

<b>Customer Name</b>	<b>MRS.ANKITA</b>	<b>Customer ID</b>	<b>MED111209695</b>
<b>Age &amp; Gender</b>	<b>31Y/FEMALE</b>	<b>Visit Date</b>	<b>23/07/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 151.5 cms  
Weight : 80.7 kg  
BMI : 35.1 kg/m<sup>2</sup>

BP: 130/100 mmhg  
Pulse: 102/ min, regular

#### Systemic Examination:

CVS: S1 S2 heard;  
RS : NVBS +.  
Abd : Soft.  
CNS : NAD

#### Blood report:

All blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

USG Whole abdomen – Hepatomegaly with fatty changes; polycystic appearing ovaries.

Eye Test – Normal study (with glass).

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

#### Impression & Advice:

USG Whole abdomen – Hepatomegaly with fatty changes; polycystic appearing ovaries. To consult a gastroenterologist / gynecologist for further evaluation.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A.M.B.B.S. (P)  
MHC Physician Consultant  
MediWheel Care and Diagnostics Pvt. Ltd.



Name	ANKITA	Customer ID	MED111209695
Age & Gender	31Y/F	Visit Date	Jul 23 2022 9:49AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



**Dr. Rama Krishnan. MD, DNB.,  
Consultant Radiologist,  
Medall Healthcare Pvt Ltd.**



Customer Name	MRS.ANKITA	Customer ID	MED111209695
Age & Gender	31Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		

### **SONOGRAM REPORT**

#### **WHOLE ABDOMEN**

Suboptimal study due to poor penetration of abdominal fat

The liver is enlarged in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is contracted.

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 the IVC are normal.

The spleen is normal.

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 11.0 x 5.3 cm.

The left kidney measures 10.5 x 5.7 cm.

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.

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

through our App. Scan QR code to download the App.



reports. Request you to provide your mobile number or customer id during your subsequent visits.

Precision Diagnostics-vadapalani

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

<b>Customer Name</b>	<b>MRS.ANKITA</b>	<b>Customer ID</b>	<b>MED111209695</b>
<b>Age &amp; Gender</b>	<b>31Y/FEMALE</b>	<b>Visit Date</b>	<b>23/07/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



Precision Diagnostics-vadapalani

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

Customer Name	MRS.ANKITA	Customer ID	MED111209695
Age & Gender	31Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		



Name : Mrs. ANKITA  
PID No. : MED111209695  
SID No. : 222013245  
Age / Sex : 31 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
Collection On : 23/07/2022 11:35 AM  
Report On : 23/07/2022 5:53 PM  
Printed On : 25/07/2022 11:14 AM



**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin

(EDTA Blood/Spectrophotometry)

12.6

g/dL

12.5 - 16.0

Packed Cell Volume(PCV)/Haematocrit

(EDTA Blood/Derived from Impedance)

37.6

%

37 - 47

RBC Count

(EDTA Blood/Impedance Variation)

4.35

mill/cu.mm

4.2 - 5.4

Mean Corpuscular Volume(MCV)

(EDTA Blood/Derived from Impedance)

86.4

fL

78 - 100

Mean Corpuscular Haemoglobin(MCH)

(EDTA Blood/Derived from Impedance)

29.1

pg

27 - 32

Mean Corpuscular Haemoglobin concentration(MCHC)

(EDTA Blood/Derived from Impedance)

33.7

g/dL

32 - 36

RDW-CV

(EDTA Blood/Derived from Impedance)

13.8

%

11.5 - 16.0

RDW-SD

(EDTA Blood/Derived from Impedance)

43.1

fL

39 - 46

Total Leukocyte Count (TC)

(EDTA Blood/Impedance Variation)

7850

cells/cu.mm

4000 - 11000

Neutrophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

60.5

%

40 - 75

Lymphocytes

(EDTA Blood/Impedance Variation & Flow Cytometry)

23.2

%

20 - 45


Eosinophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

**10.0**

%

01 - 06

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

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, .

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name : Mrs. ANKITA  
 PID No. : MED111209695  
 SID No. : 222013245  
 Age / Sex : 31 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
 Collection On : 23/07/2022 11:35 AM  
 Report On : 23/07/2022 5:53 PM  
 Printed On : 25/07/2022 11:14 AM



Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
<b>INTERPRETATION:</b> 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)	4.74	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.82	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.79</b>	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.46	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	204	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	<b>13.4</b>	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.275	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	<b>31</b>	mm/hr	< 20
BUN / Creatinine Ratio	10.98		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

APPROVED BY

The results pertain to sample tested.

Page 2 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name : Mrs. ANKITA  
 PID No. : MED111209695  
 SID No. : 222013245  
 Age / Sex : 31 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
 Collection On : 23/07/2022 11:35 AM  
 Report On : 23/07/2022 5:53 PM  
 Printed On : 25/07/2022 11:14 AM



**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**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)  
 (Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)  
 (Plasma - PP/GOD-PAP)

95.5 mg/dL

70 - 140

**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours)  
 (Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)  
 (Serum/Urease UV / derived)

6.7 mg/dL

7.0 - 21

Creatinine  
 (Serum/Modified Jaffe)

0.61 mg/dL

0.6 - 1.1

**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)

4.9 mg/dL

2.6 - 6.0

**Liver Function Test**

Bilirubin(Total)  
 (Serum/DCA with ATCS)

0.52 mg/dL

0.1 - 1.2

Bilirubin(Direct)  
 (Serum/Diazotized Sulfanilic Acid)

0.17 mg/dL

0.0 - 0.3

Bilirubin(Indirect)  
 (Serum/Derived)

0.35 mg/dL

0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)  
 (Serum/Modified IFCC)

31.5 U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)  
 (Serum/Modified IFCC)

45.1 U/L

5 - 41

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

APPROVED BY

The results pertain to sample tested.

Page 3 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



Name : Mrs. ANKITA  
PID No. : MED111209695  
SID No. : 222013245  
Age / Sex : 31 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
Collection On : 23/07/2022 11:35 AM  
Report On : 23/07/2022 5:53 PM  
Printed On : 25/07/2022 11:14 AM



**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

GGT(Gamma Glutamyl Transpeptidase)  
(Serum/IFCC / Kinetic)

33.7

U/L

< 38

Alkaline Phosphatase (SAP)  
(Serum/Modified IFCC)

107.8

U/L

42 - 98

Total Protein  
(Serum/Biuret)

7.76

gm/dl

6.0 - 8.0

Albumin  
(Serum/Bromocresol green)

4.25

gm/dl

3.5 - 5.2

Globulin  
(Serum/Derived)

3.51

gm/dL

2.3 - 3.6

A : G RATIO  
(Serum/Derived)

1.21

1.1 - 2.2

**Lipid Profile**

Cholesterol Total  
(Serum/CHOD-PAP with ATCS)

163.7

mg/dL

Optimal: < 200  
Borderline: 200 - 239  
High Risk: >= 240

Triglycerides  
(Serum/GPO-PAP with ATCS)

141.4

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/Immuno-inhibition)

36.7

mg/dL

Optimal(Negative Risk Factor): >= 60  
Borderline: 50 - 59  
High Risk: < 50

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

APPROVED BY

The results pertain to sample tested.

Page 4 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name : Mrs. ANKITA  
 PID No. : MED111209695  
 SID No. : 222013245  
 Age / Sex : 31 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
 Collection On : 23/07/2022 11:35 AM  
 Report On : 23/07/2022 5:53 PM  
 Printed On : 25/07/2022 11:14 AM



Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	98.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	28.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	127.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.5		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
-----------------------------	-----	---	---

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

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

APPROVED BY

The results pertain to sample tested.

Page 5 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name : Mrs. ANKITA  
PID No. : MED111209695  
SID No. : 222013245  
Age / Sex : 31 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
Collection On : 23/07/2022 11:35 AM  
Report On : 23/07/2022 5:53 PM  
Printed On : 25/07/2022 11:14 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

Estimated Average Glucose  
(Whole Blood)

108.28

mg/dL

**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 glycemc 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**

T3 (Triiodothyronine) - Total

(Serum/Chemiluminescent Immunometric Assay (CLIA))

1.59

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))

8.08

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))

3.36

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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

APPROVED BY

The results pertain to sample tested.

Page 6 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name : Mrs. ANKITA  
PID No. : MED111209695  
SID No. : 222013245  
Age / Sex : 31 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
Collection On : 23/07/2022 11:35 AM  
Report On : 23/07/2022 5:53 PM  
Printed On : 25/07/2022 11:14 AM



**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

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

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

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

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 7 of 7

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

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

31years  
Female

Vent. rate 85 bpm  
PR interval 136 ms  
QRS duration 72 ms  
QT/QTc 368/437 ms  
P-R-T axes 43 61 1

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



Test ind:

Unconfirmed



MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:04:14

84bpm  
BP: 130/80

PRETEST  
SUPINE  
0:53

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:04:55

90bpm  
BP: 130/80

PRETEST  
STANDING  
1:34

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:05:11

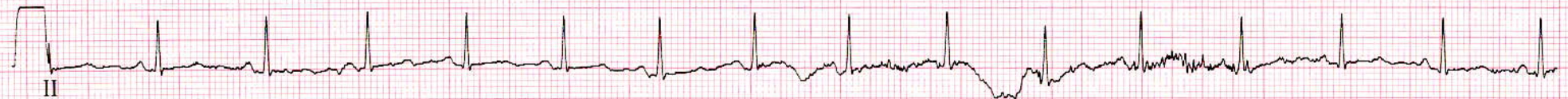
91bpm  
BP: 130/80

PRETEST  
HYPERVENT  
1:50

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:08:50

130bpm

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:11:50

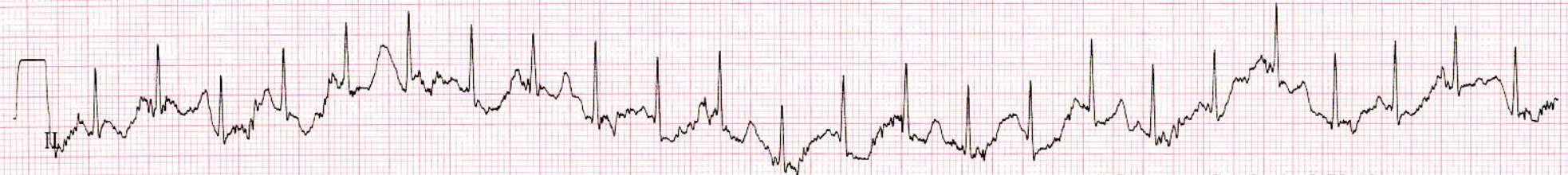
149bpm

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:14:52

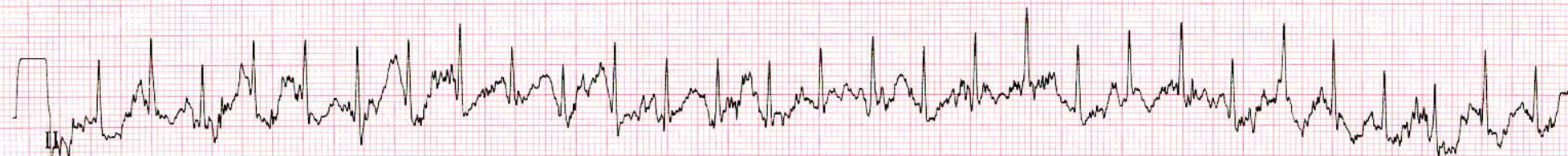
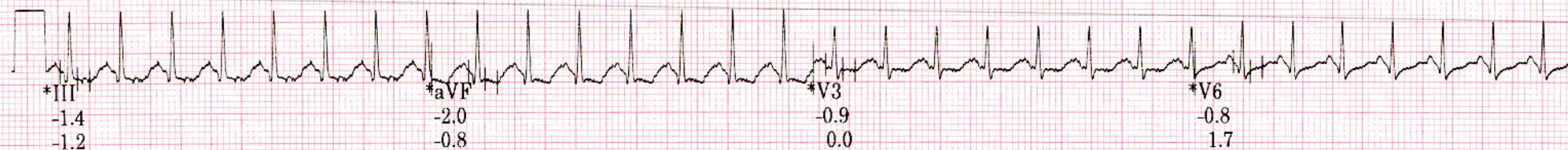
179bpm

EXERCISE  
STAGE 3  
8:52

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
 ID: 111209695  
 23-Jul-2022  
 12:15:52

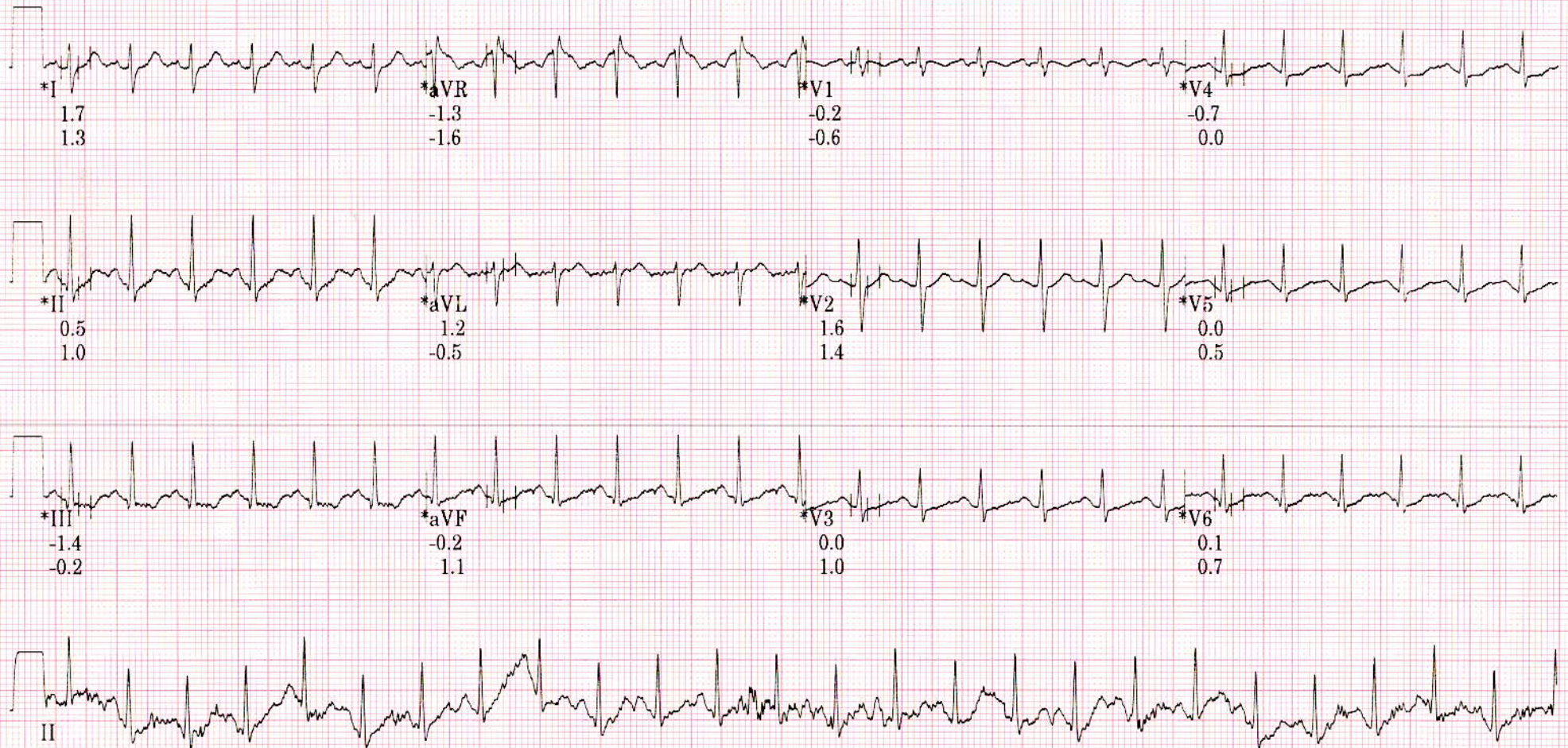
150bpm

RECOVERY  
 RECOVERY  
 1:00

BRUCE  
 1.7mph  
 0.0%

ST @ 10mm/mV  
 80ms postJ

Lead  
 ST(mm)  
 Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

0

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:16:52

127bpm

RECOVERY  
RECOVERY  
2:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:17:52

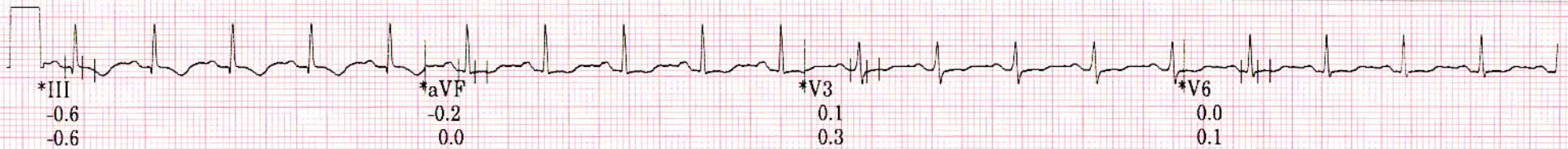
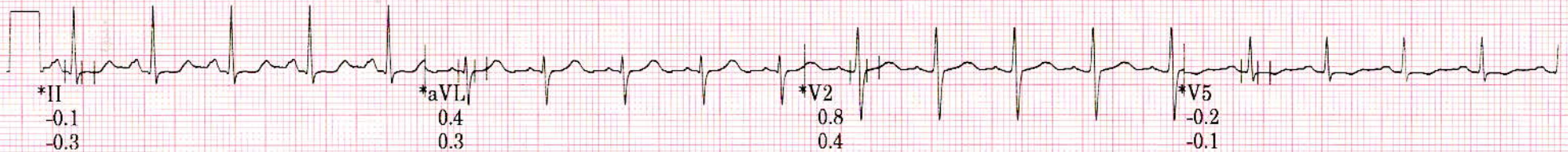
116bpm

RECOVERY  
RECOVERY  
3:00

BRUCE  
\*\*\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:18:52

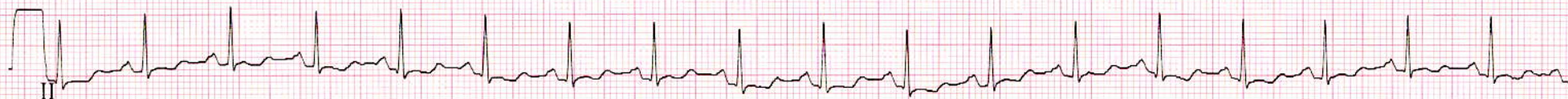
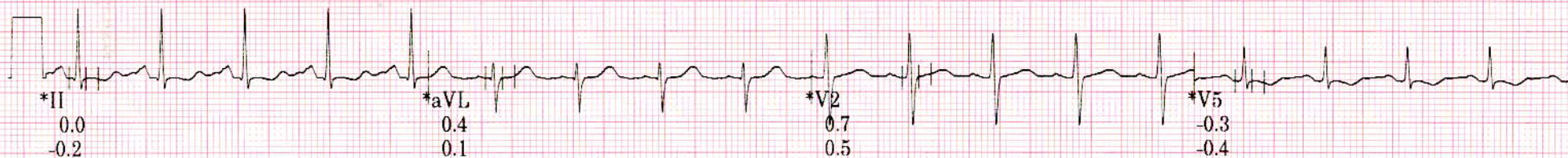
110bpm

RECOVERY  
RECOVERY  
4:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:19:52

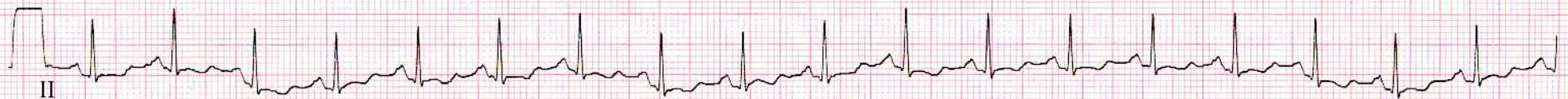
111bpm

RECOVERY  
RECOVERY  
5:00

BRUCE  
\*\* \*mph  
\*\* \*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:20:52

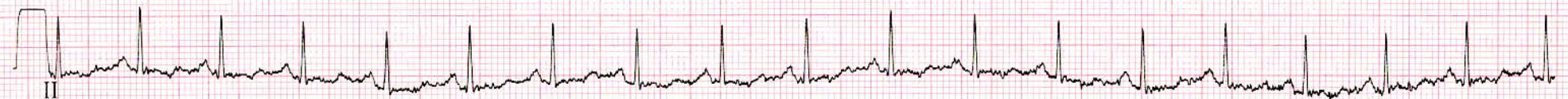
111bpm

RECOVERY  
RECOVERY  
6:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS ANKITA, S  
ID: 111209695  
23-Jul-2022  
12:21:52

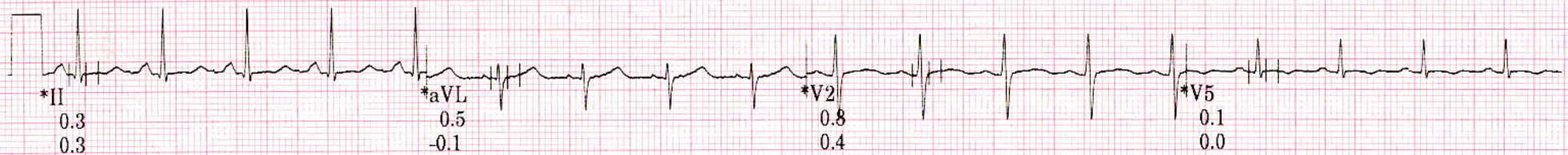
108bpm

RECOVERY  
RECOVERY  
7:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

SELECTED MEDIANS REPORT

MRS ANKITA, S  
ID: 111209695

31years

Female

BRUCE

Max HR: 179bpm 94% of max predicted 189bpm

Max BP: 130/80

Total Exercise time: 8:52

Maximum workload: 10.1METS

25.0 mm/s

10.0 mm/mV

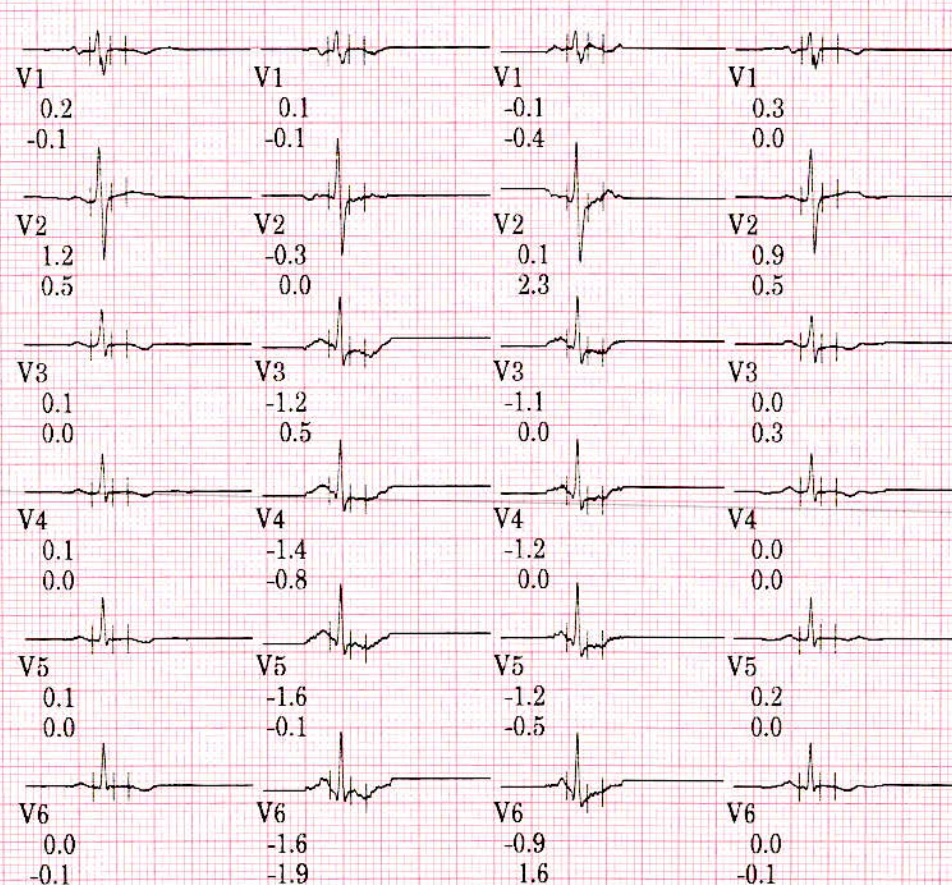
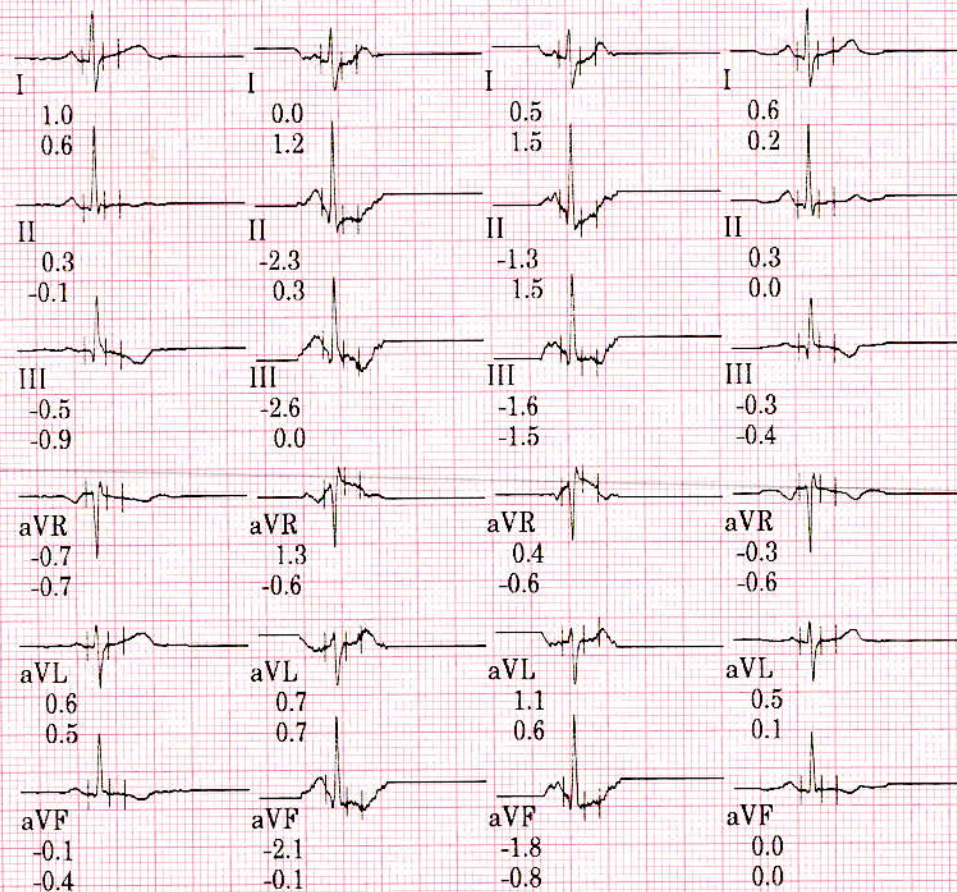
100hz

23-Jul-2022  
12:03:21

Test ind:

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	6:36	8:52	7:14
93bpm	162bpm	179bpm	110bpm
BP: 130/80			

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	6:36	8:52	7:14
93bpm	162bpm	179bpm	110bpm
BP: 130/80			



Unconfirmed

# GRADED EXERCISE SUMMARY

MRS ANKITA, S  
ID: 111209695

31years

Female

23-Jul-2022  
12:03:21

BRUCE

Max HR: 179bpm 94% of max predicted 189bpm

Max BP: 130/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 8:52

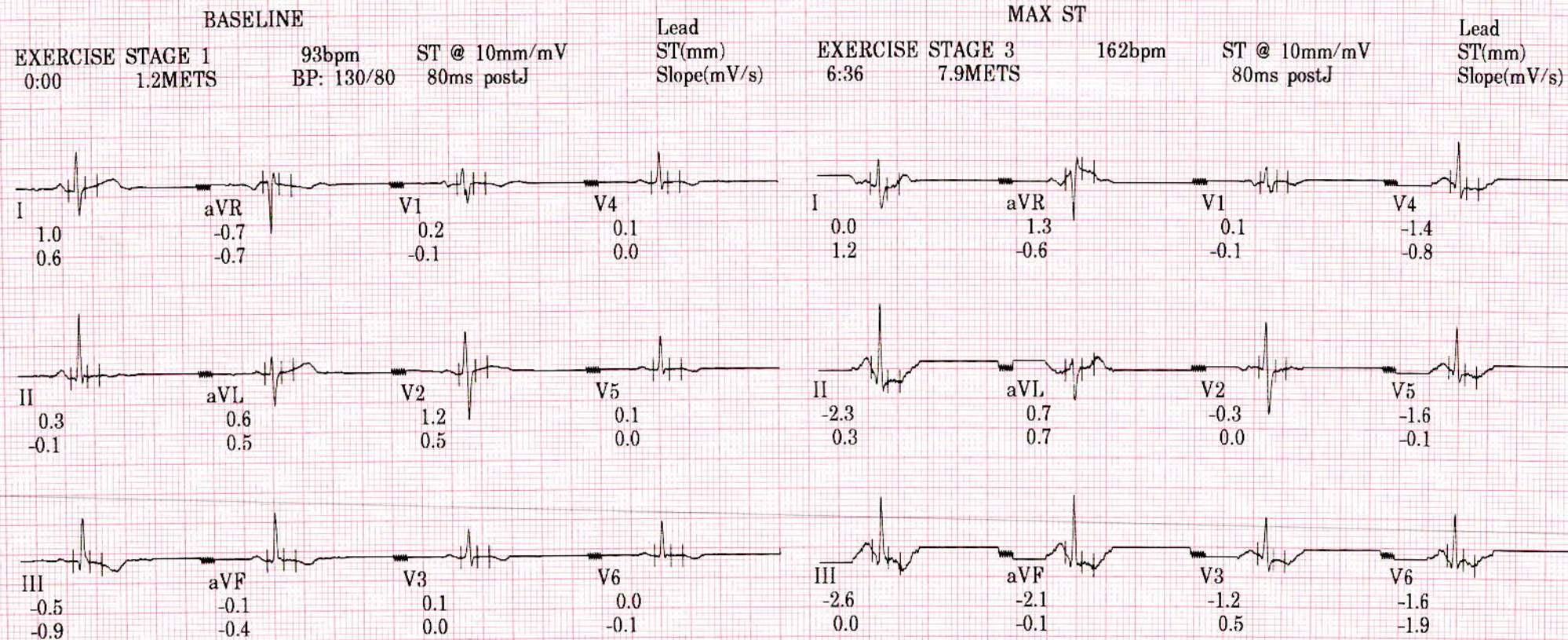
Maximum workload: 10.1METS

25.0 mm/s

10.0 mm/mV

100hz

Test ind:



Unconfirmed

TABULAR SUMMARY REPORT

MRS ANKITA, S  
ID: 111209695

31years

Female

23-Jul-2022  
12:03:21

BRUCE

Max HR: 179bpm 94% of max predicted 189bpm

Max BP: 130/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 8:52

Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:10	***	***	1.0	84	130/80	109
	STANDING	0:37	***	***	1.0	91	130/80	118
	HYPERVENT	0:52	0.8	0.0	1.2	93	130/80	121
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	132		
	STAGE 2	3:00	2.5	12.0	7.0	151		
	STAGE 3	2:52	3.4	14.0	10.1	179		
RECOVERY	RECOVERY	7:14	***	***	1.0	110		



*ST in infer. + anter. lead  
TMT (true)  
Lover*

Unconfirmed

SELECTED MEDIANS REPORT

MRS ANKITA, S  
ID: 111209695

31years

Female

23-Jul-2022  
12:03:21

BRUCE

Total Exercise time: 8:52

25.0 mm/s  
10.0 mm/mV  
100hz

Max HR: 179bpm 94% of max predicted 189bpm

Max BP: 130/80

Maximum workload: 10.1METS

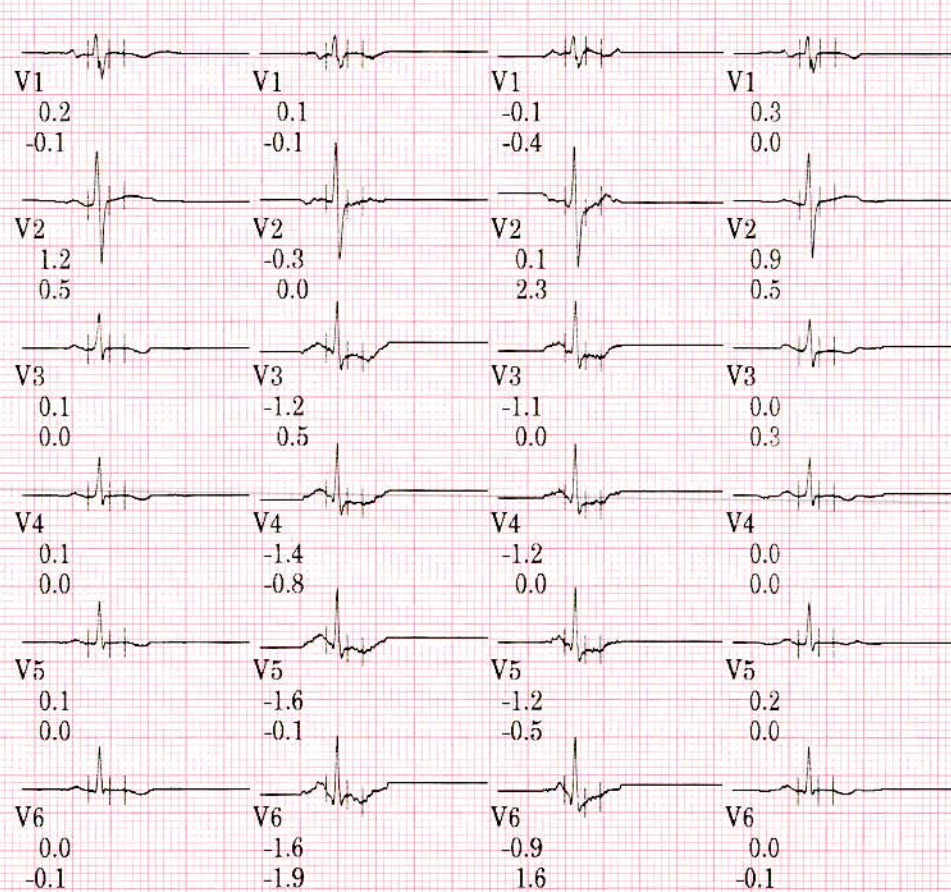
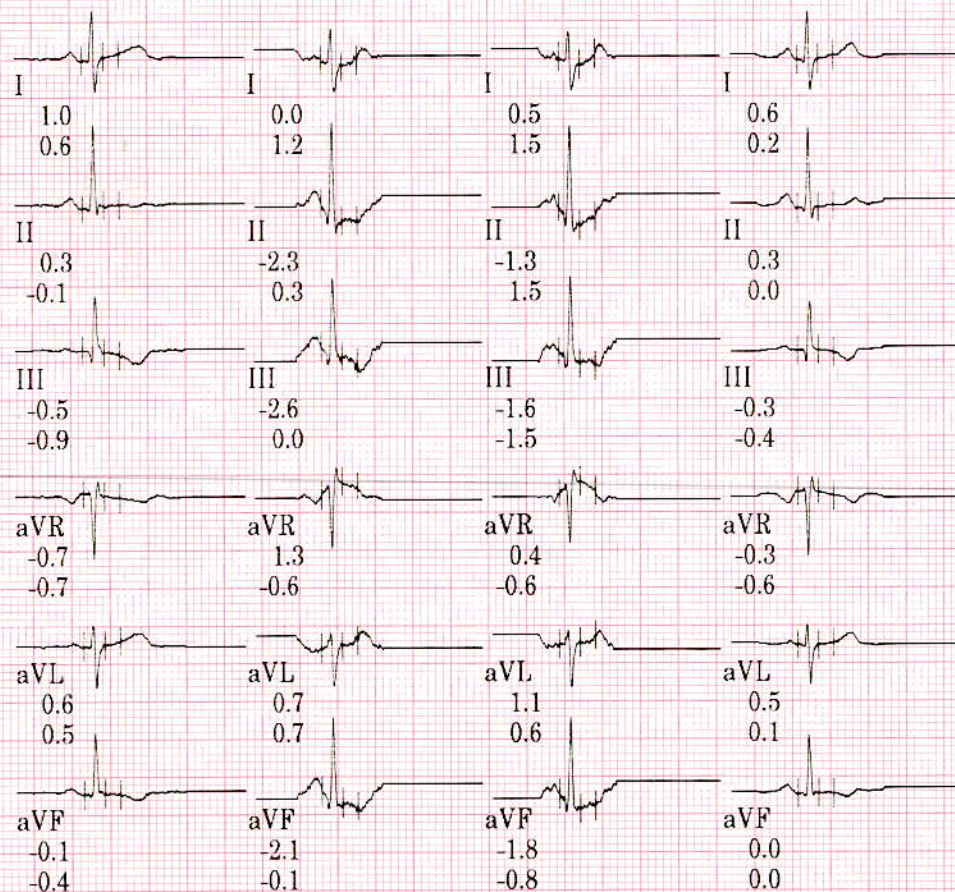
Reason for Termination: Leg discomfort

Comments:

Test ind:

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	6:36	8:52	7:14
93bpm	162bpm	179bpm	110bpm
BP: 130/80			

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	6:36	8:52	7:14
93bpm	162bpm	179bpm	110bpm
BP: 130/80			



Unconfirmed