To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Dear Manipal Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Yes

No

Name

: MR. JOSHI ANIL KUMAR

Contact Details

: 8750104424

Hospital Package Name

Mediwheel Full Body Health Checkup Male Above 40

Location

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links Aparment

Appointment Date

: 13-04-2024

Information	
Age	Gender
49 year	Male

Tests included in this Package -

- Stool Test
- Thyroid Profile
- · ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- · TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- · Chest X-ray
- · ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- · CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

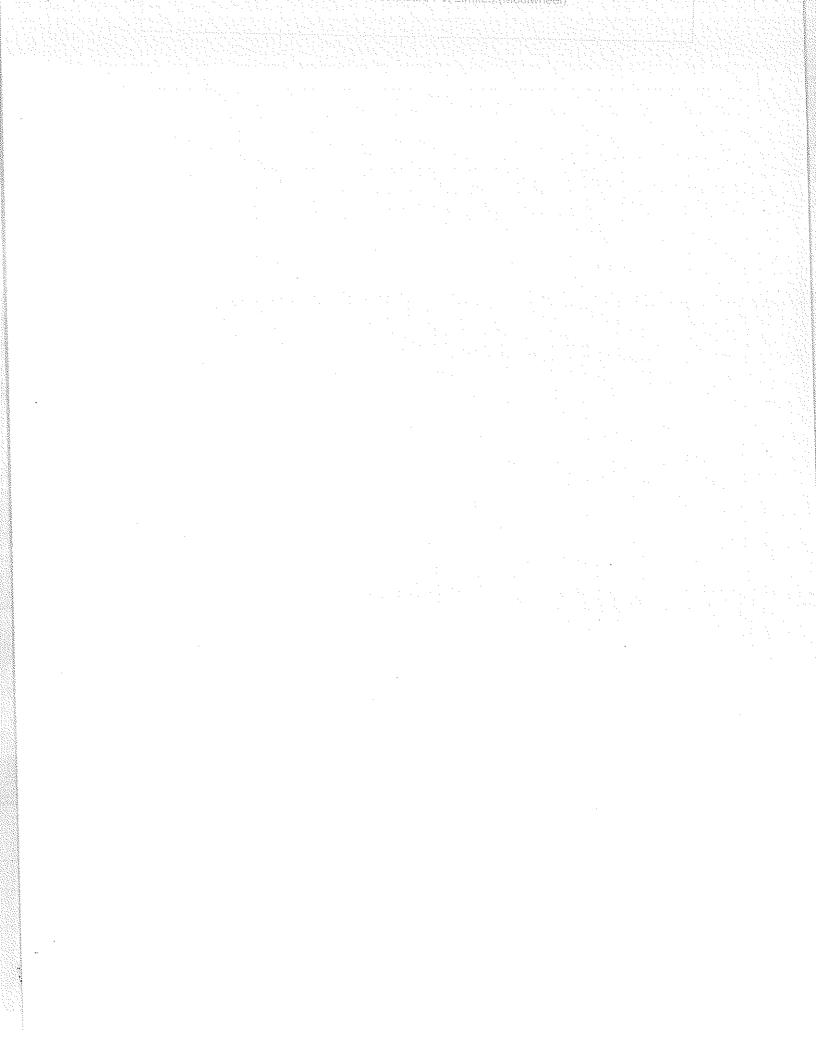
Thanks. Mediwheel Team

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भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O निवन चन्द्र जोशी, जी-६६१ जी ब्लाक, ग^नविन्दपुरम स.ओ, गाज़ियाबाद, उत्तर प्रदेश, 201013

Address: S/O Navin Chandra Joshi, G-661 G block, Govindpuram S.O, Govindpuram , Ghaziabad, Uttar Pradesh, 201013











भारत सरकार GOVERNMENT OF INDIA



अनिल कुमार जोशी Anil Kumar Joshi जन्म वर्ष / Year of Birth : 1975 पुरुष / Male



7892 4626 0361

आधार — आम आदमी का अधिकार

- Alahi

Maripal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120353535354+918860945566



OUTPATIENT RECORD Visit No: H18000002103

MH013287133 Hospital No:

MR ANIL KUMAR JOSHI

Nante: Doctor Name: HEALTH CHECK MGD

13/04/2024 08:47AM

Date: BP Systolic: 133 mmHg

Saturation(Oxygen): 98% BMI: 38.01

Vulnerable: 01

CONJ

LENS

CORNEA

BP Diastolic: 68 mmHg

Height: 167cm Pain Score: 00

Pulse Rate: 66beats per minute

Weight: 106kg Fall Risk: 01

Age/Sex: 48 Yrs/Male

Specialty: HC SERVICE MGD

OPD Notes:

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP

SYSTEMIC/ OPHTHLMIC HISTORY - N/C

RIGHT EYE **EXAMINATION DETAILS** VISION

6/6

NORMAL CLEAR CLEAR

CLEAR CLEAR FULL **FULL**

OCULAR MOVEMENTS NCT

16

18

6/6P

NORMAL

FUNDUS EXAMINATION

OPTIC DISC

C:D 0.3

C:D 0.3

LEFT EYE

MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT

E/D NISOL 4 TIMES DAILY BE

REVIEW AFTER 6 MTH

HEALTH CHECK MGD









LABORATORY REPORT

Name

: MR ANIL KUMAR JOSHI

Registration No

: MH013287133

Patient Episode

: H18000002103

Referred By

: HEALTH CHECK MGD

Receiving Date

: 13 Apr 2024 12:50

Age

48 Yr(s) Sex :Male

Lab No

202404002041

Collection Date:

13 Apr 2024 12:50

Reporting Date:

14 Apr 2024 10:30

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

138.0

mg/dl

[80.0-140.0]

Method: Hexokinase Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Page 1 of 1

-----END OF REPORT--

Dr. Charu Agarwal **Consultant Pathologist**







LABORATORY REPORT

Name

: MR ANIL KUMAR JOSHI

Age

48 Yr(s) Sex : Male

Registration No

: MH013287133

Lab No

202404002039

Patient Episode

Collection Date:

13 Apr 2024 09:02

Referred By

: H18000002103

Reporting Date:

13 Apr 2024 10:32

: HEALTH CHECK MGD

Receiving Date

: 13 Apr 2024 09:02

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated)

106.7

ml/min/1.73sq.m

[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	1.19	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.99 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.78	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.21		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]

Page 5 of 7







LABORATORY REPORT

Name

: MR ANIL KUMAR JOSHI

48 Yr(s) Sex: Male Age

Registration No

: MH013287133

202404002039

Patient Episode

: H18000002103

Lab No

Referred By

13 Apr 2024 09:02 **Collection Date:**

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:32

Receiving Date

: 13 Apr 2024 09:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculate	ed)	1.8	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculation)	ced)	3.2	<pre><3 Optimal 3-4 Borderline >6 High Risk</pre>

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	18.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.78	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardi		1	
URIC ACID	6.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
SODION, SERON	1000		
POTASSIUM, SERUM	4.29	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			

Page 4 of 7







LABORATORY REPORT

Name

: MR ANIL KUMAR JOSHI

Age

48 Yr(s) Sex :Male

Registration No

: MH013287133

Lab No

202404002039

Patient Episode

: H18000002103

Collection Date:

13 Apr 2024 09:02

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 13:11

Receiving Date

: 13 Apr 2024 09:02

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.6

0.

[0.0-5.6]

Method: HPLC

As per American Diabetes Association(ADA HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk)5.7-6.4

Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

114

mg/dl

Comments: HbAlc 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	218 #	mg/dl	[<200]
Method: Oxidase, esterase, peroxide			Moderate risk:200-239
nechoa.onidaee, escalae, permit			High risk:>240
TRIGLYCERIDES (GPO/POD)	150 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	45	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	30	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	143.0 #	mg/dl	[<120.0]
MACHINET PRINCE OF THE CONTRACTOR OF SERVICE CONTRACTOR OF THE CON			Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 7





LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI

48 Yr(s) Sex :Male Age

Registration No

: MH013287133

202404002039 Lab No

Patient Episode

: H18000002103

Referred By

: HEALTH CHECK MGD

Collection Date: 13 Apr 2024 10:31

Receiving Date

: 13 Apr 2024 10:31

Reporting Date: 13 Apr 2024 12:24

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

(Pale Yellow - Yellow) Colour PALE YELLOW

Appearance

Urobilinogen

CLEAR

Reaction[pH] Specific Gravity

CHEMICAL EXAMINATION

5.0 1.015

Negative

Normal

(1.003 - 1.035)

(4.6 - 8.0)

Protein/Albumin Glucose Ketone Bodies

(NEGATIVE) (NIL)

NIL Negative

(NEGATIVE) (NORMAL)

(0-5/hpf)

(0-2/hpf)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 2-3/hpf 0-1/hpf**RBC**

/hpf Epithelial Cells NIL

CASTS NIL NIL Crystals NIL Bacteria OTHERS NIL

Page 2 of 7





LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI

48 Yr(s) Sex: Male Age

Registration No

: MH013287133

Lab No 202404002039

Patient Episode

: H18000002103

Collection Date:

Referred By

: HEALTH CHECK MGD

13 Apr 2024 09:02

Receiving Date

: 13 Apr 2024 09:02

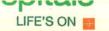
13 Apr 2024 12:27 Reporting Date:

HAEMATOLOGY

TEST RESULT UNIT B	IOLOGICAL REFERENCE INTERVAL
--------------------	------------------------------

COMPLETE BLOOD COUNT (AUTOMAT	'ED)	SPECIMEN-EDTA Whole	Blood	
RBC COUNT (IMPEDENCE)	4.59	millions/cumm	[4.50-5.50]	
HEMOGLOBIN	12.8 #	g/dl	[13.0-17.0]	
Method:cyanide free SLS-color	rimetry			
HEMATOCRIT (CALCULATED)	41.3	90	[40.0-50.0]	
MCV (DERIVED)	90.0	fL	[83.0-101.0]	
MCH (CALCULATED)	27.9	pg	[25.0-32.0]	
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]	
RDW CV% (DERIVED)	15.2 #	%	[11.6-14.0]	
Platelet count	196	\times 10 3 cells/cumm	[150-410]	
Method: Electrical Impedance				
MPV (DERIVED)	11.70	fL		
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	7.95	\times 10 3 cells/cumm	[4.00-10.00]	
Neutrophils	53.0	9	[40.0-80.0]	
Lymphocytes	34.0	ଚ୍ଚ	[20.0-40.0]	
Monocytes	8.0	90	[2.0-10.0]	
Eosinophils	5.0	9	[1.0-6.0]	
Basophils	0.0	8	[0.0-2.0]	
ESR	33.0 #	mm/1sthour		[0.0-

Page1 of 7





LABORATORY REPORT

Name

MR ANIL KUMAR JOSHI

Age

48 Yr(s) Sex :Male

Registration No

MH013287133

Lab No

202404002039

Patient Episode

13 Apr 2024 09:02

Referred By

H18000002103

Collection Date:

HEALTH CHECK MGD

Reporting Date:

Receiving Date

13 Apr 2024 09:02

13 Apr 2024 13:09

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 3 of 3

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats **Consultant Pathologist**

LABORATORY REPORT

: MR ANIL KUMAR JOSHI Name

48 Yr(s) Sex : Male Age

Registration No

: MH013287133

202404002039 Lab No

Patient Episode

: H18000002103

13 Apr 2024 09:02

Referred By

HEALTH CHECK MGD

Collection Date:

Receiving Date

Reporting Date:

13 Apr 2024 12:23

: 13 Apr 2024 09:02

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total):

0.540

ng/mL

[<2.500]

Method : ELFA

Note :1. This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age

damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

- 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
- 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
- 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
- 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
- 6. Sites of Non prostatic PSA production are breast epithelium, salivary glands, peri urethral
 - & anal glands, cells of male urethra && breast mil
 - 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

Page 2 of 3





LABORATORY REPORT

 Name
 : MR ANIL KUMAR JOSHI
 Age
 : 48 Yr(s) Sex :Male

 Registration No
 : MH013287133
 Lab No
 : 202404002039

Referred By : HEALTH CHECK MGD Reporting Date : 13 Apr 2024 10:43

Receiving Date : 13 Apr 2024 09:02

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

THYROID PROFILE, Serum Specimen Type : Serum

T3 - Triiodothyronine (ELFA)	1.020	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.450	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.760	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Page 1 of 3







LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI

Age

48 Yr(s) Sex :Male

Registration No

: MH013287133

Lab No

202404002039

Patient Episode

: H18000002103

Collection Date:

13 Apr 2024 09:02

Referred By

: HEALTH CHECK MGD

Reporting Date:

13 Apr 2024 10:32

Receiving Date

: 13 Apr 2024 09:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	29.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	85.0	IU/I	[32.0-91.0]
GGT	34.0	U	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Page 6 of 7

----END OF REPORT----

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: MR ANIL KUMAR JOSHI

Age

48 Yr(s) Sex :Male

Registration No

: MH013287133

Lab No

202404002040

Patient Episode

: H18000002103

Collection Date:

13 Apr 2024 09:02

Referred By

: HEALTH CHECK MGD

12 4--- 2024 10 22

Receiving Date

: 13 Apr 2024 09:02

Reporting Date:

13 Apr 2024 10:32

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

87.0

mg/dl

[70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that 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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia), Drugs-

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 7

----END OF REPORT---

Dr. Alka Dixit Vats Consultant Pathologist





MAMAA	 uhameet	

	Inelativa Id. (Haletuca)	STUDY DATE	13/04/2024 9:17AM
NAME	MR , ANIL KUMAR VERMA		MH013287133
AGE / SEX	48 y / M R7229650		CR CHECK MGD
ACCESSION NO. REPORTED ON		REPERINED	

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

*****End Of Report*****







STUDY DATE 13/04/2024 10:12AM NAME MR Anil kumar JOSHI HOSPITAL NO. MH013287133 AGE / SEX 48 y / M R7229651 MODALITY US ACCESSION NO. **HEALTH CHECK MGD** REFERRED BY REPORTED ON 13/04/2024 11:09AM

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 151 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade III fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 102 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 97 x 44 mm. Left Kidney: measures 96 x 46 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 40 x 35 x 29 mm with volume 21 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade III fatty infiltration in liver.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

*****End Of Report*****

PH100B CL P?

F 60~ 0.15-100 HZ

Chest: 10.0 mm/mV

Limb: 10 mm/mV

Speed: 25 mm/sec

Dev:

II

manipalhospitals





TMT INVESTIGATION REPORT

Patient Name MR ANIL KUMAR JOSHI

Location

: Ghaziabad

Age/Sex

: 50Year(s)/male

Visit No

: V0000000001-GHZB

MRN No

Order Date

: 13/04/2024

MH013287133

Ref. Doctor : HCP

Report Date

: 13/04/2024

Protocol

: Bruce

MPHR

: 170BPM

Duration of exercise Reason for termination : THR achieved

: 4min 12sec

85% of MPHR Peak HR Achieved : 155BPM

: 145BPM

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

% Target HR

: 91%

Peak BP

: 150/90mmHg

METS

: 6.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	67	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	133	130/80	Nil	No ST changes seen	Nil
STAGE 2	1:12	151	150/90	Nil	No ST changes seen	Nil
RECOVERY	3:14	91	126/84	Nil	No ST changes seen	. Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017 P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com