

Name	SIVAKUMARAN VA	Customer ID	MED111368953
Age & Gender	35Y/M	Visit Date	Nov 12 2022 8:25AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The heart size and configuration are within normal limits. The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION:

- *No significant abnormality demonstrated.*


DR. REKHA S. CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST

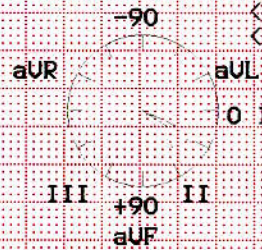
Measurement Results:

QRS 102 ms
 QT/QTcB 362 / 425 ms
 PR 180 ms
 P 106 ms
 RR/PP 722 / 720 ms
 P/QRS/T 50/ 34/ 25 degrees

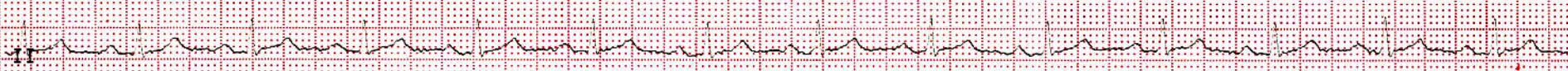
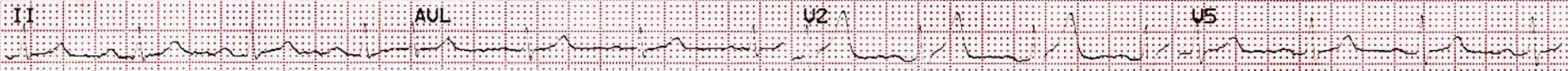
< P
 < T
 < QRS
 0 I

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

82.3
 174.0
 27.1



Unconfirmed report.



Name: MR. SIVAKUMARAN V A

Age & Sex: 35 YEARS / MALE

Date : 12/11/2022

		Right Eye	Left Eye
DISTANT VISION	<u>Without Glasses</u> With Glass	<u>6/6</u>	<u>6/6</u>
NEAR VISION	<u>Without Glasses</u> With Glass	<u>N6</u>	<u>N6</u>
COLOUR VISION		NORMAL	



Name : Mr. SIVAKUMARAN VA
 PID No. : MED111368953
 SID No. : 1802238066
 Age / Sex : 35 Year(s) / Male
 Type : OP
 Ref. Dr : MediWheel

Register On : 12/11/2022 8:26 AM
 Collection On : 12/11/2022 8:39 AM
 Report On : 12/11/2022 6:18 PM
 Printed On : 14/11/2022 8:23 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	16.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	47.3	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.16	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	91.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.1	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.64	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.4	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.7	%	01 - 10



VERIFIED BY



APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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

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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	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)	3.59	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.49	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	177	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.7	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.15	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15
BUN / Creatinine Ratio	7.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.5	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) Negative Negative
 (Urine - F/GOD - POD)



VERIFIED BY



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	121.9	mg/dL	70 - 140
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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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.35	mg/dL	0.9 - 1.3
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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)	6.8	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.40	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	1.13	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.0	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.7	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.7	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	66.2	U/L	53 - 128
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Total Protein (Serum/Biuret)	6.76	gm/dl	6.0 - 8.0
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DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY

Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 3 of 7

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Albumin (Serum/Bromocresol green)	4.43	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.33	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.90		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	189.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	188.6	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)	36.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	115.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	37.7	mg/dL	< 30


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Name : Mr. SIVAKUMARAN VA

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	153.5	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)	5.2		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)	5.2		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)	3.2		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)	5.1	%	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)	99.67	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.

THYROID PROFILE / TFT



VERIFIED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.88	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))	6.47	µg/dl	4.2 - 12.0
---	------	-------	------------

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))	3.44	µIU/mL	0.35 - 5.50
---	------	--------	-------------

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)	Negative	Negative
Pus Cells (Urine/Automated – Flow cytometry)	Occasional /hpf	NIL

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Reg No : 73347

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Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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.

DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY

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Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

MR SIVAKUMARAN V A,

Patient ID: MED111368953

12.11.2022 Male 174 cm 82 kg

12:47:11pm 35 yrs Asian

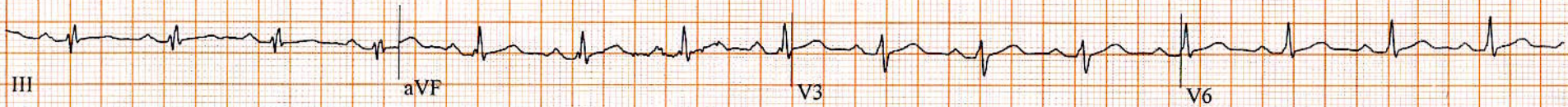
Exercise Test / 12-Lead Report

92 bpm
130/80 mmHg

PRETEST
STANDING
00:26

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS



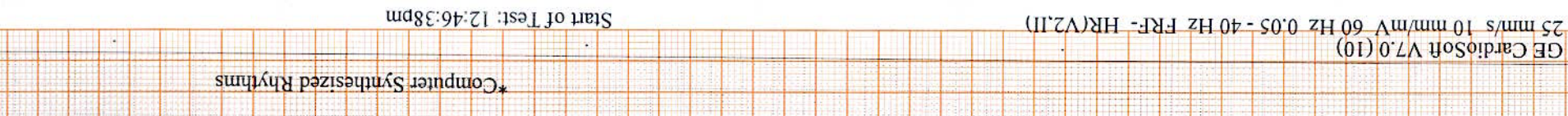
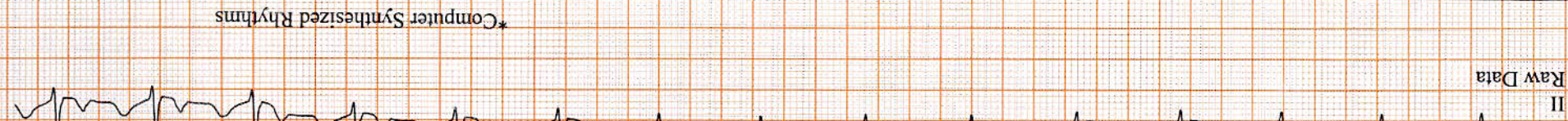
MR SIVAKUMARAN V A,
Patient ID: MED111368953
Male 174 cm 82 kg
12:47:28pm 35 yrs Asian

Exercise Test / Linked Medians
93 bpm 130/80 mmHg
PRETEST HYPERV.
00:48

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(V2,II)

Start of Test: 12:46:38pm

MR SIVAKUMARAN V A,
Patient ID: MED111368953
-12.11.2022 Male 174 cm 82 kg
12:50:42pm 35 yrs Asian

Exercise Test / Linked Medians

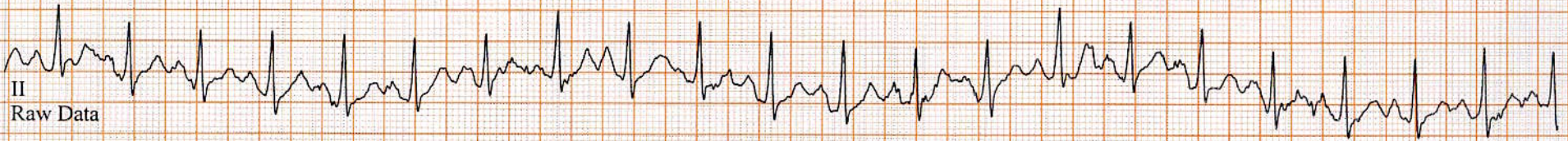
131 bpm
140/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

MEDALL DIAGNOSTICS

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

MR SIVAKUMARAN V A,
Patient ID: MED111368953
12.11.2022 Male 174 cm 82 kg
12:53:42pm 35 yrs Asian

Exercise Test / Linked Medians

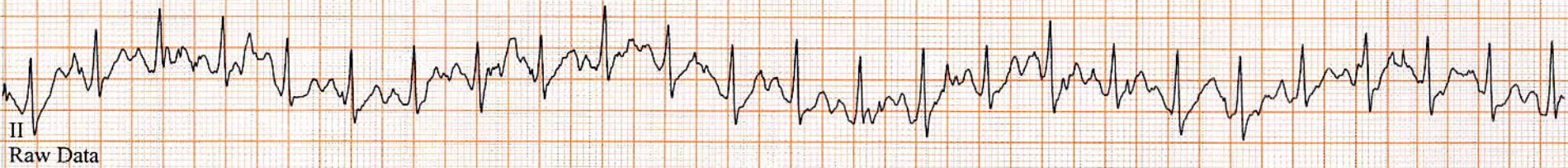
148 bpm
150/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

MEDALL DIAGNOSTICS

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

MR SIVAKUMARAN V A,
Patient ID: MED111368953
12.11.2022 Male 174 cm 82 kg
12:55:54pm 35 yrs Asian

Exercise Test / Linked Medians (PEAK EXERCISE)

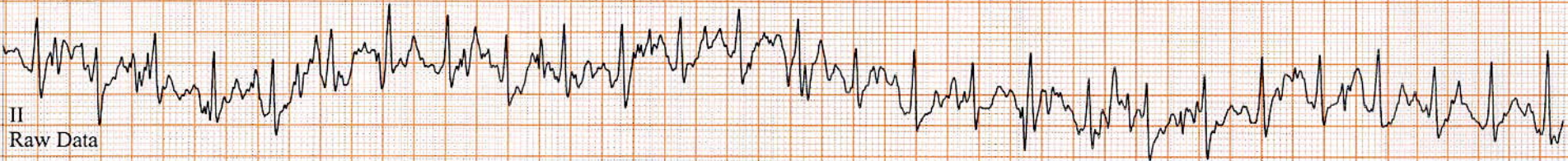
MEDALL DIAGNOSTICS

162 bpm
150/80 mmHg

EXERCISE
STAGE 3
08:02

BRUCE
3.4 mph
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

MR SIVAKUMARAN V A,
Patient ID: MED111368953
12.11.2022 Male 174 cm 82 kg
12:56:44pm 35 yrs Asian

Exercise Test / Linked Medians

137 bpm
150/80 mmHg

RECOVERY
#1
00:50

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

MR SIVAKUMARAN V A,
Patient ID: MED111368953
12.11.2022 Male 174 cm 82 kg
12:58:44pm 35 yrs Asian

Exercise Test / Linked Medians

110 bpm
140/80 mmHg

RECOVERY
#1
02:50

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Patient ID: MED111368953
 12.11.2022 Male 174 cm 82 kg
 12:46:38pm 35 yrs Asian
 Meds: NIL

BRUCE: Exercise Time 08:02
 Max HR: 169 bpm 91 % of max predicted 185 bpm HR at rest: 94
 Max BP: 150/80 mmHg BP at rest: 130/80 Max RPP: 25350 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: 0.10 mm, 0.93 mV/s in V5; EXERCISE STAGE 3 6:29
 Arrhythmia: A:23
 HR reserve used: 75 %
 HR recovery: 27 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: -0.025 mV (III)
 QRS duration: BASELINE: 96 ms, PEAK EX: 90 ms, REC: 94 ms
Reasons for Termination: Target heart rate achieved
 Room:
 Location: * 0 *

Test Reason: ROUTINE

Medical History: NIL

Ref. MD: Ordering MD:

Technician: PARKAVI.S Test Type: Treadmill Stress Test

Comment:

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	ST Level V5 [mm]	Comment
PRETEST	SUPINE	00:02	0.00	0.00	1.0	91			0	--	
	STANDING	00:44	0.00	0.00	1.0	92	130/80	11960	0	0.70	
	HYPERV.	00:16	0.00	0.00	1.0	96		12480	0	0.70	
EXERCISE	WARM-UP	00:10	1.00	0.00	1.1	96		12480	0	0.90	
	STAGE 1	03:00	1.70	10.00	4.6	133	140/80	18620	0	0.65	
	STAGE 2	03:00	2.50	12.00	7.0	150	150/80	22500	0	0.85	
	STAGE 3	02:02	3.40	14.00	10.1	162	150/80	24300	0	0.50	
RECOVERY		03:08	0.00	0.00	1.0	112	140/80	15680	0	0.80	

MEDALL DIAGNOSTICS
ADYAR
CHENNAI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR SIVAKUMARAN V A,
Patient ID: MED111368953
Height: 174 cm
Weight: 82 kg

DOB: 17.06.1987
Age: 35 yrs
Gender: Male
Race: Asian

Study Date: 12.11.2022
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR.SUBRAMANIAN N
Technician: PARKAVIS

Medications:
NIL

Medical History:
NIL

Reason for Exercise Test:
ROUTINE

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:02	0.00	0.00	91		
	STANDING	00:44	0.00	0.00	92	130/80	
	HYPERV.	00:16	0.00	0.00	96		
	WARM-UP	00:10	1.00	0.00	96		
EXERCISE	STAGE 1	03:00	1.70	10.00	133	140/80	
	STAGE 2	03:00	2.50	12.00	150	150/80	
	STAGE 3	02:02	3.40	14.00	162	150/80	
RECOVERY		03:08	0.00	0.00	112	140/80	

The patient exercised according to the BRUCE for 8:02 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 94 bpm rose to a maximal heart rate of 169 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

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Conclusions

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work done 10.1 Met
Negative for Inducible Ischaemia
and asthma

Physician

Technician

Parkavis

Dr. N. SUBRAMANIAN
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Reg. No. 14878

Name	SIVAKUMARAN VA	ID	MED111368953
Age & Gender	35Year(s)/MALE	Visit Date	11/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size (14.8 cm) and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal (12 cm).

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 10.1 x 4.3 cms.

The left kidney measures 11.1 x 4.9 cms.

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

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

Name	SIVAKUMARAN VA	ID	MED111368953
Age & Gender	35Year(s)/MALE	Visit Date	11/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

The prostate measures 2.9 x 3.5 x 2.9 cms and is normal sized with a volume of 15.8 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **No significant abnormality detected.**

DR. S.RAJAGOPAL MBBS.,

CONSULTANT SONOLOGIST