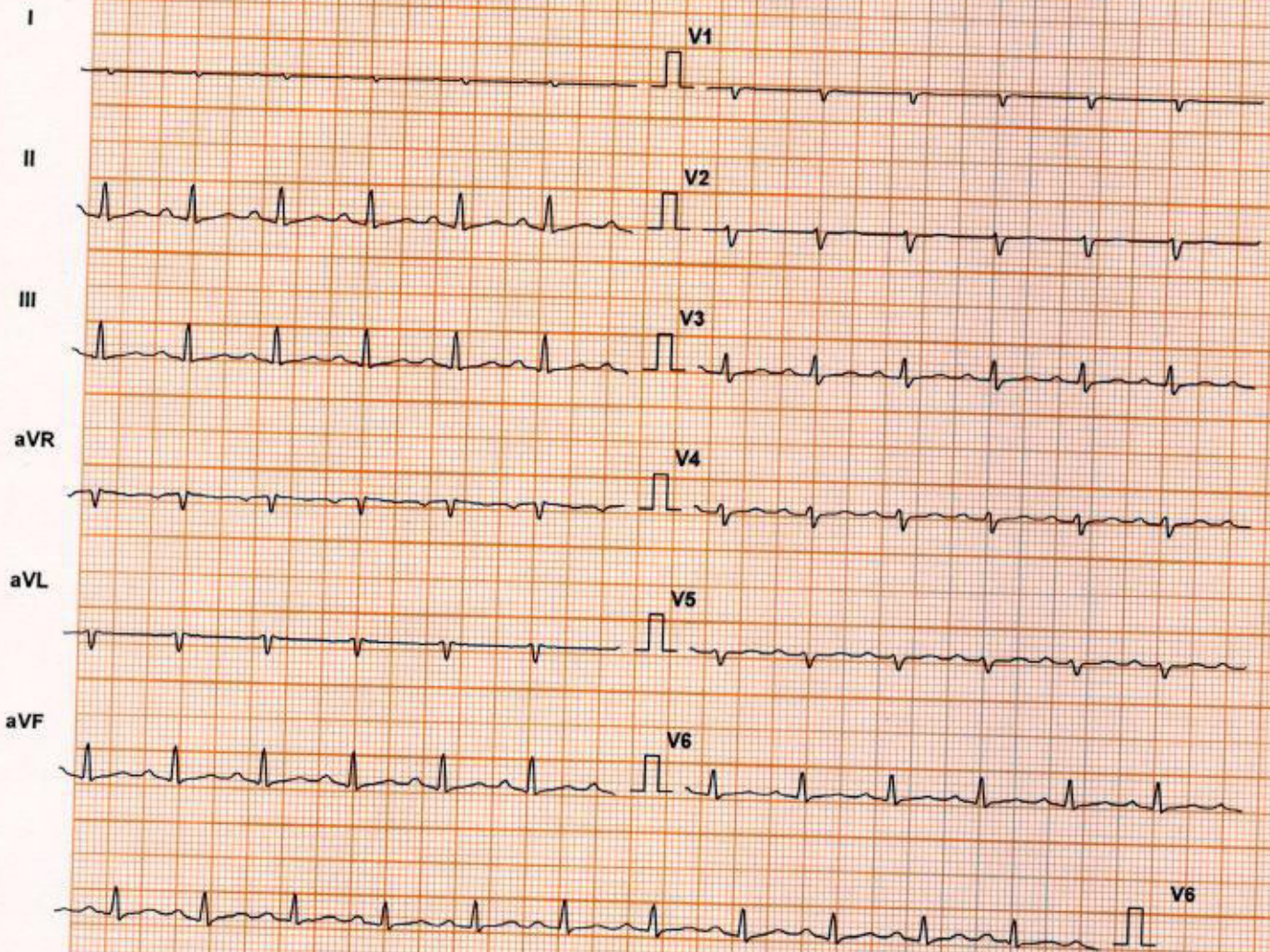
B.P: 120 / 80

Speed: 0 mph

Grade: 0 %

HR: 116 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/e)
I	0.0	0.0
II	0.6	1.1
III	0.2	0.7
aVR	-0.4	-0.7
aVL	0.0	-0.4
aVF	0.4	1.1
V1	0.0	-0.4
V2	0.0	0.0
V3	0.4	0.7
V4	0.4	0.4
V5	0.2	0.0
V6	0.6	0.7

Chart Speed: 25 mm/sec
Schiller Spandau V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.