

Standard

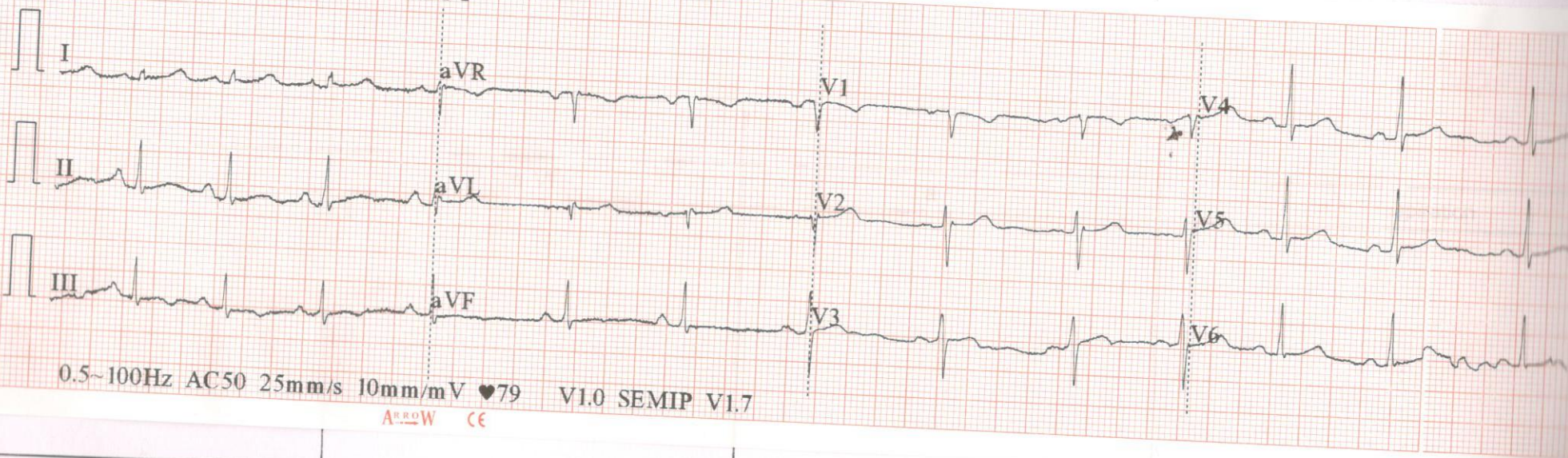
L I

L II

L III

L III Inspiration

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on

V1	V2	V3	
	V6	Standard	

Dr. INDUSARATH.S. MBBS,MD,DNB
 Regd. No: 41954
 DDRC SRL, KANNUR

ID:
 SOWMYA NAYAK
 Female / mmHg
 26Years
 cm kg
*Td in II, IV,
 sinus rhythm*

HR : 79 bpm
 P : 103 ms
 PR : 153 ms
 QRS : 70 ms
 QT/QTc : 362/417 ms
 P/QRS/T : 67/61/22 °
 RV5/SV1 : 0.961/0.415 mV



DIAGNOSTIC REPORTPatient Ref. No. **66600002615389**

CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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DDRC SRL DIAGNOSTICS
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SOWMYA NAYAKPATIENT ID : **SOWMF201295405**ACCESSION NO : **4053VL000893** AGE : 26 Years SEX : Female

ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:44

REPORTED : 10/12/2022 15:39

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**TREADMILL TEST**

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	9	Adult(<60 yrs) : 6 to 20	mg/dL
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BUN/CREAT RATIO

BUN/CREAT RATIO	15	5.00 - 15.00	
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CREATININE, SERUM

CREATININE	0.60	18 - 60 yrs : 0.6 - 1.1	mg/dL
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GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	116	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA	87	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
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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	197	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
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TRIGLYCERIDES	81	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
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HDL CHOLESTEROL	59	General range : 40-60	mg/dL
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DIRECT LDL CHOLESTEROL		123	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		138	mg/dL
		High Desirable-Less than 130 Above Desirable-130-159 Borderline High-160-189 High-190-219 Very High- >or =220	
CHOL/HDL RATIO		3.3	
		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		2.1	
		0.5-3 Desirable/Low risk 3.1-6 Borderline/Moderate risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN		16.1	mg/dL
		</= 30.0	
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL		0.90	mg/dL
		General Range : < 1.1	
BILIRUBIN, DIRECT		0.16	mg/dL
		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.74	mg/dL
		High 0.00 - 0.60	
TOTAL PROTEIN		7.2	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.5	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		2.7	g/dL
		2.0 - 4.0	
ALBUMIN/GLOBULIN RATIO		1.7	RATIO
		1.0 - 2.0	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		12	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		9	U/L
		Adults : < 34	
ALKALINE PHOSPHATASE		73	U/L
		Adult(<60yrs) : 35 - 105	
GAMMA GLUTAMYL TRANSFERASE (GGT)		17	U/L
		Adult(female) : < 40	
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		7.2	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
URIC ACID, SERUM			
URIC ACID		3.8	mg/dL
		Adults : 2.4-5.7	
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		TYPE O	
RH TYPE		POSITIVE	



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BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	13.2	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.81	High 3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	5.09	4.0 - 10.0	thou/ μ L
PLATELET COUNT	337	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	39.7	36 - 46	%
MEAN CORPUSCULAR VOL	82.5	Low 83 - 101	fL
MEAN CORPUSCULAR HGB.	27.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.2	31.5 - 34.5	g/dL
MENTZER INDEX	17.2		
MEAN PLATELET VOLUME	9.3	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	54	40 - 80	%
LYMPHOCYTES	39	20 - 40	%
MONOCYTES	1	Low 2 - 10	%
EOSINOPHILS	5	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.75	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	1.99	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.05	Low 0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.25	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	13	0 - 20	mm at 1 hr
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STOOL: OVA & PARASITE

COLOUR	BROWN		
CONSISTENCY	SEMI LIQUID		
ODOUR	FAECAL		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES	0-1	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF



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ACCESSION NO : 4053VL000893 **AGE :** 26 Years **SEX :** Female **ABHA NO :**
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CYSTS		NOT DETECTED	NOT DETECTED
OVA		NOT DETECTED	
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
THYROID PANEL, SERUM			
T3		120.80	80.00 - 200.00 ng/dL
T4		8.29	5.10 - 14.10 µg/dl
TSH 3RD GENERATION		1.420	Non-Pregnant : 0.4 - 4.2 µIU/mL
			Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3
PHYSICAL EXAMINATION, URINE			
COLOR		PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	
CHEMICAL EXAMINATION, URINE			
PH		5	4.7 - 7.5
SPECIFIC GRAVITY		1.020	1.003 - 1.035
PROTEIN		DETECTED (TRACE)	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		1 - 2	NOT DETECTED /HPF
WBC		15-20	0-5 /HPF
EPITHELIAL CELLS		5-7	0-5 /HPF
CASTS		ABSENT	
CRYSTALS		ABSENT	
BACTERIA		NOT DETECTED	NOT DETECTED

Interpretation(s)
 SERUM BLOOD UREA NITROGEN-





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Causes of Increased levels

- Pre renal
 - High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
 - Renal Failure
- Post Renal
 - Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- 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-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

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 addition 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
- LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are



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associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
 Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
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

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's
 • Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
 • Drink plenty of fluids
 • Limit animal proteins
 • High Fibre foods
 • Vit C Intake
 • Antioxidant rich foods

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.



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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, Vasculitides, 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: Polycythemia 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





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KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SOWMYA NAYAK

PATIENT ID : SOWMF201295405

ACCESSION NO : 4053VL000893 AGE : 26 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 10/12/2022 08:44

REPORTED : 10/12/2022 15:39

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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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

JINSHA KRISHNAN
LAB TECHNOLOGIST

DR.INDUSARATH S
CONSULTANT PATHOLOGIST

SREENA A
LAB TECHNOLOGIST

KIRAN K
Msc Medical Biochemistry



Scan to View Details



Scan to View Report



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. SOLOMYA NAYAK
2. Mark of Identification	: (Mole/Scar/any other (specify location)):
3. Age/Date of Birth	: 26yr, 20-12-1995 Gender: (M)
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height 171 (cms)	b. Weight 50 (Kgs)	c. Girth of Abdomen 62 (cms)
d. Pulse Rate 70 (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	110 80
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	73	Dm	
Mother	54	Healthy	
Brother(s)			
Sister(s) (1)	36	Healthy	

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

Tobacco in any form	Sedative	Alcohol
No	No	No

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) | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? (Y/N) |
| b. Have you undergone/been advised any surgical procedure? (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 disorder of Gastrointestinal System? (Y/N) |
| • Any disorders of Respiratory system? (Y/N) | • Unexplained recurrent or persistent fever, and/or weight loss (Y/N) |
| • Any Cardiac or Circulatory Disorders? (Y/N) | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports (Y/N) |
| • Enlarged glands or any form of Cancer/Tumour? (Y/N) | • Are you presently taking medication of any kind? (Y/N) |
| • Any Musculoskeletal disorder? (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

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• 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

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

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

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

Y/N

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

Y/N

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

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee'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:

.....
.....

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

medically 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 Indusarath S

Seal of Medical Examiner :

Dr. INDUSARATH.S, MBBS,MD,DNB
Regd. No: 41964
DDRC SRL, KANNUR

Name & Seal of DDRC SRL Branch :



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

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OPHTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. SOWMYA NAYAK, 26 years Female on 10.12.2022 and her visual standards are as follows:

	OD	OS
UNCORRECTED DISTANCE VISUAL ACUITY	6/9	6/6(-2)
UNCORRECTED NEAR VISUAL ACUITY	N6	N6
BEST CORRECTED VISUAL ACUITY	6/6	6/6
COLOUR VISION	NORMAL	NORMAL

NOTE: NO HISTORY OF SPECS
HISTORY OF EPILEPSY SINCE 4 YEARS ON RX

VIMEGA.V
OPTOMETRIST

DATE: 10.12.2022



Name	Mrs. SOWMYA NAYAK	Age/Sex	26/Female
Ref: By:	MEDIWHEEL	Date	10.12.2022

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

(With relevant image copies)

LIVER: Normal in size and echotexture. No e/o focal parenchymal lesions / IHBD. PV, HV & IVC are within normal limits.

GB: Normally distended, shows normal wall thickness. No e/o calculi/polyps/ pericholecystic collections.

CBD: Normal.

PANCREAS: Head and body visualized and are of normal size and echotexture. No e/o focal/diffuse parenchymal lesions/ductal dilatation/calculi. Tail cannot be visualized due to poor window.

SPLEEN: Normal in size and echotexture. Splenic vein shows normal diameter.

KIDNEY'S: Both kidneys are normal in size and echotexture. No e/o calculi/ hydronephrosis/ focal lesions/ perinephric collections.

RIGHT KIDNEY: Measures 95 x 35 mms

LEFT KIDNEY: Measures 90 x 41 mms

UB: Partially distended, shows normal wall thickness. No e/o calculi/growth/diverticulae. Both UV junctions are within normal limits.

UTERUS: AV, measures 74 x 38 x 41 mms. Normal in size and echotexture.

EMT: 7.5 mm, shows an intrauterine contraceptive device.

OVARIES: Both ovaries are normal in size and echotexture.

RIGHT OVARY: measures 29 x 17 mms

LEFT OVARY: measures 27 x 15 mms

POD: No free fluid.

No e/o intraperitoneal free fluid/ abdominal lymphadenopathy/ mass lesion.

IMPRESSION

- **NO SONOLOGICALLY DETECTED ABNORMALITY IN THE ABDOMEN AND PELVIS.**



Dr. P. NIYAZI NASIR
MBBS, DMRD

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR

R

SOWYA NAYAK 26Y/F MEDIWHEEL VL000893 CHEST P-A 10-Dec-22 10:46 AM
DDRC SRL KANNUR

Name	SOWMYA NAYAK	Age/Sex	26/Female
Ref: By:	MEDIWHEEL	Date	10.12.2022

Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.

Cardio-thoracic ratio is within normal limits.

Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.

No volume loss in either hemithorax.

No definite mediastinal widening or other abnormalities noted.

CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- Normal X-ray chest



**DR. P. NIYAZI NASIR,
MBBS, DMRD**

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 10-Dec-22

Time: 12:44:43

Name: SOWMYA NAYAK ID: 4053VL000893

Age: 26 y

Sex: F

Height: 179 cms


Weight: 50 Kg

Interpretation

The patient exercised according to the Bruce protocol for 7 m 42 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 98 bpm, rose to a max. heart rate of 173 (89% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 110 / 80 mmHg. No Inducible Angina.

- No significant ST changes
- Test negative for inducible ischaemia.

Dr. GEORGE THOMAS
MD, FCSI, FIAC
CARDIOLOGIST
Reg. 86614



Ref. Doctor: MEDIWHEEL HEALTH CHEKUP

Doctor: -----

(Summary Report edited by user)

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 10-Dec-22

Time: 12:44:43

Name: SOWMYA NAYAK ID: 4053VL000893

Age: 26 y

Sex: F

Height: 179 cms.

Weight: 50 Kg.

Clinical History: Nil

Medications: Nil

Test Details

Protocol: Bruce

Pr.MHR: 194 bpm

THR: 174 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 42 s

Max. HR: 173 (89% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

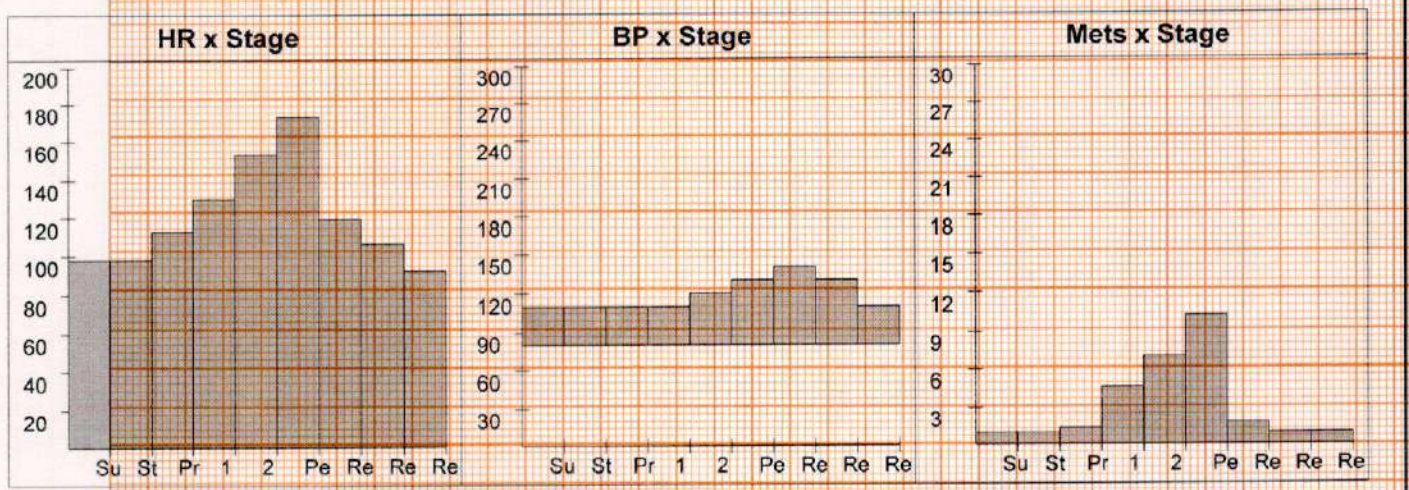
Max. BP x HR: 24220 mmHg/min

Min. BP x HR: 7360 mmHg/min

Test Termination Criteria: Target HR attained.

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	6 : 3	1.0	0	0	98	110 / 80	-3.61 aVR	-4.60 V3
Standing	0 : 1	1.0	0	0	98	110 / 80	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	130	110 / 80	-0.64 III	1.42 II
2	3 : 0	7.0	2.5	12	153	120 / 80	-0.85 III	2.48 II
Peak Ex	1 : 42	10.2	3.4	14	173	130 / 80	-1.06 III	3.54 V3
Recovery(1)	3 : 0	1.8	1	0	119	140 / 80	-2.76 aVR	-5.66 aVR
Recovery(2)	3 : 0	1.0	0	0	106	130 / 80	-2.34 aVR	2.48 II
Recovery(3)	2 : 6	1.0	0	0	92	110 / 80	-0.64 aVR	1.77 II



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOMMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 2 m 51 s

HR: 104 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

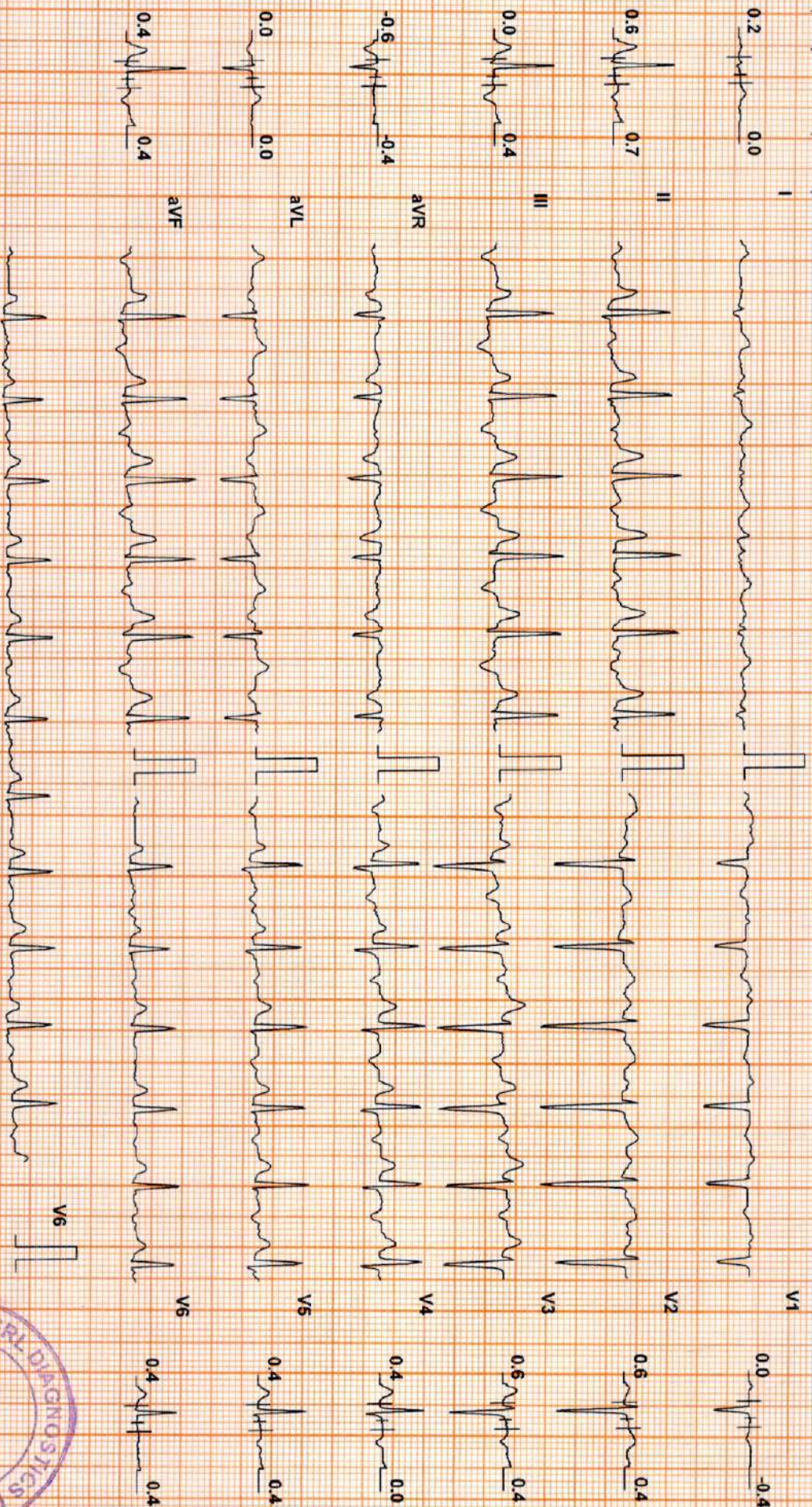


Chart Speed: 25 mm/sec
Schlier Spondan V 417

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893 Date: 10-Dec-22 Exec Time : 0 m 0 s Stage Time : 0 m 12 s HR: 84 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

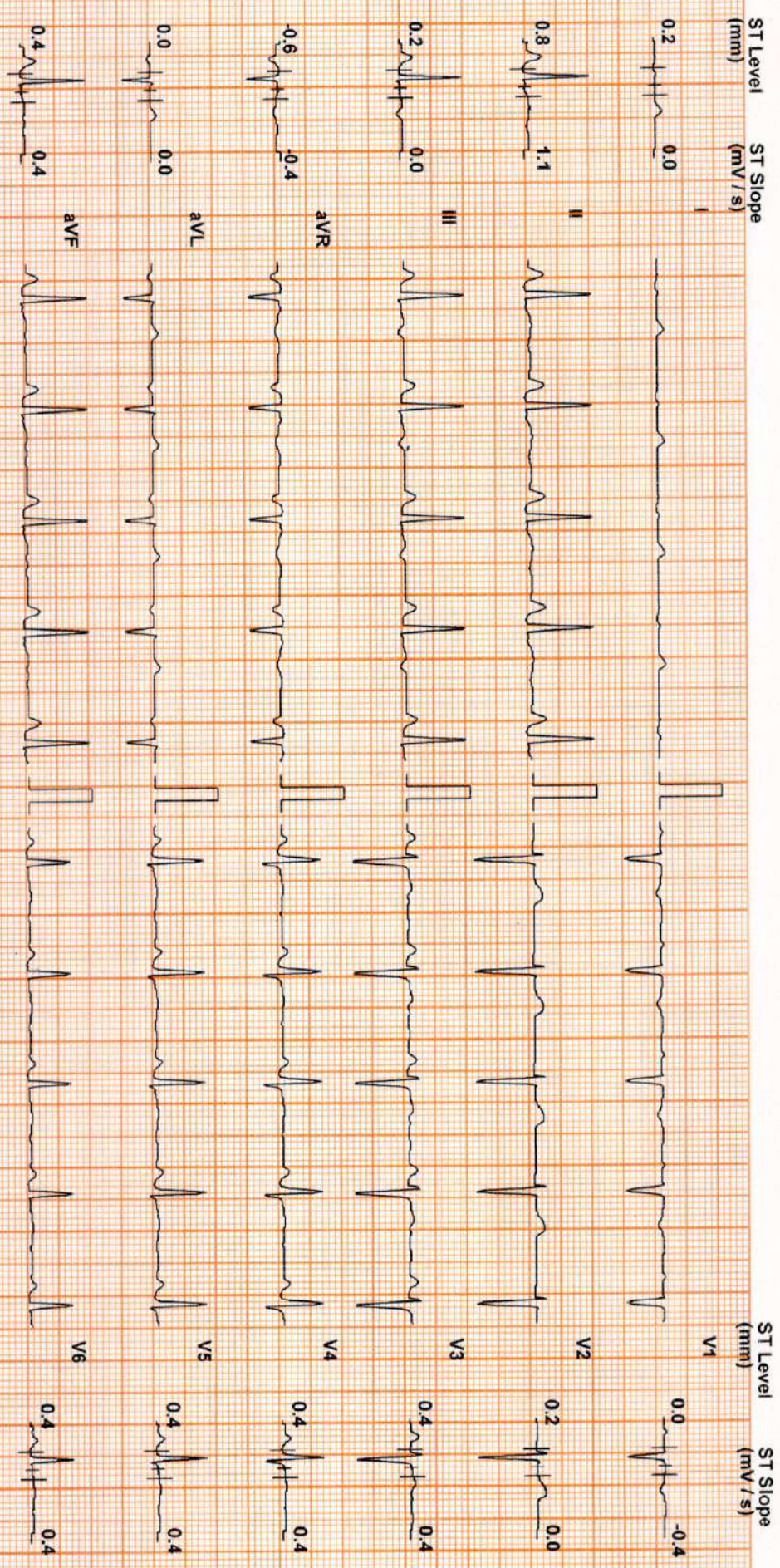


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 104 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

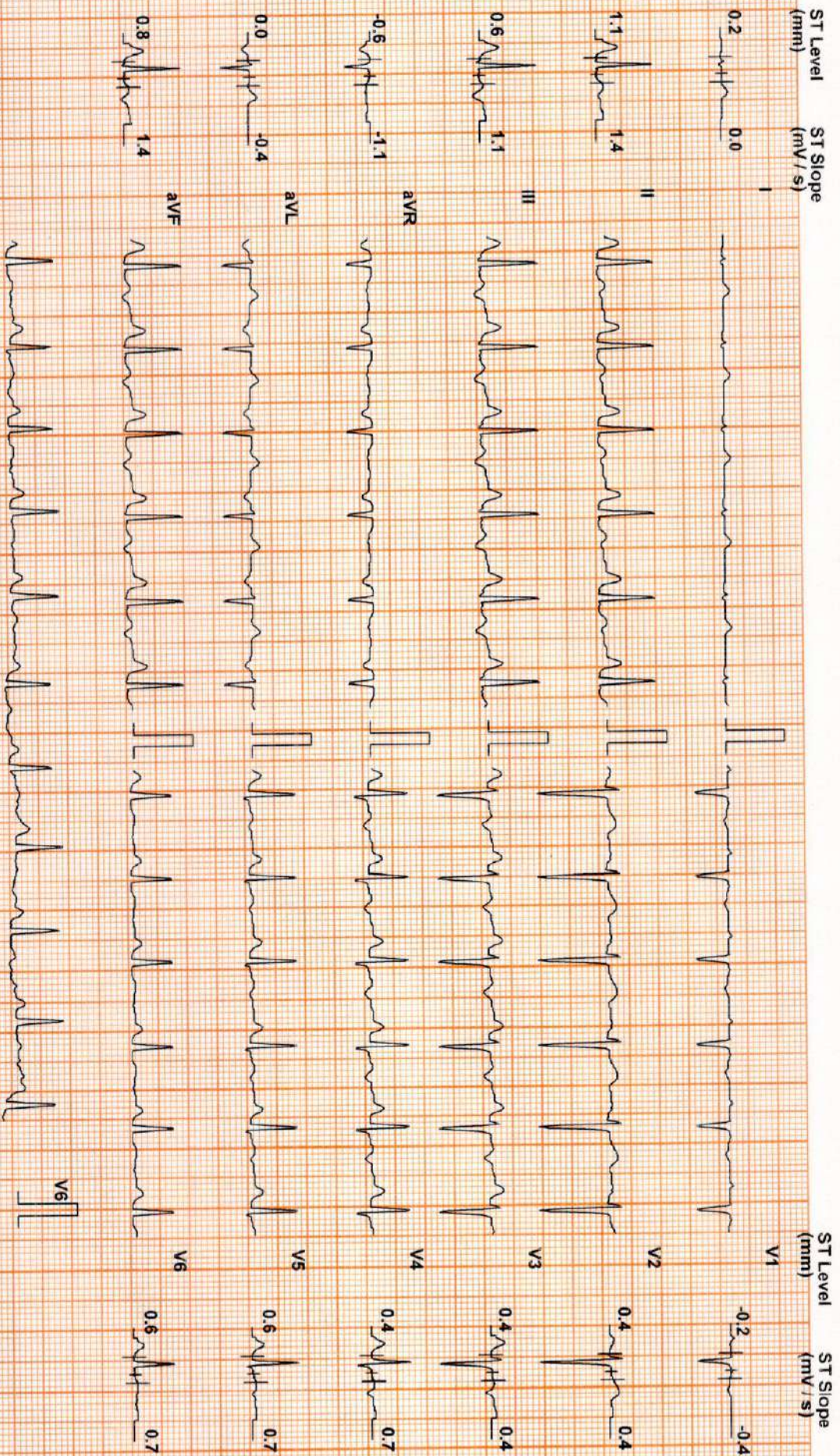


Chart Speed: 25 mm/sec
Schiller Spacelan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

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

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

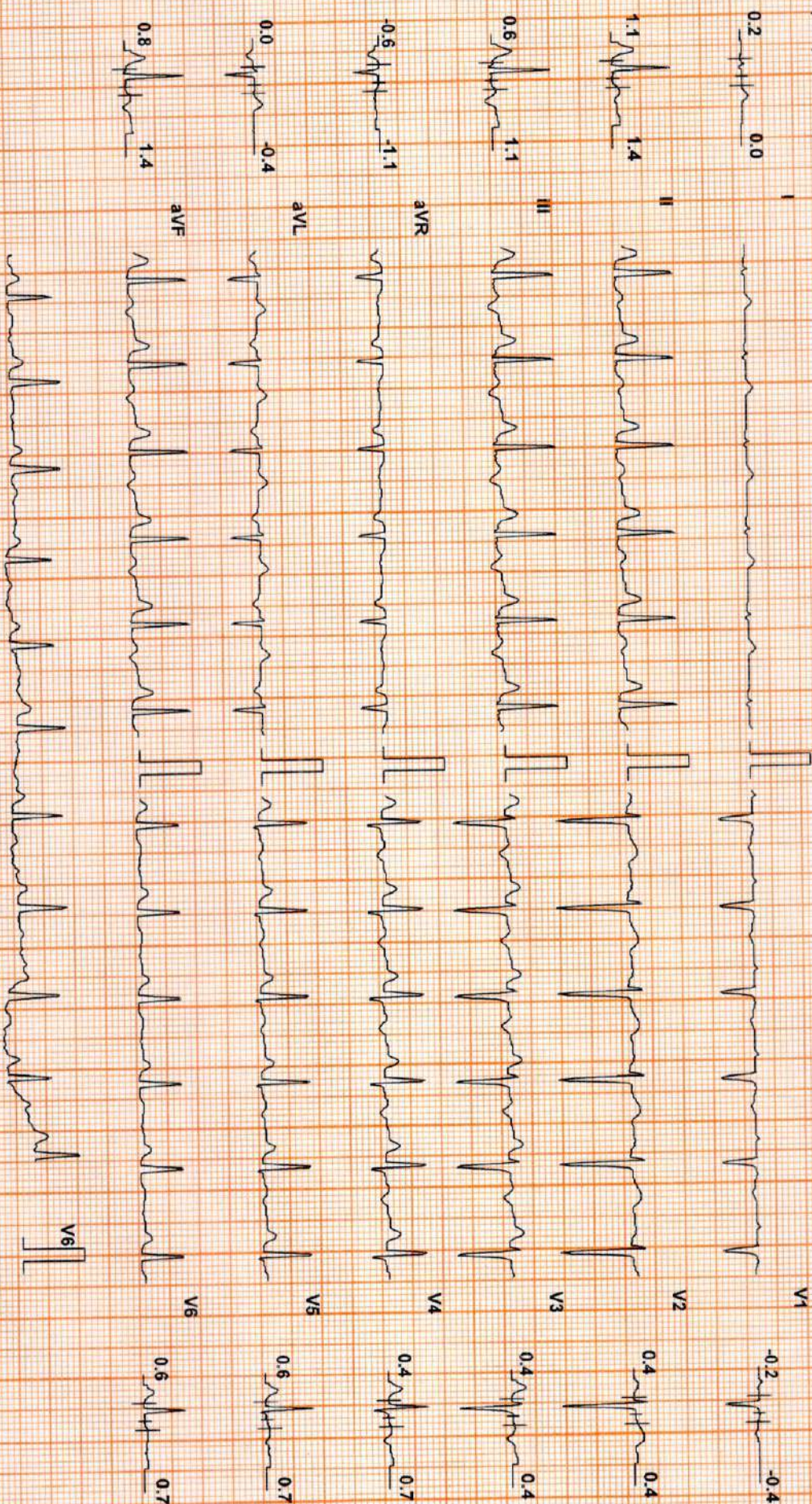


Chart Speed: 25 mm/sec
Schiller Scanlan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO ± R: 60 ms

J = R: 60 ms

Post J = J: 60 ms

Linked Median

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 133 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 174 bpm)

B.P: 110 / 80

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

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

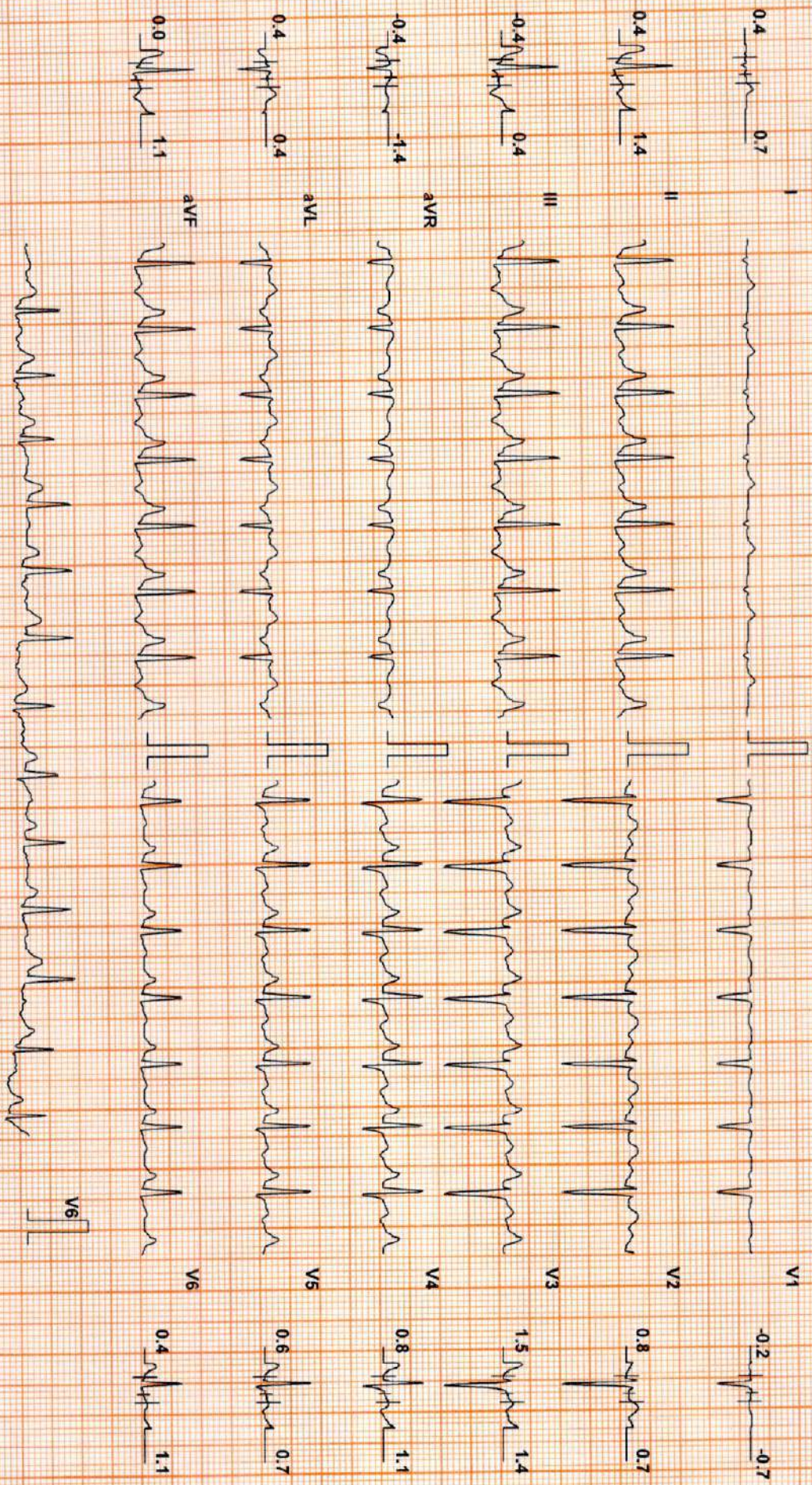


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOMMYA NAYAK (26 F) ID: 4053VL000893 Date: 10-Dec-22 Exec Time : 5 m 48 s Stage Time : 2 m 48 s HR: 142 bpm

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 174 bpm) B.P.: 120 / 80

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

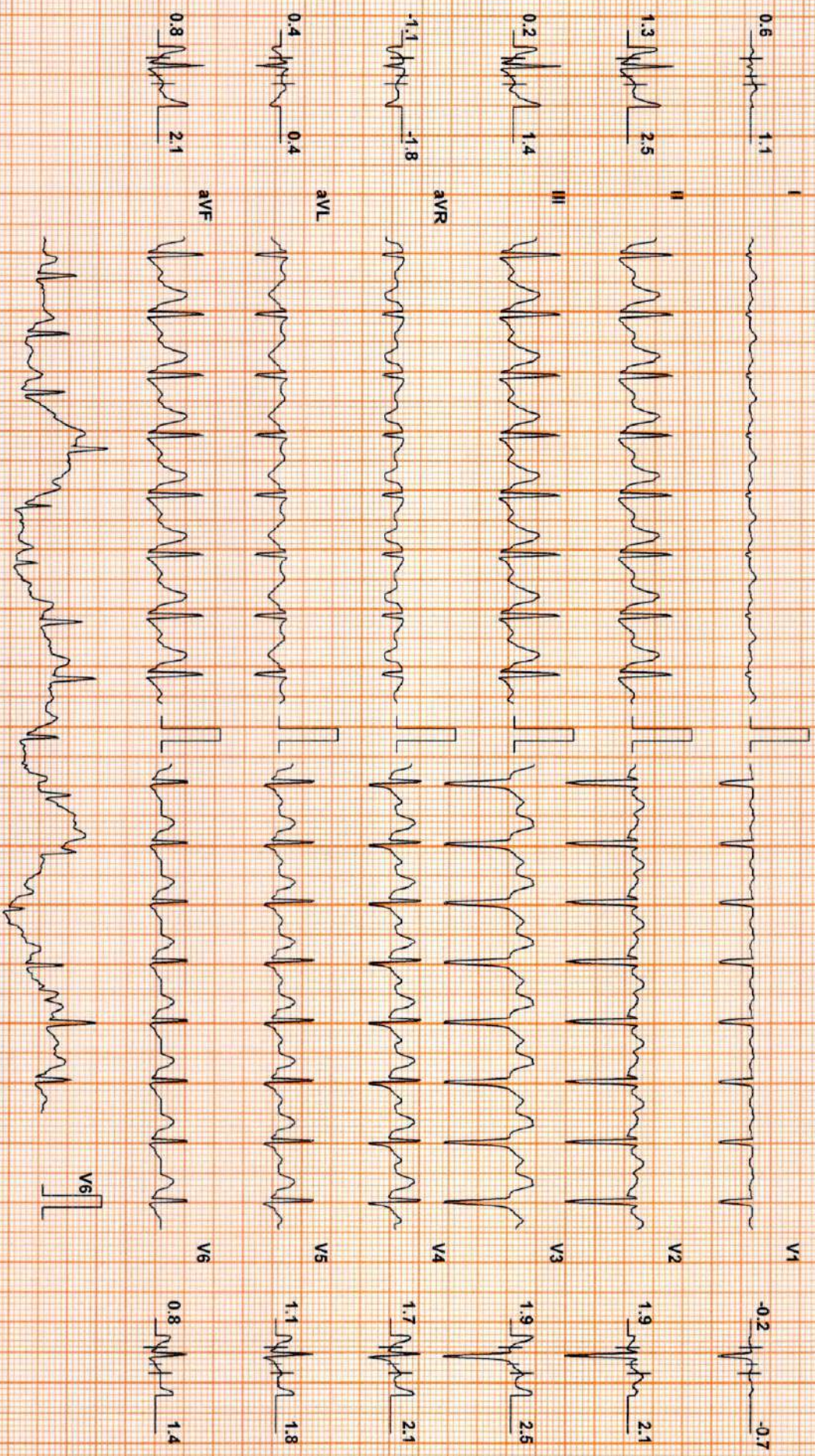


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schiffert Spandien V 4.7 Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 6 s

Stage Time : 1 m 6 s

HR: 173 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 174 bpm)

B.P: 130 / 80

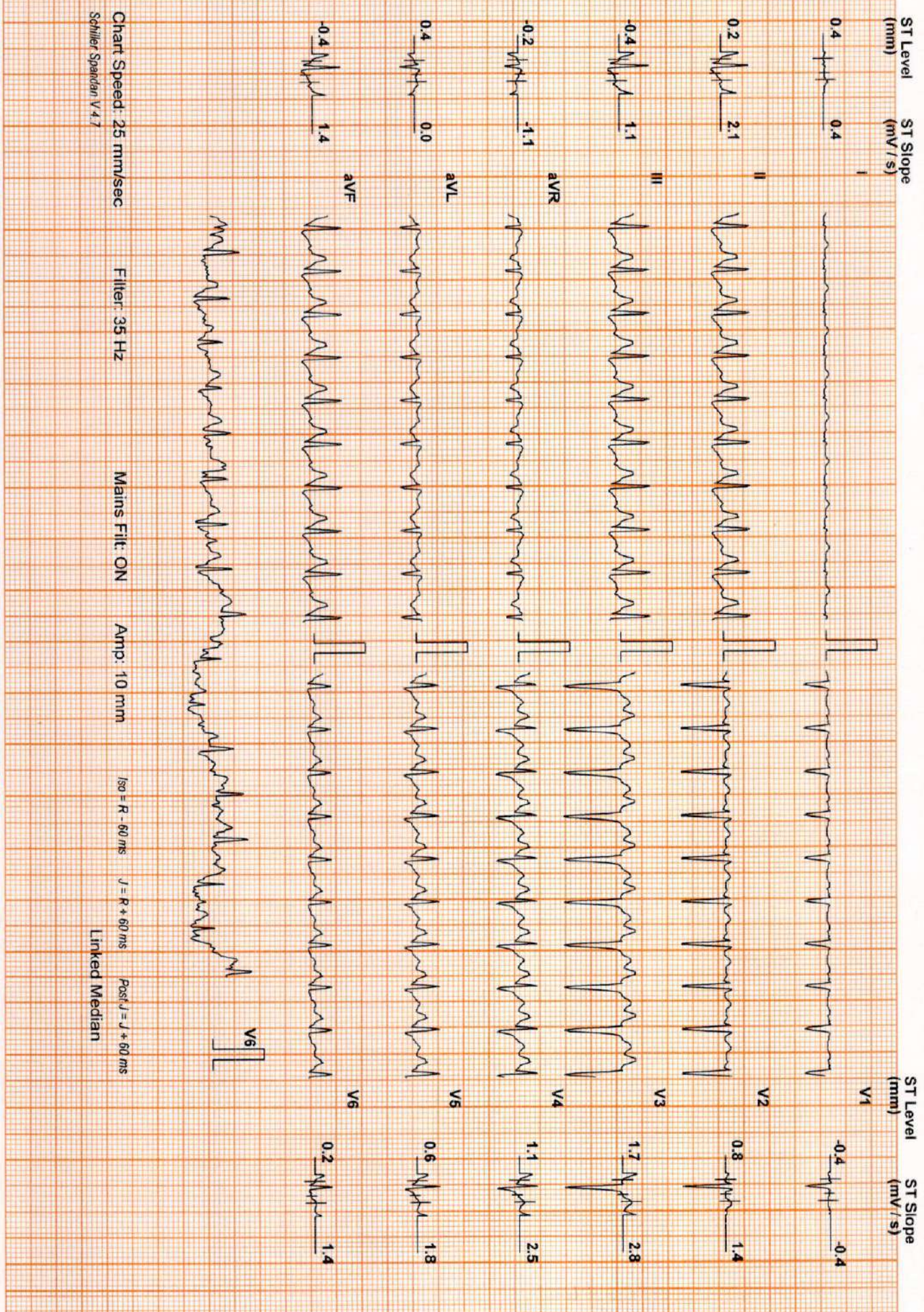


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 42 s Stage Time : 0 m 36 s HR: 165 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 140 / 80

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

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

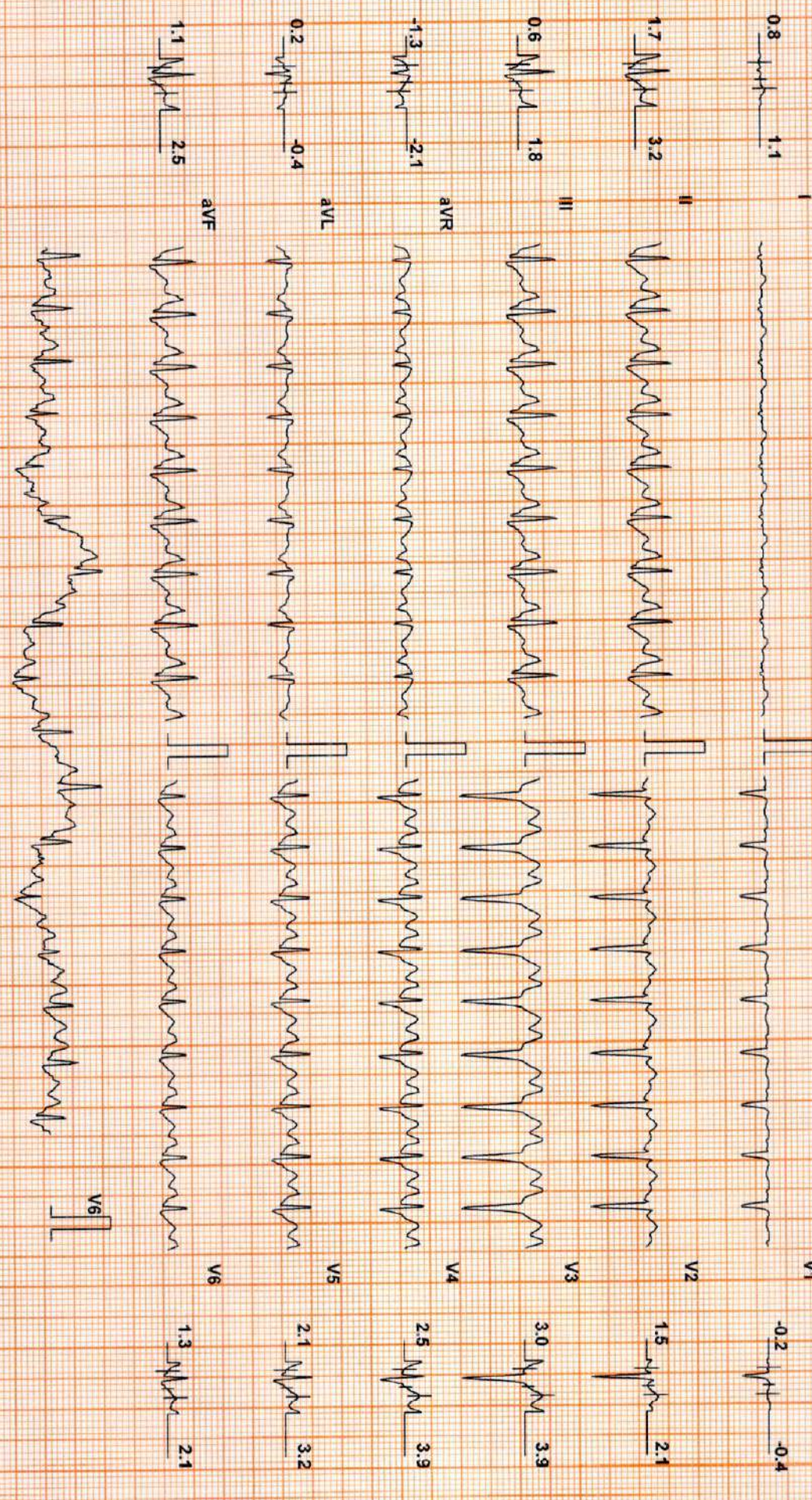


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 130 / 80

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

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

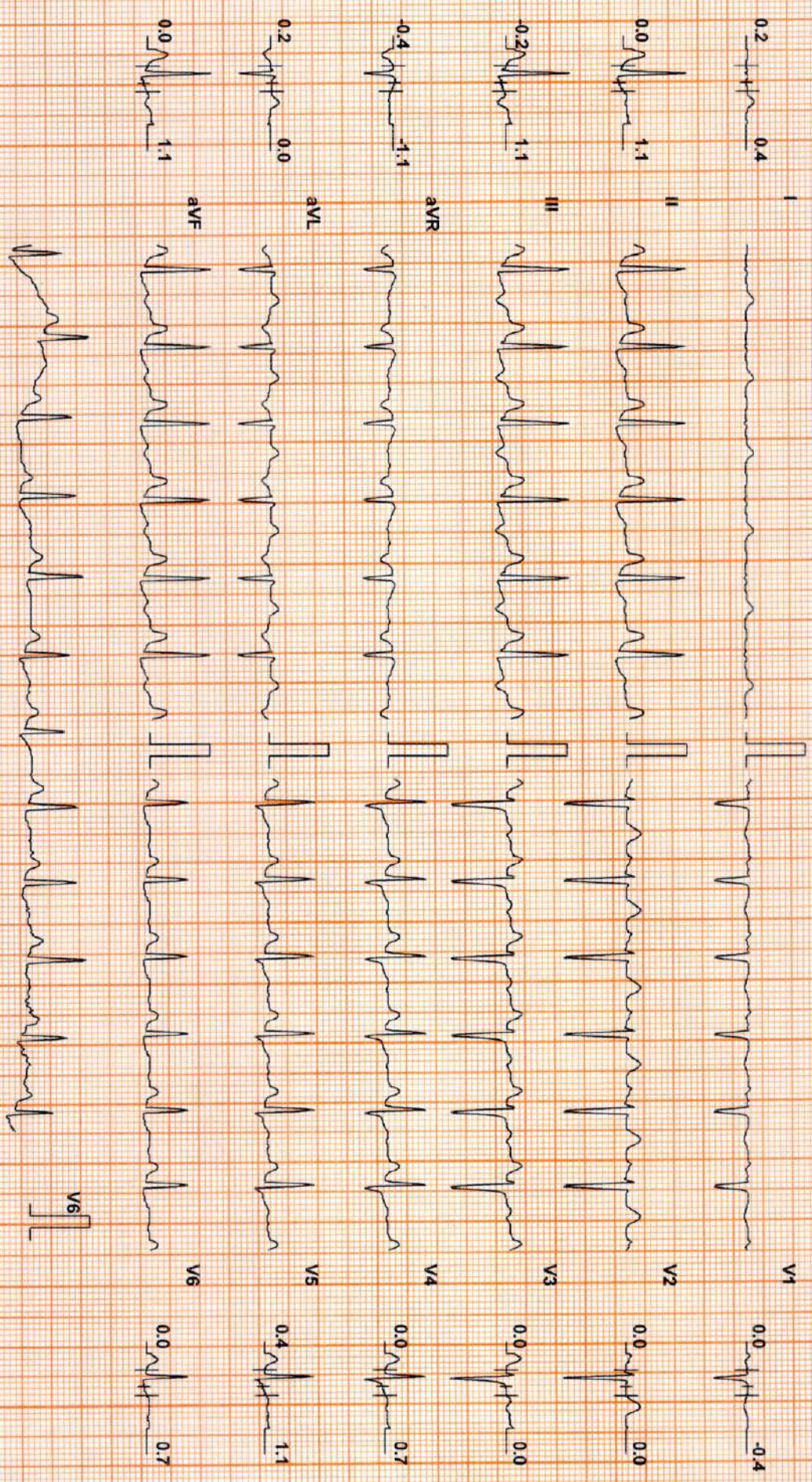


Chart Speed: 25 mm/sec
Schiller Sparden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 42 s Stage Time : 1 m 0 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

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

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

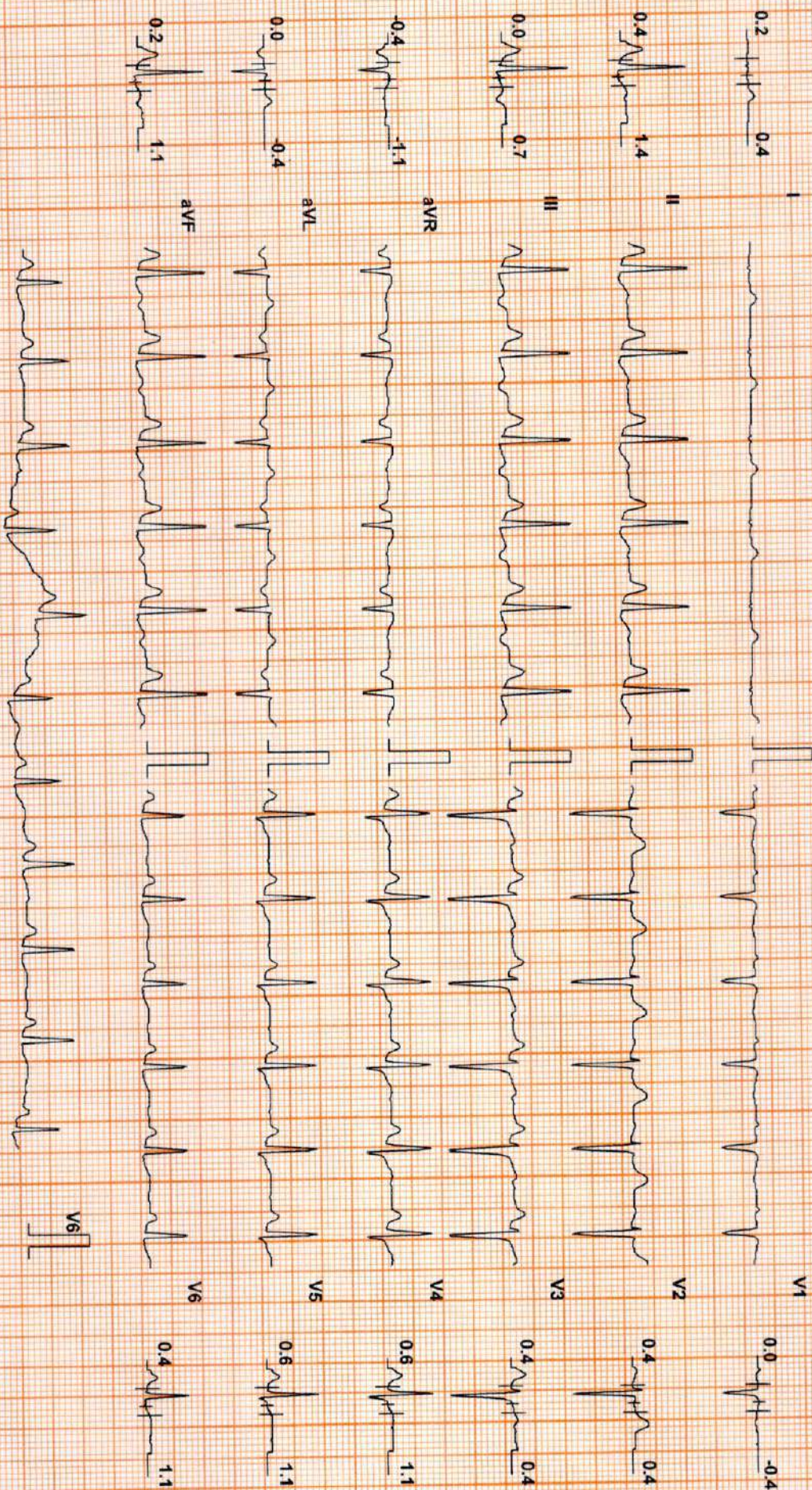


Chart Speed: 25 mm/sec
Schlifer Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Standard

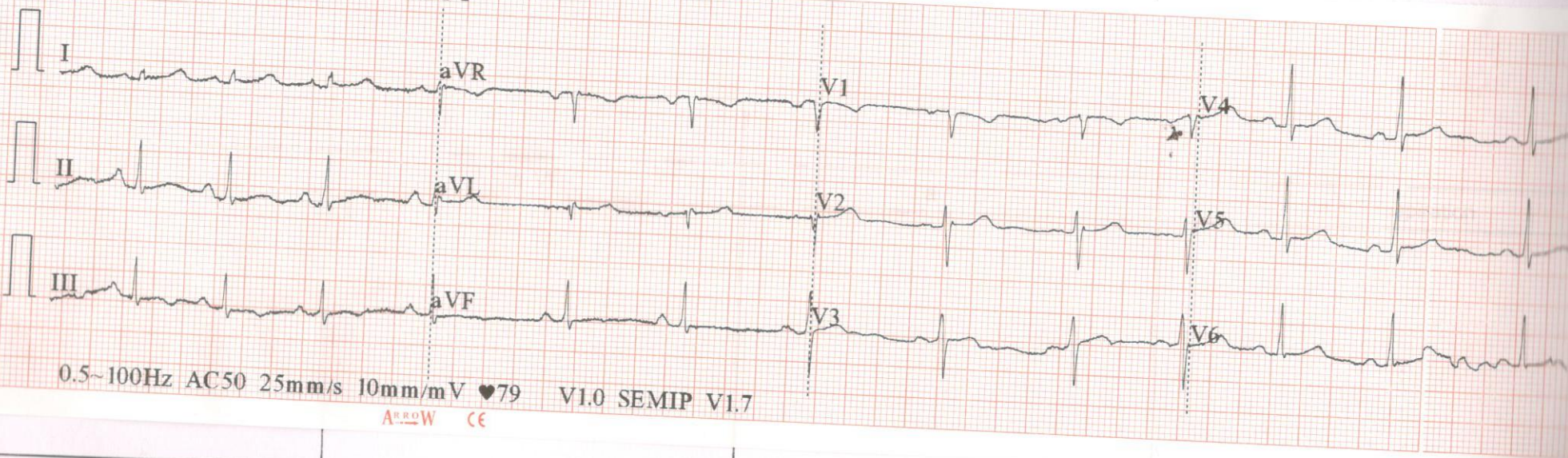
L I

L II

L III

L III Inspiration

ID: 10-12-2022 11:15:09 COPY



on

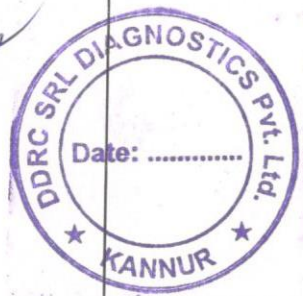
V1	V2	V3	
	V6	Standard	

Dr. INDUSARATH.S. MBBS,MD,DNB
 Regd. No: 41954
 DDRC SRL, KANNUR

ID:
 SOWMYA NAYAK
 Female / mmHg
 26Years
 cm kg

*Td in II, III, aVF,
 sinus rhythm*

HR : 79 bpm
 P : 103 ms
 PR : 153 ms
 QRS : 70 ms
 QT/QTc : 362/417 ms
 P/QRS/T : 67/61/22 °
 RV5/SV1 : 0.961/0.415 mV



DIAGNOSTIC REPORTPatient Ref. No. **66600002615389**

CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
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
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SOWMYA NAYAKPATIENT ID : **SOWMF201295405**ACCESSION NO : **4053VL000893** AGE : 26 Years SEX : Female

ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:44

REPORTED : 10/12/2022 15:39

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**TREADMILL TEST**

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



Scan to View Details



Scan to View Report



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
 KANNUR
 KERALA, INDIA
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ABHA NO :

DRAWN :

RECEIVED : 10/12/2022 08:44

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REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	9	Adult(<60 yrs) : 6 to 20	mg/dL
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BUN/CREAT RATIO

BUN/CREAT RATIO	15	5.00 - 15.00	
-----------------	----	--------------	--

CREATININE, SERUM

CREATININE	0.60	18 - 60 yrs : 0.6 - 1.1	mg/dL
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GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	116	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
--------------------------------	-----	--	-------

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA	87	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
--------------------------	----	--	-------

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	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	197	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
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TRIGLYCERIDES	81	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
---------------	----	---	-------

HDL CHOLESTEROL	59	General range : 40-60	mg/dL
-----------------	----	-----------------------	-------



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



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
 KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SOWMYA NAYAK PATIENT ID : **SOWMF201295405**
 ACCESSION NO : **4053VL000893** AGE : 26 Years SEX : Female ABHA NO :
 DRAWN : RECEIVED : 10/12/2022 08:44 REPORTED : 10/12/2022 15:39
REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
DIRECT LDL CHOLESTEROL		123	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		138	mg/dL
		High Desirable-Less than 130 Above Desirable-130-159 Borderline High-160-189 High-190-219 Very High- >or =220	
CHOL/HDL RATIO		3.3	
		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		2.1	
		0.5-3 Desirable/Low risk 3.1-6 Borderline/Moderate risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN		16.1	mg/dL
		</= 30.0	
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL		0.90	mg/dL
		General Range : < 1.1	
BILIRUBIN, DIRECT		0.16	mg/dL
		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.74	mg/dL
		High 0.00 - 0.60	
TOTAL PROTEIN		7.2	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.5	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		2.7	g/dL
		2.0 - 4.0	
ALBUMIN/GLOBULIN RATIO		1.7	RATIO
		1.0 - 2.0	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		12	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		9	U/L
		Adults : < 34	
ALKALINE PHOSPHATASE		73	U/L
		Adult(<60yrs) : 35 - 105	
GAMMA GLUTAMYL TRANSFERASE (GGT)		17	U/L
		Adult(female) : < 40	
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		7.2	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
URIC ACID, SERUM			
URIC ACID		3.8	mg/dL
		Adults : 2.4-5.7	
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		TYPE O	
RH TYPE		POSITIVE	



DIAGNOSTIC REPORT



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 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

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ACCESSION NO : 4053VL000893 **AGE :** 26 Years **SEX :** Female **ABHA NO :**
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BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	13.2	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.81	High 3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	5.09	4.0 - 10.0	thou/ μ L
PLATELET COUNT	337	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	39.7	36 - 46	%
MEAN CORPUSCULAR VOL	82.5	Low 83 - 101	fL
MEAN CORPUSCULAR HGB.	27.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.2	31.5 - 34.5	g/dL
MENTZER INDEX	17.2		
MEAN PLATELET VOLUME	9.3	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	54	40 - 80	%
LYMPHOCYTES	39	20 - 40	%
MONOCYTES	1	Low 2 - 10	%
EOSINOPHILS	5	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.75	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	1.99	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.05	Low 0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.25	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	13	0 - 20	mm at 1 hr
--------------------------	----	--------	------------

STOOL: OVA & PARASITE

COLOUR	BROWN		
CONSISTENCY	SEMI LIQUID		
ODOUR	FAECAL		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES	0-1	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF



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CYSTS		NOT DETECTED	NOT DETECTED
OVA		NOT DETECTED	
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
THYROID PANEL, SERUM			
T3		120.80	80.00 - 200.00 ng/dL
T4		8.29	5.10 - 14.10 µg/dl
TSH 3RD GENERATION		1.420	Non-Pregnant : 0.4 - 4.2 µIU/mL
			Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3
PHYSICAL EXAMINATION, URINE			
COLOR		PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	
CHEMICAL EXAMINATION, URINE			
PH		5	4.7 - 7.5
SPECIFIC GRAVITY		1.020	1.003 - 1.035
PROTEIN		DETECTED (TRACE)	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		1 - 2	NOT DETECTED /HPF
WBC		15-20	0-5 /HPF
EPITHELIAL CELLS		5-7	0-5 /HPF
CASTS		ABSENT	
CRYSTALS		ABSENT	
BACTERIA		NOT DETECTED	NOT DETECTED

Interpretation(s)
 SERUM BLOOD UREA NITROGEN-





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Causes of Increased levels

- Pre renal
 - High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
 - Renal Failure
- Post Renal
 - Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- 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-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

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 patient's metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/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 addition 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 platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
- LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are



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associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
 Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
 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

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's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

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.



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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, Vasculitides, 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: Polycythemia 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





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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

JINSHA KRISHNAN
LAB TECHNOLOGIST

DR.INDUSARATH S
CONSULTANT PATHOLOGIST

SREENA A
LAB TECHNOLOGIST

KIRAN K
Msc Medical Biochemistry



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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. SOLOMYA NAYAK
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	26yr, 20-12-1995 Gender: <input checked="" type="radio"/> M, <input type="radio"/> F
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height 171 (cms)	b. Weight 50 (Kgs)	c. Girth of Abdomen 62 (cms)
d. Pulse Rate 70 (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	110 80
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	73	Dm	
Mother	54	Healthy	
Brother(s)			
Sister(s) (1)	36	Healthy	

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

Tobacco in any form	Sedative	Alcohol
No	No	No

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

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• 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

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

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

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

Y/N

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

Y/N

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

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee'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:

.....
.....

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

medically 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 Indusarath S

Seal of Medical Examiner :

Dr. INDUSARATH.S, MBBS,MD,DNB
Regd. No: 41964
DDRC SRL, KANNUR

Name & Seal of DDRC SRL Branch :



Date & Time :

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OPHTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. SOWMYA NAYAK, 26 years Female on 10.12.2022 and her visual standards are as follows:

	OD	OS
UNCORRECTED DISTANCE VISUAL ACUITY	6/9	6/6(-2)
UNCORRECTED NEAR VISUAL ACUITY	N6	N6
BEST CORRECTED VISUAL ACUITY	6/6	6/6
COLOUR VISION	NORMAL	NORMAL

NOTE: NO HISTORY OF SPECS
HISTORY OF EPILEPSY SINCE 4 YEARS ON RX

VIMEGA.V
OPTOMETRIST

DATE: 10.12.2022



Name	Mrs. SOWMYA NAYAK	Age/Sex	26/Female
Ref: By:	MEDIWHEEL	Date	10.12.2022

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

(With relevant image copies)

LIVER: Normal in size and echotexture. No e/o focal parenchymal lesions / IHBD. PV, HV & IVC are within normal limits.

GB: Normally distended, shows normal wall thickness. No e/o calculi/polyps/ pericholecystic collections.

CBD: Normal.

PANCREAS: Head and body visualized and are of normal size and echotexture. No e/o focal/diffuse parenchymal lesions/ductal dilatation/calculi. Tail cannot be visualized due to poor window.

SPLEEN: Normal in size and echotexture. Splenic vein shows normal diameter.

KIDNEY'S: Both kidneys are normal in size and echotexture. No e/o calculi/ hydronephrosis/ focal lesions/ perinephric collections.

RIGHT KIDNEY: Measures 95 x 35 mms

LEFT KIDNEY: Measures 90 x 41 mms

UB: Partially distended, shows normal wall thickness. No e/o calculi/growth/diverticulae. Both UV junctions are within normal limits.

UTERUS: AV, measures 74 x 38 x 41 mms. Normal in size and echotexture.

EMT: 7.5 mm, shows an intrauterine contraceptive device.

OVARIES: Both ovaries are normal in size and echotexture.

RIGHT OVARY: measures 29 x 17 mms

LEFT OVARY: measures 27 x 15 mms

POD: No free fluid.

No e/o intraperitoneal free fluid/ abdominal lymphadenopathy/ mass lesion.

IMPRESSION

- **NO SONOLOGICALLY DETECTED ABNORMALITY IN THE ABDOMEN AND PELVIS.**



Dr. P. NIYAZI NASIR
MBBS, DMRD

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR

R

SOWYA NAYAK 26Y/F MEDIWHEEL VL000893 CHEST P-A 10-Dec-22 10:46 AM
DDRC SRL KANNUR

Name	SOWMYA NAYAK	Age/Sex	26/Female
Ref: By:	MEDIWHEEL	Date	10.12.2022

Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.
 Cardio-thoracic ratio is within normal limits.
 Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.
 No volume loss in either hemithorax.
 No definite mediastinal widening or other abnormalities noted.
 CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- Normal X-ray chest



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DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 10-Dec-22

Time: 12:44:43

Name: SOWMYA NAYAK ID: 4053VL000893

Age: 26 y

Sex: F

Height: 179 cms


Weight: 50 Kg

Interpretation

The patient exercised according to the Bruce protocol for 7 m 42 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 98 bpm, rose to a max. heart rate of 173 (89% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 110 / 80 mmHg. No Inducible Angina.

- No significant ST changes
- Test negative for inducible ischaemia.

Dr. GEORGE THOMAS
MD, FCSI, FIAC
CARDIOLOGIST
Reg. 86614



Ref. Doctor: MEDIWHEEL HEALTH CHEKUP

Doctor:

(Summary Report edited by user)

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 10-Dec-22

Time: 12:44:43

Name: SOWMYA NAYAK ID: 4053VL000893

Age: 26 y

Sex: F

Height: 179 cms.

Weight: 50 Kg.

Clinical History: Nil

Medications: Nil

Test Details

Protocol: Bruce

Pr.MHR: 194 bpm

THR: 174 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 42 s

Max. HR: 173 (89% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

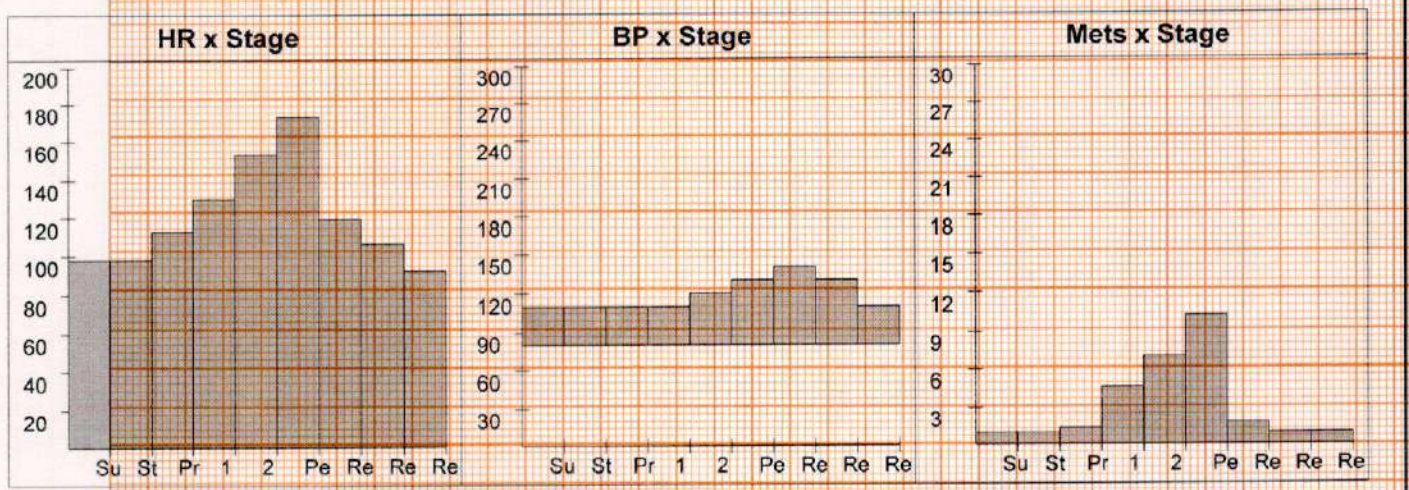
Max. BP x HR: 24220 mmHg/min

Min. BP x HR: 7360 mmHg/min

Test Termination Criteria: Target HR attained.

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	6 : 3	1.0	0	0	98	110 / 80	-3.61 aVR	-4.60 V3
Standing	0 : 1	1.0	0	0	98	110 / 80	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	130	110 / 80	-0.64 III	1.42 II
2	3 : 0	7.0	2.5	12	153	120 / 80	-0.85 III	2.48 II
Peak Ex	1 : 42	10.2	3.4	14	173	130 / 80	-1.06 III	3.54 V3
Recovery(1)	3 : 0	1.8	1	0	119	140 / 80	-2.76 aVR	-5.66 aVR
Recovery(2)	3 : 0	1.0	0	0	106	130 / 80	-2.34 aVR	2.48 II
Recovery(3)	2 : 6	1.0	0	0	92	110 / 80	-0.64 aVR	1.77 II



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOMMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 2 m 51 s

HR: 104 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

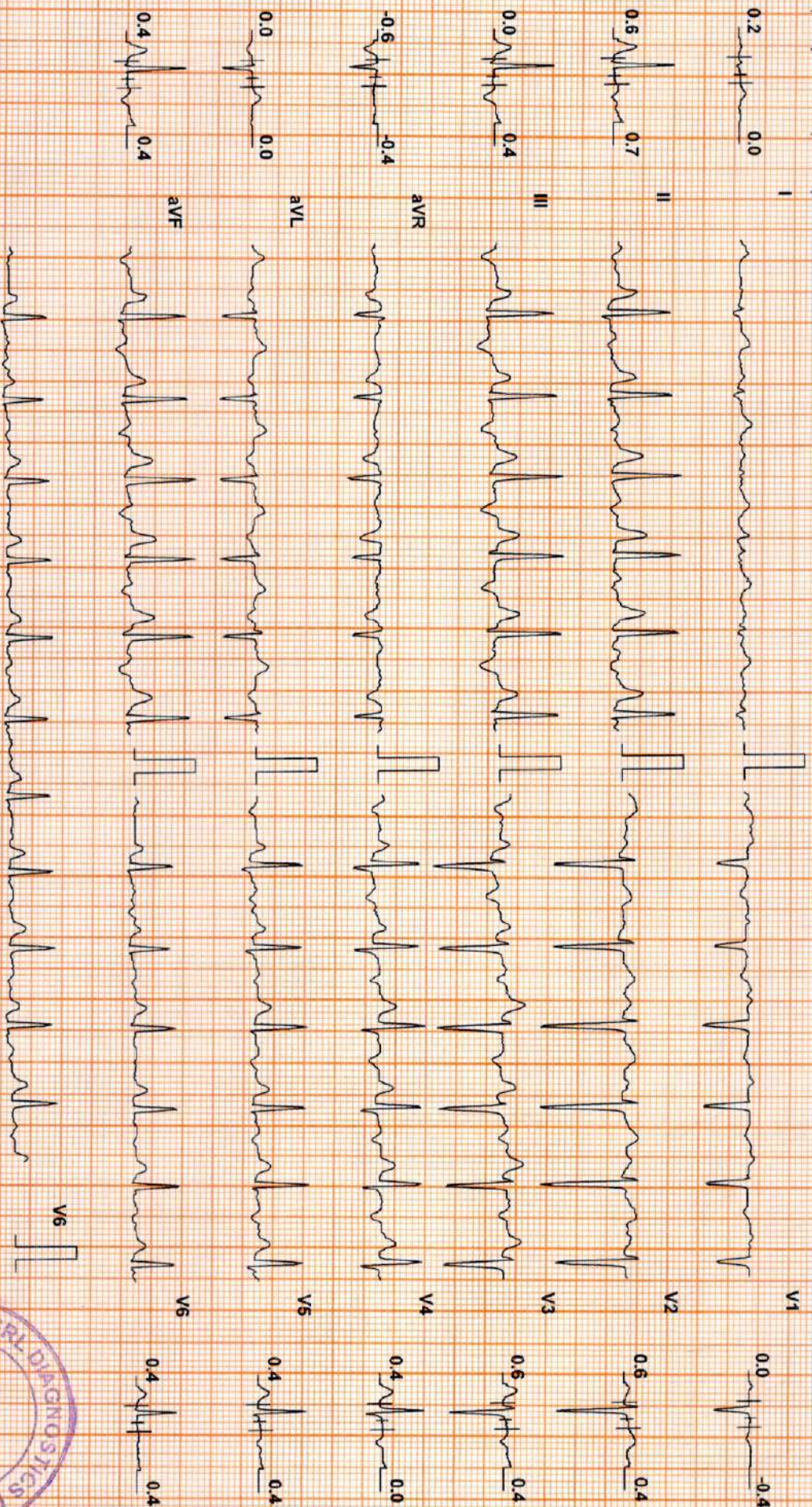


Chart Speed: 25 mm/sec
Schlier Spondan V 417

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s HR: 84 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

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

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

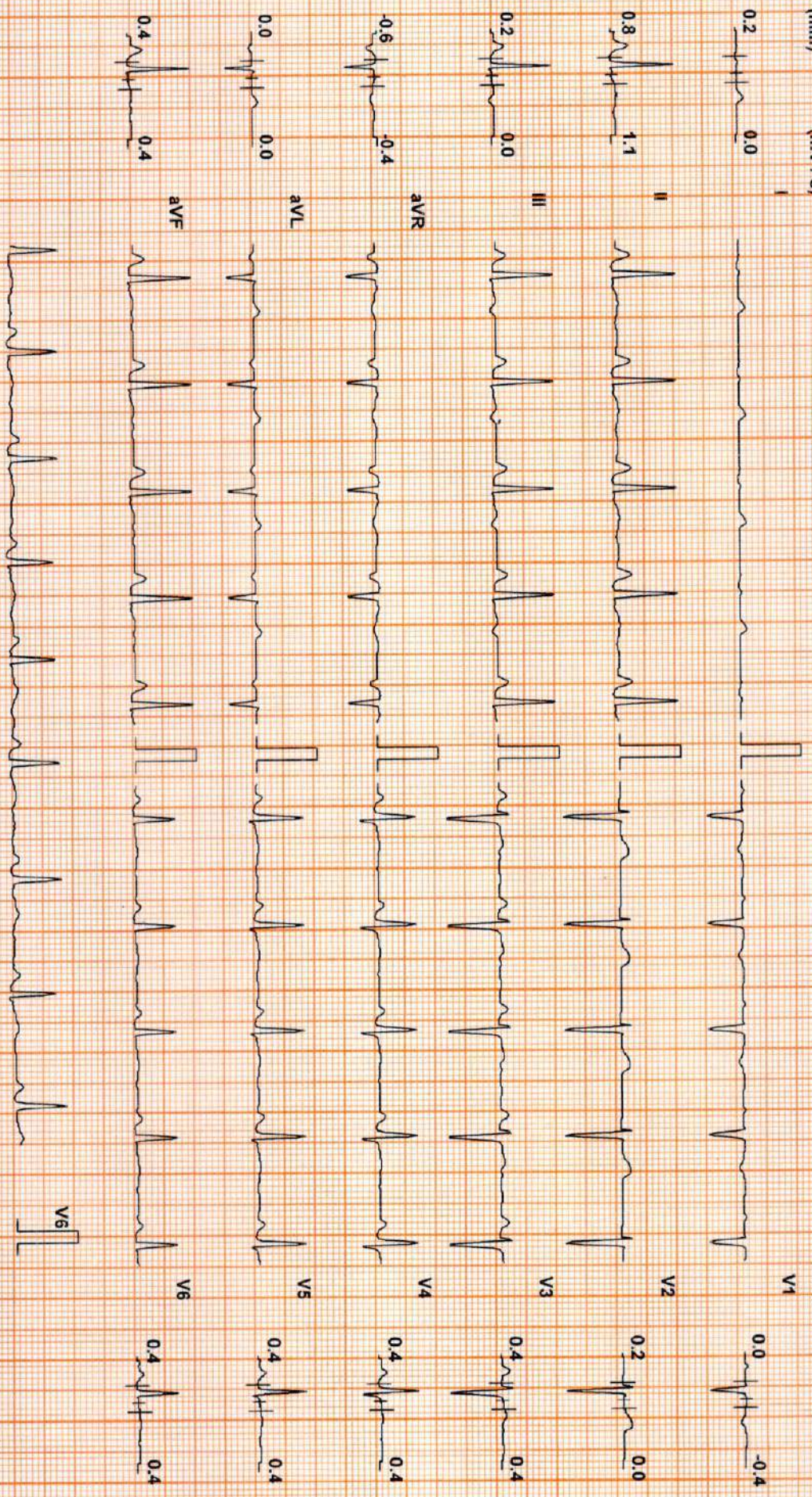


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 104 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

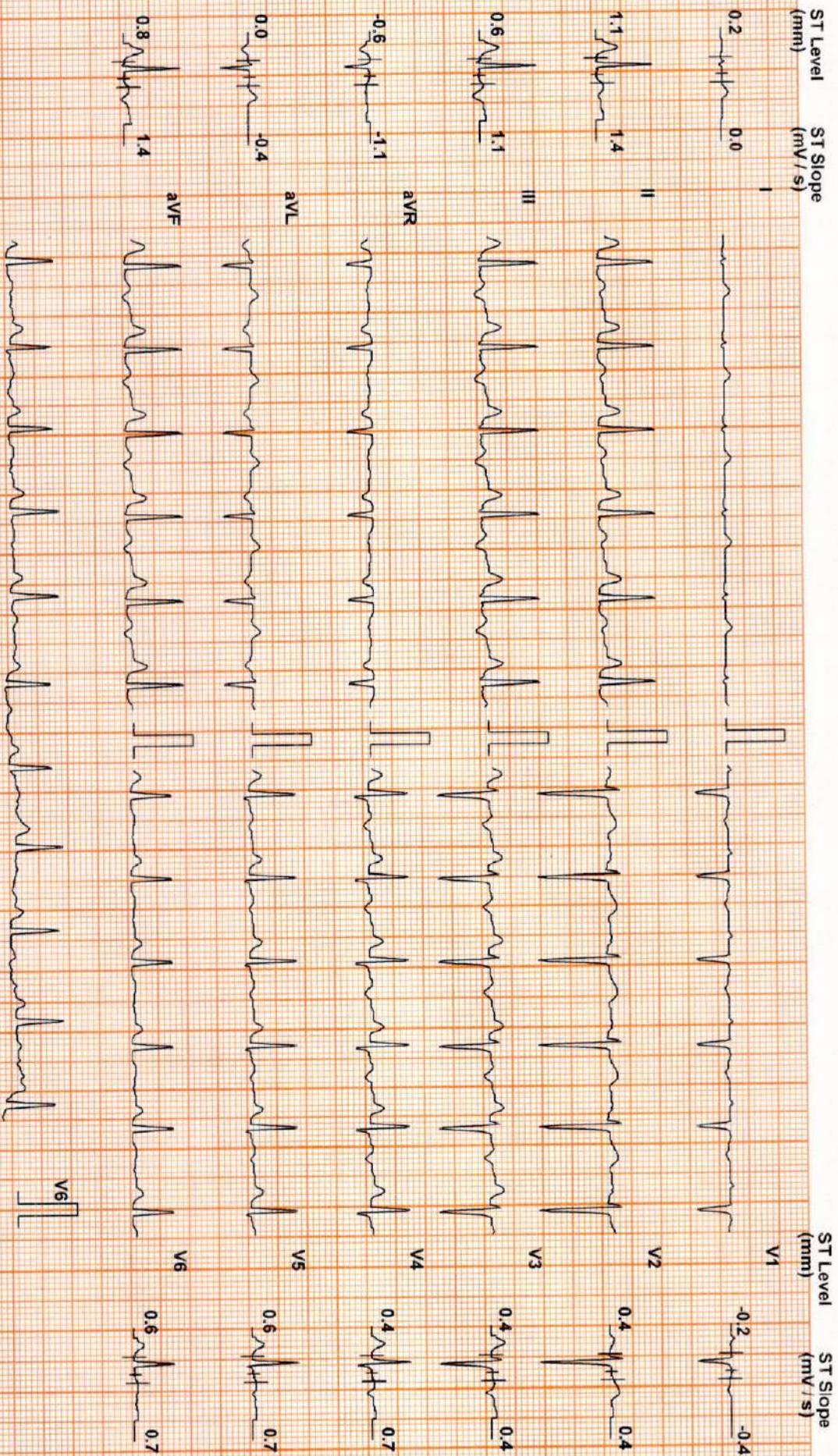


Chart Speed: 25 mm/sec
Schiller Spacelan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

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

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

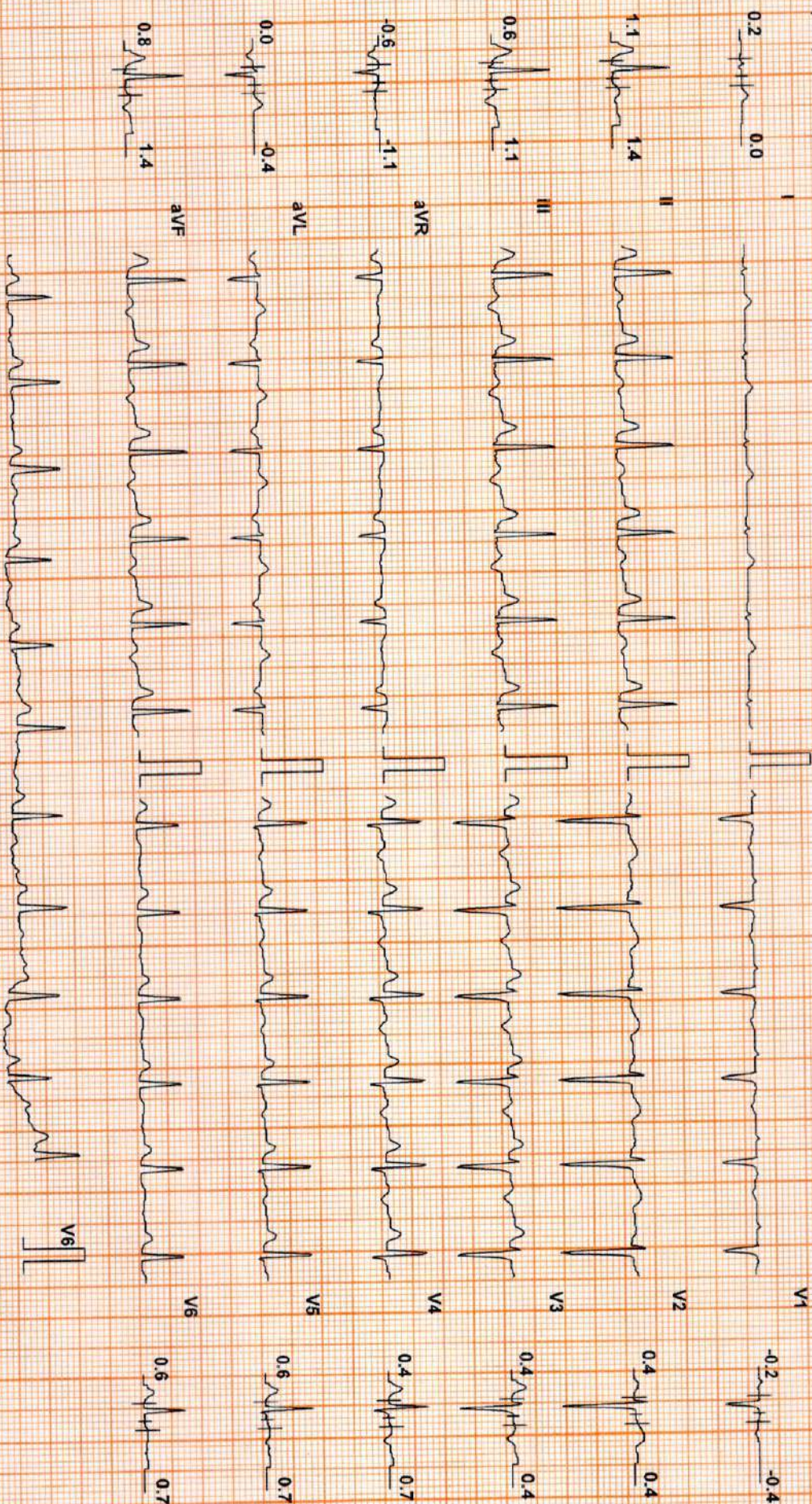


Chart Speed: 25 mm/sec
Schiller Scanlan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO ± R: 60 ms

J = R: 60 ms

Post J = J: 60 ms

Linked Median

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 133 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 174 bpm)

B.P.: 110 / 80

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

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

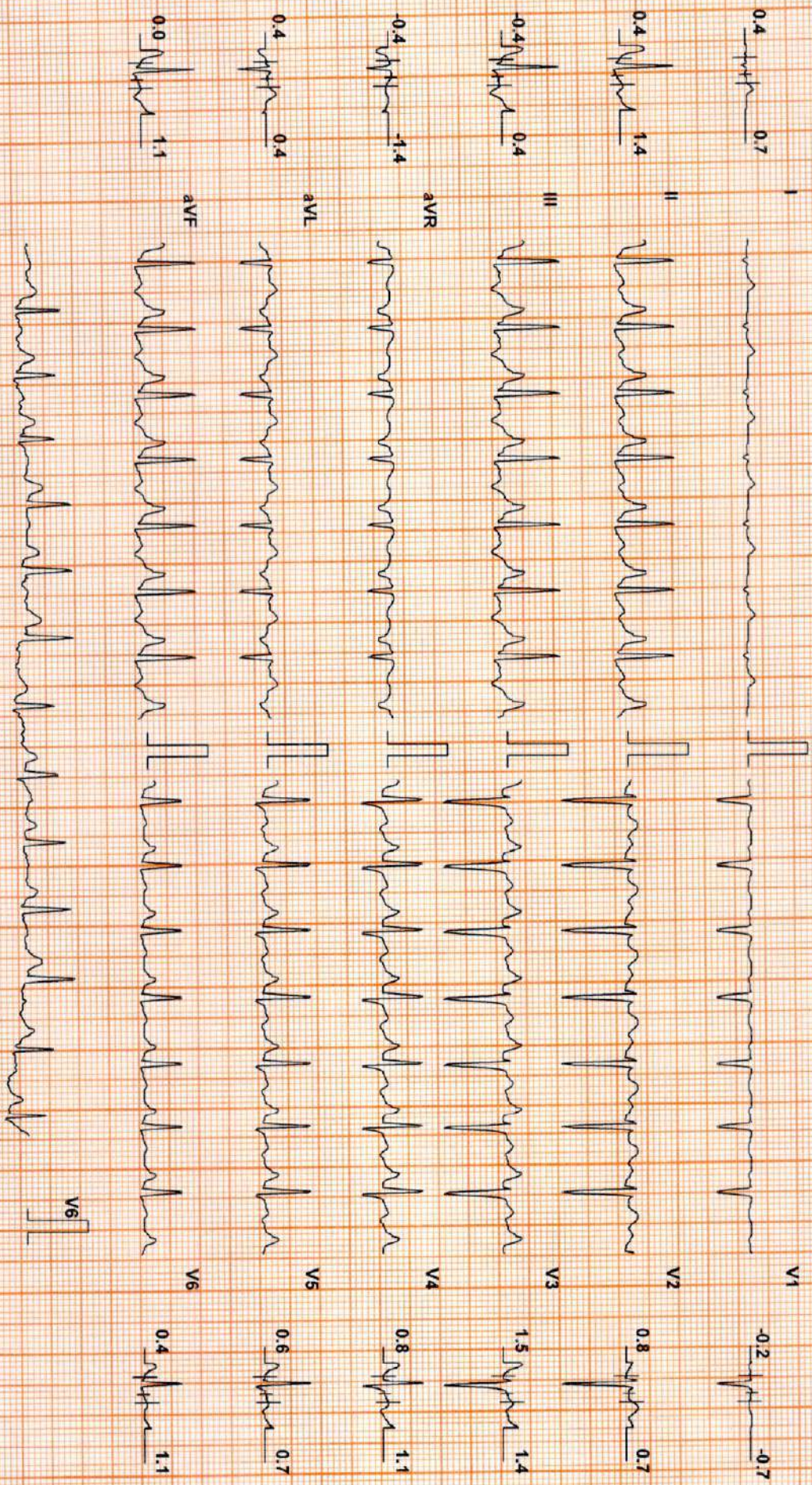


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOMMYA NAYAK (26 F) ID: 4053VL000893 Date: 10-Dec-22 Exec Time : 5 m 48 s Stage Time : 2 m 48 s HR: 142 bpm

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 174 bpm) B.P.: 120 / 80

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

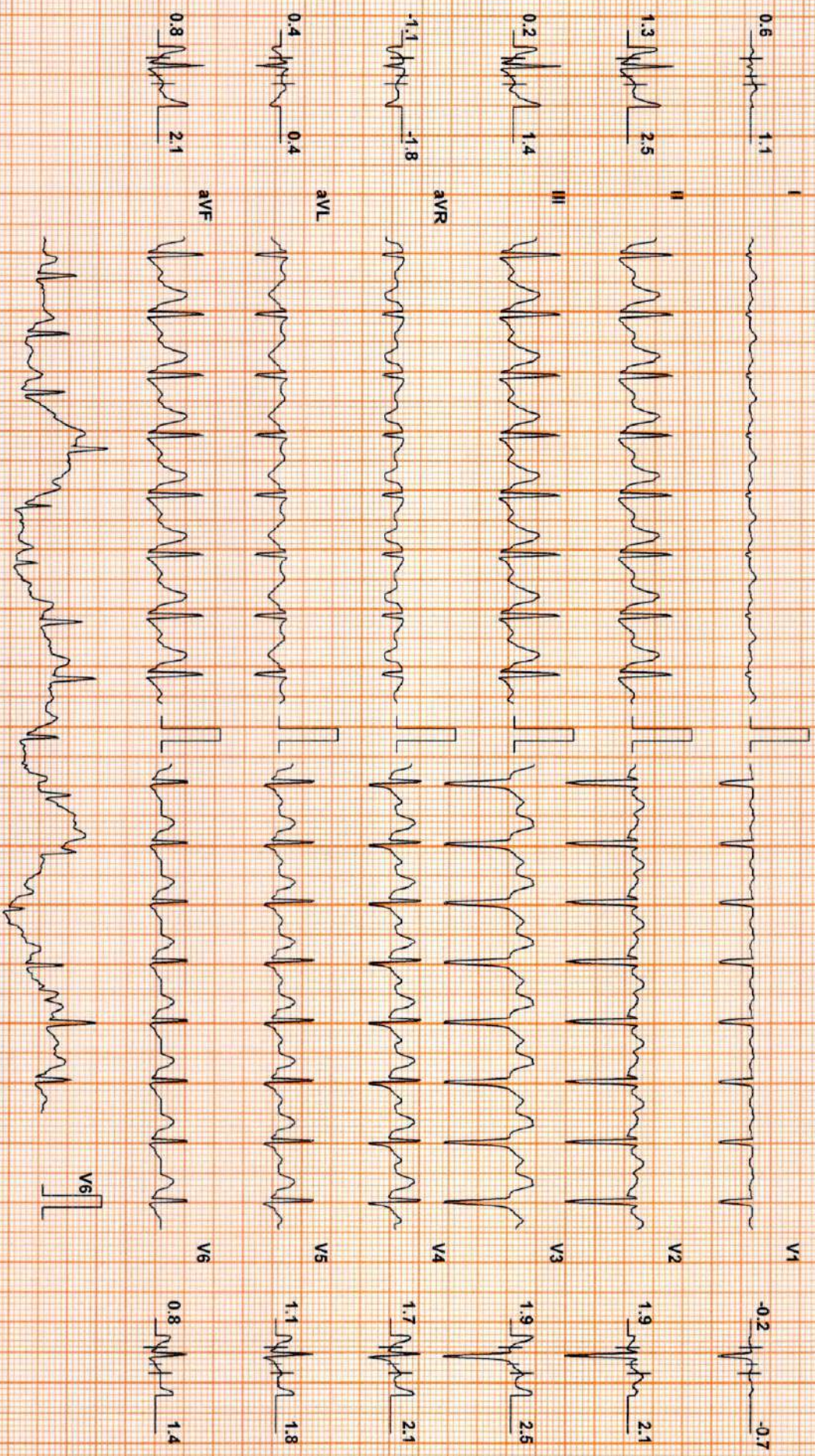


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schiller Spandax V 4.7 Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 6 s

Stage Time : 1 m 6 s

HR: 173 bpm

Protocol: Bruce

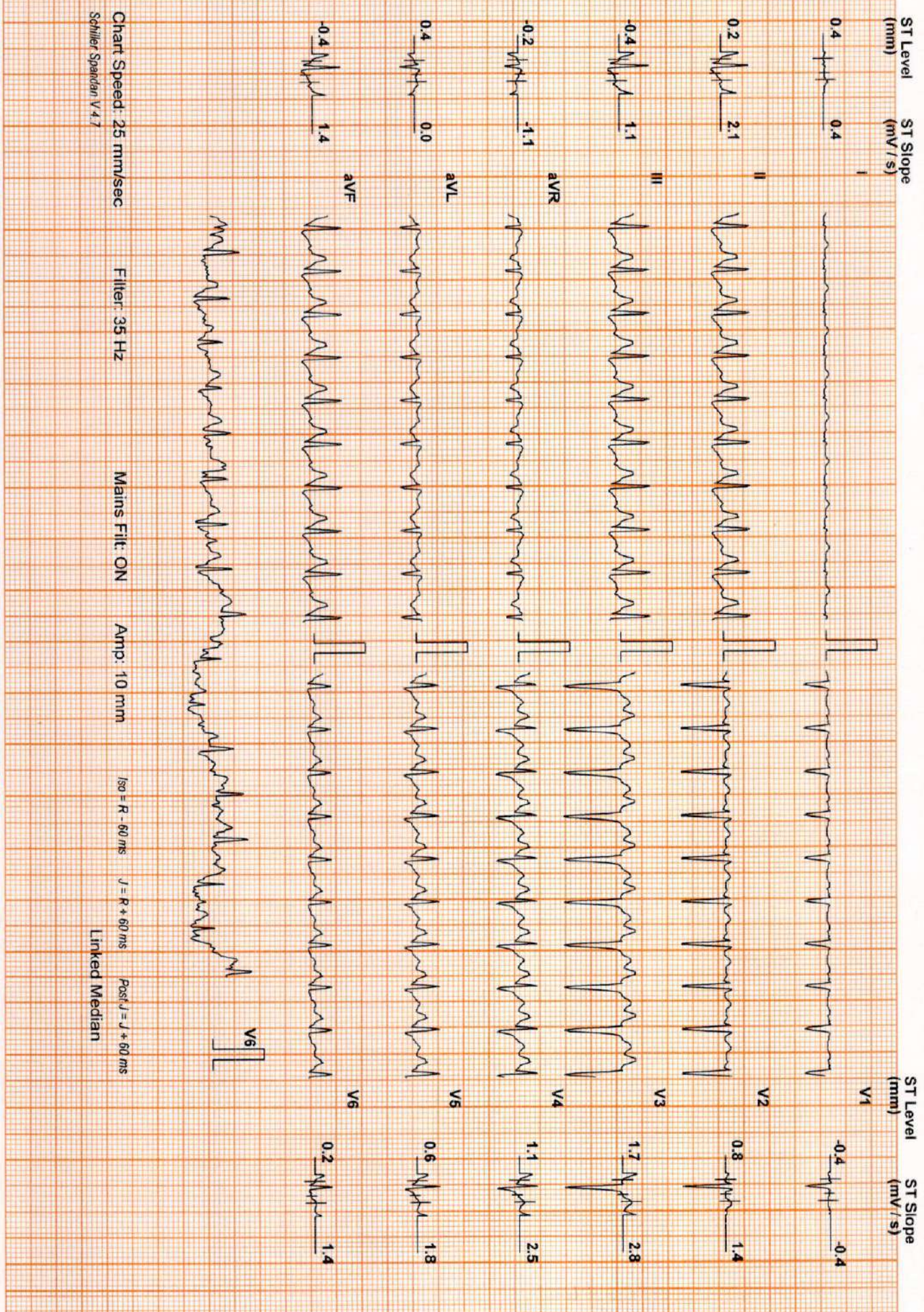
Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 174 bpm)

B.P: 130 / 80



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 42 s Stage Time : 0 m 36 s HR: 165 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 140 / 80

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

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

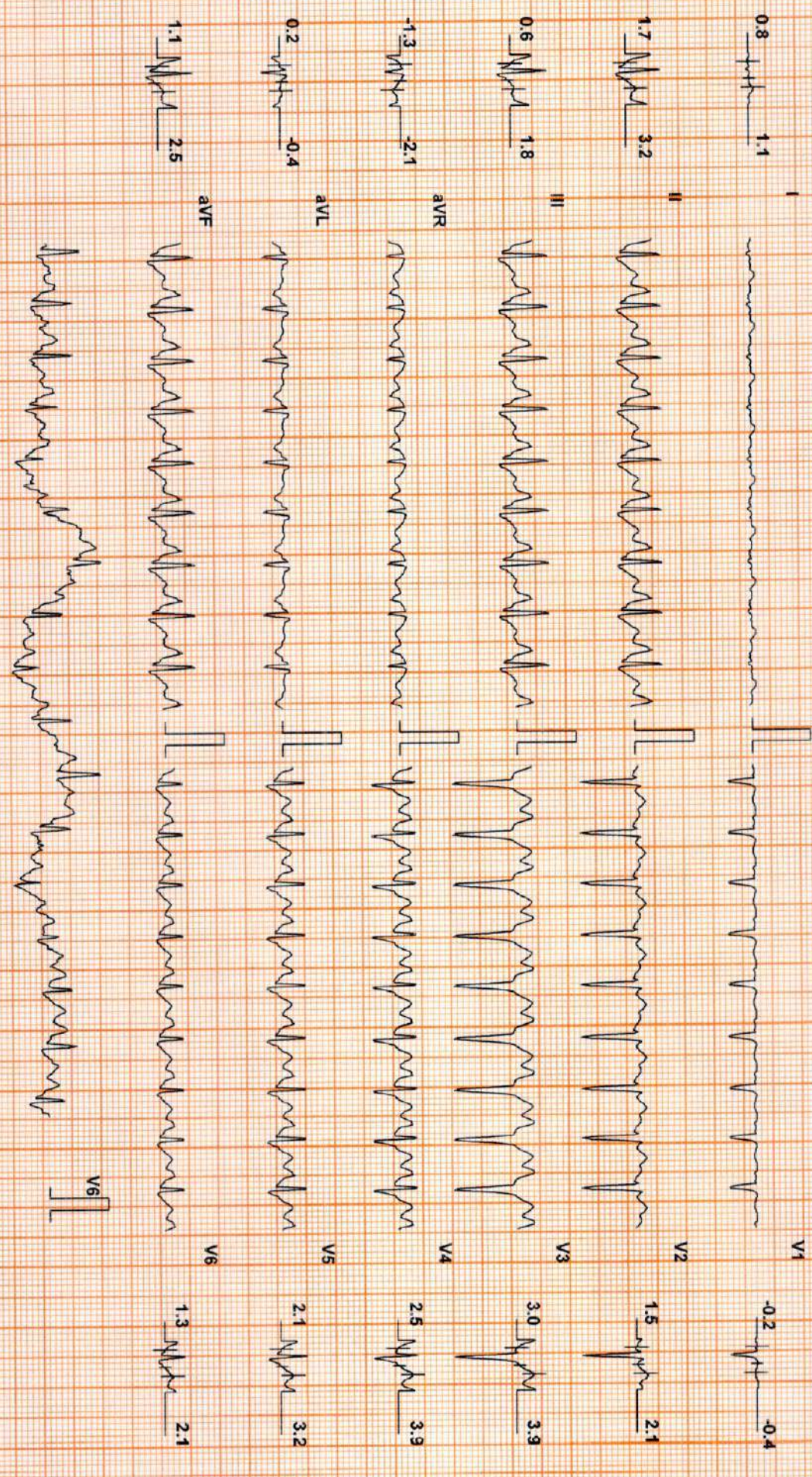


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

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

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

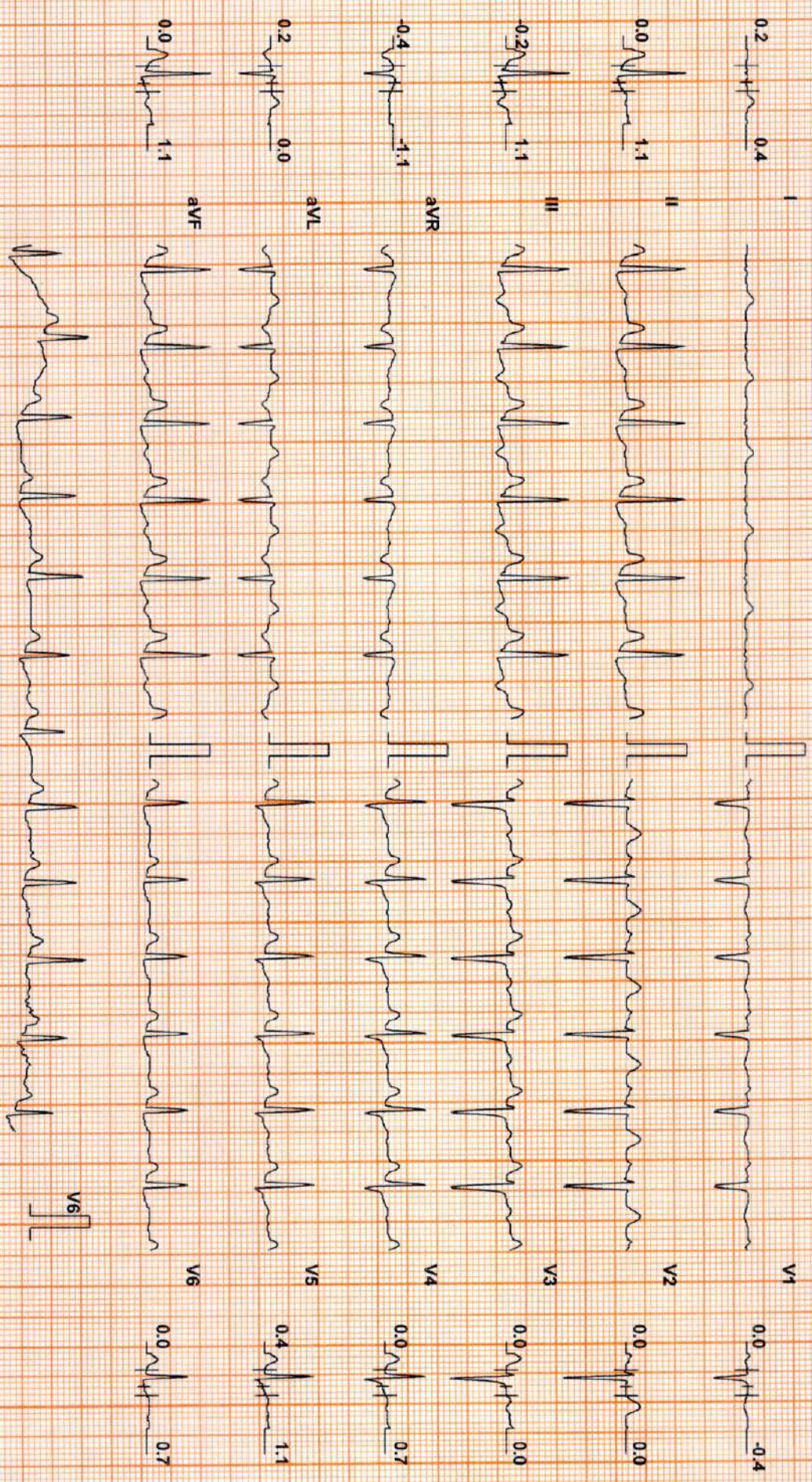


Chart Speed: 25 mm/sec
Schiller Sparten V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SOWMYA NAYAK (26 F)

ID: 4053VL000893

Date: 10-Dec-22

Exec Time : 7 m 42 s Stage Time : 1 m 0 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P: 110 / 80

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

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

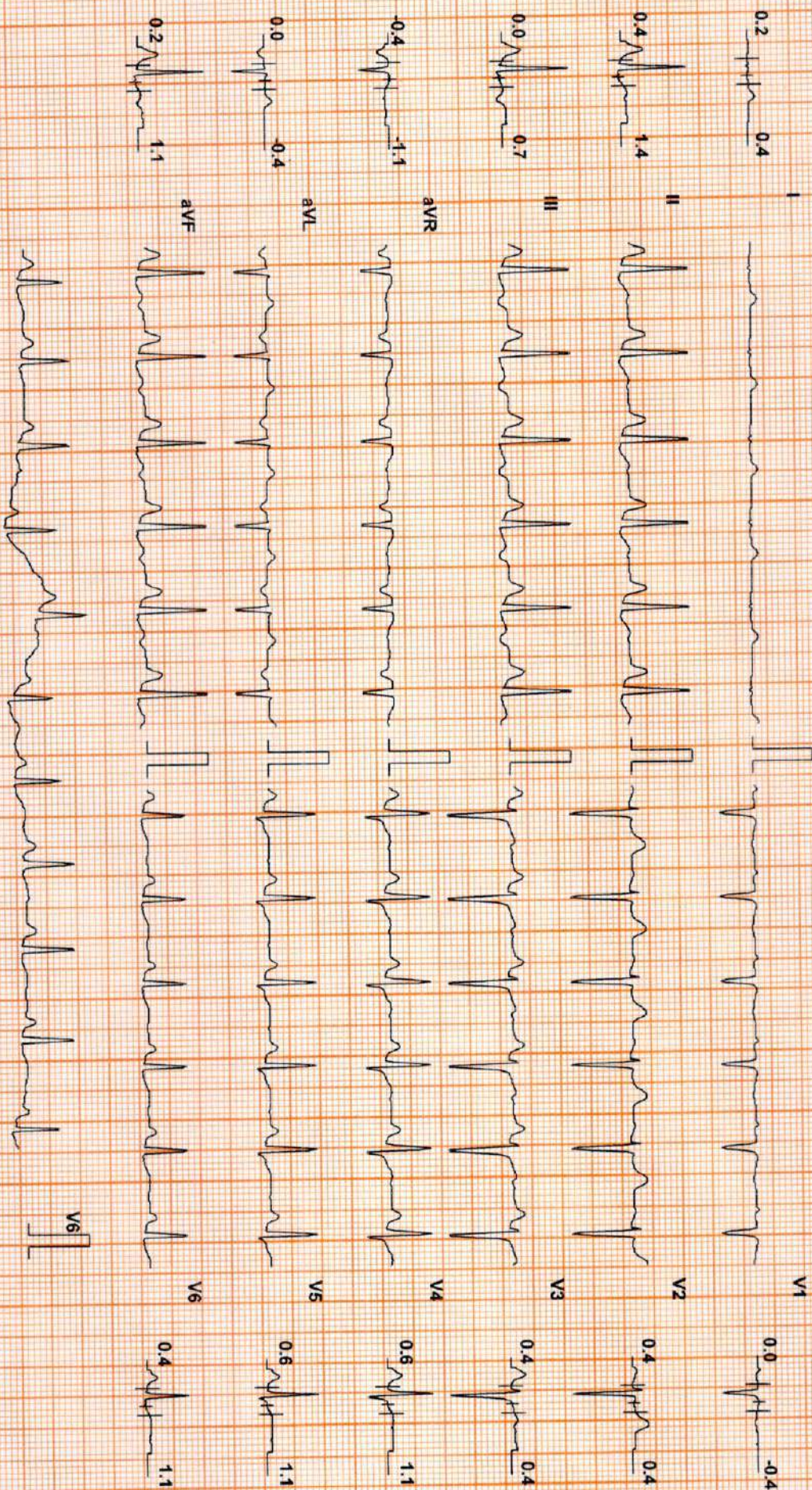


Chart Speed: 25 mm/sec
Schlifer Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median