

| | | | |
|-------------------------|------------------------------|-------------------|---------------------|
| Name | MR.JOTHI RAMALINGAM K | ID | MED121519728 |
| Age & Gender | 51Y/MALE | Visit Date | 03/12/2022 |
| Ref Doctor | MediWheel | | |

MASTER HEALTH CHECK UP SUMMARY

| | | | |
|-----------------|---------------|----------------|----------------|
| Height : | 168 cm | Weight: | 85.3 kg |
| BMI : | 30.2 | | |

PRESENT HISTORY:

- Nil.

GENERAL EXAMINATION → P.I.C.C.L.E : Nil.

Pulse: 56/min **BP:** 100/70 mmHg **Respiratory Rate:** 15/min

Temp: Normal **Others:** Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: NFND

P/A: Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

ECG:

- Normal ECG.

X-RAY:

- Chest x- ray no significant abnormality.

ULTRASOUND ABDOMEN:

- Grade I fatty liver.
- Left renal calculus.

- For clinical correlation.



| | | | |
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TMT:

- Negative.

LAB REPORTS:

- Blood parameters are within normal limits.

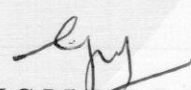
EYE SCREENING:

| Vision | R/E | L/E |
|-----------------------|---------------|---------------|
| Distant Vision | 6/6 | 6/6 |
| Near Vision | N6 | N6 |
| Colour Vision | Normal | Normal |

- Within normal limits.

ADVISED:

- Nephrologist opinion – for left renal calculus.


DR.GOMATHY.S M.B.B.S, D.M.C.H
Consultant General Physician



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Investigation **Observed Value** **Unit** **Biological Reference Interval**

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'O' 'Positive'
 /Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion
 If Rh Variant
 When Recieipient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|---|--------------|-------------|--------------|
| Haemoglobin (Blood/Spectrophotometry) | 15.0 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance) | 47.3 | % | 42 - 52 |
| RBC Count (Blood/Impedance Variation) | 4.82 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance) | 98.1 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance) | 31.1 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance) | 31.7 | g/dL | 32 - 36 |
| RDW-CV (Blood/Derived from Impedance) | 13.7 | % | 11.5 - 16.0 |
| RDW-SD (Blood/Derived from Impedance) | 47.04 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Blood/ Impedance Variation) | 6490 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/Impedance Variation & Flow Cytometry) | 52.6 | % | 40 - 75 |
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry) | 37.2 | % | 20 - 45 |
| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 2.8 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 7.1 | % | 01 - 10 |
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 0.3 | % | 00 - 02 |

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

| | | | |
|---|------|---------------------------|-------------|
| Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry) | 3.41 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry) | 2.41 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry) | 0.18 | 10 ³ / μ l | 0.04 - 0.44 |

Srid
 Dr S.Sridevi,MD

Consultant BioChemist
 Reg No : 71747

Gurupriya
 DR GURUPRIYA J
 PATHOLOGIST
 Reg No : 13-48036

The results pertain to sample tested.

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|--|----------------|---------------------------|-------------------------------|
| Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry) | 0.46 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry) | 0.02 | 10 ³ / μ l | < 0.2 |
| Platelet Count (Blood/Impedance Variation) | 220 | 10 ³ / μ l | 150 - 450 |
| MPV (Blood/Derived from Impedance) | 9.3 | fL | 7.9 - 13.7 |
| PCT (Blood/Automated Blood cell Counter) | 0.20 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method) | 2 | mm/hr | < 20 |

BIOCHEMISTRY

| | | | |
|--|------|-------|--|
| BUN / Creatinine Ratio | 8.42 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 84.1 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| | | | |
|--|----------|-------|----------|
| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Negative | | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP) | 118.0 | mg/dL | 70 - 140 |

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

| | | | |
|---|----------|-------|-----------|
| Urine Glucose(PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 9.6 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 1.14 | mg/dL | 0.9 - 1.3 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--|------|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 4.8 | mg/dL | 3.5 - 7.2 |
| Liver Function Test | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.67 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.22 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.45 | mg/dL | 0.1 - 1.0 |

Sridevi
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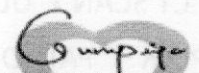
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|---|----------------|-------|---|
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 20.9 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 29.2 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 36.2 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 46.3 | U/L | 56 - 119 |
| Total Protein (Serum/Biuret) | 6.86 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.15 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.71 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.53 | | 1.1 - 2.2 |
| Lipid Profile | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 170.5 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 101.5 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

| | | | |
|--|-------|-------|--|
| HDL Cholesterol (Serum/Immuno-inhibition) | 48.8 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 101.4 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 20.3 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 121.7 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |



Dr S.Sridevi, MD
Consultant BioChemist
Reg No : 71747



DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

The results pertain to sample tested.

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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | | |
|--|-----|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 3.5 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 2.1 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/ Calculated) | 2.1 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |

Glycosylated Haemoglobin (HbA1c)

| | | | |
|---------------------------------|-----|---|---|
| HbA1C (Whole Blood/HPLC) | 6.0 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |
|---------------------------------|-----|---|---|

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

| | | |
|--|-------|-------|
| Estimated Average Glucose (Whole Blood) | 125.5 | mg/dL |
|--|-------|-------|

INTERPRETATION: Comments

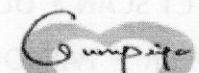
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
 Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
 Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

| | | | |
|--|------|-------|---|
| Prostate specific antigen - Total(PSA) (Serum/Manometric method) | 0.32 | ng/mL | Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0 |
|--|------|-------|---|



Dr S.Sridevi, MD
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|--|----------------|------|-------------------------------|
| Protein (Urine/Protein error of indicator) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Pus Cells (Urine/Automated – Flow cytometry) | Occasional | /hpf | NIL |
| Epithelial Cells (Urine/Automated – Flow cytometry) | Occasional | /hpf | NIL |
| RBCs (Urine/Automated – Flow cytometry) | NIL | /hpf | NIL |
| Cast (Urine/Automated – Flow cytometry) | NIL | /hpf | NIL |
| Crystals (Urine/Automated – Flow cytometry) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

| | | | |
|--------------------------|------------|------|------------|
| Colour (Stool) | Brown | | Brown |
| Blood (Stool) | Absent | | Absent |
| Mucus (Stool) | Absent | | Absent |
| Reaction (Stool) | Acidic | | Acidic |
| Consistency (Stool) | Semi Solid | | Semi Solid |
| Ova (Stool) | NIL | | NIL |
| Others (Stool) | NIL | | NIL |
| Cysts (Stool) | NIL | | NIL |
| Trophozoites (Stool) | NIL | | NIL |
| RBCs (Stool) | NIL | /hpf | Nil |
| Pus Cells (Stool) | 1 - 2 | /hpf | NIL |
| Macrophages (Stool) | NIL | | NIL |
| Epithelial Cells (Stool) | NIL | /hpf | NIL |

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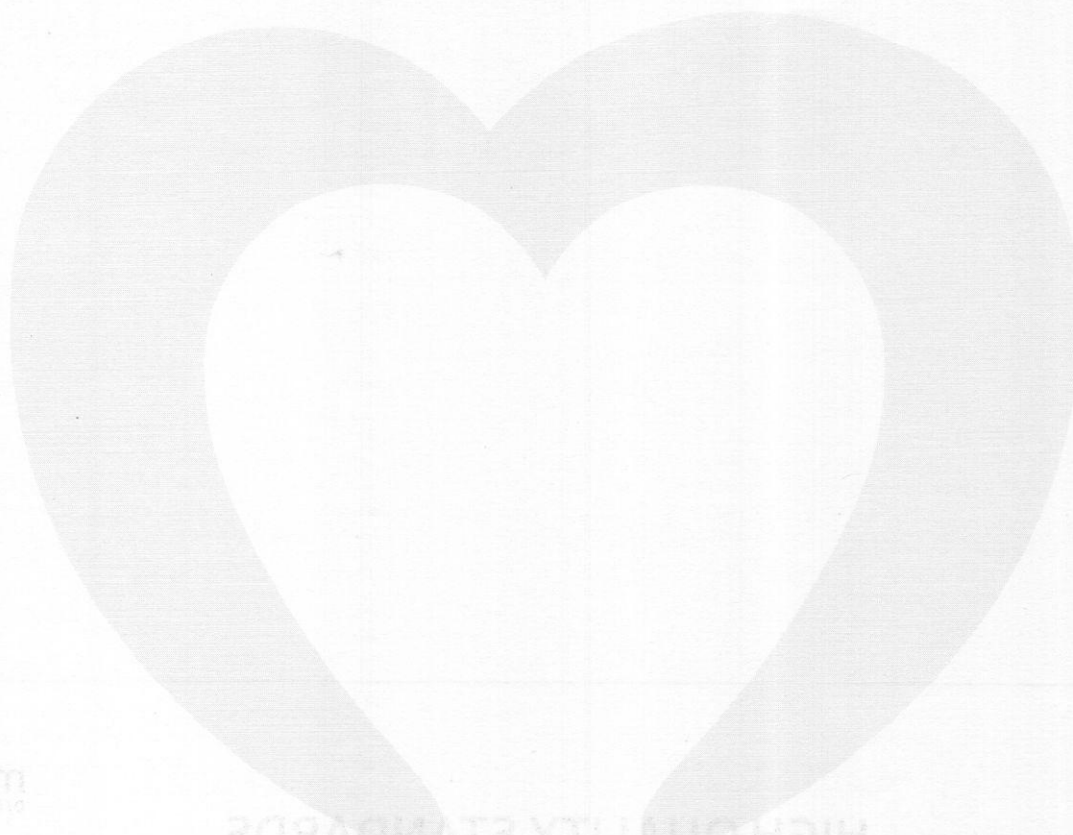
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PATHOLOGIST

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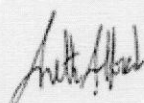
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| Age & Gender | 51Y/M | Visit Date | Dec 3 2022 10:04AM |
| Ref Doctor | MediWheel | | |

X- RAY CHEST PA VIEW

Trachea appears normal.
 Cardiothoracic ratio is within normal limits.
 Bilateral lung fields appear normal.
 Costo and cardiophrenic angles appear normal.
 Visualised bony structures appear normal.
 Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*



**DR. Anith Alfred, J MBBS., MDRD.,
 Consultant Radiologist**



| | | | |
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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 9.3 x 4.3 cm.

The left kidney measures 9.1 x 5.2 cm and shows calculus measuring 0.52 cm in the lower pole calyx.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.



| | | | |
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There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

The prostate measures 3.7 x 3.4 x 3.2 cm (Vol - 22.3 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Grade I fatty liver.**
- **Left renal calculus.**

- **For clinical correlation.**

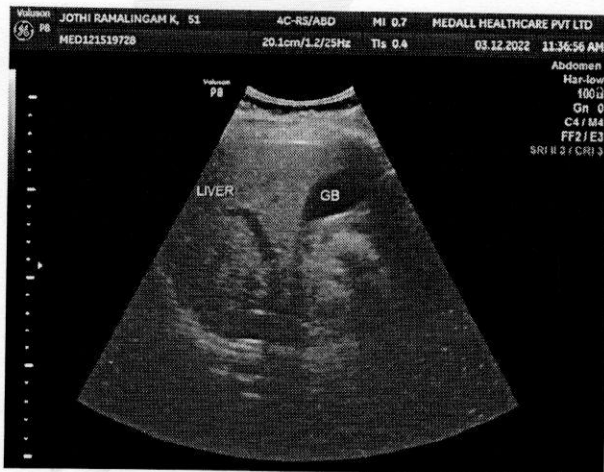
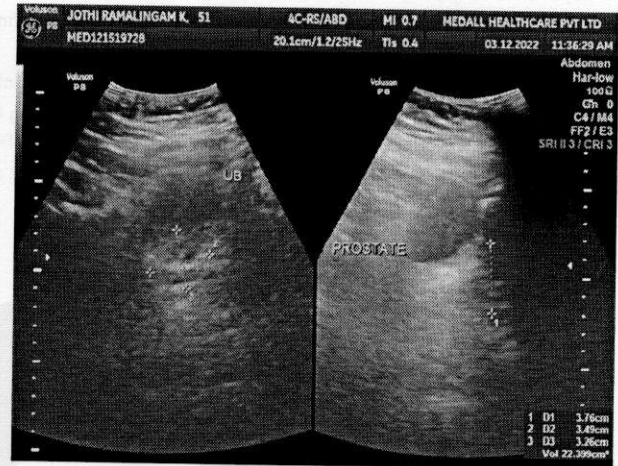
Dr Catherine

Dr. Catherine
Consultant Sonologist.



Medall Healthcare Pvt Ltd
 No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

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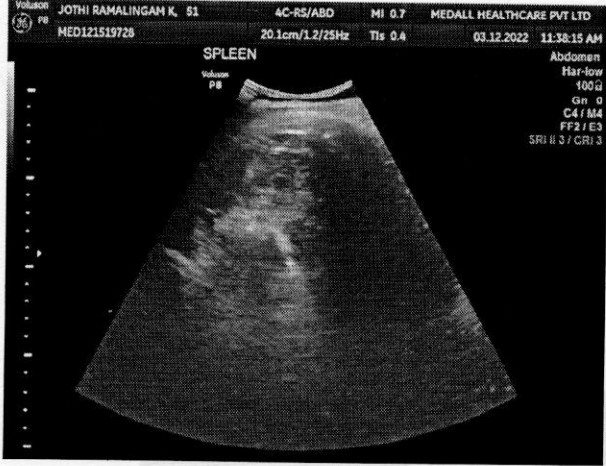
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GE MAC1200 ST MR JOTHI RAMALINGAN K 0121519728, MEDALL DIAGNOSTICS
 Male, 51 Years (27.10.1971)

HR 56 bpm

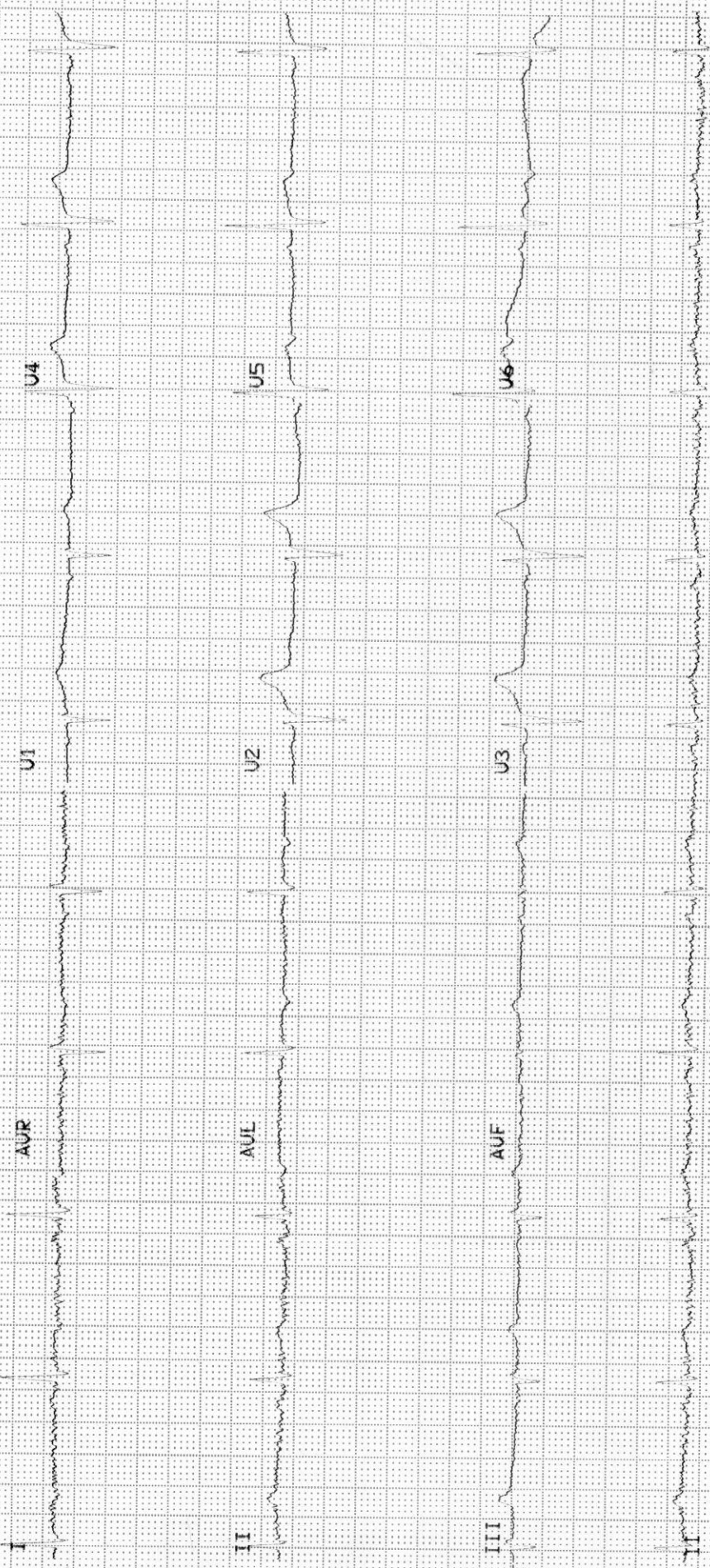
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 Ph: 044-42121883

Normal ECG

Unconfirmed report

Interpretation:
 suspected left ventr. hypertrophy
 negative T-wave (lateral)
 probably abnormal ECG

Measurement Results:
 QRS < P < T < QRS
 QT/QTcB 416 / 90
 PR 168 ms
 P 74 ms
 RR/PP 1062 / 1055 ms
 P/QRS/T 35 / 5 / 100 degrees
 QTd/QTcBd 66 / 64 ms
 Sokolow 7
 NK

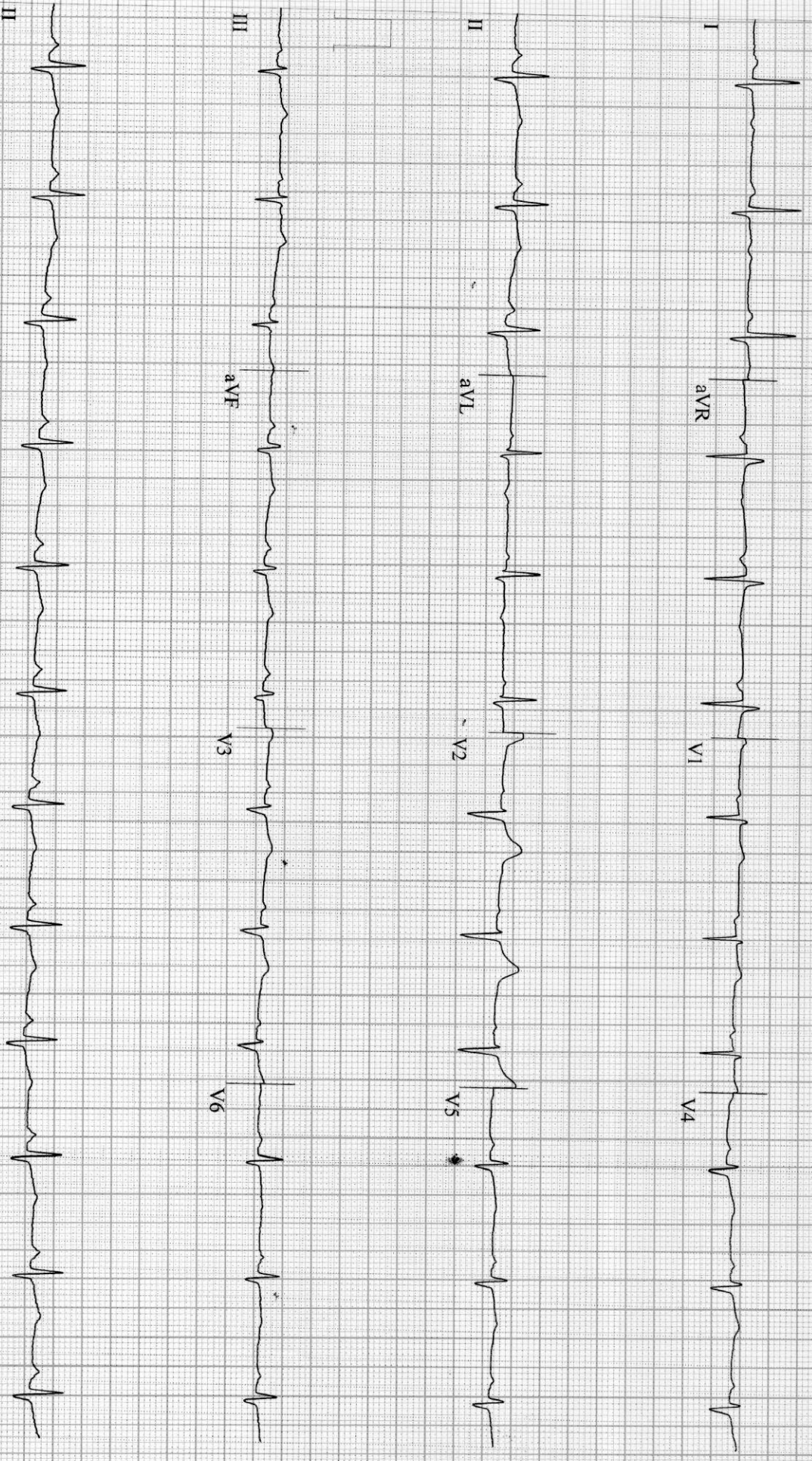


MR JOTHI RAMALINGAM K,
Patient ID: MED121519728
03.12.2022 Male 167 cm 87 kg
3:09:53pm 51 yrs Asian

Exercise Test / 12-Lead Report
68 bpm
120/80 mmHg
PRETEST
STANDING
00:28

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF - HR(1.H)

Start of Test: 3:09:18pm

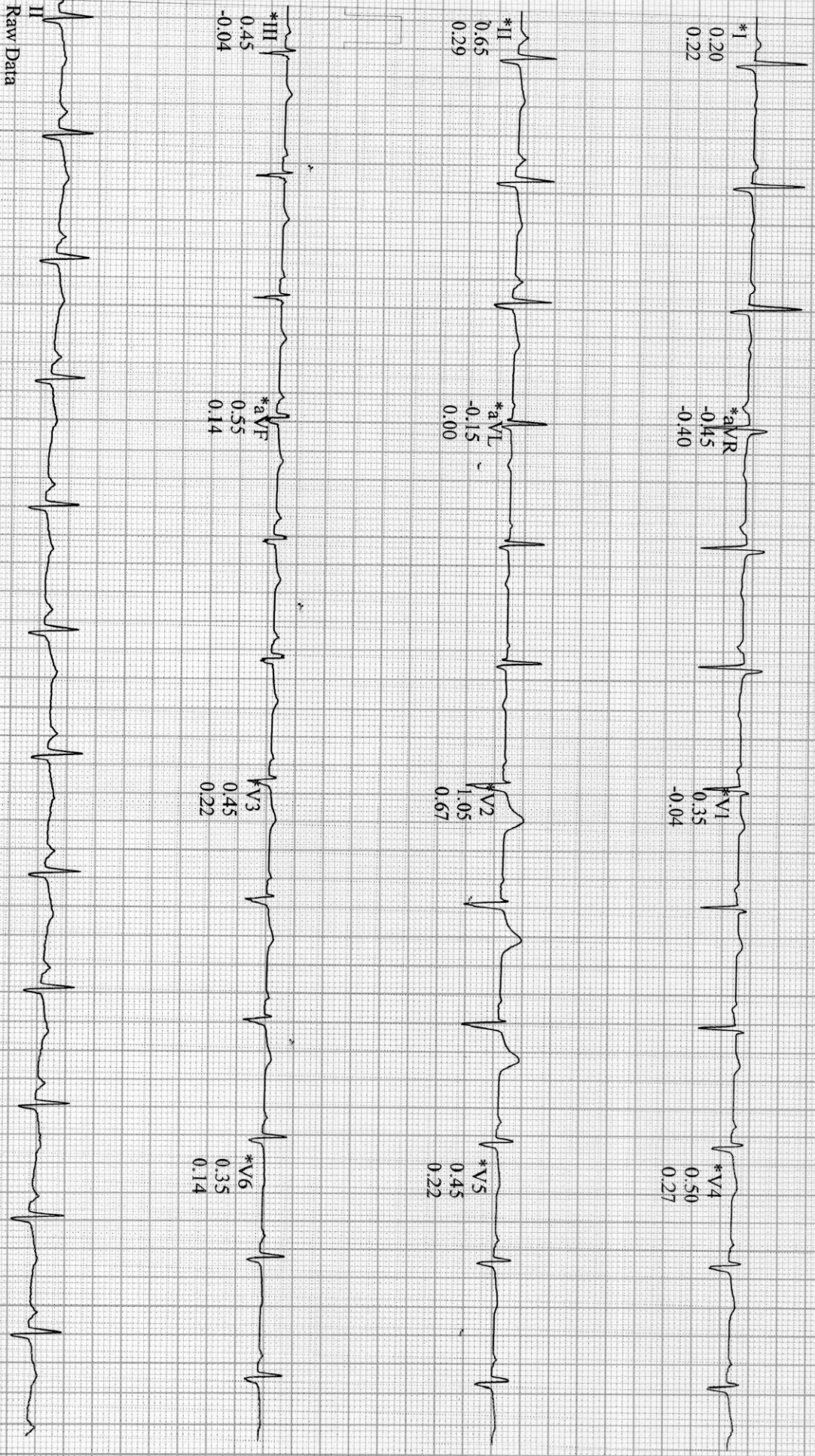
MR JOTHI RAMALINGAM K,
 Patient ID: MED121519728
 03.12.2022 Male 167 cm 87 kg
 3:10:11pm 51 yrs Asian

Exercise Test / Linked Medians
 PRETEST
 HYPERTV
 00:51
 71 bpm
 120/80 mmHg

BRUCE
 0.0 mph
 0.0 %

MEDALL DIAGNOSTICS

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



Raw Data

GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 60 Hz 0.05 40 Hz FRF-HR(1H)

*Computer Synthesized Rhythms

Start of Test: 3:09:18pm

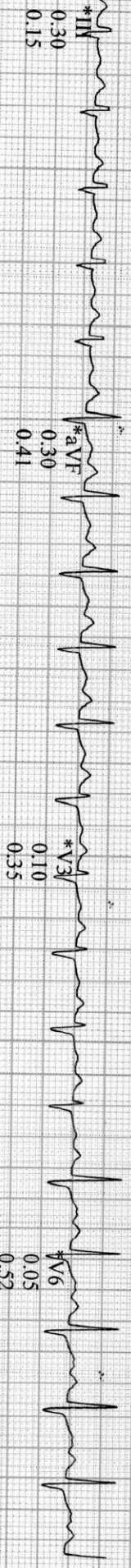
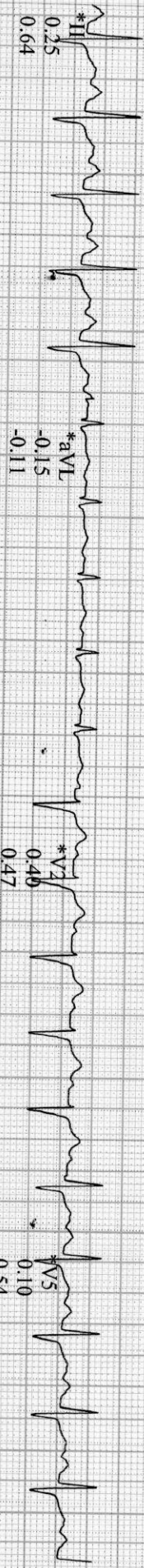
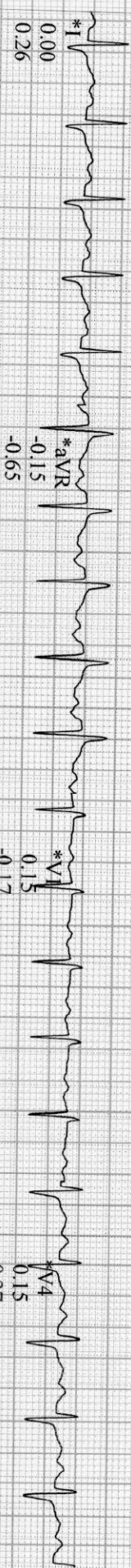
MR JOTHI RAMALINGAM K,
 Patient ID: MED121519728
 03.12.2022 Male 167 cm 87 kg
 3:13:27pm 51 yrs Asian *

Exercise Test / Linked Medians
 EXERCISE
 STAGE 1
 122 bpm
 120/80 mmHg
 02:50

BRUCE
 1.7 mph
 10.0 %

MEDALL DIAGNOSTICS

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



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(L,II)

Start of Test: 3:09:18pm

*Computer Synthesized Rhythms

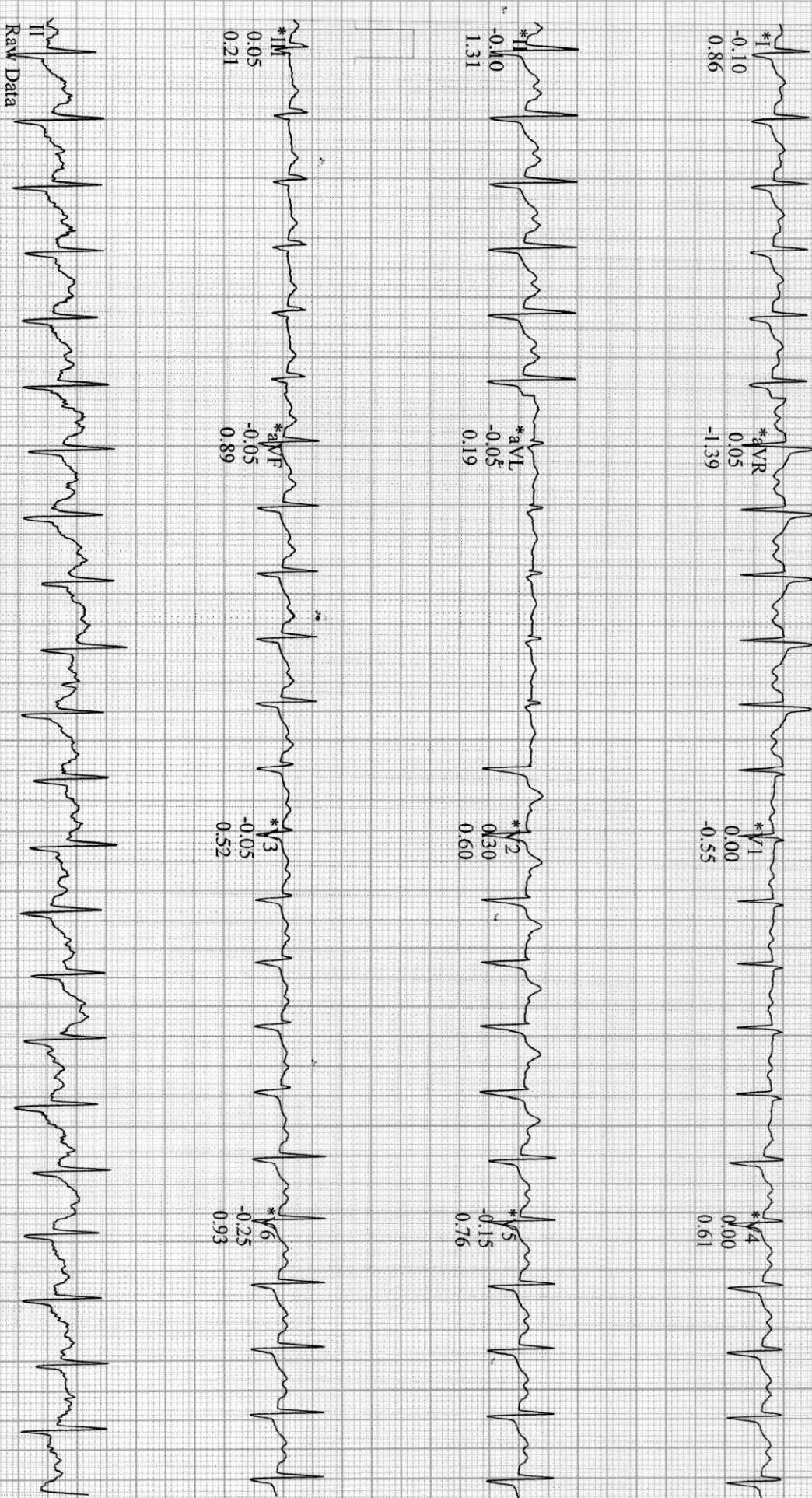
MIR JOTHI RAMALINGAM K,
Patient ID: MED121519728
03.12.2022 Male 167 cm 87 kg
3:16:27pm 51 yrs Asian

Exercise Test / Linked Medians
136 bpm
130/80 mmHg
EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

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

MEDALL DIAGNOSTICS



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(1.1H)

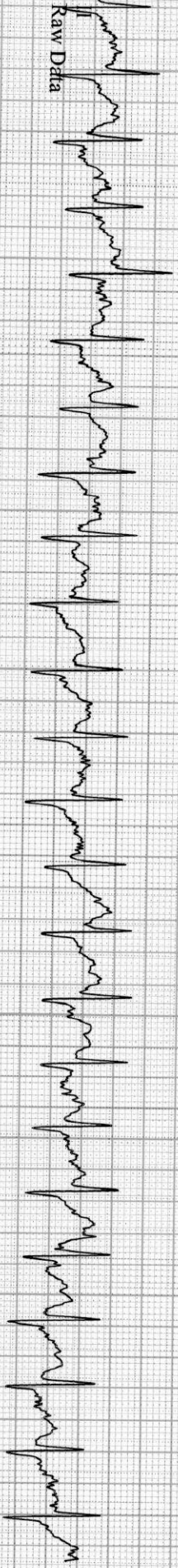
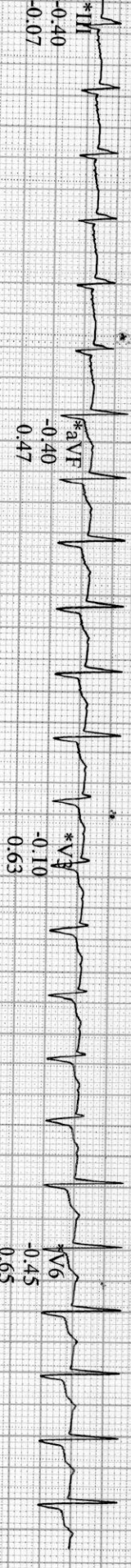
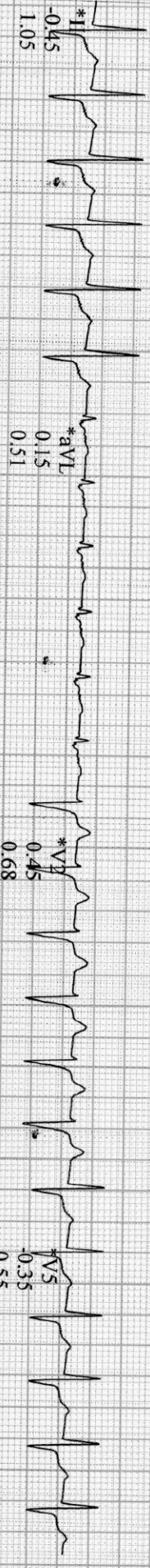
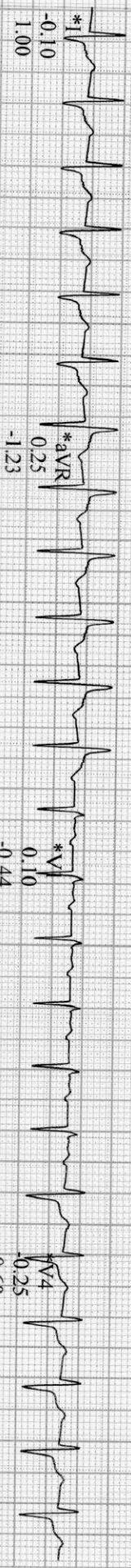
Start of Test: 3:09:18pm

MR JOTHI RAMALINGAM K,
 Patient ID: MED121519728
 03.12.2022 Male 167 cm 87 kg
 3:17:08pm 51 yrs Asian

Exercise Test / Linked Medians (PEAK EXERCISE)
 EXERCISE 142 bpm
 STAGE 3 140/80 mmHg
 06:31
 BRUCE 3.4 mph
 14.0%

MEDALL DIAGNOSTICS

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



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
 25 mm/s - 10 mm/mV 60 Hz - 0.05 - 40 Hz FRF - HR(11)

Start of Test: 3:09:18pm

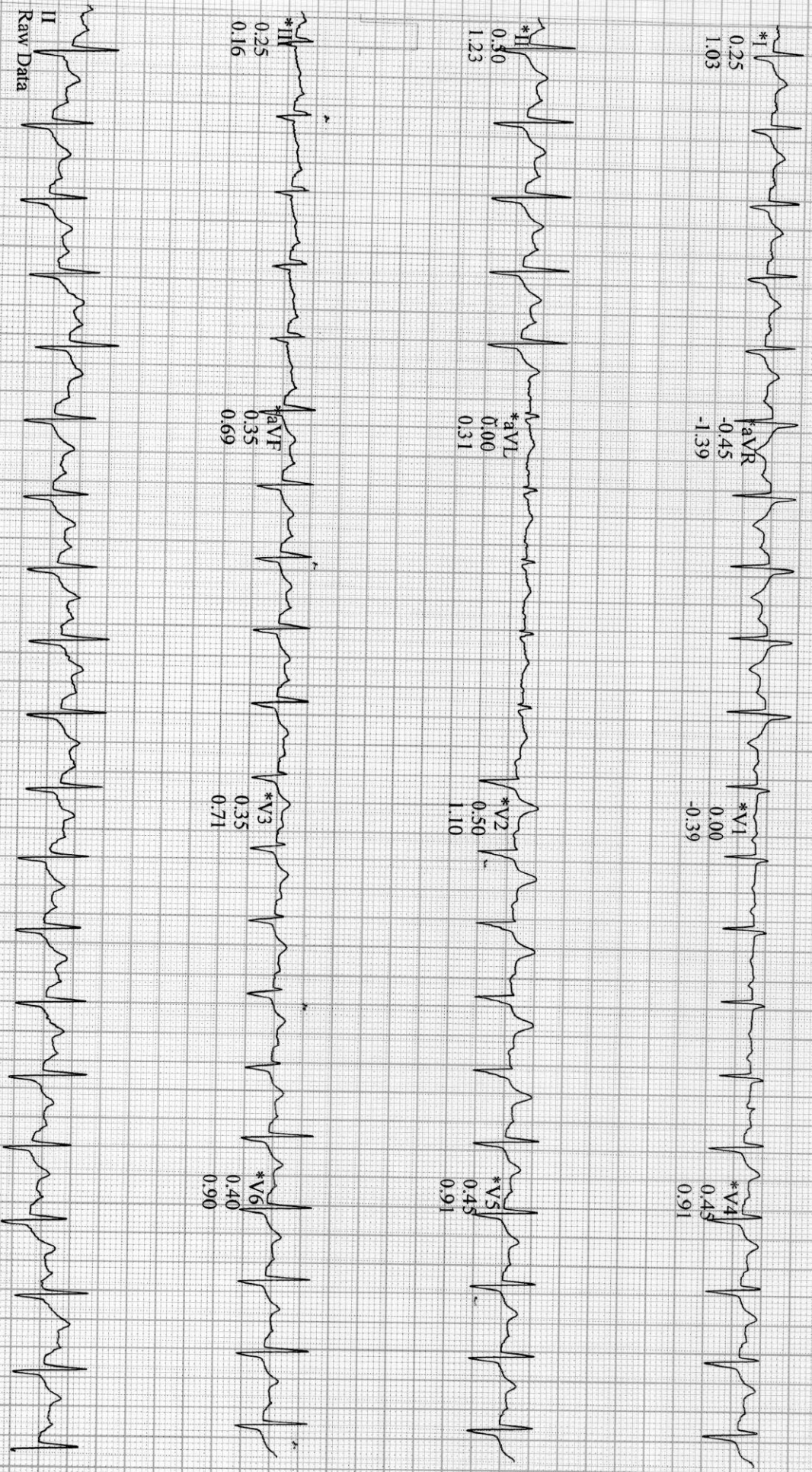
MR JOTHI RAMALINGAM K,
Patient ID: MED121519728
03.12.2022 Male 167 cm 87 kg
3:17:58pm 51 yrs Asian

Exercise Test / Linked Medians
RECOVERY #1
120 bpm
140/80 mmHg
00:50

BRUCE
0.0 mph
0.0 %

MEDALL DIAGNOSTICS

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



*Computer-Synthesized Rhythms

GE CardioSoft V7.0(10)
25 mm/s - 10 mm/mV 60 Hz - 0.05 - 40 Hz FRF - HR(1,1)

Start of Test: 3:09:18pm

EXERCISE STRESS TEST REPORT

Patient Name: MR JOTHI RAMALINGAM K.
Patient ID: MED121519728
Height: 167 cm
Weight: 87 kg

DOB: 27.10.1971
Age: 51 yrs
Gender: Male
Race: Asian

Study Date: 03.12.2022
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR.SUBRAMANIAN N
Technician: PARKAVI.S

Medications:
NIL

Medical History:
NIL

Reason for Exercise Test:
ROUTINE

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed [mph] | Grade [%] | HR [bpm] | BP [mmHg] | Comment |
|------------|------------|---------------|-------------|-----------|----------|-----------|---------|
| PRETEST | SUPINE | 00:01 | 0.00 | | | | |
| | STANDING | 00:48 | 0.00 | 0.00 | 71 | 120/80 | |
| | HYPERV. | 00:18 | 0.00 | 0.00 | 75 | | |
| EXERCISE | WARM-UP | 00:12 | 1.00 | 0.00 | 78 | 120/80 | |
| | STAGE 1 | 03:00 | 1.70 | 10.00 | 122 | 120/80 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 136 | 130/80 | |
| | STAGE 3 | 00:31 | 3.40 | 14.00 | 142 | 140/80 | |
| RECOVERY | | 03:07 | 0.00 | 0.00 | 94 | 130/80 | |

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 72 bpm rose to a maximal heart rate of 144 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Submaximal TMT

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Negative for Inducible Ischaemia

Conclusions

Normal ECG

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Average Effort Taken

Physician

[Signature]
Prof. Dr. N. Subramanian
MD, DM, FRCP (ACC)
Sr. Consultant Cardiologist
Reg. No. 14372

Technician

[Signature]
Parkavi.S

Exercise Test / Tabular Summary

MEDALL DIAGNOSTICS

MR JOTHI RAMALINGAM K,
 Patient ID: MED121519728
 03.12.2022 Male 167 cm 87 kg
 3:09:18pm 51 yrs Asian
 Meds: NIL

Test Reason: ROUTINE
 Medical History: NIL

BRUCE: Exercise Time 06:31
 Max HR: 144 bpm 85% of max predicted 169 bpm HR at rest: 72
 Max BP: 140/80 mmHg BP at rest: 120/80 Max RPP: 20160 mmHg*bpm
 Maximum Workload: 8.50 METS
 Max. ST: -0.55 mm, 1.09 mV/s in II; EXERCISE STAGE 3 6:30

Ref. MD: Ordering MD:
 Technician: PARKAVI S Test Type: Treadmill Stress Test
 Comment:

Arrhythmia: PSYC-2
 ST/HR index: 0.70 μ V/bpm
 HR reserve used: 72 %
 HR recovery: 29 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.006 mV (III)
 QRS duration: BASELINE: 94 ms, PEAK EX: 90 ms, REC: 92 ms
Reasons for Termination: Target heart rate achieved
 Room:
 Location: * 0 *

| Phase Name | Stage Name | Time in Stage | Speed [mph] | Grade [%] | Workload [METs] | HR [bpm] | BP [mmHg] | RPP [mmHg*bp] | VE [l/min] | ST Level II [mm] | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|---------------|------------|------------------|---------|
| PRETEST | SUPINE | 00:01 | 0.00 | 0.00 | 1.0 | 71 | 120/80 | 8520 | 0 | -- | |
| | STANDING | 00:48 | 0.00 | 0.00 | 1.0 | 75 | | 9000 | 0 | 0.60 | |
| | HYPERV, | 00:18 | 0.00 | 0.00 | 1.0 | 78 | 120/80 | 9360 | 0 | 0.60 | |
| | WARM-UP | * 00:12 | 1.00 | 0.00 | 1.1 | 122 | 120/80 | 14640 | 0 | 0.70 | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 136 | 130/80 | 17680 | 0 | 0.15 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 142 | 140/80 | 19880 | 0 | -0.30 | |
| | STAGE 3 | 00:31 | 3.40 | 14.00 | 8.5 | 94 | 130/80 | 12220 | 0 | -0.45 | |
| RECOVERY | | 03:07 | 0.00 | 0.00 | 1.0 | | | | | 0.00 | |

GE CardioSoft V7.0 (10)

Unconfirmed

Attending MD: DR. SUBRAMANIAN N