

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम : T. SUGANYA
Name

कर्मचारी कूट क्र : 75514
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority


T. Suganya
धारक के हस्ताक्षर
Signature of Holder

T. Suganya

PRECISION DIAGNOSTIC
191, Poonamallee High Road,
Kilpauk, Chennai - 600 031
Ph: 044-4502 7771

Name	MS.SUGANYA T	ID	MED120883079
Age & Gender	46Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height :	157 cm	Weight:	68 kg
BMI :	27.6		

COMPLAINTS:

- Nil.

PRESENT HISTORY:

- T2DM on treatment past 10 years.

PAST HISTORY:

- Nil.

FAMILY HSITORY:

- Father – Cancer lung.
- Parents -T2DM.

PERSONAL HISTORY:

- Married – 20 years.
- Number of children –1 – LSCS.
- LCB – 18 years.
- MTP – 1.
- RMP – 4/30
- LMP – 28/02/2022.

GENERAL EXAMINATION:

Pallor: No **Cyanosis:** No **Pedal oedema:** No
Icterus: No **Lymphadenopathy:**No
Pulse: 78/min **BP:** 110/70 mmHg **Respiratory Rate:** 18/min
Temp: Normal **Others:** Nil

Name	MS.SUGANYA T	ID	MED120883079
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SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: NFND

P/A: Soft, No palpable mass, No tenderness, BS +.LSCS scar (+).

INVESTIGATIONS:

XRAY:

- Essentially normal study.

ECG:

- Normal ECG.

ULTRASOUND ABDOMEN:

- Grade I fatty liver.
- Calculus right kidney.
- Retroverted bulky uterus.

TMT:

- Positive for inducible ischemia.

MAMMOGRAPHY:

- No mammographic evidence of abnormality.
- BIRADS category I.

PAP SMEAR:

- Negative for intraepithelial lesion/malignancy.

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LAB REPORTS:

- Elevated FBS,PPBS,HbA1C levels.
- Glycosuria noted.
- Elevation in GGT level noted.
- Elevated Total Cholesterol, LDL, Non HDL levels.
- Low HDL level.
- Low T3 level.

EXAMINATION OF EYES:

	Right Eye	Left Eye
DISTANT VISION WITH GLASSES	6/6	6/6
NEAR VISION WITH GLASSES	N6	N6
COLOUR VISION	Normal	Normal


- Refractive Error - Corrected

DENTAL:

- Cavity (+).
Advise: Filling.

ADVISED:

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Heart healthy diet.
- Plenty of fluid intake and Urologist follow –up.
- Review with Diabetologist for further management.
- Cardiologist opinion for further evaluation and management.


DR. N.L. ANANDHI
Consultant Physician

Name : Ms. SUGANYA T
PID No. : MED120883079
SID No. : 122004725
Age / Sex : 46 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/03/2022 9:11 AM
Collection On : 12/03/2022 11:00 AM
Report On : 13/03/2022 2:03 PM
Printed On : 14/03/2022 12:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.32	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	38.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.2	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.4	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.1	%	01 - 10

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 8

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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	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)	3.7	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.4	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	291	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.0	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.263	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	9	mm/hr	< 20
BUN / Creatinine Ratio	9.87		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	306.2	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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) **Positive(++)** Negative
 (Urine - F/GOD - POD)

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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	312.1	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)	Positive(++)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.83	mg/dL	0.6 - 1.1
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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)	2.6	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.80	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
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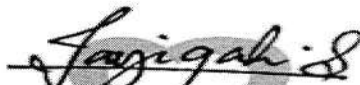
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.6	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	20.5	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	39.1	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	62.7	U/L	42 - 98
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Total Protein (Serum/Biuret)	7.29	gm/dl	6.0 - 8.0
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 Consultant Pathologist
 Reg No : 79347

APPROVED BY

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Albumin (Serum/Bromocresol green)	4.27	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.02	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	254.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	89.8	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.

HDL Cholesterol (Serum/Immunoinhibition)	57.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	178.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18	mg/dL	< 30

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Non HDL Cholesterol (Serum/Calculated)	196.1	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)	4.4		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	9.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	223.08	mg/dL
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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 glycemic 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.

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

DR. FAYIQAH MD(PATH)
 CONSULTANT - PATHOLOGIST
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VERIFIED BY

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 Consultant Pathologist
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APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.64	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))	6.24	µg/dl	4.2 - 12.0
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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))	1.47	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Pale Yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Positive(++)	Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2 /hpf	NIL

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Epithelial Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

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

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL

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Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL


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APPROVED BY

-- End of Report --

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Register On : 12/03/2022 9:11 AM

PID No. : MED120883079

Collection On : 12/03/2022 11:00 AM

SID No. : 122004725

Report On : 17/03/2022 6:26 PM

Age / Sex : 46 Year(s) / Female

Printed On : 18/03/2022 9:41 AM

Ref. Dr : MediWheel

OP / IP : OP



Pap Smear

SPECIMEN NO : Cy 569/2022

MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

PREDOMINANT CELLS: Superficial, intermediate and endocervical cells.

BACKGROUND: Clean.

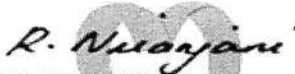
ORGANISMS: No specific organisms.

IMPRESSION:

Negative for intraepithelial lesion / malignancy.

Remarks :

Pap smear done by Liquid based cytology.


DR. R. NIRANJANI, MD, Pathologist
Reg No : C00846

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 1 of 1

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,CHENNAI.

Name	MS.SUGANYA T	ID	MED120883079
Age & Gender	46Y/FEMALE	Visit Date	12/03/2022
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ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echotexture with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. Wall thickness is normal

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

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

Right kidney measures 11.0 x 4.6 cm. There is no calyceal dilatation.
A calculus of size 5 mm noted in mid pole of the right kidney.

Left kidney measures 10.8 x 4.7 cm. There is no calculus or calyceal dilatation.

Ureters are not dilated.

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

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

No para aortic lymphadenopathy is seen.

Uterus is bulky and retroverted, measuring 8.3 x 4.9 x 4.9 cm.
Endometrial thickness is 7 mm.

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Right ovary measures 2.9 x 1.5 cm.

Left ovary measures 2.8 x 1.3cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

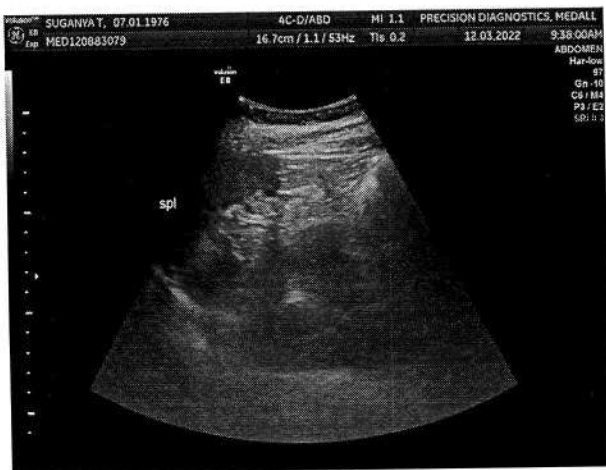
- **Grade I fatty liver.**
- **Calculus right kidney.**
- **Retroverted bulky uterus.**



Dr.PARTHIBAN MANOHARAN
Consultant Sonologist

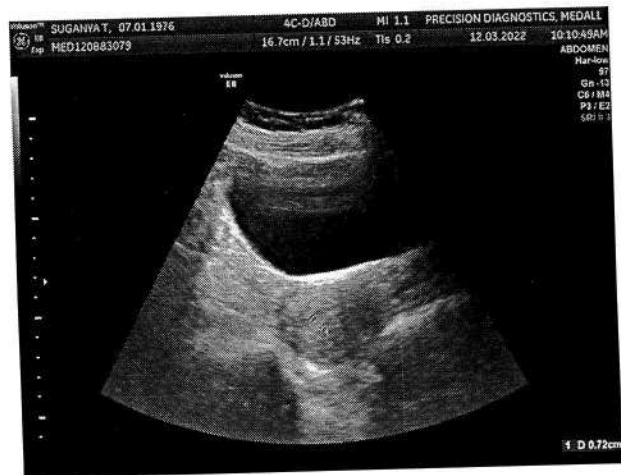
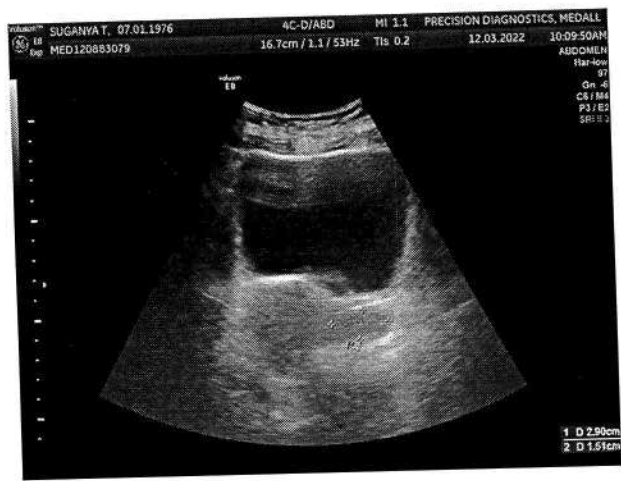
Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MS.SUGANYA T	ID	MED120883079
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Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

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Name	SUGANYA T	Customer ID	MED120883079
Age & Gender	46Y/F	Visit Date	Mar 12 2022 8:05AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



**DR. POOJA B.P. MDRD.DNB
CONSULTANT RADIOLOGIST**

Name	MS.SUGANYA T	ID	MED120883079
Age & Gender	46Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

Indication : Screening.

Composition :

Bilateral symmetrical, dense heterogenous fibroglandular tissue – ACR type C.

No mass or calcification is seen in either breast.

The retro-mammary space is free.

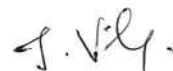
The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Correlated ultrasound screening of both breasts did not reveal any abnormality.

IMPRESSION : = *No mammographic evidence of abnormality.*

= *BIRADS category I.*



Dr.J. Vinolin Nivetha M.D.R.D
Consultant Radiologist

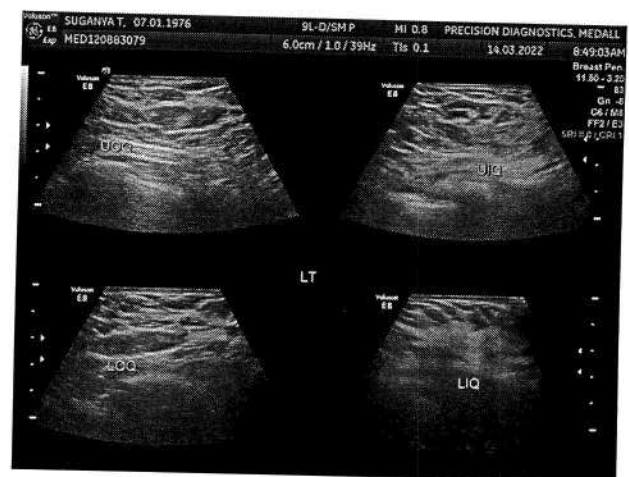
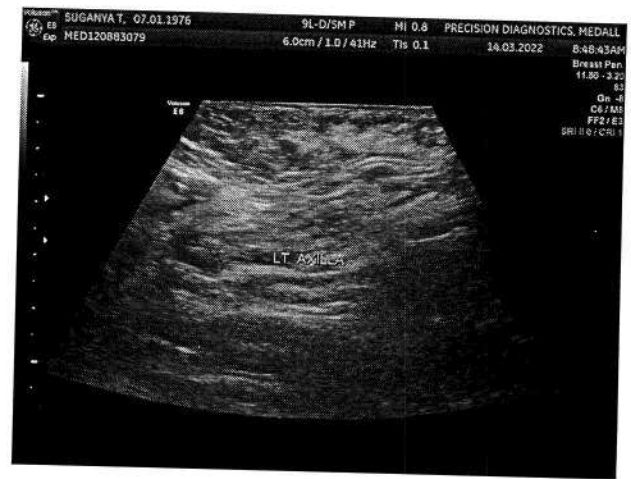
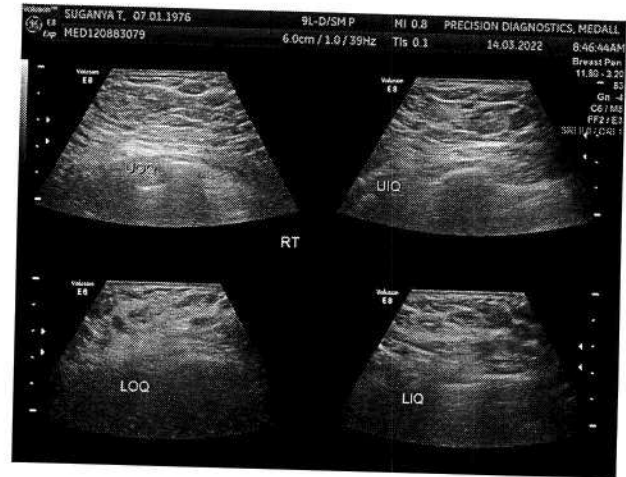
P.T.O.

Name	MS.SUGANYA T	ID	MED120883079
Age & Gender	46Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

BIRADS Category		Likely hood of cancer
0	Need additional imaging or prior examinations	N/A
1	Negative	0%
2	Benign	0%
3	Probably benign	>0% - 2 %
4	Suspicious	4a Low suspicion for malignancy (>2% to 10%) 4b Moderate suspicion for malignancy (>10% to 50%) 4c High suspicion for malignancy (>50% to 95%)
5	Highly suggestive of malignancy	95%
6	Known biopsy proven	N/A

Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MS.SUGANYA T	ID	MED120883079
Age & Gender	46Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details **Date:** 12-Mar-22 **Time:** 11:38:16 AM
Name: MS. SUGANYA T **ID:** MED120883079
Age: 46 y **Sex:** F **Height:** 157 cms **Weight:** 68 Kgs
Clinical History:

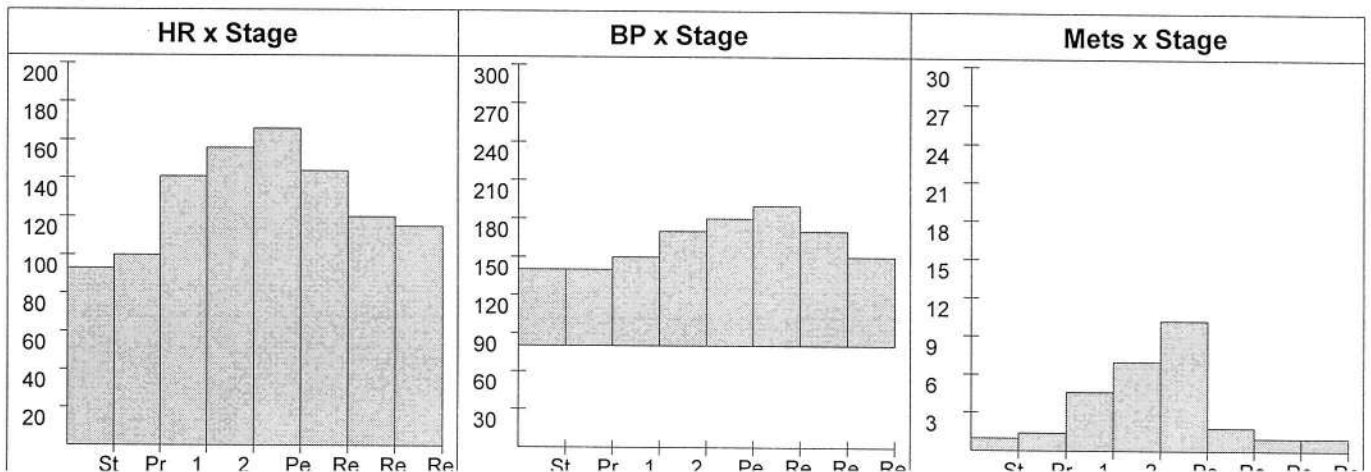
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 174 bpm **THR:** 156 (90 % of Pr.MHR) bpm
Total Exec. Time: 7 m 32 s **Max. HR:** 166 (95% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 190 / 80 mmHg **Max. BP x HR:** 31540 mmHg/min **Min. BP x HR:** 7440 mmHg/min
Test Termination Criteria: ACHIEVED THR

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)
Standing	0 : 52	1.0	0	0	93	140 / 80	-1.49 V6	1.77 II
1	3 : 0	4.6	1.7	10	141	150 / 80	-5.73 II	5.66 III
2	3 : 0	7.0	2.5	12	156	170 / 80	-5.94 V6	-5.66 I
Peak Ex	1 : 32	10.2	3.4	14	166	180 / 80	-3.18 III	2.83 II
Recovery(1)	1 : 0	1.8	1	0	144	190 / 80	-2.34 III	2.48 II
Recovery(2)	1 : 1	1.0	0	0	120	170 / 80	-0.64 aVR	2.48 II
Recovery(3)	0 : 5	1.0	0	0	115	150 / 80	-0.42 V5	1.06 II



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 12-Mar-22

Time: 11:38:16 AM

Name: MS. SUGANYA T ID: MED120883079

Age: 46 y

Sex: F

Height: 157 cms

Weight: 68 Kgs

Interpretation

- THR achieved
- good effort tolerance
- ST↓ in inferior & lateral leads

TMT (true) for inducible
ischaemia

Nayar
12/3/22

PRECISION DIAGNOSTICS
191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
Ph: 044-4592 7777

MS. SUGANYA T (46 F)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120883079

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 46 s HR: 97 bpm

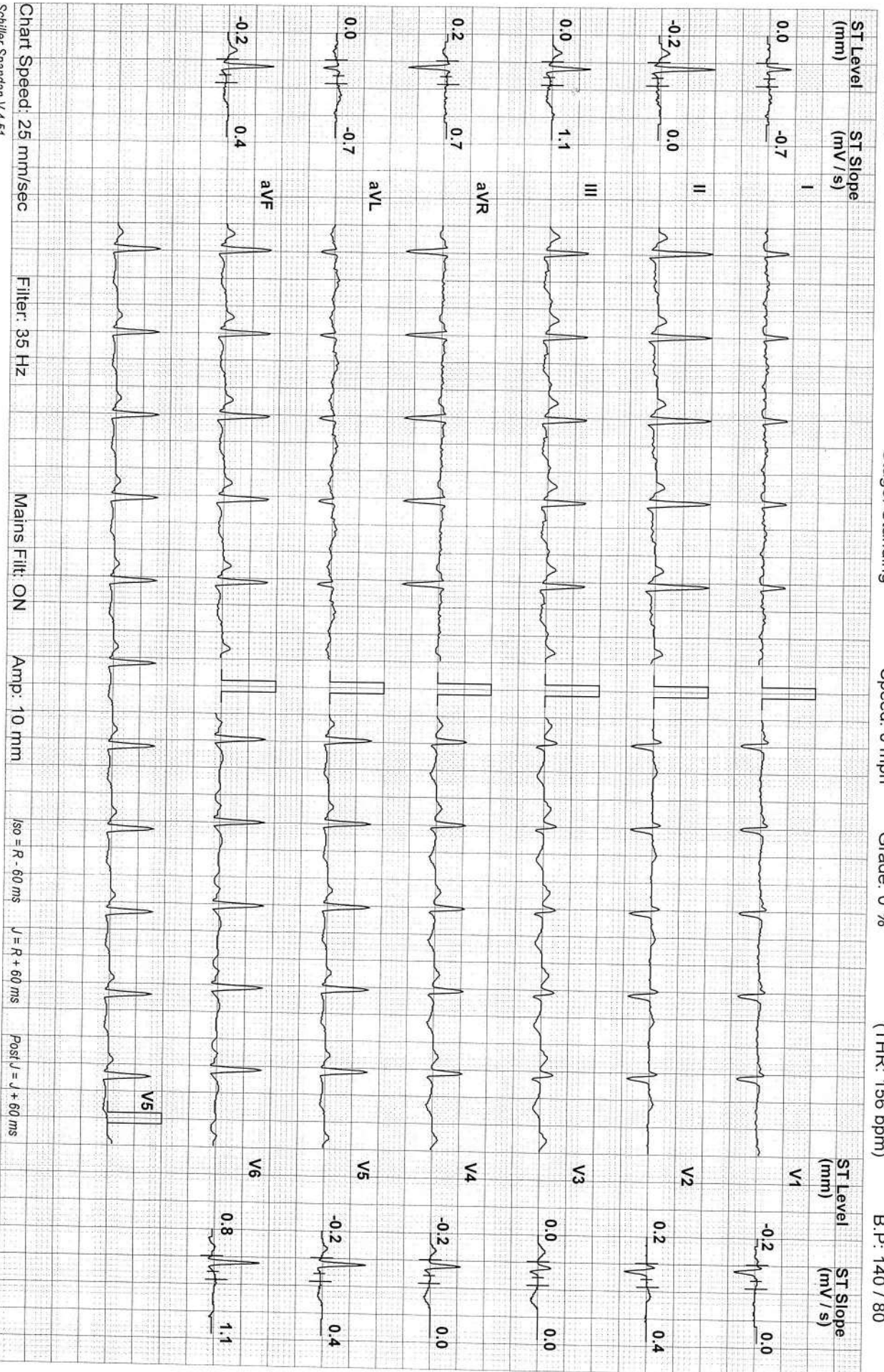
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 140 / 80



Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MS. SUGANYA T (46 F)

ID: MED120883079

Date: 12-Mar-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 141 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 150 / 80



Schiller Spandan V 4.51

Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MS. SUGANYA T (46 F)

ID: MED120883079

Date: 12-Mar-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 156 bpm

Protocol: Bruce

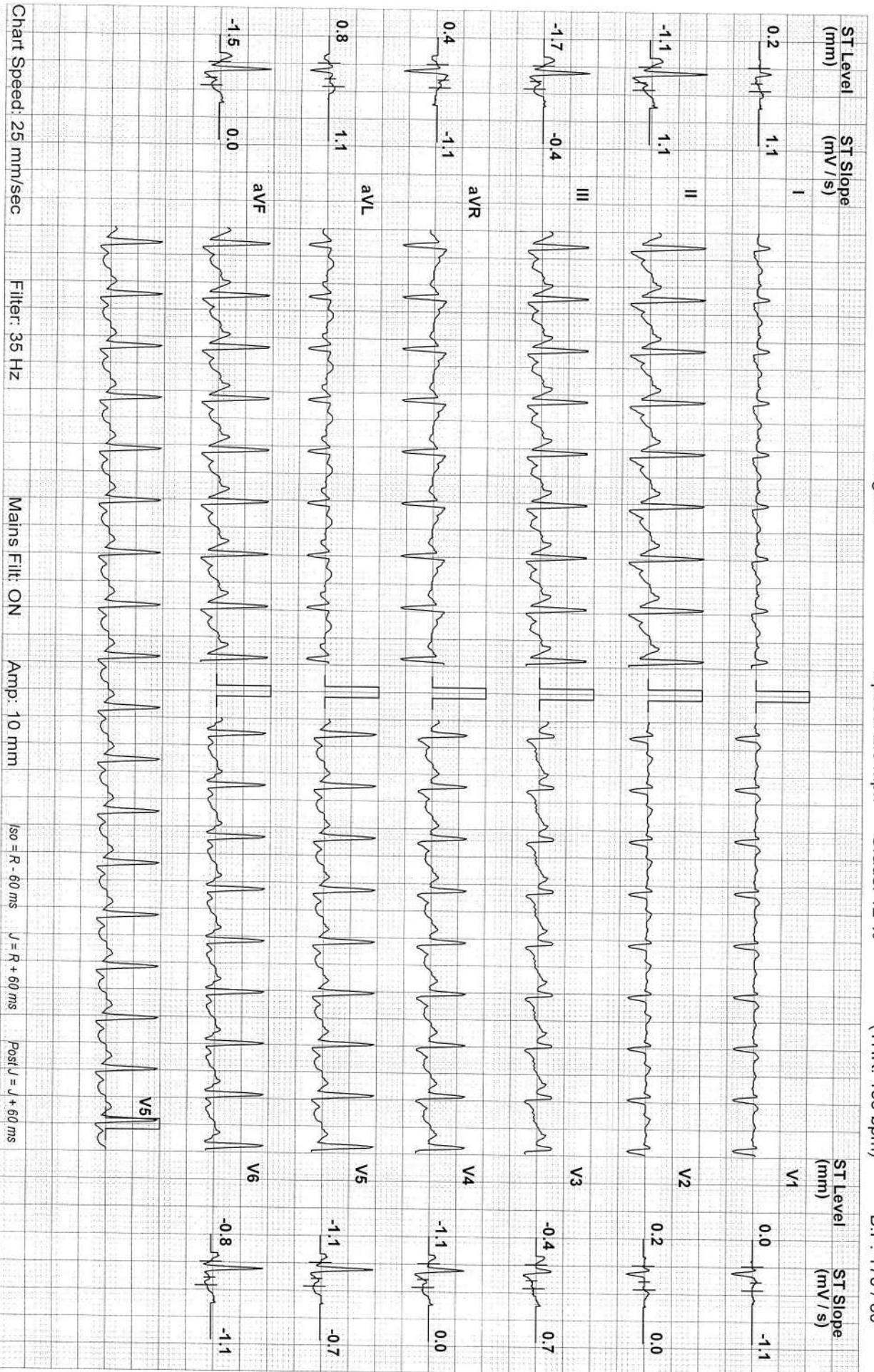
Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 170 / 80



Schiller Spandan V 4.51

Linked Median

MS. SUGANYA T (46 F)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

ID: MED120883079

Date: 12-Mar-22

Exec Time : 7 m 26 s Stage Time : 1 m 26 s HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 180 / 80

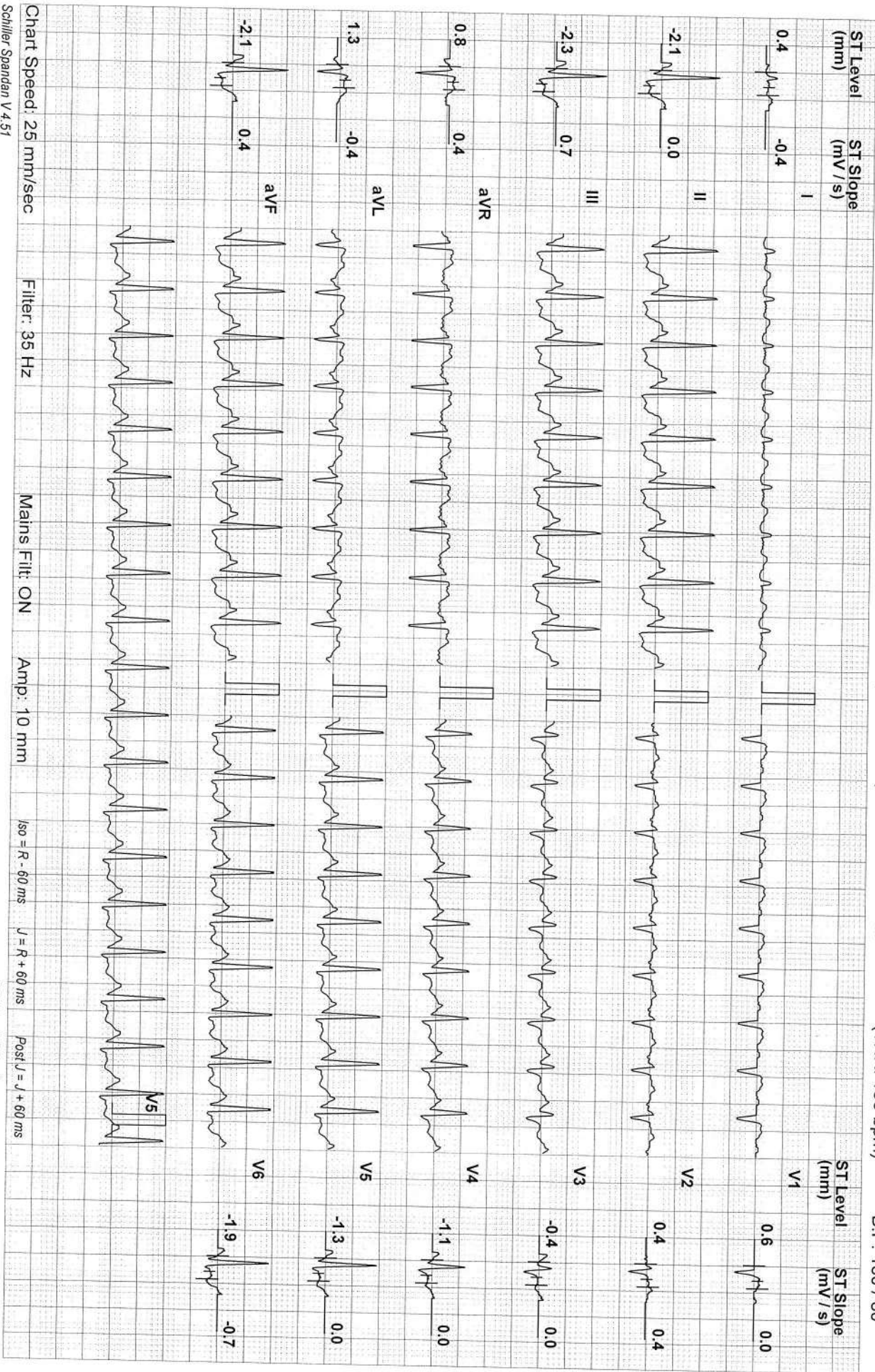


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.51

Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MS. SUGANYA T (46 F)

ID: MED120883079

Date: 12-Mar-22

Exec Time : 7 m 32 s Stage Time : 0 m 54 s HR: 147 bpm

Protocol: Bruce

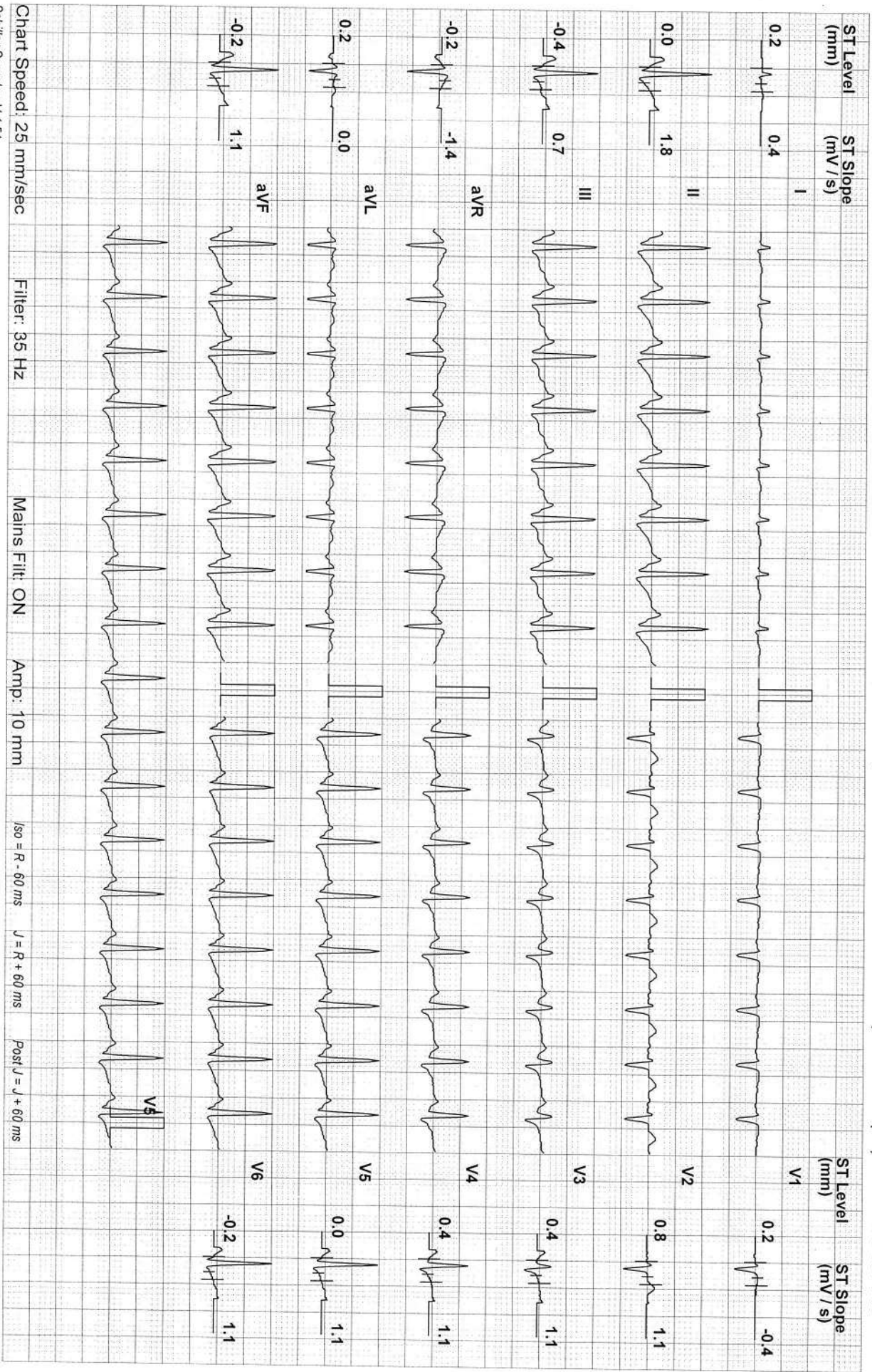
Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 190 / 80



Schiller Spandan V 4.5f

Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MS. SUGANYA T (46 F)

ID: MED120883079

Date: 12-Mar-22

Exec Time : 7 m 32 s Stage Time : 0 m 55 s HR: 120 bpm

Protocol: Bruce

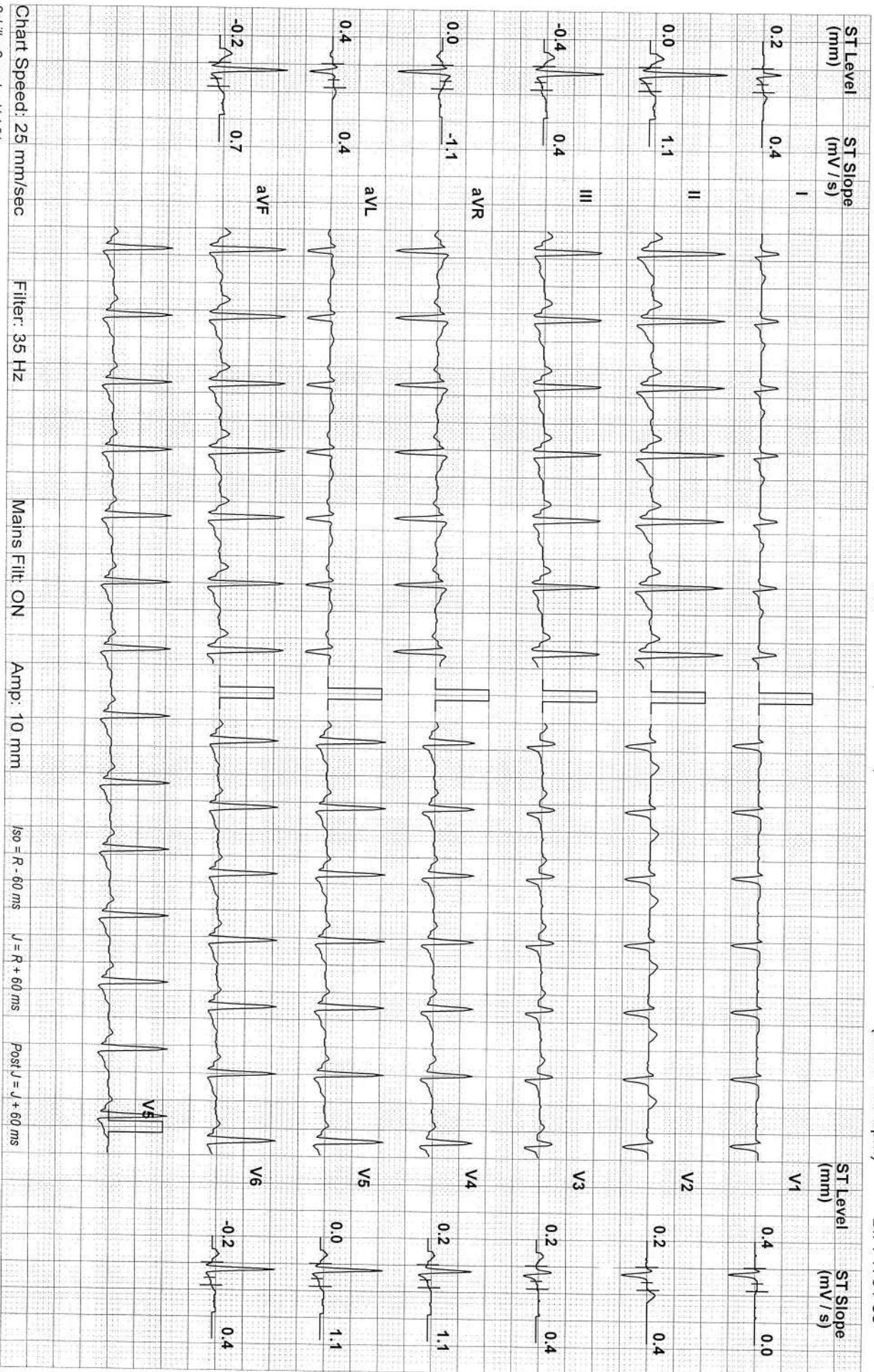
Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 170 / 80



Schiller Spandan V 4.51

Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MS. SUGANYA T (46 F)

ID: MED120883079

Date: 12-Mar-22

Exec Time : 7 m 32 s Stage Time : 1 m 0 s

HR: 120 bpm

Protocol: Bruce

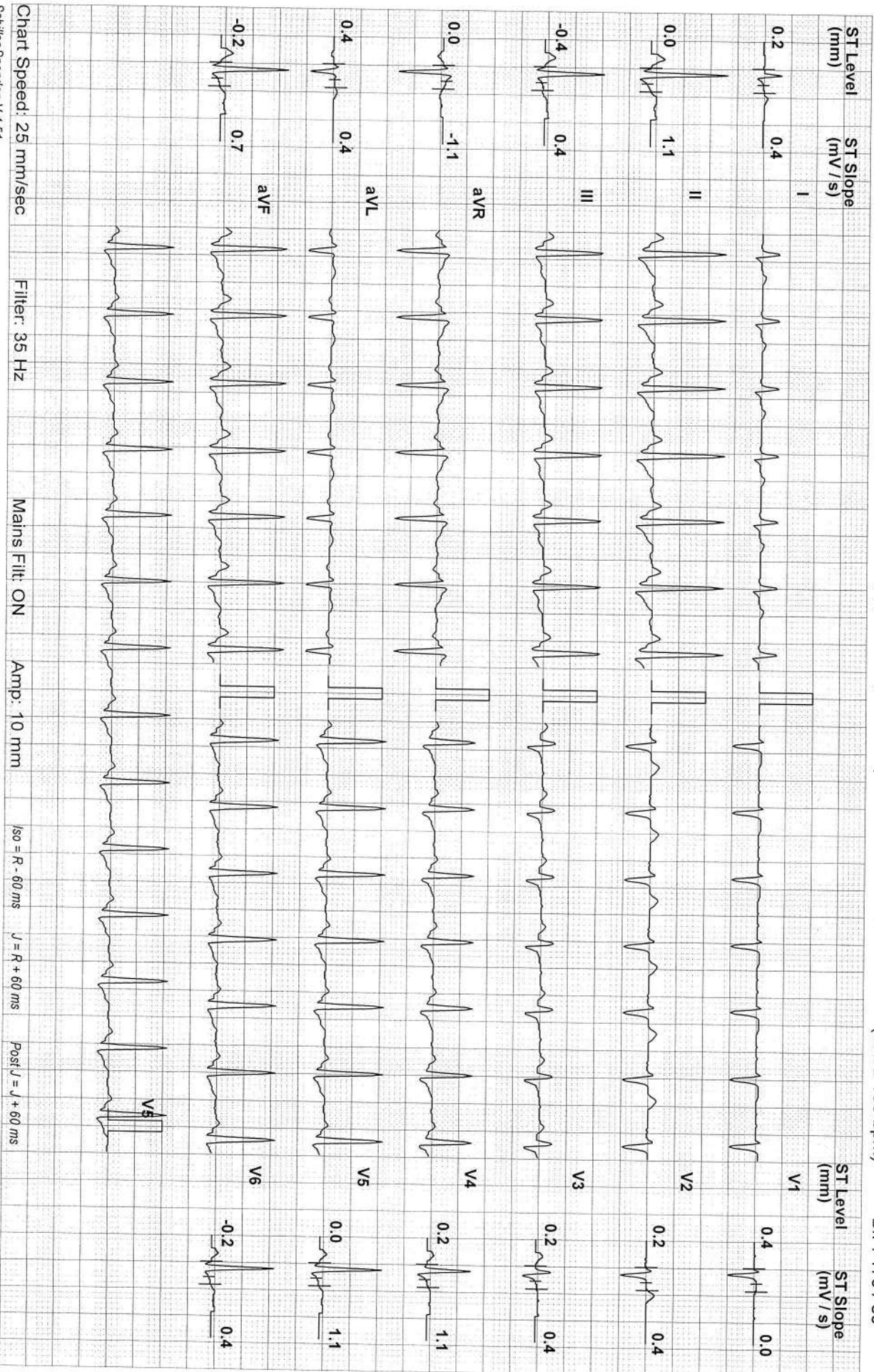
Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 170 / 80



Linked Median

Schiller Spandan V 4.51

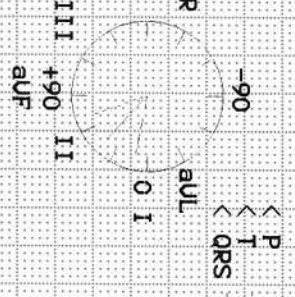
GE MAC1200 ST
Female

MS SUGANYA T, 120898307, PRECISION DIAGNOSTICS

PRECISION DIAGNOSTICS
191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
Ph: 044-4592 7177

HR **76**bpm

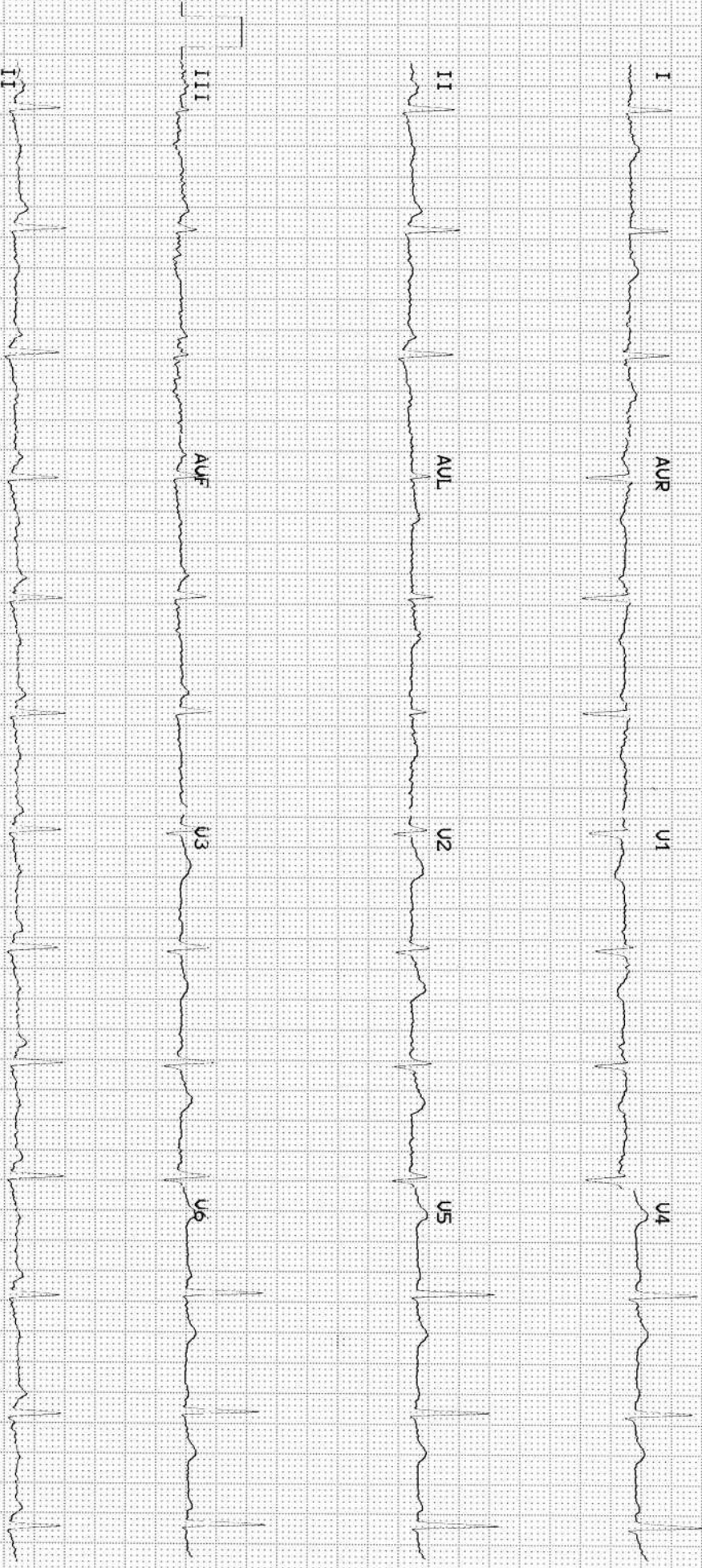
AGE: 46
Measurement Results:
QRS : 90 ms
QT/QTcB : 408 / 459 ms
PR : 146 ms
P : 118 ms
RR/PP : 782 / 785 ms
P/QRS/T : 69 / 43 / 12 degrees



Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Suganya T
Dr. Jeyaraj

Unconfirmed report.



12 Mar 2022 09:07:30 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_R Automatic U6.2.121 (1) 12SL@V231

MICRO RISE CHANNELS