DIAGNOSTIC REPORT

Patient Ref. No. 666000003703520

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

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

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : PREENU P N PATIENT ID : **PREEF1103914036**

ACCESSION NO : **4036WC001947** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/03/2023 10:43 REPORTED : 12/03/2023 12:18

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

TREADMILL TEST	COMPLETED		

OPTHAL

OPTHAL	COMPLETED		

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	COMPLETED		

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	6	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	8.4		
CREATININE, SERUM			
CREATININE	0.71	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	101	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE FASTING,FLUORIDE PLASMA			
GLUCOSE, FASTING, PLASMA	119	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	6.1	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%.	%
LIPID PROFILE, SERUM			
CHOLESTEROL	226	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	136	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	59	General range : 40-60	mg/dL

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Test Report Status **Preliminary**	Results			Units
DIRECT LDL CHOLESTEROL	**163**	**High**	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**167**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	27.2		< or = 30.0	mg/dL
CHOL/HDL RATIO	3.8		3.30 - 4.40	
LDL/HDL RATIO	2.8		0.5 - 3.0	

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A.CAD with > 1 feature of high risk group
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	**Treatment Goals**		**Consider Drug Therapy**	
	LDL-C (mg/dl)	**Non-HDL (mg/dl)**	**LDL-C (mg/dl)**	**Non-HDL (mg/dl)**

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Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.65	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.21	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.44	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.9	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.7	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	48	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	87	Adults : < 34	U/L
ALKALINE PHOSPHATASE	79	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	34	Adult (female) : < 40	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	7.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL

URIC ACID, SERUM

URIC ACID	3.9	Adults : 2.4-5.7	mg/dL

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O		
RH TYPE	POSITIVE		

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	12.9	12.0 - 15.0	g/dL

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RED BLOOD CELL COUNT	**4.92**	**High**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	8.00		4.0 - 10.0	thou/µL
PLATELET COUNT	343		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	40.8		36 - 46	%
MEAN CORPUSCULAR VOL	83.0		83 - 101	fL
MEAN CORPUSCULAR HGB.	**26.3**	**Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	31.7		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.6		11.6 - 14.0	%
MENTZER INDEX	16.9			
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	**37**	**Low**	40 - 80	%
LYMPHOCYTES	**58**	**High**	20 - 40	%
MONOCYTES	**00**	**Low**	2 - 10	%
EOSINOPHILS	05		1 - 6	%
BASOPHILS	00		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.96		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	**4.64**	**High**	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	**00**	**Low**	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.4		0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	**00**	**Low**	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.6			
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
SEDIMENTATION RATE (ESR)	**31**	**High**	0 - 20	mm at 1 hr
SUGAR URINE - POST PRANDIAL				
SUGAR URINE - POST PRANDIAL	NOT DETECTED		NOT DETECTED	
THYROID PANEL, SERUM				
T3	103.05		Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	7.80		3.2 - 12.6	µg/dl

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Test Report Status **Preliminary**	Results		Units
TSH 3RD GENERATION	**11.190**	**High** (Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

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Test Report Status **Preliminary**	Results		Units
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	**DETECTED (OCCASIONAL)**	NOT DETECTED	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

SUGAR URINE - FASTING

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
PHYSICAL EXAMINATION,STOOL	RESULT PENDING	
CHEMICAL EXAMINATION,STOOL	RESULT PENDING	
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING	

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointentestinal tract like infection, malabsorption, etc.The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days.Stool specimens for parasitic examination should be collected before initiation of antidiarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects& reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

1. **Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
2. **Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
3. **Fecal Occult Blood Test(FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
4. **Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or waterydiarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
5. **Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentry, Rice watery Stool, FDA approved, Biofire Film Array Test,(Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria,fungi,virus ,parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.
6. **Rota Virus Immunoassay**: This test is recommended in severe gastroenteritis in infants & children associated with watery

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS : ARCOFEMI HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : PREENU P N PATIENT ID : **PREEF1103914036**

ACCESSION NO : **4036WC001947** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/03/2023 10:43 REPORTED : 12/03/2023 12:18

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Units

diarrhoea, vomitting& abdominal cramps. Adults are also affected. It is highly contagious in nature.

Interpretation(s)
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include 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-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
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 patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/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 addiction 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 paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
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

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS : [illegible] HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : PREENU P N PATIENT ID : **PREEF1103914036**

ACCESSION NO : **4036WC001947** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/03/2023 10:43 REPORTED : 12/03/2023 12:18

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Test Report Status **Preliminary**	Results	Units

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-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
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: Polycythermia 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. AACC 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
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

Scan to View Details

Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 666000003703520

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

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

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : PREENU P N PATIENT ID : **PREEF1103914036**

ACCESSION NO : **4036WC001947** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/03/2023 10:43 REPORTED : 12/03/2023 12:18

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

PRASEEDA S NAIR
BIOCHEMIST

DR.KRIPA ELIZABETH JOHN
CONSULTANT PATHOLOGIST

K.MEERA BHAI
SENIOR BIOCHEMIST

Scan to View Details

Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

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. PREENU N.P
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): Mole on left palm.
3. Age/Date of Birth	:	Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... 157 ..... (cms) b. Weight ..... 85 ..... (Kgs) c. Girth of Abdomen ..... 100 (cms)

d. Pulse Rate ..... 72 ..... (/Min) e. Blood Pressure: 100/60 Systolic Diastolic

1st Reading		
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	64.	Good.	
Mother	63.	"	
Brother(s)	—		
Sister(s)	36.	"	

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

Tobacco in any form	Sedative	Alcohol
—	—	

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
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

- 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

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

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

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

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

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

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine'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;

Gr II Fatty liver, high cholesterol & Hypothyroidism detected —
physician consultation advised.

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

FIT

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 Austin Varghees

Seal of Medical Examiner : Dr. Austin Varghees MBBS TCMC Reg. No:77017

Name & Seal of DDRC SRL Branch : DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

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.

LABORATORY SERVICES

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

OPHTHALMOLOGY REPORT

ACCESSION NO:4036WC001947

This is to certify that I have examined

MR /MS. Preenu P. N Aged 32 yrs and

His / her visual standard is as follows.

Acuity of Vision

For Far R ..... 6/6 ..... with Spex < RE 6/6 / LE 6/6

L ..... 6/6 .....

For Near R ..... N6 .....

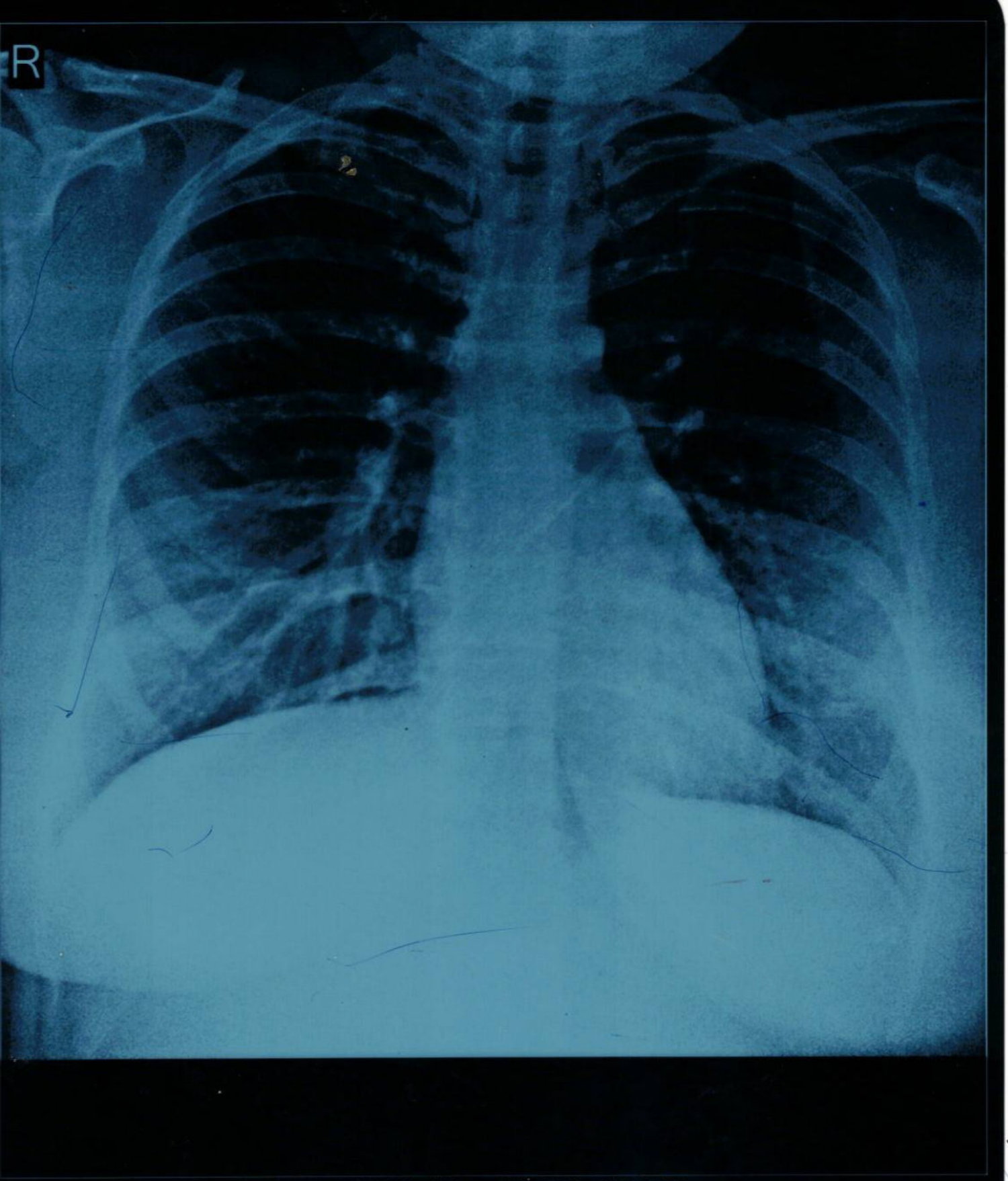
L ..... N6 .....

Colour Vision ...NORMAL...

DATE : 11.03.2023

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

OPTOMETRIST



PREENU P N 32Y 913 CHEST-PA 11-03-2023

DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

X - RAY CHEST - REPORT

ACCESSION NO : 4036WC001947

NAME : PREENU P N

AGE : 32

SEX : FEMALE

DATE : 11.03.2023

COMPANY : MEDIWHEEL

EXPOSURE : Adequate

POSITIONING : central

SOFT TISSUES : Normal

LUNG FIELDS : Normal

HEART SHADOW : Normal

CARDIOPHRENIC ANGLE : No obliteration

COSTOPHRENIC ANGLE :

HILUM : Normal

OPINION : Normal chest xRay

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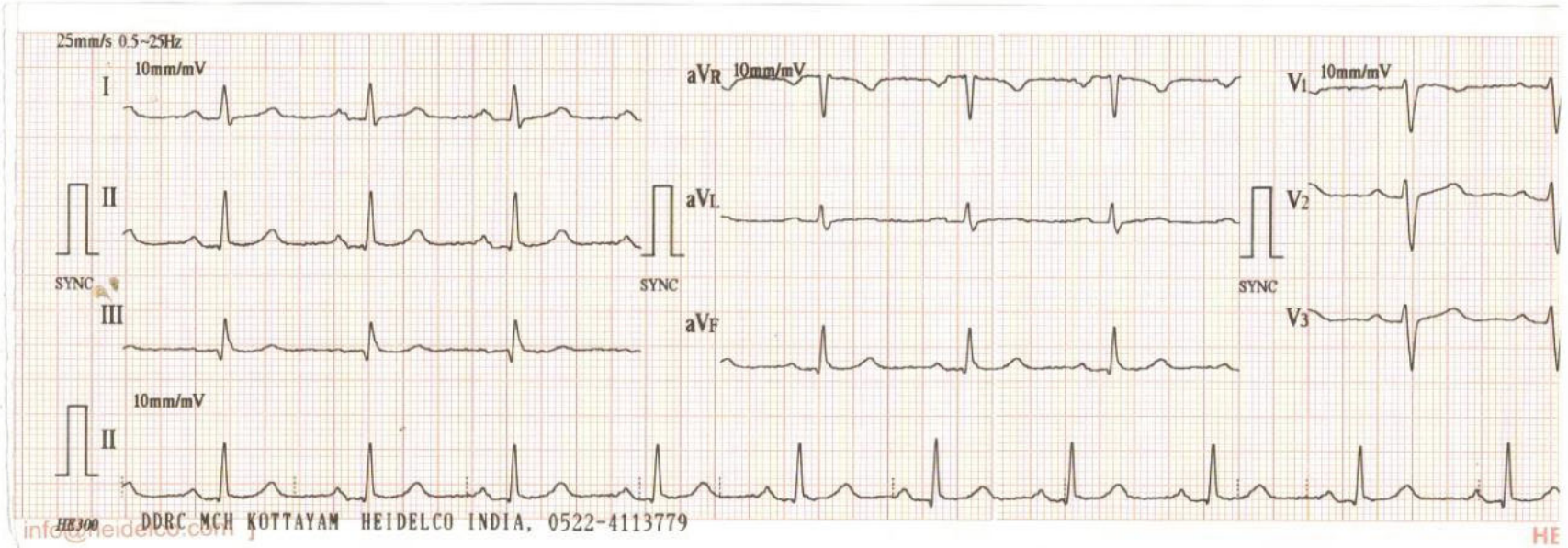
Dr. Austin Varghees
MBBS
TCMC Reg. No:77017


25mm/s 0.5~25Hz
10mm/mV
I
II
SYNC
III
10mm/mV
II
aVR 10mm/mV
aVL
SYNC
aVF
V1 10mm/mV
V2
SYNC
V3
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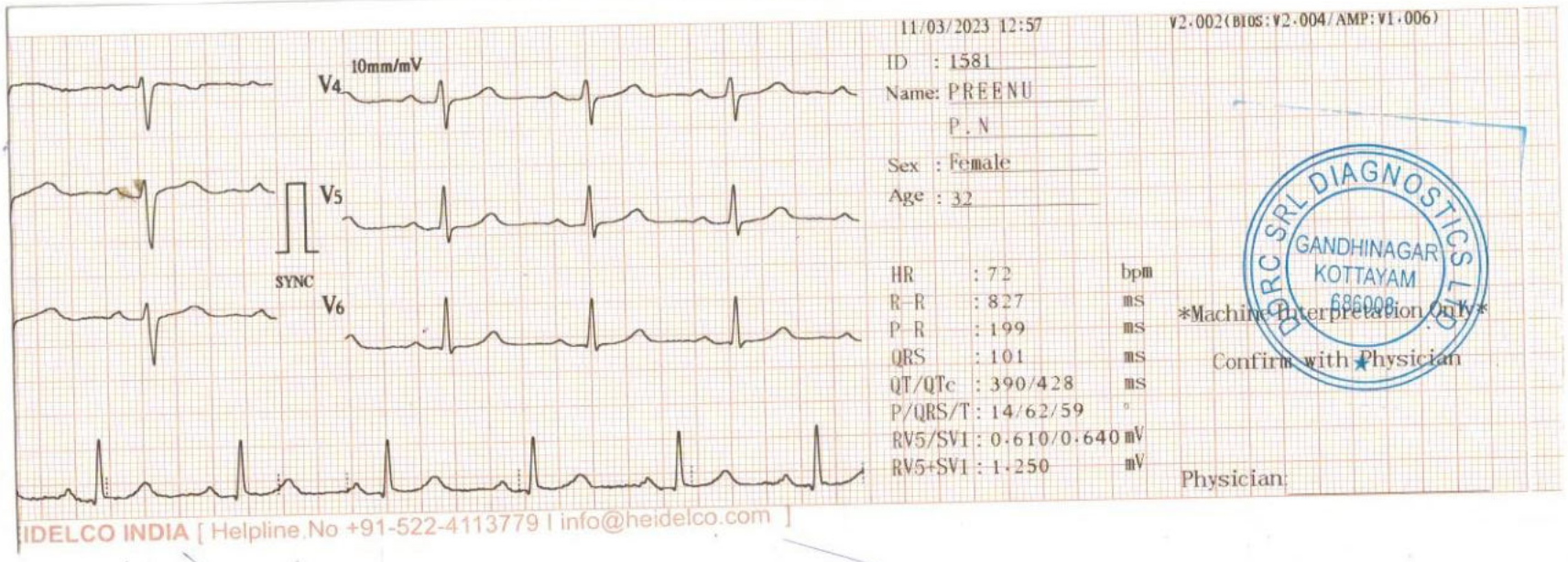

11/03/2023 12:57

V2.002(BIOS:V2.004/AMP:V1.006)

ID : 1581
Name: PREENU
P.N
Sex : Female
Age : 32

HR	: 72	bpm
R-R	: 827	ms
P-R	: 199	ms
QRS	: 101	ms
QT/QTc	: 390/428	ms
P/QRS/T	: 14/62/59	°
RV5/SV1	: 0.610/0.640	mV
RV5+SV1	: 1.250	mV

DORC SRL DIAGNOSTICS LLP
GANDHINAGAR
KOTTAYAM
686008

Machine Interpretation Only

Confirm with Physician

Physician:

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

ECG REPORT

ACCESSION NO : 4036WC001947

NAME : PREENU P N

AGE : 32

SEX : FEMALE

DATE : 11.03.2023

COMPANY : MEDIWHEEL

RATE : 72 bpm

RHYTHM : Normal sinus rhythm

P. WAVE : Normal

P-R INTERVAL : 199ms

Q,R,S,T. WAVES : Normal

AXIS : Normal

ARRHYTHMIAS : Nil

QT INTERVAL : 390ms

OTHERS : Nil

OPINION : Normal ECG

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Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Name: PREENU.N.P **Report Date: 11.03.2023**
Age/Sex: 32yrs/ F **Ref.by: Mediwheel**
Accession No: 4036WC001947

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: **Enlarged in size (19 cm). Shows increased parenchymal echotexture**. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (10 mm).

Gall bladder: Distended (measures 5.2 x 1.9 cm) No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.

CBD: Not dilated (4 mm).

Spleen: Normal in size (10.6 cm) and echotexture. No focal lesion.

Pancreas: Head (2.2 cm) and body (1.5 cm) appear normal. Tail obscured by bowel gas. No focal lesion. No calcification or duct dilatation noted.

Kidneys: Right kidney length measures 12 cm. Parenchymal thickness 1.8 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Left kidney length measures 11.9 cm. Parenchymal thickness 2.1 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Ureters: Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Uterus: Is anteverted and **enlarged in size measures8.6 x 4.5 x 3.9 cm. Myometrial echo is heterogeneous.** Endometrial echo is normal. ET- 5.3 mm. Cavity is empty.

Ovaries: Right ovary: 3.3 x 2.6 cm Left ovary: 2.4 x 1.4 cm

Normal in size and morphology on both sides.

Adnexa: No adnexal lesions.

Others: No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

- **Hepatomegaly with grade II fatty changes.**

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

Dr. Deepak.V, MBBS, DMRD
Radiologist

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

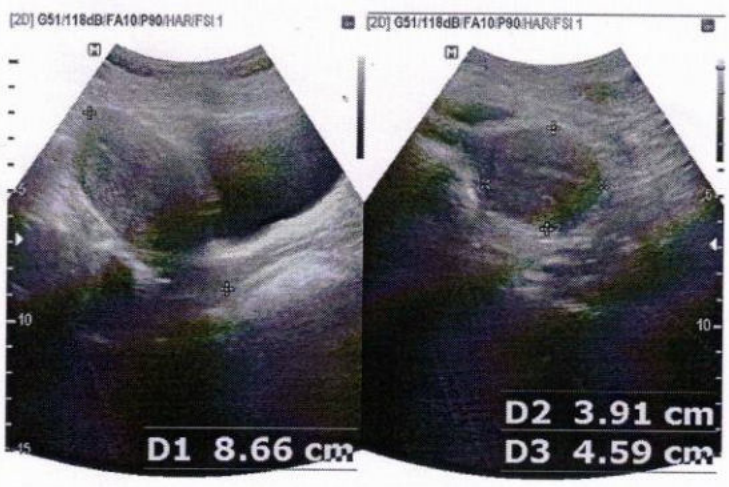
Ultrasound Image Report

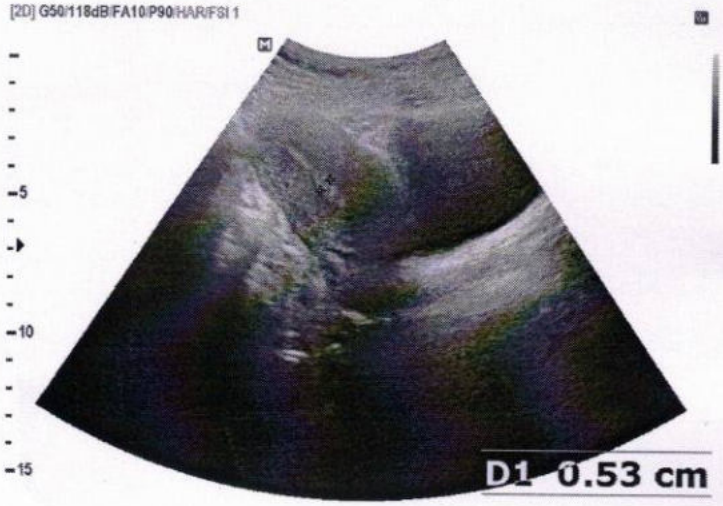
Patient

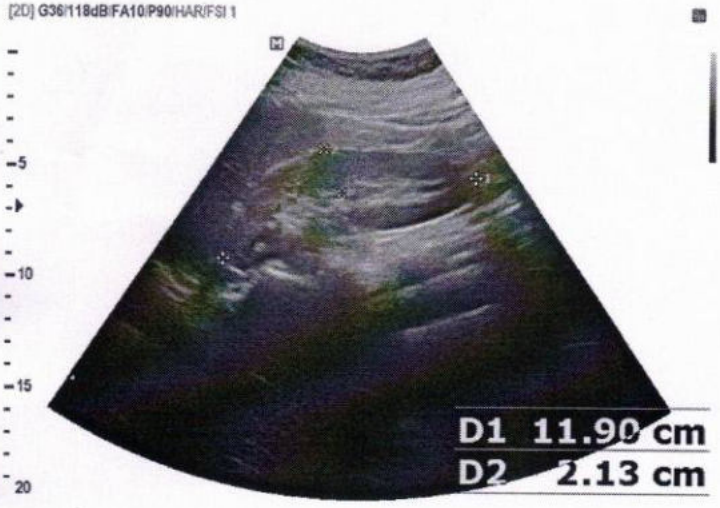
ID	11-03-2023-0021
Name	PREENU
Birth Date	
Gender	Other

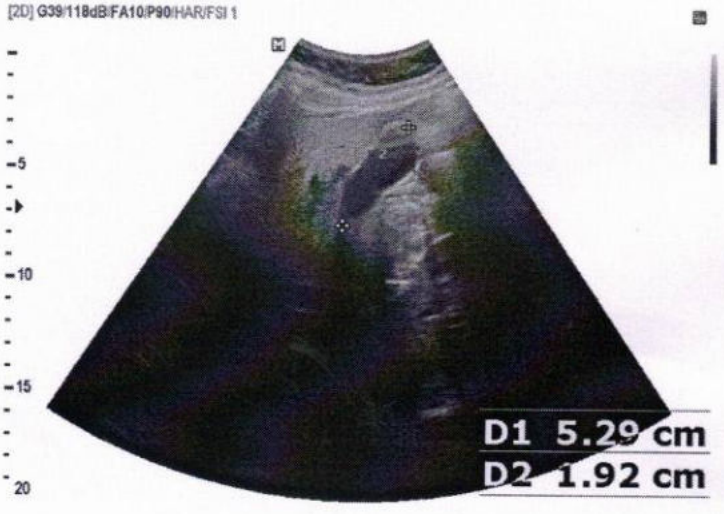
Exam

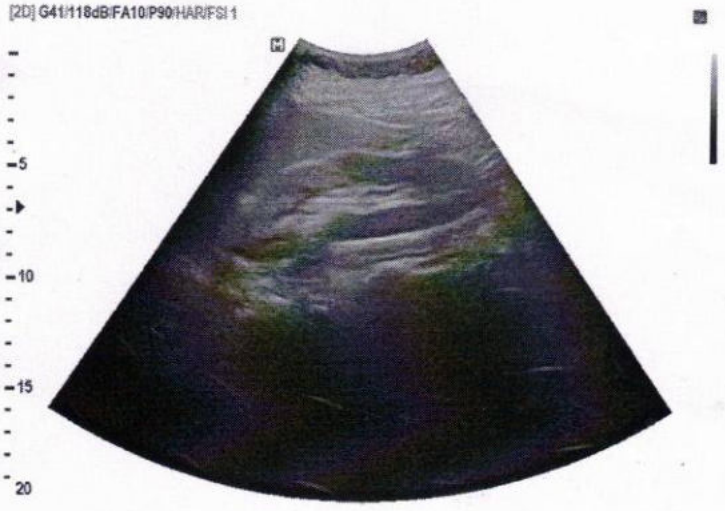
Accession #	
Exam Date	11032023
Description	
Sonographer	

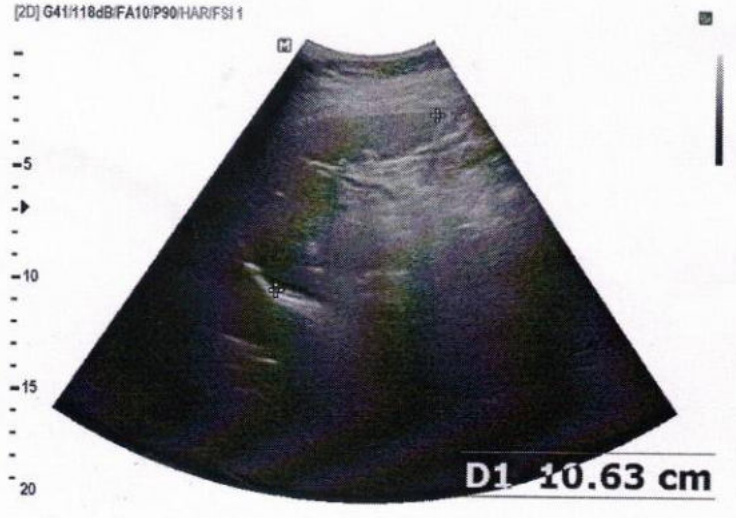










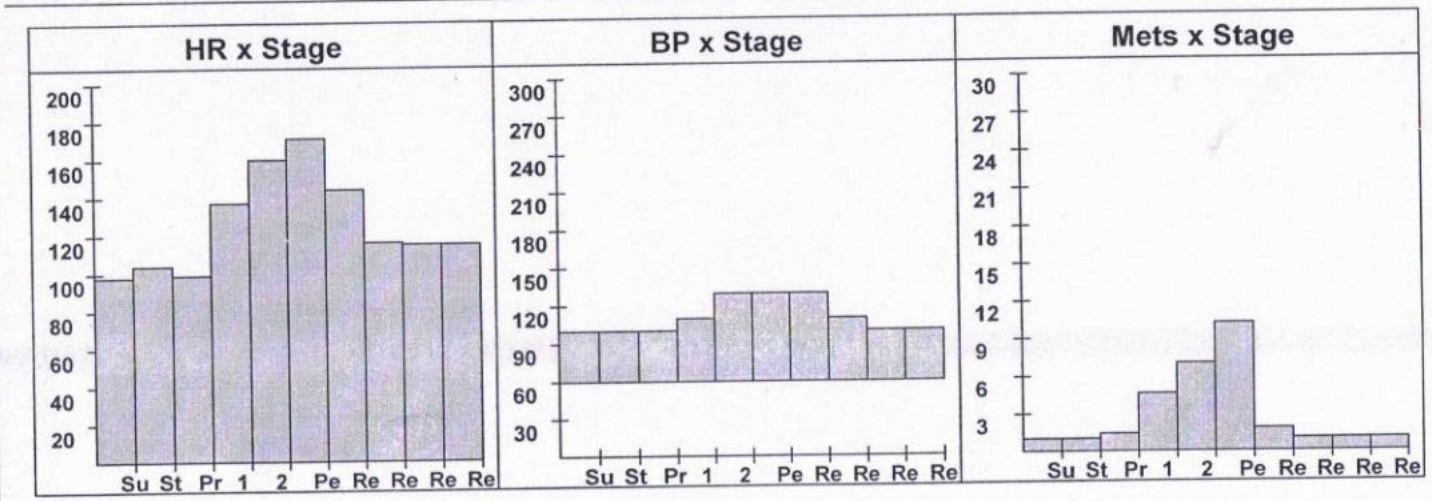


DDRC SRL KOTTAYAM

Patient Details **Date: 11-Mar-23** **Time: 14:57:25**

Name: PREENU N P ID: 224

Age: 32 y **Sex: F** **Height:157 cms** **Weight:85 Kgs**



Interpretation

STRESSED UPTO 7 MTS ON BRUCE PROTOCOL AND ATTAINED 91% OF THR AT HR OF 171
BPM WITH A WORKLOAD OF 8 METS.RPP- 22230.
ACELERATED HR AND NORMAL BP RESPONSE.
NO ANGIN/ARRHYTHMIA.
BASELINE ECG SHOWS SR WITH Q WITH NONSPECIFIC T WAVE CHANGES.
NO SIGNIFICANT ST SHIFT.

IMP:- TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.
FAIR EFFORT TOLERANCE.

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

Ref. Doctor: ------

Doctor: ------

(Summary Report edited by user)

DDRC SRL KOTTAYAM

Patient Details **Date: 11-Mar-23** **Time: 14:57:25**

Name: PREENU N P **ID: 224**

Age: 32 y **Sex: F** **Height:157 cms** **Weight:85 Kgs**

Clinical History: THYROID Dx, FOR CARDIAC EVALUATION .

Medications:

Test Details

Protocol: Bruce
Total Exec. Time: 7 m 0 s
Max. BP: 130 / 60 mmHg
Test Termination Criteria: FATIGUE

Pr.MHR: 188 bpm
Max. HR: 171 (91% of Pr.MHR) bpm
Max. BP x HR: 22230 mmHg/min

THR: 169 (90 % of Pr.MHR) bpm
Max. Mets: 10.20
Min. BP x HR: 5880 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	4 : 34	1.0	0	0	98	100 / 60	-5.73 V5	-5.66 I
Standing	0 : 42	1.0	0	0	104	100 / 60	-1.49 III	-1.06 III
1	3 : 0	4.6	1.7	10	137	110 / 60	-1.49 III	1.77 aVL
2	3 : 0	7.0	2.5	12	160	130 / 60	-1.91 III	2.83 V2
Peak Ex	1 : 0	10.2	3.4	14	171	130 / 60	-2.34 III	4.95 V6
Recovery(1)	1 : 2	1.8	1	0	144	130 / 60	-2.97 V6	4.95 V6
Recovery(2)	2 : 0	1.0	0	0	116	110 / 60	-1.91 aVR	3.89 V2
Recovery(3)	2 : 0	1.0	0	0	115	100 / 60	-1.06 aVR	1.42 II
Recovery(4)	0 : 5	1.0	0	0	115	100 / 60	-0.42 III	-0.71 aVR

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DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 0 m 0 s Stage Time : 4 m 34 s **HR: 98 bpm**

Protocol: Bruce Stage; Supine Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 100 / 60

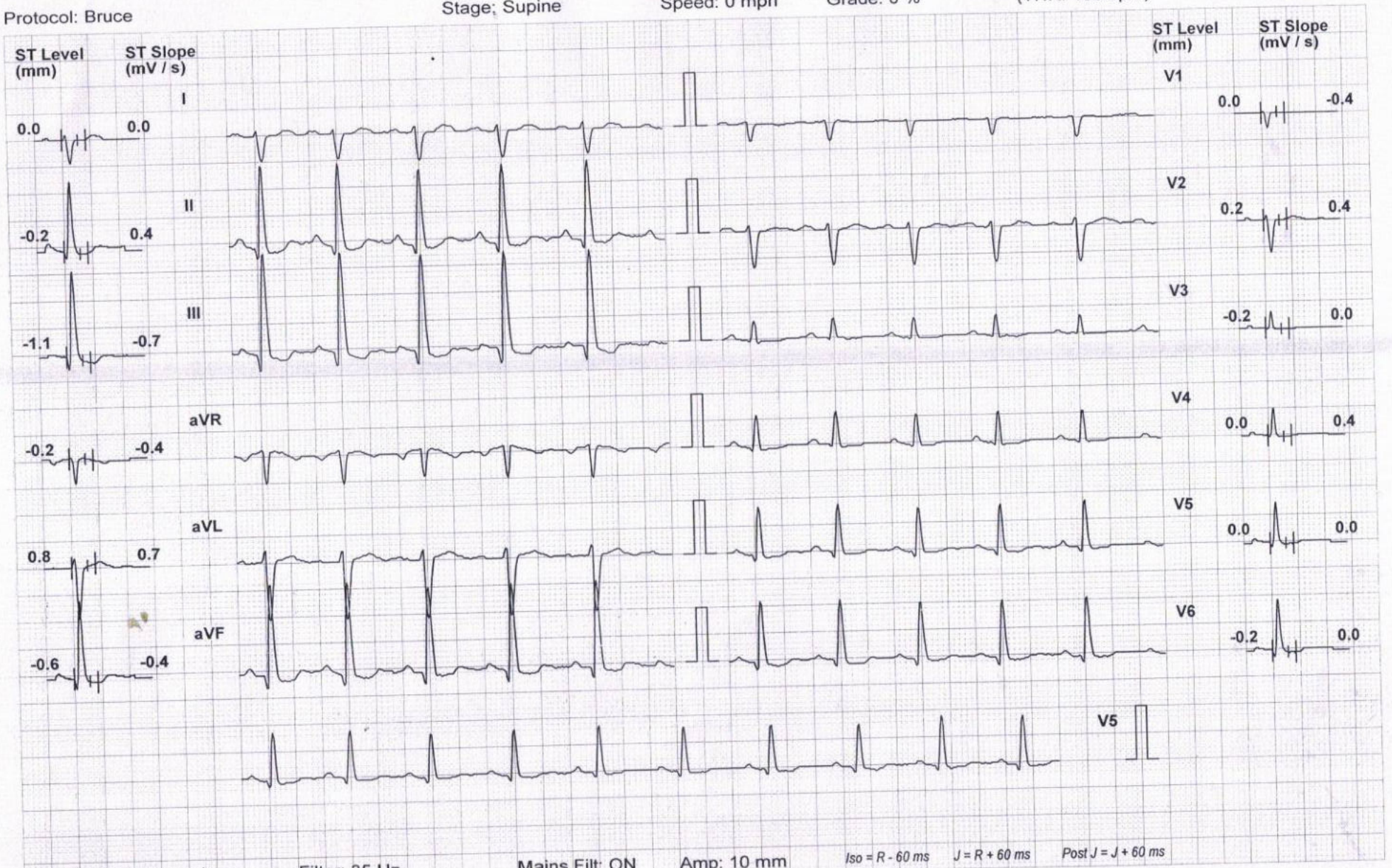


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 0 m 0 s Stage Time : 0 m 1 s ***HR: 98 bpm***

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 100 / 60

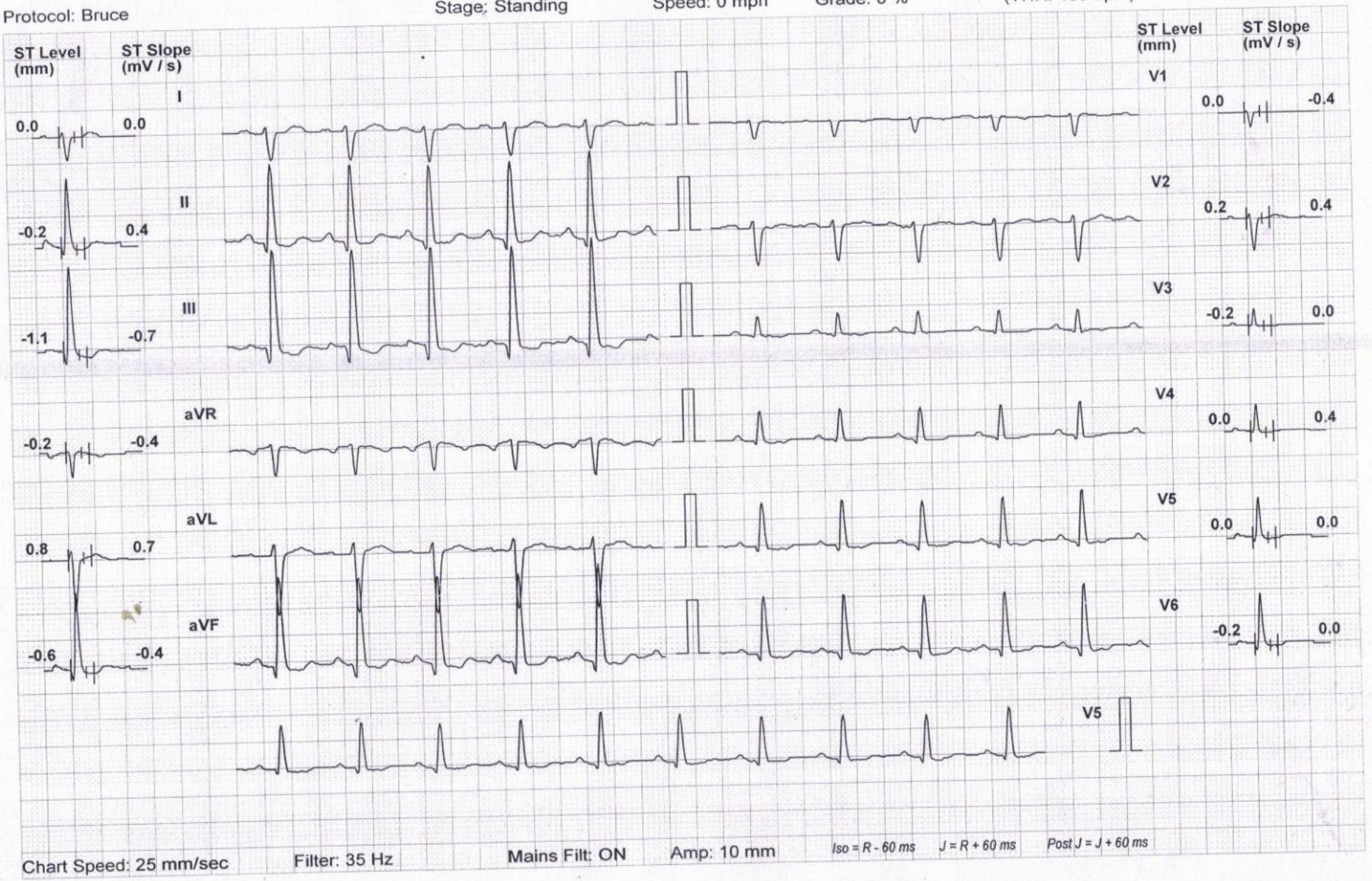


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 3 m 0 s Stage Time : 3 m 0 s ***HR: 137 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 169 bpm) B.P: 110 / 60

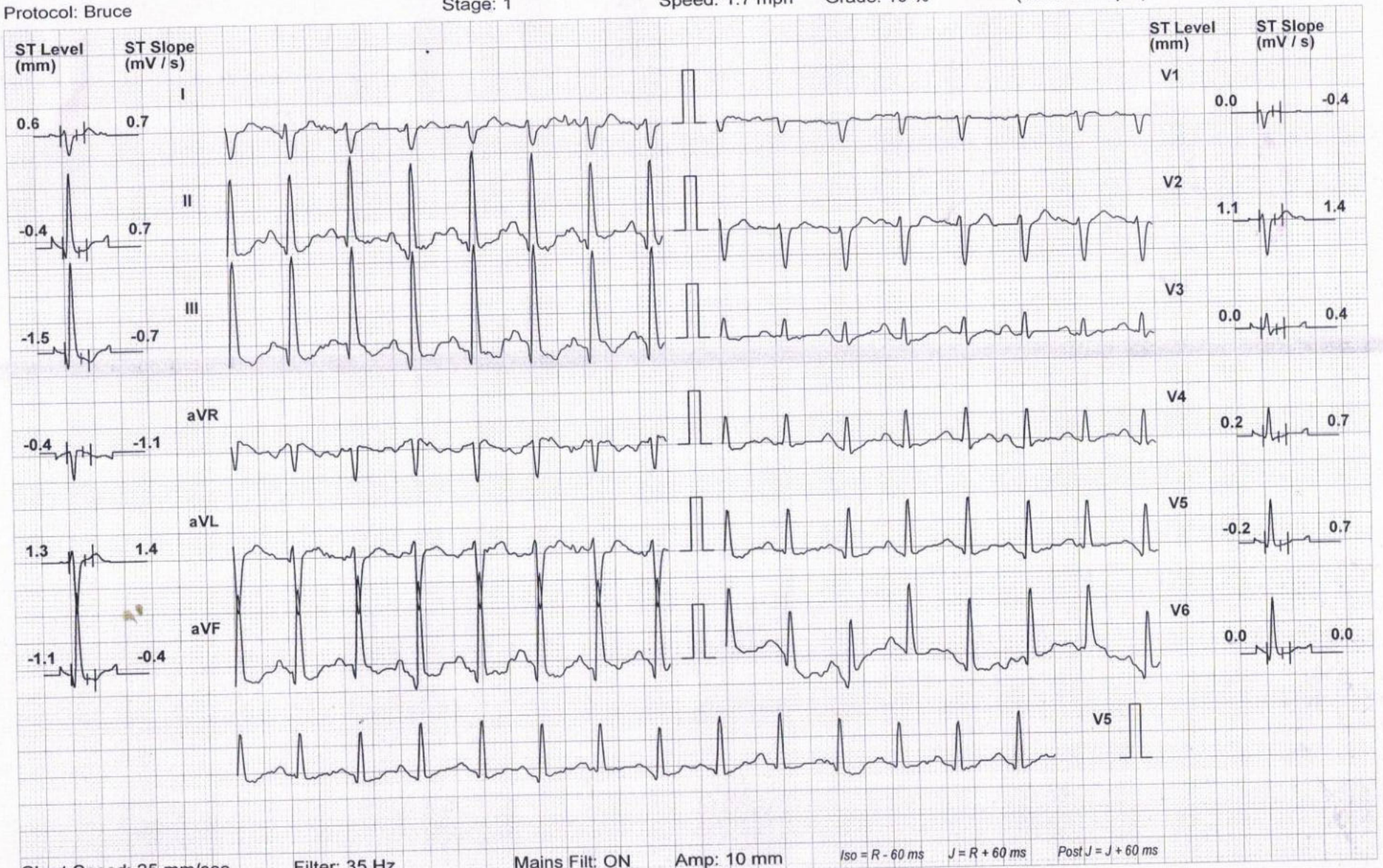


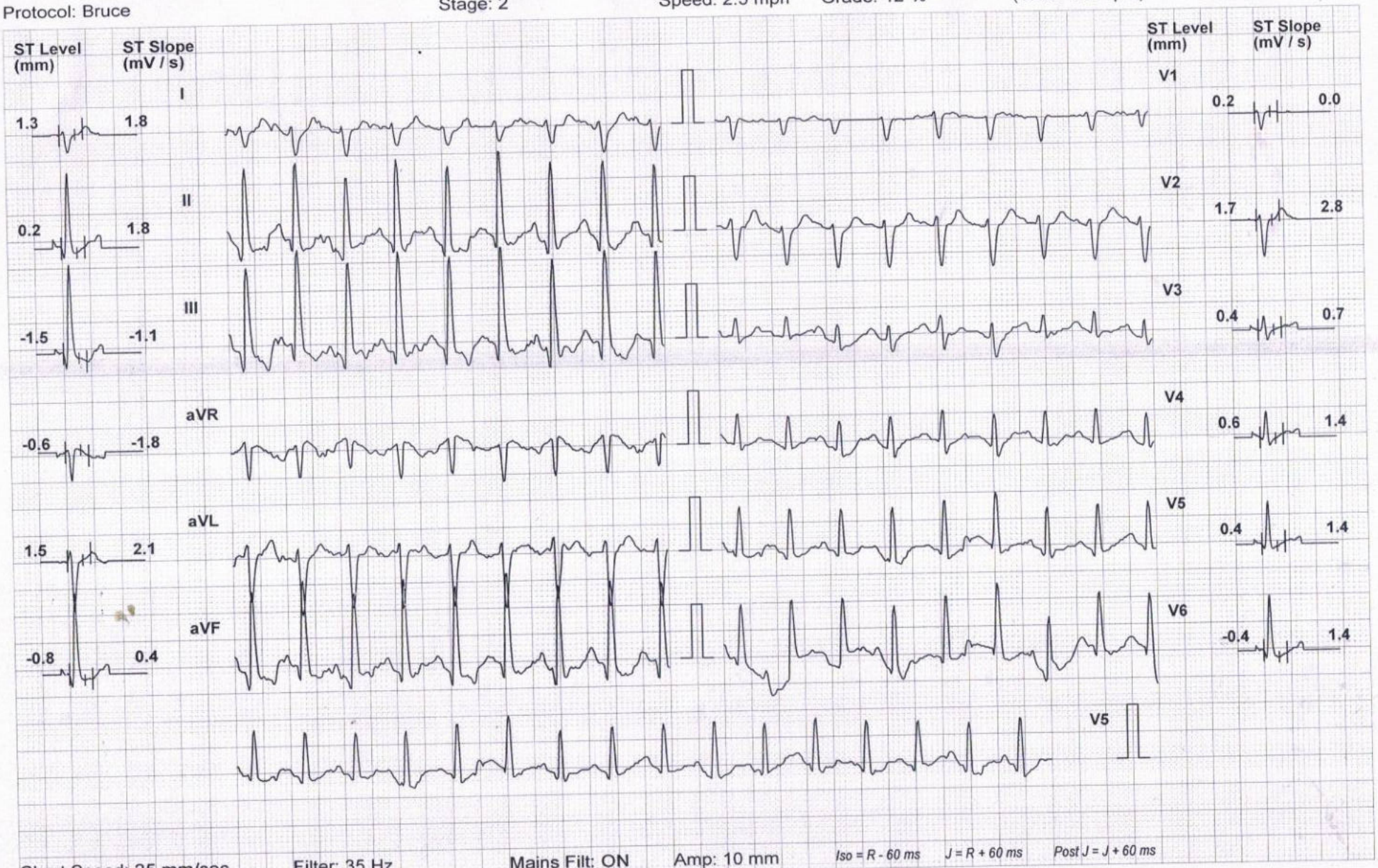
Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 6 m 0 s Stage Time : 3 m 0 s ***HR: 160 bpm***

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 169 bpm) B.P: 130 / 60



Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 7 m 0 s Stage Time : 1 m 0 s **HR: 171 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 169 bpm) B.P: 130 / 60

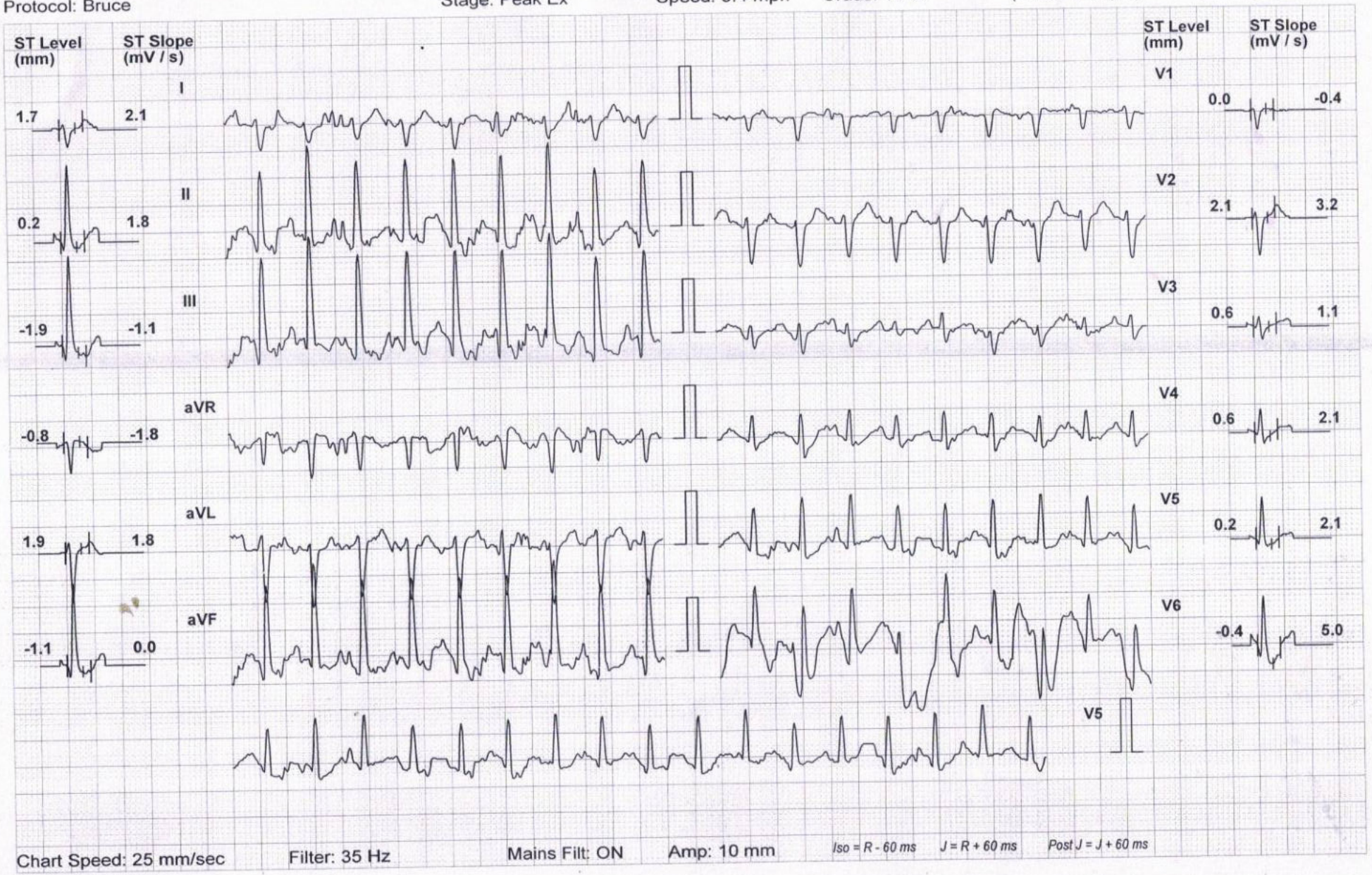


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 7 m 0 s Stage Time : 1 m 2 s ***HR: 144 bpm***

Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 130 / 60

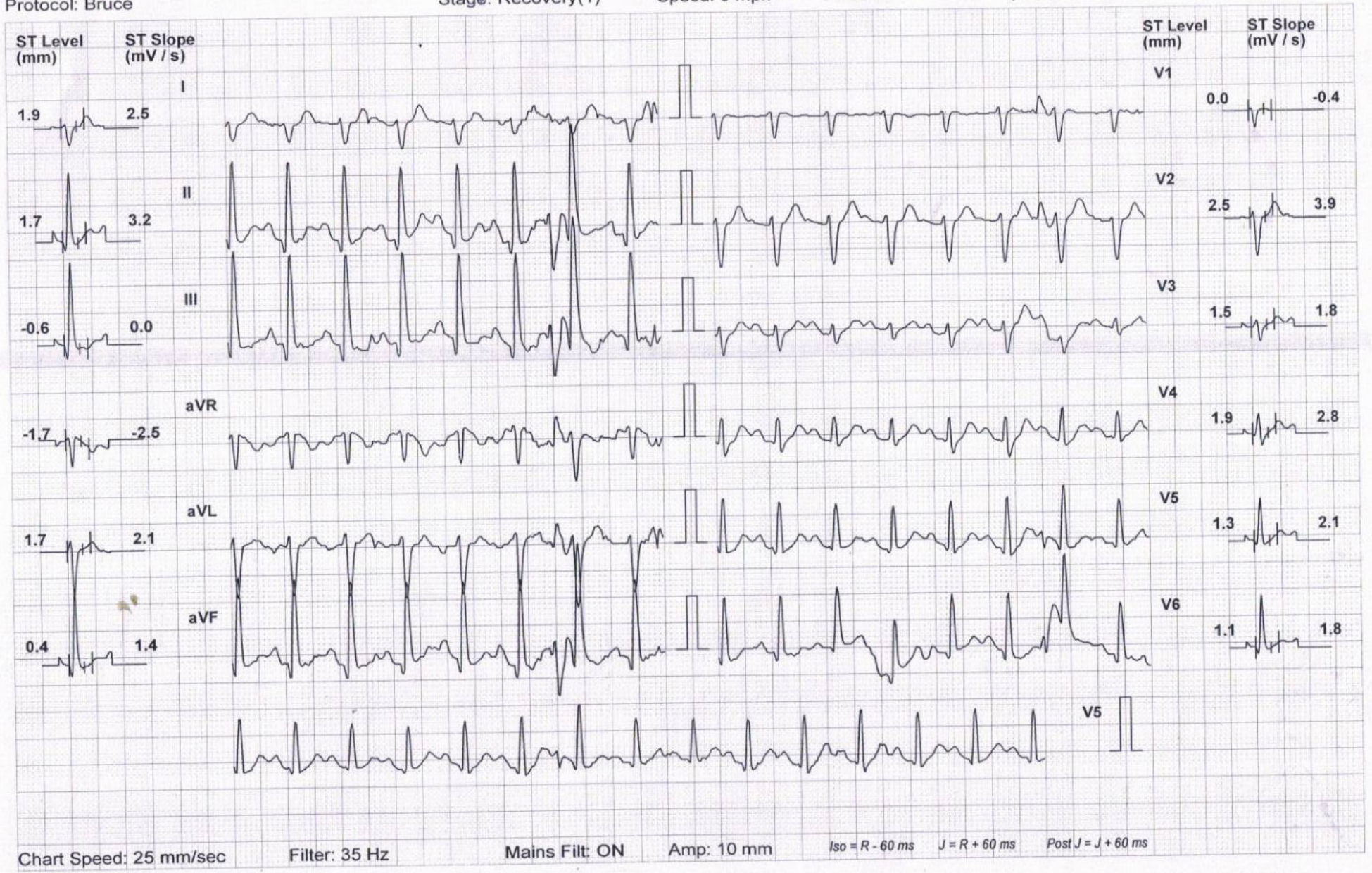


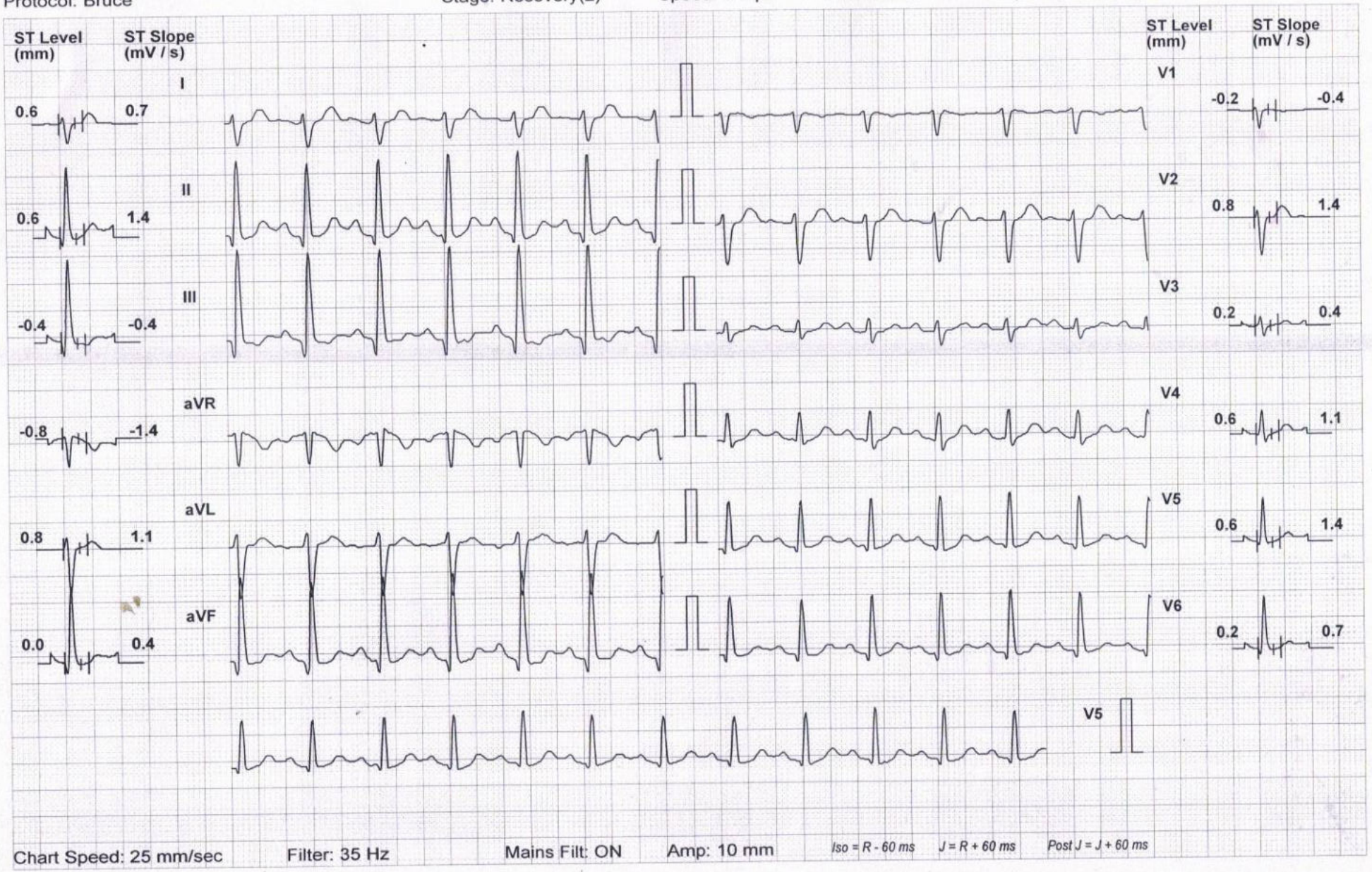
Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 7 m 0 s Stage Time : 2 m 0 s ***HR: 116 bpm***

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 110 / 60



Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

PREENU N P (32 F) ID: 224 Date: 11-Mar-23 Exec Time : 7 m 0 s Stage Time : 2 m 0 s ***HR: 115 bpm***

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 100 / 60

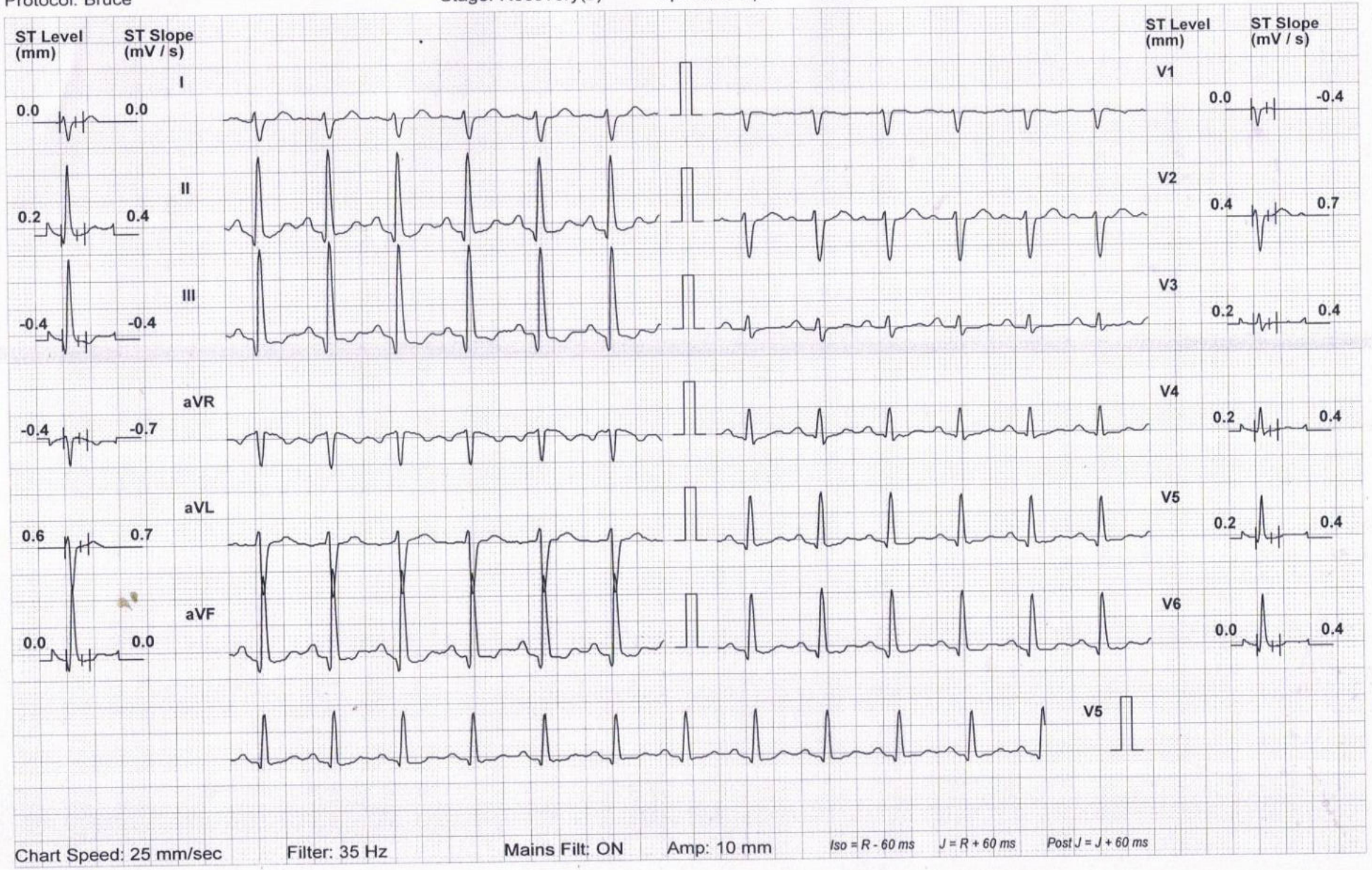


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7