

GRADED EXERCISE SUMMARY

VISHALAKSHI A
ID: 111517834

44 years

21-Feb-2024
18:43:36

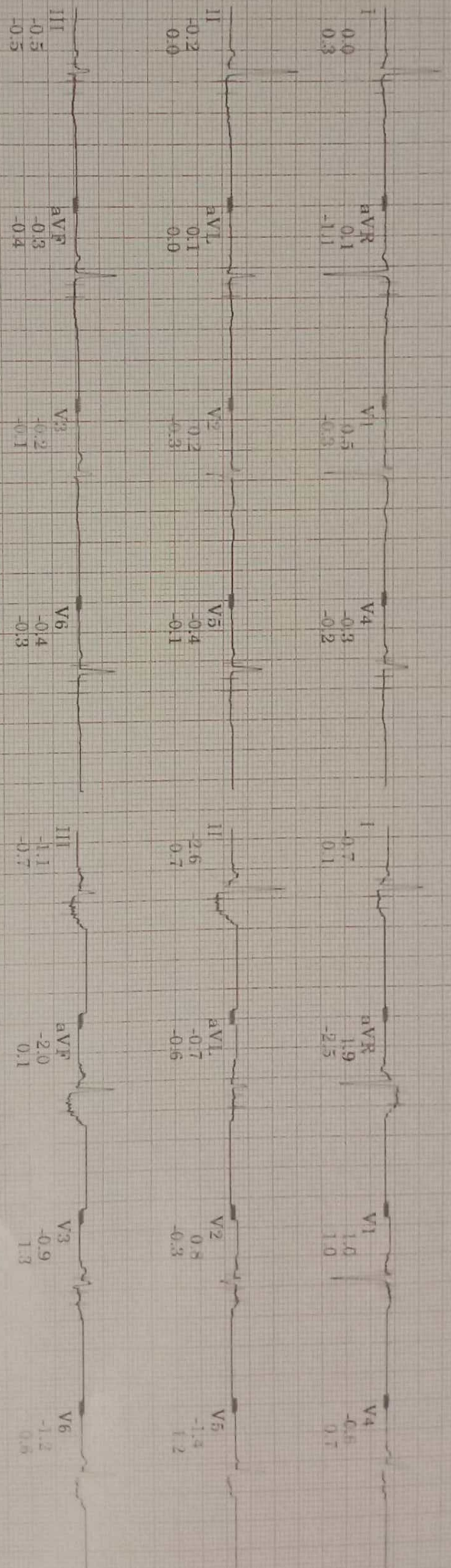
56kg

Female

Referred by:
Test ind:

EXERCISE Total Exercise time: 6:31
Max HR: 185bpm (95% of max predicted 176bpm)
Max BP: 110/80 Maximum workload: 7.8 METS
Reason for Termination: Patient fatigue
Comments: MODERATE EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
ST DEPRESSIONS NOTED DURING EXERCISE WHICH PERSISTED
TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA

EXERCISE STAGE	1	BASELINE	2	MAX ST
1.6 METS	92bpm	ST @ 10mm/mV	7.0 METS	ST @ 10mm/mV
	BP: 110/80	80ms postd	BP: 110/80	80ms postd
	Lead	ST(mm)	EXERCISE ST(mm)	Lead
		Slope(mV/s)	5.14	



Technician: KAVYASREE

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE
Unconfirmed

MAC55 009C

SELECTED MEDIANS REPORT

VISHALAKSHI A
ID: 11517834

44 years

56 kg

Female

Total Exercise time: 8:31

Max HR: 55bpm; 0.5% of max predicted 176bpm
Max BP: 110/80
Maximum workload: 7.4 METS

25.0 mm/s
10.0 mm/mV
100Hz

Referred by:
Test no.:

Reason for Termination:
MODERATE EFFECT TOLERANCE
NORMAL HR AND BP RESPONSE
ST DEPRESSIONS NOTED DURING EXERCISE WHICH PERSISTED
TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE
HR: 60
BP: 110/80

MAX ST EXERCISE
HR: 514
BP: 175bpm

PEAK EXERCISE
HR: 6:31
BP: 185bpm

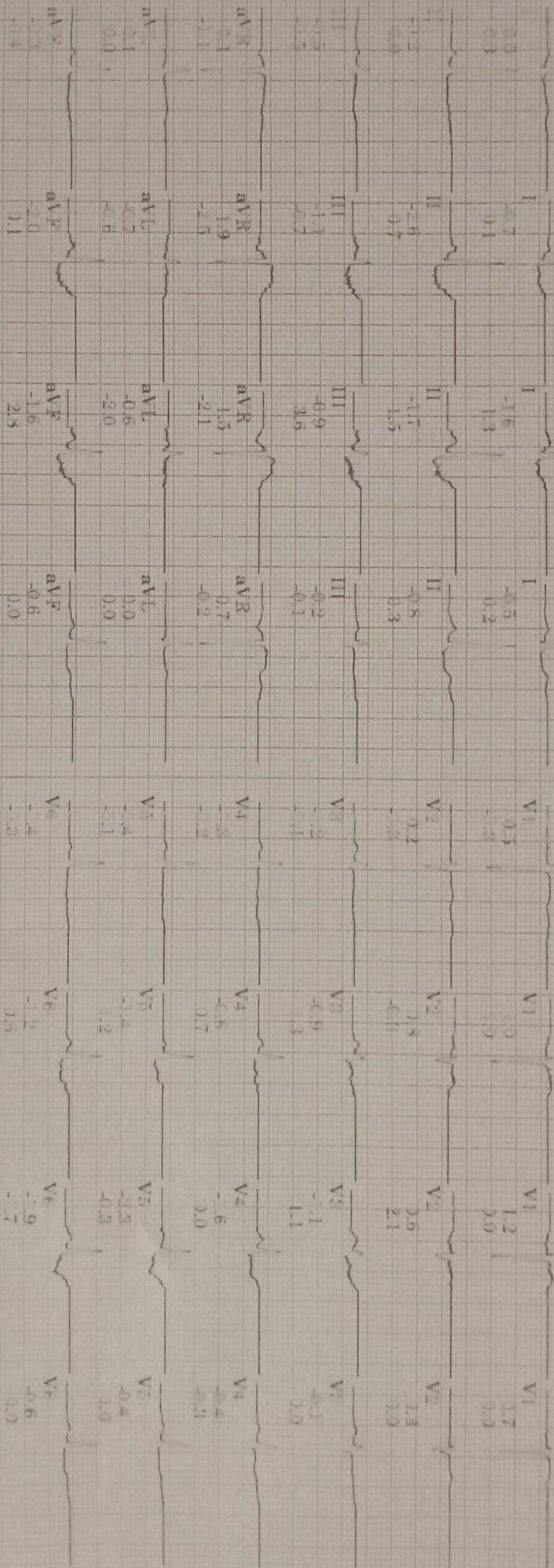
TEST END RECOVERY
HR: 9:50
BP: 117bpm

BASELINE EXERCISE
HR: 60
BP: 110/80

MAX ST EXERCISE
HR: 514
BP: 175bpm

PEAK EXERCISE
HR: 6:31
BP: 185bpm

TEST END RECOVERY
HR: 9:50
BP: 117bpm



Technician: KAVYASREE

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE

Unconfirmed

MAC55 009C

Lead ST (mm) Slope (mV/s)

VISHVAKSHI A
D: 11/17/84
E: 200-8024
M: 4-27

LINKED MEDIANS REPORT

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

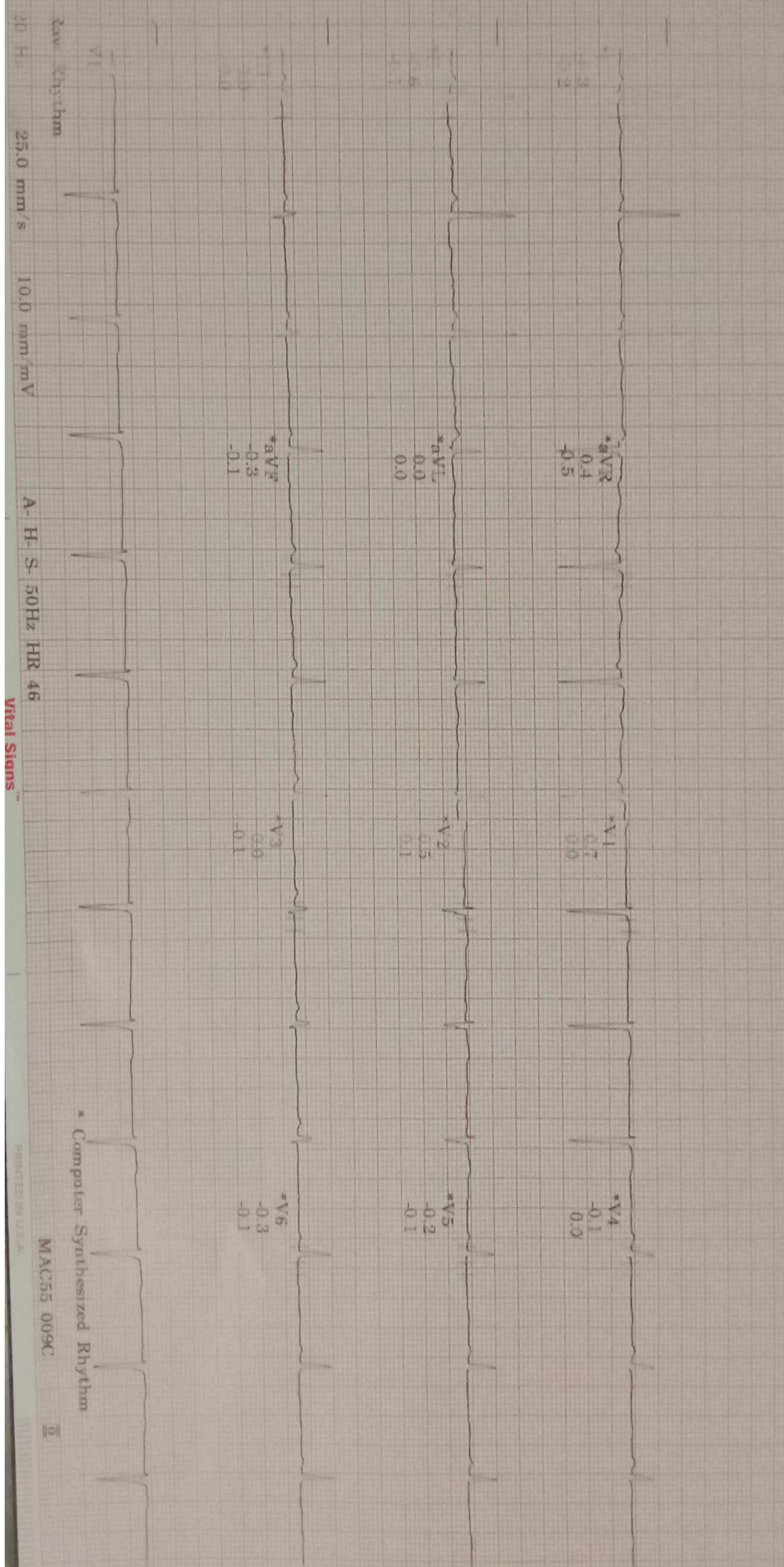
79bpm
BP: 110/80

POSTST
SUPINE
0.53

BRUCE
** *mph
** *%

ST @ 10mm/mV
Roms postL

Lead
ST (mm)
Slope (mV/s)



VITAL RECORD A
 ID: 11798
 21-7-2004
 10:47

LINKED MEDIAN REPORT

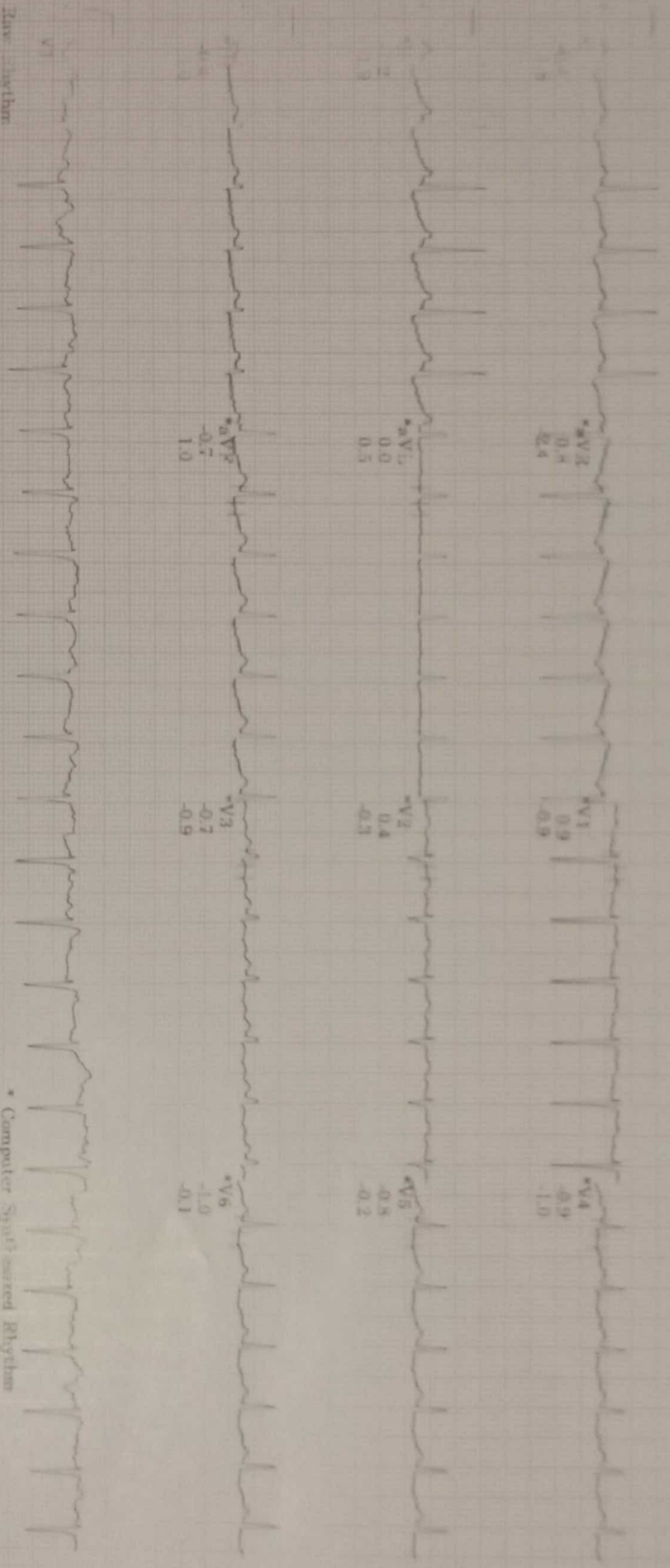
CLINICAL DIAGNOSIS: MEDICAL HISTORY: ECG

140 bpm
 ST 113 mV
 2.58

1.7 bpm
 10.09

ST 4 100 mV
Normal print

Lead
 ST 113 mV
 ST 4 100 mV



20 Hz
 25.0 mm/s
 10.0 mm/mV
 A. H. S. 50Hz HR 46

* Computer Systemized Rhythm

M.A. 009C
 II

VISHAL ANSHU A
ID: 111517834
20 Nov 2024
18:11:27

LINKED MEDIANS REPORT

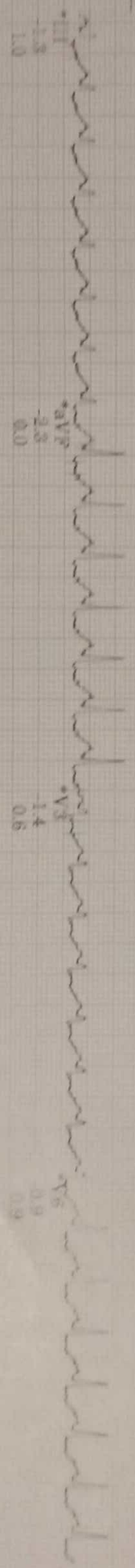
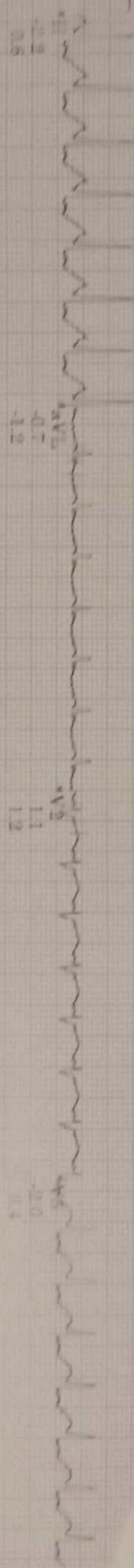
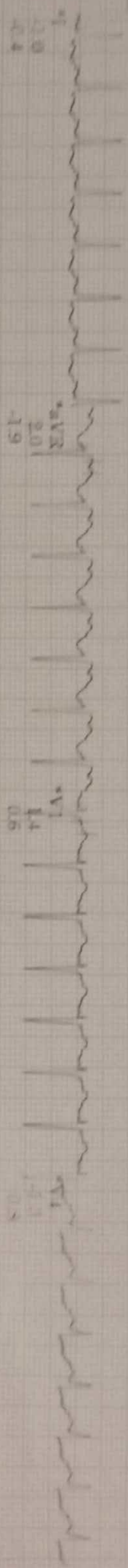
CLUMAX DIAGNOSTICS MEDALL HEALTH CARE

179bpm
BP: 110/80
EXERCISER
STAGE 2
5:30

BRUCE
2.5mph
12.0%

ST @ 10mm mV
Slopes post!

Lead
ST (mm)
Slopes (mV/s)



30 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MACCS 019C

Computer Synthesized Rhythm

Zero Rhythm

VISHALAKSHI A
 ID: 11517534
 31-Nov-2024
 18:52:08

120/70mm

RECOVERY
 Post
 0:00

BECK
 3.4mph
 14.0%

ST & T Wave/mV
 Minus postd

Lead
 ST-seg
 T-wave/mV



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

Computer Synthesized Rhythm

M/25 009C I

PHN 2008928-528

Vital Signs

LINKED MEDIANS REPORT

CLINICAL DIAGNOSTICS, MEDICAL HEALTH CARE

VORONKOV A
ID 1101554
21-APR-2008
18:08:08

135bpm

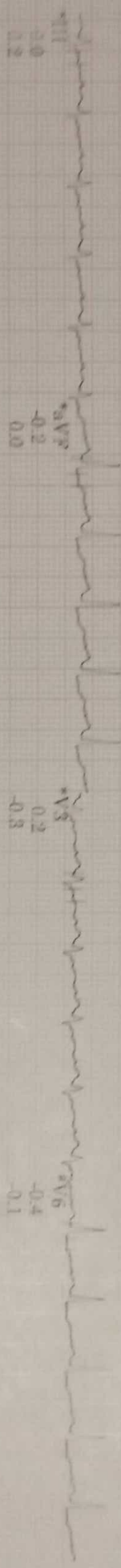
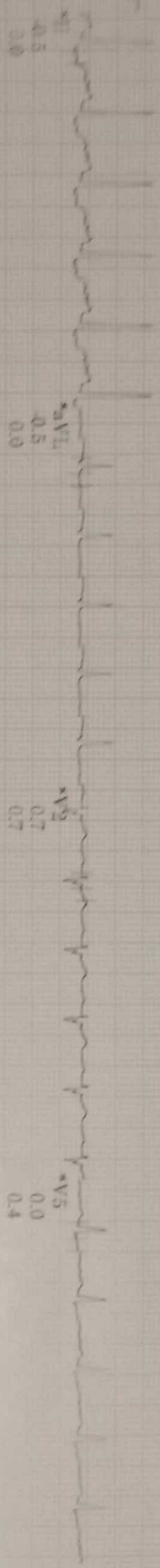
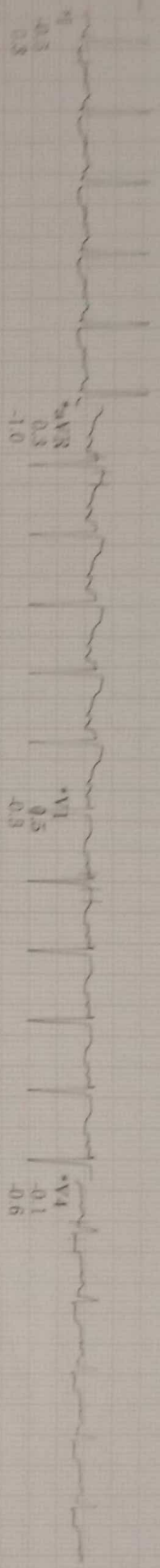
RECOVERY
Puls 3:00

BR/CR
** *mph
** *%

HEAVY METALS REPORT
CLINICAL DIAGNOSTICS MEDICAL HEALTH CARE

ST @ 10mm/mV
50ms/psec

Lead
ST (mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MEAS 01/90

DR. GONZALEZ

Vital Signs

VISHAL AKSHI A
ID: 11517834

21 Feb 2024
18:57:08

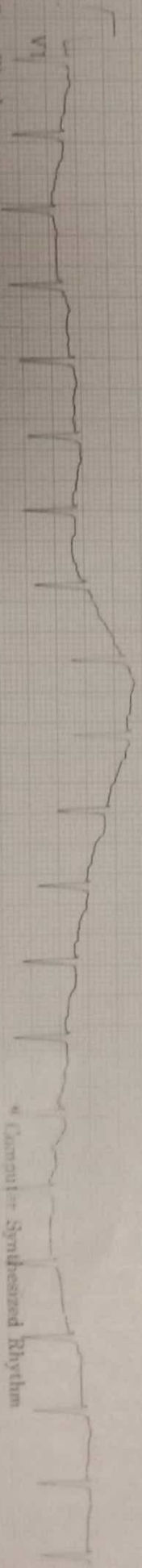
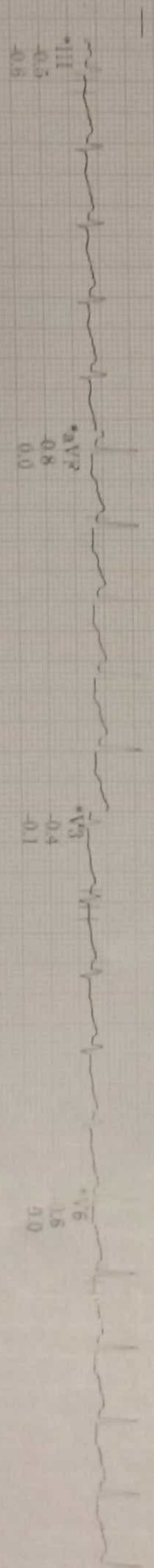
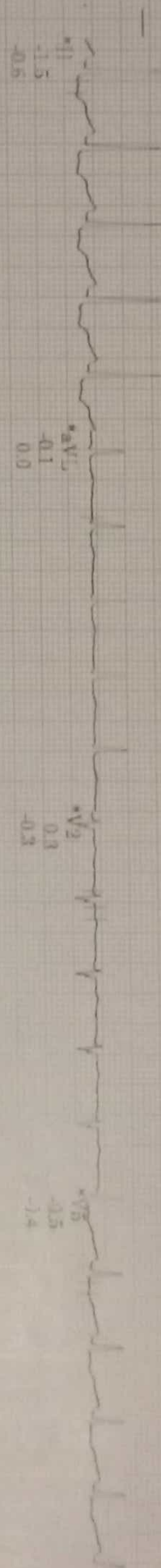
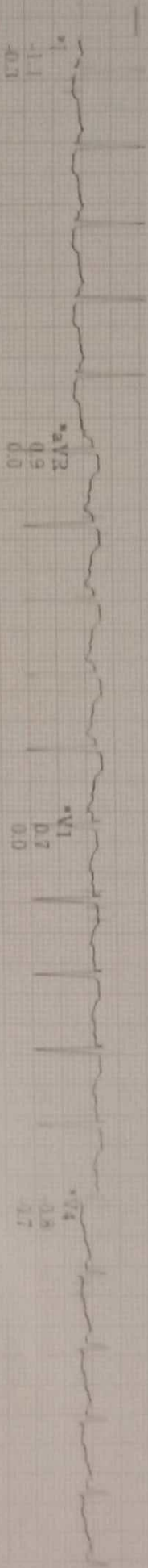
122bpm

RECOVERY
Post
5:00

BALVE
** Vagal
** V5

ST @ 14mm mV
60ms postd

Lead
ST (mm)
Slapton V (u)



25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009K

AKSHI A
ID: 1917834
21-Feb-2024
18:19:08

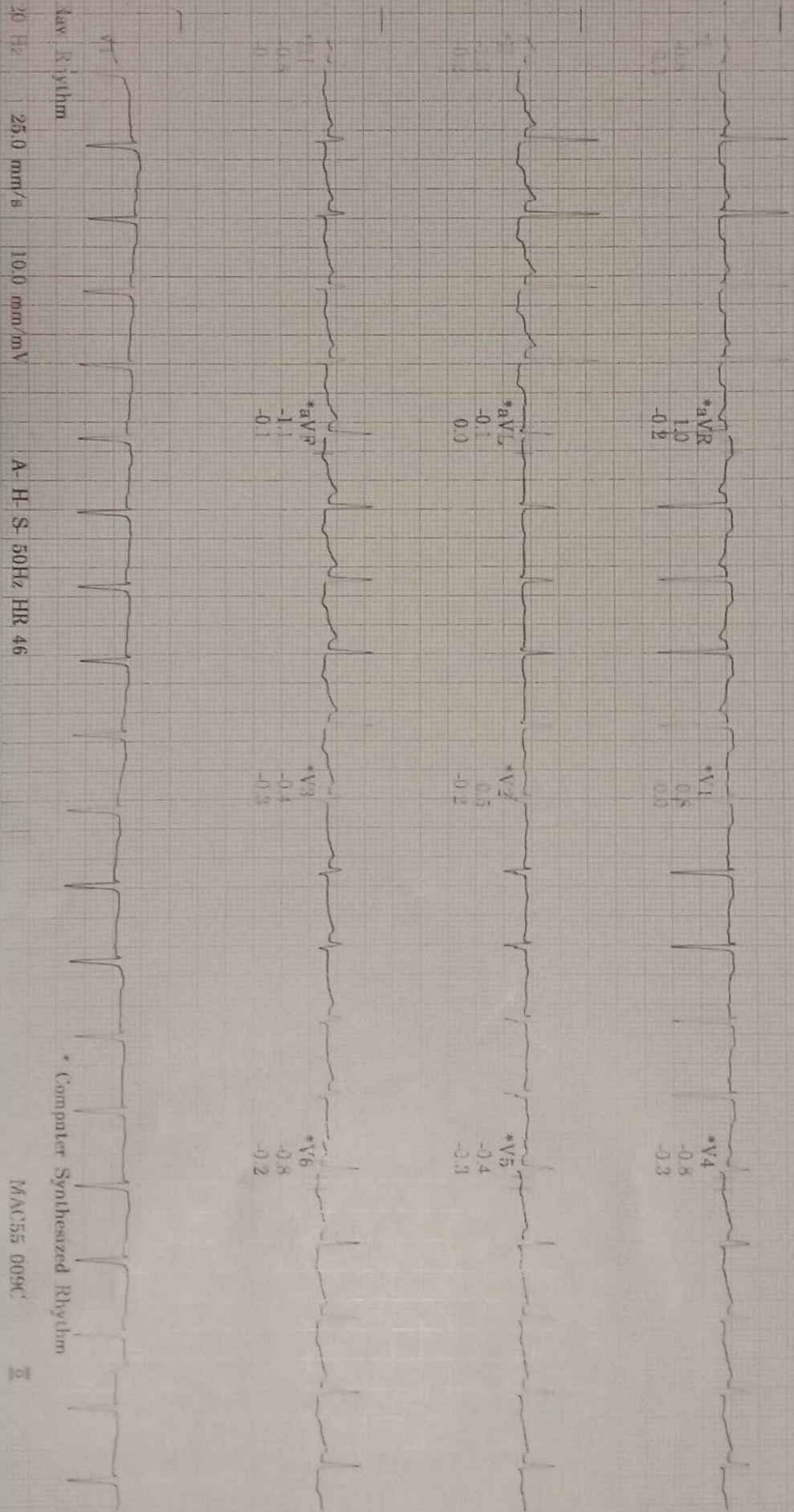
120bpm

RECOVERY
Posi
7:00

BELICE
** 4mph
** 4%

ST @ 10mm/mV
80ms postI

Lead
ST (mm)
Slope (mV/s)



Normal Rhythm

25.0 mm/s
10.0 mm/mV

A-H-S-50Hz HR 46

Computer Synthesized Rhythm

MAC55 009C

II

VISHALAKSHI A
ID: 11617834

21 Feb 2024
19:01:04

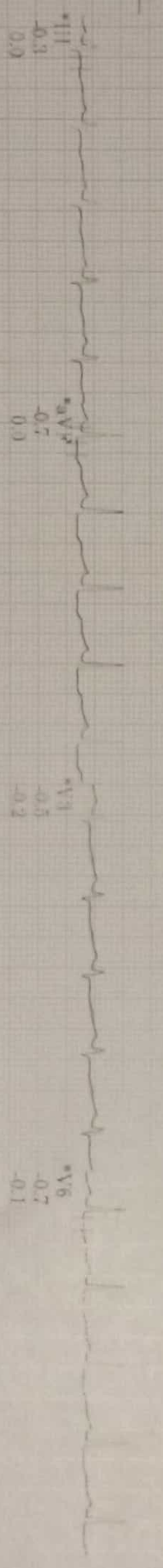
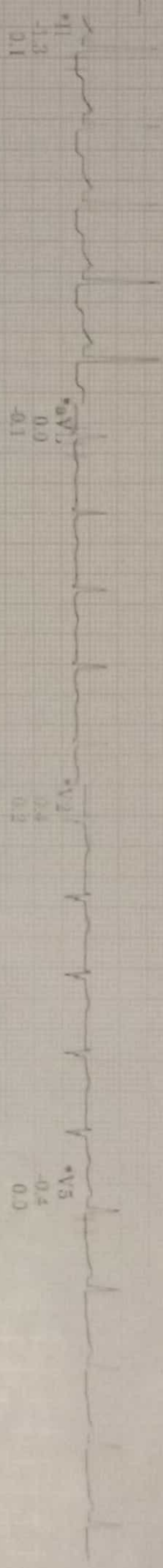
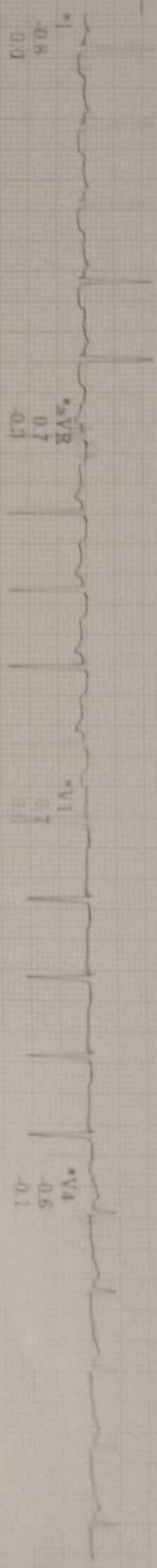
119bpm

RECOVERED
Paced
9:06

PRICE
***mph
***mg

ST @ 10mm/mV
50ms/paced

Lead
STI (ms)
STsegment (V/s)

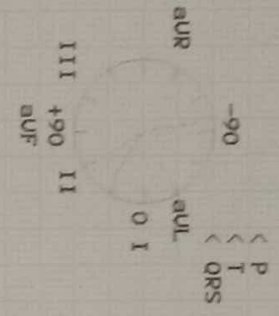


20 Hz 25.0 cm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MACH5 609C II

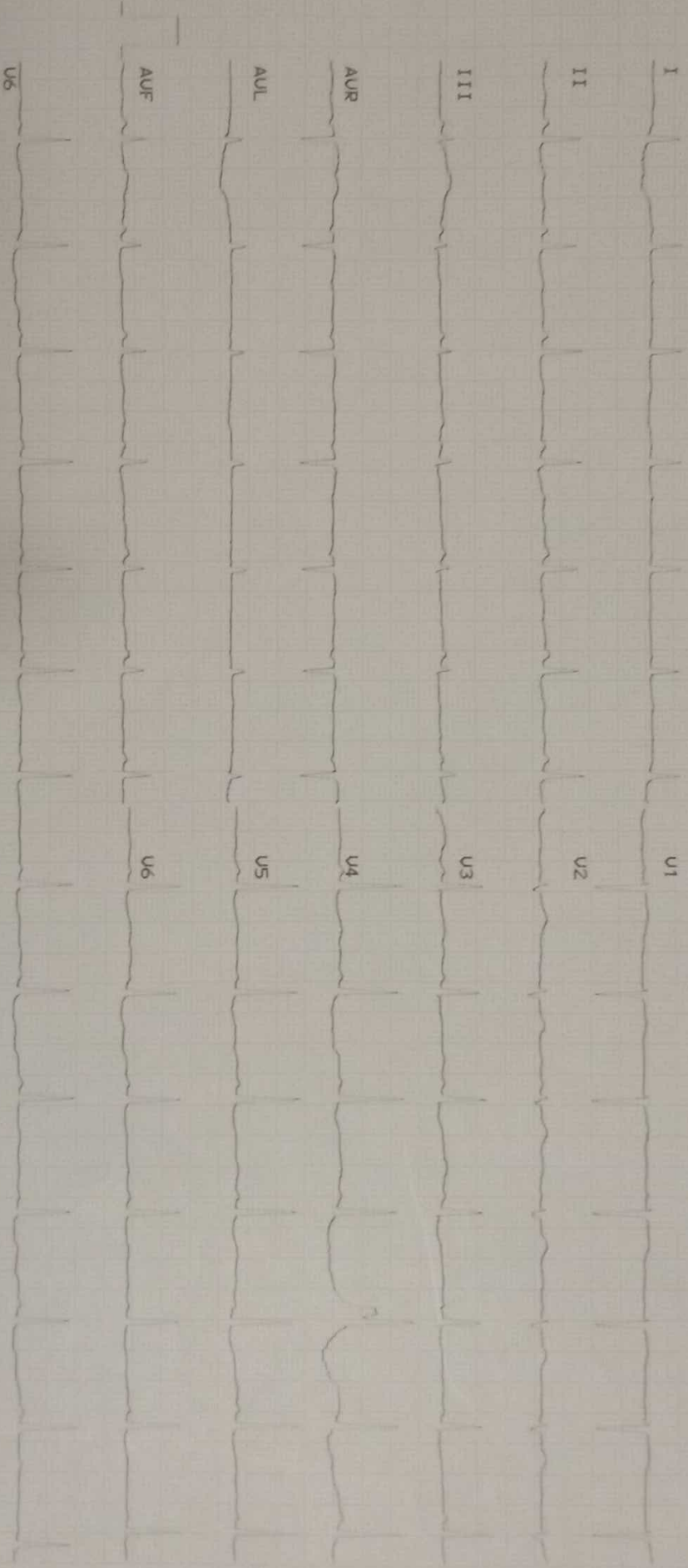
AGE 47
 Measurement Results:
 QRS 72 ms
 QT/QTcB 350 / 414 ms
 PR 116 ms
 P 86 ms
 RR/PP 714 / 730 ms
 P/ORS/T 55 / 35 / -100 degrees
 QTd/QTcBD 48 / 57 ms
 Sokolow 1.9 mV
 NK 12



Interpretation: Normal Atrial Ectopy
 short PR interval
 ST-segment depression (anterior)
 T-wave near baseline (lateral)
 negative T-wave (anterior)
 R/S Inversion area between V1 and V2
 borderline ECG

Ischemia, No clinically correlate

Not
 Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: VISHALAKSHI A OP No: 6OP1234434 Gender: Male Age: 47 Date: 21/02/2024

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Medical History

S.No	Eye	Surgery	Duration	Type	Remarks
1	SYSTEMIC	GALLBLADDER CYSTS	3	Year(s)	AYURVEDIC MED

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	33624	Presbyopia - H52.4 - 10	10	
BE	24125	PRESBYOPIA	9	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag				
Target					DVT1	DVT2	DVT3	DVT4
	BD	AD	CL	RE				
RE	15			LE				
LE	14			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	+0.25	+0.50	180	BD	+0.25	+0.75	170
AD				AD			

Drug Used:

GlassPower

	SPH	CYL	AXIS	ADD
RE	+0.75			+1.75
LE	+0.75			+1.75
Glass Type: 2				

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/6 BLR	6/6 ST		DV	6/6 BLR	6/6 ST	
NV	N10	N6		NV	N10	M6	

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	0	+0.50	180	6/6	Dist	0	+0.50	170	6/6
Near	+1.75	+0.50	180	N6	Near	+1.75	+0.50	170	N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	NORMAL

Recommendations

User Name	Recommendations
Dr RICHHA .	BE- CLEAR CORNEA AC VH IV PUPIL RRR LENS CLEAR FUNDUS: BE VCDR 0.3, FR+ ADV- CAN CONTINUE SAME GLASSES R/A 1YR/SOS

This visit was Electronically Signed by Mr JACOB SEENUVASAN on 2/21/2024 3:27:13 PM.

This visit was Electronically Signed by Dr RICHHA . on 2/21/2024 3:44:46 PM.

NETHRADHAMA
 Super Speciality Eye Hospital
 (A Unit of Nethradhama Hospitals)
 No. 111B, Geetha Road, Chamara
 Mysore-570005 Ph : 0821-4260000

FITNESS CERTIFICATE

NAME: Vishalakshi A	AGE: 47
Ht: 145 CMS	Wt: 68 KGS
	SEX: Female

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	82 / mt / /mmHg 110/80
INSPIRATION	38
EXPIRATION	28
CHEST CIRCUMFERENCE	39
PREVIOUS ILLNESS	Nd
VISION	
FAMILY HISTORY	FATHER: DM - HTN MOTHER:

REPORTS:

TMT POSITIVE

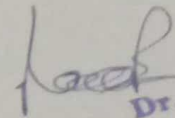
Needs CABG

DATE:

21/02/2029

PLACE:

Mysore



Dr. NIKHIL B.
M.D., D.M.(Cardiologist)
Interpersonal Cardiologist
KMC Reg. No.: 90111

CONSULTANT PHYSICIAN



Name	MRS.VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/FEMALE	Visit Date	21/02/2024
Ref Doctor Name	MediWheel		



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER *multiple calculi are noted within, largest measuring 8.3mm.*

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.8
Left Kidney	9.9	1.6

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 4.8 mms.

Uterus measures as follows: LS: 6.2cms AP: 3.7cms TS: 4.6cms.

OVARIES are normal size, shape and echotexture.

POD & adnexa are free.

No evidence of ascites.

Divarication of recti noted.

IMPRESSION:

➤ **CHOLELITHIASIS.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS

DR. MOHAN B

Name	MRS.VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/FEMALE	Visit Date	21/02/2024
Ref Doctor Name	MediWheel		



X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Bilateral breasts show symmetrical fibroglandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

ASSESSMENT: BI-RADS CATEGORY - 1

1 Negative. Routine mammogram in 1 year recommended.

**DR. ANITHA ADARSH
CONSULTANT RADIOLOGIST**

AA/mm

Name : Mrs. VISHALAKSHI A

PID No. : MED111517834

Register On : 21/02/2024 9:09 AM

SID No. : 712405852

Collection On : 21/02/2024 9:31 AM

Age / Sex : 47 Year(s) / Female

Report On : 21/02/2024 7:13 PM

Type : OP

Printed On : 22/02/2024 9:36 AM

Ref. Dr : MediWheel



Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

Remark: Test to be confirmed by gel method.



VERIFIED BY



APPROVED BY

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Type : OP
Ref. Dr : MediWheel

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Collection On : 21/02/2024 9:31 AM
Report On : 21/02/2024 7:13 PM
Printed On : 22/02/2024 9:36 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.16	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.67	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.06	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	270	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	7.9	fL	8.0 - 13.3
PCT	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 20

VERIFIED BY



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	211	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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

HDL Cholesterol (Serum/Immunoinhibition)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	152.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	170.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



VERIFIED BY



APPROVED BY

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

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
---------------------------------------------------------------	-----	--	--------------------------------------------------------------------------------------------------------------------

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
----------------------------------------------------------------------	-----	--	------------------------------------------------------------------------

LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
-------------------------------------------------	-----	--	-----------------------------------------------------------------



VERIFIED BY



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

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

Estimated Average Glucose 102.54 mg/dl
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyceemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



VERIFIED BY



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil

VERIFIED BY



APPROVED BY

Name : Mrs. VISHALAKSHI A
PID No. : MED111517834
SID No. : 712405852
Age / Sex : 47 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 21/02/2024 9:09 AM
Collection On : 21/02/2024 9:31 AM
Report On : 21/02/2024 7:13 PM
Printed On : 22/02/2024 9:36 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

VERIFIED BY



APPROVED BY

-- End of Report --

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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Pap smear by conventional method.

Specimen No:P-52/24

Adequacy:Satisfactory for Evaluation Transformation zone seen

Predominant cells:Smear studied shows predominantly superficial and intermediate cells. Occasional squamous metaplastic cells seen

Background: Moderate neutrophilic inflammatory infiltrate and normal vaginal flora

Impression: Inflammatory Smear

Negative for Intraepithelial Lesions/Malignancy

Note:-

PAP smear is a screening Tool. A negative test interpretation does not completely rule out malignancy and should be correlated with clinical findings. Positive findings (if any) are indicative but Not confirmatory of epithelial abnormalities and Need to be further evaluated by other diagnostic Methods such as colposcopy, biopsy and Histopathology.



DR KIRAN H S MD

Name	Mrs. VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/F	Visit Date	Feb 21 2024 9:09AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST