

Dr. Vimmi Goel
MBBS, MD (Internal Medicine)
Sr. Consultant Non Invasive Cardiology
Reg. No: MMC-2014/01/0113

Preventive Health Check up
KIMS Kingsway Hospitals
Nagpur
Phone No.: 7499913052

Medihealth KIMS-KINGSWAY
HOSPITALS

Name: Mr. Parkej Nevhal Date: 25/5/24
Age: 40 y Sex: M/F Weight: 78.6 kg Height: 165-0 inc BMI: 28.9
BP: 120/80 mmHg Pulse: 75/m. bpm RBS: _____ mg/dl
SpO2: 98%

- 90/m
- Overweight
- compl. acidity
- Tobacco +
- Alcohol - occasionally
- F/H - Father - Ca stomach
- LDL - 135
- TG - 308
- Gd. I Fatty liver

O/E
JVP°
Cv
Ls
P/A

Adv.
To see Dr. Anmol Samarth.

- T. Tonact TG 10 x - - - 1
(90) A/D
- Diet control
- Exercise
- Weight loss, STOP TOBACCO
- R/A 3 mths E FLP

Dr. Vimmi Goel
MBBS, MD
Sr. Consultant Non Invasive Cardiology

DEPARTMENT OF OPHTHALMOLOGY
OUT PATIENT ASSESSMENT RECORD

PANKAJ NEVHAL 40Y(S) 0M(S) 0D(S)/M MRNP2425006269 9422771984	CONSULT DATE : 25-05-2024 CONSULT ID : OPC2425020944 CONSULT TYPE : VISIT TYPE : NORMAL TRANSACTION TYPE : CASH	DR. ASHISH PRAKASHCHANDRA KAMBLE MBBS,MS, FVRS,FICO CONSULTANT DEPT OPHTHALMOLOGY
--	--	---

VITALS

Temp : Pulse : BP (mmHg) : spO2 : Pain Score : Height :
- °F - /min -- %RA -- /10 - cms

Weight : BMI :
- kgs -

CHIEF COMPLAINTS

ROUTINE EYE CHECKUP

MEDICATION PRESCRIBED

#	Medicine	Route	Dose	Frequency	When	Duration
1	SOFTVISC ULTRA 10ML EYE DROPS	Topical	1-1-1-1	Every Day	NA	60 days
Instructions : BOTH EYES						
Composition : SODIUM HYALURONATE 0.3% W/W+STABILIZED OXYCHLORO COMPLEX 0.01% W/W						

NOTES

GLASS PRESCRIPTION :-
DISTANCE VISION

EYE SPH CYL AXIS VISION

RIGHT EYE 00 00 00 6/6

LEFT EYE 00 -0.25 10 6/6

NEAR ADDITION

RIGHT EYE 00 N6

LEFT EYE 00 N6

REMARK-BLUE CUT GLASSES

A. Kamble

Dr. Ashish Prakashchandra Kamble
MBBS,MS, FVRS,FICO
Consultant

Printed On :25-05-2024 11:59:36

Name: Mr. Pankey Neutral Date: 25/05/24

Age: 40 yrs Sex: M/F Weight: _____ kg Height: _____ Inc BMI: _____

mmHg Pulse: _____ bpm RBS: _____ mg/dl

Routine dental checkup.

h :- Tobacco chewing.

h :- Stains ++

h :- Calculus +

h :- Complete oral prophylaxis.

Dr. Neelima N. →



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL
Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 09:35 am
Report Date : 25-May-24 12:55 pm

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	15.7	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		45.7	40.0 - 50.0 %	Calculated
RBC Count		5.15	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		89	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		30.5	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		34.4	31.5 - 35.0 g/l	Calculated
RDW		14.4	11.5 - 14.0 %	Calculated
Platelet count		296	150 - 450 10 ³ /cumm	Impedance
WBC Count		8200	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils		50.5	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		36.8	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		8.6	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		4.0	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.1	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		4141	2000 - 7000 /cumm	Calculated



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL **Age /Gender** : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269 **Referred By** : Dr. Virrmi Goel MBBS,MD
Received Dt : 25-May-24 09:35 am **Report Date** : 25-May-24 12:55 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		3017.6	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		705.2	20 - 500 /cumm	Calculated
Absolute Monocyte Count		328	200 - 1000 /cumm	Calculated
Absolute Basophil Count		8.2	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR				
RBC		Normochromic Normocytic, Anisocytosis +(Few)		Light microscopy
WBC		As above		
Platelets		Adequate		
E S R		02	0 - 15 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PANKAJ NEVHAL	Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 09:33 am	Report Date : 25-May-24 11:20 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	101	< 100 mg/dl	GOD/POD,Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		5.6	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. PURVA JAISWAL, MBBS,MD,DNB

SPANV MEDICAL CONSULTANT PATHOLOGIST Private Limited

44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India

Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PANKAJ NEVHAL	Age /Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 12:31 pm	Report Date : 25-May-24 01:34 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	88	< 140 mg/dl	GOD/POD, Colorimetric

Interpretation:

Clinical Decision Value as per ADA Guidelines 2021

- Diabetes Mellites If,
- Fasting \geq 126 mg/dl
- Random/2Hrs.OGTT \geq 200 mg/dl
- Impaired Fasting = 100-125 mg/dl
- Impaired Glucose Tolerance = 140-199 mg/dl

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. PANKAJ NEVHAL	Age /Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 09:35 am	Report Date : 25-May-24 12:03 pm

LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	227 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		308 < 150 mg/dl	Enzymatic
HDL Cholesterol Direct		49 > 40 mg/dl	(Lipase/GK/GPO/POD)
LDL Cholesterol Direct		135.84 < 100 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
VLDL Cholesterol		62 < 30 mg/dl	Enzymatic
Tot Chol/HDL Ratio		5 3 - 5	Calculated
			Calculation

<u>Intiate therapeutic</u>	<u>Consider Drug therapy</u>	<u>LDC-C</u>
CHD OR CHD risk equivalent	>100	>130, optional at 100-129
Multiple major risk factors conferring 10 yrs CHD risk >20%		<100
Two or more additional major risk factors, 10 yrs CHD risk <20%	>130	10 yrs risk 10-20 % >130
No additional major risk or one additional major risk factor	>160	10 yrs risk <10% >160
		>190, optional at 160-189
		<160

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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**Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST**



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PANKAJ NEVHAL
Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269
Referred By : Dr. Vimmi Goel MBBS,MD
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Report Date : 25-May-24 12:03 pm

LIVER FUNCTION TEST(LFT)

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.98	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.33	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.65	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric pNPP/AMP buffer
Alkaline Phosphatase		80	38 - 126 U/L	Kinetic with pyridoxal 5 phosphate
SGPT/ALT		30	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		31	15 - 40 U/L	Biuret (Alkaline cupric sulphate)
Serum Total Protein		7.64	6.3 - 8.2 gm/dl	Bromocresol green Dye Binding
Albumin Serum		4.66	3.5 - 5.0 gm/dl	Calculated
Globulin		2.98	2.0 - 4.0 gm/dl	
A/G Ratio		1.6		

*** End Of Report ***

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**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. PANKAJ NEVHAL
Age /Gender : 40 Y(s)/Male
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Report Date : 25-May-24 12:03 pm

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	15	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		1.0	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		97.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		141	136 - 145 mmol/L	Direct ion selective electrode
Potassium		5.17	3.5 - 5.1 mmol/L	Direct ion selective electrode

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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**Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST**



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PANKAJ NEVHAL
Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 09:35 am
Report Date : 25-May-24 12:03 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
THYROID PROFILE				
T3	Serum	1.38	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		0.88	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		1.93	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence
PSA (Total)		0.259	< 4 ng/ml	Enhanced chemiluminenscence

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST

44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India

Phone: +91 0712 67891

CIN: U74999MH2018PTC3035



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL	Age /Gender : 40 Y(s)/Male
Ill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 10:51 am	Report Date : 25-May-24 12:18 pm

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		<u>Method</u>
<u>PHYSICAL EXAMINATION</u>				
Volume	Urine	30 ml		
Colour.		Pale yellow		
Appearance		Clear	Clear	
<u>CHEMICAL EXAMINATION</u>				
Reaction (pH)		6.5	4.6 - 8.0	Indicators
Specific gravity		1.010	1.005 - 1.025	ion concentration
Urine Protein		Negative	Negative	protein error of pH indicator
Sugar		Negative	Negative	GOD/POD
Bilirubin		Negative	Negative	Diazonium
Ketone Bodies		Negative	Negative	Legal's est Principle
Nitrate		Negative	Negative	
Urobilinogen		Normal	Normal	Ehrlich's Reaction
<u>MICROSCOPIC EXAMINATION</u>				
Epithelial Cells		0-1	0 - 4 /hpf	Manual
R.B.C.		Absent	0 - 4 /hpf	
Pus Cells		0-1	0 - 4 /hpf	
Casts		Absent	Absent	



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL	Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 10:51 am	Report Date : 25-May-24 12:18 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Crystals		Absent	
*** End Of Report ***			

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100375

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL	Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 10:52 am	Report Date : 25-May-24 11:27 am

STOOL ROUTINE EXAMINATION

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Normal Ranges</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>				
Colour.	Stool	Yellow		
Consistency		Semi solid	Formed	Manual
Mucus		Absent	Absent	Manual
Blood (Gross)		Absent		Manual
<u>CHEMICAL EXAMINATION</u>				
Reaction. (pH)		Alkaline	Variable	Manual
Parasite/ part		Absent	Absent	Manual
<u>MICROSCOPIC EXAMINATION</u>				
Leucocytes (Pus cells)		Absent		Microscopy
Erythrocytes (RBC)		Absent	0 - 3 /hpf	Manual
Epithelial Cells		Absent	0 - 4 /hpf	Manual
Fat globules		Absent	Absent	Light microscopy
Vegatable fiber		Absent	Absent	Light microscopy
Cysts		Absent	Absent	Microscopy
Ova		Absent	Absent	Microscopy



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PANKAJ NEVHAL	Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 10:52 am	Report Date : 25-May-24 11:27 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Normal Ranges</u>	<u>Method</u>
NOTE		Interpretation : The presence of intestinal protozoa (trophozoites or cysts) or helminth eggs can be observed directly with a light microscope, and it indicates parasite infection of intestinal tract. Presence of leukocytes in stool is suggestive of Infection &/or Inflammation. Presence of RBCs in stool is suggestive of bleeding in lower Intestinal tract. *** End Of Report ***		

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100222

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. PANKAJ NEVHAL	Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425015018/MRNP2425006269	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 25-May-24 09:35 am	Report Date : 25-May-24 12:53 pm

BLOOD GROUPING AND RH

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" O "

Gel Card Method

Rh (D) Typing. " Negative "(-Ve)

Note

Advised: Du Test to rule out 'weak Rh D positive' status of Blood Group.
*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	PANKAJ NEVHAL	STUDY DATE	25-05-2024 10:14:24
AGE/ SEX	40Y1D / M	HOSPITAL NO.	MRNP2425006269
ACCESSION NO.	BIL2425015018-17	MODALITY	DX
REPORTED ON	25-05-2024 10:41	REFERRED BY	Dr. Vimmi Goel

X-RAY CHEST PA VIEW

Both the lung fields are clear.

Heart and Aorta are normal.

Both hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

IMPRESSION -

No pleuro-parenchymal abnormality seen.



DR R.R KHANDELWAL

SENIOR CONSULTANT

MD, RADIODIAGNOSIS [MMC-55870]

PATIENT NAME:	PANKAJ NEVHAL	AGE /SEX:	40 YRS/MALE
MR NO:	2425006269	BILL NO:	BIL2425015018
REF BY	DR VIMMI GOEL	DATE:	25-MAY-2024

USG WHOLE ABDOMEN

LIVER normal in size measures about 15.0 cm but shows raised in echotexture. No focal lesion seen. Intrahepatic billiary radicals are not dilated. PORTAL VEIN and CBD are normal in course and caliber.

gall BLADDER is physiologically distended. No stones or sludge seen within it. Gall wall thickness is within normal limits.

Visualized head and body of PANCREAS is normal in shape, size and echotexture.

GALLBLADDER is normal in size shape and echotexture. No focal lesion seen.

BOTH KIDNEYS are normal in size, shape and echotexture. No evidence of calculus or hydronephrosis seen.

URETERS are not dilated.

URINARY BLADDER is partially distended. No calculus or mass lesion seen.

PROSTATE is normal in size, shape and echotexture.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION –

- Grade I fatty liver.
- No other significant visceral abnormality seen.

Suggest clinical correlation.



DR. ANIKET KUSRAM
MBBS, MD, DNB
CONSULTANT RADIOLOGIST

EXERCISE STRESS TEST REPORT

Patient Name: Mr. Pankaj . Nevhal
 Patient ID: 006269
 Height:
 Weight:
 Study Date: 25.05.2024
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

DOB: 01.04.1984
 Age: 40yrs
 Gender: Male
 Race: Indian
 Referring Physician: Mediwheel HCU
 Attending Physician: Dr. Vimmi Goel
 Technician: --

Medications:**Medical History:**

NIL

Reason for Exercise Test:

Screening for CAD

Exercise Test Summary:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
REST	SUPINE	00:05					
	STANDING	00:02	0.00	0.00	79	120/80	
	WARM-UP	00:06	0.70	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	0.00	77		
	STAGE 2	03:00	2.50	10.00	106		
	STAGE 3	03:00	3.40	12.00	123	130/80	
RECOVERY	STAGE 4	00:27	4.20	14.00	144	130/80	
		01:00	0.00	16.00	160		
		02:00	0.00	0.00	129		
		00:44	0.00	0.00	104	140/80	

The patient exercised according to the BRUCE for 9:26 min:s, achieving a work level of Max. METS: 11.5. The resting heart rate of 78 bpm rose to a maximal heart rate of 160 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation:

Summary: Resting ECG: Minor ST-T changes seen.

Functional Capacity: normal.

RR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ECG Changes: none.

Overall impression: Normal stress test.

Conclusions:

ECG is negative for inducible ischemia.

ECG shows baseline Minor ST-T changes seen.


Dr. VIMMI GOEL
 MBBS, MD
 Sr. Consultant-Non Invasive Cardiology
 Reg No. 2014/01/0113

Mr. Pankaj Neval
Patient ID: 006269
25.05.2024
12:09:58pm

104 bpm

RECOVERY
#2
03:00

BRUCE
0.0 mph
0.0%

ST @ 10mm/mV
60 ms post J

Lead
ST Level (mm)
ST Slope (mV/s)

*I
-0.10
0.14

*aVR
0.15
-0.33

*V1
0.35
0.04

*V4
-0.25
0.01

*II
-0.25
0.00

*aVL
0.05
-0.01

*V2
0.35
0.30

*V5
-0.30
-0.22

*III
-0.20
-0.17

*aVF
-0.20
-0.04

*V3
-0.05
0.20

*V6
-0.15
-0.23

