



MC-2812

PATIENT NAME : MR SANAL KUMAR S

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4182WA014448

PATIENT ID : MRSAM3101844182

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 39 Years Male

DRAWN :

RECEIVED : 31/01/2023 09:00:54

REPORTED : 01/02/2023 12:06:33

Test Report Status	<u>Preliminary</u>	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPHTHAL

OPHTHAL

REPORT GIVEN

Nisha

**DR NISHA UNNI, MBBS,MD
(RD),DNB (Reg.No:50162)
Consultant Radiologist**

Page 1 Of 19



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Patient Ref. No. 666000003221159

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TREADMILL TEST

TREADMILL TEST REPORT GIVEN

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION REPORT GIVEN

Nisha

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Page 2 Of 19



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ECG WITH REPORT

REPORT

Report given

USG ABDOMEN AND PELVIS

REPORT

Report given

CHEST X-RAY WITH REPORT

REPORT

Report given

Nisha

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Page 3 Of 19



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HAEMATOLOGY - CBC**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	17.8 High	13.0 - 17.0	g/dL
METHOD : SPECTROPHOTOMETRIC			
RED BLOOD CELL COUNT	5.47	4.5 - 5.5	mil/ μ L
METHOD : IMPEDANCE VARIATION			
WHITE BLOOD CELL COUNT	4.66	4.0 - 10.0	thou/ μ L
PLATELET COUNT	218	150 - 410	thou/ μ L
METHOD : IMPEDANCE VARIATION			

RBC AND PLATELET INDICES

HEMATOCRIT	52.0 High	40 - 50	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	95.1	83 - 101	fL
MEAN CORPUSCULAR HGB.	32.5 High	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.4	12.0 - 18.0	%
MENTZER INDEX	17.4		
MEAN PLATELET VOLUME	7.0	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	50	40 - 80	%
LYMPHOCYTES	40	20 - 40	%
MONOCYTES	5	2 - 10	%
EOSINOPHILS	5	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.33	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	1.86	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.23	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.23	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.00		thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.3		

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HOD - HAEMATOLOGY

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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	2	0 - 14	mm at 1 hr
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Page 5 Of 19



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

Interpretation(s)

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, 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

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

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HOD - HAEMATOLOGY

Page 6 Of 19



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IMMUNOHAEMATOLOGY**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP

TYPE O

RH TYPE

POSITIVE

METHOD : COLUMN AGGLUTINATION TECHNOLOGY

Interpretation(s)

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.

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Page 7 Of 19



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BIO CHEMISTRY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

CREATININE, SERUM

CREATININE 1.04 18 - 60 yrs : 0.9 - 1.3 mg/dL

GLUCOSE FASTING,FLUORIDE PLASMA

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

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.4
Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

URIC ACID, SERUM

URIC ACID 7.4
Adults : 3.4-7 mg/dL

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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO 10.6

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 81

Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.6

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 85.3 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.89

General Range : < 1.1 mg/dL

BILIRUBIN, DIRECT 0.31

General Range : < 0.3 mg/dL

BILIRUBIN, INDIRECT 0.58

0.00 - 0.60 mg/dL

TOTAL PROTEIN 7.4

Ambulatory : 6.4 - 8.3 g/dL

Recumbant : 6 - 7.8

ALBUMIN 4.8

20-60yrs : 3.5 - 5.2 g/dL

GLOBULIN 2.6

2.0 - 4.0 g/dL

Neonates -

Pre Mature:

0.29 - 1.04

ALBUMIN/GLOBULIN RATIO 1.8

General Range : 1.1 - 2.5 RATIO

ASPARTATE AMINOTRANSFERASE (AST/SGOT) 36

Adults : < 40 U/L

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HOD -BIOCHEMISTRY

Page 9 Of 19



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ALANINE AMINOTRANSFERASE (ALT/SGPT)		55	Adults : < 45 U/L
ALKALINE PHOSPHATASE		80	Adult(<60yrs) : 40 -130 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)		47	Adult (Male) : < 60 U/L
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN		11	Adult(<60 yrs) : 6 to 20 mg/dL

Interpretation(s)

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 FASTING,FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonyleureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

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,Multiple Sclerosis

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c 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

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Page 10 Of 19



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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

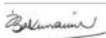
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

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

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.



BABU K MATHEW
HOD -BIOCHEMISTRY

Page 11 Of 19



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Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003221159

PATIENT NAME : MR SANAL KUMAR S

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : **4182WA014448**

PATIENT ID : MRSAM3101844182

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 39 Years Male

DRAWN :

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Test Report Status	Preliminary	Results	Units
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BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	252 High	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	170 High	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	45	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	188 High	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	207 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	34.0	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	5.6 High	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	4.2 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated

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Page 12 Of 19



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apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A.CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100

Babu K Mathew

BABU K MATHEW
HOD -BIOCHEMISTRY

Page 13 Of 19



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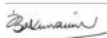
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Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.



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HOD -BIOCHEMISTRY

Page 14 Of 19



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SPECIALISED CHEMISTRY - HORMONE**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****THYROID PANEL, SERUM**

T3	99.15	80 - 200	ng/dL
T4	6.51	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	1.580	21-50 yrs : 0.4 - 4.2	µIU/mL

Interpretation(s)

Triiodothyronine T3, **Thyroxine T4**, and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect 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.

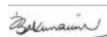
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.



BABU K MATHEW
HOD - BIOCHEMISTRY



DR. ASTHA YADAV, MD
Biochemistry
(Reg No - DMC/R/20690)
CONSULTANT BIOCHEMIST

Page 15 Of 19



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Patient Ref. No. 66600003221159

PATIENT NAME : MR SANAL KUMAR S

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

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ACCESSION NO : **4182WA014448**

PATIENT ID : MRSAM3101844182

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 39 Years Male

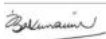
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NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.



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Patient Ref. No. 666000003221159



MC-2812

PATIENT NAME : MR SANAL KUMAR S**REF. DOCTOR : SELF****CODE/NAME & ADDRESS :** CA00010147 -MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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8800465156**ACCESSION NO :** 4182WA014448**PATIENT ID :** MRSAM3101844182**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 39 Years Male**DRAWN :****RECEIVED :** 31/01/2023 09:00:54**REPORTED :** 01/02/2023 12:06:33

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CLINICAL PATH - URINALYSIS**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****PHYSICAL EXAMINATION, URINE**

COLOR YELLOWISH

APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH	5.0	4.7 - 7.5
SPECIFIC GRAVITY	1.020	1.003 - 1.035
PROTEIN	NEGATIVE	NOT DETECTED
GLUCOSE	NEGATIVE	NOT DETECTED
KETONES	NEGATIVE	NOT DETECTED
BLOOD	NEGATIVE	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
METHOD : DIPSTICK		
NITRITE	NEGATIVE	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		

METHOD : AUTOMATED ANALYSER, MICROSCOPY

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease

DR. VAISHALI RAJAN, MBBS DCP
(Pathology)
(Reg No - TCC 27150)
HOD - HAEMATOLOGY

Page 17 Of 19



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MC-2812

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8800465156**ACCESSION NO :** 4182WA014448**PATIENT ID :** MRSAM3101844182**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 39 Years Male**DRAWN :****RECEIVED :** 31/01/2023 09:00:54**REPORTED :** 01/02/2023 12:06:33

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Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

DR. VAISHALI RAJAN, MBBS DCP
(Pathology)
(Reg No - TCC 27150)
HOD - HAEMATOLOGY

Page 18 Of 19



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CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT RESULT PENDING

PHYSICAL EXAMINATION,STOOL RESULT PENDING

CHEMICAL EXAMINATION,STOOL RESULT PENDING

MICROSCOPIC EXAMINATION,STOOL RESULT PENDING



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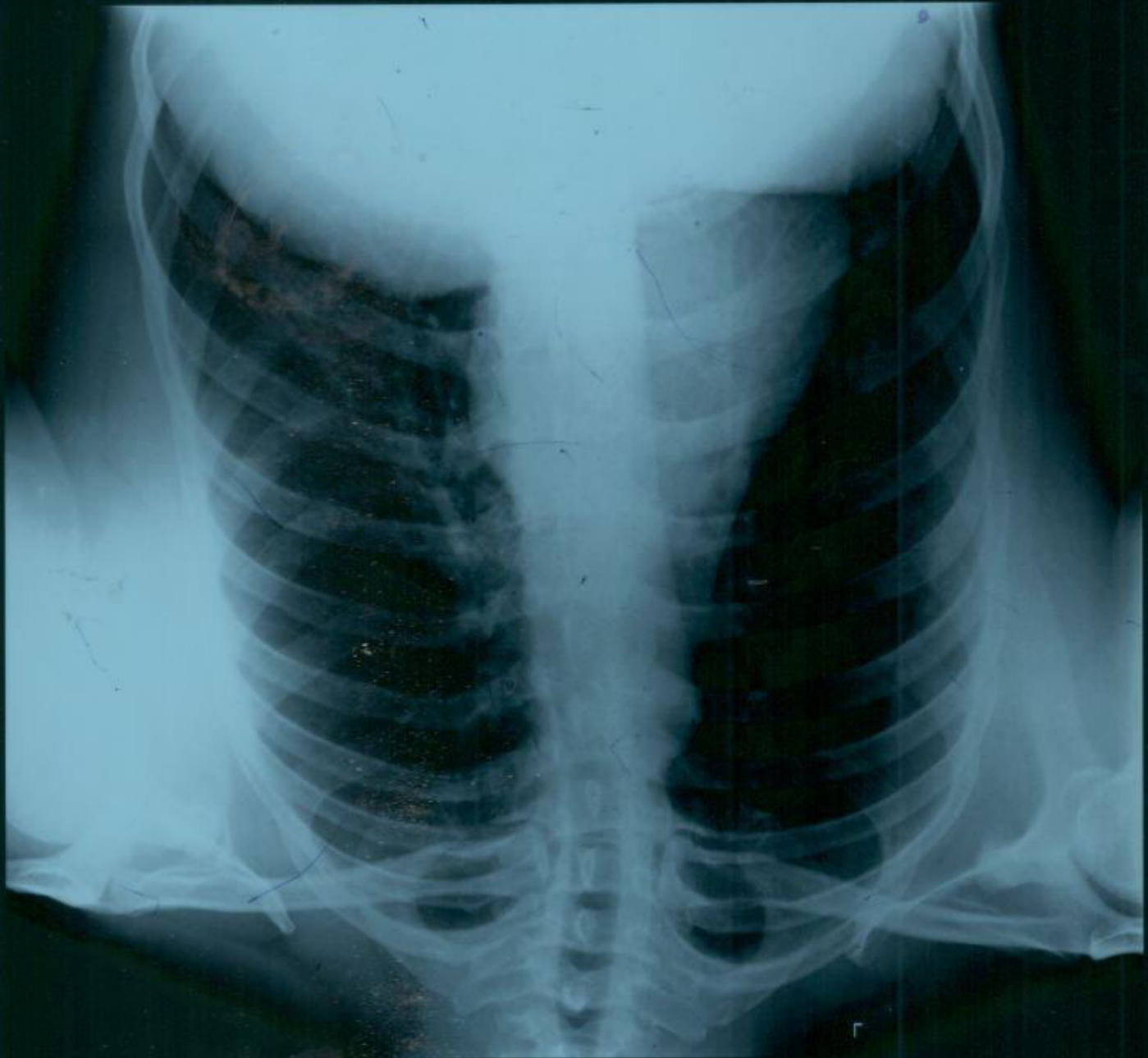
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Patient Ref. No. 666000003221159

MR. SANJAY KUMAR S. 38Y M 113112023 CHEST- PA WA014448 V
DDPC 2PL





Thiruvananthapuram

....31-01-2023.....

MEDICAL REPORT

This is to certify that Mr/Ms. Sanal Kumar.....39... years M/F (MR
no: 93710) has been examined by us on 31-01-2023 On examination, his/her BCVA/VA
is.....6/6 (ou) NA (ou) Anterior segment.....WM BE.....
..... Fundus examinationWM BE..... Colour vision.....Normal (ou).....

Dr. JACOB SHAJI
MBBS, MS, FVRS (RCGHS)
Consultant Ophthalmologist
Ahalia Foundation Eye Hospital
Reg. No: 44013 TCMC

Consultant Ophthalmologist

Ahalia Foundation Eye Hospital



V1

V2

V3

V4

ID: 1

Diagnosis Information:

Male / mmHg
39 Years / kg
cm

Dr. Sankar

HR : 55 bpm
P : 120 ms
PR : 186 ms
QRS : 86 ms
QT/QTc : 406/392 ms
P/ORS/T : 62/79/60
RV5/SV1 : 2.144/1.140 mV

Report Confirmed by:



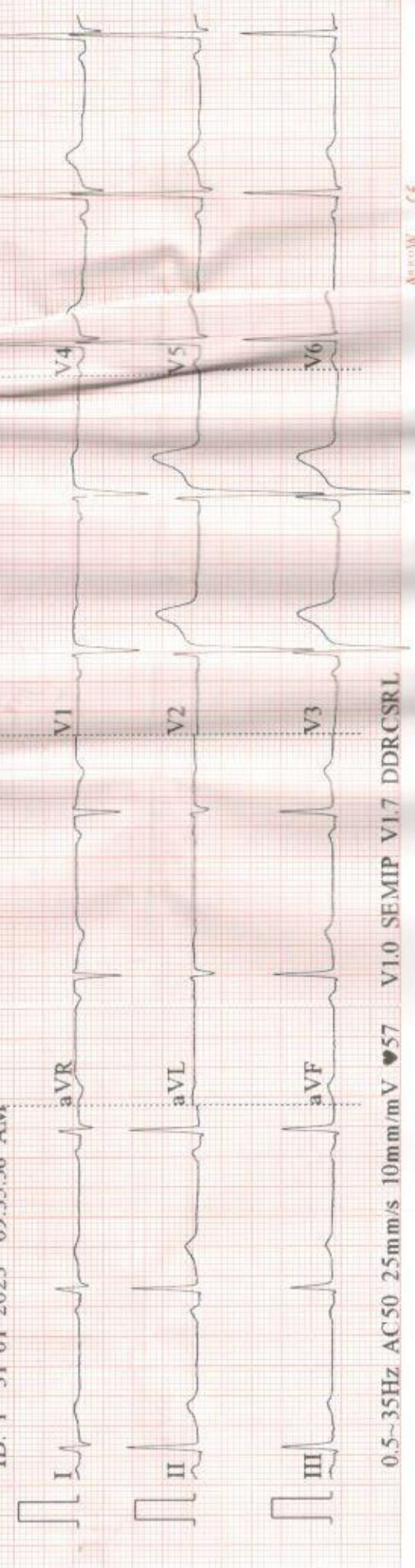
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DR. SERIN L.D.PET., M.B.B.S.
MEDICAL OFFICER
DRC SRL Medical College P.O., TUM
Bangalore, Medical College P.O., TUM
Reg. No. 77656

Standard

Standard	L 1	L 2	L 3	L III Inspiration

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0.5-35Hz AC50 25mm/s 10mm/mV ♥57 V1.0 SEMIP V1.7 DDRCSRL

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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. <i>Sund Kumar S</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<i>39/m</i> Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <i>176</i> (cms)	b. Weight <i>78</i> (Kgs)	c. Girth of Abdomen <i>88</i> (cms)
d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<i>120</i> <i>80</i>
	2 nd 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
<i>-</i>	<i>-</i>	<i>-</i>

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.ddrcsrl.com

• 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.

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 :

[Handwritten Signature]

Seal of Medical Examiner :

Dr. SERIN LOPEZ, MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 17656

Name & Seal of DDRC SRL Branch :



Date & Time :

31/01/2025

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.

NAME : MR SANAL KUMAR S	AGE:39/M	DATE:31/01/2023
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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:68/minute
 No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.

Company name: BOB



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

DR SERIN LOPEZ MBBS
 Reg No 77656
DDRC SRL DIAGNOSTICS LTD



Acc no:4182WA014448	Name:Mr. Sanal Kumar S	Age: 39 y	Sex: Male	Date: 31.01.23
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US SCAN WHOLE ABDOMEN

LIVER is normal in size (13.6 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (11.4 mm).

GALL BLADDER is distended and lumen clear. No calculi / polyp noted. Wall thickness is normal.No pericholecystic fluid seen.

SPLEEN is normal in size (11.3 cm) and parenchymal echotexture. No focal lesion seen.

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

RIGHT KIDNEY is normal in size (10.6 x 4.1 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 (10.7 x 4.4 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 (*upper part visualised*) No retroperitoneal lymphadenopathy or mass seen.


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

PROSTATE is normal in size (vol - 12.3 cc) **Parenchymal calcification noted.**

No ascites or pleural effusion.

CONCLUSION:-

- **Grade II / III fatty liver - Suggest LFT correlation.**


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 controversies.*

(For appointments please contact 9496005190 between 9 am – 5.30 pm).



DDRC SRL

Patient Details Date: 31-Jan-23 Time: 10:46:45 AM
Name: SANAL KUMAR S ID: 4182WA014448
Age: 39 y Sex: M Height: 176 cms Weight: 75 Kgs
Clinical History: NIL

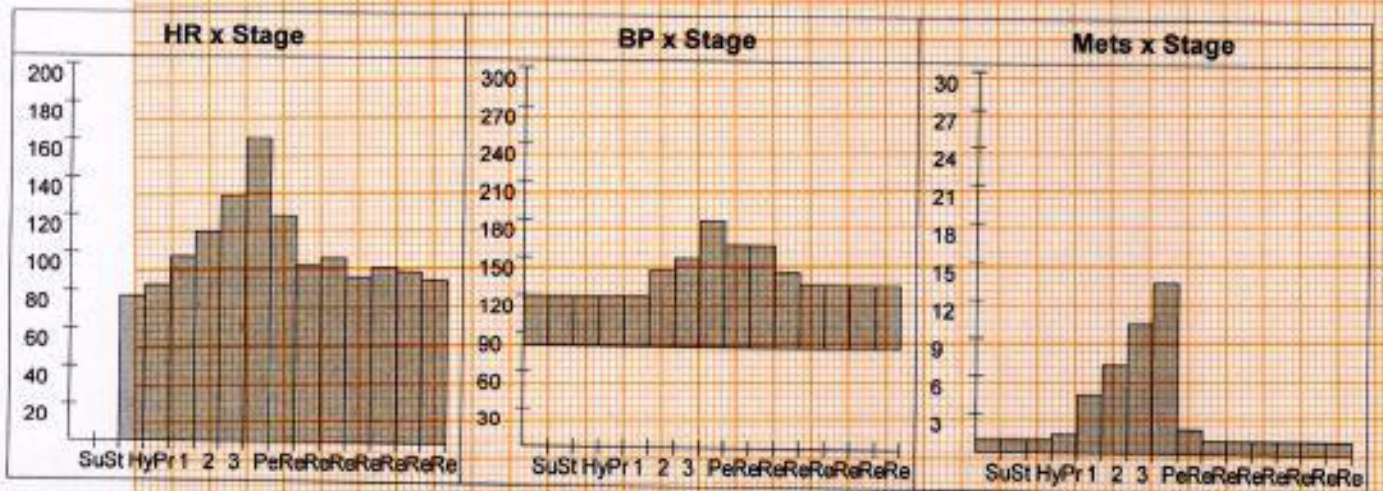
Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 181 bpm THR: 162 (90 % of Pr.MHR) bpm
Total Exec. Time: 11 m 39 s Max. HR: 161 (89% of Pr.MHR) bpm Max. Mets: 13.50
Max. BP: 180 / 80 mmHg Max. BP x HR: 28980 mmHg/min Min. BP x HR: 6160 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 : 11	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 0	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Hyperventilation	0 : 16	1.0	0	0	77	120 / 80	-0.64 aVR	2.48 V5
1	3 : 0	4.6	1.7	10	98	120 / 80	-0.85 aVR	3.18 V5
2	3 : 0	7.0	2.5	12	111	140 / 80	-1.49 III	3.54 V5
3	3 : 0	10.2	3.4	14	130	150 / 80	-1.70 III	4.95 V4
Peak Ex	2 : 39	13.5	4.2	16	161	180 / 80	-2.97 V1	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	120	160 / 80	-2.97 aVR	5.66 V6
Recovery(2)	1 : 0	1.0	0	0	94	160 / 80	-1.70 aVR	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	98	140 / 80	-0.64 aVR	4.95 V5
Recovery(4)	1 : 0	1.0	0	0	88	130 / 80	-0.64 III	3.18 V5
Recovery(5)	1 : 0	1.0	0	0	93	130 / 80	-1.06 II	2.48 V5
Recovery(6)	1 : 0	1.0	0	0	91	130 / 80	-0.85 III	2.48 V5
Recovery(7)	0 : 36	1.0	0	0	87	130 / 80	-1.49 III	3.18 V2



DDRC SRL

Patient Details **Date:** 31-Jan-23 **Time:** 10:46:45 AM
Name: SANAL KUMAR S **ID:** 4182WA014448
Age: 39 y **Sex:** M **Height:** 176 cms **Weight:** 75 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 11 m 39 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 0 bpm, rose to a max. heart rate of 161 (89% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 180 / 80 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)

Handwritten signature
Handwritten initials

Doctor: DR.SHASHIKANTH.Y.S

DR SHASHIKANTH Y.S
MBBS,MD,DM(Cardiology)
Consultant Cardiologist

DDRC SRL

SANAL KUMAR S (39 M)

ID: 4182WA014448

Date: 31-Jan-23

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

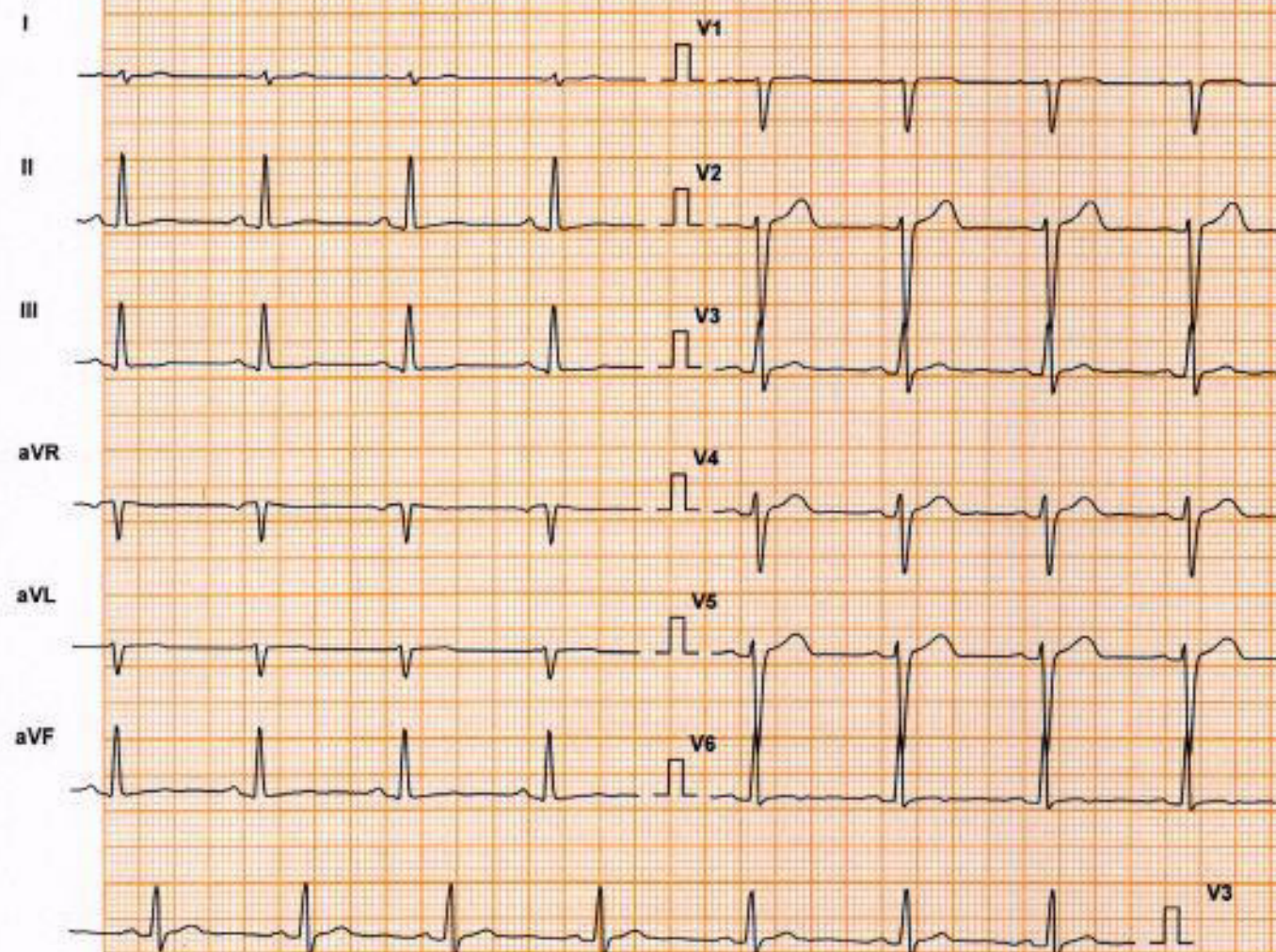
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 72 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-0.6	-0.7
V1	0.8	0.4
V4	2.8	1.8
II	0.6	1.1
aVL	0.4	0.4
V2	3.0	2.1
V5	2.8	2.1
III	0.0	0.4
aVF	0.2	0.7
V3	1.3	0.7
V6	1.1	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V 4.7

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

SANAL KUMAR S (39 M)

ID: 4182WA014448

Date: 31-Jan-23

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 72 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
aVR	-0.6	-0.7
V1	0.8	0.4
V4	2.8	1.8
II	0.6	1.1
aVL	0.4	0.4
V2	3.0	2.1
V5	2.8	2.1
III	0.0	0.4
aVF	0.2	0.7
V3	1.3	0.7
V6	1.1	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandax V 4.7

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

SANAL KUMAR S (39 M)

ID: 4182WA014448

Date: 31-Jan-23

B.P: 120 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

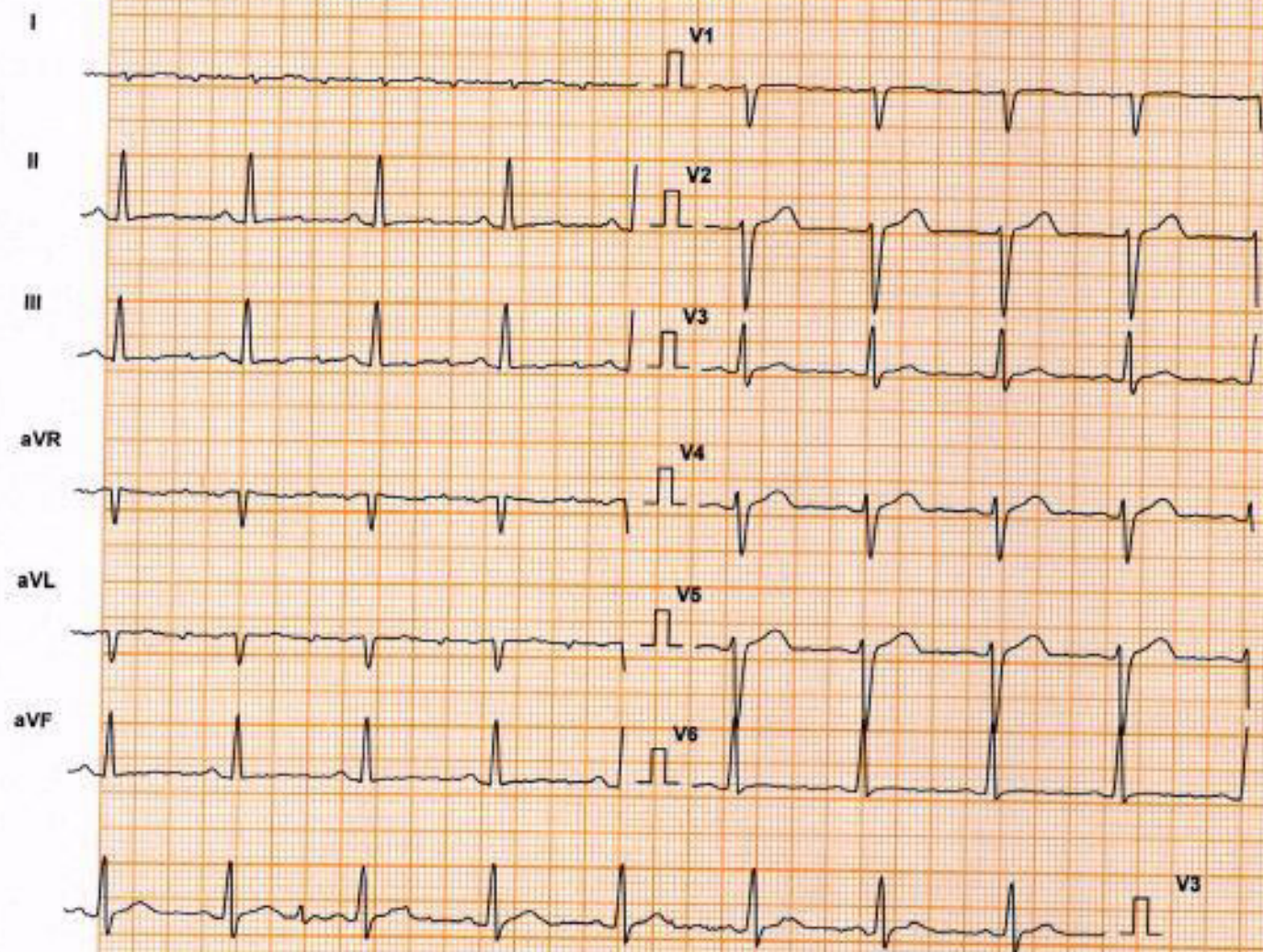
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 80 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.4	-0.7
V1	0.8	0.4
V4	2.5	2.1
II	0.6	1.1
aVL	0.0	0.0
V2	2.1	1.4
V5	2.8	2.5
III	0.2	0.4
aVF	0.4	0.7
V3	1.3	0.7
V6	1.1	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandax V 4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

SANAL KUMAR S (39 M)

DDRC SRL

Protocol: Bruce

ID: 4182WA014448

Date: 31-Jan-23

B.P: 120 / 80

Exec Time : 2 m 54 s

Stage: 1

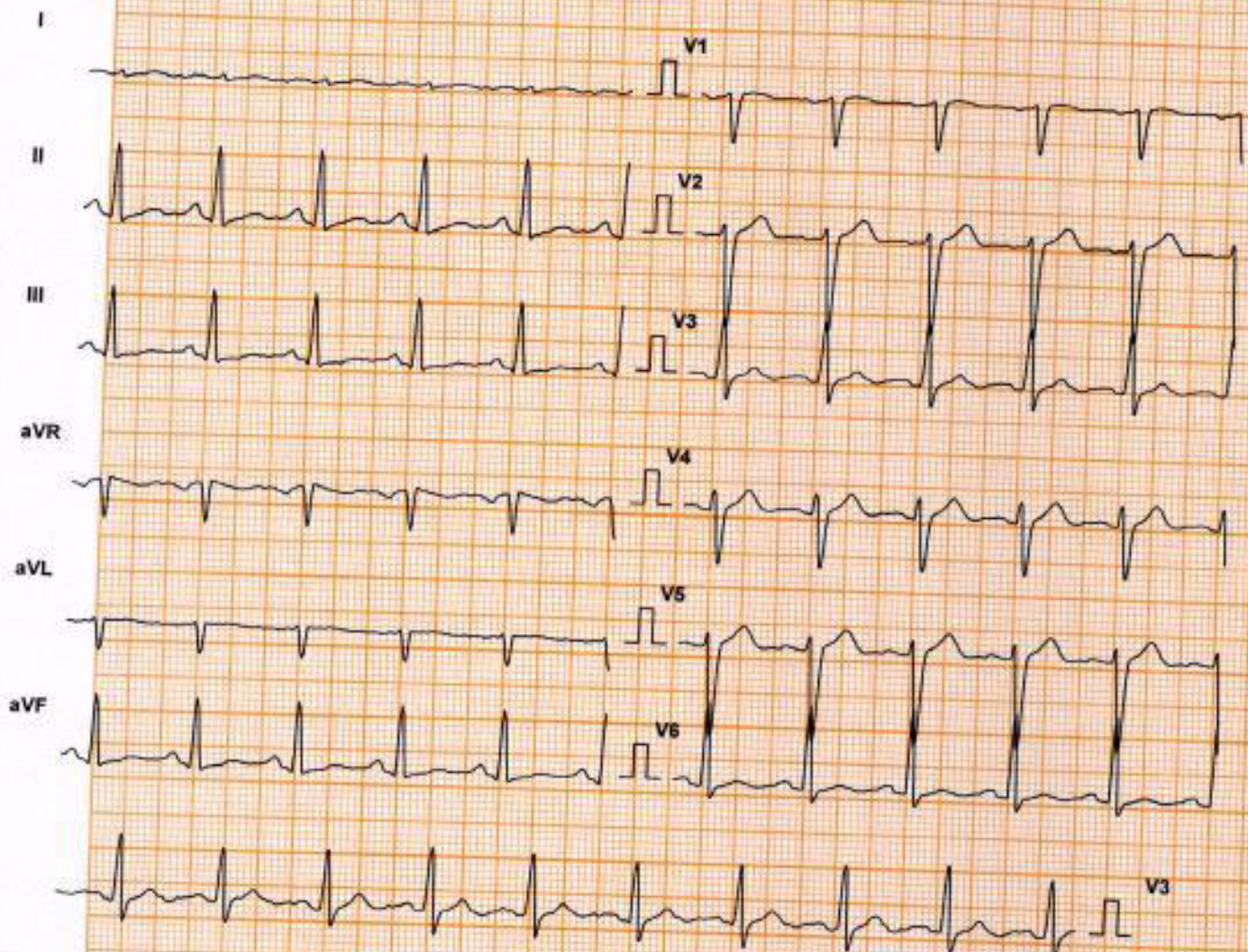
Speed: 1.7 mph

Grade: 10 %

Stage Time : 2 m 54 s

HR: 98 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	0.4	1.4
III	-0.2	0.7
aVR	-0.6	-1.4
aVL	0.4	0.0
aVF	0.0	1.1
V1	1.3	0.7
V2	2.5	2.5
V3	1.5	2.1
V4	2.5	2.8
V5	3.2	3.2
V6	0.6	1.4

Chart Speed: 25 mm/sec
Schlör Spandao V 4.7

Filter: 35 Hz

ISO = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 5 m 54 s

DDRC SRL

ID: 4182WA014448

Stage: 2

Stage Time : 2 m 54 s

Date: 31-Jan-23

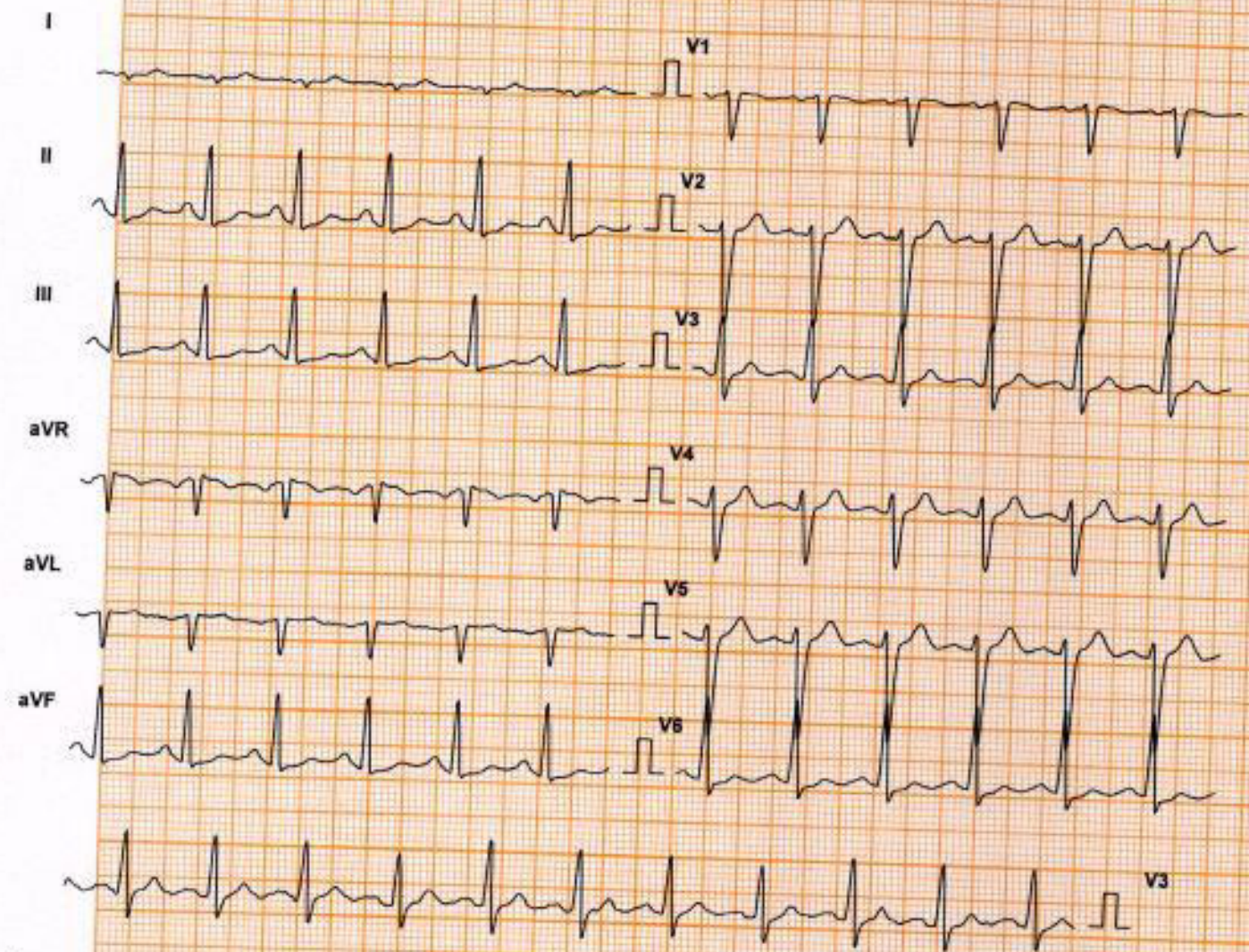
B.P: 140 / 80

Speed: 2.5 mph

Grade: 12 %

HR: 111 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
aVR	0.6	-0.4
V1	-0.4	-1.1
V4	0.4	-0.7
V5	2.3	2.5
V6	2.5	2.8
aVL	-0.2	1.1
V2	0.6	0.0
V3	2.1	2.1
V4	2.1	3.2
aVF	-0.8	0.7
V5	-0.6	1.5
V6	0.7	2.5
V3	-0.6	1.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Pre J = R - 60 ms J = R + 60 ms

Mains Filter: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 8 m 54 s

DDRC SRL

ID: 4182WA014448

Stage: 3

Stage Time : 2 m 54 s

Date: 31-Jan-23

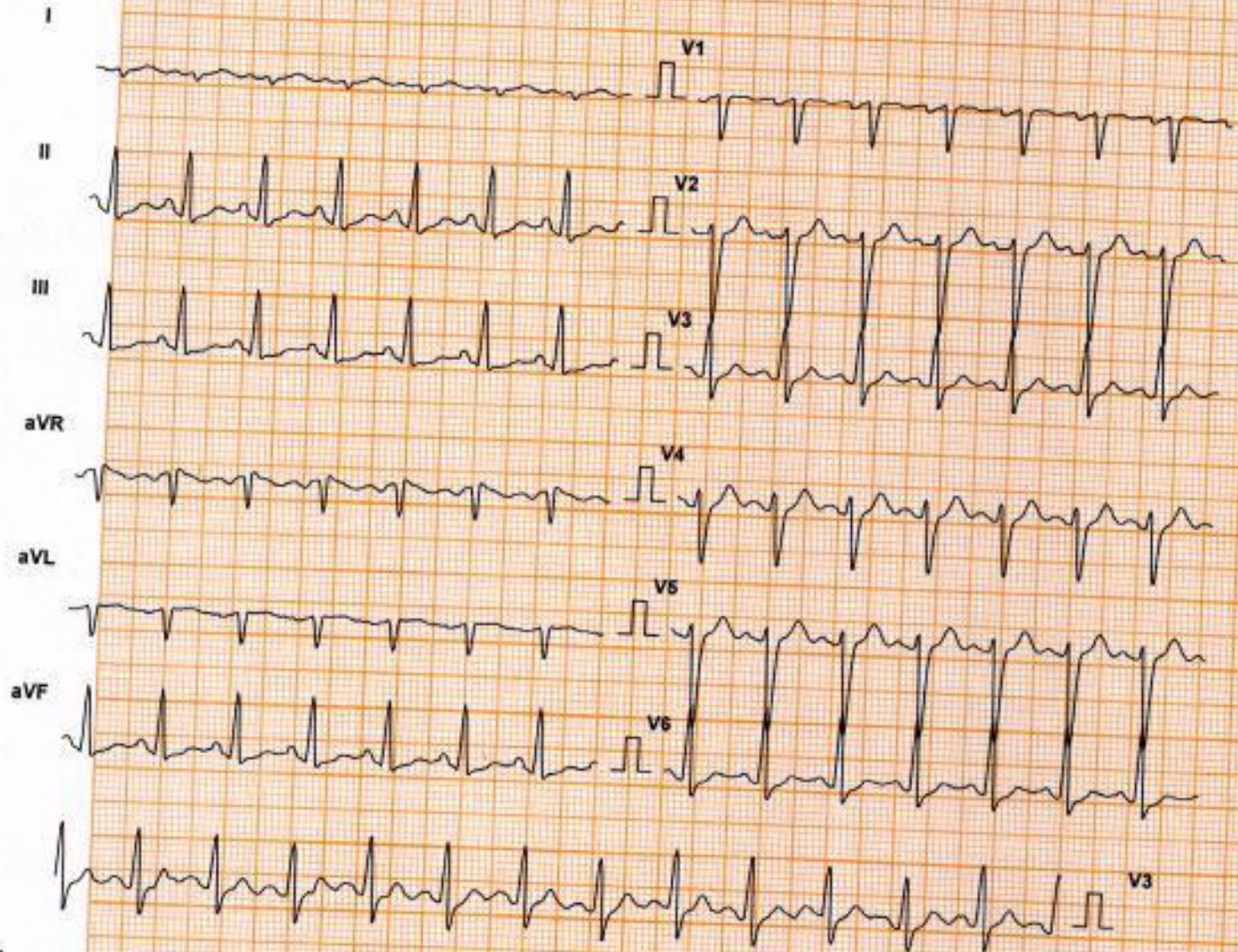
Speed: 3.4 mph

HR: 131 bpm

B.P: 150 / 80

Grade: 14 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.1
II	0.4	1.8
III	-0.8	0.4
aVR	-0.8	-1.8
aVL	0.8	0.4
aVF	0.0	1.4
V1	0.6	0.0
V2	2.8	3.9
V3	1.7	3.2
V4	3.2	4.2
V5	3.4	4.6
V6	0.6	2.8

Chart Speed: 25 mm/sec
Schiller Spandani V 4.7

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

Mains Fil: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

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

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 33 s

DDRC SRL

ID: 4182WA014448

Stage: Peak Ex

Stage Time : 2 m 33 s

Date: 31-Jan-23

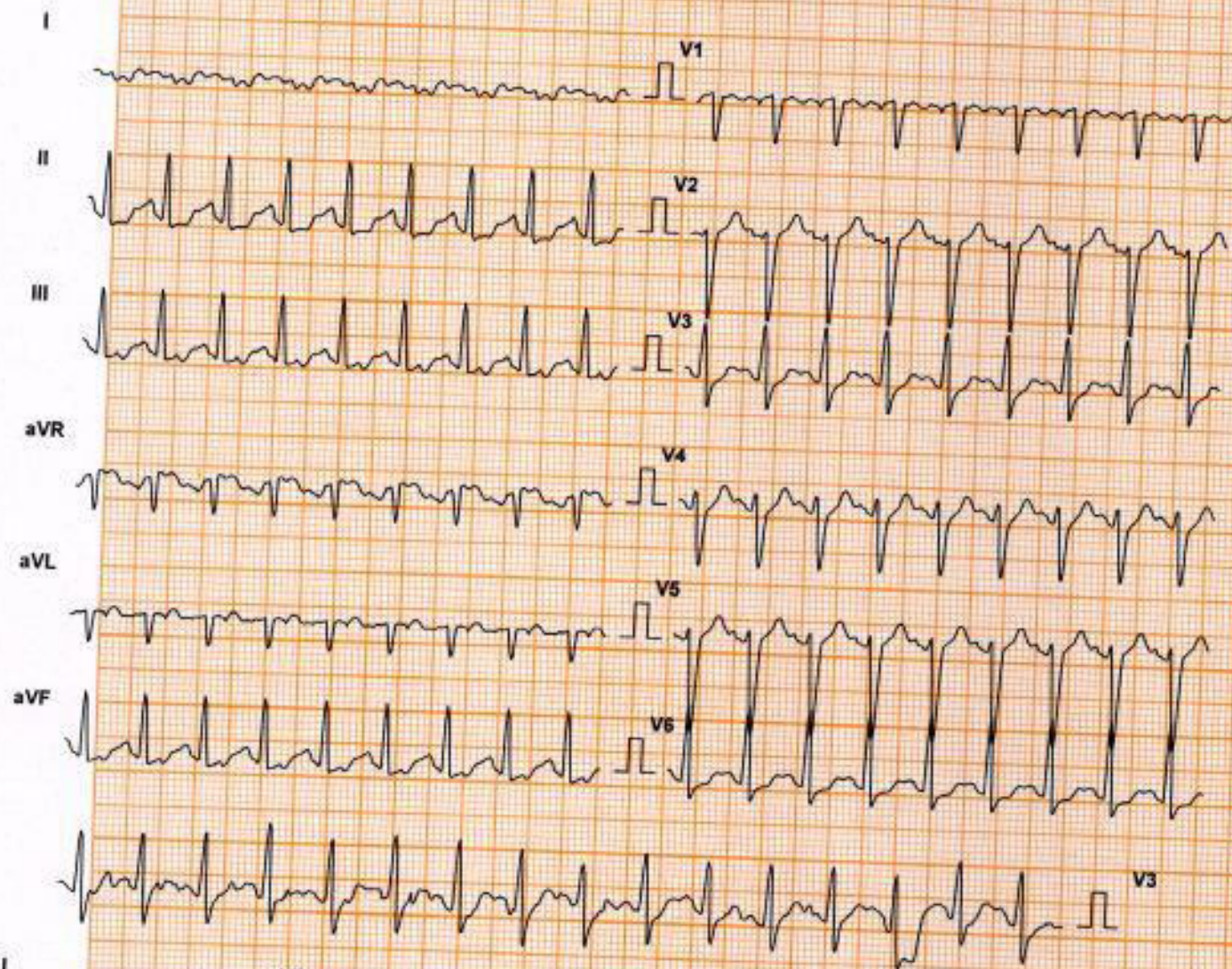
B.P: 180 / 80

Speed: 4.2 mph

Grade: 16 %

HR: 161 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	1.1
II	-2.1	0.0
III	-2.1	-0.7
aVR	0.8	-0.4
aVL	1.3	1.1
aVF	-2.1	-0.4
V1	-0.8	-0.4
V2	4.9	5.7
V3	1.1	4.2
V4	4.0	4.2
V5	4.9	5.7
V6	-0.8	1.4

Chart Speed: 25 mm/sec
Schiller Spandao V 4.7

Filter: 35 Hz

iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(1)

Stage Time : 0 m 14 s

Date: 31-Jan-23

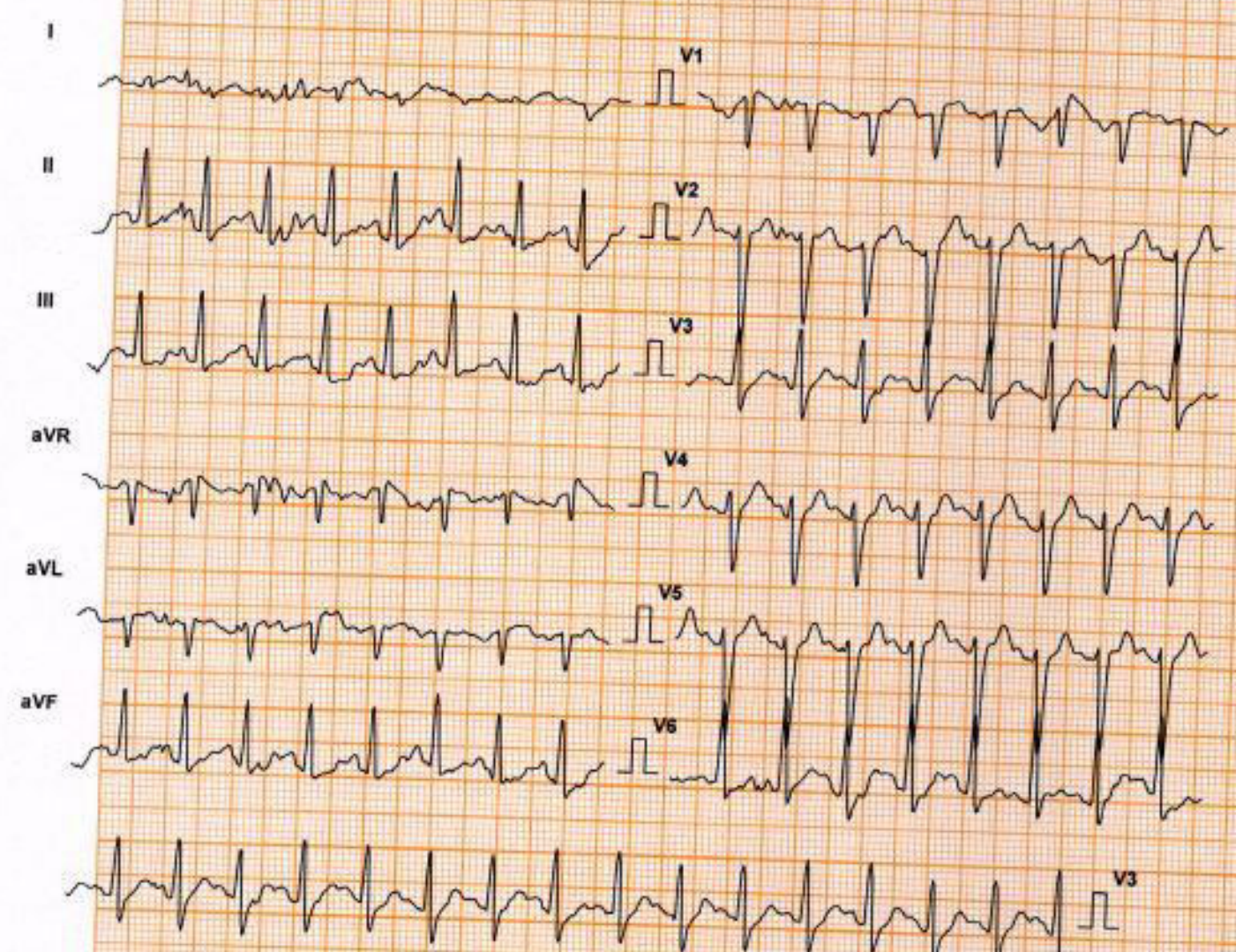
B.P: 160 / 80

Speed: 0 mph

Grade: 0 %

HR: 160 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	-0.4	2.5
III	-1.1	1.1
aVR	-0.2	-2.1
aVL	0.8	0.4
aVF	-0.8	1.8
V1	0.6	-1.1
V2	4.9	5.3
V3	1.9	6.0
V4	5.1	5.3
V5	5.5	2.8
V6	0.6	3.9

Chart Speed: 25 mm/sec
Schüller Spanden V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

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

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(1)

Stage Time : 0 m 23 s

Date: 31-Jan-23

Speed: 0 mph

HR: 156 bpm

B.P: 150 / 80

Grade: 0 %

(THR: 162 bpm)

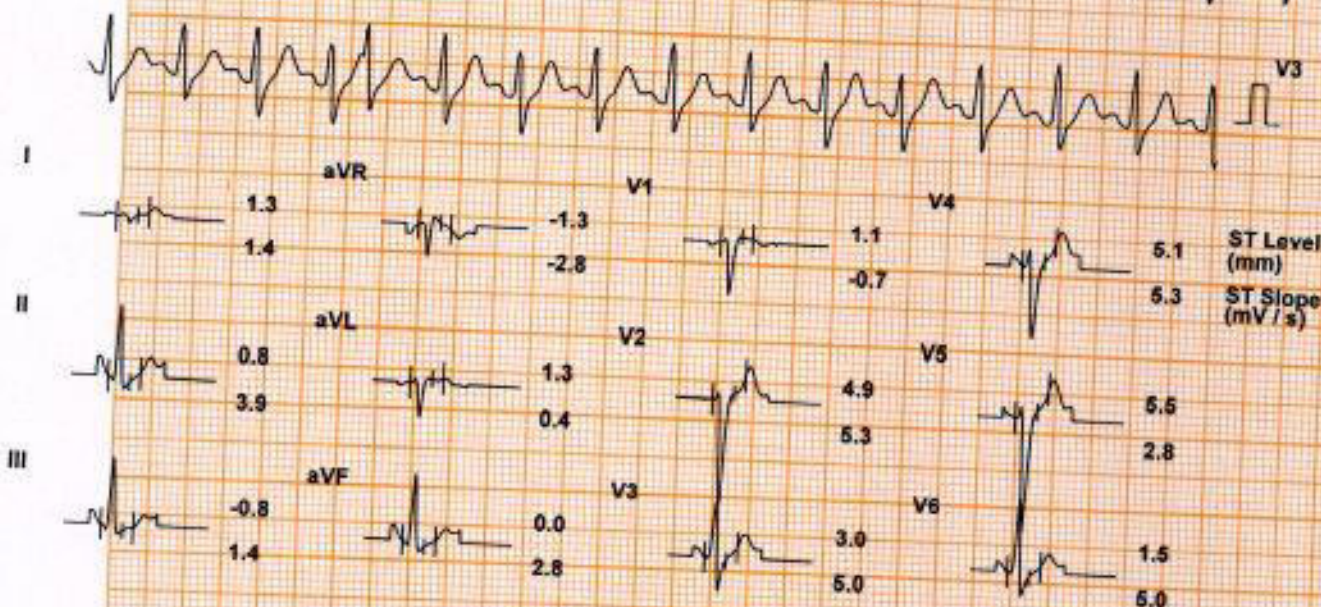
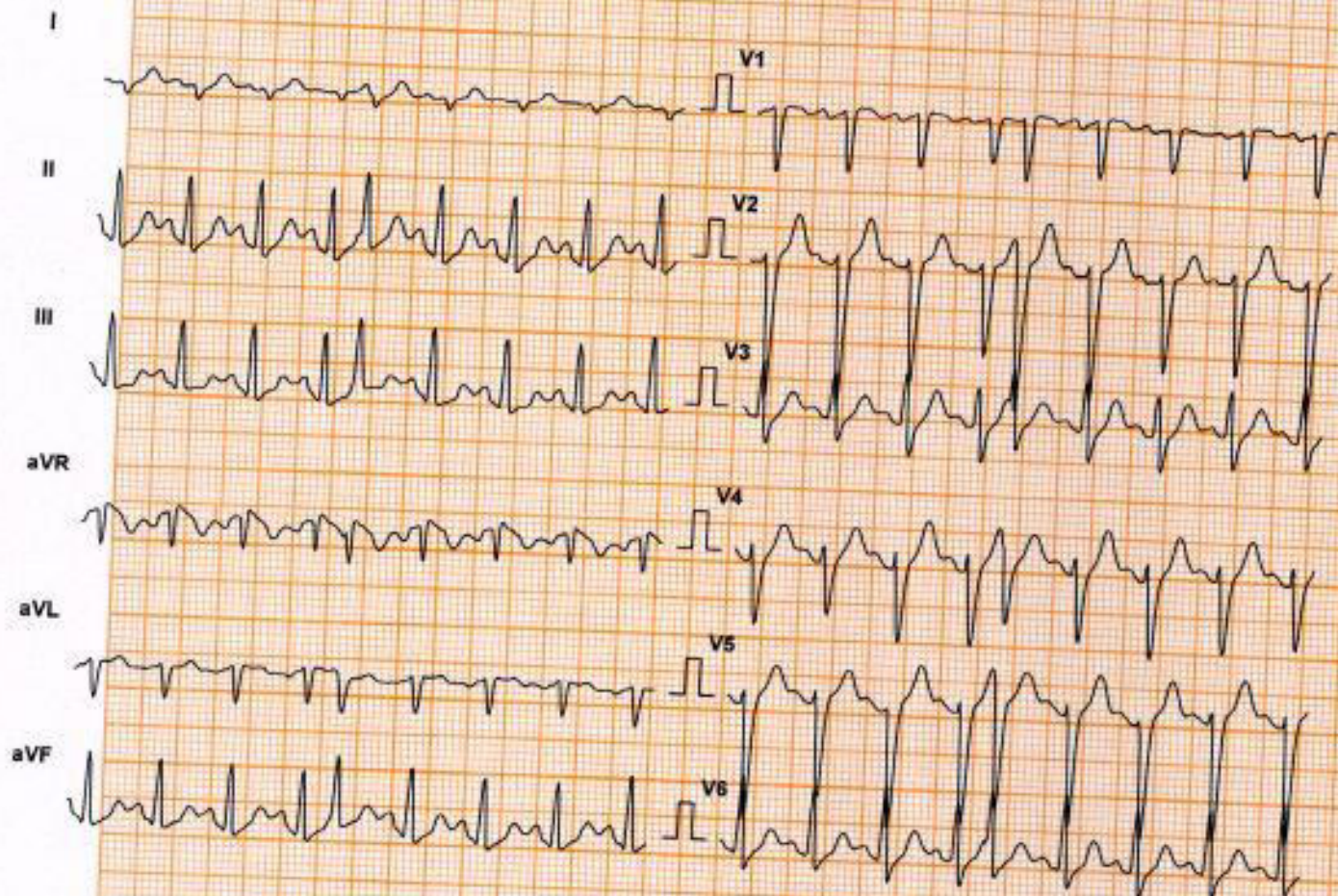


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(1)

Stage Time : 0 m 54 s

Date: 31-Jan-23

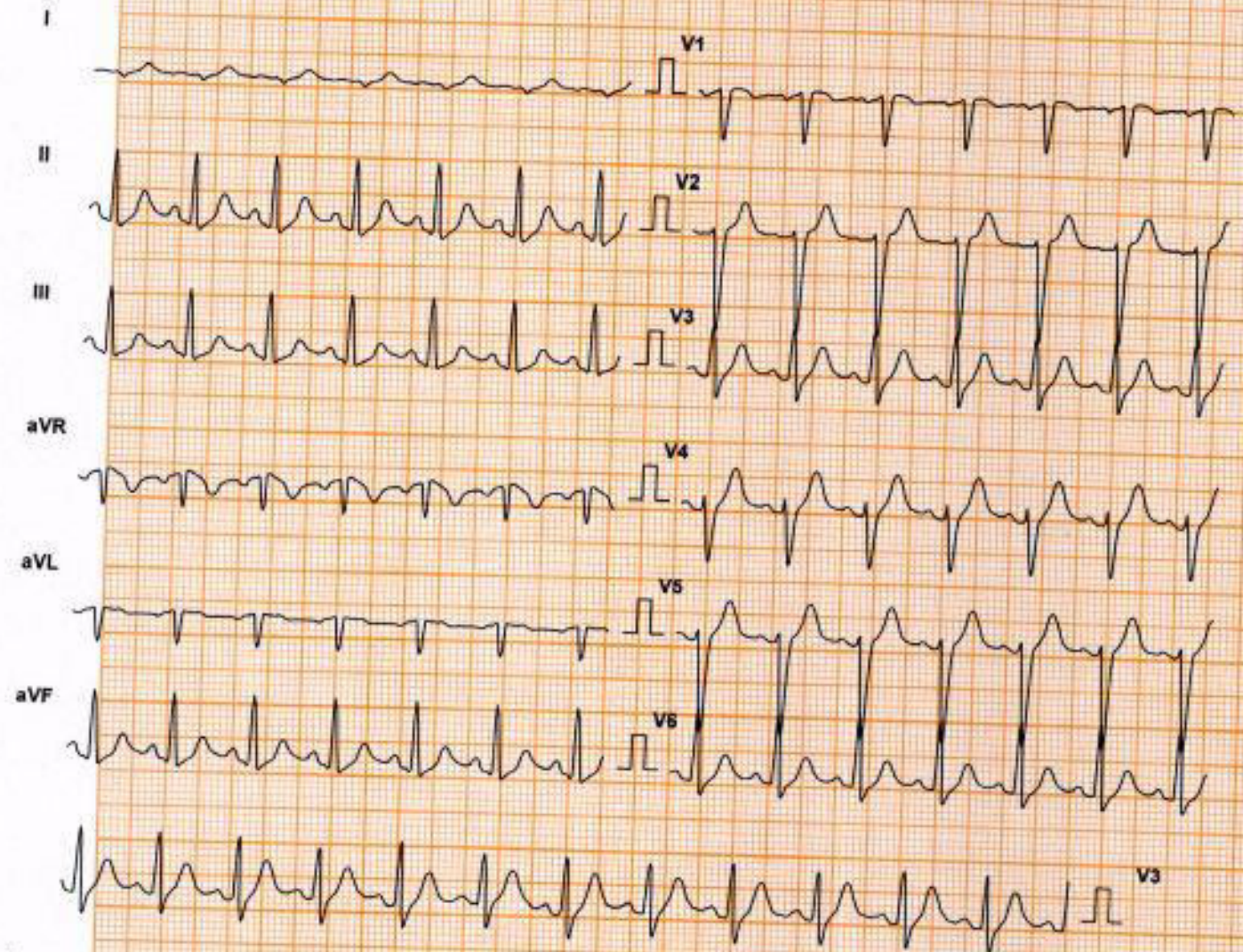
Speed: 1 mph

HR: 122 bpm

B.P: 160 / 80

Grade: 0 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.4
II	2.3	5.0
III	0.8	2.5
aVR	-1.7	-3.5
aVL	0.4	0.4
aVF	1.5	3.9
V1	0.8	-0.7
V2	4.9	5.7
V3	4.7	4.2
V4	4.0	4.2
V5	4.9	5.7
V6	2.5	5.0

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

Filter: 35 Hz

ISO = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(2)

Stage Time : 0 m 54 s

Date: 31-Jan-23

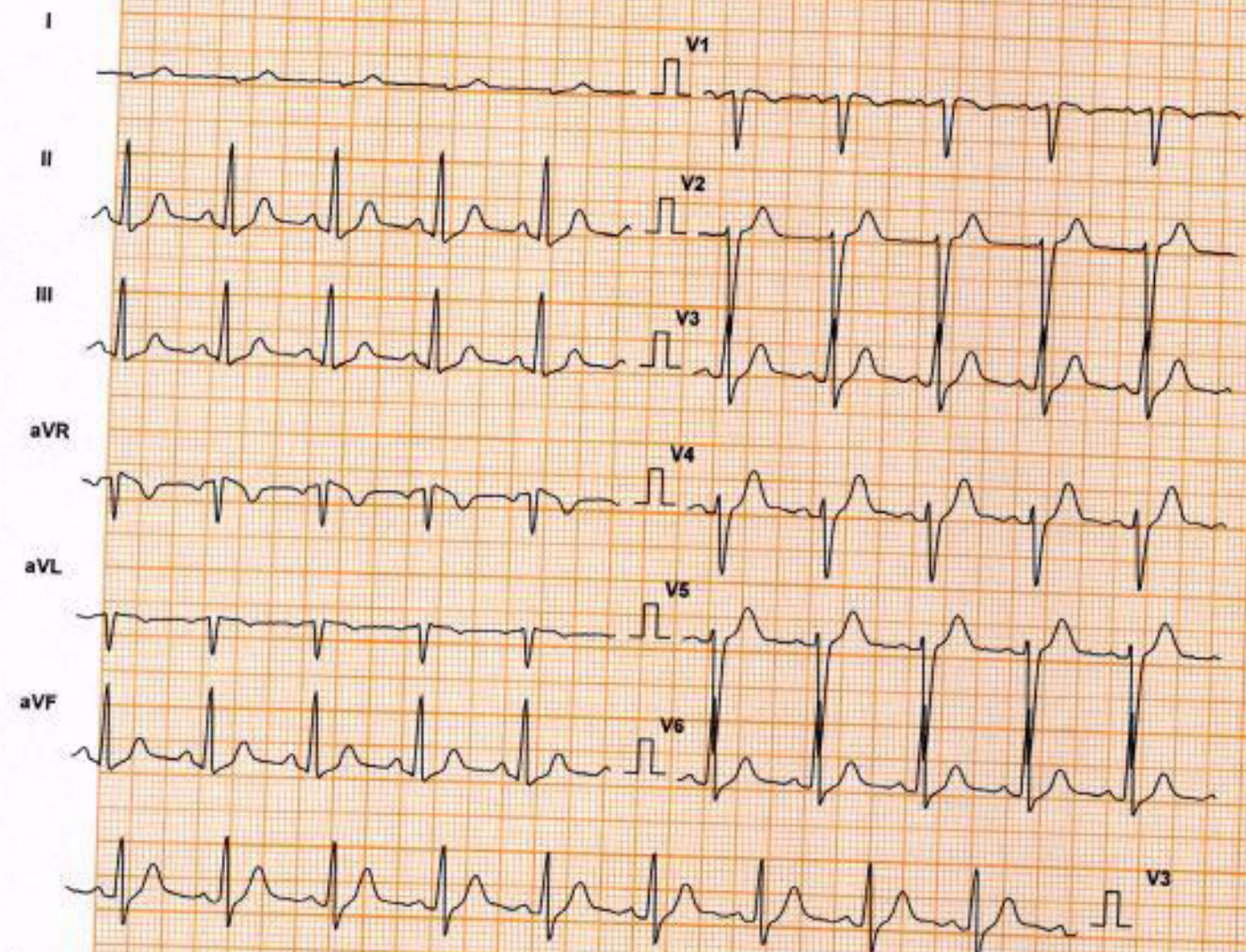
Speed: 0 mph

HR: 94 bpm

B.P: 160 / 80

Grade: 0 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	1.1
II	0.8	3.2
III	0.2	1.4
aVR	-0.6	-2.5
aVL	0.0	-0.4
aVF	0.6	2.5
V1	0.6	-0.7
V2	3.4	3.5
V3	2.8	4.6
V4	4.7	5.3
V5	4.0	4.6
V6	1.3	3.2

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

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

ID: 4182WA014448

Stage: Recovery(3)

Stage Time : 0 m 54 s

Date: 31-Jan-23

Speed: 0 mph

HR: 99 bpm

B.P: 140 / 80

Grade: 0 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.2	2.1
III	-0.4	0.7
aVR	-0.4	-1.8
aVL	0.6	0.4
aVF	-0.2	1.1
V1	0.8	-0.4
V2	2.8	2.8
V3	1.7	3.2
V4	2.5	2.8
V5	2.8	3.2
V6	0.4	2.1

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

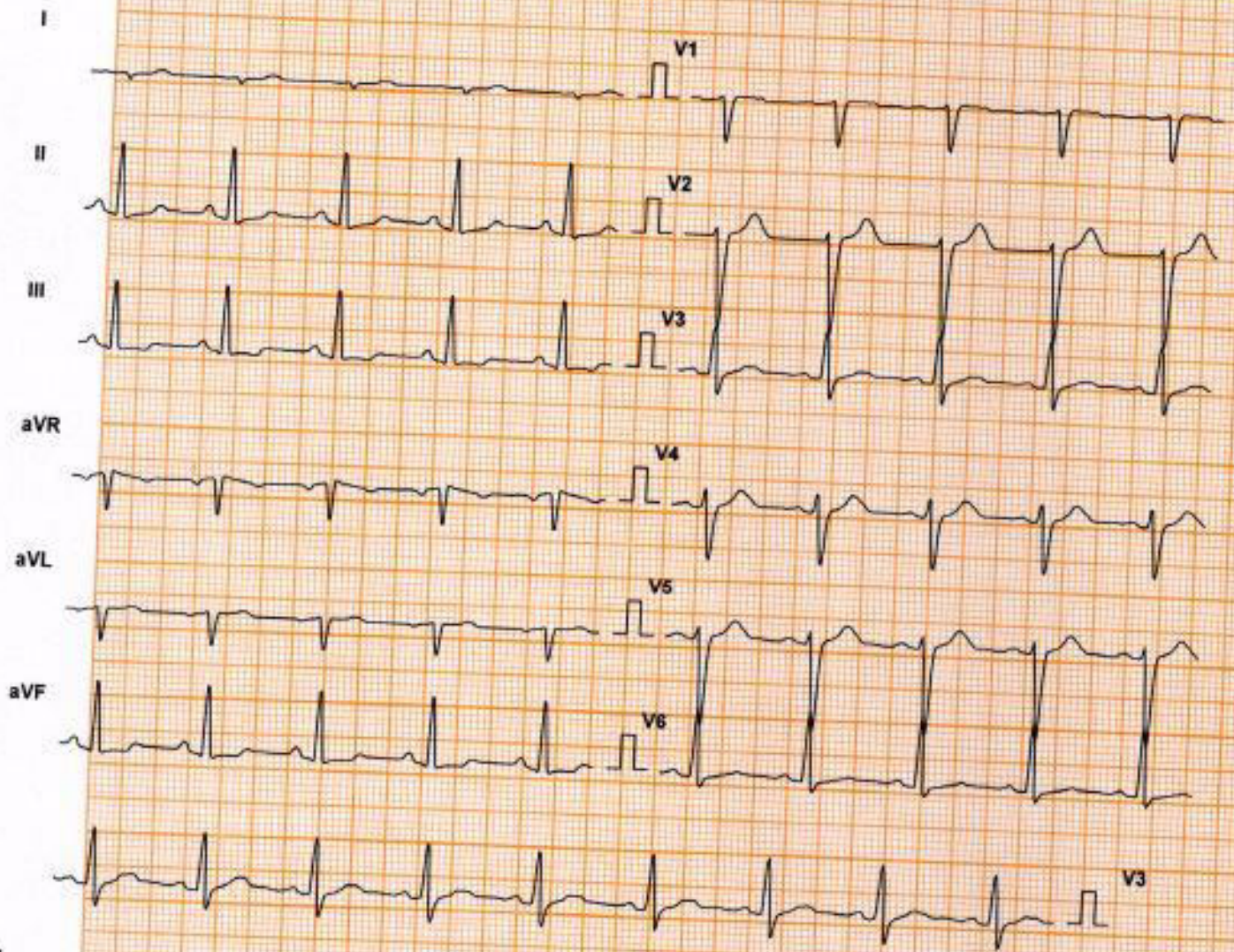
SANAL KUMAR S (39 M)

DDRC SRL

Protocol: Bruce
Exec Time : 11 m 39 s

ID: 4182WA014448
Stage: Recovery(4)
Stage Time : 0 m 54 s

Date: 31-Jan-23
Speed: 0 mph
HR: 88 bpm
B.P: 130 / 80
Grade: 0 %
(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
aVR	0.2	0.4
V1	-0.2	-0.7
V4	0.6	0.0
V3	1.7	1.4
aVL	0.0	1.1
V2	0.4	0.4
V5	1.9	1.8
V6	2.1	2.1
aVF	-0.4	0.0
V3	-0.2	0.4
V6	1.1	1.8
V6	0.2	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V47

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

Mains Filt: ON
Pace J = J + 60 ms

Amp: 5 mm
Linked Median

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(5)

Stage Time : 0 m 54 s

Date: 31-Jan-23

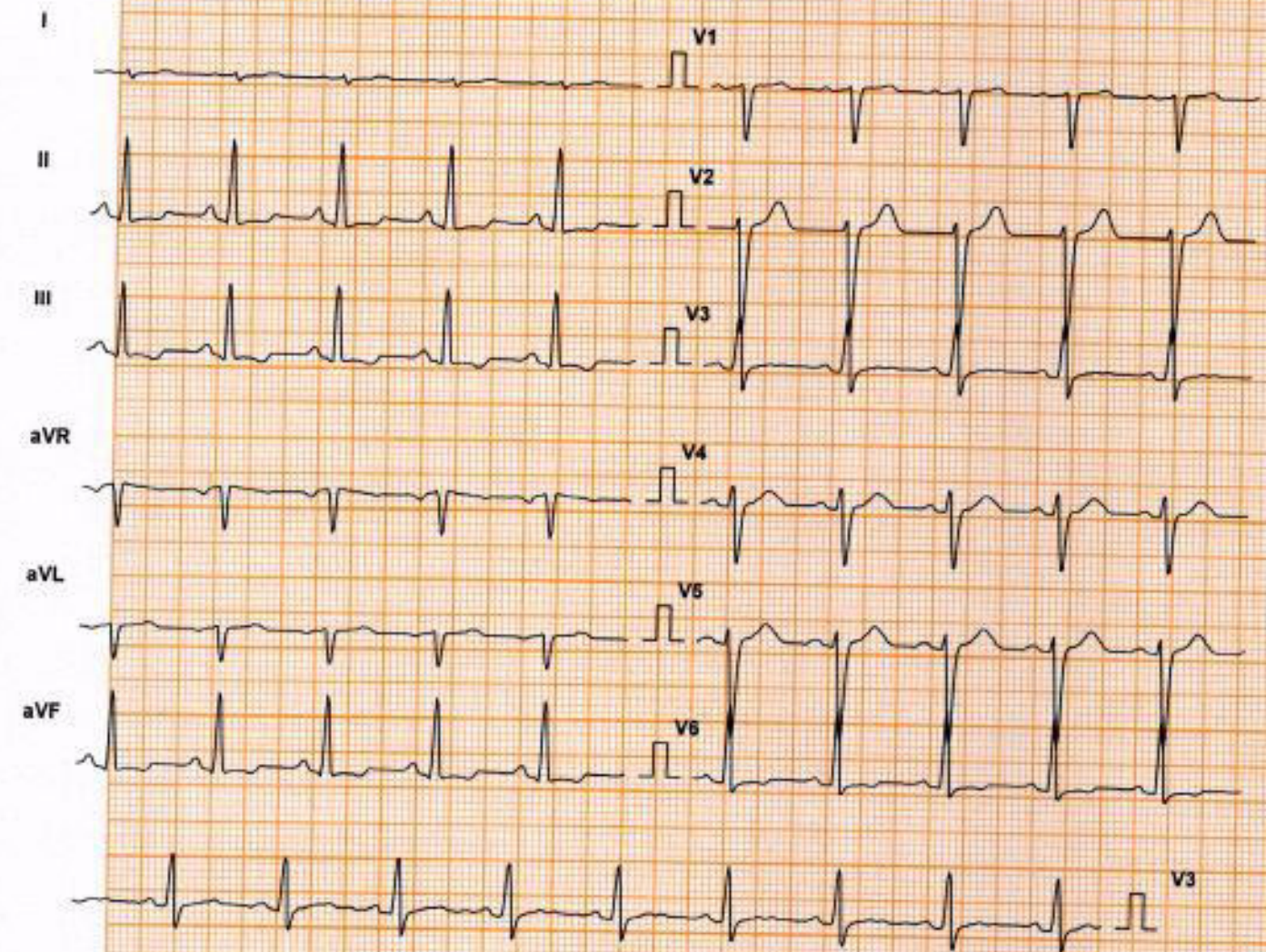
Speed: 0 mph

HR: 93 bpm

B.P: 130 / 80

Grade: 0 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.0	1.1
III	-0.4	0.0
aVR	-0.2	-0.7
aVL	0.4	0.4
aVF	-0.4	0.4
V1	0.8	0.4
V2	2.1	2.1
V3	1.3	1.8
V4	1.7	1.4
V5	2.3	2.1
V6	0.2	1.1

Chart Speed: 25 mm/sec
Schiller Spandee 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.

SANAL KUMAR S (39 M)

Protocol: Bruce

Exec Time : 11 m 39 s

DDRC SRL

ID: 4182WA014448

Stage: Recovery(6)

Stage Time : 0 m 54 s

Date: 31-Jan-23

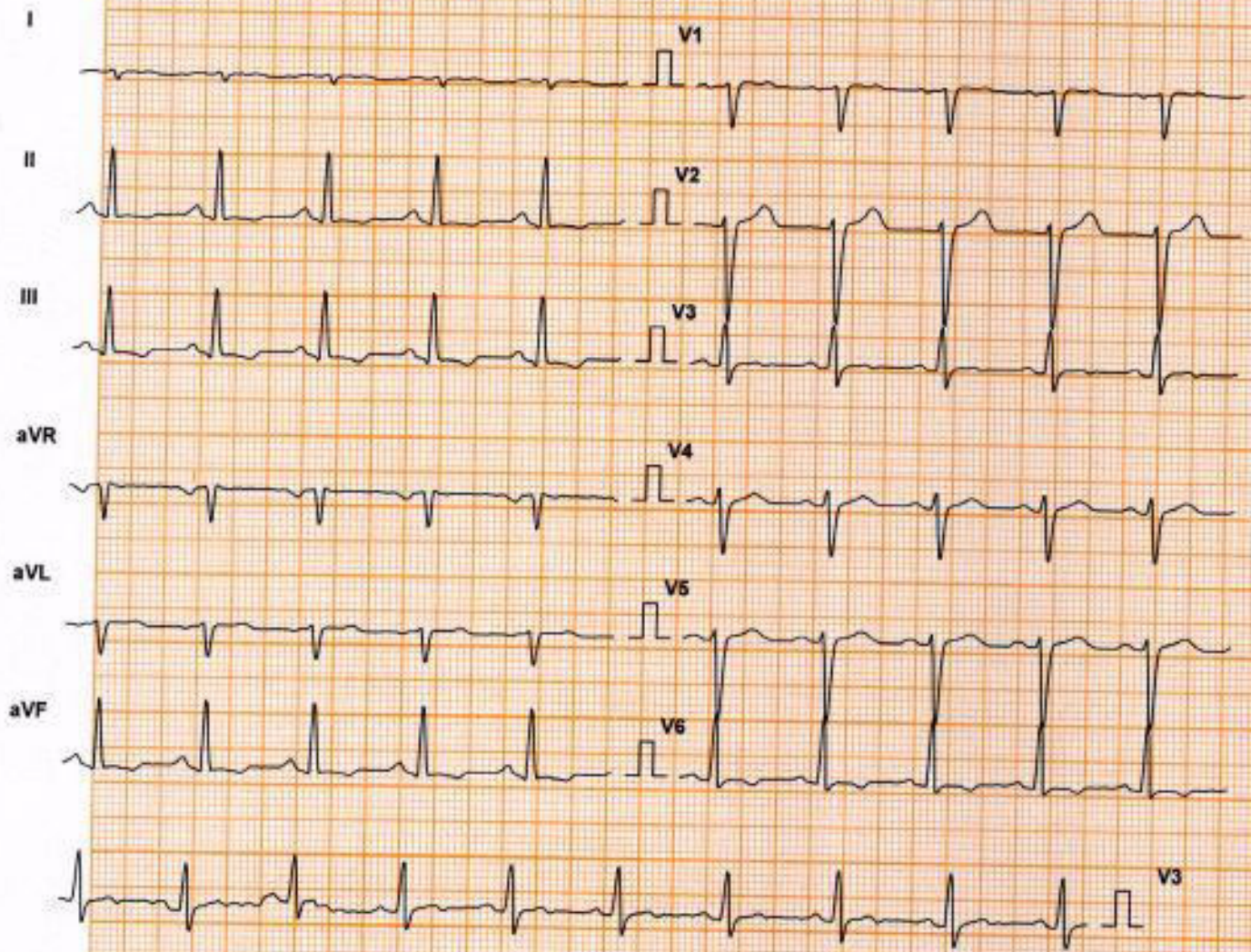
Speed: 0 mph

HR: 94 bpm

B.P: 130 / 80

Grade: 0 %

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.0	0.4
III	-0.4	0.0
aVR	-0.4	-0.4
aVL	0.4	0.0
aVF	-0.2	0.0
V1	0.8	-0.4
V2	2.1	1.4
V3	0.8	1.1
V4	1.5	1.4
V5	1.7	1.4
V6	0.0	0.4

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

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

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

SANAL KUMAR S (39 M)

DDRC SRL

Protocol: Bruce

ID: 4182WA014448

Date: 31-Jan-23

B.P: 130 / 80

Exec Time : 11 m 39 s

Stage: Recovery(7)

Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 30 s

HR: 86 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.2	0.4
III	-0.4	-0.4
aVR	-0.4	-0.7
aVL	0.4	0.4
aVF	0.0	0.0
V1	0.6	-0.4
V2	2.1	1.8
V3	1.1	0.7
V4	1.9	1.8
V5	1.9	1.8
V6	0.4	0.7

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

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

Mains Fil: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median