



# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs. SHAKUNTALA DEVI	Registered On	: 25/Mar/2023 08:59:02
Age/Gender	: 47 Y 0 M 12 D /F	Collected	: 25/Mar/2023 09:04:01
UHID/MR NO	: CHLD.0000088862	Received	: 25/Mar/2023 09:59:10
Visit ID	: CHLD0163472223	Reported	: 25/Mar/2023 12:48:11
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	11.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	5,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	<b>52.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>44.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	<b>1.00</b>	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	32.00	Mm for 1st hr.		
Corrected	20.00	Mm for 1st hr.	< 20	
PCV (HCT)	<b>36.00</b>	%	40-54	
<b>Platelet count</b>				
Platelet Count	<b>1.08</b>	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	57.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.14	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>14.60</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	3.73	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	93.40	fl	80-100	CALCULATED PARAMETER
MCH	30.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,016.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	174.00	/cu mm	40-440	



  
Dr Vinod Ojha  
MD Pathologist





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	97.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

110.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)	NGSP mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

<b>BUN (Blood Urea Nitrogen)</b> Sample: Serum	16.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample: Serum	0.97	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample: Serum	4.45	mg/dl	2.5-6.0	URICASE







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	22.86	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	16.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.52	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.29	gm/dl	6.2-8.0	BIRUET
Albumin	3.82	gm/dl	3.8-5.4	B.C.G.
Globulin	2.47	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.55		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	64.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	<b>1.35</b>	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.59</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.76	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	143.04	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	34.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	94	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.82	mg/dl	10-33	CALCULATED
Triglycerides	74.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

  
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Patient Name	: Mrs. SHAKUNTALA DEVI	Registered On	: 25/Mar/2023 08:59:03
Age/Gender	: 47 Y 0 M 12 D /F	Collected	: 25/Mar/2023 15:06:59
UHID/MR NO	: CHLD.0000088862	Received	: 25/Mar/2023 15:46:50
Visit ID	: CHLD0163472223	Reported	: 25/Mar/2023 16:03:07
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic ( 5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

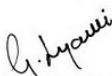
- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

  
Dr GITIKA HYANKI KUTIYAL M.D  
(PATHOLOGY)





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Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA \*\*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**


#### **DIGITAL CHEST P-A VIEW:-**

- **Scoliosis is seen in visualized dorsal spine with convexity towards left side.**
- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.

#### **IMPRESSION:-**

**Scoliosis in visualized dorsal spine with convexity towards left side**

**Adv:-Clinico-pathological correlation.**

  
DR AZIM ILYAS  
(MD.RADIODIAGNOSIS)







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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*\*

#### ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is normal in size (~14.2 cms) and echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

**GALL BLADDER:** Is partially distended visualized lumen is echofree.

**CBD:** Normal in caliber (~4.1 mm) and smoothly tapering towards its lower end.

**PANCREAS:** Normal in size and echotexture.

**SPLEEN:** Normal in size (~9.1 cms) and echotexture.

#### **KIDNEYS:-**

**Right kidney** is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

**Left kidney** is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

**Simple cortical cyst of size ~7.1x4.8 mm is seen at interpolar region of left kidney.**

**URINARY BLADDER:** Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

#### **UTERUS & CERVIX:**

- Uterus is normal in size, shape and echotexture.
- Endometrial is trilaminar and myometrial echoes are normal. (ET ~8.1 mm). No focal lesion seen.
- Cervix appears normal.





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### OVARIES & ADNEXA:

- Both ovaries are normal in size, shape and echo pattern.
- **Dominant follicle is seen in left ovary.**
- No free fluid is seen in POD.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

#### IMPRESSION:- *Left renal simple cyst.*

(Adv:- Clinico-pathological correlation and further evaluation).

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

THYROID PROFILE - TOTAL, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



  
DR KAMAL PANT  
(MD RADIO DIAGNOSIS)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location

Page 10 of 10



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018

S K NURSING HOME AND HOSPITAL  
G B PANT MARG TIKONIA HALDWANI  
HALDWANI

**Station**  
Telephone: 05946-221040,220263

## EXERCISE STRESS TEST REPORT

Patient Name: MRS SHAKUNTALA DEVI,  
Patient ID: 6587942  
Height: 157 cm  
Weight: 53 kg

DOB: 13.03.1976  
Age: 47yrs  
Gender: Female  
Race:

Study Date: 25.03.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC  
Attending Physician: DR.DEVASHISH GUPTA(MD)  
Technician: MR.BHUWAN

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:38	0.00	0.00	76	120/80	
	STANDING	00:28	0.00	0.00	70	120/80	
	HYPERV.	00:31	0.80	0.00	77	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	130	130/80	
	STAGE 2	03:00	4.00	12.00	139	140/90	
	STAGE 3	01:52	5.40	14.00	148	150/90	
RECOVERY		03:07	0.00	0.00	90	120/80	

The patient exercised according to the BRUCE for 7:52 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 68 bpm rose to a maximal heart rate of 150 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Max HR.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: above average (>20%).  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

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Physician-

  
DR DEVASHISH GUPTA (MD)



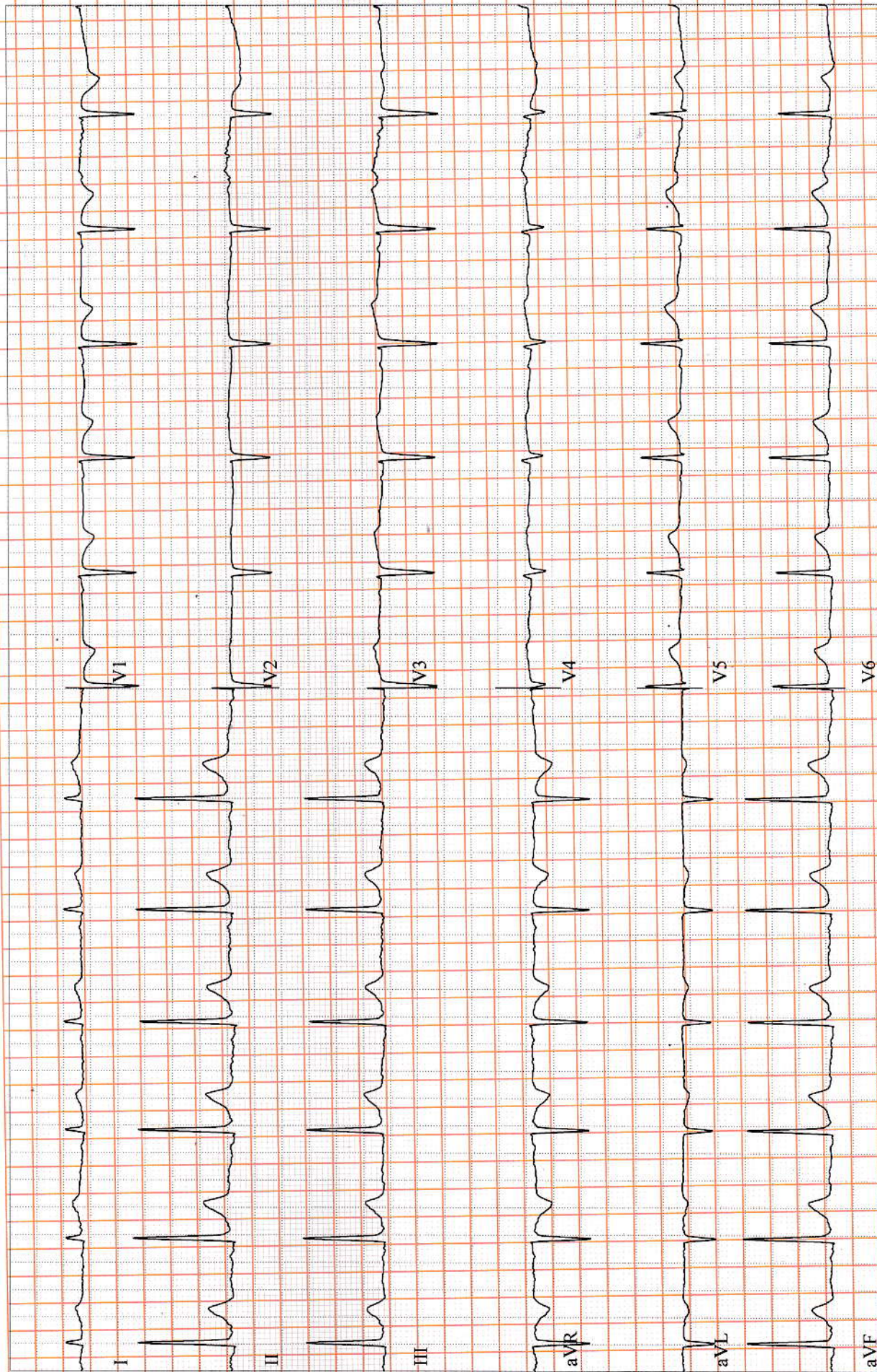
12-Lead Report

BRUCE  
0.0 km/h  
0.0 %

PRETEST  
SUPINE  
00:36

76 bpm  
120/80 mmHg

MRS SHAKUNTALA DEVI,  
Patient ID 6587942  
25.03.2023  
11:05:30am









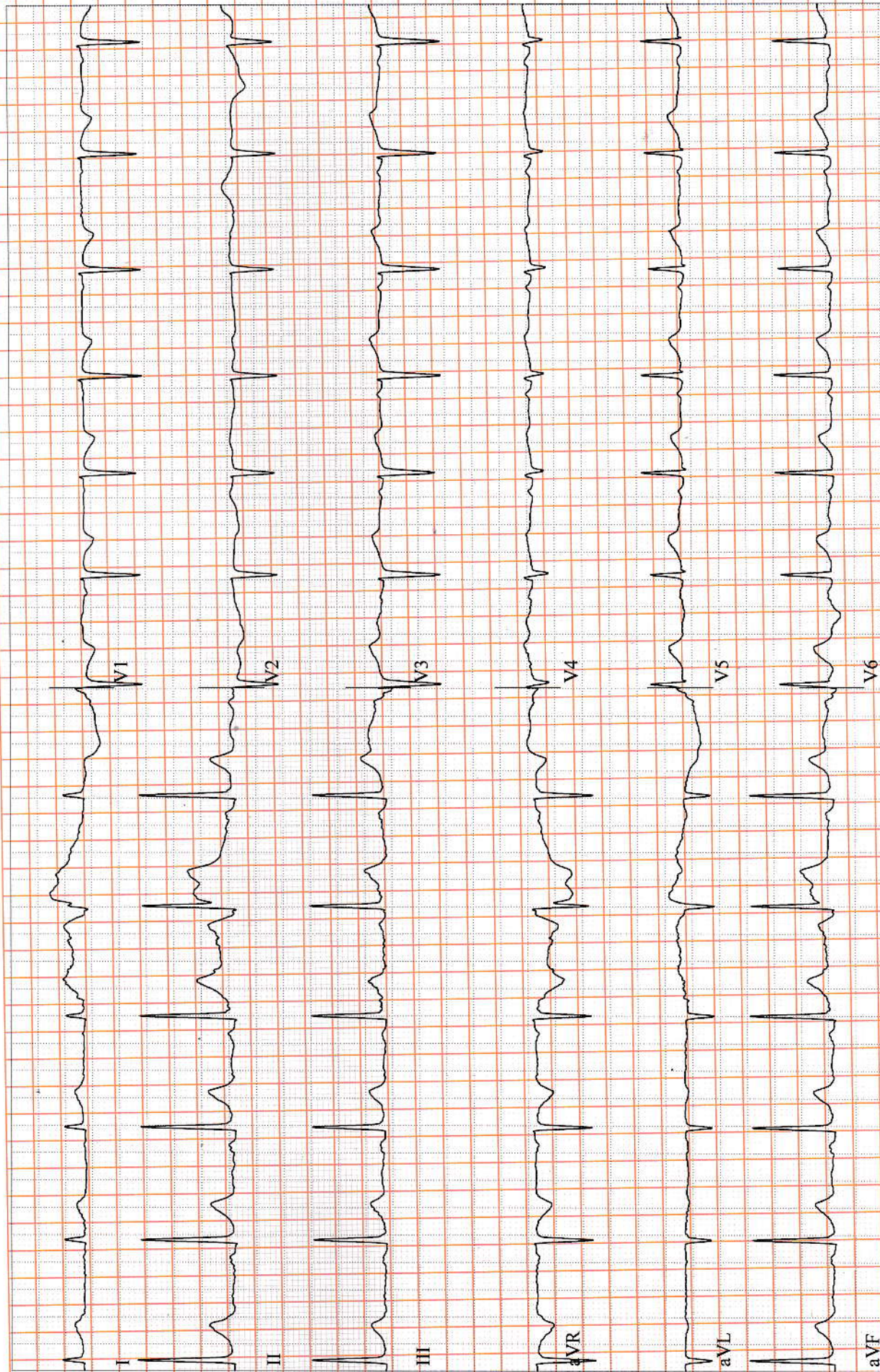
12-Lead Report

MRS SHAKUNTALA DEVI,  
Patient ID 6587942  
25.03.2023  
11:06:26am

.BRUCE  
0.0 km/h  
0.0 %

PRETEST  
HYPERV.  
01:32

75 bpm  
120/80 mmHg





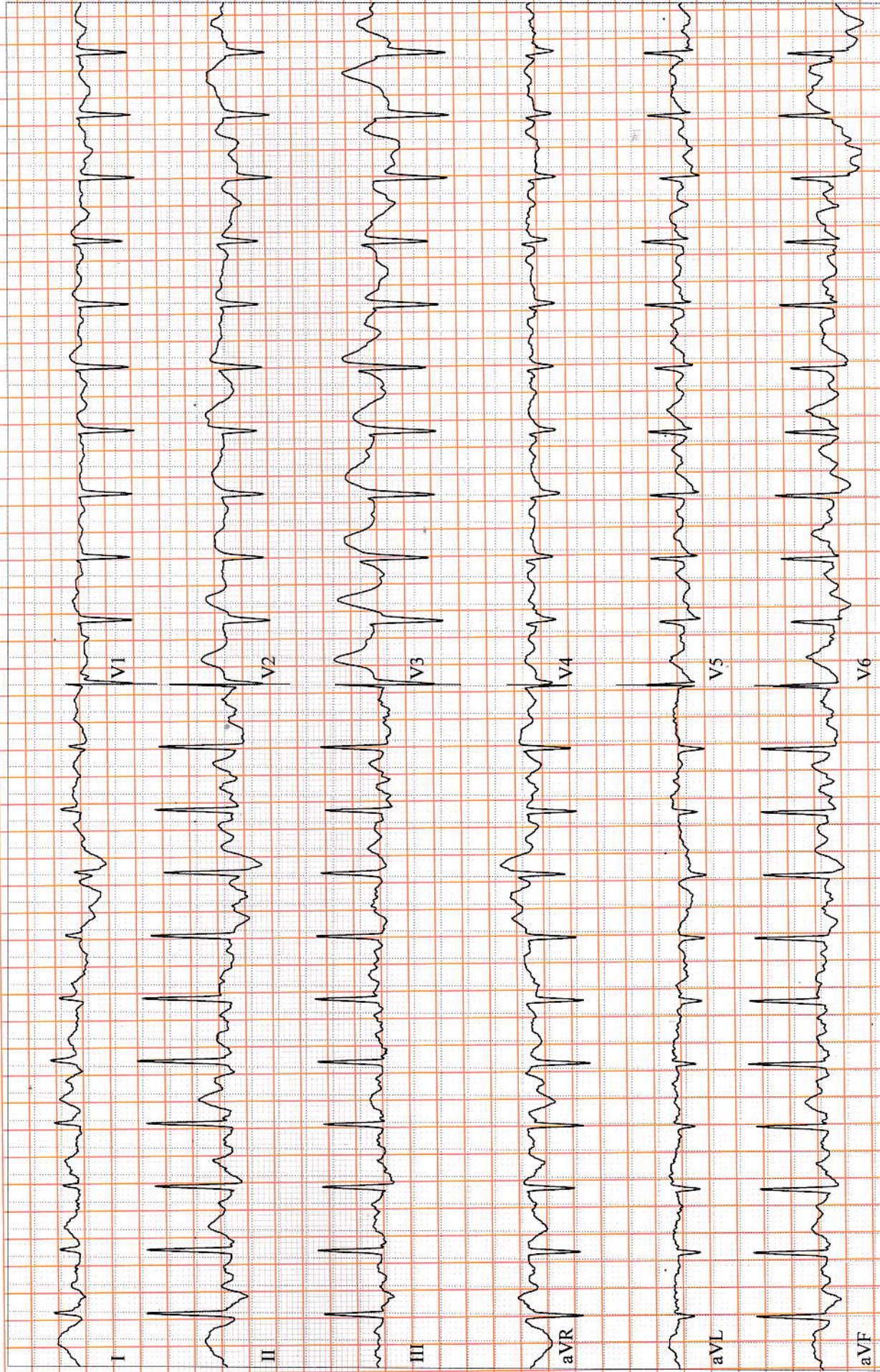
12-Lead Report

BRUCE  
2.7 km/h  
10.0 %

EXERCISE  
STAGE I  
03:00

130 bpm  
130/80 mmHg

MRS SHAKUNTALA DEVI,  
Patient ID 6587942  
25.03.2023  
11:09:29am





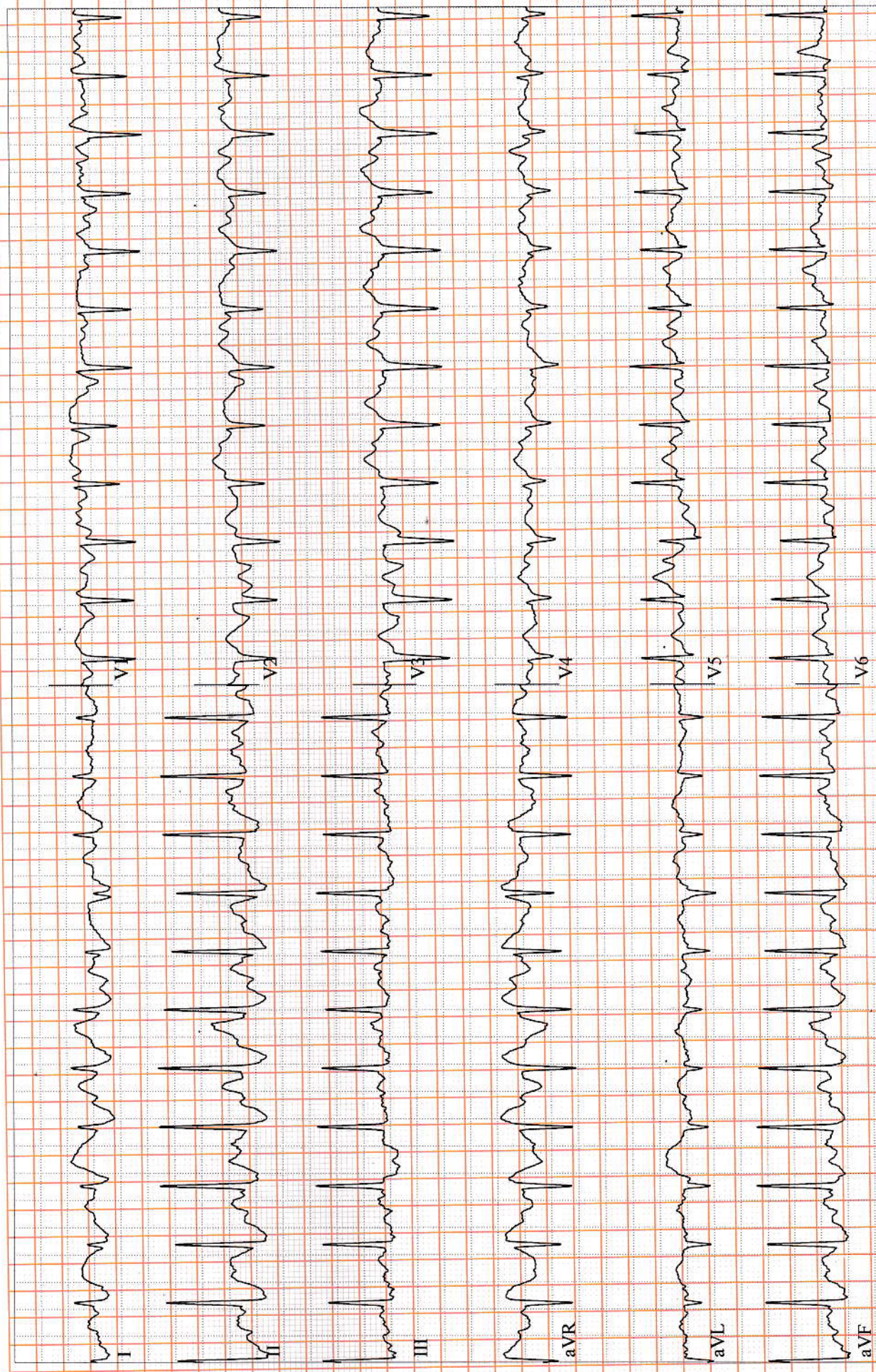
12-Lead Report

BRUCE  
4.0 km/h  
12.0 %

EXERCISE  
STAGE 2  
06:00

139 bpm  
140/90 mmHg

MRS SHAKUNTALA DEVI,  
Patient ID 6587942  
25.03.2023  
11:12:29am

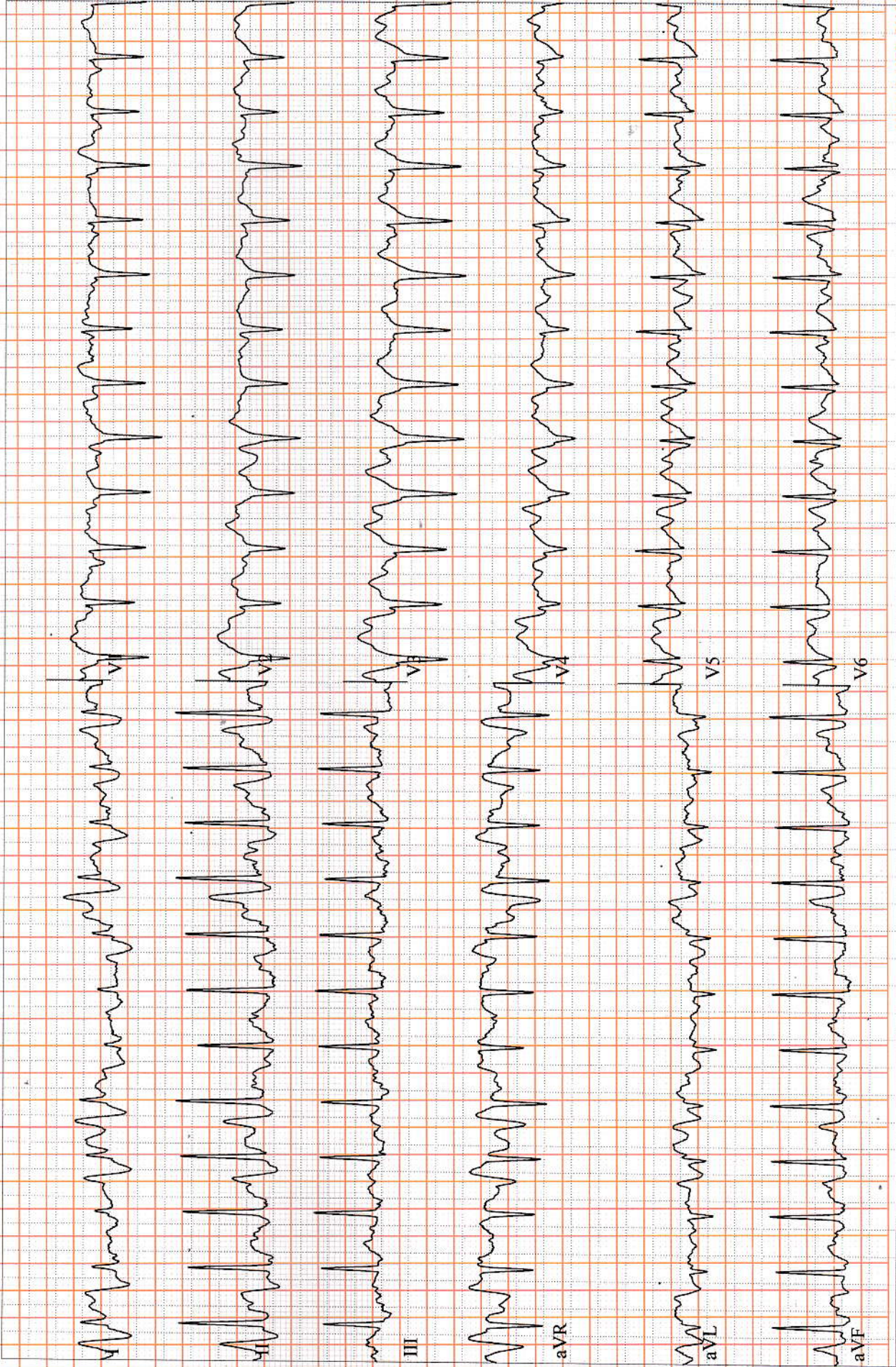




**MRS SHAKUNTALA DEVI,**  
Patient ID 6587942  
25.03.2023  
11:14:21am

12-Lead Report ( PEAK EXERCISE )  
EXERCISE STAGE 3  
07:52  
148 bpm  
150/90 mmHg

S K NURSING HOME AND HOSPITAL





12-Lead Report

BRUCE  
0.0 km/h  
0.0 %

RECOVERY

#1

01:00

125 bpm

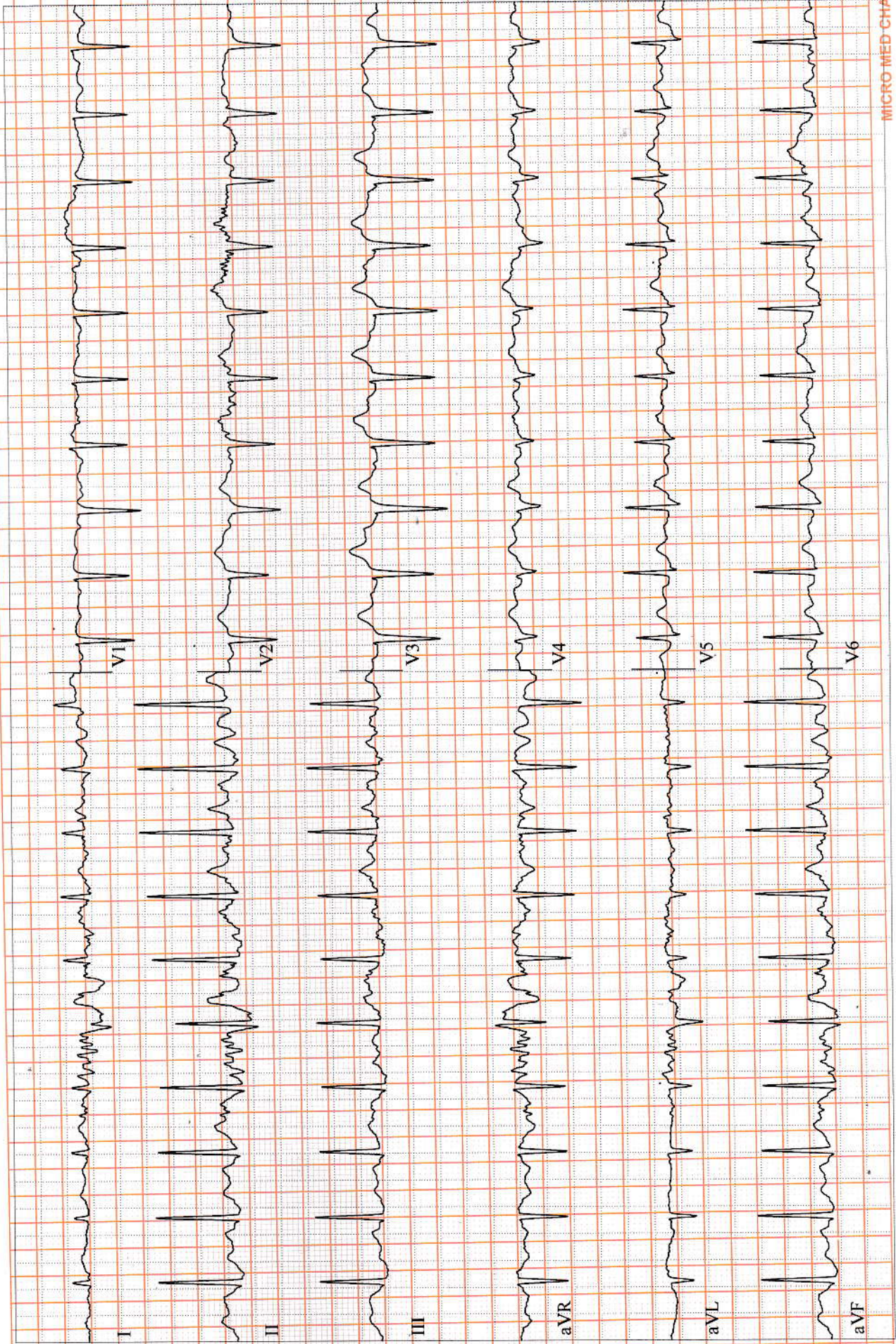
140/90 mmHg

MRS SHAKUNTALA DEVI,

Patient ID 6587942

25.03.2023

11:15:21am









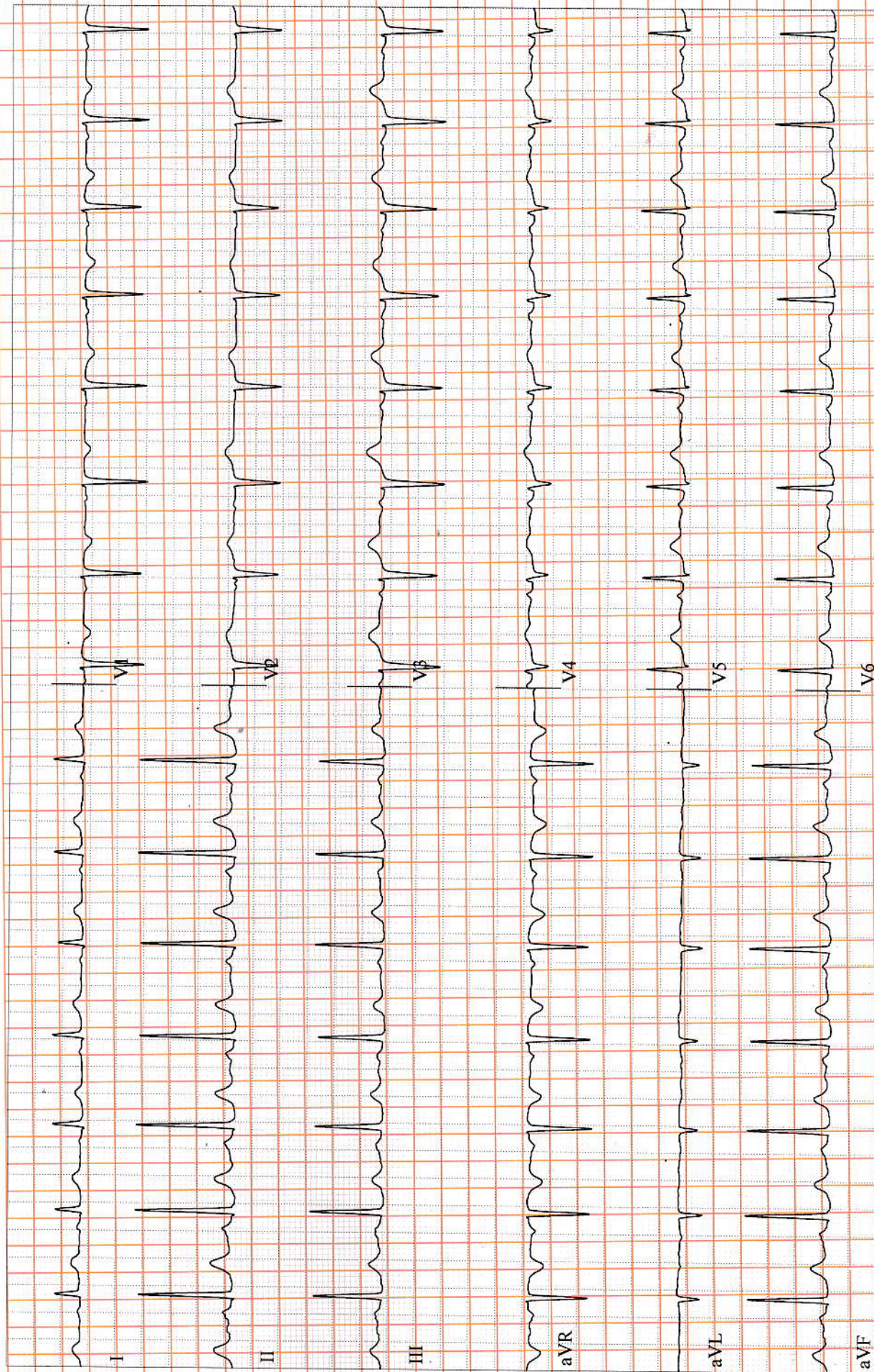
MRS SHAKUNTALA DEVI,  
Patient ID 6587942  
25.03.2023  
11:17:21am

12-Lead Report  
RECOVERY  
#1  
03:00

94 bpm  
120/80 mmHg

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL

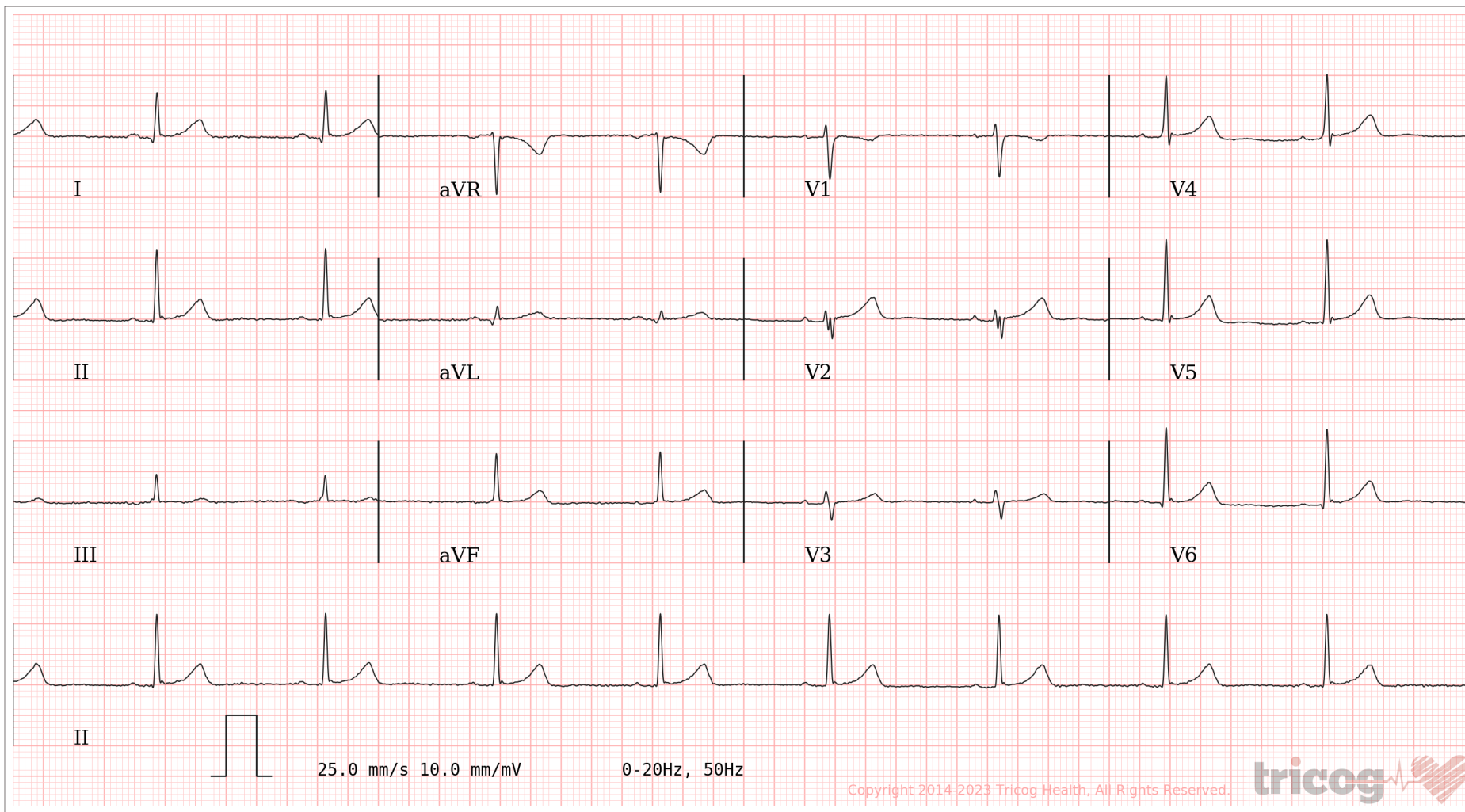






Age / Gender: 47/Female  
Patient ID: CHLD0163472223  
Patient Name: Mrs. SHAKUNTALA DEVI

Date and Time: 25th Mar 23 9:32 AM



AR: 55bpm VR: 55bpm QRSD: 76ms QT: 406ms QTc: 388ms PRI: 152ms P-R-T: 27° 53° 33°

Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Prashant Solshe

34384