

Health Check up Booking Confirmed Request(bobE50205),Package Code-PKG10000242,
Beneficiary Code-14139

Mediwheel <wellness@mediwheel.in>

Thu 11/16/2023 4:16 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Hi **Manipal Hospitals,**

Diagnostic/Hospital Location :**NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment, City:Ghaziabad**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000242

Beneficiary Name : MR. MUNISH

Member Age : 49

Member Gender : Male

Member Relation: Employee

Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40

Location : DHINDHAWALI,Uttar Pradesh-251318

Contact Details : 7599245464

Booking Date : 07-11-2023

Appointment Date : 25-11-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.



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Department Of Laboratory Medicine
LABORATORY REPORT

Name : MR MUNISH
Registration No : MH011510787
Patient Episode : O03001230252
Referred By : MANIPAL HOSPITALS GHAZIABAD
Receiving Date : 25 Nov 2023 20:32

Age : 52 Yr(s) Sex :Male
Lab No : 32231110363
Collection Date : 25 Nov 2023 20:17
Reporting Date : 26 Nov 2023 07:32

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.390	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	9.230	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	2.510	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

- * References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

-----END OF REPORT-----

Neelam Singal

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





LABORATORY REPORT

Name : MR MUNISH Age : 52 Yr(s) Sex : Male
Registration No : MH011510787 Lab No : 32231110363
Patient Episode : O03001230252 Collection Date : 25 Nov 2023 20:17
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 26 Nov 2023 07:32
Receiving Date : 25 Nov 2023 20:32

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TOTAL PSA, Serum (ECLIA)	0.562	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage, urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name : MR MUNISH
Registration No : MH011510787
Patient Episode : H18000001479
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 12:19

Age : 52 Yr(s) Sex :Male
Lab No : 202311004059
Collection Date : 25 Nov 2023 09:51
Reporting Date : 25 Nov 2023 11:29

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SPECIMEN-EDTA Whole Blood			
COMPLETE BLOOD COUNT (AUTOMATED)			
RBC COUNT (IMPEDENCE)	4.78	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.2	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.1	%	[40.0-50.0]
MCV (DERIVED)	90.2	fL	[83.0-101.0]
MCH (CALCULATED)	29.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	224	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	11.1		
WBC COUNT(TC) (IMPEDENCE)	7.80	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	51.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	34.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR MUNISH	Age	: 52 Yr(s) Sex :Male
Registration No	: MH011510787	Lab No	: 202311004059
Patient Episode	: H18000001479	Collection Date	: 25 Nov 2023 12:19
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 18:26
Receiving Date	: 25 Nov 2023 12:19		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MR MUNISH
Registration No : MH011510787
Patient Episode : H18000001479
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 12:19

Age : 52 Yr(s) Sex :Male
Lab No : 202311004059
Collection Date : 25 Nov 2023 12:19
Reporting Date : 25 Nov 2023 14:27

CLINICAL PATHOLOGY

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour	BROWN
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

Microscopic Description

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	NIL
RBC	NIL
Others	NIL



LABORATORY REPORT

Name :	MR MUNISH	Age :	52 Yr(s) Sex :Male
Registration No :	MH011510787	Lab No :	202311004059
Patient Episode :	H18000001479	Collection Date :	25 Nov 2023 09:51
Referred By :	HEALTH CHECK MGD	Reporting Date :	25 Nov 2023 18:23
Receiving Date :	25 Nov 2023 12:19		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.9 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	123	mg/dl	

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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	190	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	155 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	42.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	31	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	117.0	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: MR MUNISH	Age	: 52 Yr(s) Sex :Male
Registration No	: MH011510787	Lab No	: 202311004059
Patient Episode	: H18000001479	Collection Date	: 25 Nov 2023 09:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:18
Receiving Date	: 25 Nov 2023 12:19		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	31.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	14.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.30 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.4	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	134.80 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.50	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: MR MUNISH	Age	: 52 Yr(s) Sex :Male
Registration No	: MH011510787	Lab No	: 202311004059
Patient Episode	: H18000001479	Collection Date	: 25 Nov 2023 09:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:17
Receiving Date	: 25 Nov 2023 12:19		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	62.7	ml/min/1.73sq.m	[>60.0]
Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.95	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.79	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.17	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.38		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	27.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR MUNISH Age : 52 Yr(s) Sex :Male
 Registration No : MH011510787 Lab No : 202311004059
 Patient Episode : H18000001479 Collection Date : 25 Nov 2023 09:51
 Referred By : HEALTH CHECK MGD Reporting Date : 25 Nov 2023 11:18
 Receiving Date : 25 Nov 2023 12:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	27.50	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	76.0	IU/L	[32.0-91.0]
GGT	47.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR MUNISH	Age	: 52 Yr(s) Sex :Male
Registration No	: MH011510787	Lab No	: 202311004060
Patient Episode	: H18000001479	Collection Date	: 25 Nov 2023 09:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:18
Receiving Date	: 25 Nov 2023 09:51		

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	106.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that 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, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

NOTE:
- Abnormal Values

-----END OF REPORT-----

Charu
Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR MUNISH Age : 52 Yr(s) Sex :Male
Registration No : MH011510787 Lab No : 202311004061
Patient Episode : H18000001479 Collection Date : 25 Nov 2023 14:58
Referred By : HEALTH CHECK MGD Reporting Date : 25 Nov 2023 16:08
Receiving Date : 25 Nov 2023 14:58

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	118.0	mg/dl	[80.0-140.0]
Note: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise			

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NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



RADIOLOGY REPORT

NAME	MR MUNISH	STUDY DATE	25/11/2023 12:04PM
AGE / SEX	52 y / M	HOSPITAL NO.	MH011510787
ACCESSION NO.	R6450556	MODALITY	US
REPORTED ON	25/11/2023 2:36PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears normal in size (measures 129 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 85 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 91 x 37 mm.

Left Kidney: measures 91 x 43 mm. It shows a concretion measuring 3.7 mm at mid calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 41 x 38 x 26 mm with volume 21 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade II fatty infiltration in liver.

-Left renal concretion.

Recommend clinical correlation.

Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MR MUNISH	STUDY DATE	25/11/2023 9:42AM
AGE / SEX	52 y / M	HOSPITAL NO.	MH011510787
ACCESSION NO.	R6450555	MODALITY	CR
REPORTED ON	25/11/2023 9:52AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**HEALTH CHECK RECORD**

Hospital No: MH011510787	Visit No: H18000001479
Name: MR MUNISH	Age/Sex: 52 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 25/11/2023 01:35PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -HC
SYSTEMIC/ OPHTHALMIC HISTORY - NIL

NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	15	16

FUNDUS EXAMINATION

A) VITREOUS

B) OPTIC DISC C:D 0.2 C:D 0.2

C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS

Right eye: +1.50 Dsp / + 0.50Dcyl x160 degree
Left eye:+ 1.50 Dsp /+ 0.50 Dcyl x 180degree

ADD :+2.25 Dsph N/6

DIAGNOSIS: MILD DRY EYES

ADVISE / TREATMENT

E/D NST /LUBREX 3 TIMES DAILY BE X3 MONTHS
REVIEW AFTER 6 MONTHS

Anant Vir Jain

DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmology)"
Reg. No.: 18126

munish

ID: 011510787

25-Nov-2023 10:22:59

Manipal Hospitals, Chaziabed

52years

Male

Caucasian

68 bpm

Normal sinus rhythm

52years

Male

Caucasian

68 bpm

Normal sinus rhythm

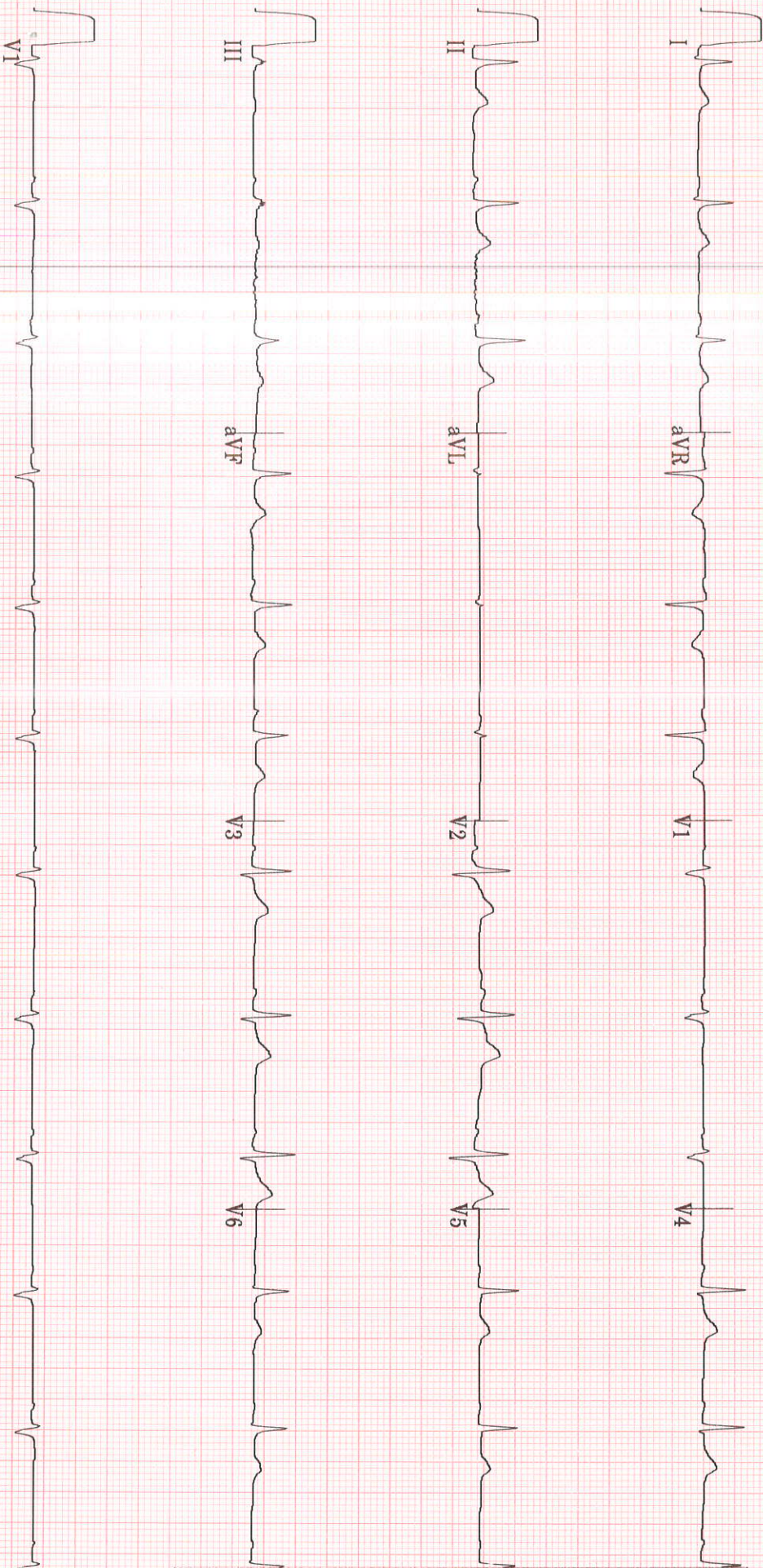
Manipal Hospitals, Chaziabed

Vent. rate	68 bpm
PR interval	144 ms
QRS duration	76 ms
QT/QTc	374/397 ms
P-R-T axes	32 52 46

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz

25.0 mm/s

10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239



TMT INVESTIGATION REPORT

Patient Name	MIINTSH	Location	: Ghaziabad
Age/Sex	: 52Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011510787	Order Date	: 25/11/2023
Ref. Doctor	: HCP	Report Date	: 25/11/2023

Protocol : Bruce **MPHR** : 168BPM
Duration of exercise : 5min 04sec **85% of MPHR** : 142BPM
Reason for termination : THR achieved **Peak HR Achieved** : 160BPM
Blood Pressure (mmHg) : Baseline BP : 122/86mmHg **% Target HR** : 95%
Peak BP : 134/90mmHg **METS** : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	122/86	Nil	No ST changes seen	Nil
STAGE 1	3:00	132	122/86	Nil	No ST changes seen	Nil
STAGE 2	2:04	157	134/90	Nil	No ST changes seen	Nil
RECOVERY	3:30	94	124/90	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.


Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

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Page 1 of 2

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