

अरित सरकार Government of India

ऋषिकेश पंदरीनाथ गायकर Hrishikesh Pandharinath Gaykar जन्म तारीख / DOB : 22/11/1988 पुरुष / Male



4542 1284 2286

माझे आधार, माझी ओळख Dr. Manasee Kurkarni



REPORT

PHYSICAL EXAMINATION REPORT

		\
Patient Name	1 tishikesh (raykar 2 10 21	Sex/Age M 32 Jrs, Location Mane
History and Com	plaints	
	NI	
EXAMINATION F	INDINGS:	
Height (cms):	— \ (o С):	
Weight (kg):	- 67-6 Skin:	
Blood Pressure	2090 Nails:	MA
Pulse	Zoluly Lymph Node:	
Systems:		
Cardiovascular:		
Respiratory:	I. (NA)	
Genitourinary:	NAO	
GI System:		
CNS:		
Impression:	- Tosivophilio	a : 1 Sivus Bradycard
	- Dustipia	eura.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Advice		allegic Medications V test Diet (5'0')
	Thy	soid sofile.
1)	Hypertension:	
1)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	covid infection (Feb
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	N. C.
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	
PER	SONAL HISTORY:	
1)	Alcohol	1 (00)
2)	Smoking	The No
3)	Diet	- Jeg
(4)	Medication	1001

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R E P O R T

Name:

Date

Hotshikesh Caykar 2/10/21

ENT Examination

History:

Examination:

Right:-

Left :-

External Ear: -

Middle Ear :-

1. Intent

(Tympanic Membrance Eustachean Tube, Mastoid)

Rinnes, Webers:-

Nose and Paranasal sinuses :-

Throat:-

Speech :-

NAO

Dr. Manasee Kulkarni M.B.B.S 2005/09/3439

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R

Date: - 2/10/21
Name: - /fwshikoh Cavilos.

CID:

Sex / Age: /

EYE CHECK UP

Chief complaints: Rev

Systemic Diseases:

Past history:

Unaided Vision:

BZ96 NVBeX16

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good VILLOW

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343



: 2127554465

Name

: MR. HRISHIKESH GAYKAR

Age / Gender

: 32 Years / Male

Consulting Dr. Reg. Location

: -

: G B Road, Thane West (Main Centre)

Use a QR Code Scanner Application To Scan the Code :02-Oct-2021 / 10:55

Authenticity Check

:02-Oct-2021 / 18:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.7

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Collected

Reported

HPLC

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

116.9

mg/dl

Calculated

Intended use:

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.

HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.

To monitor compliance and long term blood glucose level control in patients with diabetes.

Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***





Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

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METHOD

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood	Count), Blood
	BIOLOGICAL REF RANGE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	WETHOD
RBC PARAMETERS			Spectrophotometric
Haemoglobin	14.7	13.0-17.0 g/dL	Elect. Impedance
RBC	5.21	4.5-5.5 mil/cmm	Measured
PCV	43.8	40-50 %	Calculated
MCV	84	80-100 fl	
MCH	28.1	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
WBC PARAMETERS			Elect. Impedance
WBC Total Count	6200	4000-10000 /cmm	Liect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	37.2	20-40 %	Calculated
Absolute Lymphocytes	2306.4	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	Calaulated
Absolute Monocytes	384.4	200-1000 /cmm	Calculated
Neutrophils	44.5	40-80 %	Colonistad
Absolute Neutrophils	2759.0	2000-7000 /cmm	Calculated
Eosinophils	12.1	1-6 %	6 1 1 4 4
Absolute Eosinophils	750.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	6 1 1 1 1 1
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATE	ELET	PARA	ME.	TERS
-------	------	------	-----	------

DI LI LO	242000	150000-400000 /cmm	Elect. Impedance
Platelet Count			Calculated
MPV	8.2	6-11 fl	
PDW	13.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	
Microcytosis	
Macrocytosis	-

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Collected Reported

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Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-15 mm at 1 hr.

Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***







Sugar 30" Dr.LYNDA RODRIGUES **MD** Pathology Pathologist

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METHOD

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	WETHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	101.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	19.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	18.8	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	65.0	40-130 U/L	PNPP
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.2	6-20 mg/dl	Calculated
	0.9	0.67-1.17 mg/dl	Enzymatic
CREATININE, Serum eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	3.5-7.2 mg/dl	Uricase
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Dr.LYNDA RODRIGUES MD Pathology Pathologist

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Consulting Dr.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	
Volume (ml)	50	*	(#)
CHEMICAL EXAMINATION			77 - 2010
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION	ON		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
	BU GUOGTICS (INDIA) DVT	TTD C R Poad Lab Thane West	

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Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

ABO GROUP

B

Rh TYPING

Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***





MC-2427



Payma garall Dr.LYNDA RODRIGUES MD Pathology **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	221.0	Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	179.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	29.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	191.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	155.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	36.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West







Dr.LYNDA RODRIGUES MD Pathology Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOL
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.79	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

trauma and surgery etc.

traum	a and surgery	etc.						
TSH	H FT4/T4 FT3/T3		Interpretation					
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-					
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.					
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, prepaging related (hyperemesis gravidarum, hydatiform mole)					
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine). Non thyroidal lilness.					
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.					
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti- lepileptics.					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***







Dr.LYNDA RODRIGUES MD Pathology **Pathologist**

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: 2127554465

SID

: 177804241527

Name

: MR.HRISHIKESH GAYKAR

Registered

: 02-Oct-2021 / 10:54

Age / Gender : 32 Years/Male

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: 02-Oct-2021 / 10:54

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: 02-Oct-2021 / 14:29

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***

Dr.DEVENDRA PATIL M.D(RADIO DIAGNOSIS) RADIOLOGIST

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: 02-Oct-2021 / 15:08

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated)

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 8.3 x 3.7 cm. Left kidney measures 9.2 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 2.3 x 3.1 x 3.3 cm in dimension and 12.6 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen. Bowel gas++

IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

Advice: Clinical co-relation and further evaluation.

*** End Of Report ***

Dr.DEVENDRA PATIL M.D(RADIO DIAGNOSIS) RADIOLOGIST

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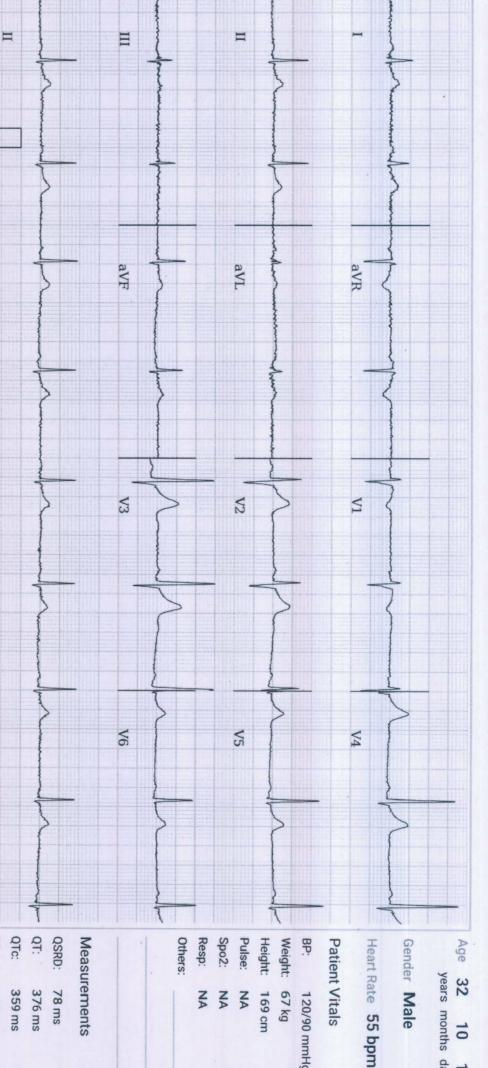
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SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: HRISHIKESH GAYKAR Patient ID: 2127554465

Date and Time: 2nd Oct 21 12:31 PM



years months days 32 10

Gender Male

Patient Vitals

120/90 mmHg

Weight: 67 kg

Height: 169 cm ZA

ZA

Measurements

78 ms 376 ms

P-R-T: 13° 50° 35° 130 ms

359 ms

PR:

ECG Within Normal Limits: Sinus Bradycardia.Please correlate clinically.

25.0 mm/s 10.0 mm/mV

REPORTED BY

DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS GB RD THANE

Patient Details

Clinical History:

Date: 02-Oct-21

Time: 12:55:33 PM

Name: HRISHIKESH GAYKAR ID: 2127554465

Age: 32 y

Sex: M

Height: 169 cms

Weight: 66 Kgs

Medications:

NIL

10 m 25 s

NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 169 (90 % of Pr.MHR) bpm

Total Exec. Time:

Max. HR: 158 (84% of Pr.MHR)bpm

Max. Mets:

13.50

Max. BP: 160 / 80 mmHg

Max. BP x HR: 25280 mmHg/min

Min. BP x HR:

5440 mmHg/min

Test Termination Criteria:

Fatigue, Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(IIIIII . Sec)		(mph)	(%)	(bpm)	(mm/Hg)	(mm)	Slope (mV/s)
Supine	0:20	1.0	0	0	68	120 / 80	-0.42 aVR	2.48 V3
Standing	0:1	1.0	0	0	68	120 / 80	-0.42 aVR	2.12 V3
Hyperventilation	0:1	1.0	0	0	68	120 / 80	-0.42 aVR	2.12 V3
1	3:0	4.6	1.7	10	117	130 / 80	-1.06 aVR	2.83 V3
2	3:0	7.0	2.5	12	129	140 / 80	-0.85 III	3.89 V3
3	3:0	10.2	3.4	14	143	150 / 80	-1.27 III	5.66 V3
Peak Ex	1:25	13.5	4.2	16	158	160 / 80	-1.49 aVR	5.66 V3
Recovery(1)	2:0	1.8	1	0	119	130 / 80	-1.70 aVR	5.66 V3
Recovery(2)	2:0	1.0	0	0	109	130 / 80	-1.06 aVR	5.66 V3
Recovery(3)	0:4	1.0	0	0	109	130 / 80	-0.64 aVR	3.54 V3

G. B. ROAD

Interpretation

The patient exercised according to the Bruce protocol for 10 m 25 s achieving a work level of Max. METS: 13.50. Resting heart rate initially 68 bpm, rose to a max. heart rate of 158 (84% of Pr MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg. GOOD EFFORT TOLERANCE, NORMAL CHRONOTROPIC RESPONSE, NORMAL INOTROPIC RESPONSE

NO ANGINA/ANGINA EQUIVALENTS, NO ARRHYTHMIAS, NO SIGNIFICANT ST-T CHANGES FROM BASELINE

REMARKS: Test is Negative for inducible ischemia

Disclaimer : Negative stress test does not rule out Coronary Artery Disease Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease . Hence overall Cardiological corelation is mandatory.

Dr. SHAILAJA PILLAI M.D. (GEN.MED)

R.NO. 49972

Ref. Doctor: -

(Summary Report edited by user)

Doctor: DR.SHATLAJA PILLAI

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