



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1964



H-2015-0297



MC-3004



E-2021-0037



### CONCLUSION OF HEALTH CHECKUP

ECU Number	: 5935	MR Number	: 21042081	Patient Name	: JALPA A PANDYA
Age	: 41	Sex	: Female	Height	: 158
Weight	: 61	Ideal Weight	: 58	BMI	: 24.44
Date	: 23/09/2023				

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

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# BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



ECU Number : 5935                      MR Number : 21042081                      Patient Name: JALPA A PANDYA  
Age : 41                                      Sex : Female                                      Height : 158  
Weight : 61                                      Ideal Weight : 58                                      BMI : 24.44  
Date : 23/09/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : BOTH PARENTS ARE HEALTHY

Habits : NIL

Gen.Exam. : NONE

B.P : 110/70 mm Hg

Pulse : 72/MIN REG.

Others : SPO2 96 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

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ECU Number : 5935  
Age : 41  
Weight : 61  
Date : 23/09/2023

MR Number : 21042081  
Sex : Female  
Ideal Weight : 58

Patient Name : JALPA A PANDYA  
Height : 158  
BMI : 24.44

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

Vision Without Glasses

6/12

6/12

Vision With Glasses

6/6 - 0.50 CYL ! 90

6/6 - 0.50 CYL ! 90

Final Correction

N.6

N.6

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Inguinal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

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Patient Name : JALPA A PANDYA

Age : 41

Sex : Female

Height : 158

Weight : 61

Ideal Weight : 58

BMI : 24.44

Date : 23/09/2023

**Gynaec Check Up :**

OBSTETRIC HISTORY (1) FT LSCS : MALE -- 4-1/2 YRS.

MENSTRUAL HISTORY -

PRESENT MENSTRUAL CYCLE LMP : 27/08/23

PAST MENSTRUAL CYCLE DELAYED CYCLE

CHIEF COMPLAINTS K/C/O PCOD

PA SOFT

Cx - (N) Vg - (N)

PV

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE FOLLOWUP WITH REPORTS.

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Dietary Assessment

ECU Number : 5935 MR Number : 21042081 Patient Name : JALPA A PANDYA  
Age : 41 Sex : Female Height : 158  
Weight : 61 Ideal Weight : 58 BMI : 24.44  
Date : 23/09/2023

Body Type : Normal / Underweight / Overweight

Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / Week or occasional

Amount of water consumed / day : Glasses / liters

Life style assessment :

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.

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 Gender / Age : Female / 41 Years 6 Months  
 MR No / Bill No. : 21042081 / 242023523  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 160992  
 Request Date : 23/09/2023 09:05 AM  
 Collection Date : 23/09/2023 09:21 AM  
 Approval Date : 23/09/2023 02:34 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.68	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.7	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>82.7</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.2	pg	27 - 32
MCH Concentration (MCHC)	34.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.6	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	7.10	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	61	%	40 - 80
Lymphocytes	32	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	4.39	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.30	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.08</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.29	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	335	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done		
ESR	<b>40</b>	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before making any final diagnosis.

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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Vesmetic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameet Soni  
MD (Path)

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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method  
Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro  
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	94	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	114	mg/dL	70 - 140

Rv Hexokinase method on RXL Dade Dimesion

--- End of Report ---

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.3	%	
estimated Average Glucose (e AG) *	105.41	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	(Nondiabetic level)

---- End of Report ----

Dr. Ameet Soni  
MD (Path)

Dr. Rakesh Vaidya  
MD (Path). DCP.

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.45	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.34	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	19	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	30	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	63	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	22	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.50	gm/dL	6.4 - 8.2
Albumin	3.69	gm/dL	3.4 - 5
Globulin	3.81	gm/dL	3 - 3.2
A : G Ratio	<b>0.97</b>		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimesion.)</i>			

--- End of Report ---

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MD (Path)

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i> < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High	80	mg/dL	1 - 150
Total Cholesterol <i>(By enzymatic colorimetric method on RXL Dade Dimension)</i> <200 mg/dL - Desirable 200-239 mg/dL - Borderline High 239 mg/dL - High	<b>214</b>	mg/dL	1 - 200
HDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> < 40 Low > 60 High	<b>61</b>	mg/dL	40 - 60
Non HDL Cholesterol (calculated) <i>(Non- HDL Cholesterol)</i> < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High	153	mg/dL	1 - 130
LDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High	<b>138</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.26		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	3.51		3.5 - 5

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### Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.16	ng/ml	
-----------------------	------	-------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
1-11 months : 0.1 - 2.45  
1-5 years : 0.1 - 2.7  
6-10 years : 0.9 - 2.4  
11-15 years : 0.8 - 2.1  
16-20 years : 0.8 - 2.1  
Adults (20 - 50 years) : 0.7 - 2.0  
Adults (> 50 years) : 0.4 - 1.8  
Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroxine (T4)	7.54	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
1 - 2 weeks : 9.8 - 16.6  
1 - 4 months : 7.2 - 14.4  
4 - 12 months : 7.8 - 16.5  
1-5 years : 7.3 - 15.0  
5 - 10 years : 6.4 - 13.3  
10 - 20 years : 5.6 - 11.7  
Adults / male : 4.6 - 10.5  
Adults / female : 5.5 - 11.0  
Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroid Stimulating Hormone (US-TSH)	3.48	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
2-20 weeks : 1.7 - 9.1  
5 months - 20 years : 0.7 - 6.4  
Adults (21 - 54 years) : 0.4 - 4.2  
Adults (> 55 years) : 0.5 - 8.9  
Pregnancy :  
1st trimester : 0.3 - 4.5  
2nd trimester : 0.5 - 4.6  
3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	15	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.61	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	4.8	mg/dL	2.2 - 5.8

--- End of Report ---

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	10	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Trace		Negative
Leucocytes	1+		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

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**X-Ray Chest AP**

Both lung fields are clear.  
 Both costophrenic sinuses appear clear.  
 Heart size is normal.  
 Hilar shadows show no obvious abnormality.  
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD.**  
 Consultant Radiologist







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Patient No. : 21042081      Report Date : 23/09/2023  
Request No. : 190081835      23/09/2023 9.05 AM  
Patient Name : Mrs. JALPA A PANDYA  
Gender / Age : Female / 41 Years 6 Months

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and shows increased in echo pattern.** No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

**Gall bladder is well distended and shows calculus measures around 4mm.** Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen. No ascites.

**COMMENT:**

- **Fatty liver.**
  - **Tiny GB calculus.**
- Kindly correlate clinically*

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD.**  
Consultant Radiologist





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- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21042081      Report Date : 23/09/2023  
 Request No. : 190081856      23/09/2023 9.05 AM  
 Patient Name : **Mrs. JALPA A PANDYA**  
 Gender / Age : Female / 41 Years 6 Months

**Mammography (Both Breast)**

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show dense fibro glandular parenchyma(Type C breast).

No obvious focal mass seen on either side.  
 No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.  
 No obvious skin thickening or nipple retraction seen.  
 Right benign axillary lymph nodes seen.

**IMPRESSION:**

Dense breasts.No obvious mass lesion.

Kindly correlate clinically /Follow up with usg sos.

**BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.**

**INFORMATION REGARDING MAMMOGRAMS:**

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr.Ravij Patel, M.D**  
 Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

Name: Jalpa a pandya -  
Patient ID: Ecu 21042081

23.09.2023 09:46:29  
Standard 12-Lead

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Age: Female  
Gender: Female

Ref. phys.

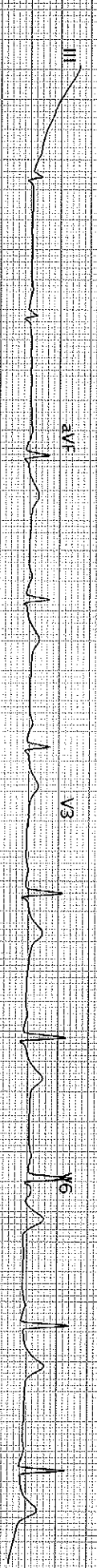
Pacemaker: Unknown

Remark:

HR 62 bpm RR 961 ms  
P 111 ms  
PR 162 ms  
P axis 27° QRS 89 ms  
QRS axis 30° QT 405 ms  
T axis 20° QTcB 413 ms

Unconfirmed report

*Review*



25 mm/s 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s 10 mm/mV

LP 25HZ AC 50HZ

AT 102 G2 12.0 (1080-011030)

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Part No Z.157048M

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 BHAILAL AMIN MARG,  
 VADODARA-3, PH-(0265) 3956222

**Station**  
 Telephone: 0265-3956222,3956024.

## EXERCISE STRESS TEST REPORT

Patient Name: JALPA A PANDYA,  
 Patient ID: 01258  
 Height:  
 Weight:

DOB: 25.03.1982  
 Age: 41yrs  
 Gender: Female  
 Race: Indian

Study Date: 23.09.2023  
 Test Type: Treadmill Stress Test  
 Protocol: BRUCE

Referring Physician: ARCOFEMI  
 Attending Physician: DR V.C.CHAUHAN  
 Technician: PRATAP RATHVA

Medications:

Medical History:

Reason for Exercise Test:  
 Screening for CAD

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:23	0.00	0.00	85	120/80	
	HYPERV.	00:01	0.00	0.00	85		
	WARM UP	00:12	1.00	0.00	85		
EXERCISE	STAGE 1	01:01	1.70	10.00	117	120/80	
	STAGE 2	03:00	2.50	12.00	157	130/80	
	STAGE 3	01:31	3.40	14.00	164	140/80	
RECOVERY		02:20	0.00	0.00	116	140/80	

The patient exercised according to the BRUCE for 5:30 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 88 bpm rose to a maximal heart rate of 164 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 141/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
 Functional Capacity: normal.  
 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

Good effort tolerance. Normal HR and BP response. No ANGINA // ARRYTHMIAS noted during test. No Significant ST-T changes noted during, Peak exercise and Recovery. Stress test NEGATIVE for Inducible myocardial ischemia

CONFIRMED BY : DR V.C.CHAUHAN