



# OPD ASSESSMENT FORM



Name Mrs. Nilam B. Patel Age.Sex 42/F MR.No. 5151558

Doctor Dr. Krunal Gajjar Date 23/03/2024

Ht : 160cm Wt. : 64.9kg Temp : 97.8F Pulse : 100b/m BP : 125/81 mmHg

SPO2 : 98.1% RA Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

NOT - ANY

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes  No

On examination :

RS } NAD  
LVS }

Past History :

— N.S. —

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :  
(Write in Capital Letters)

R<sub>x</sub>

Investigation advised :

→ Tab. Cafipor 1 tab sos .

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_

Krunal  
**Dr. Krunal Gajjar**  
 M.B.B.S., MD (MEDICINE)  
 CONSULTANT PHYSICIAN  
 Reg. No. \_\_\_\_\_  
 Signature  
**SUNSHINE GLOBAL HOSPITAL**  
**SURAT.**



### OPD ASSESSMENT FORM



Name Ma Nilam B. Patel Age.Sex 42/F MR.No. S/151555

Doctor Dr. Shailaja Desai Date 23/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

**Drug / Food Allergy :**

Routine dental check up

Prior Medication Reviewed : Yes  No

**On examination :**

**Past History :**

missing etc

**Provisional Diagnosis :**

**Nutritional Assessment :**

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :  
(Write in Capital Letters)**

R<sub>x</sub>

**Investigation advised :**

1) Replacement of etc

Dr. Shailaja Desai  
 B.D.S. (Dental Surgeon)  
 A-9793  
 Dental Surgeon **Signature**  
 Sunshine Global Hospital, Surat

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Mrs Nilam B. Patel Age.Sex \_\_\_\_\_ MR.No. \_\_\_\_\_

Doctor Dr Hardik shroff Date 23/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes  No

On examination : RF Ant seg MTD

Vn eye (G6 M6)

Past History :

Emdri (Central) seg MTD

Provisional Diagnosis :

Nit ophthalmic

Treatment and further Advices :  
(Write in Capital Letters)

R<sub>x</sub>

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Investigation advised :

Dr. Hardik Shroff  
DOMS, DNB (Ophthalmology)  
Reg. No. G-28902

SUNSHINE GLOBAL HOSPITAL  
PIMPRI, PUNE, INDIA

Follow Up : see Date : \_\_\_\_\_



GYNAECOLOGICAL CONSULTATION



MR. NO. 5151555

Name: Mrs. Milam Bhavesh Patel

Date: 23/03/24

Age: 42 Ht.: 160 cm Wt.: 64.9 B.P.: 125/81 mmHg

Clinical Evaluation / History / Presenting Complain:

*Roninax*

*4.9.8.1*

Gynecological History :

Yes No

1. Have you ever noticed any bleeding between menstrual periods ?  
માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડિંગ થાય છે ?
2. Are / were your periods Irregular ?  
પીરીયડ રેગ્યુલર છે ?
3. Are you pregnant now ?  
અત્યારે તમે પ્રેગનન્ટ છો ?
4. Have you had your change of life (Menopause)?  
મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ?
5. Are / were you taking birth control pills?  
તમે ગર્ભનિરોધક ગોળીલો છે ?
6. Do you have a lump in your breast ?  
સ્તનમાં દુ:ખાવો / સોજો / ગાઠ છે ?
7. Did anyone in your family suffer from breast cancer ?  
કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ?
8. Did anyone in you family suffer from any other cancer ?  
કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Obstetric History :

1. Menstrual History : Menarche at 14 Yrs  
Menses: a. Scanty / Average / Excess  
b. No of Days: 3-5 / 5-7 / More than 7 days  
c. Interval ..... days, Reg / Irregular  
d. Pain : Before / During / After / Painless

Last menstrual Period (LMP): 11/21/24

2. Obstetric History :

Gravida ..... Pare ..... Abortion ..... Live 2

Married life with cohabitation.....

Children M: 6 F: 13 Last Delivery: Yrs back

Any bad Obstetric event / history Yes / No

If yes Describe:

*1 PM*  
*1 PM*

History of Contraception & Family Planning:

**Examination**

- a. Breast Examination - Right
- b. Per abdomen examination

NAD

Left

hard Lt. & Rt. H.

- c. Local examination
- d. Per Speculum Examination

Vulva :

NAD

Vagina

m

Blue d

- e. Per vaginal examination :

Cervi : Uterus : AV/RV : Normal / Bulky

Adnexa :

PAP's Smear Taken  Yes / No

**Clinical Impression:**

Adv (1) Sono mammography  
(2) Surgical ref.

**Recommendation:**

**A. Additional Inv. / Referral Suggested**

Ref DR. Divyay Bhatt.

**B. Therapeutic Advice**

Followup Date

DR. BHAVNA DESAI  
MD, DGO

REG. NO.-10538

SUNSHINE GLOBAL HOSPITAL  
Gynaecologist's Signature



PAT. NAME: Nilam Patel	Date : 23/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 42 Yrs / F
INV. : USG Left Breast	MR NO. : S151555


**Clinical Data:** C/o Left nipple discharge.

**Findings:**

- A dilated duct noted in retro-areolar region at 6 O' clock position, measuring upto 2.7 mm. Another prominent duct (1.8 mm) noted at 11-12 O' clock position in retro-areolar region. No focal lesions seen within dilated ducts.
- Rest of the pre mammary, mammary and retromammary areas demonstrate normal echotexture. The breast parenchyma shows normal fatty deposits.
- A small axillary lymphnode is noted with maintained fatty hilum.

**IMPRESSION:**

- Ductal ectasia in retro-areolar region. No focal lesions seen within dilated ducts (BIRADS - 0).  
- Suggest clinical correlation and follow up / further evaluation with MRI, if clinically indicated.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796



<b>PAT. NAME :</b> Nilam Patel	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp Dr.	<b>AGE :</b> 42 Yrs / F
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S151555

**Findings:**

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal in size and calibre.


Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appear normal. No e/o any lymphadenopathy. Urinary bladder is empty. No e/o free fluid in abdomen.

**IMPRESSION:**

- **No significant abnormality seen.**

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 03/23/2024 – 11:26 AM

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<b>PAT. NAME :</b> Nilam Patel	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp Dr.	<b>AGE :</b> 42 Yrs / F
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S151555

**Clinical Details:** HC

**Observation:**

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 23/03/2024 – 11:13 AM

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<b>MR No.</b> : S151555	<b>Collection Date</b> : 23/03/2024 9:27AM
<b>Patient Name</b> : Mrs. Nilam Bhavesh Patel	<b>Age</b> : 42 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:39 PM

**HAEMATOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.1	gm/dl	12.0 - 15.0
PCV	36.7	%	36 - 46
RBC COUNT	4.48	mill/cmm	4.0 - 5.0
MCV	81.9	fl	76 - 96
MCH	29.2	pg	26 - 32
MCHC	35.7	%	32 - 36
RDW	12.7	%	11 - 15
PLATELET COUNT	3.74	lacs/cmm	1.5 - 4.5
WBC COUNT	5550	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 15
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	57	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:34 PM


**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	4.4	mg/dl	2.4 - 5.7
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	98	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

\*\*\*\*\* End Report \*\*\*\*\*

  
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<b>Patient Name</b> : Mrs. Nilam Bhavesh Patel	<b>Age</b> : 42 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:35 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.0	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	96.8	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c  $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefor remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

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**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	173	mg/dl	50 - 200
HDL CHOLESTEROL Direct	37	mg/dl	40 - 60
LDL CHOLESTEROL Direct	111.4	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	122	mg/dl	50 - 150
VLDL Calc	24.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.68		0 - 5
LDL / HDL RATIO	3.01		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

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**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	69	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.4	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.2	mg/dl	0.0 - 0.8
SGPT (IFCC)	08	U/L	5 - 41
SGOT (IFCC)	12	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.9	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	1.9	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	<b>2.63</b>	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.5	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	<b>5.0</b>	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>4.8</b>	mg/L	
URINE CREATININE (JAFPE)	<b>26.6</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	<b>18.04</b>	mg/gm	

Normal: <30;  
 Microalbuminuria:  
 30-299; Clinical  
 Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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 Age : 42 Y Sex : Female  
 Report Date : 23/03/2024 12:37 PM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.26	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.64	ug/dl	5.1 - 14.0
TSH (CLIA)	1.93	uIU/ml	0.2 - 4.5

Note:-  
 Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.  
 Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

\*\*\*\*\* End Report \*\*\*\*\*

*[Signature]*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>MR No.</b> : S151555	<b>Collection Date</b> : 23/03/2024 9:27AM
<b>Patient Name</b> : Mrs. Nilam Bhavesh Patel	<b>Age</b> : 42 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:39 PM

**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	7.0	
SPECIFIC GRAVITY	1.010	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	3-4	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
**Reg. No.: G-9074**

**Surat:**  
Pinlod  
23/03/2024 12:39PM  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T : +91 0261 4111000  
F : +91 0261 4111001

**Vadodara :**  
**Manjalpur**  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T : +91 265 3300400, 2633200, 2632044  
F : +91 265 2632400

**Vadodara :**  
**Tilak Road**  
Anant Apartment, B/s. Aradhna Cinema  
Tilak Road, Vadodara - 390 001.  
T : +91 265 2429282, 2429262  
F : +91 265 434073



MR No. : S151555  
Patient Name : Mrs. Nilam Bhavesh Patel  
Ref By : Dr. Hospital A Doctor

Collection Date : 23/03/2024 9:27AM  
Age : 42 Y Sex : Female  
Report Date : 23/03/2024 12:43 PM

**BIOCHEMISTRY**


<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	94	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

\*\*\*\*\* End Report \*\*\*\*\*

Surat:   
Piplod  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T: + 91 0261 4111000  
F: + 91 0261 4111001

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T: +91 265 2429282, 2429262  
F: +91 265 434073

  
Dr. Shobha Choksi  
MD, DCP (Pathology)  
Reg. No.: G-9074



ID: S151555  
Visit:  
23-Mar-2024  
11:39:21

42years  
Caucasian  
Female  
Referred by:  
Test ind:

BRUCE  
Max HR: 169bpm  
Max BP: 147/84  
Reason for Termination:  
Comments:

Actual Exercise time: 7:09  
Max HR: 169bpm 94% of max predicted 178bpm  
Maximum workload: 8.7METS

25.0 mm/s  
10.0 mm/mV  
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	5:13	0.0	0.0	1.0	92	125/80	115
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	135	125/80	169
	STAGE 2	3:00	2.5	12.0	7.0	151	130/80	196
	STAGE 3	1:09	3.4	14.0	8.7	164	140/90	230
RECOVERY	RECOVERY	4:11	**x	**x	1.0	105	147/84	154

TM7

is

negative

for inducible ischemia

S

Technician:

Unconfirmed

MAC55 010B

ID: S151555  
Visit:  
23-Mar-2024  
11:43:31

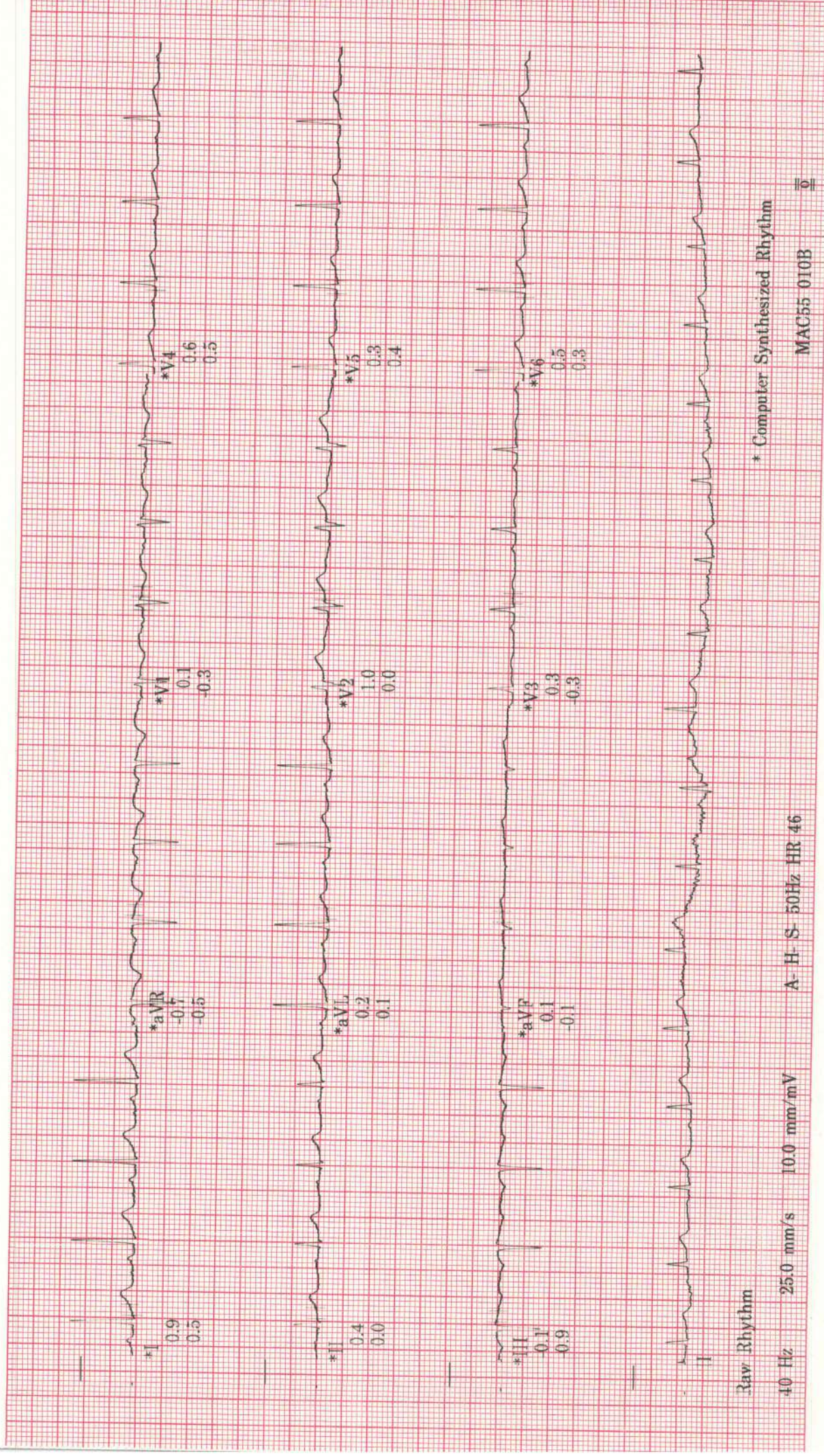
BRUCE  
\*\* \*mph  
\*\* \*%

PRETEST  
SUPINE  
4:11

98bpm  
BP: 125/80

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

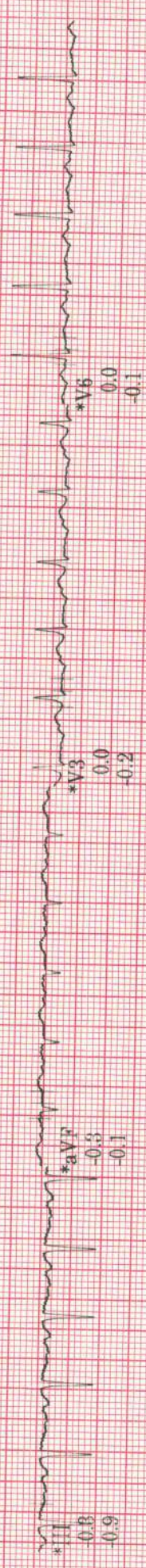
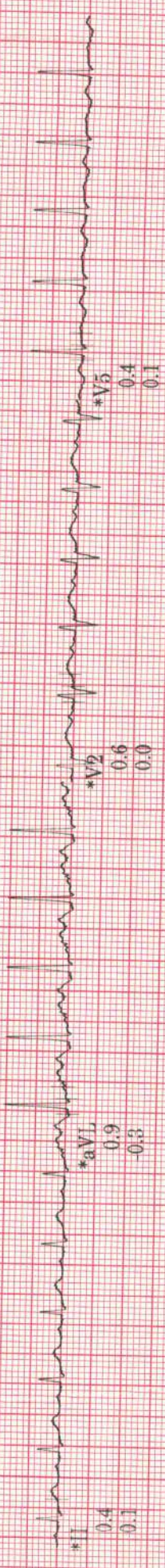
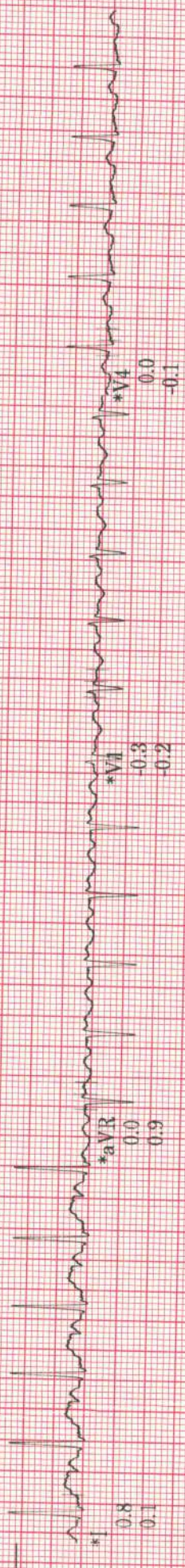


ID: S151555  
Visit:  
23-Mar-2024  
11:46:31

EXERCISE STAGE 1  
2:00  
133bpm  
BP: 125/80  
BRUCE  
1.7mph  
10.0%

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



Raw Rhythm 40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46  
 \* Computer Synthesized Rhythm  
 MAC55 010B

ID: S151555

Visit:

23-Mar-2024

11:47:33

135bpm

BP: 125/80

EXERCISE

STAGE 2

3:00

BRUCE

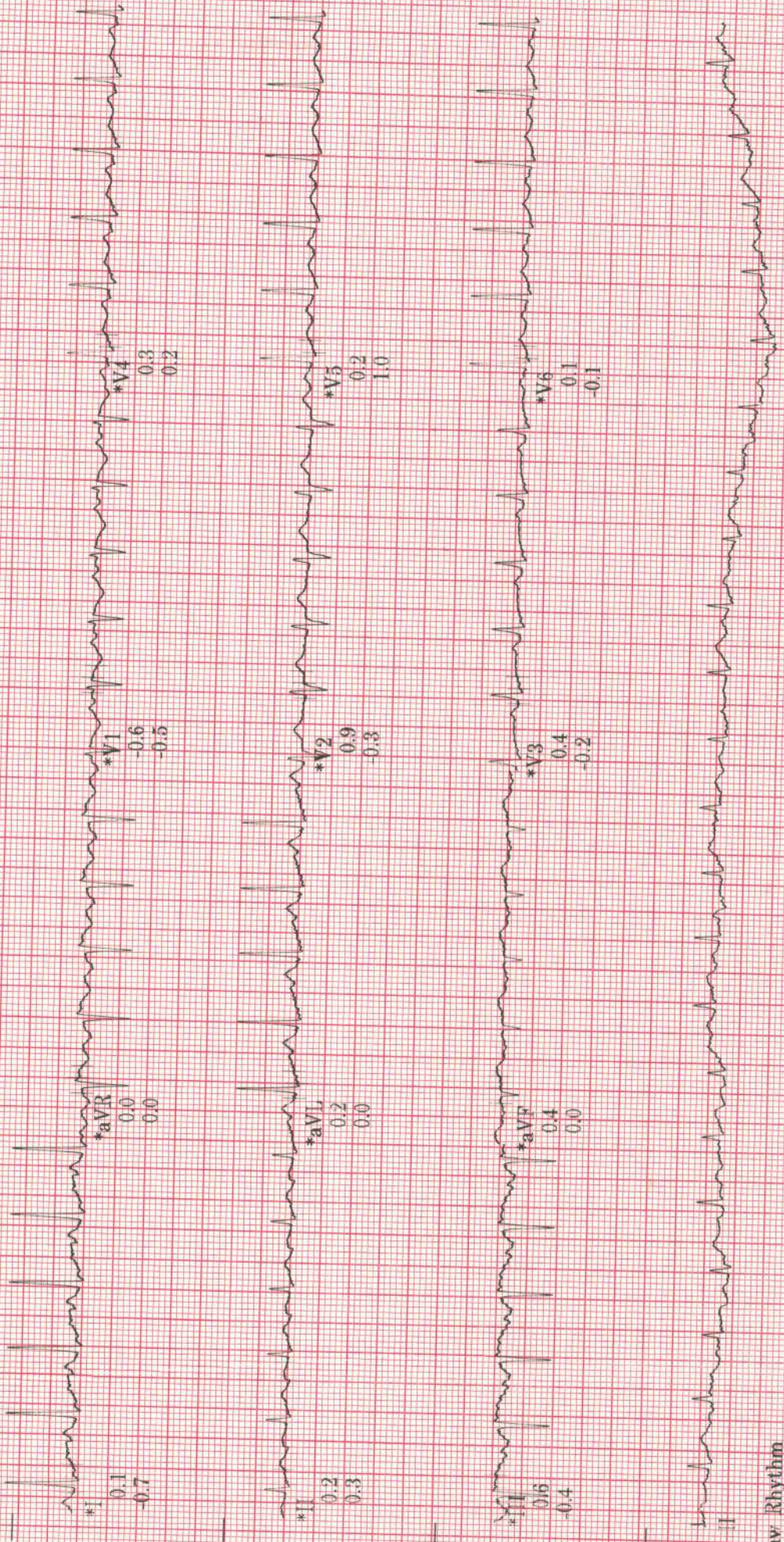
1.7mph

10.0%

ST @ 10mm/mV

80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

三

ID: S151555

Visit:

23-Mar-2024

11:50:33

151bpm

BP: 130/80

EXERCISE

STAGE 3

6:00

BRUCE

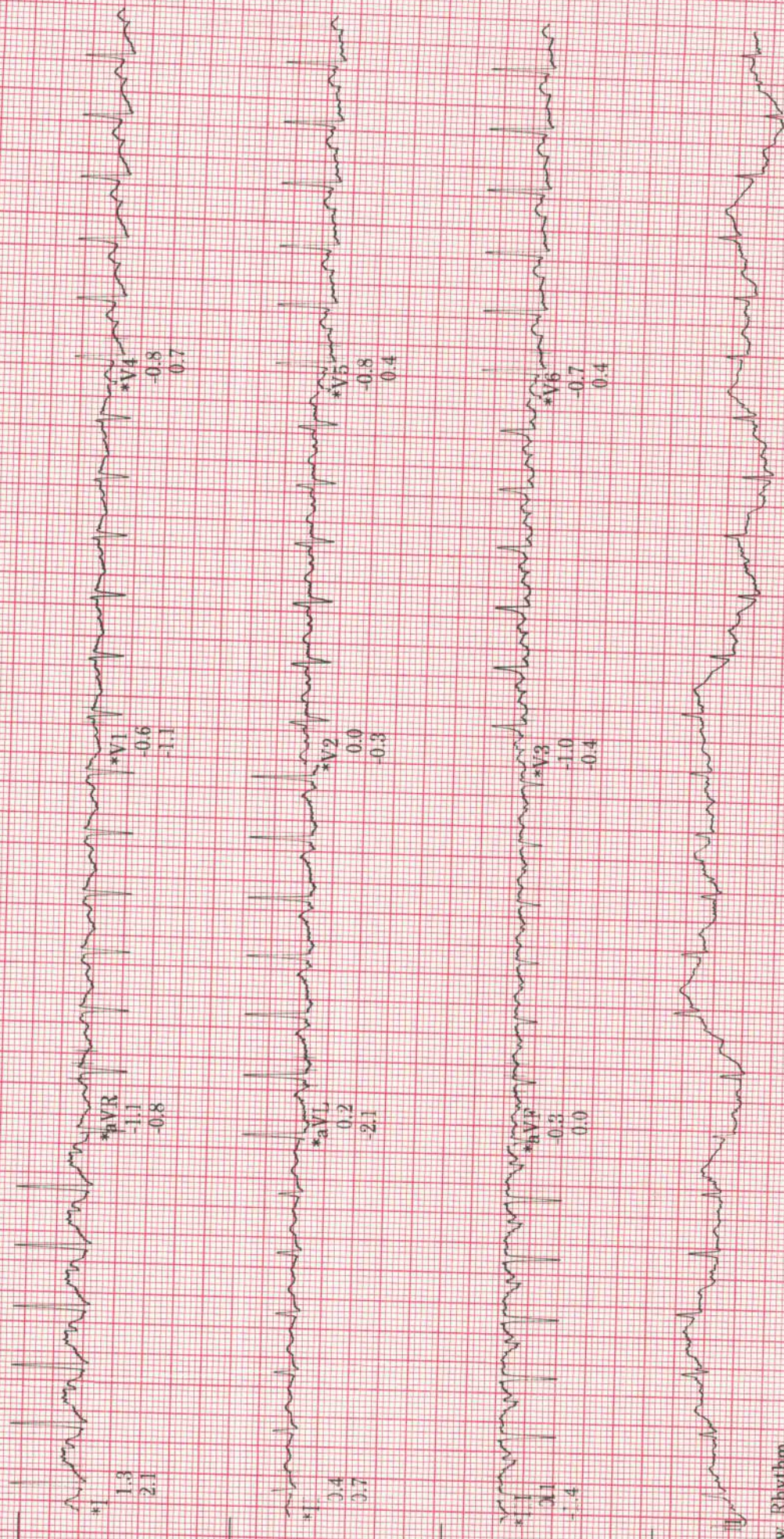
2.5mph

12.0%

ST @ 10mm/mV

80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

0

ID: S151555

Visit:

23-Mar-2024

11:51:43

164bpm

BP: 140/90

EXERCISE  
STAGE 3

7:09

BRUCE

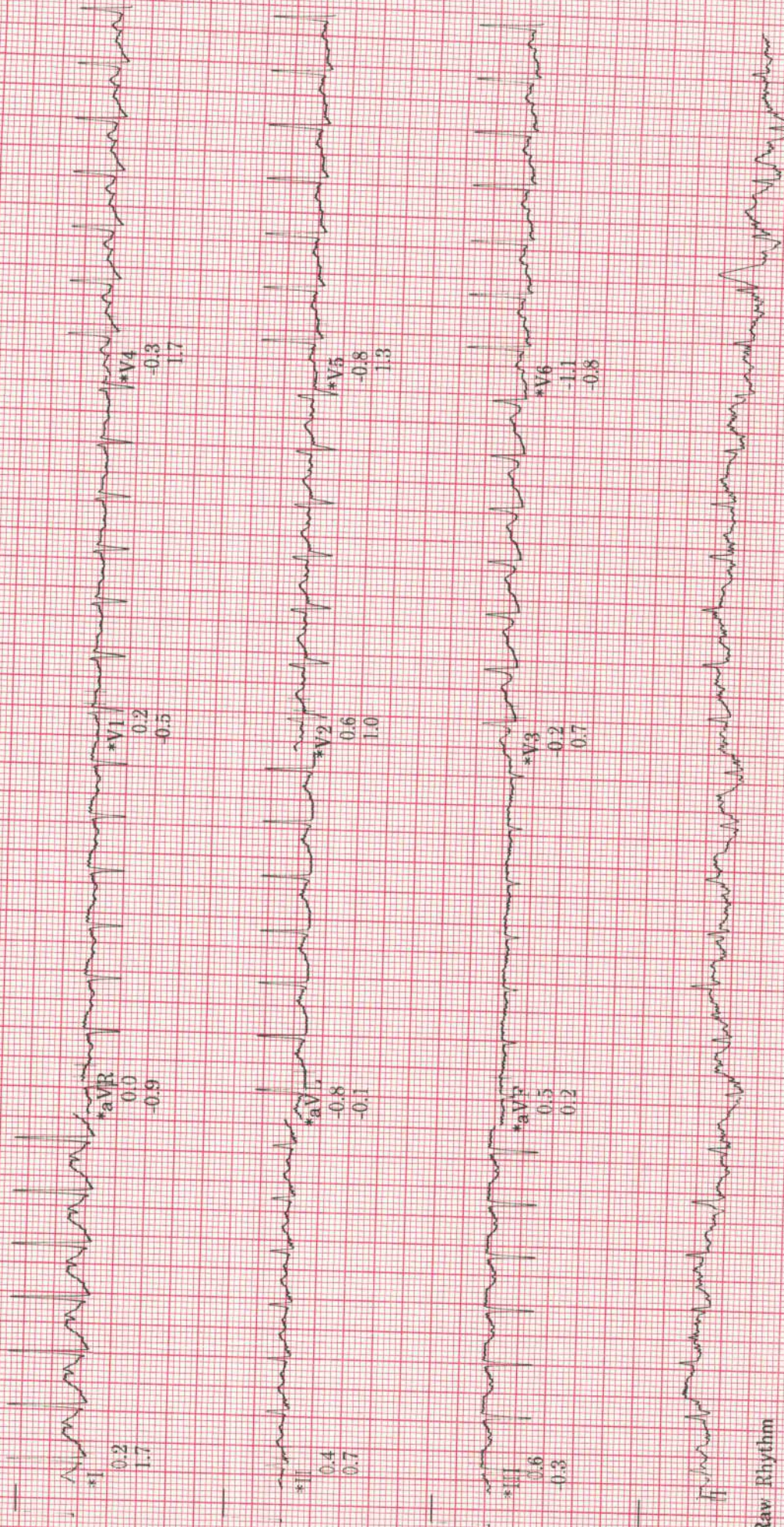
3.3mph

14.0%

ST @ 10mm/mV

80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

5

ID: S151555

Visit:

23-Mar-2024

11:53:42

110bpm

BP: 146/75

ST @ 10mm/mV

80ms postJ

RECOVERY  
RECOVERY

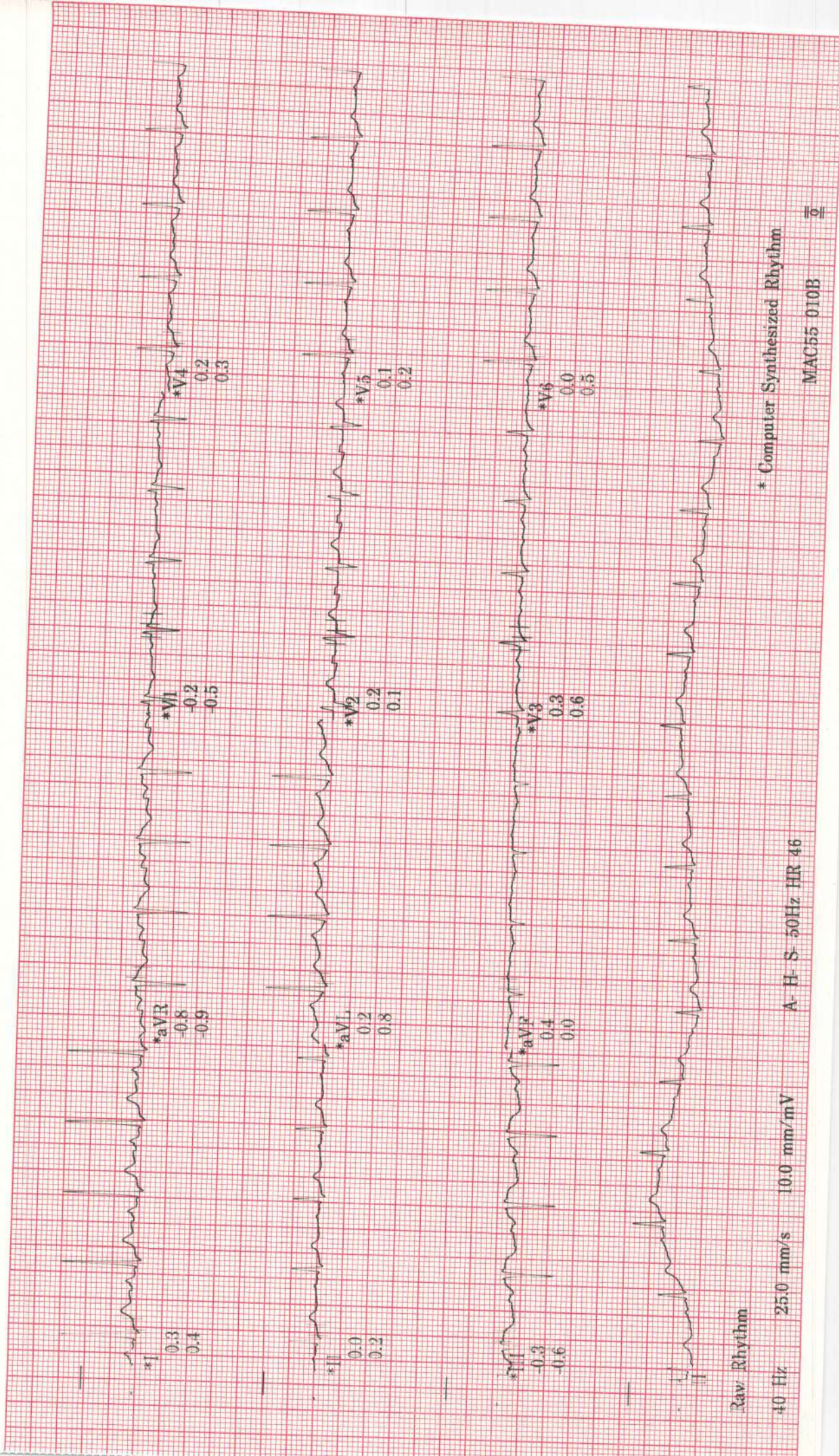
2:00

BRUCE

\*\* \*mph

\*\* \*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

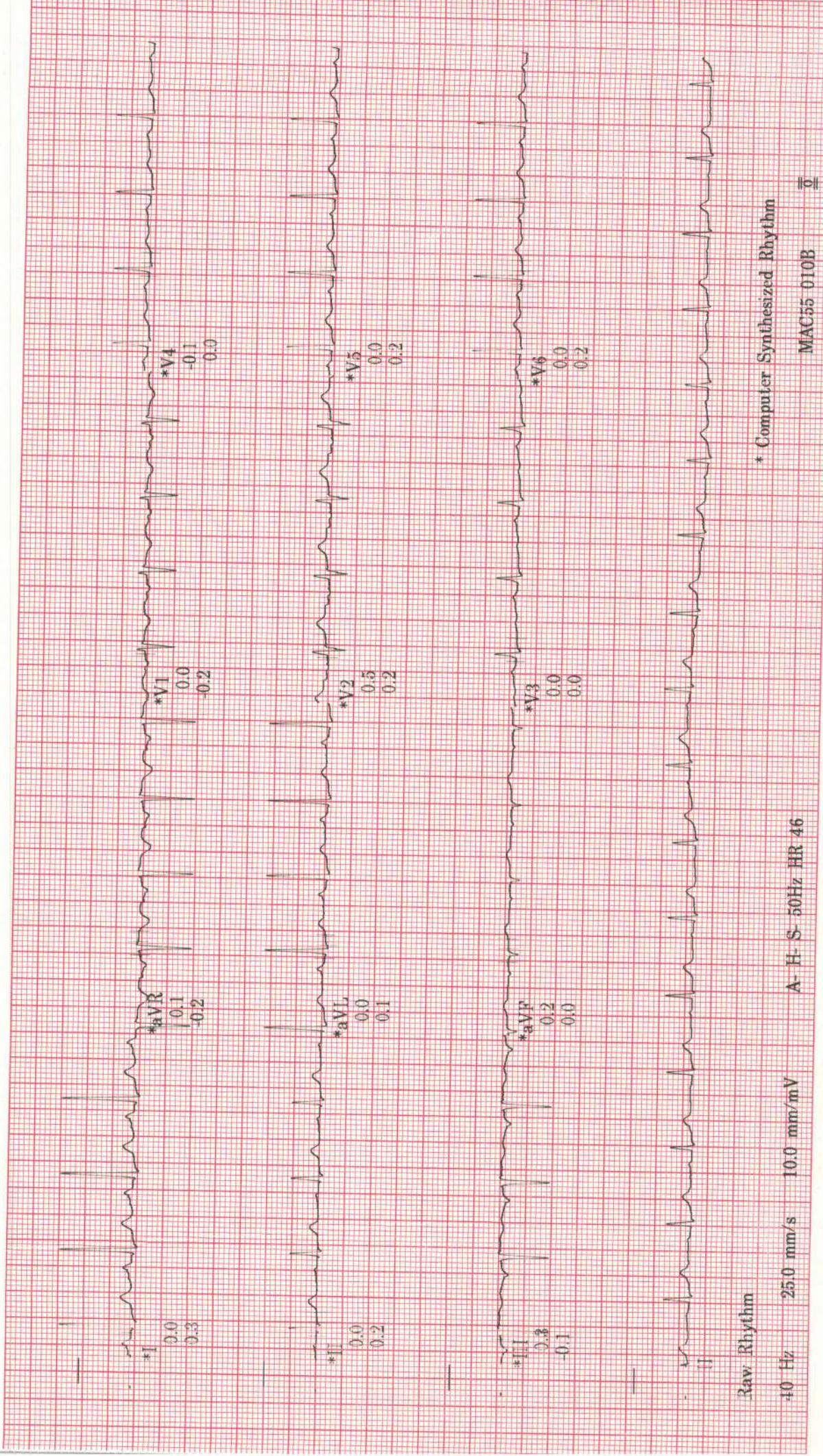
0

ID: S151555  
Visit:  
23-Mar-2024  
11:55:42

RECOVERY RECOVERY  
4:00  
104bpm  
BP: 147/84  
BRUCE  
\*\*.\*mph  
\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



\* Computer Synthesized Rhythm  
MAC55 010B



Nalam Bhavesh, Patel

ID: S151555  
Visit:  
26-Mar-2024  
11:59:21

42years

Caucasian

Female

BRUCE  
Max HR: 169bpm  
Max EP: 147/84  
Reason for Termination:  
Comments:

Total Exercise time: 7:09  
Maximum workload: 8.7METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test ind:



Technician:

Unconfirmed

MAC55 010B

Lead  
ST(mm)  
Slope(mV/s)

ID: S151555

Visit:

23-Mar-2024

11:39:21

42years

Caucasian

Female

Referred by:

Test ind:

BRUCE

Max HR: 169bpm 94% of max predicted 178bpm

Max BP: 147/84

Reason for Termination: Comments:

Total Exercise time: 7:09

Maximum workload: 8.7METS

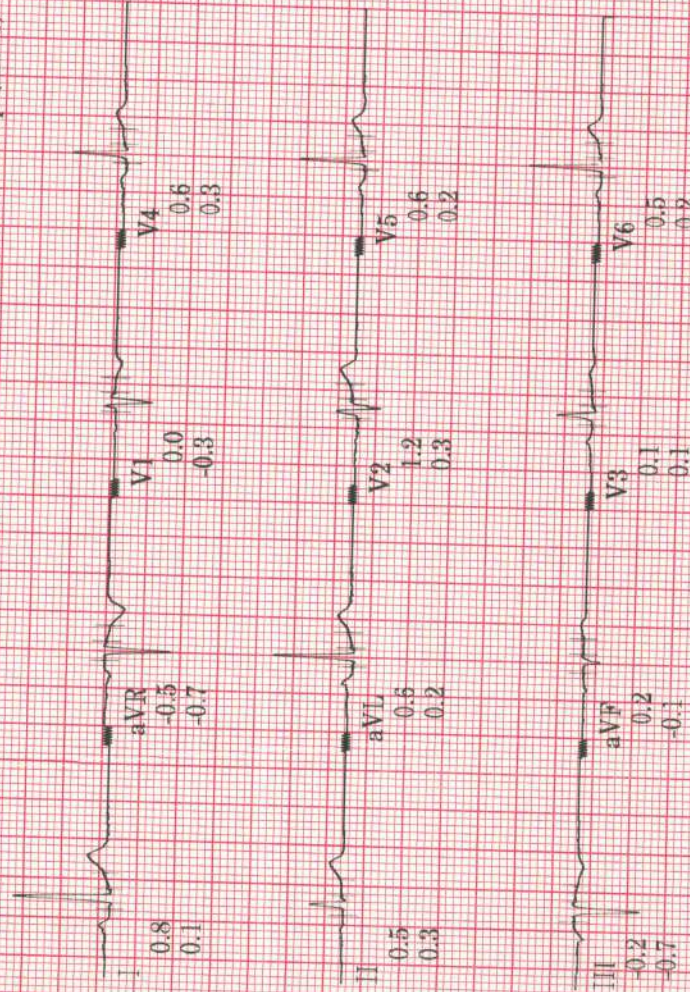
25.0 mm/s  
10.0 mm/mV  
100hz

BASELINE

EXERCISE STAGE 1  
0:00 1.0METS

92bpm  
BP: 125/80  
ST @ 10mm/mV  
80ms postLJ

Lead  
ST(mm)  
Slope(mV/s)

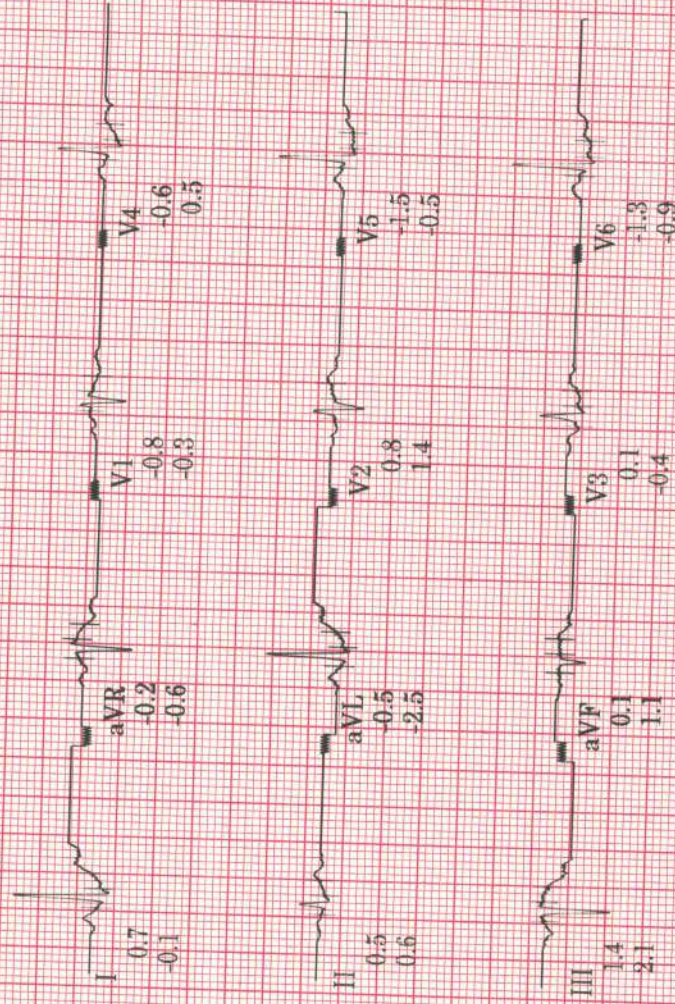


MAX ST

EXERCISE STAGE 2  
5:22 7.0METS

151bpm  
ST @ 10mm/mV  
80ms postLJ

Lead  
ST(mm)  
Slope(mV/s)



Technician:

Unconfirmed

MAC55 010B

ID: S151555

23-Mar-2024  
11:39:21

PRETEST  
SUPINE  
4:11  
98bpm  
BP: 125/80  
1.0METS

EXERCISE  
STAGE 1  
0:00  
92bpm  
BP: 125/80  
1.0METS  
BASELINE

EXERCISE  
STAGE 1  
1:00  
122bpm  
BP: 125/80  
2.8METS

EXERCISE  
STAGE 1  
2:00  
133bpm  
BP: 125/80  
4.6METS

EXERCISE  
STAGE 1  
3:00  
135bpm  
BP: 125/80  
4.6METS

EXERCISE  
STAGE 2  
4:00  
146bpm  
BP: 130/80  
5.8METS

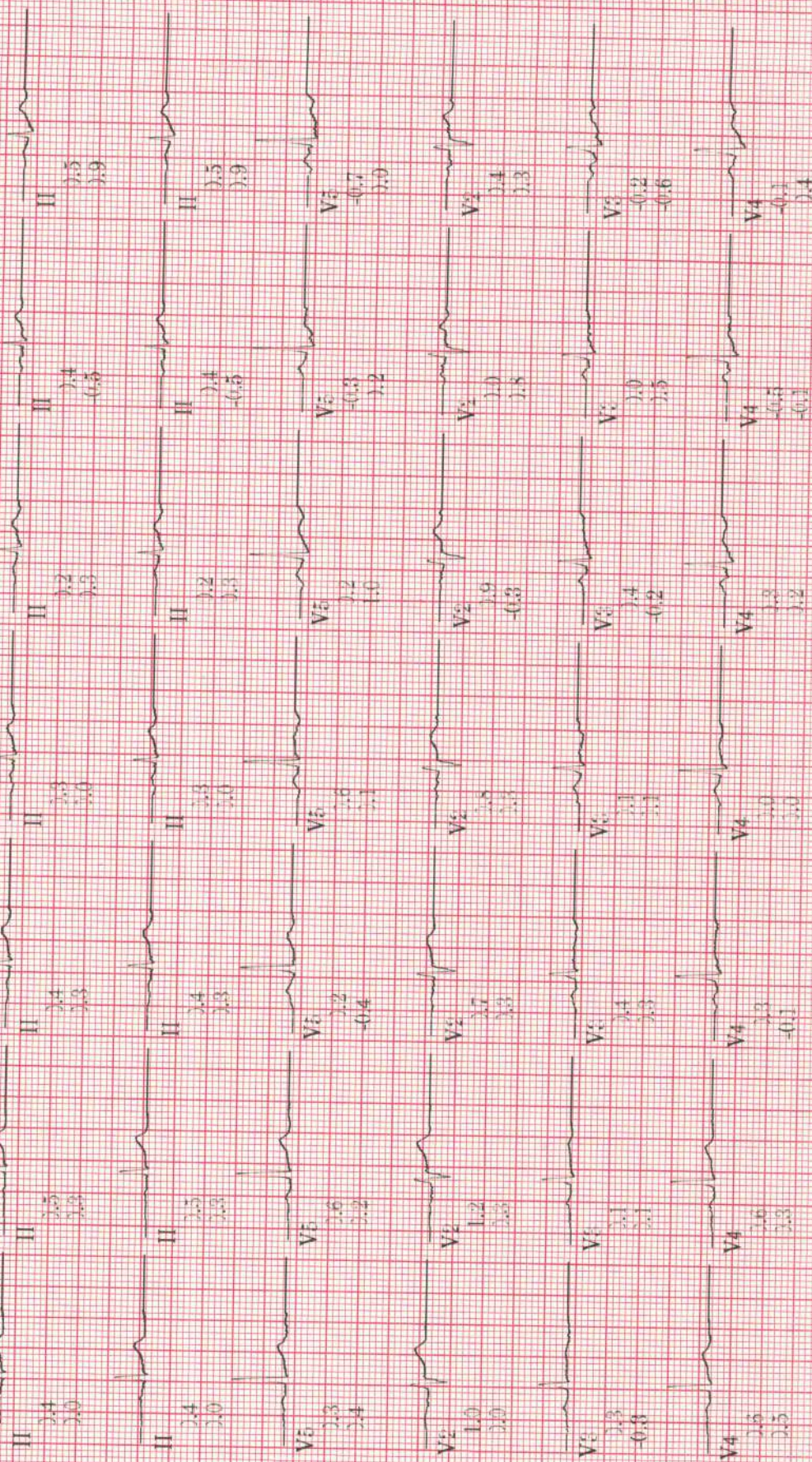
EXERCISE  
STAGE 2  
5:00  
136bpm  
BP: 130/80  
7.0METS

SAMPLE CARDIAC CYCLES

Visit:

BRUCE

ST @ 10mm/mV  
80ms postJ  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

ID: S151555

23-Mar-2024  
11:39:21

EXERCISE STAGE 2  
5:22  
151bpm  
7.0METS  
MAX ST

EXERCISE STAGE 2  
6:00  
151bpm  
BP: 130/80  
7.0METS

EXERCISE STAGE 3  
7:00  
164bpm  
BP: 140/90  
8.5METS

EXERCISE STAGE 3  
7:09  
164bpm  
BP: 140/90  
8.7METS  
PEAK

RECOVERY RECOVERY  
1:00  
122bpm  
BP: 140/90  
4.9METS

RECOVERY RECOVERY  
2:00  
110bpm  
BP: 146/75  
1.0METS

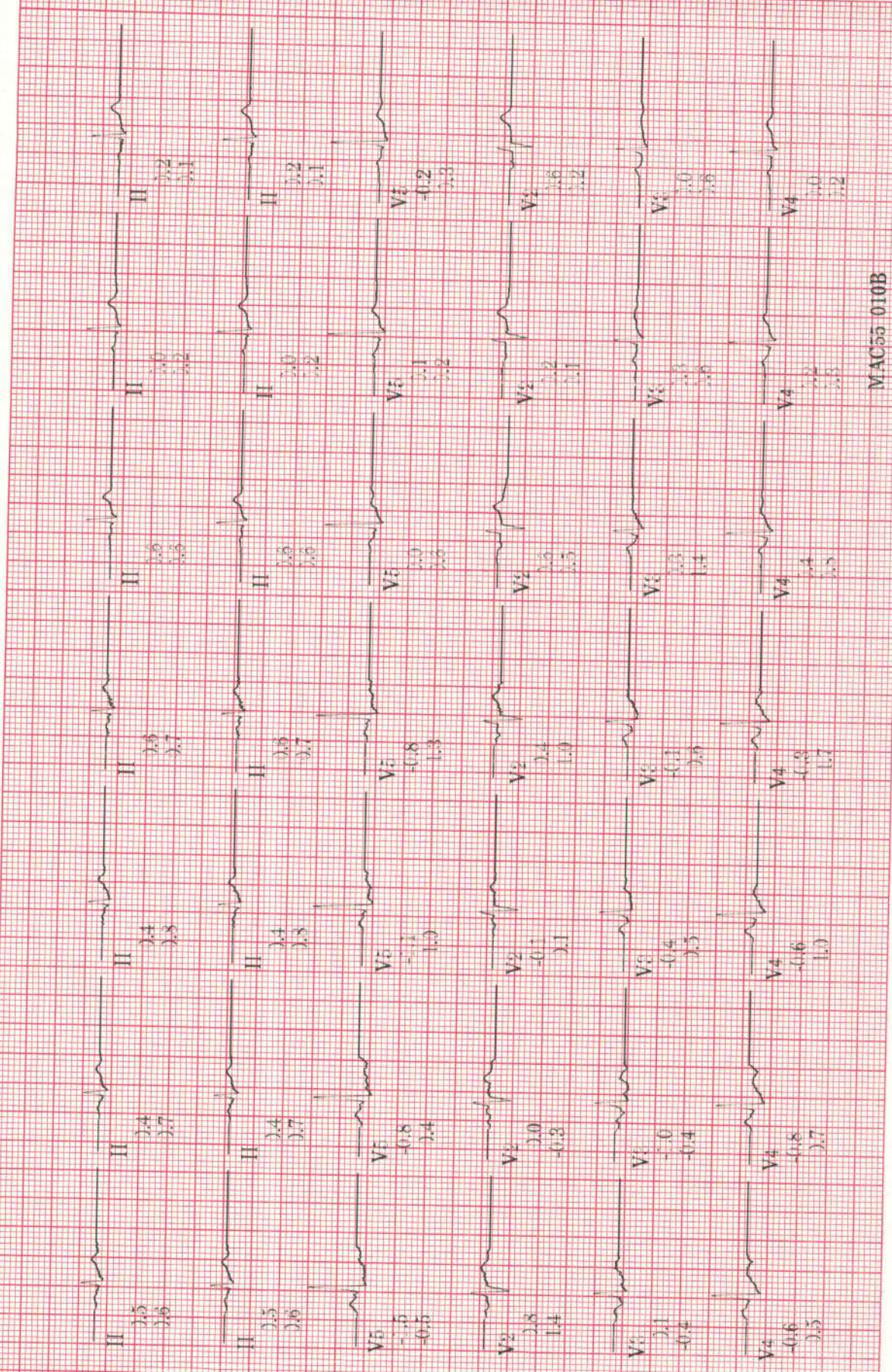
RECOVERY RECOVERY  
3:00  
112bpm  
BP: 147/84  
1.0METS

SAMPLE CARDIAC CYCLES

Visit:

BRUCE

ST @ 10mm/mV  
80ms postJ  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

Heart Rate (bpm)      BP (mmHg)

250 ---                      250 ---

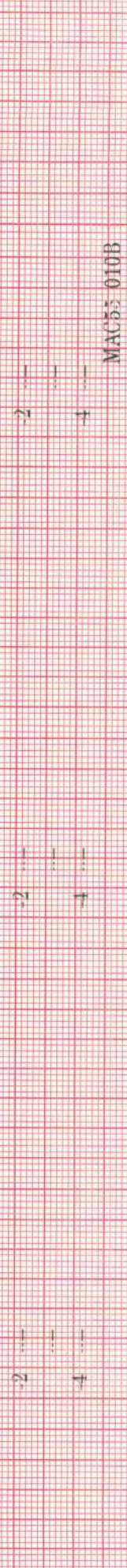
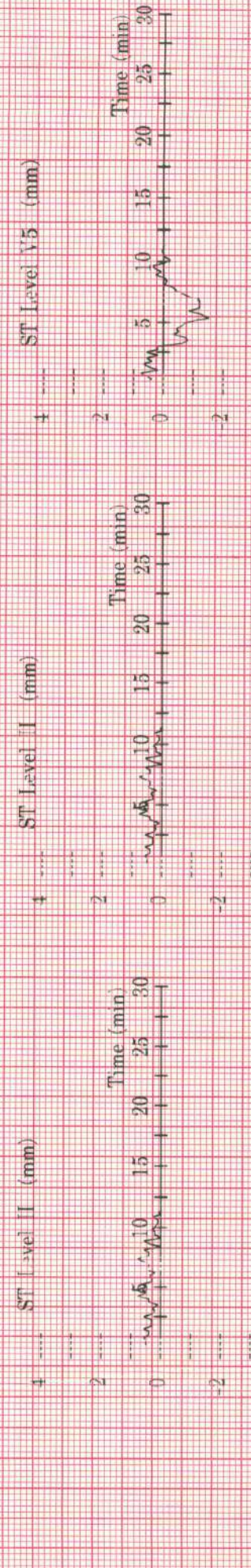
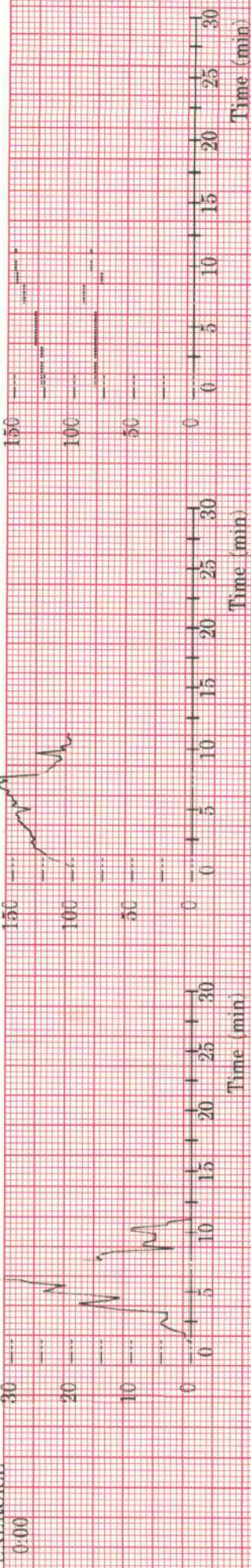
200 ---                      200 ---

PVC's/m

ST @ 10mm/mV 40 ---

80ms postJ ---

EXERCISE



Mrs. Nilsson B. Petter  
421F

23-Mar-2024 10:36:25

SINUS RHYTHM  
NORMAL ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

Heart rate: 89 BPM  
PR int: 138 ms  
QRS dur: 80 ms  
QT/QTc: 335/382 ms  
P-R-T axes: 61 55 19

DOB: \_\_\_\_\_  
yr, FEMALE

