DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002433913

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
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
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : BINI S I PATIENT ID : **BINIF2511754182**

ACCESSION NO : **4182VK011007** AGE : 47 Years SEX : Female

DRAWN : RECEIVED : 25/11/2022 08:02 REPORTED : 26/11/2022 15:10

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

*** TREADMILL TEST**	
TREADMILL TEST	REPORT ATTACHED
DENTAL CHECK UP	
DENTAL CHECK UP	REPORT ATTACHED
OPTHAL	
OPTHAL	REPORT ATTACHED
*** PHYSICAL EXAMINATION**	
PHYSICAL EXAMINATION	REPORT ATTACHED

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT				
*** SERUM BLOOD UREA NITROGEN**				
BLOOD UREA NITROGEN	11		Adult(<60 yrs) : 6 to 20	mg/dL
*** BUN/CREAT RATIO**				
BUN/CREAT RATIO	16.2			
CREATININE, SERUM				
CREATININE	0.68		18 - 60 yrs : 0.6 - 1.1	mg/dL
*** GLUCOSE, POST-PRANDIAL, PLASMA**				
GLUCOSE, POST-PRANDIAL, PLASMA	113		Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
*** LIPID PROFILE, SERUM**				
CHOLESTEROL	**258**	**High**	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	56		Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	**79**	**High**	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	**172**	**High**	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**179**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
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	2.2		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	11.2		Desirable value : 10 - 35	mg/dL
*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**				

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GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.5		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%.	
MEAN PLASMA GLUCOSE	111.2			mg/dL
*** LIVER FUNCTION TEST WITH GGT**				
BILIRUBIN, TOTAL	0.88		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.27		General Range : < 0.2	mg/dL
BILIRUBIN, INDIRECT	**0.61**	**High**	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.8		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.5		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18		Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14		Adults : < 34	U/L
ALKALINE PHOSPHATASE	45		Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	14		Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	3.7		Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	TYPE A			
RH TYPE	POSITIVE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN	12.3		12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.15		3.8 - 4.8	mil/µL

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WHITE BLOOD CELL COUNT	4.01		4.0 - 10.0	thou/µL
PLATELET COUNT	200		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	36.7		36 - 46	%
MEAN CORPUSCULAR VOL	88.4		83 - 101	fL
MEAN CORPUSCULAR HGB.	29.5		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.4		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.4		12.0 - 18.0	%
MENTZER INDEX	21.3			
MEAN PLATELET VOLUME	9.4		6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	45		40 - 80	%
LYMPHOCYTES	**45**	**High**	20 - 40	%
MONOCYTES	8		2 - 10	%
EOSINOPHILS	2		1 - 6	%
BASOPHILS	0		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	**1.80**	**Low**	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.80		1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	0.32		0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.08		0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0.0			thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1			
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
SEDIMENTATION RATE (ESR)	**28**	**High**	0 - 20	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING			
*** SUGAR URINE - POST PRANDIAL**				
SUGAR URINE - POST PRANDIAL	NOT DETECTED		NOT DETECTED	
CYTOLOGY - CS (PAP SMEAR)				

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CYTOLOGY - CS (PAP SMEAR)

CERVICAL CYTOLOGY REPORT (2014) BETHESDA SYSTEM.

CR No:1745/11/22

SPECIMEN TYPE : Conventional pap smear.

SPECIMEN ADEQUACY : Satisfactory for evaluation. Transformation zone not seen. Background is dirty with scattered inflammatory cells.

GENERAL CATEGORIZATION : Negative for intraepithelial lesion / malignancy.

INTERPRETATION /RESULT : Negative for intraepithelial lesion / malignancy.

OTHER MALIGNANT NEOPLASM :

EDUCATIONAL NOTES & SUGGESTIONS:

Test Report Status	Results	Units
*** THYROID PANEL, SERUM**		
T3	87.15	80 - 200 ng/dL
T4	7.43	5.1 - 14.1 µg/dl
TSH 3RD GENERATION	1.440	Non-Pregnant : 0.4-4.2 µIU/mL Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3
*** SUGAR URINE - FASTING**		
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
PHYSICAL EXAMINATION, URINE		
COLOR	YELLOWISH	
APPEARANCE	CLEAR	
CHEMICAL EXAMINATION, URINE		
PH	6.5	4.7 - 7.5
SPECIFIC GRAVITY	1.021	1.003 - 1.035
PROTEIN	NEGATIVE	NOT DETECTED
GLUCOSE	NEGATIVE	NOT DETECTED
KETONES	NEGATIVE	NOT DETECTED

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BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NEGATIVE	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	95	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
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.
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

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Test Report Status	Results	Units

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 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 sdLDL 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.
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 addiction 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
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

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• 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.

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, Vasculities, 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: Polycythermia 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
CYTOLOGY - CS (PAP SMEAR)-METHOD: STAINING- MICROSCOPY

Specimens sent for biopsy will be preserved in the Lab only for 30 days after despatch of reports.They will be discarded after this period. Slides/blocks of tissues will be issued only on written request from the concerned medical officer. Slides / Blocks and Reports will be preserved only for a period of 10 years.Generally Slides will be made available only a day after giving the request.Only two copies of the report will be given . Additional copies will be given only on production of a letter from the concerned doctor. Special stains & tests will be done whereever necessary to assist diagnosis and will be charged extra.
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the

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CLIENT CODE : CA00010147
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
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : BINI S I PATIENT ID : **BINIF2511754182**

ACCESSION NO : **4182VK011007** AGE : 47 Years SEX : Female

DRAWN : RECEIVED : 25/11/2022 08:02 REPORTED : 26/11/2022 15:10

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Units

circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST
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)

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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002433913

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
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
ASTER SQUARE BUILDING, ULLOOR,
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REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

*** ECG WITH REPORT**

REPORT

REPORT GIVEN

*** MAMMOGRAPHY -BOTH**

REPORT

REPORT GIVEN

*** USG ABDOMEN AND PELVIS**

REPORT

REPORT GIVEN

*** CHEST X-RAY WITH REPORT**

REPORT

REPORT GIVEN

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN
HOD - HAEMATOLOGY

PADMANABHAN NAIR
HOD - HORMONES

DR JASMINE KHADER
CONSULTANT PATHOLOGIST

Scan to View Details

Scan to View Report

NAME : MRS. BINI S I	AGE:47/M	DATE:25/11/2022

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
No cardiomegaly
Normal vascularity
No parenchymal lesion.
Costophrenic and cardiophrenic angles clear

➢ **IMPRESSION** **: Normal Chest Xray**

ELECTRO CARDIOGRAM : NSR:64/minute
No evidence of ischaemia.

➢ **IMPRESSION** **: Normal Ecg.**

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

DDRC SRL Diagnostics Ltd MEDICAL COLLEGE

DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS LTD

DDRC SRL
Diagnostic Services

MEDICAL EXAMINATION REPORT (MER)

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. Bm · 81
2. Mark of Identification : (Mole/Scar/any other (specify location)):
3. Age/Date of Birth : Gender: F/M
4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... (cms) b. Weight ..... (Kgs) c. Girth of Abdomen ..... (cms)

d. Pulse Rate 80/min (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	120	80
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

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

Tobacco in any form	Sedative	Alcohol

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Diagnostic Services

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
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsr

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

OR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? 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

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

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

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

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

ONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine'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 inform ation 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 e ployment.

EDICAL EXAMINER'S DECLARATION

ereby confirm that I have examined the above ndividual after verification of his/her identity and the findings stated ove are true and correct to the best of my knowledge.

me & Signature of the Medical Examiner :

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

DDRC SRL Diagnostics MEDICAL COLLEGE PO

ıl of Medical Examiner :

me & Seal of DDRC SRL Branch :

e & Time : 25/11/2021

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

Kailas
Dental Aesthetic &
Implant Centre

Opp. Medical College Men's Hostel-1,
Medical College P.O., Trivandrum- 695 011
Tel : 91-471-2553801, 2553802, 9847068787
www.trivandrumkailasdental.com

Kerala's First ❖ ISO Certified Dental Clinic ❖ Laser Dental Care Centre

Date: 25/11/22.

DENTAL REPORT

NAME: Bimi AGE: 47 SEX: F.

PRESENTING COMPLAINT :

PAST DENTAL HISTORY :

EXTRA ORAL EXAMINATION :

- TMJ :
- FACIAL SYMMETRY :
- LYMPH NODES :
- EAR, NOSE, EYES, LIPS :

INTRA ORAL EXAMINATION : Normal

SOFT TISSUES :

- Frenal Attachment :
- Labial & buccal mucosa :
- Tongue :
- Palate :
- Gingiva :
  - Colour :
  - Consistency :
  - Pigmentation :
  - Texture :
  - Recession :
  - Periodontal Pockets :

HARD TISSUES :

Dental Conditions :

Carious Teeth :

Missing Teeth :

Restoration : Ag 76 | 6 / | 67.

Root stumps :

Impactions :

Mobility :

Attrition : 76 |

Abrasion :

Oral Hygiene: Fair/Moderate/Good/Poor

Stains, calculus : Nil

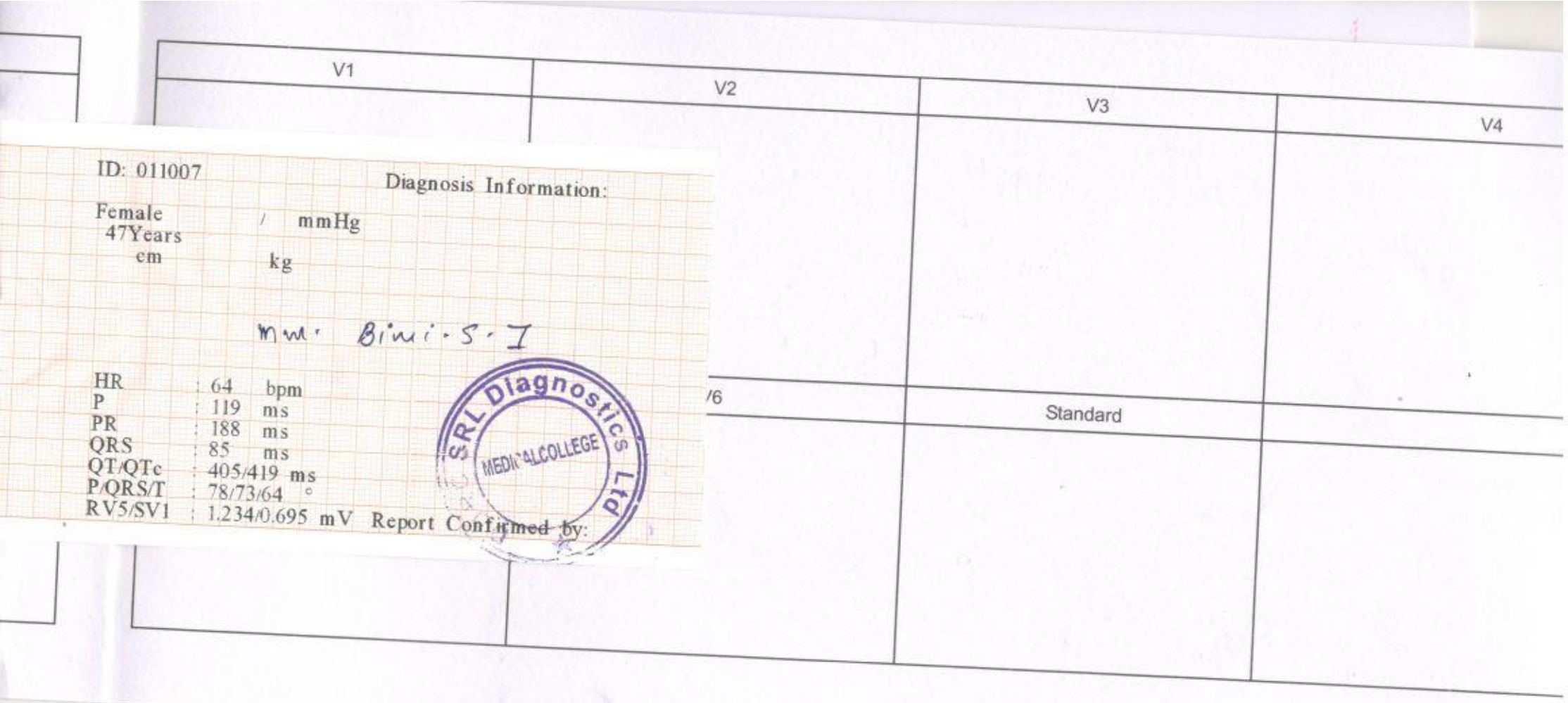
Brushing Habits : Once

TREATMENT ADVISED :

→ Adv RCT i/r/t 6| followed by crown

→ Adv to remove old Ag restoration & give composite restoration

Dr. Prem Anand
Reg. 13440



ID: 011007

Diagnosis Information:

Female
47Years
cm

/ mmHg

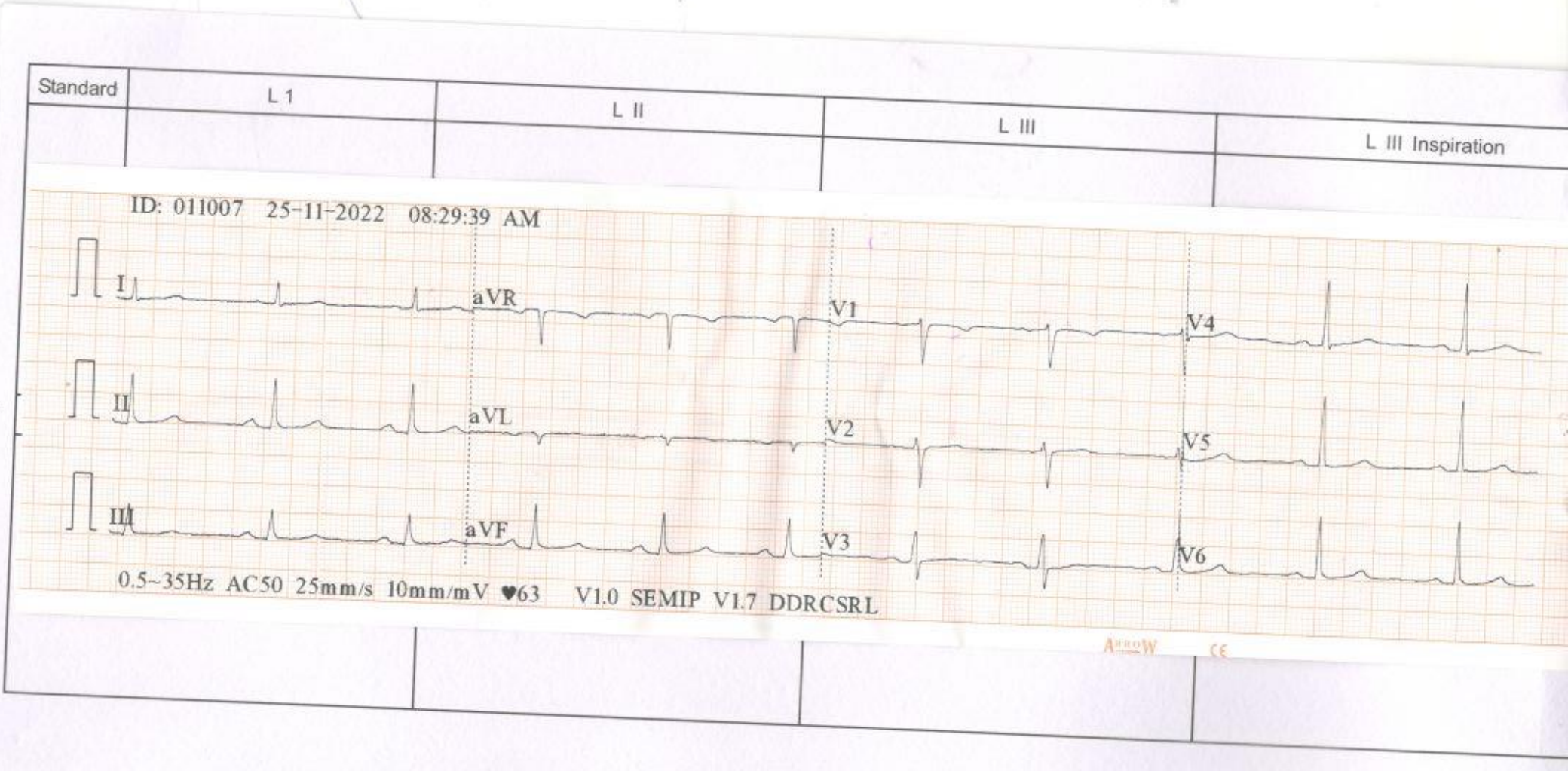
kg

mm. Bimi-5-I

HR	: 64	bpm
P	: 119	ms
PR	: 188	ms
QRS	: 85	ms
QT/QTc	: 405/419	ms
P/QRS/T	: 78/73/64	°
RV5/SV1	: 1.234/0.695	mV

Report Confirmed by:

SRL Diagnostics Ltd
MEDICAL COLLEGE


Standard
L 1
L II
L III
L III Inspiration
ID: 011007 25-11-2022 08:29:39 AM
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.5~35Hz AC50 25mm/s 10mm/mV ♥63 V1.0 SEMIP V1.7 DDRCSRL

COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

Acc no:4182VK011007	Name: Mrs. Bini S I	Age: 47 y	Sex: Female	Date:25.11.22

US SCAN WHOLE ABDOMEN (TAS + TVS)

LIVER is normal in size (13.6 cm). Margins are regular. Hepatic parenchyma shows normal echogenicity. No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (11.5 mm).

GALL BLADDER is partially distended and grossly normal. No pericholecystic fluid seen.

SPLEEN is normal in size (7.5 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (9.3 x 3.3 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (9.9 x 4.2 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA No retroperitoneal lymphadenopathy or mass seen. *Suboptimal evaluation since some areas obscured by bowel air.*

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

UTERUS is enlarged in size, measures 10.4 x 5.9 x 7.7 cm. Fibroids noted as follows: Posterior wall (3.6 x 2.9 cm & 2.6 x 3 cm), involving intramural plane and extending to sub endometrial region causing mass effect on the endometrium. Fundo anterior wall (2.8 x 2.2 cm), involving subserous and intramural plane. Right antero lateral wall (3.8 x 3 cm), involving intramural plane and reaching to sub endometrial region. Endometrial cavity appears distorted by fibroids.

Endometrial thickness is 7.6 mm.

Right ovary measures 2.2 x 1.3 cm and *shows dominant follicle measuring 12.5 x 9.7 mm.* Left ovary not separately identified. No adnexal mass seen. No fluid in pouch of Douglas.

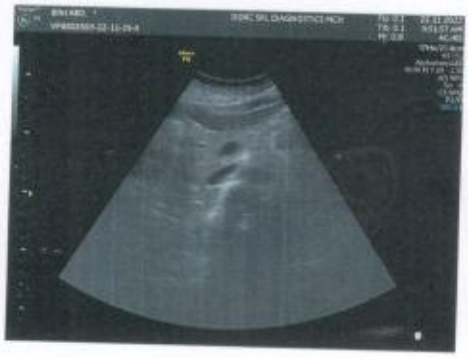
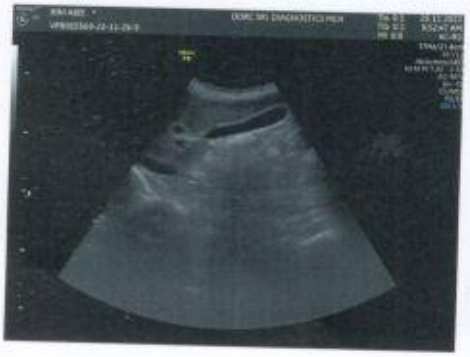
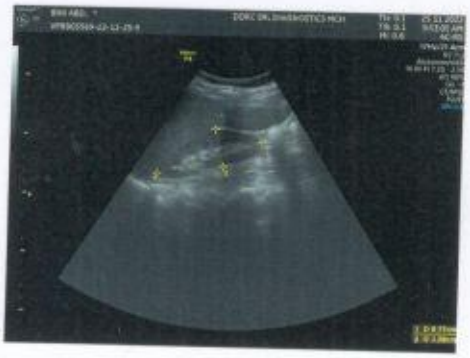
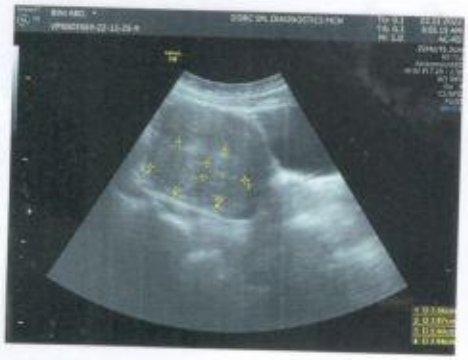
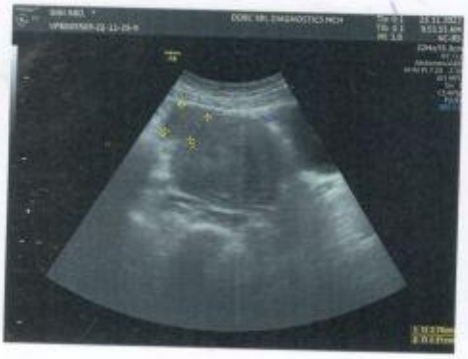
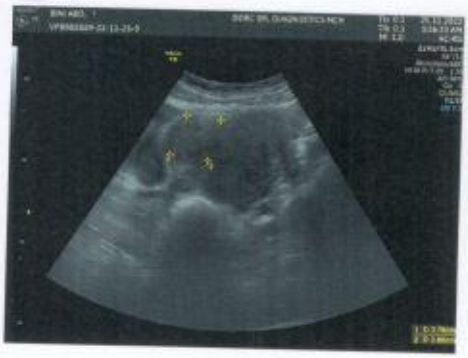
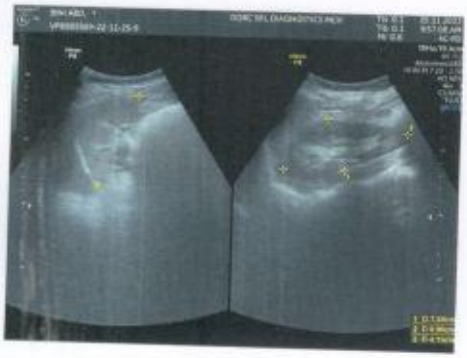
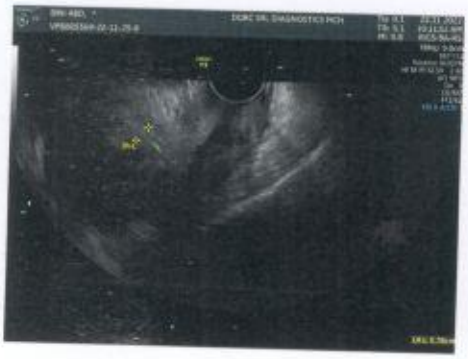
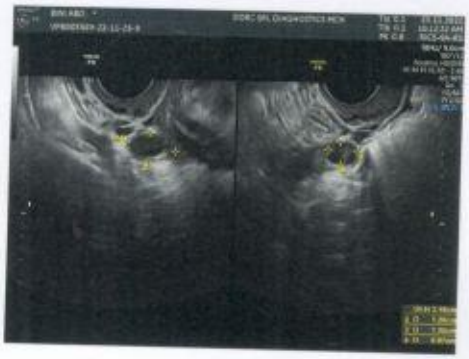
No ascites or pleural effusion.

CONCLUSION:-

- **Enlarged uterus with fibroids, distorting the endometrial cavity.**

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks for referral. Your feedback will be appreciated.
(Please bring relevant investigation reports during all visits)
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations and if required repeat imaging recommended in the event of controversities. AR

MAMMOGRAM REPORT (BOTH)

Acc no:**4182VK011007**	**Name: Mrs. Bini S I**	Age: **47 y**	Sex: **Female**	Date:**25.11.22**

(i) **INDICATION :** - *Screening*

(ii) **BREAST COMPOSITION** : -

RIGHT :*Extremely dense breast which lower the sensitivity of mammography.*

LEFT : *Extremely dense breast which lower the sensitivity of mammography.*

(iii) **OBSERVATION:-**

RIGHT : - No mass / asymmetry / architectural distortion / significant calcifications. Suggestion of a few axillary lymphnodes.

LEFT :- No mass / asymmetry / architectural distortion / significant calcifications. Suggestion of a few axillary lymphnodes.

(iv) **COMPARISON WITH THE PREVIOUS STUDIES** : - *No previous breast imaging*

(v) **ULTRASOUND FINDINGS** :-

RIGHT : Breast composition - Heterogeneous background echotexture.

Coarsening, hypoechogenicity of glandular elements and hyperechogenicity of periglandular stromal elements noted. Multiple varying sized cysts noted in the parenchyma, largest noted between 11 & 12 O' clock position measuring 9.6 x 6.6 mm - likely representing fibrocystic breast disease. A few mildly dilated (3.2 mm) ducts noted in subareolar location extending to adjacent quadrant in a tapering manner with clear luminal content and without internal vascularity. No mass. Nipple areolar complex normal. *A few morphologically benign axillary lymphnodes noted, largest measuring 1.4 x 0.5 cm.*

LEFT : - **Breast composition -** Heterogeneous background echotexture.

Coarsening, hypoechogenicity of glandular elements and hyperechogenicity of periglandular stromal elements noted. Multiple varying sized cysts noted in the parenchymal, largest noted between 2 & 3 O' clock position measuring 5.9 x 4.9 mm - likely representing fibrocystic breast disease. A few mildly dilated (2.8 mm) ducts noted in subareolar location extending to adjacent quadrant in a tapering manner with clear luminal content and without internal vascularity. No mass. Nipple areolar complex normal. *A few morphologically benign axillary lymphnodes noted, largest measuring 2.7 x 0.6 cm.*

(vi) **IMPRESSION** :-

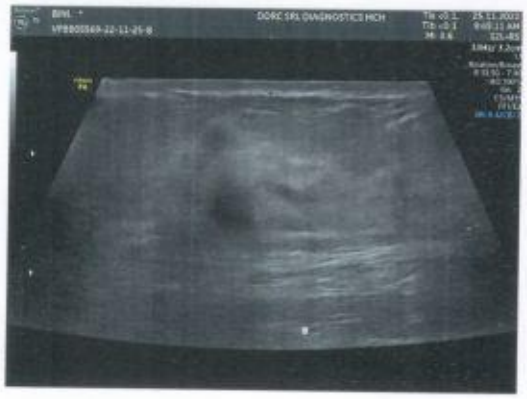
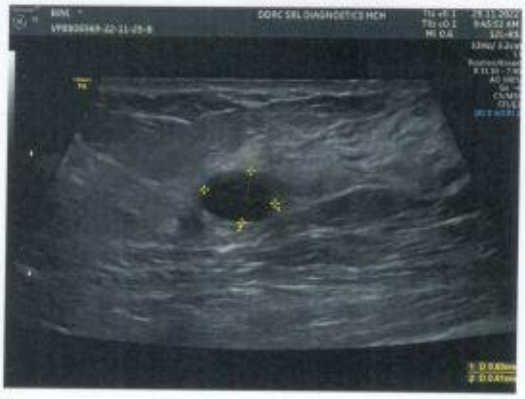
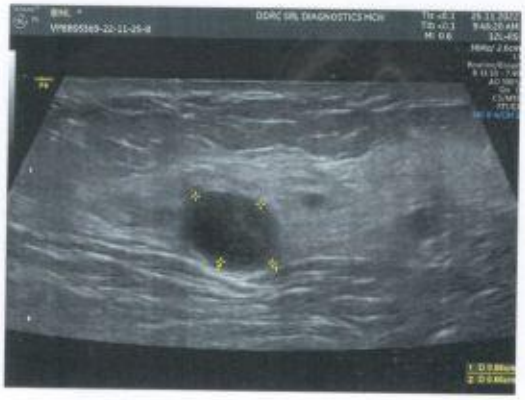
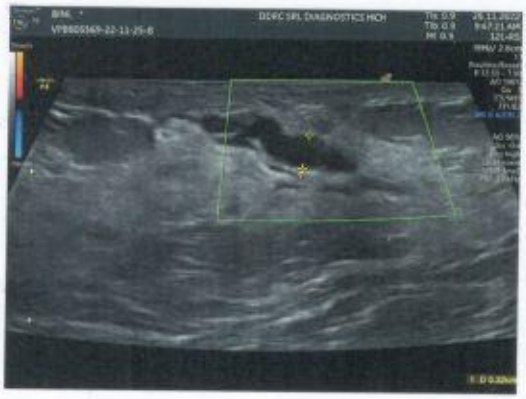
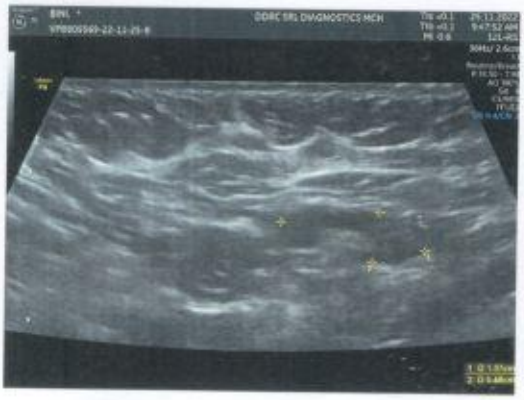
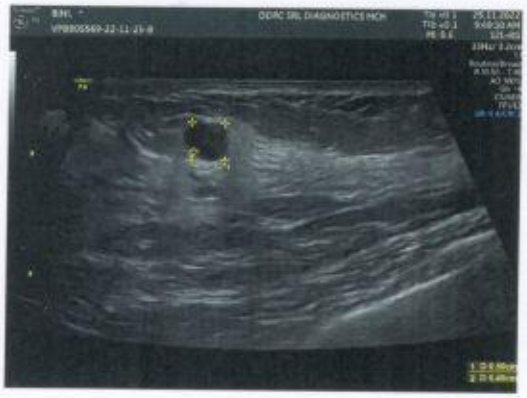
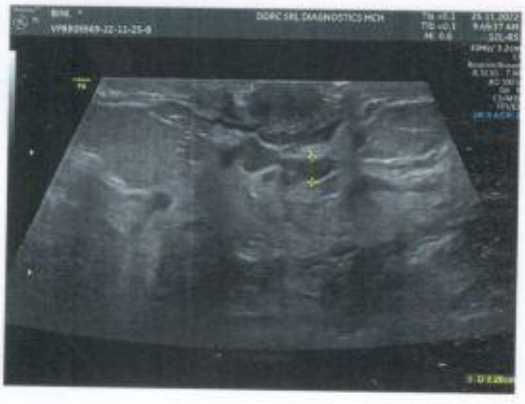
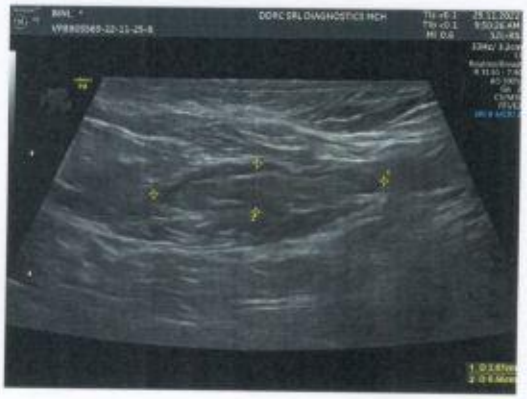
RIGHT : - BIRADS assessment category - Benign
BIRADS numeric code - 2

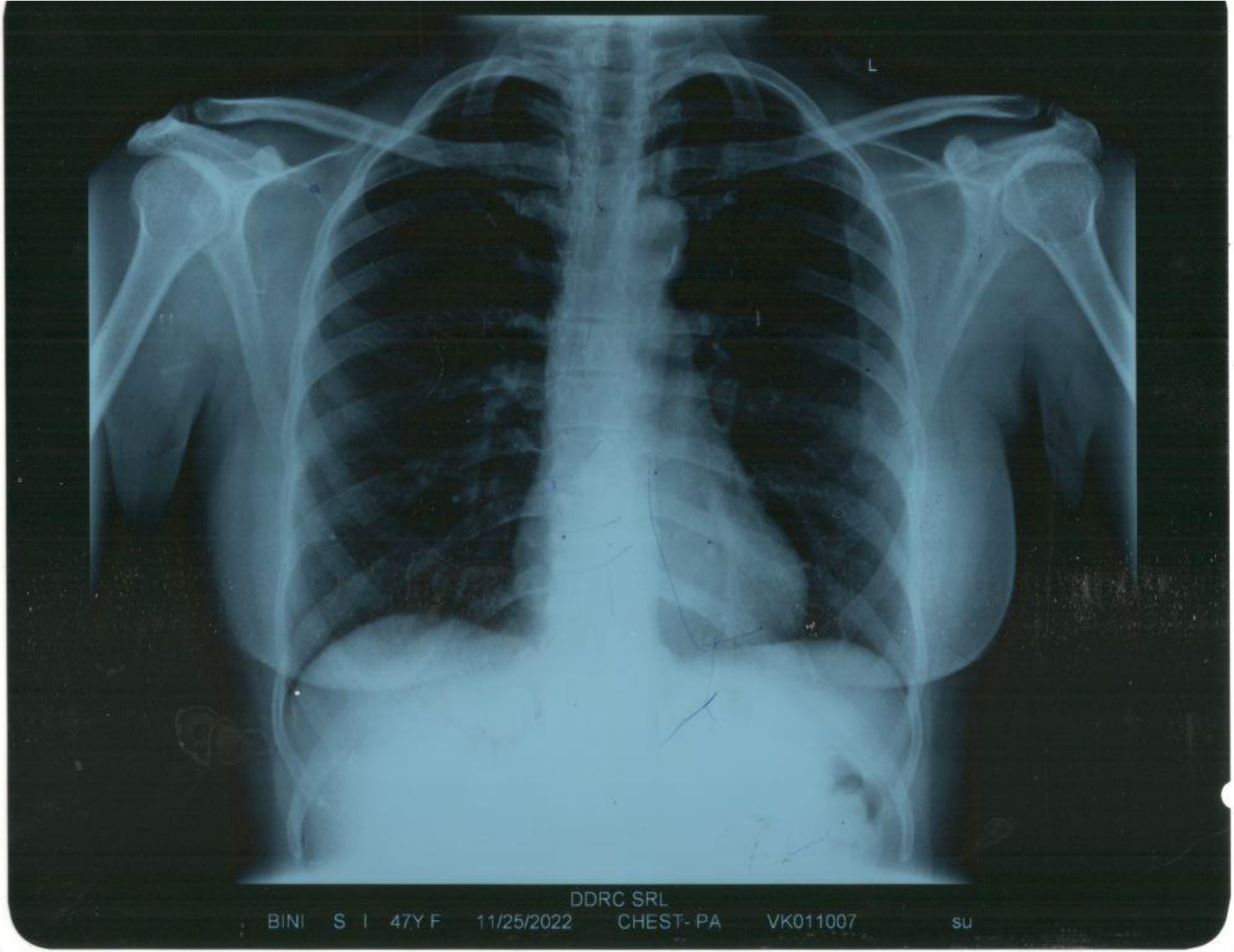
LEFT : - BIRADS assessment category - Benign.
BIRADS numeric code - 2.

(vii) **RECOMMENDATIONS** : - *Routine mammography screening.*

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks, your feedback will be appreciated.
(Please bring relevant investigation reports during all visits).
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversities.AR


L
DDRC SRL
BINI S I 47Y F 11/25/2022 CHEST- PA VK011007 su

R-mlo
L-mlo

R-cc

L-cc

DDRC SRL

Patient Details **Date: 25-Nov-22** **Time: 10:55:30 AM**

Name: BINI S I ID: 4182VK011007

Age: 47 y **Sex: F** **Height: 147 cms** **Weight: 50 Kgs**

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 173 bpm **THR:** 155 (90 % of Pr.MHR) bpm

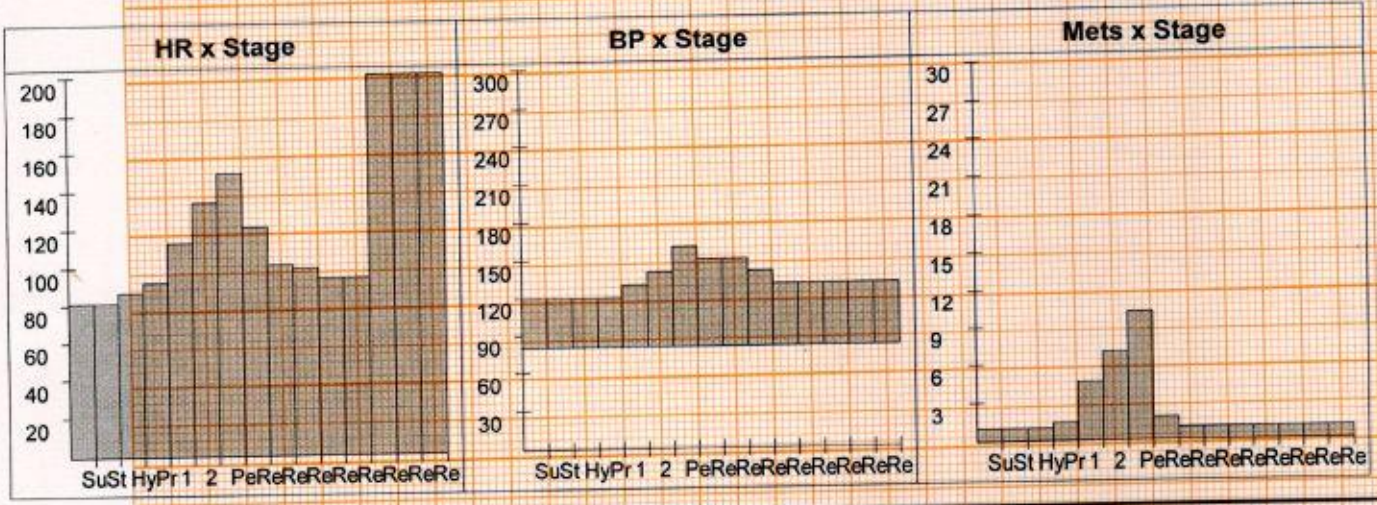
Total Exec. Time: 7 m 13 s **Max. HR:** 150 (85 % of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 160 / 80 mmHg **Max. BP x HR:** 39840 mmHg/min **Min. BP x HR:** 6480 mmHg/min

Test Termination Criteria: THR 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	0 : 16	1.0	0	0	81	120 / 80	-0.21 aVR	0.35 II
Standing	0 : 1	1.0	0	0	81	120 / 80	-0.21 aVR	0.35 II
Hyperventilation	0 : 49	1.0	0	0	87	120 / 80	-0.42 aVR	0.35 II
1	3 : 0	4.6	1.7	10	113	130 / 80	-1.06 II	2.12 I
2	3 : 0	7.0	2.5	12	134	140 / 80	-1.91 III	3.18 I
Peak Ex	1 : 13	10.2	3.4	14	149	160 / 80	-2.97 III	-3.89 V5
Recovery(1)	1 : 0	1.8	1	0	121	150 / 80	-3.40 III	-3.54 III
Recovery(2)	1 : 0	1.0	0	0	101	150 / 80	-0.64 aVR	2.48 II
Recovery(3)	1 : 0	1.0	0	0	99	140 / 80	-0.64 II	1.06 II
Recovery(4)	1 : 0	1.0	0	0	94	130 / 80	-0.64 II	-0.35 II
Recovery(5)	1 : 0	1.0	0	0	94	130 / 80	-1.06 V2	-1.42 III
Recovery(6)	1 : 0	1.0	0	0	201	130 / 80	-5.10 I	-5.66 III
Recovery(7)	1 : 0	1.0	0	0	240	130 / 80	-5.10 I	-5.66 III
Recovery(8)	0 : 14	1.0	0	0	249	130 / 80	0.00 I	-5.66 V4



DDRC SRL

Patient Details **Date:** 25-Nov-22 **Time:** 10:55:30 AM

Name: BINI S I ID: 4182VK011007

Age: 47 y **Sex:** F **Height:** 147 cms **Weight:** 50 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 7 m 13 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 81 bpm, rose to a max. heart rate of 150 (85 % of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Ref. Doctor: MEDIWHEEL

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Regn No: 72354

(Summary Report edited by user)

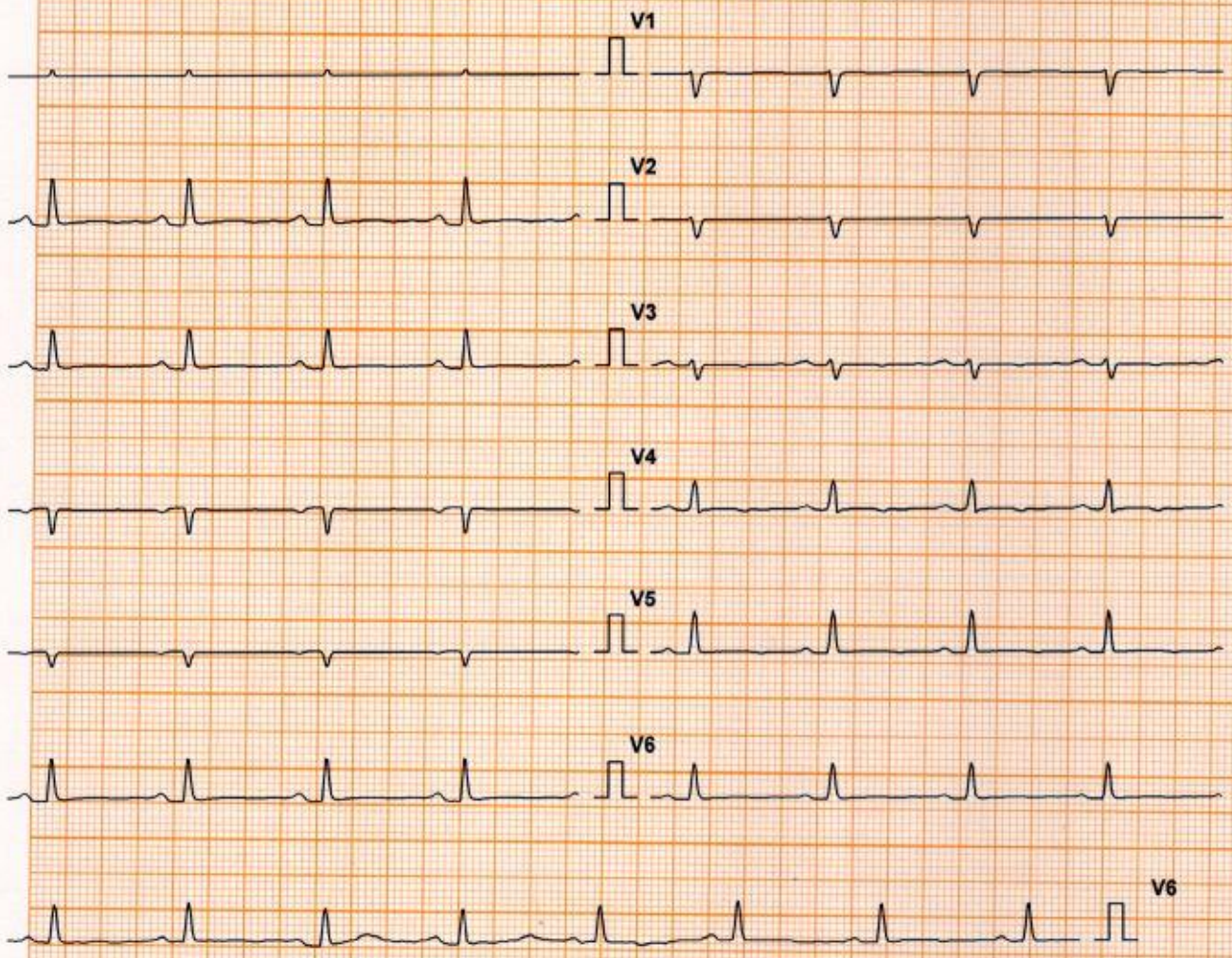
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK011007
Stage: Supine
Stage Time : 0 m 10 s

Date: 25-Nov-22
Speed: 0 mph
HR: 77 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	-0.4	V1	0.2	V4	0.2	ST Level (mm)
	0.0		-0.4		0.0		0.0	ST Slope (mV / s)
II	0.8	aVL	0.0	V2	0.0	V5	0.4	
	0.7		0.0		0.0		0.4	
III	0.4	aVF	0.6	V3	0.2	V6	0.2	
	0.4		0.4		0.0		0.0	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

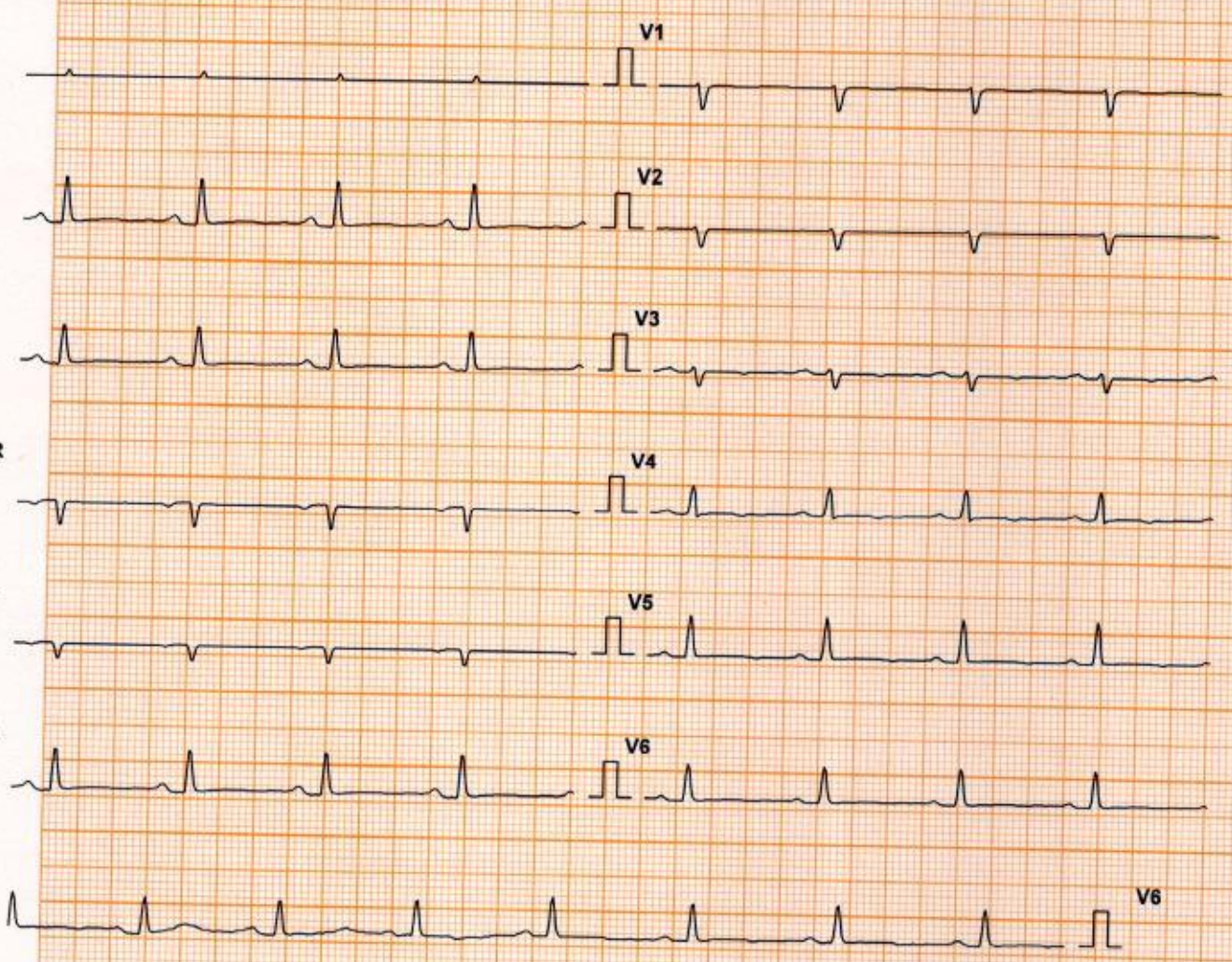
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK011007
Stage: Standing
Stage Time : 0 m 11 s

Date: 25-Nov-22
Speed: 0 mph
HR: 77 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	-0.4	V1	0.2	V4	0.2	ST Level (mm)
	0.0		-0.4		0.0		0.0	ST Slope (mV / s)
II	0.8	aVL	0.0	V2	0.0	V5	0.4	
	0.7		0.0		0.0		0.4	
III	0.4	aVF	0.6	V3	0.2	V6	0.2	
	0.4		0.4		0.0		0.0	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

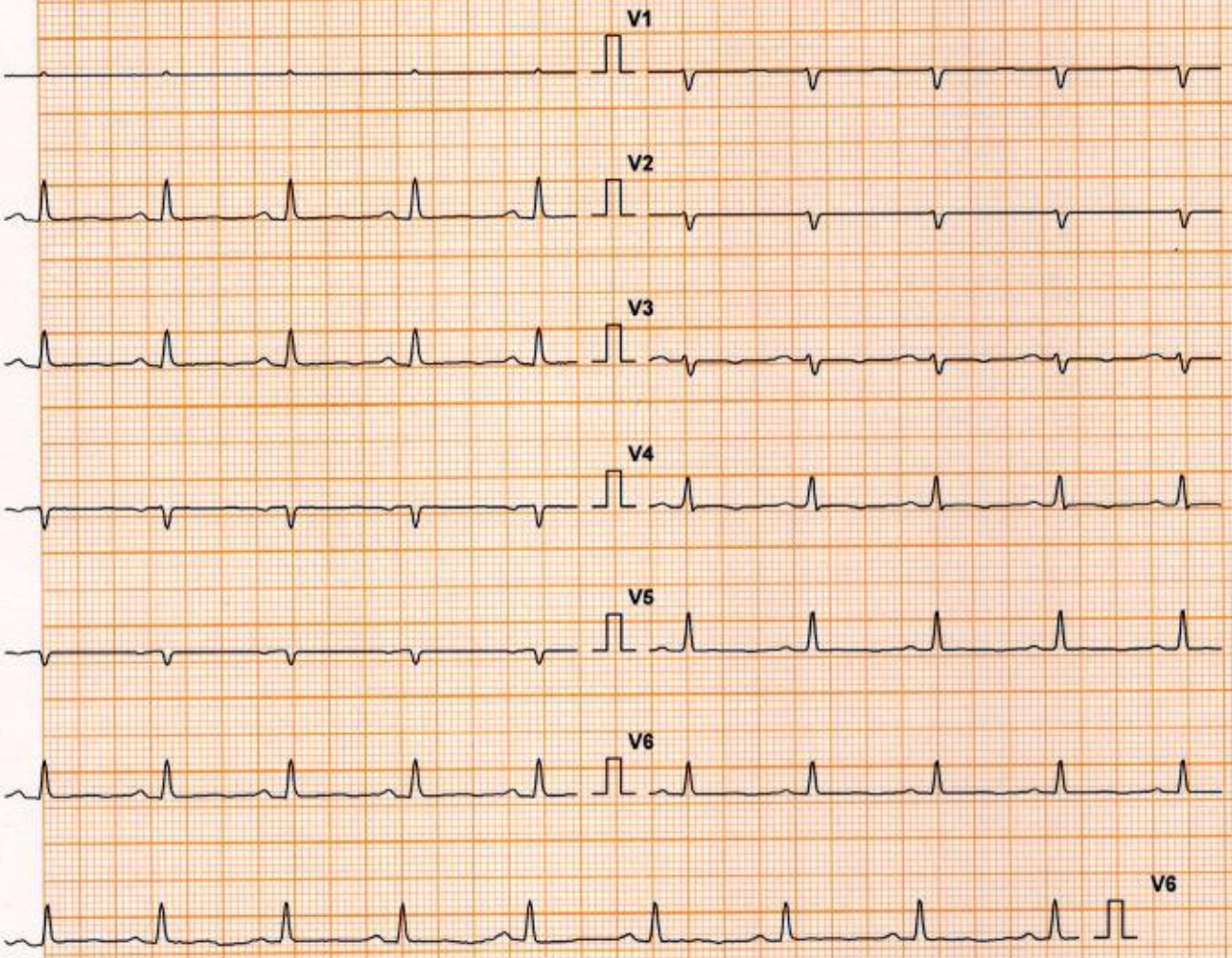
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK011007
Stage: Hyperventilation
Stage Time : 0 m 43 s

Date: 25-Nov-22
Speed: 0 mph
HR: 85 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	-0.2	V1	0.0	V4	0.2	ST Level (mm)
	0.0		0.0		0.0		0.0	ST Slope (mV / s)
II	0.2	aVL	-0.2	V2	0.0	V5	0.2	
	0.0		0.0		0.0		0.4	
III	0.4	aVF	0.2	V3	0.0	V6	0.0	
	0.4		0.0		0.0		0.0	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

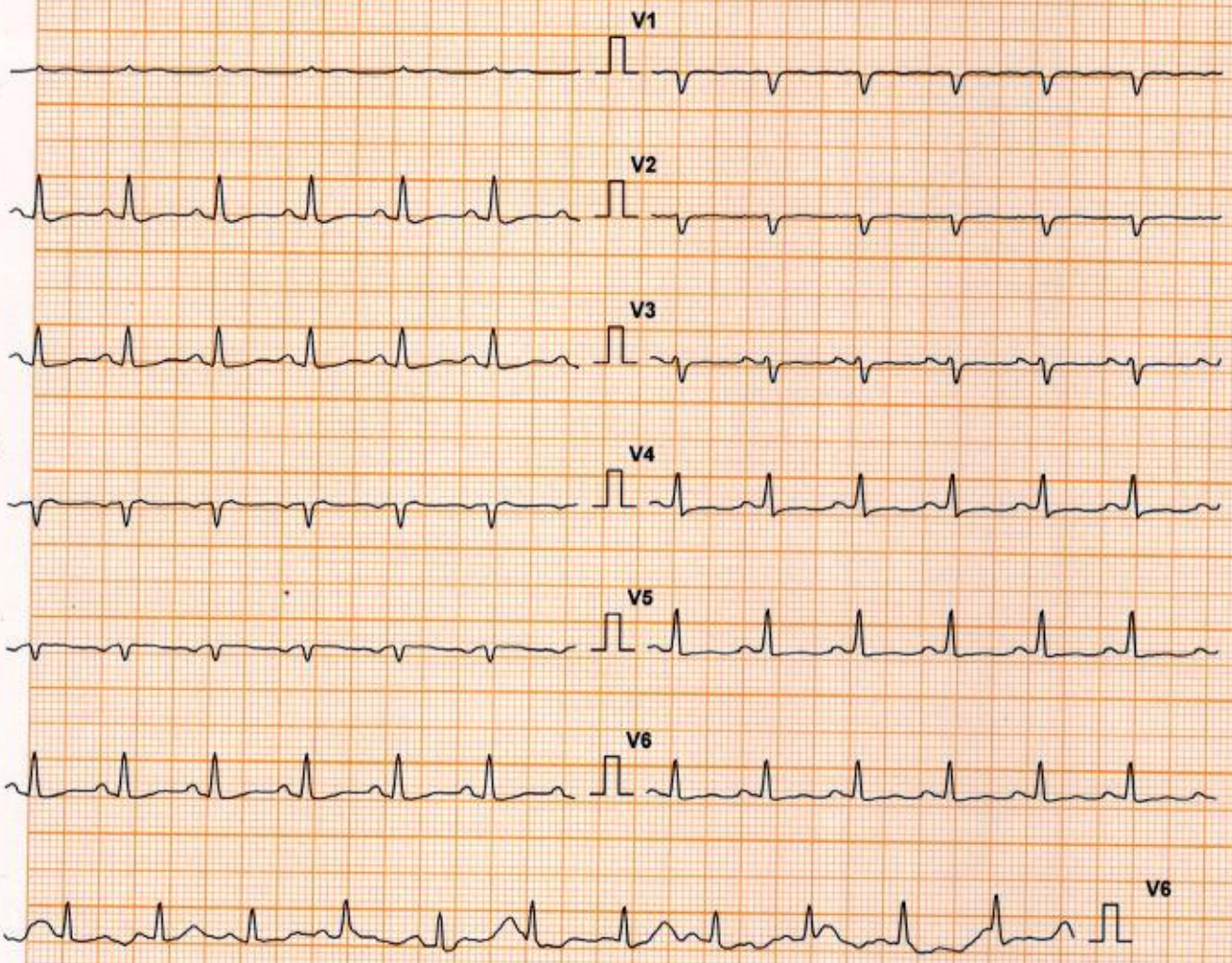
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 2 m 54 s

ID: 4182VK011007
Stage: 1
Stage Time : 2 m 54 s

Date: 25-Nov-22
Speed: 1.7 mph
HR: 115 bpm

B.P: 130 / 80
Grade: 10 %
(THR: 155 bpm)



I	0.0	aVR	0.0	V1	0.0	V4	-0.4	ST Level (mm)
	0.4		-1.1		0.0		0.7	ST Slope (mV / s)
II	-0.2	aVL	0.2	V2	0.0	V5	-0.4	
	1.8		0.0		0.4		0.7	
III	-0.4	aVF	-0.4	V3	0.2	V6	-0.4	
	0.7		1.1		0.4		1.1	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD, TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

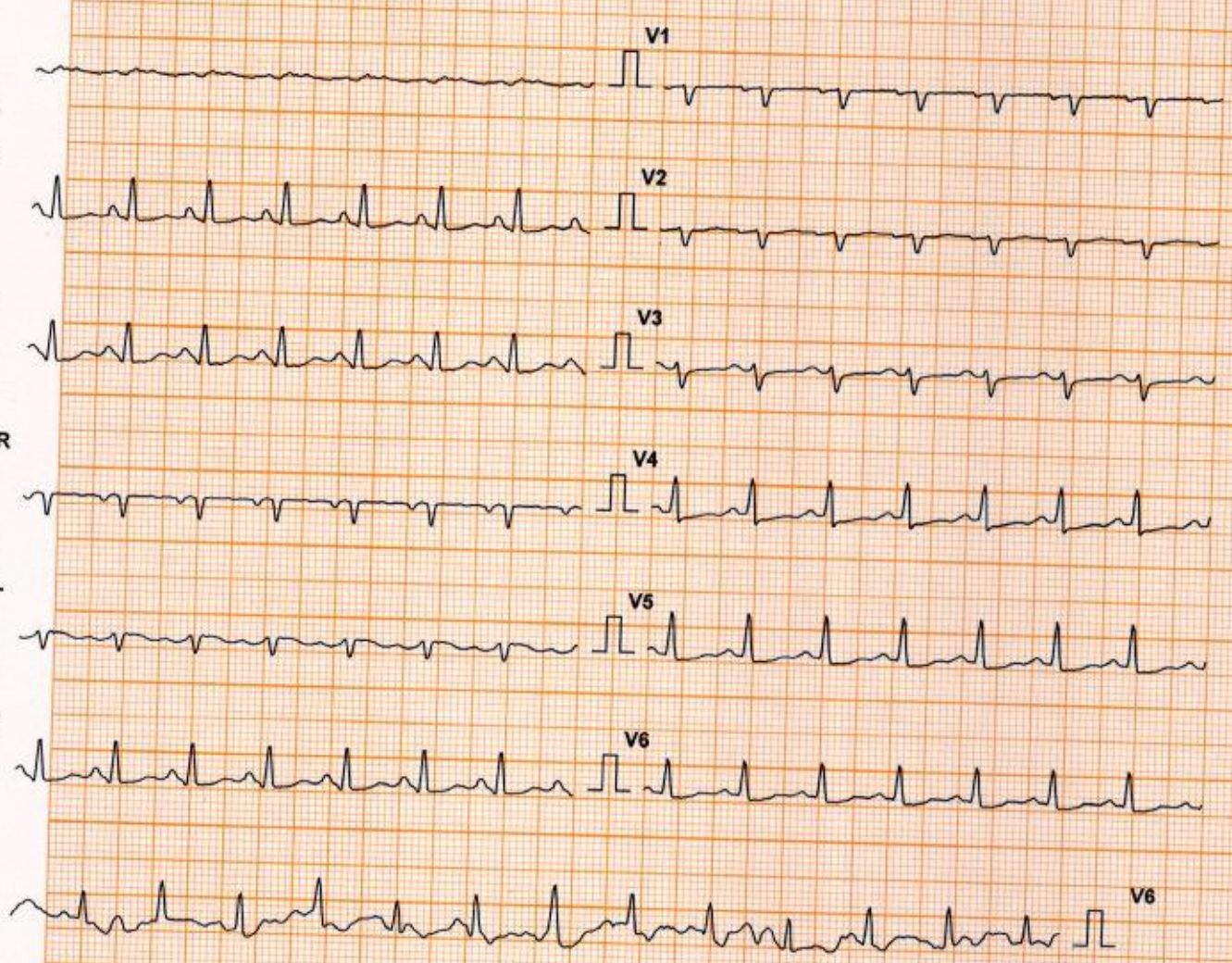
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 5 m 54 s

ID: 4182VK011007
Stage: 2
Stage Time : 2 m 54 s

Date: 25-Nov-22
Speed: 2.5 mph
HR: 134 bpm

B.P: 140 / 80
Grade: 12 %
(THR: 155 bpm)



I	0.6	aVR	-0.4	V1	0.2	V4	-1.1	ST Level (mm)
	0.0		-0.4		0.4		0.4	ST Slope (mV / s)
II	-0.2	aVL	0.8	V2	0.0	V5	-1.3	
	0.7		-0.4		0.4		0.4	
III	-1.3	aVF	-0.8	V3	0.0	V6	-1.1	
	0.4		0.4		0.7		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

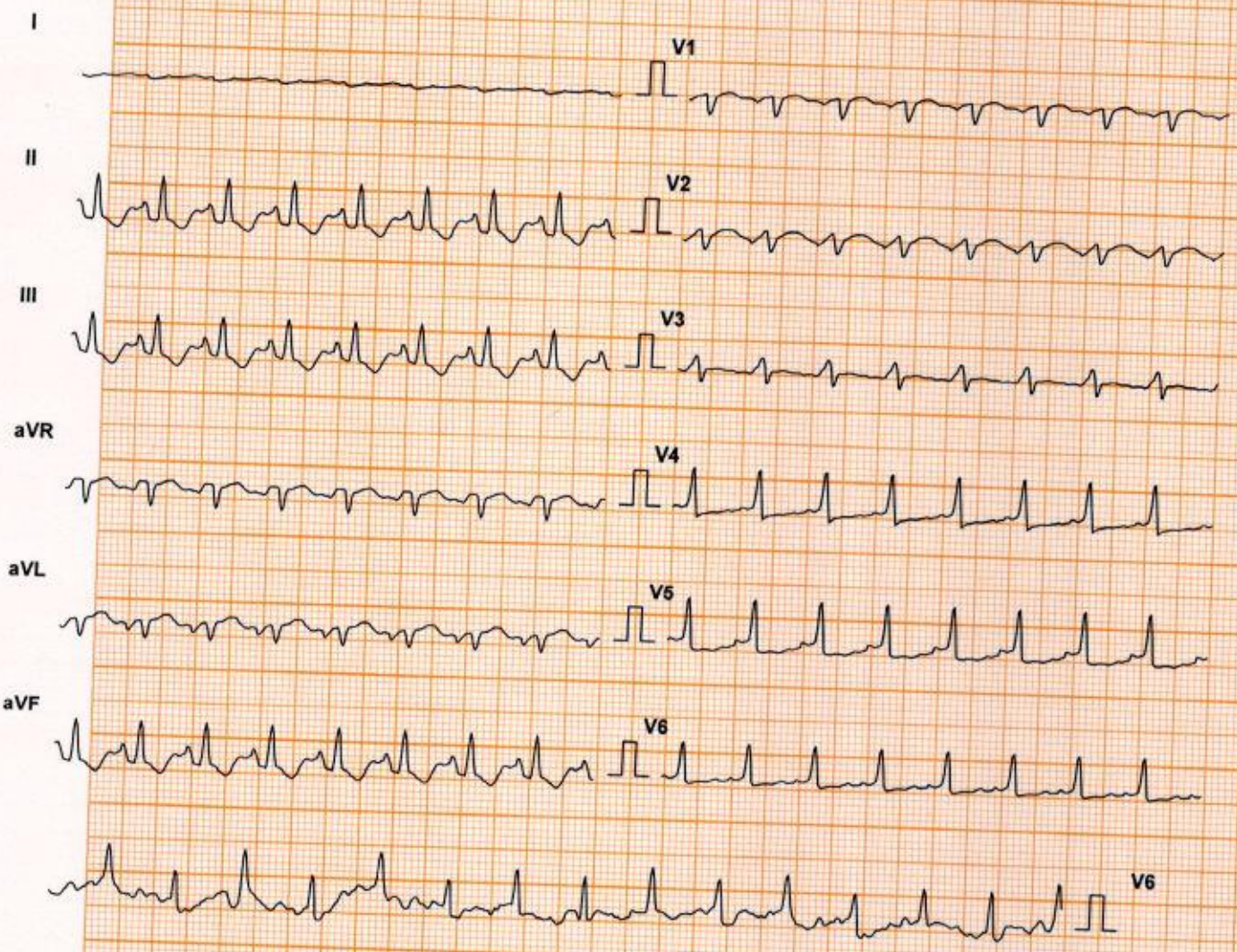
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 7 s

ID: 4182VK011007
Stage: Peak Ex
Stage Time : 1 m 7 s

Date: 25-Nov-22
Speed: 3.4 mph
HR: 150 bpm

B.P: 160 / 80
Grade: 14 %
(THR: 155 bpm)



I	0.8	aVR	0.6	V1	1.1	V4	-1.3	ST Level (mm)
	0.4		1.8		1.1		0.7	ST Slope (mV / s)
II	-2.3	aVL	2.1	V2	1.3	V5	-2.8	
	-3.5		2.1		1.8		0.4	
III	-3.4	aVF	-3.0	V3	-0.4	V6	-1.1	
	-4.2		-3.9		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

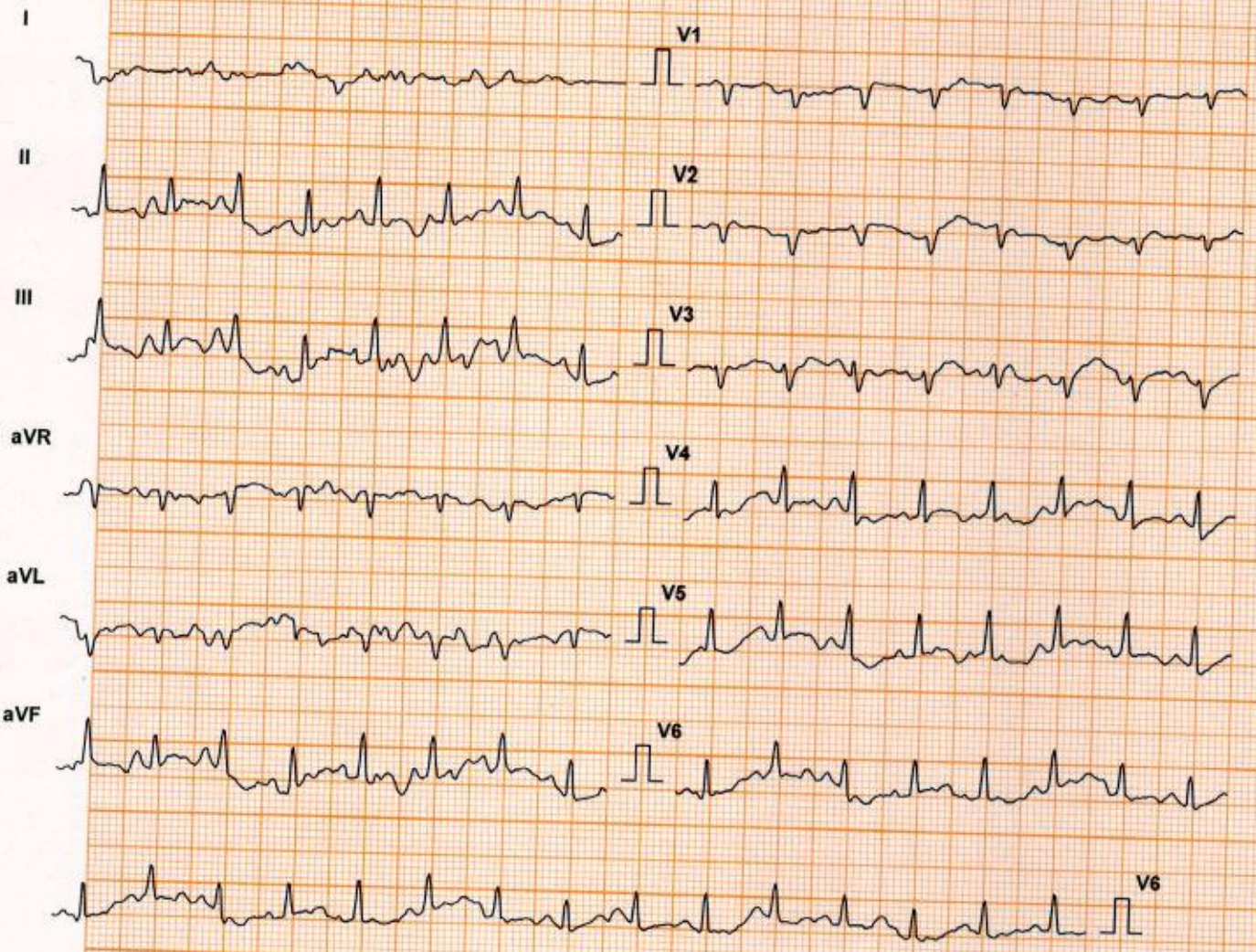
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(1)
Stage Time : 0 m 14 s

Date: 25-Nov-22
Speed: 0 mph
HR: 150 bpm

B.P: 150 / 80
Grade: 0 %
(THR: 155 bpm)



I	-0.4	aVR	0.4	V1	0.4	V4	-0.2	ST Level (mm)
	0.4		-0.4		0.0		0.0	ST Slope (mV / s)
II	-0.2	aVL	-0.4	V2	0.6	V5	-0.8	
	0.4		0.4		0.0		0.0	
III	0.2	aVF	0.2	V3	1.5	V6	-0.6	
	-0.4		0.0		1.1		-0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm

DDRC SRL DIAGNOSTICS (P) LTD, TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

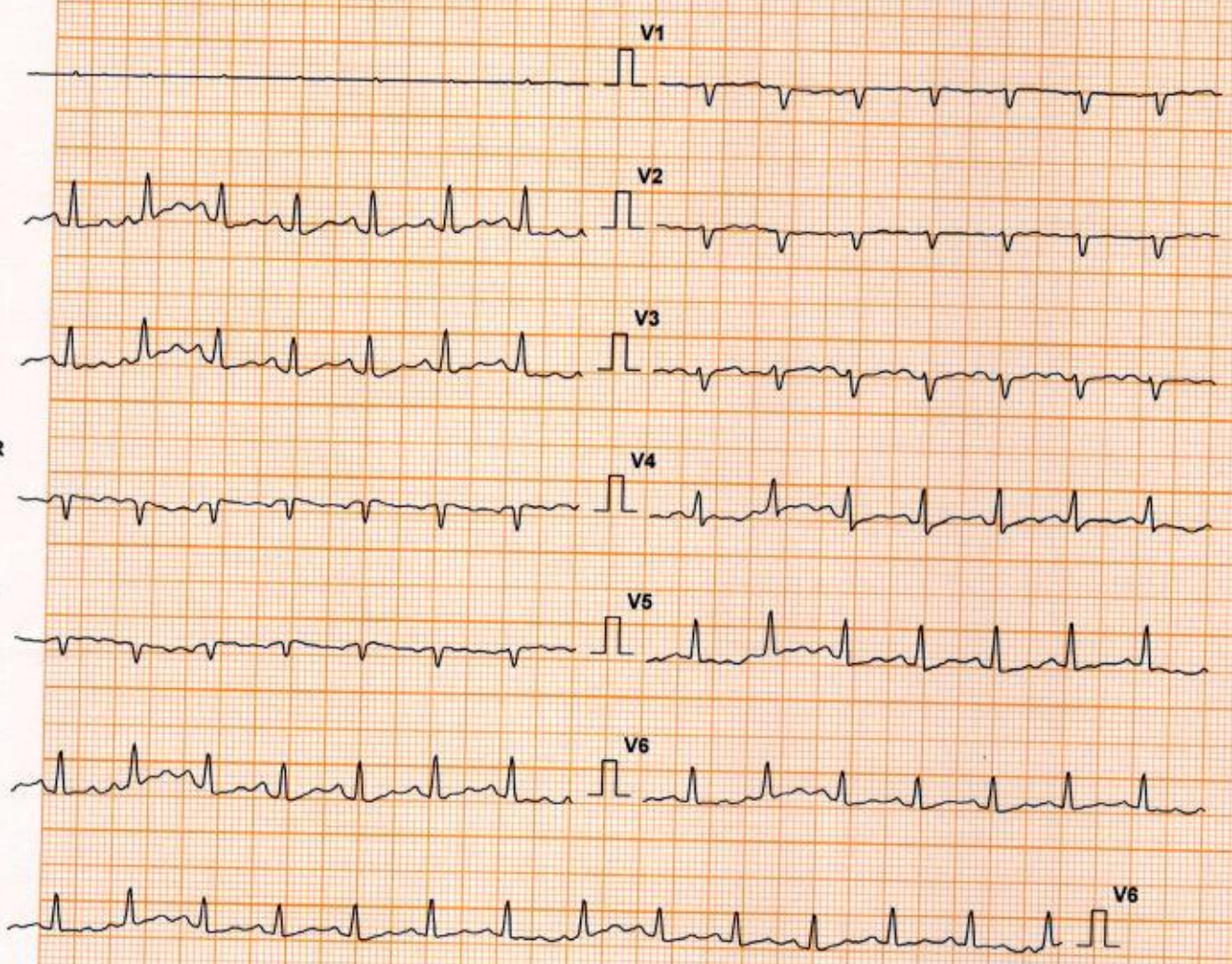
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(1)
Stage Time : 0 m 24 s

Date: 25-Nov-22
Speed: 0 mph
HR: 138 bpm

B.P: 150 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	-0.4	V1	0.2	V4	0.6	ST Level (mm)
	0.0		-0.7		0.0		0.7	ST Slope (mV / s)
II	0.8	aVL	-0.2	V2	0.2	V5	0.0	
	1.4		-0.4		0.4		0.4	
III	0.6	aVF	0.6	V3	0.6	V6	0.2	
	1.4		1.4		0.4		0.7	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

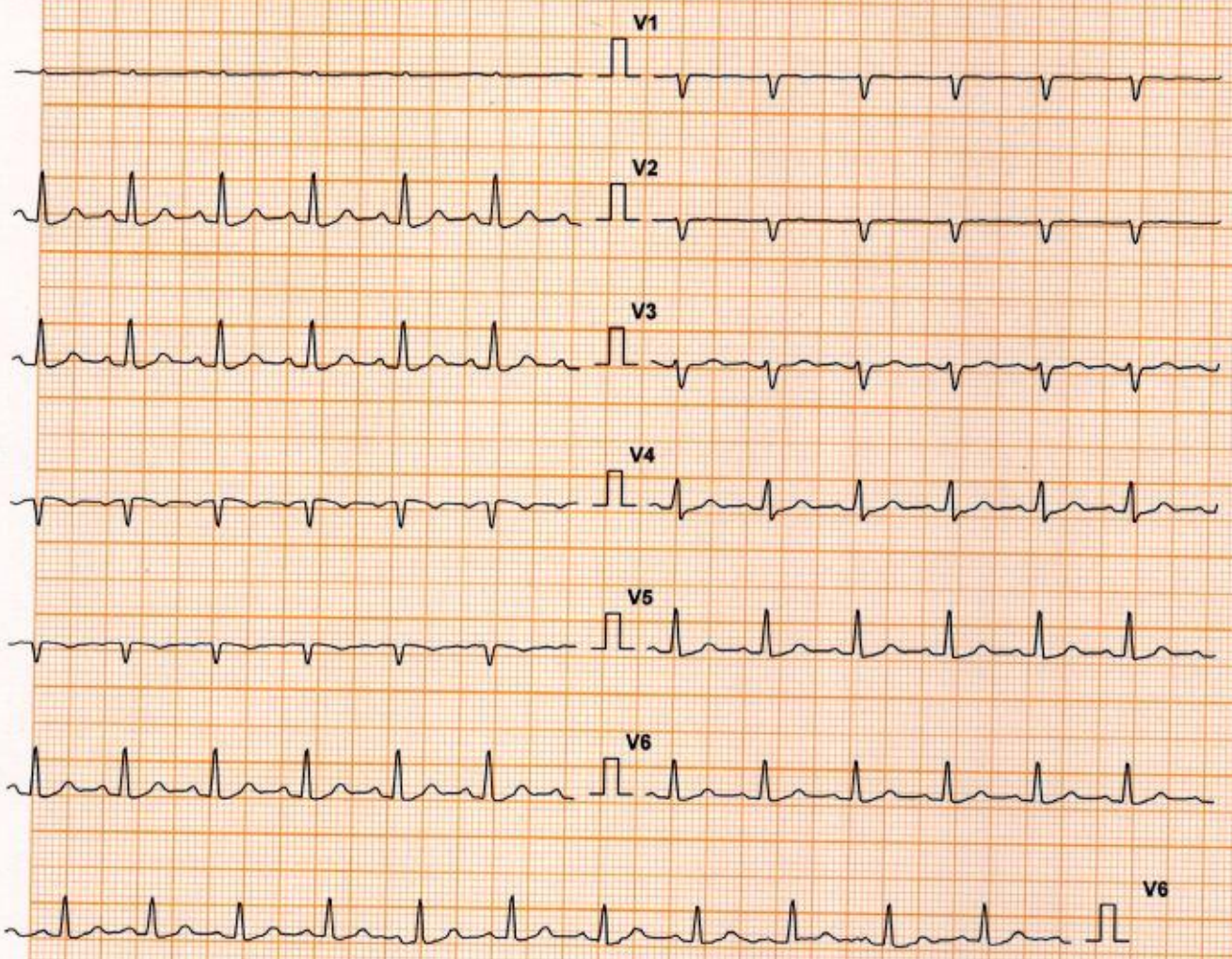
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(1)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 1 mph
HR: 116 bpm

B.P: 150 / 80
Grade: 0 %
(THR: 155 bpm)



I	-0.2	aVR	0.0	V1	0.4	V4	0.4	ST Level (mm)		
	0.0		-1.1		0.0		1.1	ST Slope (mV / s)		
II	0.4	aVL	-0.4	V2	0.2	V5	0.4			
	2.1		-1.1		0.0		1.4			
III	0.4	aVF	0.6	V3	0.6	V6	0.4			
	1.8		2.1		0.4		1.4			

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

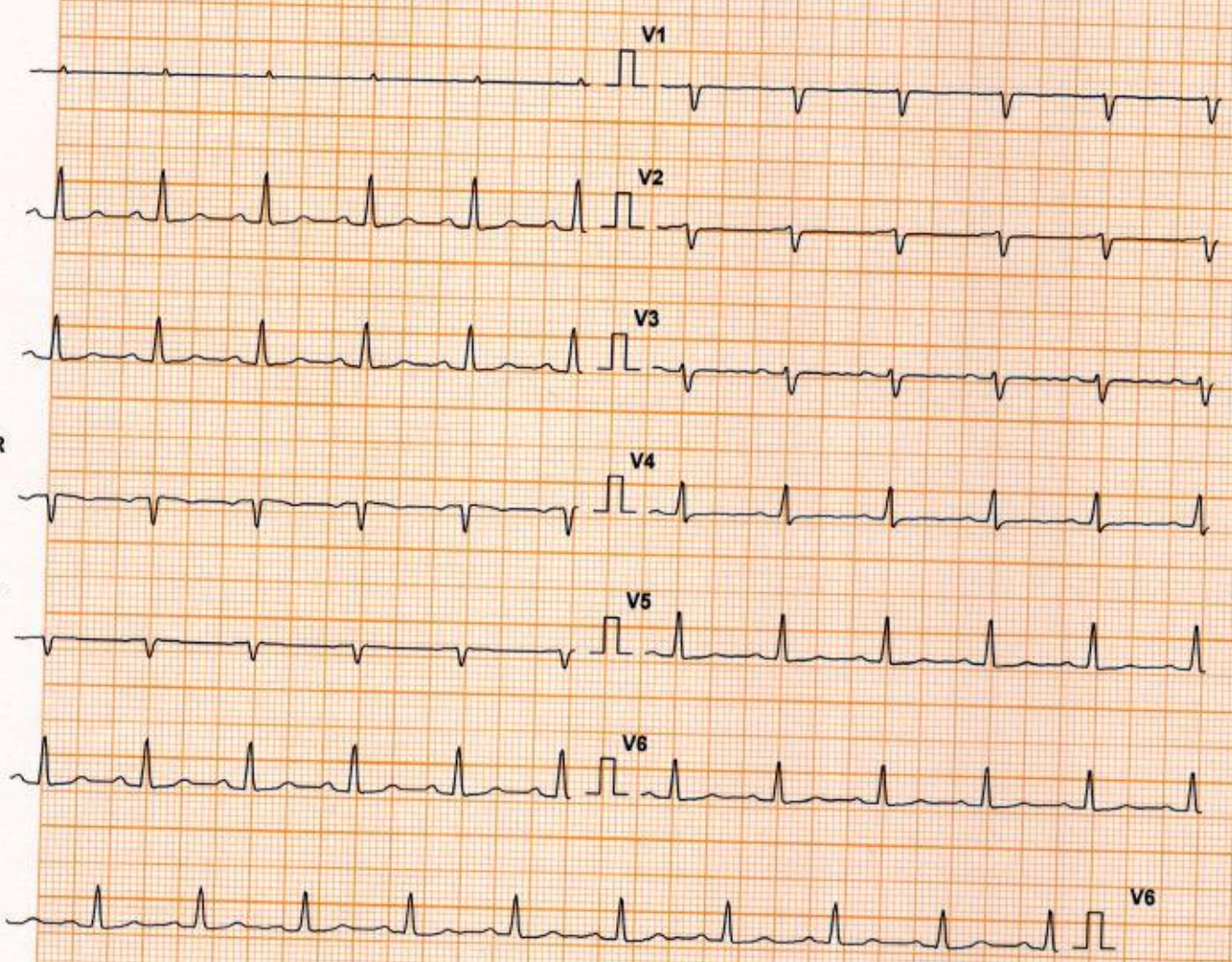
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(2)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 99 bpm

B.P: 150 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	0.0	V1	0.2	V4	0.2	ST Level (mm)
	0.0		-0.4		0.0		0.4	ST Slope (mV / s)
II	0.0	aVL	0.0	V2	-0.2	V5	-0.2	
	0.4		0.0		0.4		0.4	
III	0.2	aVF	0.0	V3	0.4	V6	0.0	
	0.4		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

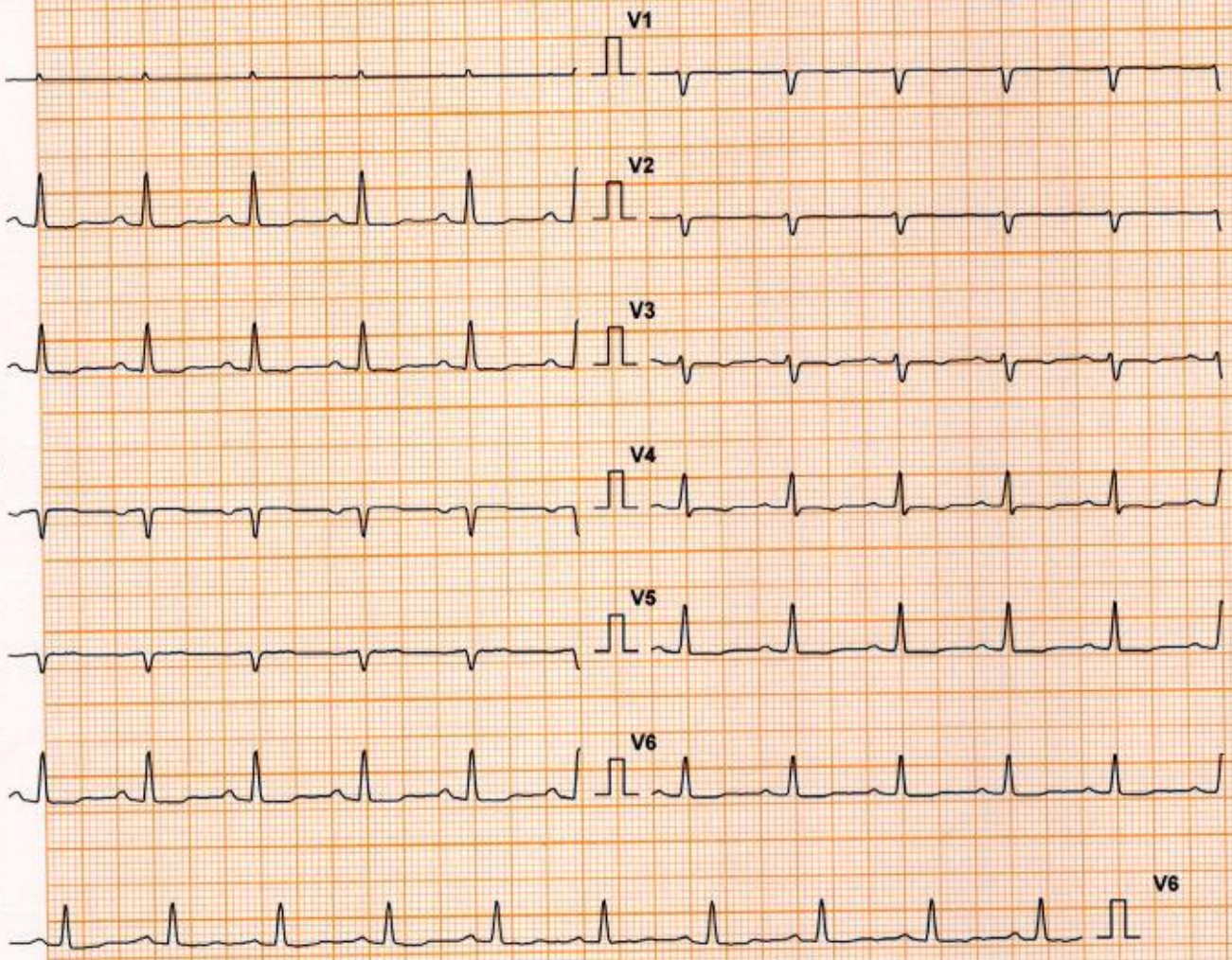
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(3)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 99 bpm

B.P: 140 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	0.2	V1	0.2	V4	-0.2	ST Level (mm)
	0.0		0.0		0.0		0.0	ST Slope (mV / s)
II	-0.4	aVL	0.0	V2	0.2	V5	-0.4	
	0.0		0.0		0.4		-0.4	
III	-0.4	aVF	-0.4	V3	0.0	V6	-0.4	
	0.0		0.0		0.0		-0.4	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 5 mm
Linked Median

Schiller Spandan V 4.7
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

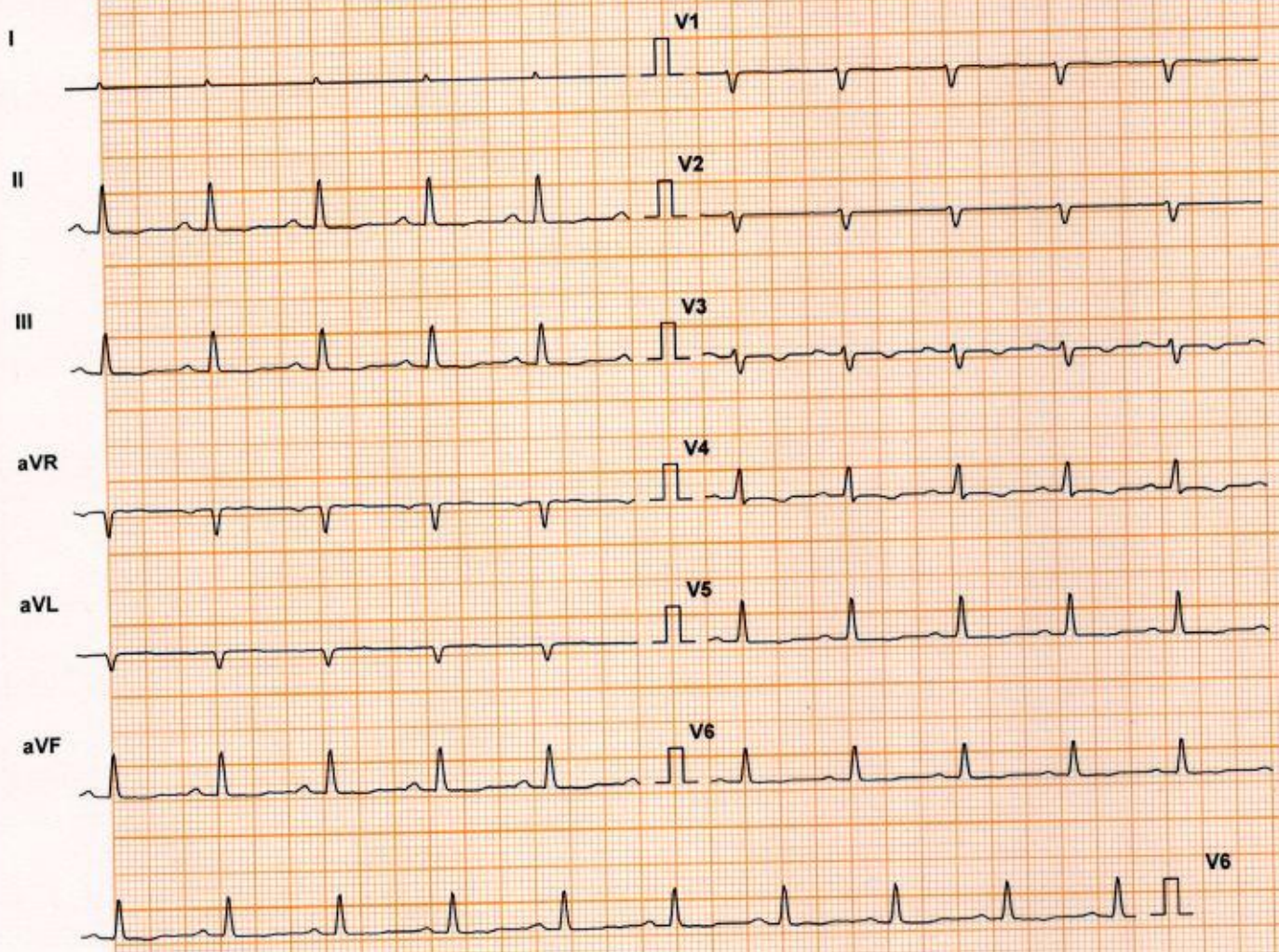
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(4)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 95 bpm

B.P: 130 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	0.0	V1	0.2	V4	-0.2	ST Level (mm)
	0.0		-0.4		0.0		0.0	ST Slope (mV / s)
II	-0.4	aVL	0.2	V2	0.0	V5	-0.2	
	-0.4		0.0		0.0		0.0	
III	-0.2	aVF	-0.2	V3	0.0	V6	-0.2	
	0.0		0.0		0.0		0.0	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD, TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

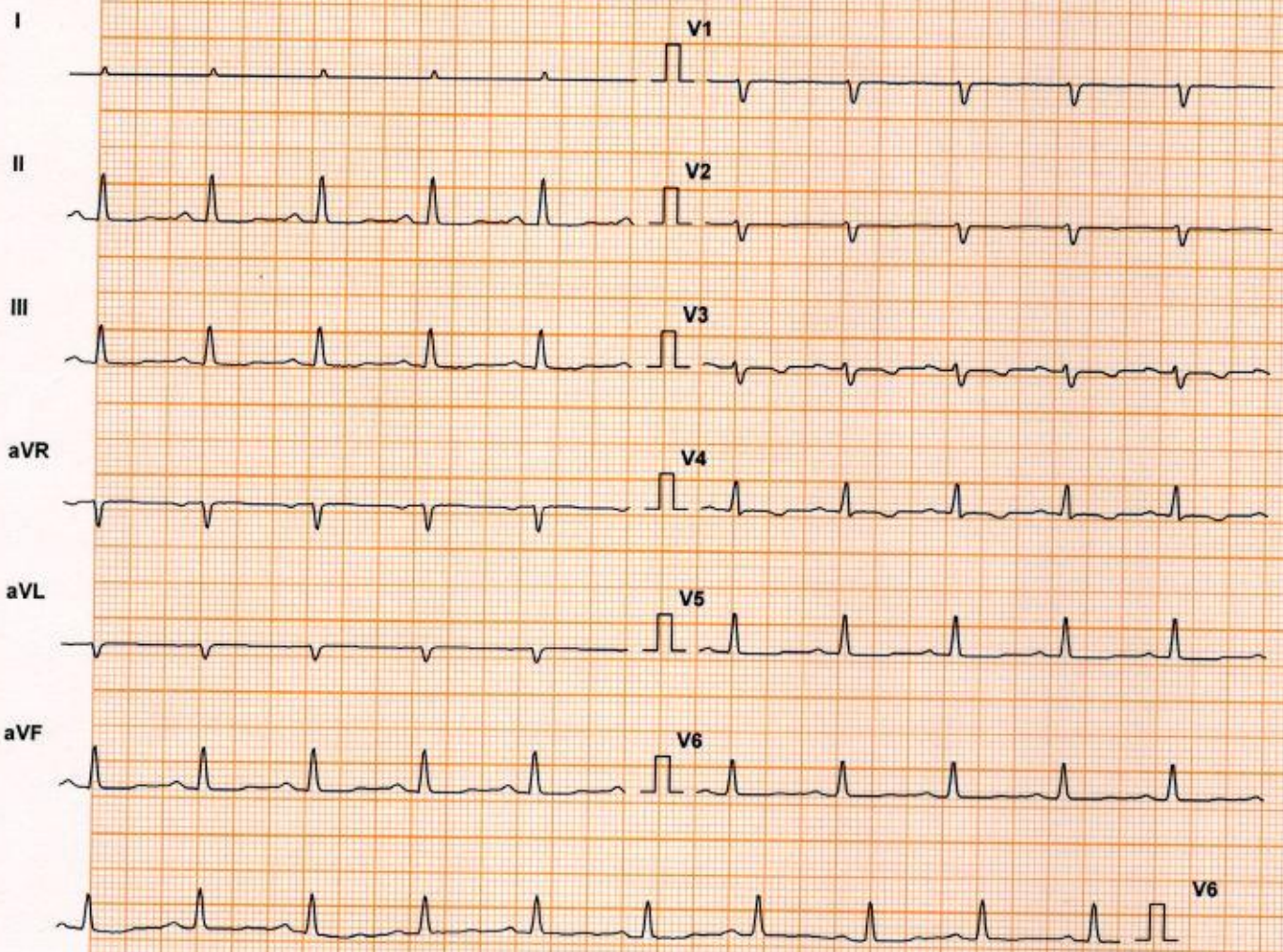
DDRC SRL

BINI S I (47 F)
Protocol: Bruce
Exec Time : 7 m 13 s

ID: 4182VK011007
Stage: Recovery(5)
Stage Time : 0 m 54 s

Date: 25-Nov-22
Speed: 0 mph
HR: 95 bpm

B.P: 130 / 80
Grade: 0 %
(THR: 155 bpm)



I	0.0	aVR	0.2	V1	0.2	V4	0.0	ST Level (mm)
	0.0		0.4		0.4		0.0	ST Slope (mV / s)
II	-0.2	aVL	0.2	V2	0.0	V5	-0.2	
	0.0		0.0		0.0		0.0	
III	-0.4	aVF	-0.2	V3	0.0	V6	0.0	
	-0.4		0.0		0.0		0.0	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.