



Patient Ref. No. 66600002614752



Cert. No. MC-2812

CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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ASTER SQUARE BUILDING, ULLOOR,
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Email : customercare.ddrc@srl.in

PATIENT NAME : MAHESH S N PATIENT ID : MAHEM1012774182

ACCESSION NO : 4182VL004058 AGE : 45 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:24 REPORTED : 10/12/2022 14:36

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

*** TREADMILL TEST**

TREADMILL TEST REPORT ATTACHED

DENTAL CHECK UP

DENTAL CHECK UP REPORT ATTACHED

OPHTHAL

OPHTHAL REPORT ATTACHED

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION REPORT ATTACHED



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* SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 13 Adult(<60 yrs) : 6 to 20 mg/dL

* BUN/CREAT RATIO

BUN/CREAT RATIO 14.4

CREATININE, SERUM

CREATININE 0.90 18 - 60 yrs : 0.9 - 1.3 mg/dL

* GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 110 Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 95 Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.

* GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.9 Normal : 4.0 - 5.6%. %
Non-diabetic level : < 5.7%. Diabetic : >6.5%

Glycemic control goal
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.

Glycemic targets in CKD :-
If eGFR > 60 : < 7%.
If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 93.9 mg/dL

* LIPID PROFILE, SERUM

CHOLESTEROL 199 Desirable : < 200 mg/dL
Borderline : 200-239 High : >or= 240

TRIGLYCERIDES 112 Normal : < 150 mg/dL
High : 150-199 Hypertriglyceridemia : 200-499
Very High : > 499

HDL CHOLESTEROL 52 General range : 40-60 mg/dL



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Table with 4 columns: Test Report Status, Preliminary, Results, Units. Rows include cholesterol levels (Direct LDL, Non HDL, Chol/HDL, LDL/HDL, Very Low Density Lipoprotein), Liver Function Test with GGT (Bilirubin, Total Protein, Albumin, Globulin, Ratios, Enzymes), and Uric Acid.





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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE A
RH TYPE NEGATIVE

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN 14.9 13.0 - 17.0 g/dL
RED BLOOD CELL COUNT 4.49 Low 4.5 - 5.5 mil/µL
WHITE BLOOD CELL COUNT 6.87 4.0 - 10.0 thou/µL
PLATELET COUNT 270 150 - 410 thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT 43.1 40 - 50 %
MEAN CORPUSCULAR VOL 96.0 83 - 101 fL
MEAN CORPUSCULAR HGB. 33.1 High 27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION 34.5 31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH 14.1 12.0 - 18.0 %
MENTZER INDEX 21.4
MEAN PLATELET VOLUME 7.3 6.8 - 10.9 fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS 57 40 - 80 %
LYMPHOCYTES 33 20 - 40 %
MONOCYTES 5 2 - 10 %
EOSINOPHILS 4 1 - 6 %
BASOPHILS 1 0 - 2 %
ABSOLUTE NEUTROPHIL COUNT 3.92 2.0 - 7.0 thou/µL
ABSOLUTE LYMPHOCYTE COUNT 2.27 1 - 3 thou/µL
ABSOLUTE MONOCYTE COUNT 0.34 0.20 - 1.00 thou/µL
ABSOLUTE EOSINOPHIL COUNT 0.27 0.02 - 0.50 thou/µL
ABSOLUTE BASOPHIL COUNT 0.0 thou/µL

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR) 25 High 0 - 14 mm at 1 hr

STOOL: OVA & PARASITE RESULT PENDING

* SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED



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PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN 0.800 Age Specific :- ng/mL
<49yrs : <2.5
50-59yrs : <3.5
60-69yrs : <4.5
>70yrs : <6.5

* THYROID PANEL, SERUM

T3 122.20 80 - 200 ng/dL
T4 8.40 5.1 - 14.1 µg/dl
TSH 3RD GENERATION 1.410 21-50 yrs : 0.4 - 4.2 µIU/mL

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 6.0 4.7 - 7.5
SPECIFIC GRAVITY 1.011 1.003 - 1.035
PROTEIN NEGATIVE NOT DETECTED
GLUCOSE NEGATIVE NOT DETECTED
KETONES NEGATIVE NOT DETECTED
BLOOD NEGATIVE NOT DETECTED
BILIRUBIN NOT DETECTED NOT DETECTED
UROBILINOGEN NEGATIVE NORMAL
NITRITE NEGATIVE NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

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

* SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED



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Interpretation(s)

SERUM BLOOD UREA NITROGEN-
Causes of Increased levels

- Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
• Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

- I. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.
III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods, falsely increasing results.
IV. Interference of hemoglobinopathies in HbA1c estimation is seen in
a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c. HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.



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SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-
Causes of Increased levels
Dietary

- High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

- Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

- Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS, EDTA WHOLE BLOOD-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-
Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.



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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis. - PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patient.

- It a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines-

Age of male	Reference range (ng/ml)
40-49 years	0-2.5
50-59 years	0-3.5
60-69 years	0-4.5
70-79 years	0-6.5

(* conventional reference level (< 4 ng/ml) is already mentioned in report,which covers all agegroup with 95% prediction interval)

References- Teitz ,textbook of clinical chemiistry, 4th edition) 2.Wallach's Interpretation of Diagnostic Tests

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



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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

* ECG WITH REPORT

REPORT

REPORT GIVEN

* USG ABDOMEN AND PELVIS

REPORT

REPORT GIVEN

* CHEST X-RAY WITH REPORT

REPORT

REPORT GIVEN

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
HOD -BIOCHEMISTRY

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DCP(Pathology)
(Reg No - TCC 27150)
HOD - HAEMATOLOGY

DR. SRI SRUTHY, MD
Microbiology
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DR. ASTHA YADAV, MD
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CONSULTANT BIOCHEMIST



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ID: 004058

Diagnosis Information:

Male
45 Years
cm

/ mmHg
kg

Mrs. Mahesh S. N.

HR	:	67	bpm
P	:	111	ms
PR	:	174	ms
QRS	:	89	ms
QT/QTc	:	387/411	ms
P/QRST	:	49/30/42	ms
RV5/SV1	:	0.732/0.614	mV

Report

AW CE



V1

V2

V3

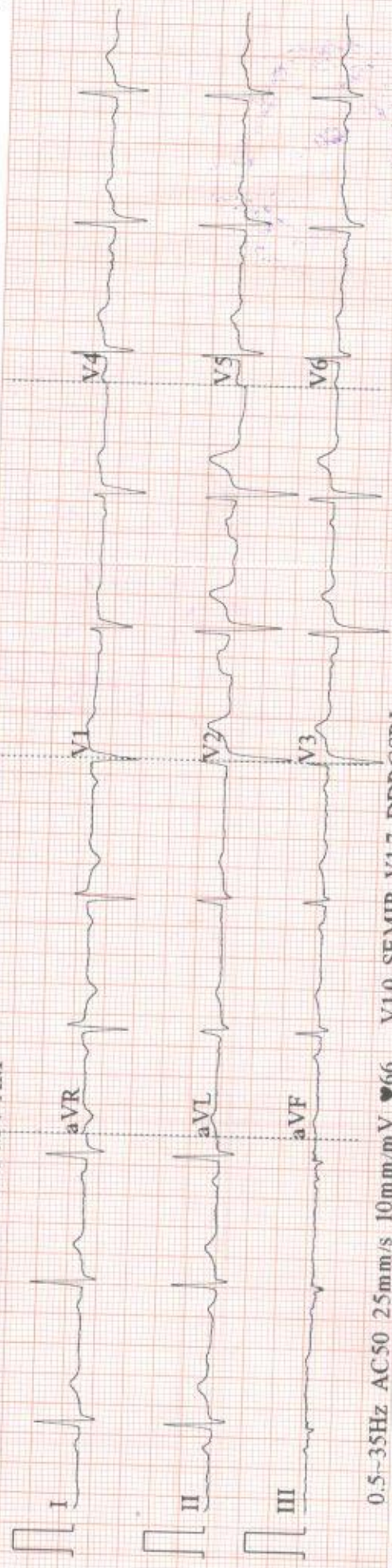
V4

V6

Standard

Standard	L I	L II	L III	L III Inspiration
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ID: 004058 10-12-2022 09:54:34 AM



0.5-35Hz AC50 25mm/s 10mm/mV ♥66 V10 SEMIP V1.7 DDRCSRL

AVLW CE

DRUM RE



Acc no:4182VL004058	Name: Mr. Mahesh S N	Age: 45 y	Sex: Male	Date:10.12.22
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US SCAN WHOLE ABDOMEN

LIVER is enlarged in size (15.8 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10.7 mm).

GALL BLADDER is partially distended and calculi noted in lumen, larger ones measuring 16.9 mm, 14.3 mm and 7.3 mm. Possibility of a few other smaller sized calculi also noted. Wall thickness is normal. No pericholecystic fluid seen.

SPLEEN is normal in size (10 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and part of body appears normal in size and shows mildly increased parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (10.6 x 4.1 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (10.5 x 4.9 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA obscured by bowel gas.

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

PROSTATE is normal in size (vol -17.3 cc) and shows normal echotexture. Tiny parenchymal calcification noted.

No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically.

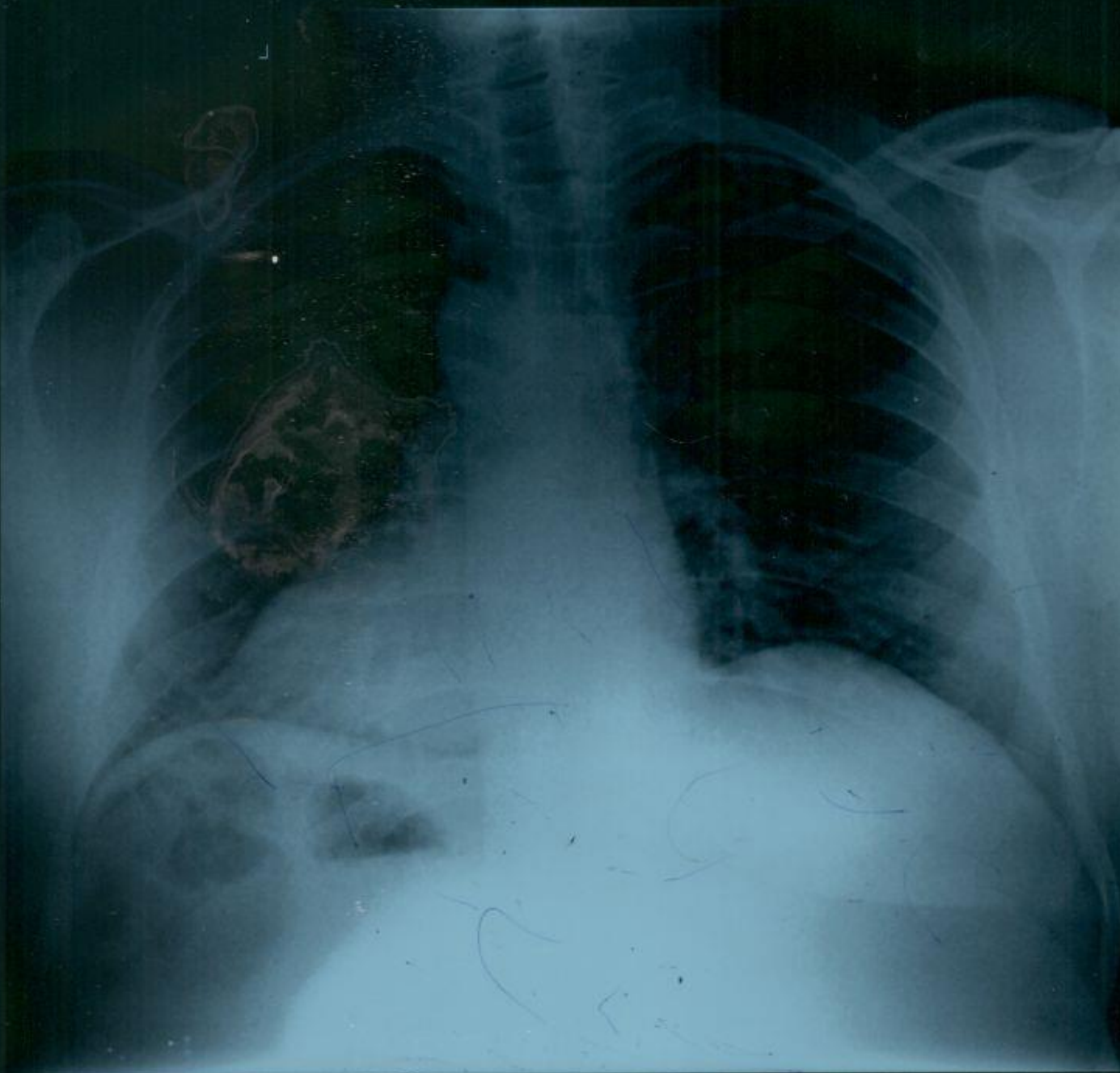
CONCLUSION:-

- **Hepatomegaly with grade II /III fatty changes -suggest LFT correlation**
- **Cholelithiasis . No evidence of acute inflammation.**


Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

*Thanks, your feedback will be appreciated.
(Please bring relevant investigation reports during all visits).
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversies.*





MR. MAHESH .S.N. 45Y M 12/10/2022 CHEST- PA VL004058 v
DDRC SRL



Bp: 130/80 mmHg

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Mahesh S.N.
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	45, Gender: M F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height	175 (cms)	b. Weight	101 (Kgs)	c. Girth of Abdomen	(cms)
d. Pulse Rate	76 (/Min)	e. Blood Pressure:	130/80 mmHg	Systolic	130 Diastolic 80
		1 st Reading	130 / 80 mmHg		
		2 nd Reading			

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			80, old age Disease
Mother	64	DM	
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N ✓
- b. Have you undergone/been advised any surgical procedure? Y/N ✓
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N ✓
- d. Have you lost or gained weight in past 12 months? Y/N ✓

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N ✓
- Any disorders of Respiratory system? Y/N ✓
- Any Cardiac or Circulatory Disorders? Y/N ✓
- Enlarged glands or any form of Cancer/Tumour? Y/N ✓
- Any Musculoskeletal disorder? Y/N ✓
- Any disorder of Gastrointestinal System? Y/N ✓
- Unexplained recurrent or persistent fever, and/or weight loss Y/N ✓
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N ✓
- Are you presently taking medication of any kind? Y/N ✓

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? ✓ Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N ✓
- Are there any points on which you suggest further information be obtained? Y/N ✓
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....
.....

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

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

Seal of Medical Examiner :



Name & Seal of DDRC SRL Branch :

Date & Time :

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.



NAME : MR MAHESH S N

AGE:45/M

DATE:10/12/2022

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
 No cardiomegaly
 Normal vascularity
 No parenchymal lesion.
 Costophrenic and cardiophrenic angles clear

➤ **IMPRESSION** : Normal Chest Xray

ELECTRO CARDIOGRAM : NSR :67/minute
 No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.



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

DR SERIN LOPEZ MBBS

Reg No 77656

DDRC SRL DIAGNOSTICS Services

DDRC SRL

Patient Details **Date:** 10-Dec-22 **Time:** 11:09:58 AM
Name: MAHESH S N **ID:** 4182VL004058
Age: 45 y **Sex:** M **Height:** 170 cms **Weight:** 101 Kgs
Clinical History: NIL

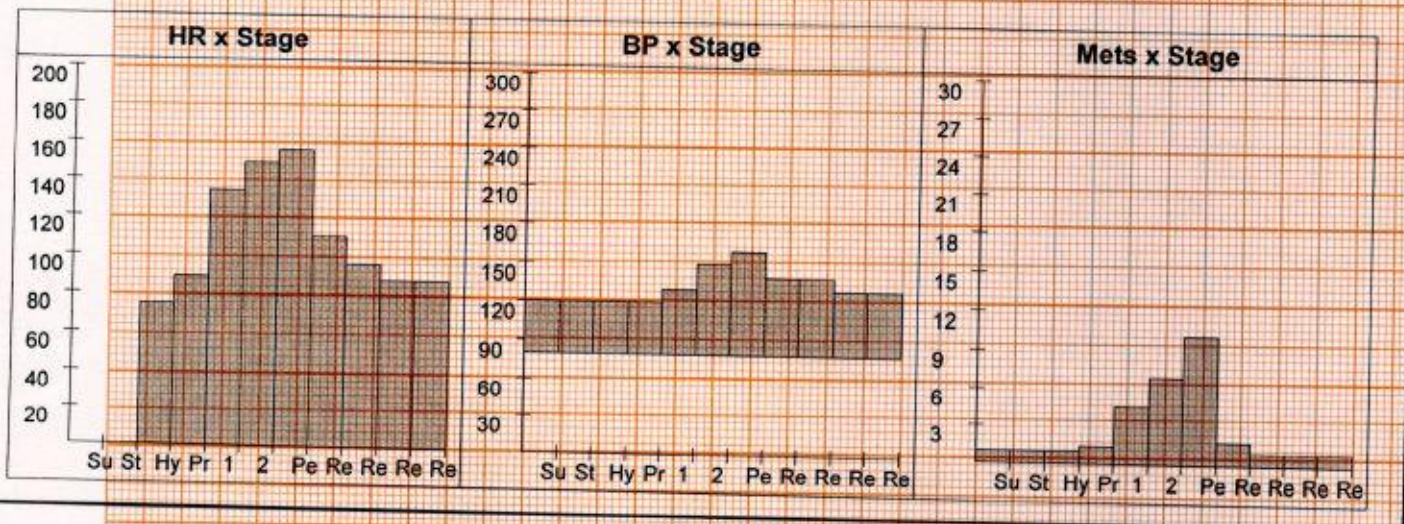
Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 175 bpm **THR:** 157 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 21 s **Max. HR:** 156 (89% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 24960 mmHg/min **Min. BP x HR:** 6000 mmHg/min
Test Termination Criteria: THR ATTAINED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 9	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 1	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Hyperventilation	0 : 19	1.0	0	0	75	120 / 80	-0.64 aVR	1.42 V2
1	3 : 0	4.6	1.7	10	134	130 / 80	-1.27 aVR	4.25 V5
2	3 : 0	7.0	2.5	12	149	150 / 80	-1.27 III	5.31 V4
Peak Ex	0 : 21	10.2	3.4	14	156	160 / 80	-1.27 aVR	5.31 V5
Recovery(1)	1 : 0	1.8	1	0	110	140 / 80	-2.34 aVR	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	96	140 / 80	-1.91 aVR	5.31 V2
Recovery(3)	1 : 0	1.0	0	0	88	130 / 80	-0.64 aVR	2.48 V5
Recovery(4)	0 : 13	1.0	0	0	88	130 / 80	-0.64 aVR	1.42 I



DDRC SRL

Patient Details

Date: 10-Dec-22

Time: 11:09:58 AM

Name: MAHESH S N ID: 4182VL004058

Age: 45 y

Sex: M

Height: 170 cms

Weight: 101 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 6 m 21 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a max. heart rate of 156 (89% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

NO ANGINA/ARRHYTHMIAS/SOB

GOOD EFFORT TOLERANCE

NO SIGNIFICANT ST CHANGES

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Reg No: 22537

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

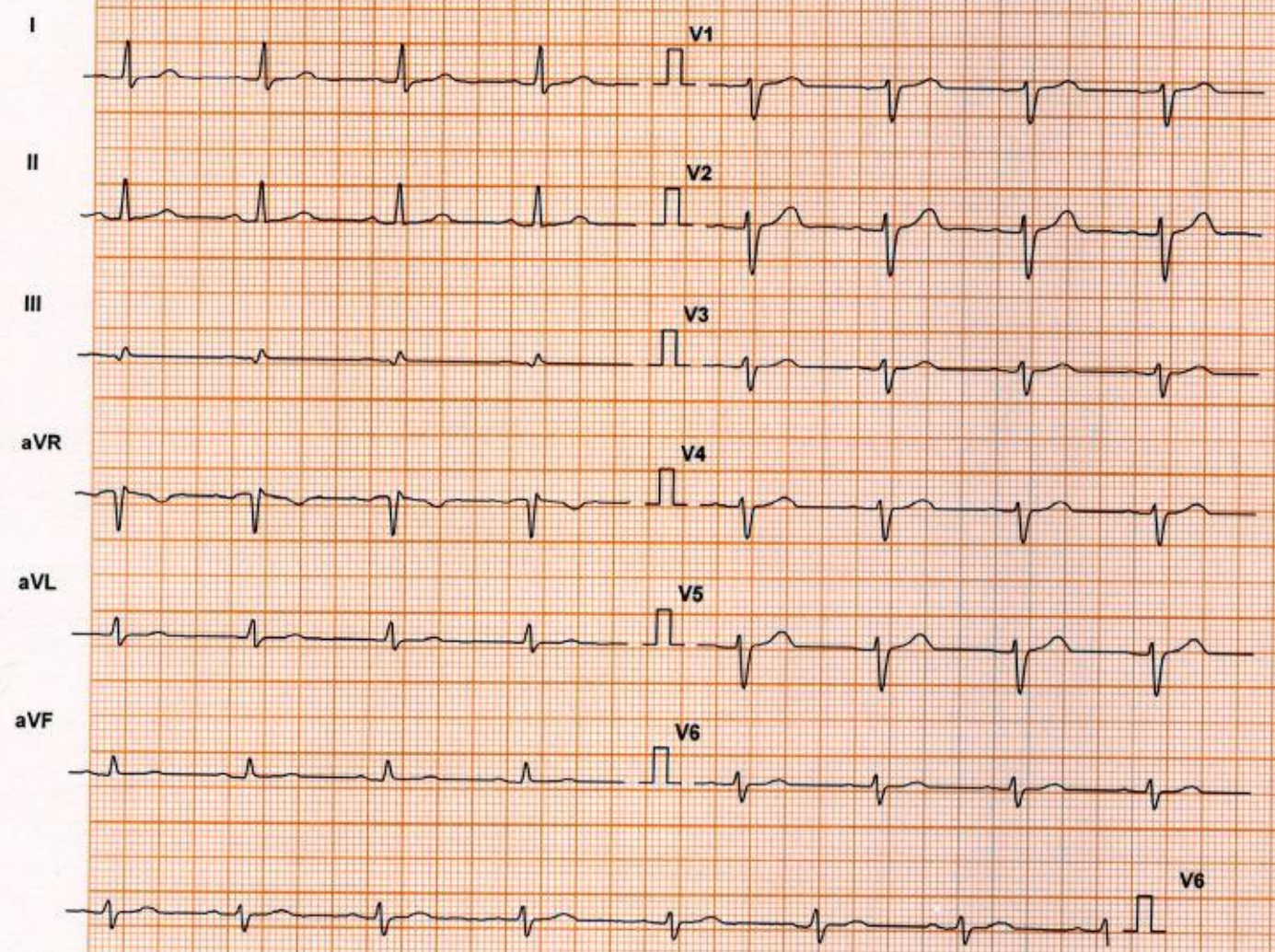
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 75 bpm

(THR: 157 bpm)



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

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

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

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

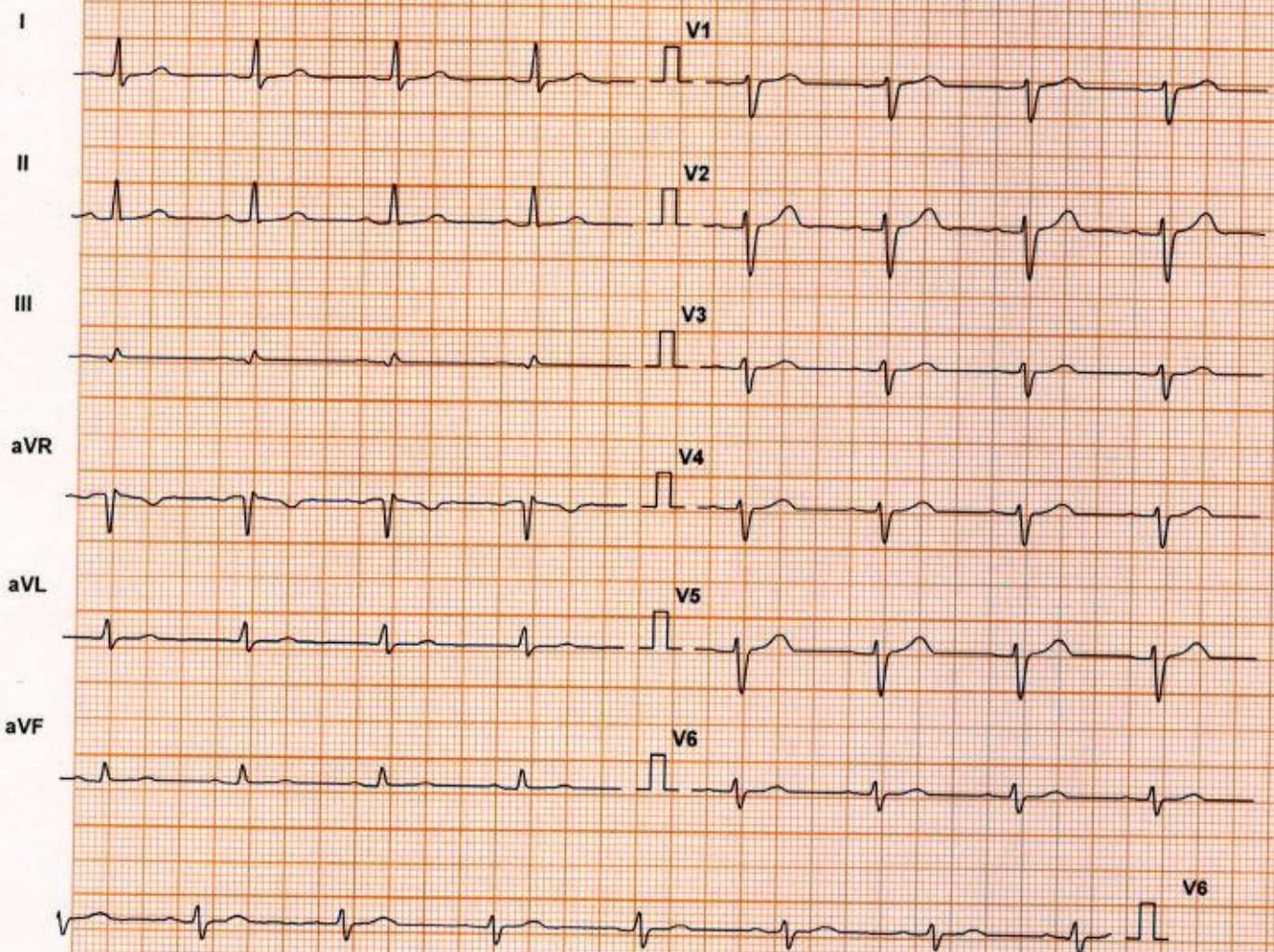
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 75 bpm

(THR: 157 bpm)



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

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 120 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

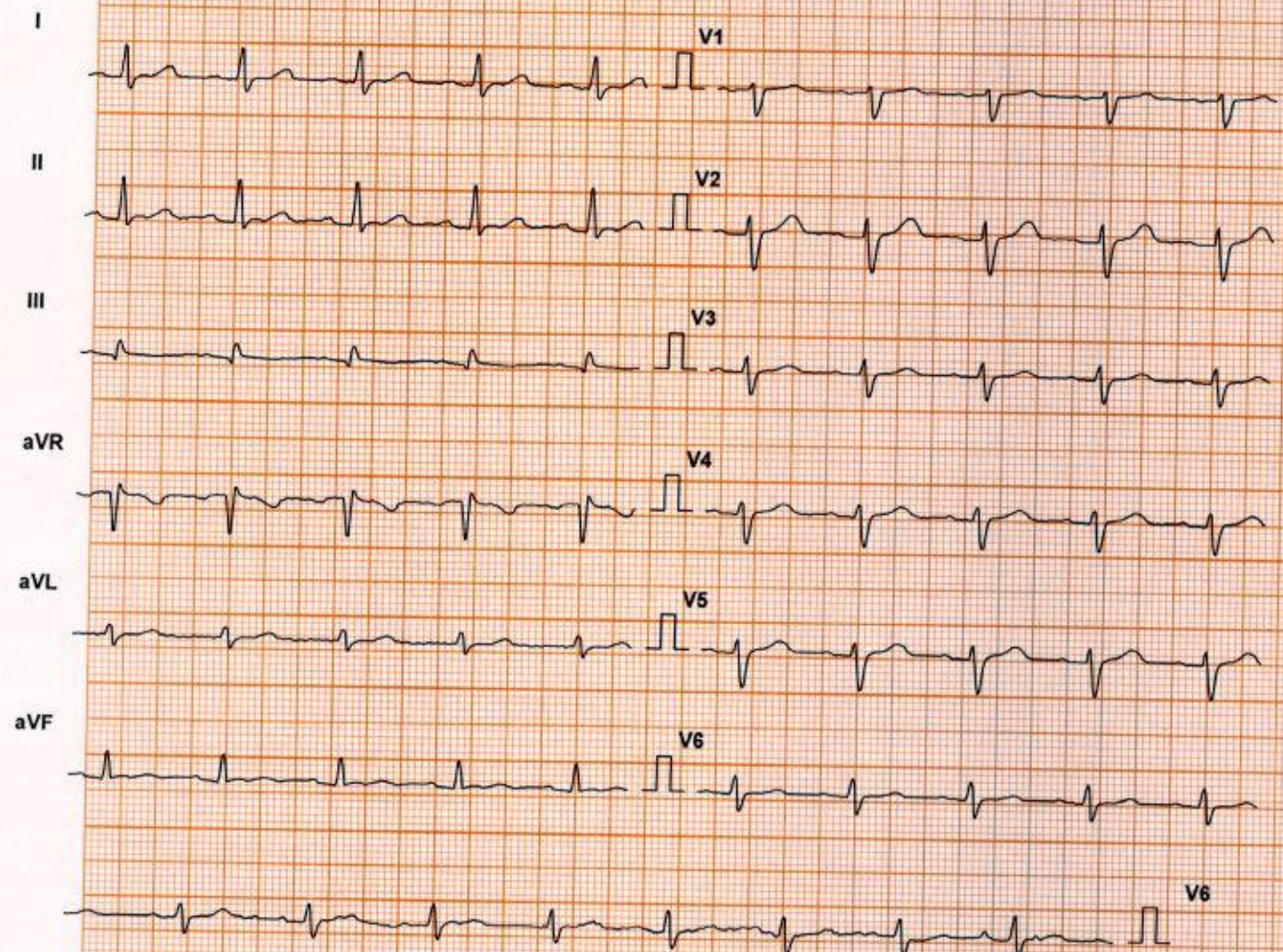
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s

HR: 88 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.1
II	0.8	0.7
III	0.2	-0.4
aVR	-0.6	-1.1
aVL	0.0	0.7
aVF	0.6	0.0
V1	0.4	0.4
V2	1.5	1.1
V3	0.4	0.7
V4	1.1	0.7
V5	1.3	1.4
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 130 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

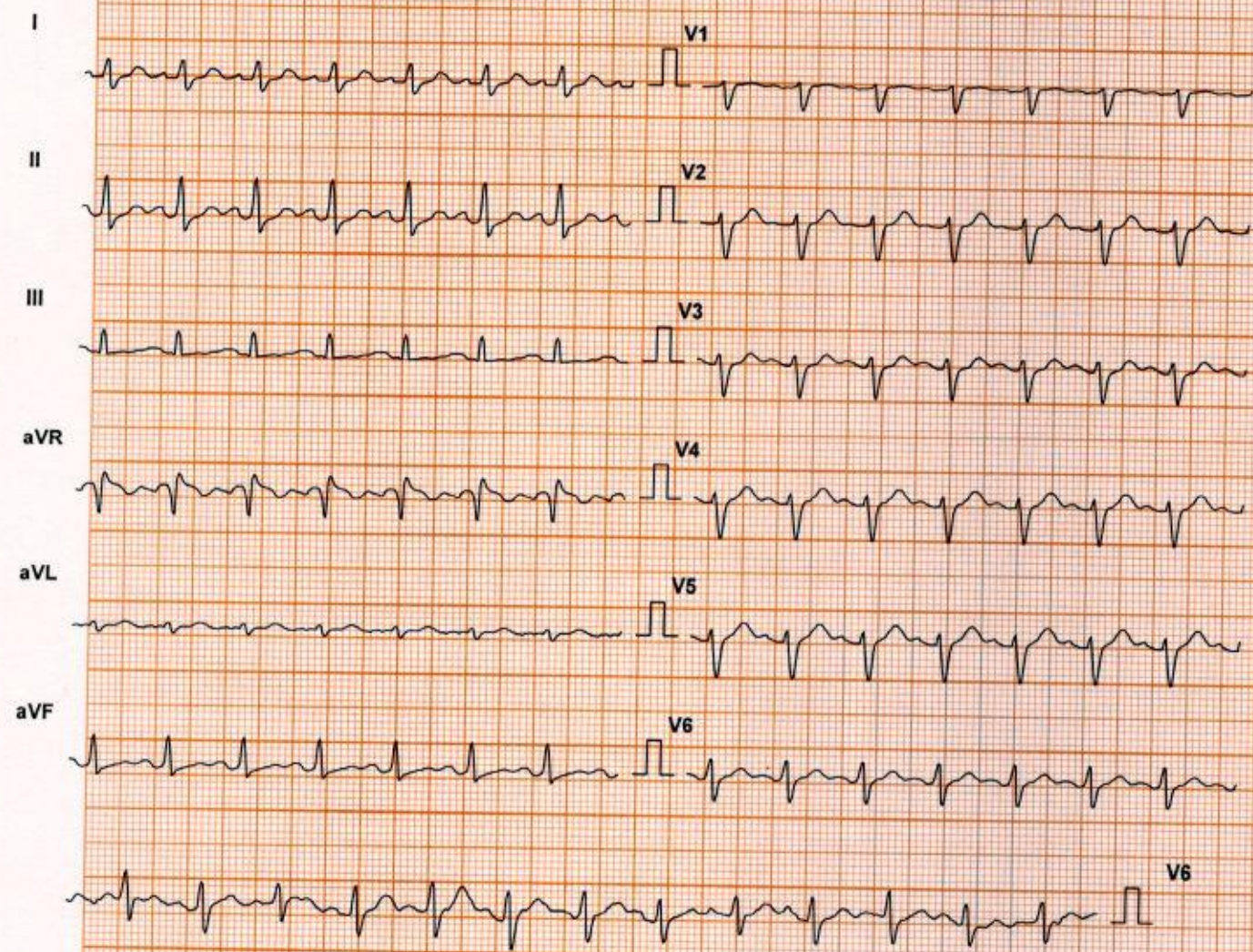
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 134 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.4
aVR	-0.6	-1.8
V1	0.8	0.7
V4	2.3	2.8
II	0.8	2.5
aVL	0.0	0.0
V2	1.7	2.5
V5	2.8	3.2
III	0.2	0.7
aVF	0.6	1.4
V3	1.1	2.1
V6	1.5	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 5 mm

Schiller Spandan V 4.7

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MAHESH S N (45 M)

Protocol: Bruce

Exec Time : 5 m 54 s

DDRC SRL

ID: 4182VL004058

Stage: 2

Stage Time : 2 m 54 s

Date: 10-Dec-22

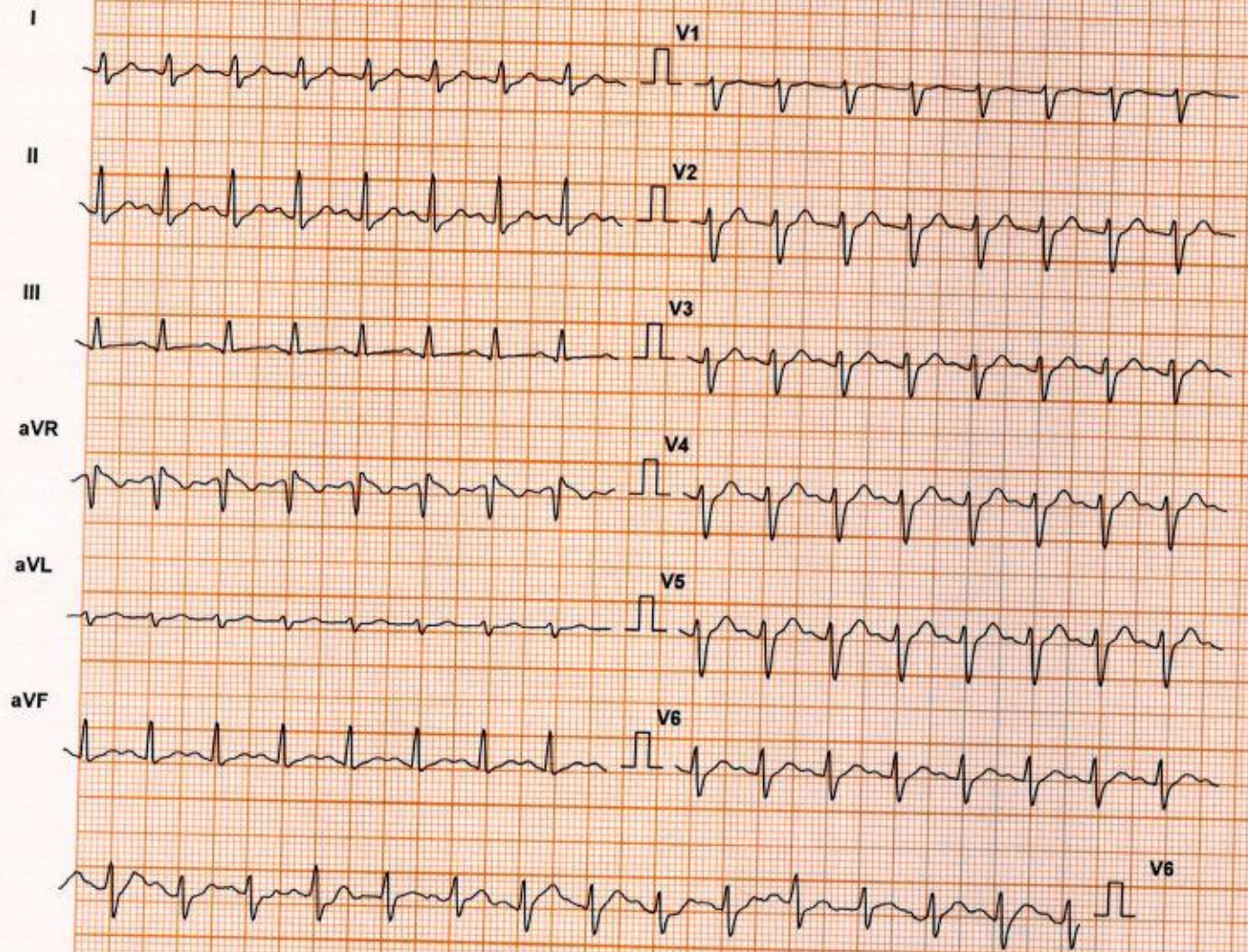
B.P: 150 / 80

Speed: 2.5 mph

Grade: 12 %

HR: 150 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	2.5
aVR	-1.1	-2.8
V1	0.8	0.7
V4	3.0	4.6
II	1.3	3.2
aVL	0.2	0.7
V2	2.8	4.2
V5	4.0	5.0
III	0.2	0.4
aVF	0.8	2.1
V3	2.3	3.5
V6	1.7	3.2

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

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

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

MAHESH S N (45 M)

Protocol: Bruce

Exec Time : 6 m 15 s

DDRC SRL

ID: 4182VL004058

Stage: Peak Ex

Stage Time : 0 m 15 s

Date: 10-Dec-22

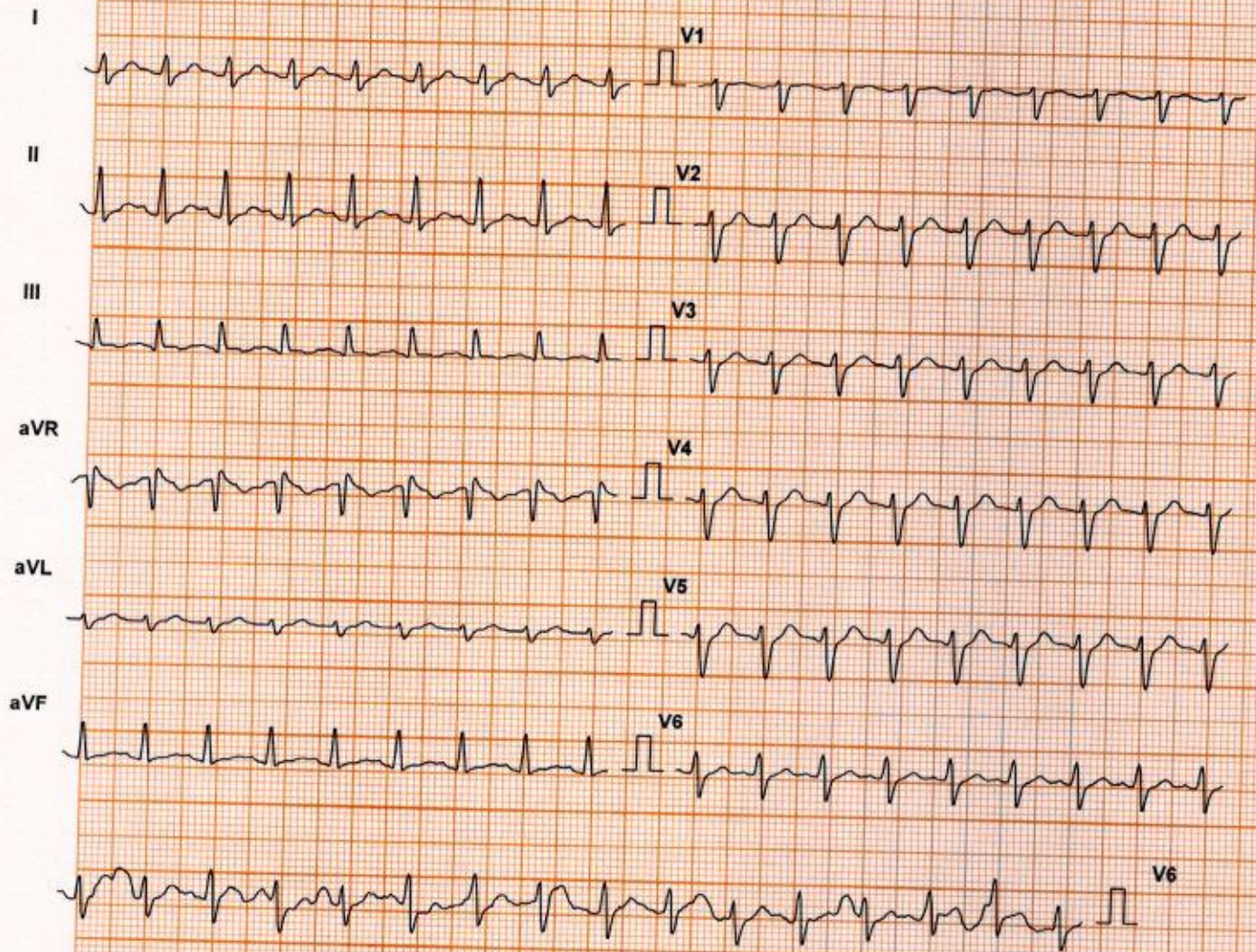
B.P: 160 / 80

Speed: 3.4 mph

Grade: 14 %

HR: 157 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	2.5
II	1.3	2.1
III	-0.4	-0.7
aVR	-1.3	-2.1
aVL	0.8	1.4
aVF	0.6	1.1
V1	0.8	0.7
V2	2.5	4.2
V3	1.9	3.5
V4	2.5	4.2
V5	2.8	5.0
V6	1.1	2.5

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

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

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

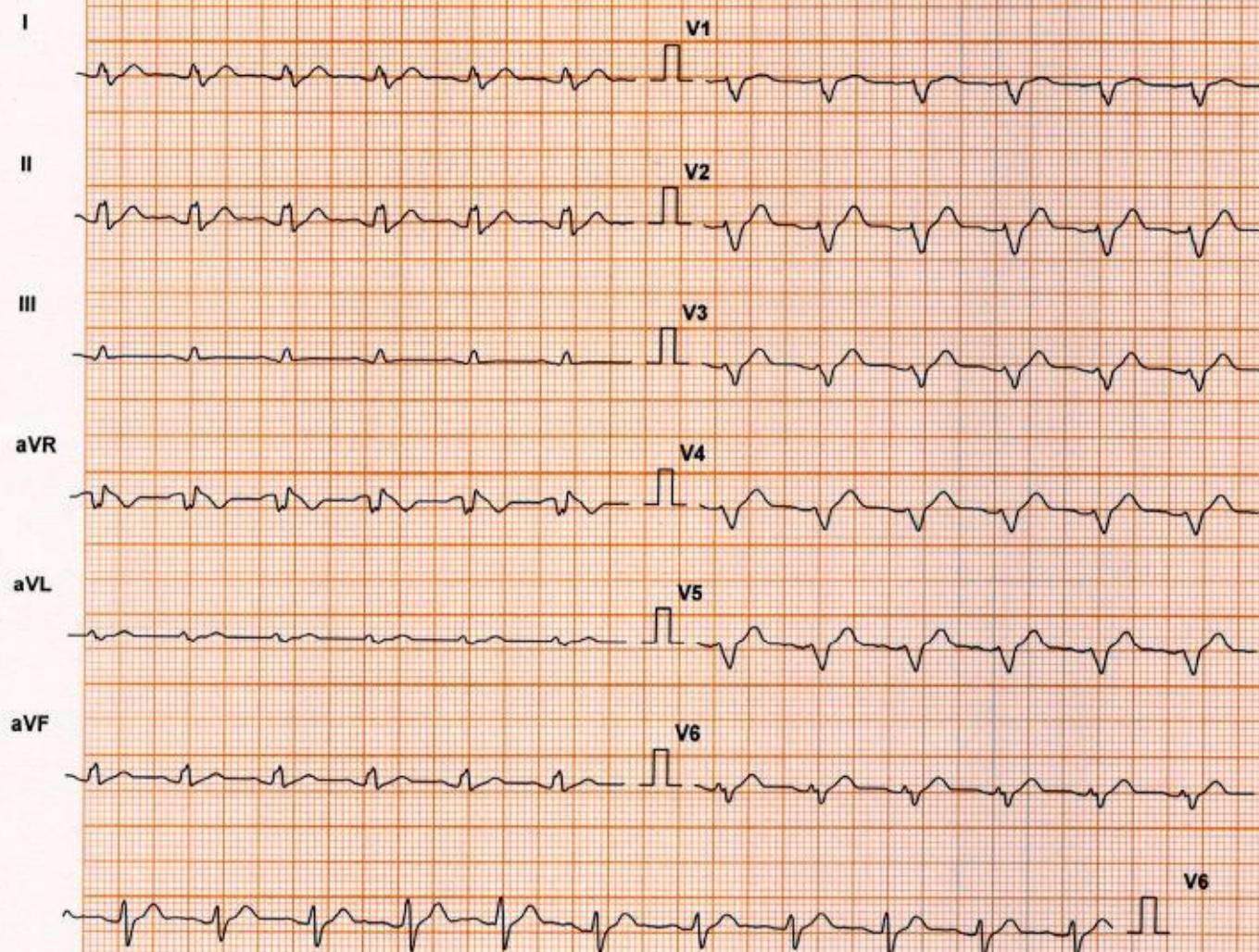
Grade: 0 %

Exec Time : 6 m 21 s

Stage Time : 0 m 54 s

HR: 110 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.9	3.5
aVR	-2.1	-3.5
V1	1.3	1.8
V4	3.6	5.3
II	2.8	4.2
aVL	0.6	1.1
V2	4.0	4.2
V5	3.6	5.3
III	0.6	0.7
aVF	1.5	1.8
V3	3.8	5.3
V6	2.8	3.9

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

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

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

MAHESH S N (45 M)

Protocol: Bruce

Exec Time : 6 m 21 s

ID: 4182VL004058

Stage: Recovery(2)

Stage Time : 0 m 54 s

Date: 10-Dec-22

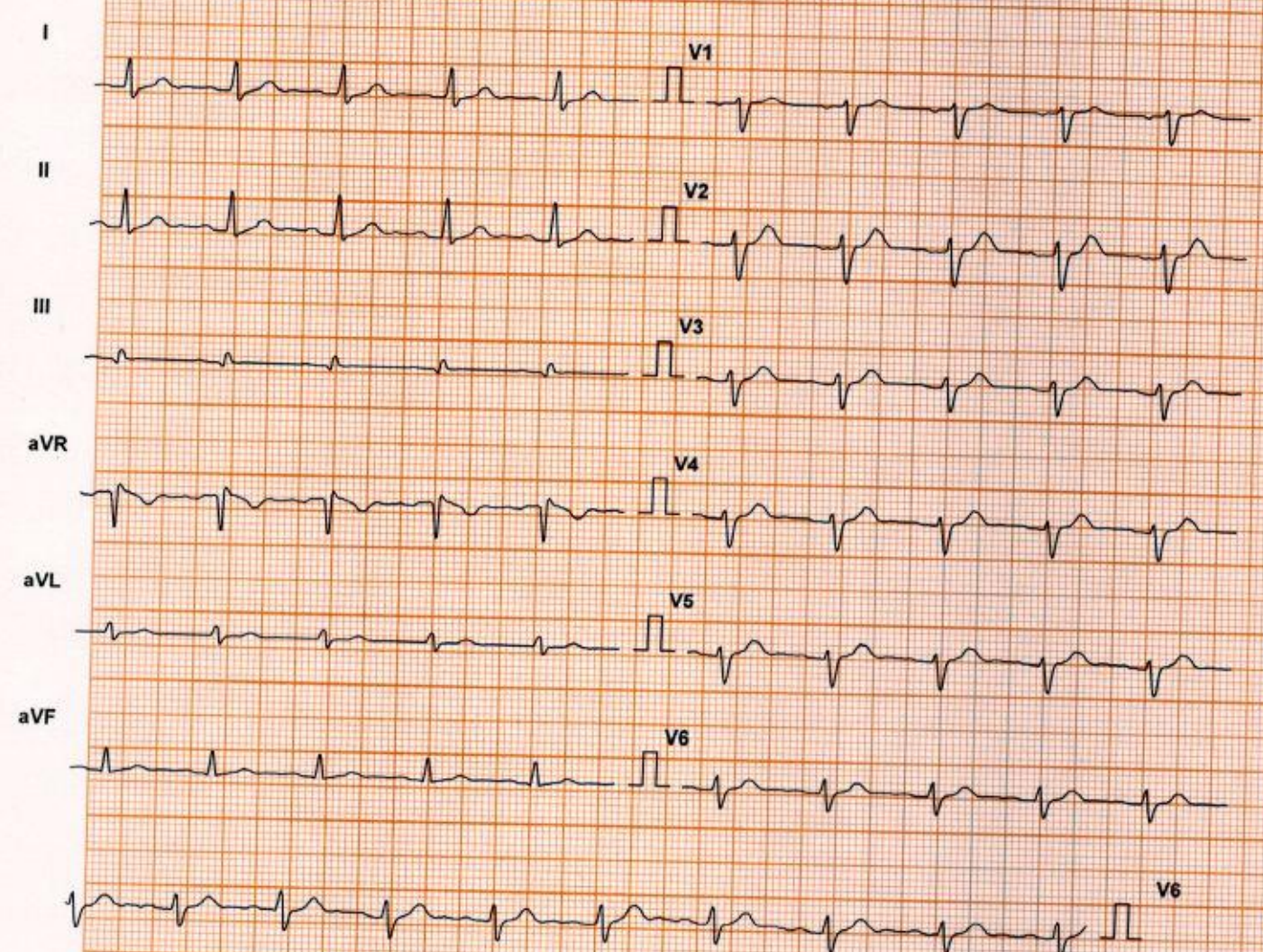
B.P: 140 / 80

Speed: 0 mph

Grade: 0 %

HR: 93 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
II	0.6	1.8
III	0.2	0.0
aVR	-0.6	-1.8
aVL	0.0	0.4
aVF	0.4	0.7
V1	0.6	0.4
V2	1.7	1.8
V3	1.3	1.4
V4	1.5	1.4
V5	1.5	1.4
V6	0.8	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

Mains Fil: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

MAHESH S N (45 M)

Protocol: Bruce

Exec Time : 6 m 21 s

ID: 4182VL004058

Stage: Recovery(3)

Stage Time : 0 m 54 s

Date: 10-Dec-22

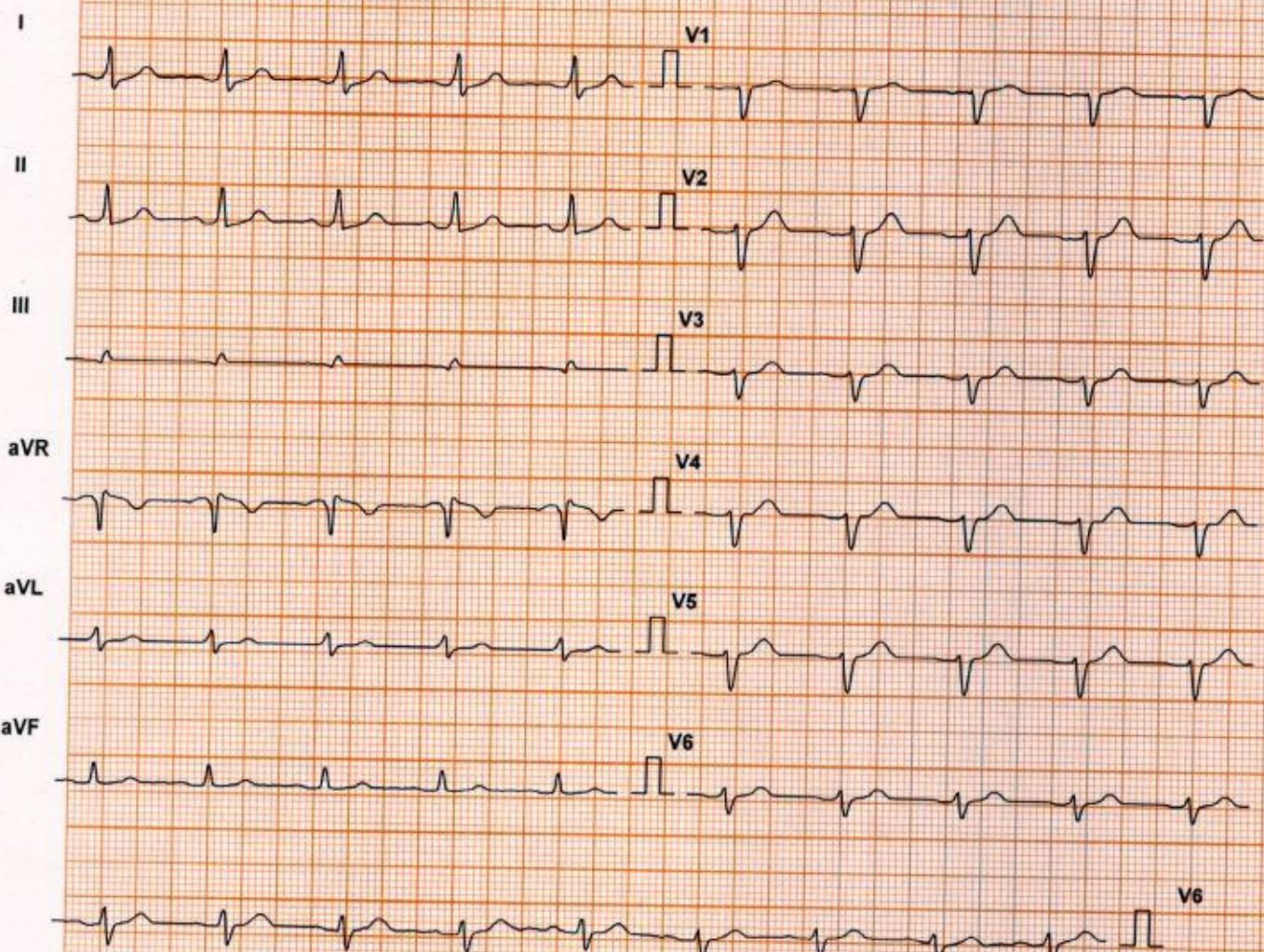
Speed: 0 mph

HR: 89 bpm

B.P: 130 / 80

Grade: 0 %

(THR: 157 bpm)



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

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

Filter: 35 Hz

Isa = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH S N (45 M)

ID: 4182VL004058

Date: 10-Dec-22

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

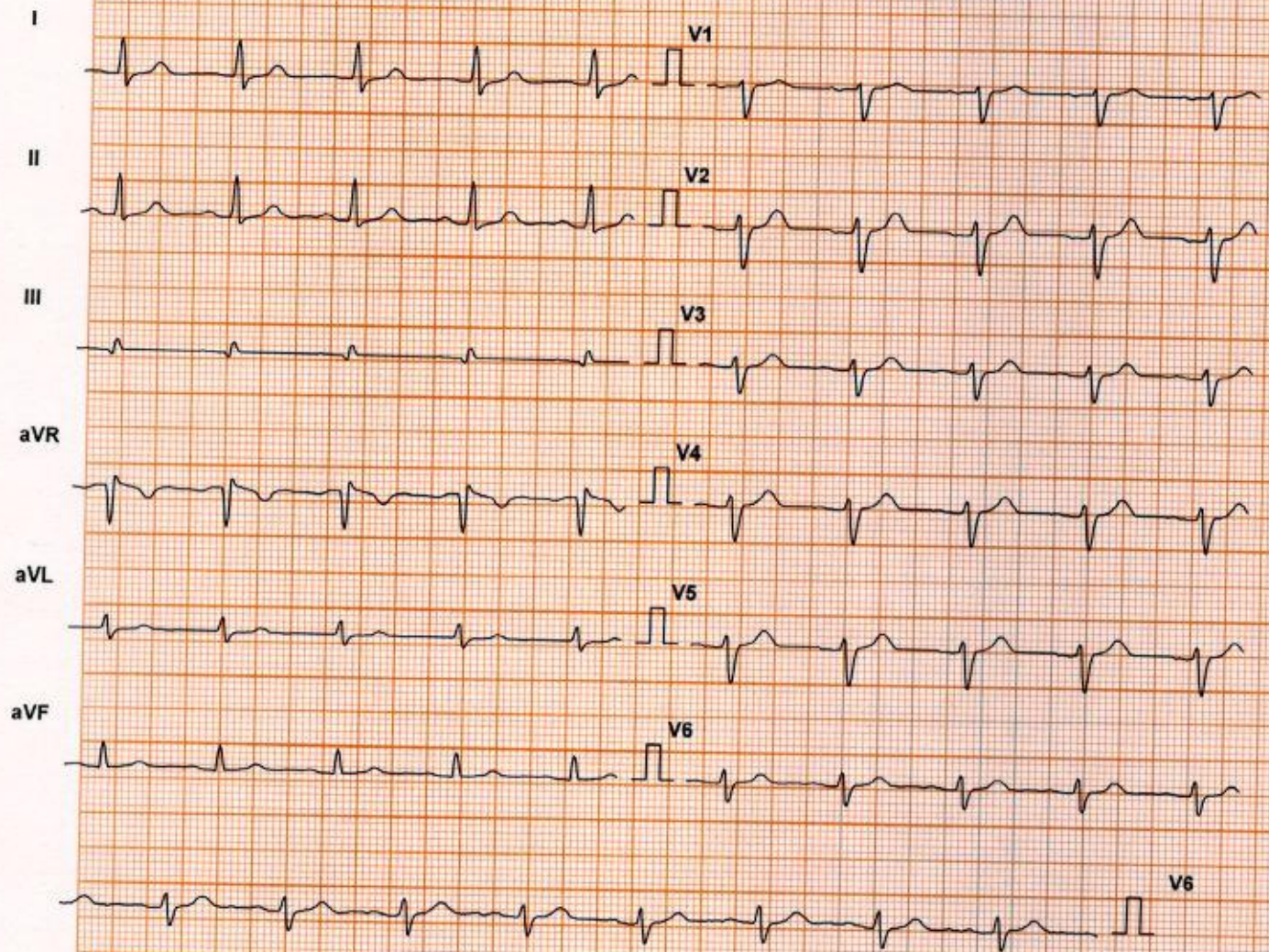
Grade: 0 %

Exec Time : 6 m 21 s

Stage Time : 0 m 7 s

HR: 87 bpm

(THR: 157 bpm)



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

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

Filter: 35 Hz

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

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median