

Patient Name	Jingli Milan Bhatia.	Date	24/8/24.
Age	34 Yr.	UHID No	
Sex	Male.	Ref By	
Occupation	Service.	Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS

- NO COMPLAINTS.

PAST HISTORY

- No H/O any major ill.

MEDICAL HISTORY

Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
No.	No.	No.	Yes: 2 1/2 Yr.	No.
Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
No.	No.	No.	No.	No.
Other History	H/O Dengue fever Oct - 2023.			

SURGICAL HISTORY

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
No.	No.	No.	No.	No.

CURRENT MEDICATIONS

Sr. No	Complaints	Dosage	Duration
1)	Tab. Thyronorm 75 MCG	1-0-0	2 Yr.

NAME	Jingle Milan Bhatia	Weight	90 kg.
BP	120/80 mm Hg	Height	175 cm.
Pulse	70 bpm.	SPO2	99% RA.
Temperature	Afebr.	Peripheral Pulses	Present.
Oedema	None!	Breath Sound	Ac/B/
Heart Sound	S1S2		


B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM		
Fever	} 20kg wt gain in 2 yrs.	Frequency of urine	} NO.	
Chills		Blood in urine		
Recent weight gain		Incomplete empty of bladder		
EYES		Nycturia	} NO.	
Eye pain	} Blk eye pain on/off.	Dysuria		
Spots before eyes		Urge Incontinence		
Dry eyes		OBS/GYNE.		
Wearing glasses	} Distort vision also. 2 yrs.	Abnormal bleed	} NO.	
Vision changes		Vaginal Discharge		
Itchy eyes		Irregular menses		
EAR/NOSE/THROAT		Midcycle bleeding		
Earaches	} No DNS. No recurrent cold.	MUSCULOSKELETAL		
Nose bleeds		Joint swelling	} 12. Elbow pain.	
Sore throat		Joint pain		
Loss of hearing		Limb swelling		
Sinus problems		Joint stiffness	INTEGUMENTARY (SKIN)	
Dental problems		Acne	} Unhealed on/off.	
CARDIOVASCULAR		Breast pain		
Chest pain	} NO.	Change in mole		
Heart rate is fast/slow		Breast		
Palpitations		NEUROLOGICAL		
Leg swelling	RESPIRATORY		} Forgetfulness.	
Shortness of breath	} Dyspnoea on exertion.	Confused		
Cough		Sensation in limbs		
Orthopnoea		Migraines		
Wheezing		Difficulty walking	PSYCHIATRIC	
Dyspnoea		Suicidal	} Disturbed sleep.	
Respiratory distress in sleep	GASTROINTESTINAL			
Abdominal pain	} Constipation.	Anxiety		
Constipation		Sleep Disturbances		
Heartburn		Depression		
Vomiting	} Incomplete Bowel movement.	Emotional		
Diarrhoea				
Melena				

आयकर विभाग
INCOME TAX DEPARTMENT
JINGLE MILAN BHATIA
MILAN RAMCHANDRA BHATIA
06/08/1990
Permanent Account Number
AQWPB5184G
Signature
16/12/2013




Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944



VRX HEALTHCARE PVT. LTD.
Shop No.34-38, Gayatri Satsang Building,
Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101
Mobile No.: 7506155999 / 7045955999

Date: 24/08/2024

To,
VRX Diagnostics,
Kandivali

Re: Non Collection of stool Test

Sir/Modem,

I have voluntarily asked the centre that I
don't want to undergo stool test if I am declaring
due same.

Regards,

Jyoti M. Bhatnagar



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Report

VRX HEALTH CARE PVT. LTD.

Name : MR. JINGLE BHATIA
Age/Gender : 34 Years 0 Months /M
Referred By : MEDIWHEEL

UHID : VRX-43374
Registered On : 24/08/2024 09:27
Collected On : 24/08/2024 09:35
Reported On : 24/08/2024 15:21

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	13.4	13.0 - 17.0 gm/dl	
RBC COUNT	5.51	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	40.6	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	73.68	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	24.32	27 - 32 µg	
MEAN CORP HB CONC (MCHC)	33.0	31.5 - 34.5 g/dl	
RDW	14.7	11.6 - 14.0 %	
WBC COUNT	7.0	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	58.3	40 - 80 %	
LYMPHOCYTES	30.9	20 - 40 %	
EOSINOPHILS	2.7	1 - 6 %	
MONOCYTES	6.7	2 - 10 %	
BASOPHILS	1.4		
PLATELETS COUNT	330	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	6.8	6.78 - 13.46 %	
PDW	18.9	9 - 17 %	
RBC MORPHOLOGY	HYPOCHROMIA(+) MICROCYTOSIS(+)		

REMARKS

EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

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N. Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. JINGLE BHATIA	UHID	: VRX-43374
Age/Gender	: 34 Years 0 Months /M	Registered On	: 24/08/2024 09:27
Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 09:35
		Reported On	: 24/08/2024 15:21

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING
ESR	19	< 20 mm at the end of 1Hr.	WESTERGREN

INTERPRETATION

ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.

Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.

Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.

--- End of the Report ---

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Vipul Jain

Dr. Vipul Jain
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Age/Gender	: 34 Years 0 Months /M	Registered On	: 24/08/2024 09:27
Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 12:05
		Reported On	: 24/08/2024 15:21

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	83.66	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : \geq 126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols

FASTING BLOOD SUGAR

FBS	77.92	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
Patient Name : MR. JINGLE BHATIA
Age : 34 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A069028
Registered On : 24/08/2024,01:20 PM
Collected On : 24/08/2024,02:02 PM
Reported On : 24/08/2024,08:22 PM
SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	5.6	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 114.0 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Entered By

Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better than the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Age / Gender	: 34 Years 0 Months /M	Registered On	: 24/08/2024 09:27
Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 09:35
		Reported On	: 24/08/2024 15:21

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

Lipid Test

TOTAL CHOLESTEROL	199.7	130 - 200 mg/dl	
TRIGLYCERIDES	90.52	25 - 160 mg/dl	
HDL CHOLESTEROL	41.74	35 - 80 mg/dl	
LDL CHOLESTEROL	139.86	< 100 mg/dl	
VLDL CHOLESTEROL	18.1	7 - 35 mg/dl	
LDL-HDL RATIO	3.35	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	4.78	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension. With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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N. Jain

Dr. Vipul Jain
M.D.(PATH)



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CHECKED BY - SNEHA G

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Investigations Observed Value Bio. Ref. Interval METHOD

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

LIVER FUNCTION TEST

Investigations	Observed Value	Bio. Ref. Interval	METHOD
SGOT	23.67	5 - 40 U/L	
SGPT	17.52	5 - 45 U/L	
TOTAL BILIRUBIN	0.52	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.28	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.24	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	6.75	6.0 - 8.3 g/dl	
ALBUMIN	4.07	3.5 - 5.2 g/dl	
GLOBULIN	2.68	2.0 - 3.5 g/dl	
A/G RATIO	1.52	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	69.98	53 - 128 U/L	
GGT	31.60	3 - 60 U/L	

REMARKS

SAMPLE : SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
TOTAL PROTEINS			
TOTAL PROTEINS	6.75	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.07	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.68	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.52	1.0 - 2.0 g/dl	BIURET
BUN			
UREA	36.13	19 - 44 mg/dl	
BLOOD UREA NITROGEN	16.88	9.0 - 20.5 mg/dl	
CREATININE	1.27	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
URIC ACID	3.55	3.5 - 7.2 mg/dl	URICASE
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	16.88	9.0 - 20.5 mg/dL	
Creatinine	1.27	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	13.29	5.0 - 23.5	

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Investigations Observed Value Bio. Ref. Interval METHOD

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

URINE ROUTINE

COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

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 Patient Name : MR. JINGLE BHATIA
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 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A069028
 Registered On : 24/08/2024,01:20 PM
 Collected On : 24/08/2024,02:02 PM
 Reported On : 24/08/2024,08:22 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	106.0	ng/dL	58-159
Total T4 Method : ECLIA	9.6	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	3.014	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
1.Total T3(Total Tri- ido- thyronine)	<p>is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.</p>		
2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)	<p>is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyroidism and T3-Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.</p>		
3.TSH (Thyroid stimulating hormone or Thyrotropin)	<p>is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central hypothyroidism or hypothyroidism apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistance to thyroid hormone ,and autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.</p>		

Scan to Validate



Entered By

Verified By

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

Aparna





Patient Name: MR. JINGLE BHATIA

AGE: 34 Yrs/ M

Ref. by: MEDIWHEEL

Date: 24/08/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: portal vein appears normal.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.5 x 4.8 cm	11.3 x 5.2 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.
Pre void – 58 cc

.....Continue On Page 2





(MR. JINGLE BHATIAPG 2)

PROSTATE: Prostate is normal in size, measures 15 cc. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

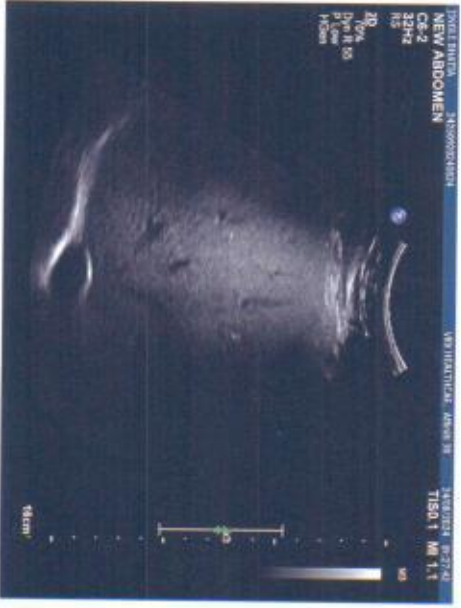
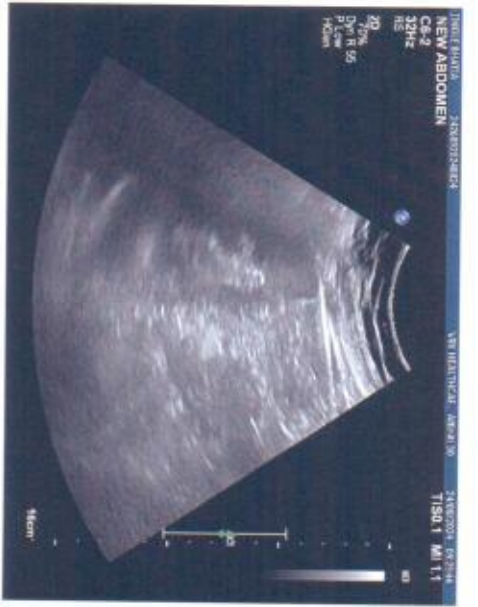
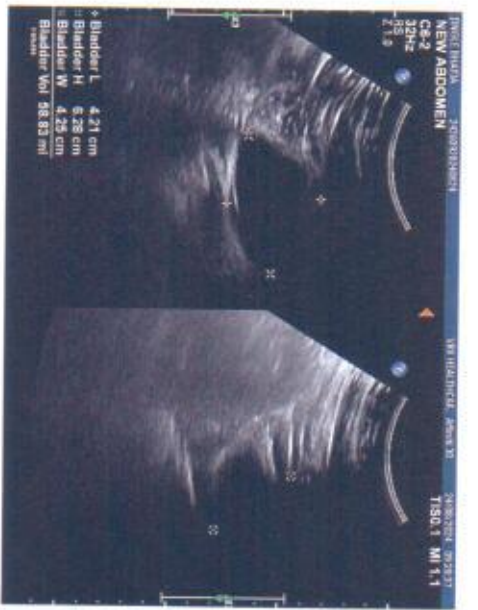
- No significant abnormality is seen.

Thanks for the reference.

With regards,

**DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.**

VRX HEALTHCARE PVT. LTD.
Shop No.34-38, Gayatri Satsang Building,
Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101.
Mobile No. : 7506155999 / 7045955999





Patient Name:	MR.JINGLE BHATIA	Age: 34 Yrs/ M
Ref. by:	MEDI WHEEL	Date: 24/08/2024

XRAY CHEST PA

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

Please correlate clinically.

DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.

VRX HEALTHCARE PVT. LTD.
Shop No.34-38, Gayatri Satsang Building,
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Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101
Mobile No.: 7506155999 / 7045955999

02
DOB 06/08/1990 34 Years
BHATIA, JINGILE
Male

24/08/2024 09:35:54
VRX HEALTHCARE PVT LTD

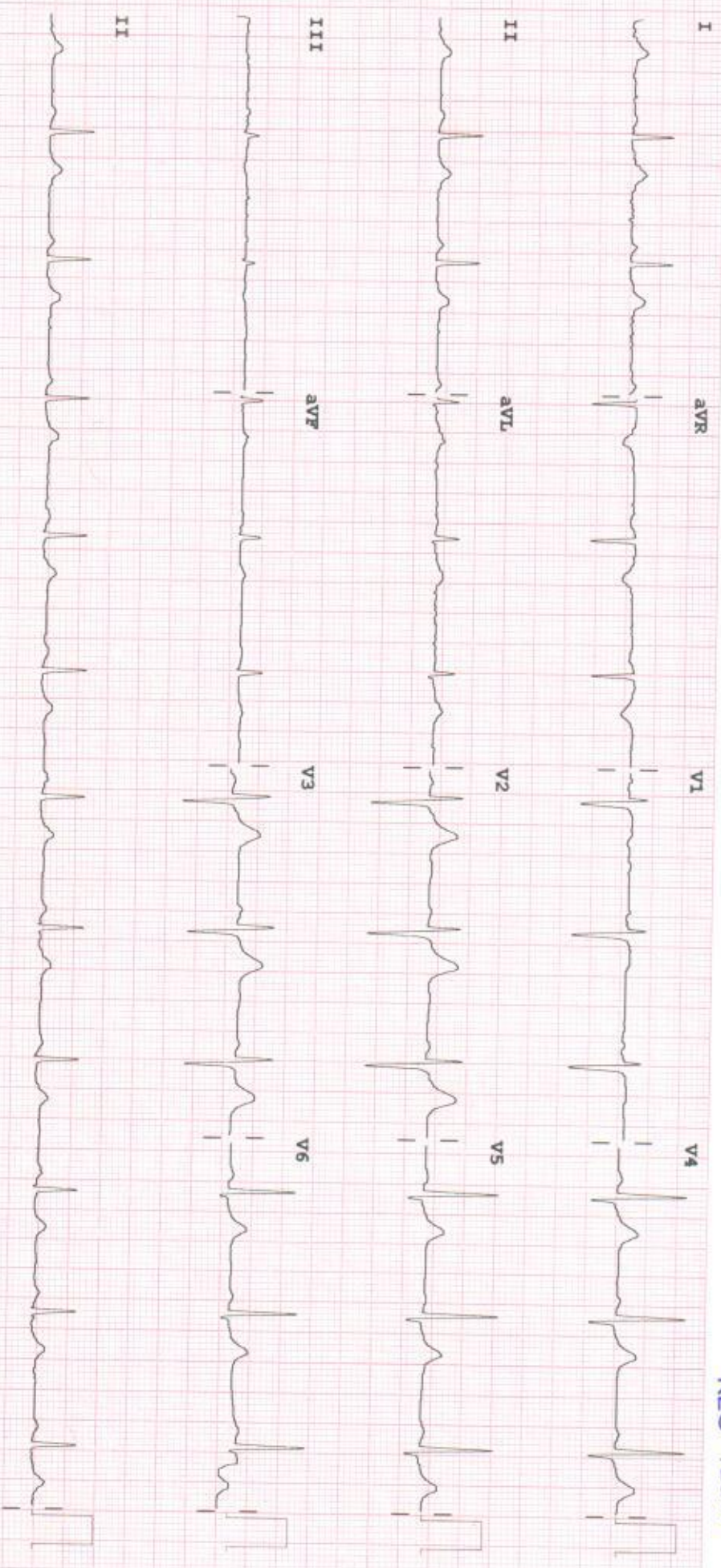
Rate 69 Sinus rhythm

PR 143
QRSD 81
QT 385
QTc 413

--AXIS--
P 45
QRS 35
T 15
12 Lead; Standard Placement

VRX HEALTHCARE PVT. LTD.
Shop No. 34-38, Gayatri Satsang Building
Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101,
Mobile No.: 7506155999 / 7045955999

VRX
Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50 ~ 0.50 - 40 Hz W

100B CL

P?

VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,
KANDIVALI EAST, (400101)
TREADMILL TEST REPORT

Patient Information

Name : JINGLE M BHATTIA
 AGE : 34
 REF. BY : MEDHIMHEEL

ID : 338
 SEX : M

DATE : 24-08-2024
 Height : 175
 Weight : 90

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METRS
								II	V1	V5	
SUPINE					82	120 / 80	98	0.3	-0.4	-0.2	
STANDING					81	120 / 80	97	0.4	-0.4	-0.2	
HYPERVENT					82	120 / 80	98	0.4	-0.4	-0.3	
Stage 1	2:55	0:4	2.7	10	125	120 / 80	150	0.3	-0.3	0	4.67
Stage 2	5:55	2:55	4	12	141	130 / 80	183	0.2	0	-0.2	7.04
PK-EXERCISE	8:17	2:17	5.4	14	168	140 / 80	235	0.2	0.1	-0.2	9.31
RECOVERY	9:18	0:46			122	140 / 80	170	0.9	-0.2	0.6	
RECOVERY	10:12	1:40			97	130 / 80	126	0.3	0	0.2	
RECOVERY	11:27	2:55			110	120 / 80	132	0.1	-0.1	-0.1	

CARDIO BEATS

Technician : DIKSHITA

Dr Sandeep Deshpande
 MD (CARDIOLOGIST)
 REG. 72944

DR. SANDEEP DESHPANDE (M.D.)

VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE, KANDIVALI EAST, (400101)

TREADMILL TEST REPORT

Patient Information

Name	:	JINGLE M BHATIA	ID	:	338	DATE	:	24-08-2024
AGE	:	34	SEX	:	M	Height	:	175
REF. BY	:	MEDHIVHEEL				Weight	:	90

Medication
TAB. THYRONORM 75 MCG 1-0-0

Indication
HEALTH CHECK UP

Test Results
PROTOCOL : Bruce
Target H.R. : 186 bpm
H.R. Achieved: 168 bpm 90 %
ARRYTHMIA : None,
EXERCISE TIME : 8:17
MAX B.P. : 140 / 80 mm Hg
H.R. RESPONSE : Normal Chronotropic Response,
MAX WORK LOAD: 9.31 METS
BP RESPONSE : Normal,

REASON OF TERMINATION :
Achieved THR,

HISTORY
Checkup/Physical fitness,

IMPRESSIONS :
Negative for Provocable myocardial ischemia,

Technician : DIKSHITA

Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REGD/175344

CARDIO BEATS

VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 82bpm
 B.P. 120/80

PRETEST
 SUPINE

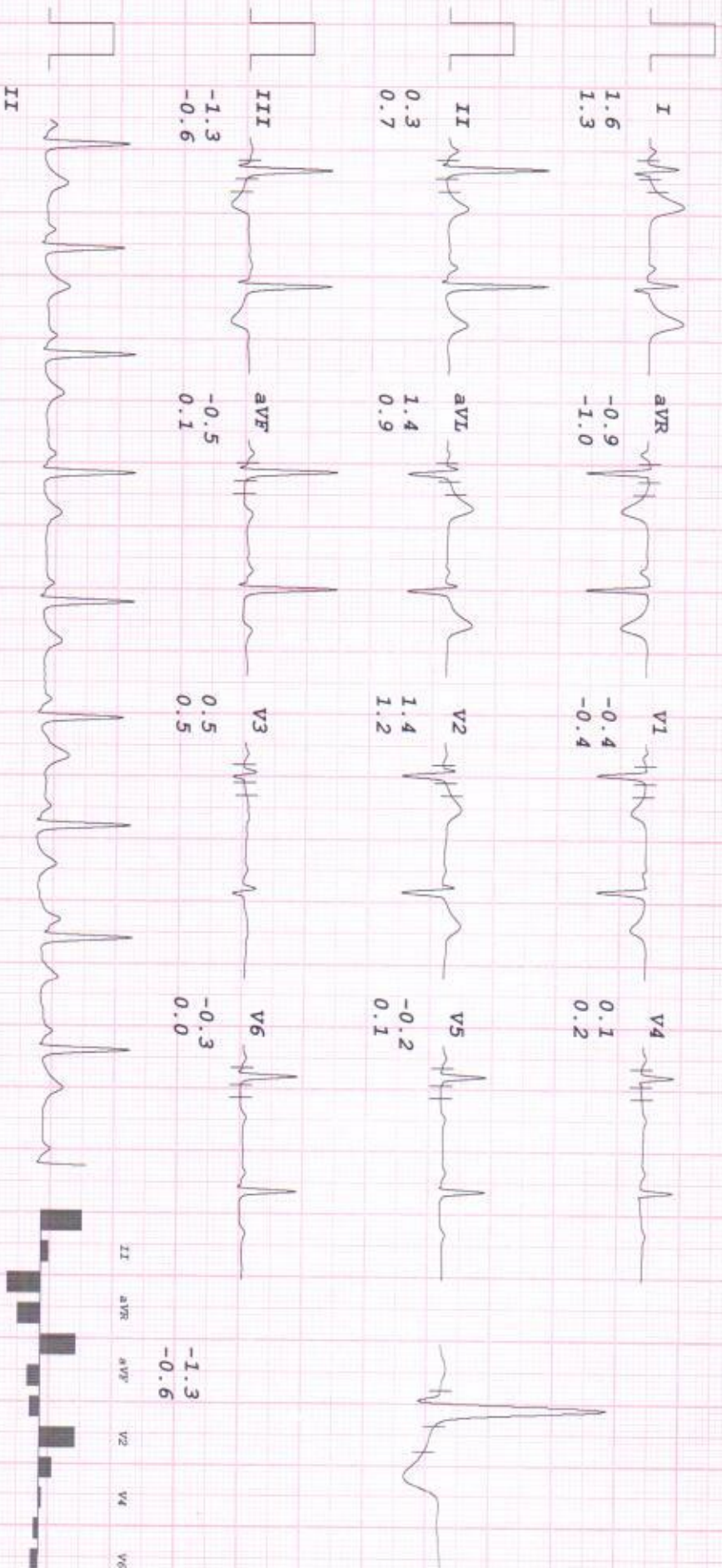
ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III

CARDIO BEATS



VRX HEALTHCARE PVT. LTD

JINGLE M BHATIA
I.D. 338
Age 34/M
Date 24-08-2024

RATE 81bpm
B.P. 120/80

PRETEST
STANDING

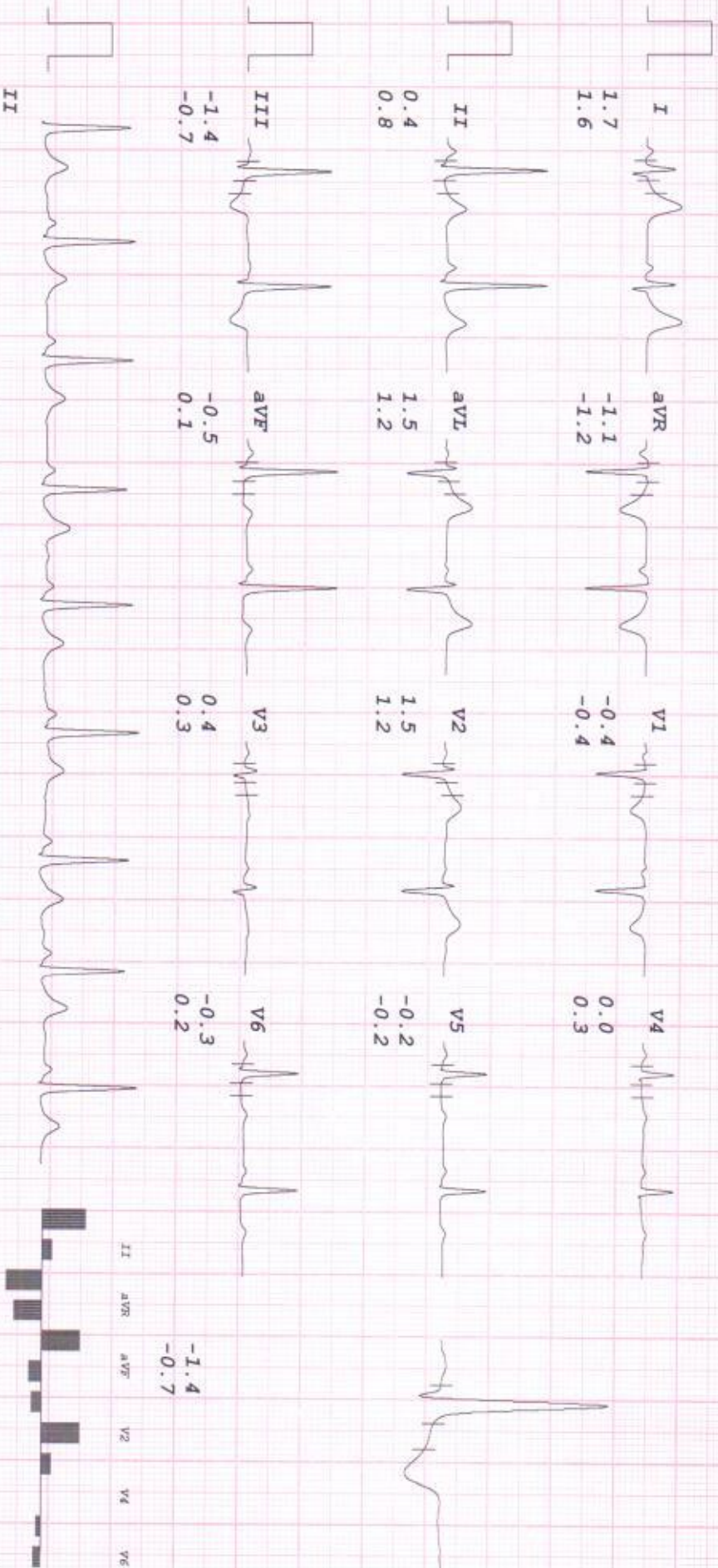
ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

CARDIO BEATS



VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 82bpm
 B.P. 120/80

PRETEST
 HYPERVENT
 PHASE TIME 0:04

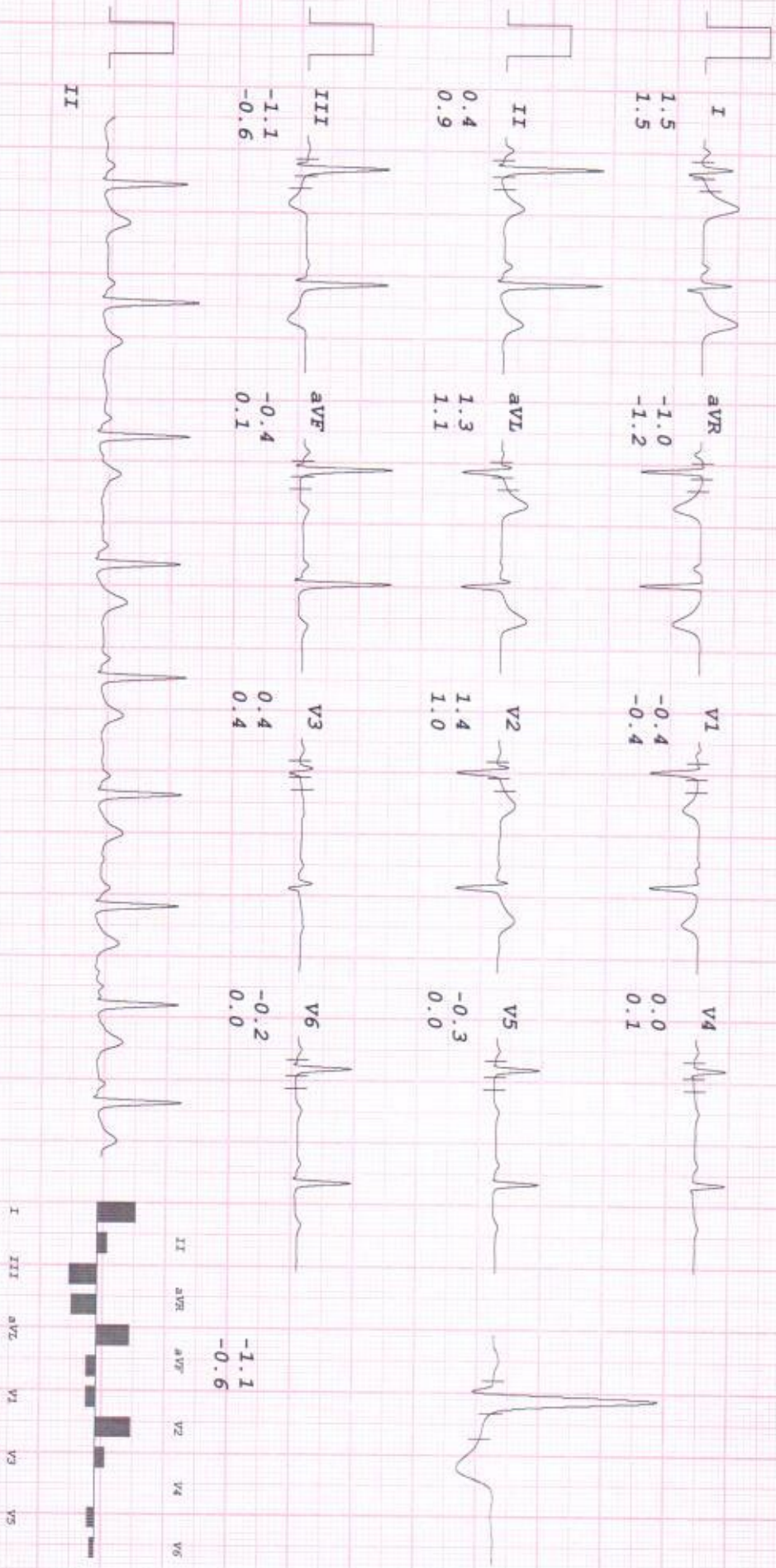
ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III

CARDIO BEATS



Rhythm: Filtered (20 Hz) / Base Corrected, Avg. Complex: Filtered (100 Hz), Index: Tel: +91-731-4030035, Fax: +91-731-403180, E-Mail: emed@vrxhealthcare.com, www.vrx-health.com, DR. Voh. 14.0.3

VRX HEALTHCARE PVT. LTD

WARM UP

JINGLE M BHATTIA
I.D. 338
Age 34/M
Date 24-08-2024

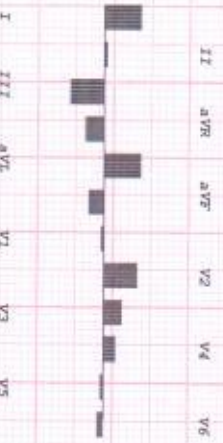
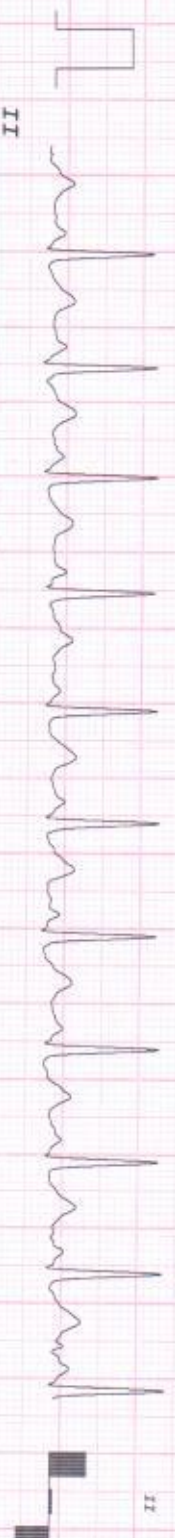
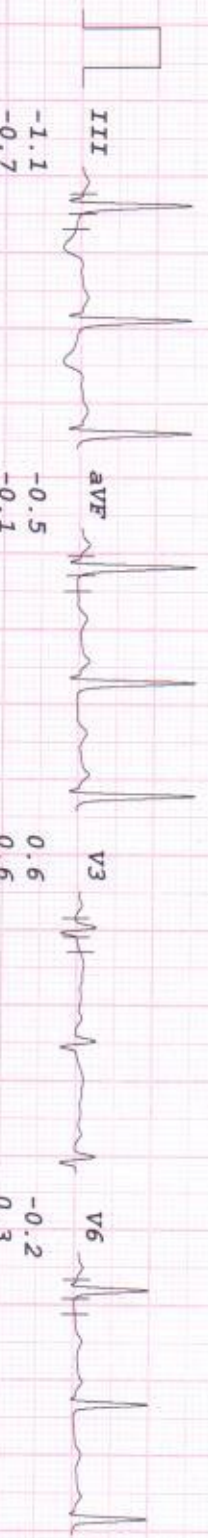
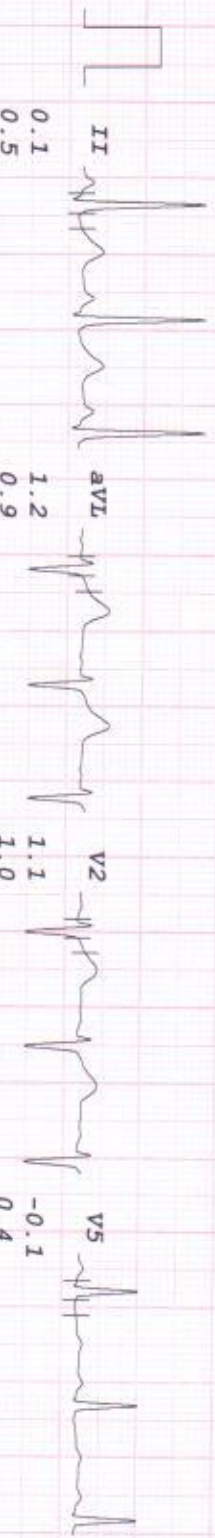
RATE 100bpm
B.P. 120/80

ST @ 10mm/mV
80ms PostJ
Speed 1.5 km/hr

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I. D. 338
 Age 34/M
 Date 24-08-2024

RATE 125bpm
 B.P. 120/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

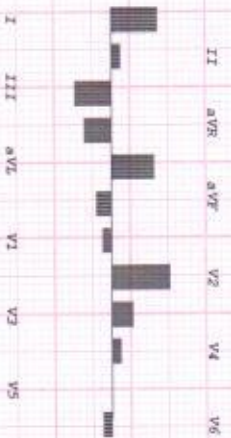
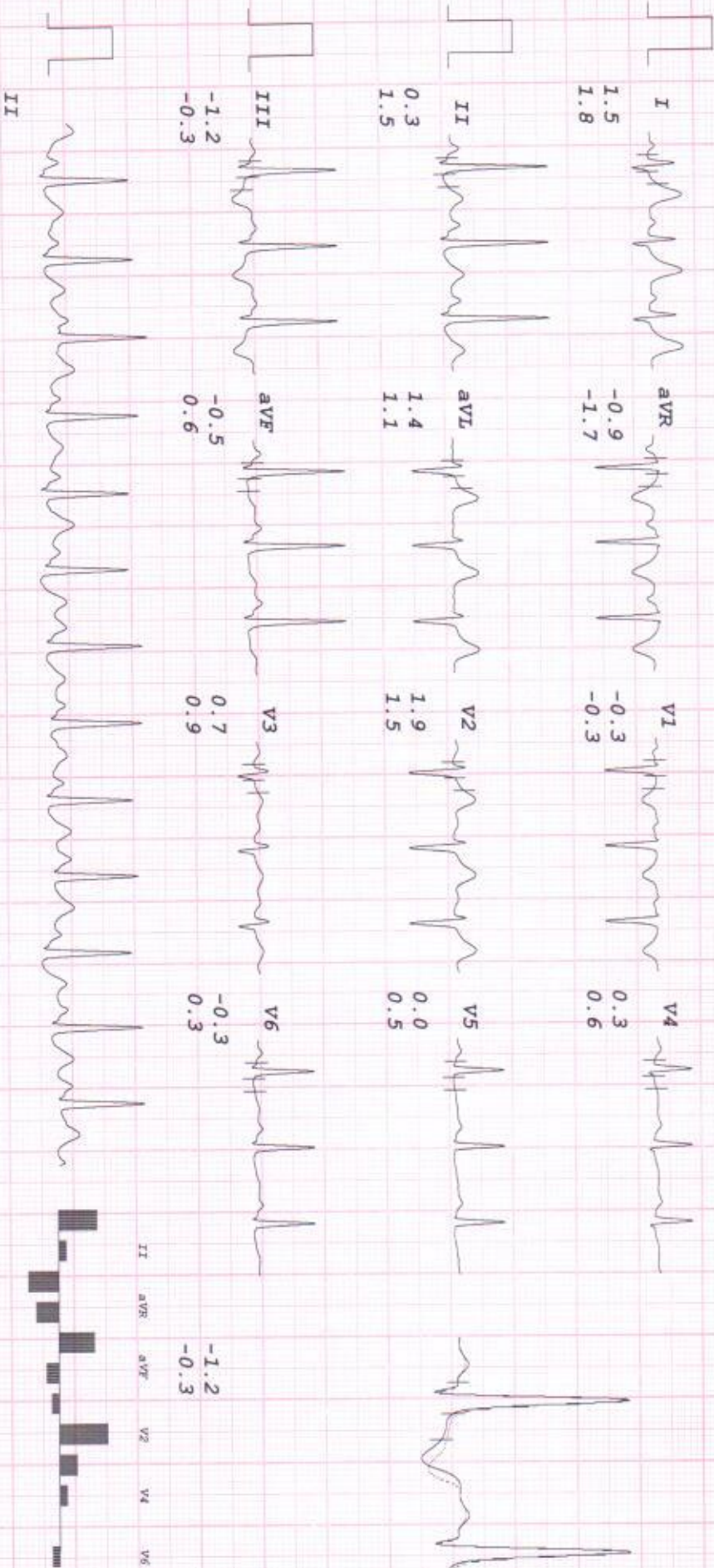
ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III

CARDIO BEATS



VRX HEALTHCARE PVT. LTD

JINGLE M BHATIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 141bpm
 B.P. 130/80

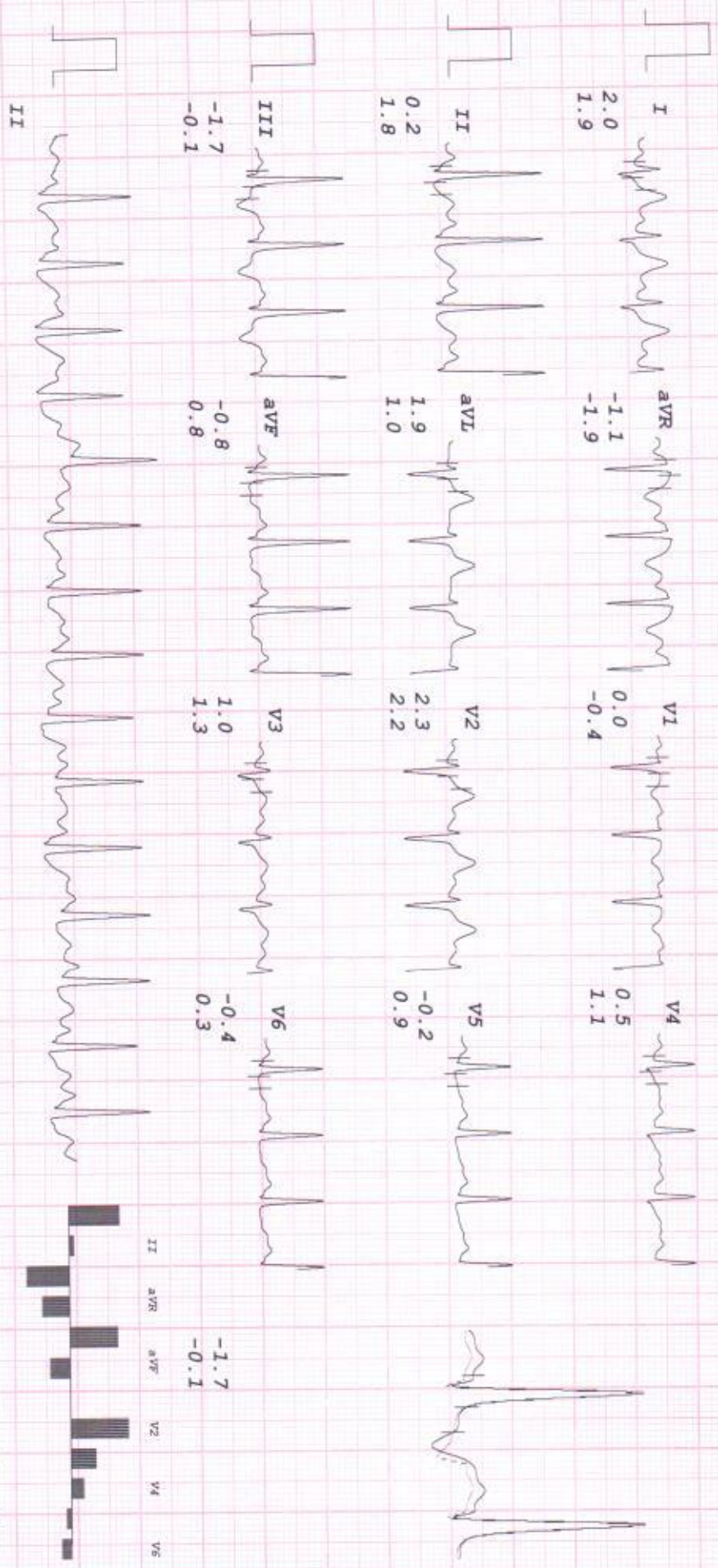
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 168bpm
 B.P. 140/80

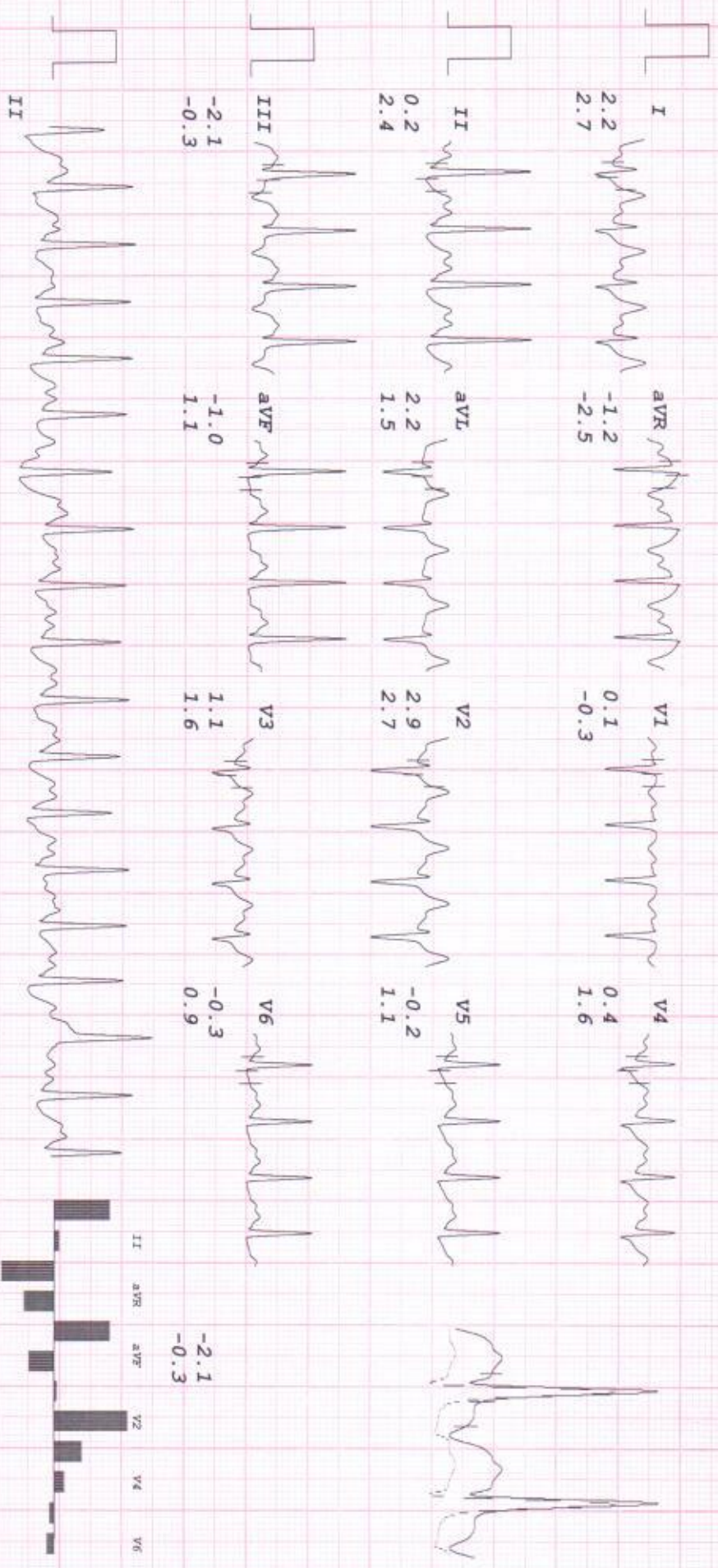
Bruce
 PK-EXERCISE
 TOTAL TIME 8:17
 PHASE TIME 2:17

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

JINGIE M BHATIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 122bpm
 B.P. 140/80

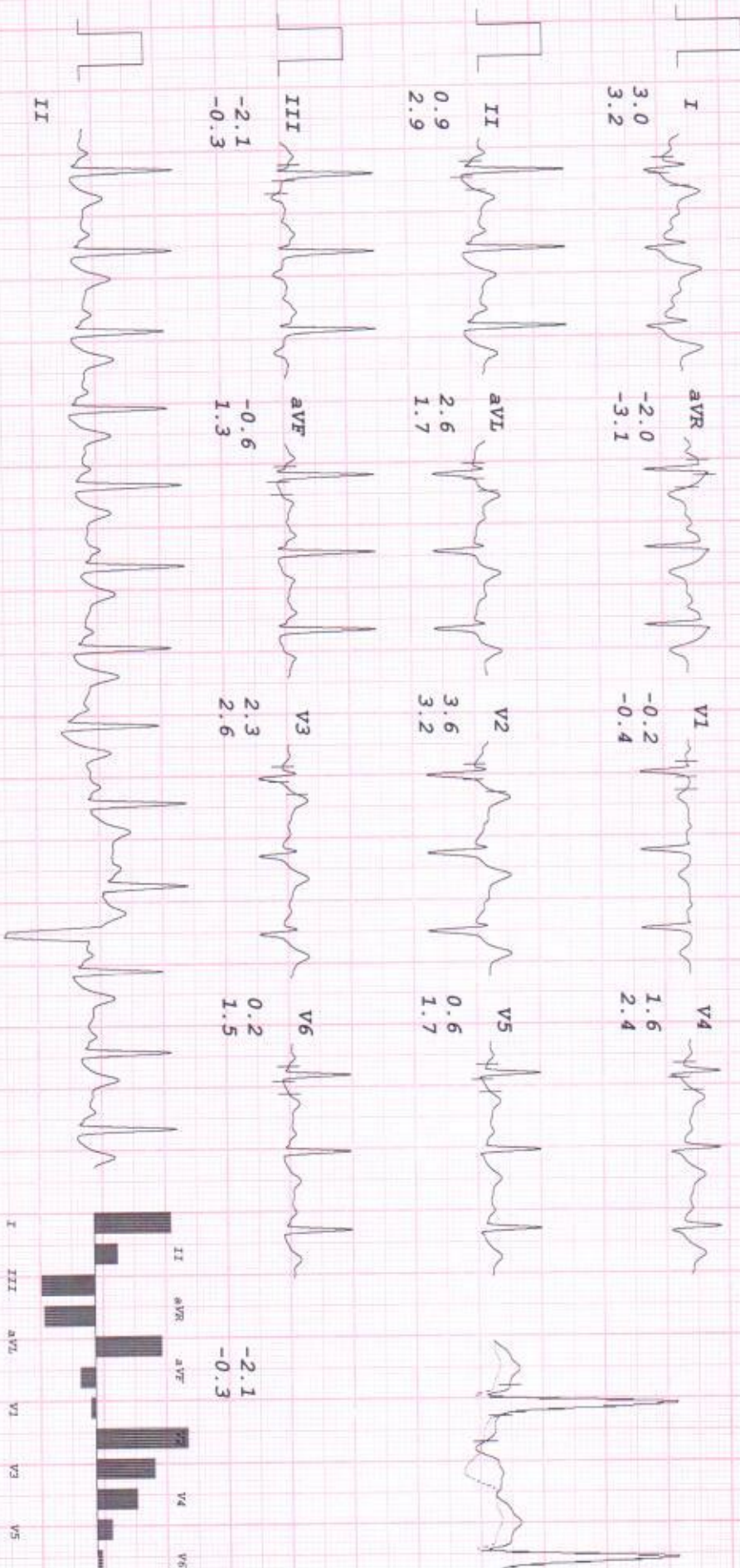
Bruce
 RECOVERY
 TOTAL TIME 9:18
 PHASE TIME 0:46

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 97bpm
 B.P. 130/80

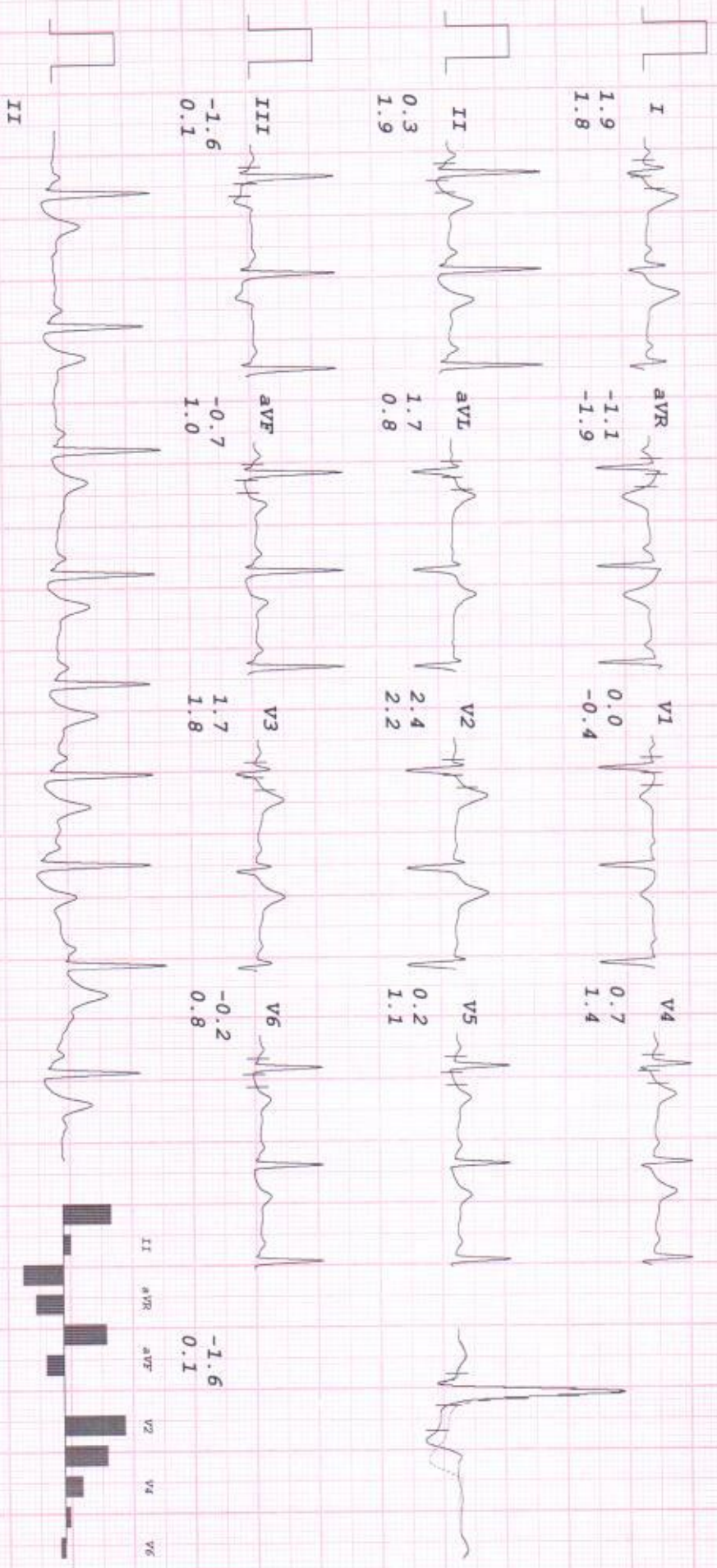
Bruce
 RECOVERY
 TOTAL TIME 10:12
 PHASE TIME 1:40

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

Rhythm: Filtered/20 Cycles/5 Base Connected, Avg, Complex Filtered (MF-EM, Indio). Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: emedlectromedicals.net, Web: www.unix-em.com, VRT Ver. 3.0.3

VRX HEALTHCARE PVT. LTD

JINGLE M BHATTIA
 I.D. 338
 Age 34/M
 Date 24-08-2024

RATE 110bpm
 B.P. 120/80

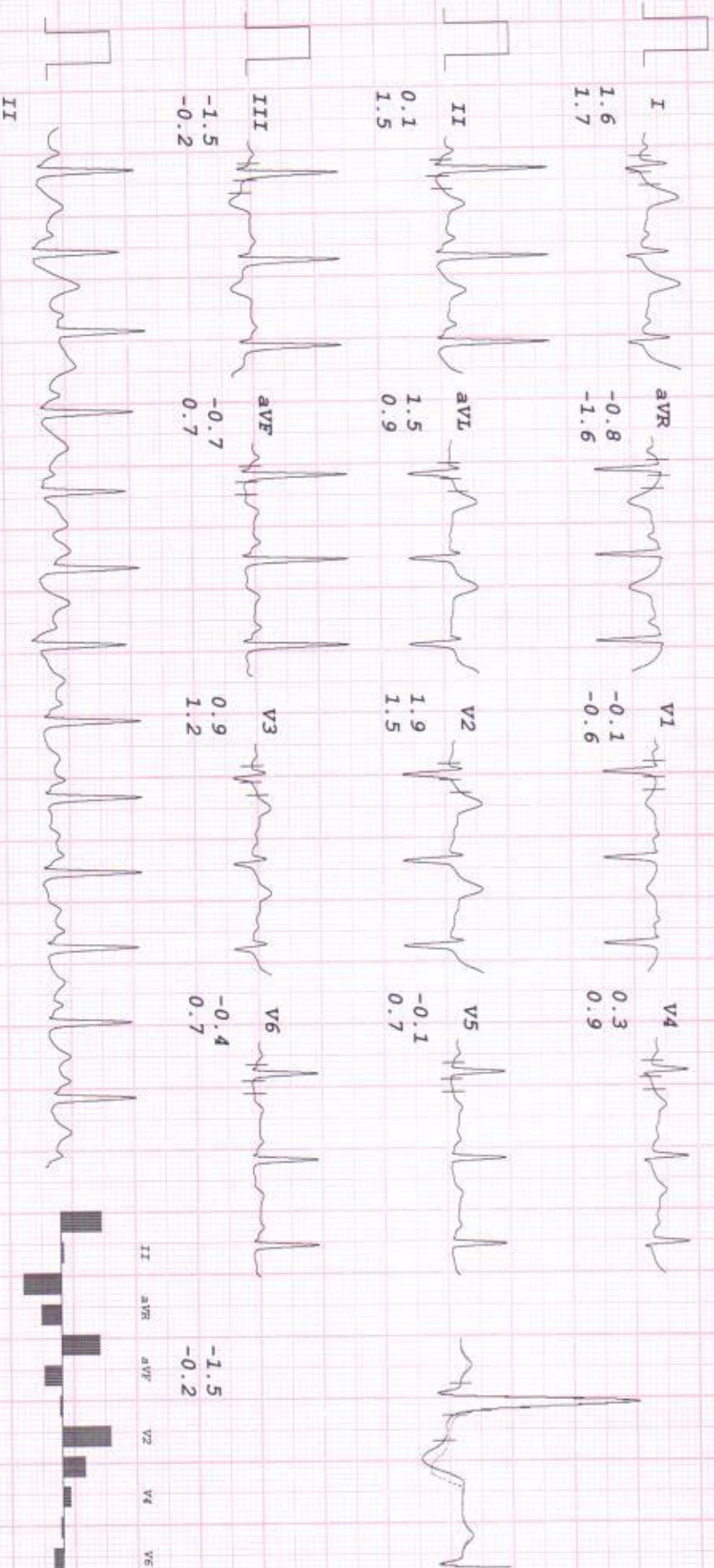
Bruce
 RECOVERY
 TOTAL TIME 11:27
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

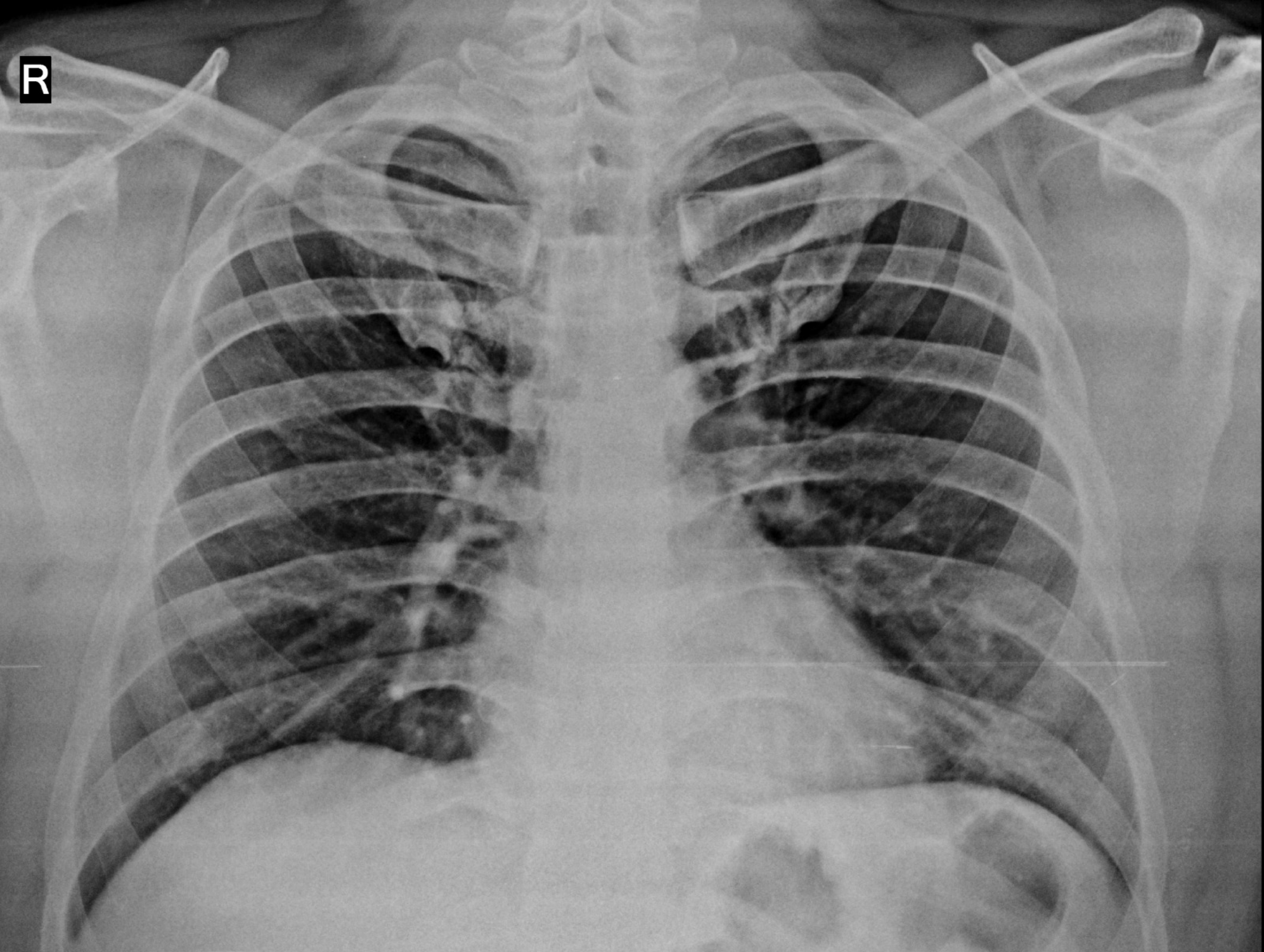
LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



JINGLE BHATIA 34 Y/ M 2408R03 CHEST PA 8/24/2024
VRX HEALTHCARE PVT. LTD. , KANDIVALI- E