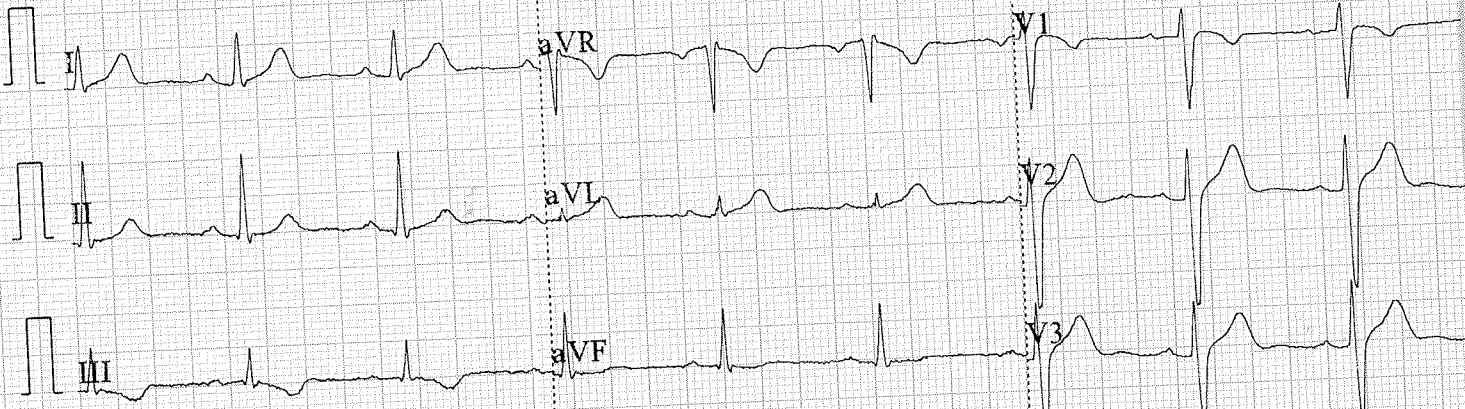
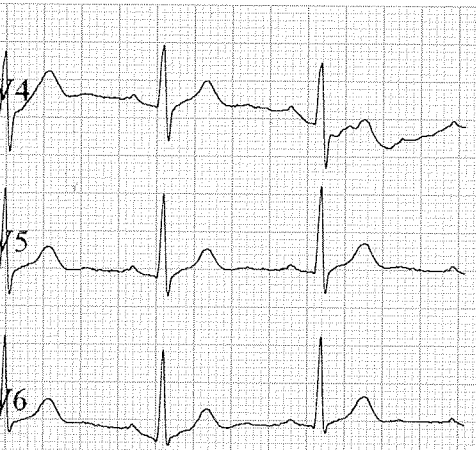


ID: 6924 11-02-2023 10:51:21 AM



0.67~35Hz AC50 25mm/s 10mm/mV ♥69 V1.0 SEMIP V1.7 DDRC\_SRL\_KADAPPAKADA



ID: 6924

Diagnosis Information:

Male / mmHg  
31Years /  
cm kg

Soumesh

3/m.

11/02/23.

HR : 69 bpm  
P : 115 ms  
PR : 181 ms  
QRS : 86 ms  
QT/QTc : 377/404 ms  
P/QRS/T : 37/49/8 °  
RV5/SV1 : 1.110/0.924 mV

Report Confirmed by:



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. <i>Soumesh Saw</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<i>14.11.1991</i> Gender: <i>F/M</i>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

**PHYSICAL DETAILS:**

a. Height ..... <i>167</i> ..... (cms)	b. Weight ..... <i>76</i> ..... (Kgs)	c. Girth of Abdomen ..... <i>95</i> ... (cms)
d. Pulse Rate ..... <i>71</i> ..... (Min)	e. Blood Pressure:	Systolic <i>110</i> Diastolic <i>70</i>
	1 <sup>st</sup> Reading	<i>110</i> <i>70</i>
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>Death</i>	<i>Cardiac arrest</i>	
Mother	<i>58</i>	<i>Bp patient</i>	
Brother(s)	<i>32</i>	<i>No Issue</i>	
Sister(s)	<i>33</i>	<i>No Issue</i>	

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

Tobacco in any form	Sedative	Alcohol
<i>NO</i>	<i>NO</i>	<i>NO</i>

**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. <span style="float: right;">Y/N</span> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <span style="float: right;">Y/N</span> |
| b. Have you undergone/been advised any surgical procedure? <span style="float: right;">Y/N</span>   | d. Have you lost or gained weight in past 12 months? <span style="float: right;">Y/N</span>   |

**Have you ever suffered from any of the following?**

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

**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.

**RADIOLOGY DIVISION**

<i>Name : Mr. Soumesh Sasi</i>	<i>Age : 31 yrs</i>	<i>Sex: M</i>	
<i>Ref. from. Mediwheel Arcofemi</i>			<i>Date : 11.02.2023</i>

**USG OF ABDOMEN**

**LIVER:** Is normal in size ( 13.9 cms) . *Echotexture is increased uniformly through out of liver, suggestive of fatty changes.* No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

**GALL BLADDER:** Is distended. Normal in wall thickness. No calculus or mass.

**PANCREAS:** Visualized head & body appear normal. *Rest obscured by bowel gas.*

**SPLEEN:** Is normal in size ( 9.6 cms) and echotexture.

**RIGHT KIDNEY:** Measures 10.9 x 4.5 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. Extra renal pelvis noted. No calculus, hydronephrosis or mass.

**LEFT KIDNEY:** Measures 10.0 x 4.0 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

**URINARY BLADDER:** Is minimally distended. Normal in wall thickness. No evidence of calculus or mass.

**PROSTATE:** Is normal in size ( Volume - 16.9 cc). Parenchymal echoes appear normal.

No ascites present. No retroperitoneal lymphadenopathy present.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

**IMPRESSION:**

❖ *Grade I fatty infiltration of liver.*

- Suggested follow up & clinical correlation.
- Images overleaf.



**Dr. AISALUTH THULASEEDHARAN**  
**MBBS, DMRD**

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

# Abdomen Report

Patient ID : 11\_02\_2023\_10\_45\_58

Sex : M

Age :

Patient Name : SOUMESH SASI

Study Date : 11/02/2023

Referring MD :

Performing MD :

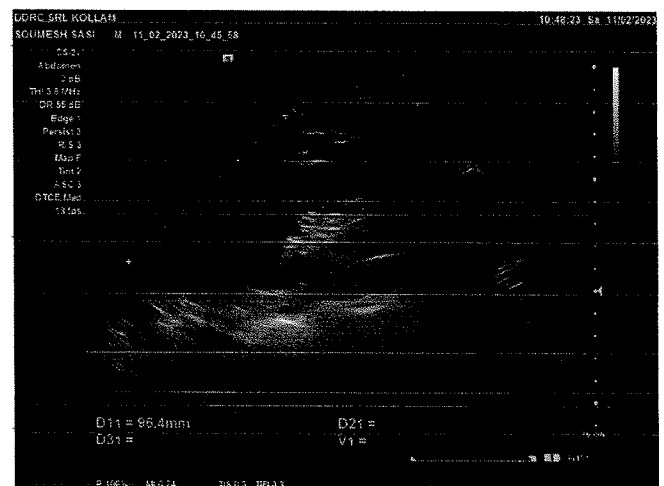
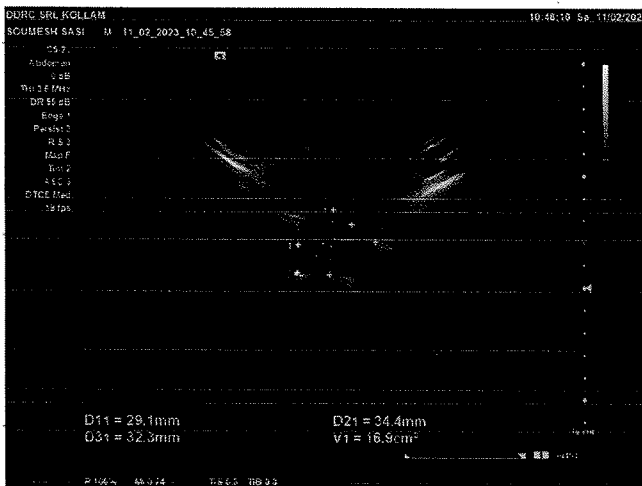
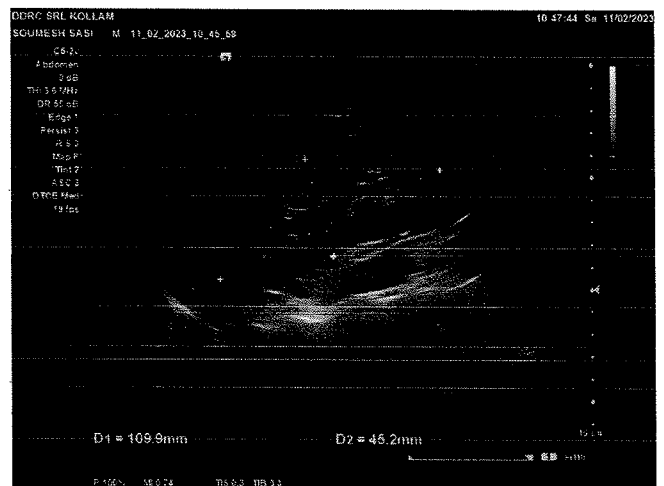
Sonographer :

Indication :

Exam Type : Abdomen

Height :

Weight :



Signature \_\_\_\_\_



Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

DDRC SRL DIAGNOSTICS  
Phoenix Tower, Near Central Park Hotel,  
Prathibha Junction, Kadappakada,  
KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**OPHAL**

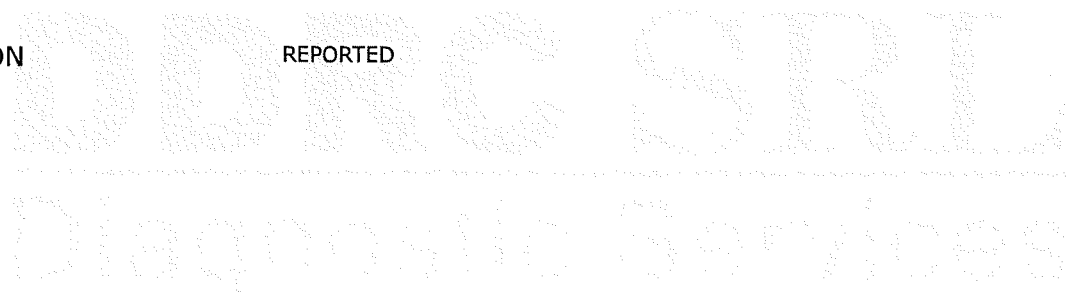
OPHAL REPORTED

**TREADMILL TEST**

TREADMILL TEST REPORTED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION REPORTED



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CIN : U85190MH2006PTC161480

(Refer to " CONDITIONS OF REPORTING " Overleaf)



Scan to view Report



Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
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Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**BUN/CREAT RATIO**

BUN/CREAT RATIO 9.0

**CREATININE, SERUM**

CREATININE 1.11

18 - 60 yrs : 0.9 - 1.3 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 103

Diabetes Mellitus : > or = 200. mg/dL  
Impaired Glucose tolerance/  
Prediabetes : 140 - 199.  
Hypoglycemia : < 55.

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA 92

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

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.5

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%.

< 116.0 mg/dL

MEAN PLASMA GLUCOSE 111.2

**LIPID PROFILE, SERUM**

CHOLESTEROL 140

Desirable : < 200 mg/dL

Borderline : 200-239

High : >or= 240

TRIGLYCERIDES 82

Normal : < 150 mg/dL

High : 150-199

Hypertriglyceridemia : 200-499

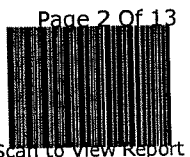
Very High : > 499

HDL CHOLESTEROL 47

General range : 40-60 mg/dL



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Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
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SOUTH DELHI 110030  
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Prathibha Junction, Kadappakada,  
KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
DIRECT LDL CHOLESTEROL		88	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		93	mg/dL
		Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN		16.4	mg/dL
		Desirable value : 10 - 35	
CHOL/HDL RATIO		3.0	Low
		3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		1.9	Low
		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	







Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

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KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : **SOUMESH SASI** PATIENT ID : **SOUMM171191407**  
ACCESSION NO : **4071WB002624** AGE : 31 Years SEX : Male ABHA NO :  
DRAWN : RECEIVED : 11/02/2023 09:41 REPORTED : 13/02/2023 11:47  
REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
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**Interpretation(s)**

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3) HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5) Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

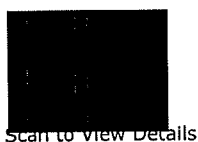
Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

**Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India**

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
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Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
 CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
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 KOLLAM, 691008  
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 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status **Preliminary** Results Units

	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

\*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.91	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.27	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	<b>0.64</b>	<b>High</b> 0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.1	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48	Adults : < 45	U/L
ALKALINE PHOSPHATASE	99	Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	39	Adult (Male) : < 60	U/L
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN	7.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
<b>URIC ACID, SERUM</b>			
URIC ACID	6.2	Adults : 3.4-7	mg/dL
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP	TYPE B		





Patient Ref. No. 666000003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS:

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
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SOUTH DELHI 110030  
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Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
RH TYPE		POSITIVE	
<b>BLOOD COUNTS, EDTA WHOLE BLOOD</b>			
HEMOGLOBIN		16.1	g/dL
RED BLOOD CELL COUNT		5.61	mil/ $\mu$ L
WHITE BLOOD CELL COUNT		9.25	thou/ $\mu$ L
PLATELET COUNT		286	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT		48.7	%
MEAN CORPUSCULAR VOL		87.0	fL
MEAN CORPUSCULAR HGB.		28.7	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.0	g/dL
RED CELL DISTRIBUTION WIDTH		13.7	%
MENTZER INDEX		15.5	
MEAN PLATELET VOLUME		9.9	fL
<b>WBC DIFFERENTIAL COUNT</b>			
SEGMENTED NEUTROPHILS		69	%
LYMPHOCYTES		23	%
MONOCYTES		02	%
EOSINOPHILS		06	%
BASOPHILS		00	%
ABSOLUTE NEUTROPHIL COUNT		6.38	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		2.13	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		0.18	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.56	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT		00	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		3.0	
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD</b>			
SEDIMENTATION RATE (ESR)		24	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
<b>THYROID PANEL, SERUM</b>			





Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: THYROID CARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
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Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

T3	93.11	Adult : 80-200	ng/dL
T4	7.09	Adults : 4.5-12.1	µg/dl
TSH 3RD GENERATION	3.050	21-50 yrs : 0.4 - 4.2	µIU/mL

**Interpretation(s)**

**Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.  
**NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.**TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

**PHYSICAL EXAMINATION, URINE**

COLOR

PALE YELLOW



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Patient Ref. No. 666000003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

DDRC SRL DIAGNOSTICS  
Phoenix Tower, Near Central Park Hotel,  
Prathibha Junction, Kadappakada,  
KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
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APPEARANCE	CLEAR		
<b>CHEMICAL EXAMINATION, URINE</b>			
PH	6.0	4.8 - 7.4	
SPECIFIC GRAVITY	1.015	1.015 - 1.030	
PROTEIN	<b>DETECTED (TRACE)</b>	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	<b>DETECTED (TRACE)</b>	NOT DETECTED	
BLOOD	<b>DETECTED (TRACE) IN URINE</b>	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
<b>MICROSCOPIC EXAMINATION, URINE</b>			
RED BLOOD CELLS	<b>1 - 2</b>	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	





Patient Ref. No. 666000003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

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KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : **SOUMESH SASI** PATIENT ID : **SOUMM171191407**

ACCESSION NO : **4071WB002624** AGE : 31 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 11/02/2023 09:41 REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY CLIENT PATIENT ID : PKG10000227

Test Report Status **Preliminary** Results Units

**Interpretation(s)**

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	10	Adult(<60 yrs) : 6 to 20	mg/dL
<b>SUGAR URINE - FASTING</b>			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	
<b>PHYSICAL EXAMINATION,STOOL</b>	RESULT PENDING		
<b>CHEMICAL EXAMINATION,STOOL</b>	RESULT PENDING		
<b>MICROSCOPIC EXAMINATION,STOOL</b>	RESULT PENDING		



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Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS : MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
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Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	<u>Preliminary</u>	Results	Units
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Patient Ref. No. 66600003360635

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REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status **Preliminary** Results Units

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

- Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT)**: This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL**: In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.



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Patient Ref. No. 66600003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: HEALTHCARE LIMITED

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F701A, LADO SARAI, NEW DELHI,  
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Email : customercare.ddrc@srl.in

PATIENT NAME : SOUMESH SASI

PATIENT ID : SOUMM171191407

ACCESSION NO : 4071WB002624 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:41

REPORTED : 13/02/2023 11:47

REFERRING DOCTOR : DR. BANK OF BARODA- KARUNAGAPALLY

CLIENT PATIENT ID : PKG10000227

Test Report Status	Preliminary	Results	Units
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- Rota Virus Immunoassay: This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.



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Patient Ref. No. 666000003360635

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS:

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Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**ECG WITH REPORT**

**REPORT**

REPORTED

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

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

DR. AMJAD A, M.D Pathology  
(Reg No - TCMC 38949)  
CONSULTANT PATHOLOGIST

JIBI J  
LAB TECHNOLOGIST

LAVANYA  
LAB TECHNOLOGIST

DEVAYANI SATHEESAN  
LAB TECHNOLOGIST



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From,

Soumesh Sasi

Madathil Puthan Veedu

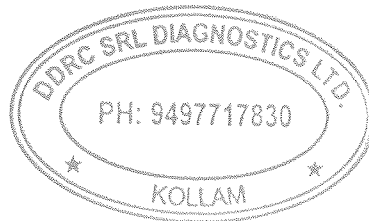
To,

Mediwheel

I didn't wish to do Stool Examination.

Yours faithfully





Medical Record No.: 03-127559 Patient Name: MR. SOUNESH Age: 31 Years Sex: Male  
 Report Date: 2023-02-11 Optometrist: Muralika M Start Time: 2023-02-11 13:08  
 PG: Dr. Start Time: 2023-02-11 13:45 Consultant: Dr. ANJU SURESH Start Time: 2023-02-11 13:45

**Purpose of Visit:** Regular checkup--

Past Ocular History

**Eye Disease**    **Duration**    **Unit**    **Past Surgery**    **Surgery Date**    **Previous Medication**    **Past Investigation**    **Other Trmt**  
 OU. Nil

Past Medical History

**Description**    **Duration**    **Unit**    **Past Surgery**    **Surgery Date**    **Previous Medication**    **Past Investigation**    **Prev Hospitalization**  
 Nil    Nil    Nil    Nil    Nil    Nil    Nil    No

Family History

**Disease**    **Relation**    **Age**    **Duration**    **Unit**    **Treatment**    **Status**  
 Nil - Nil    Nil    Nil    Nil    Nil    Nil    No

Allergy History

**Allergy Type**    **Allergen**    **Allergy Reaction**  
 Not aware of.    Not Aware Of.

History entered by Optometrist was reviewed and Authorized by Dr. ANJU SURESH

Visual Acuity/Refraction

PGP	Without Glass		With Glass		Contact Lens	Near Vision Chart	With PH
	OD	OS	OD	OS			
	6/6 (0.00)	6/6 (0.00)	N6	N6	--	N Chart	--
	TYPE OF CHART						
	<u>REMARKS:</u>						

Lash and Conjunctiva

	<b>OD</b>		<b>OS</b>
Lids	Normal		Normal
Conjunctiva	Normal		Normal

Cornea/ Anterior Chamber

	<b>OD</b>		<b>OS</b>
Cornea	Normal		Normal
AC	Normal		Normal
Sclera	Normal		Normal

Iris/Lens

	<b>OD</b>		<b>OS</b>
Iris	Normal		Normal
Lens	Normal		Normal

Fundus

	<b>OD</b>		<b>OS</b>
Vitroues	Normal		Normal
Disc	Normal		Normal
Macula	Normal		Normal
Retinal Vessels	Normal		Normal

Fundus Cont..

	<b>OD</b>		<b>OS</b>
Retina	Normal		Normal
Choroid	Normal		Normal

Diagnosis

<b>EYE</b>	<b>DESCRIPTION</b>	<b>Diagnosis</b>
	GENERAL EXAMINATION - V70.9a	

Examined by Consultant : Dr. ANJIT SURESH Time : 11-02-2023 13:46:46



NAME: SOUMESH SASI	AGE/ SEX : 31/M	11.02.2023
--------------------	-----------------	------------

## ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM : NSR <sup>69</sup>...../minute.

**Impression**

: T minession in leads III, aVF.  
 Cardiology consultation advised.

DR. ANJALI NAIR. V. MBBS, MD  
 Reg. No: 46952  
 CONSULTANT MICROBIOLOGIST

**DR ANJALI NAIR V**

**MBBS,MD**

**CONSULTANT MICROBIOLOGIST**

**DDRC SRL DIAGNOSTICS**





NAME	AGE/ SEX	DATE
SOUMESH SASI	31/M	11.02.2023

**CHEST X-RAY WITH REPORT****CHEST X-RAY : NORMAL****Impression : Within normal limits**

DR. ANJALI NAIR. V. MBBS, MD  
Reg. No: 46952  
CONSULTANT MICROBIOLOGIST

**DR ANJALI NAIR V****MBBS,MD****CONSULTANT MICROBIOLOGIST****DDRC SRL DIAGNOSTICS PVT LTD**

• 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.

*Fit*

**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 :

*[Signature]*

**DR. ANJALI NAIR. V. MBBS, MD**  
Reg. No: 46952  
**CONSULTANT MICROBIOLOGIST**

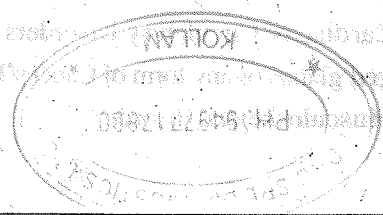
Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

*DDRC SRL PUT KTD Kadappa kkal*

Date & Time :

*13/02/23*



**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.



### DDRC Hospital

**SOURMESH SASI (31 M)**

ID: 2144

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s **HR: 71 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 110/70

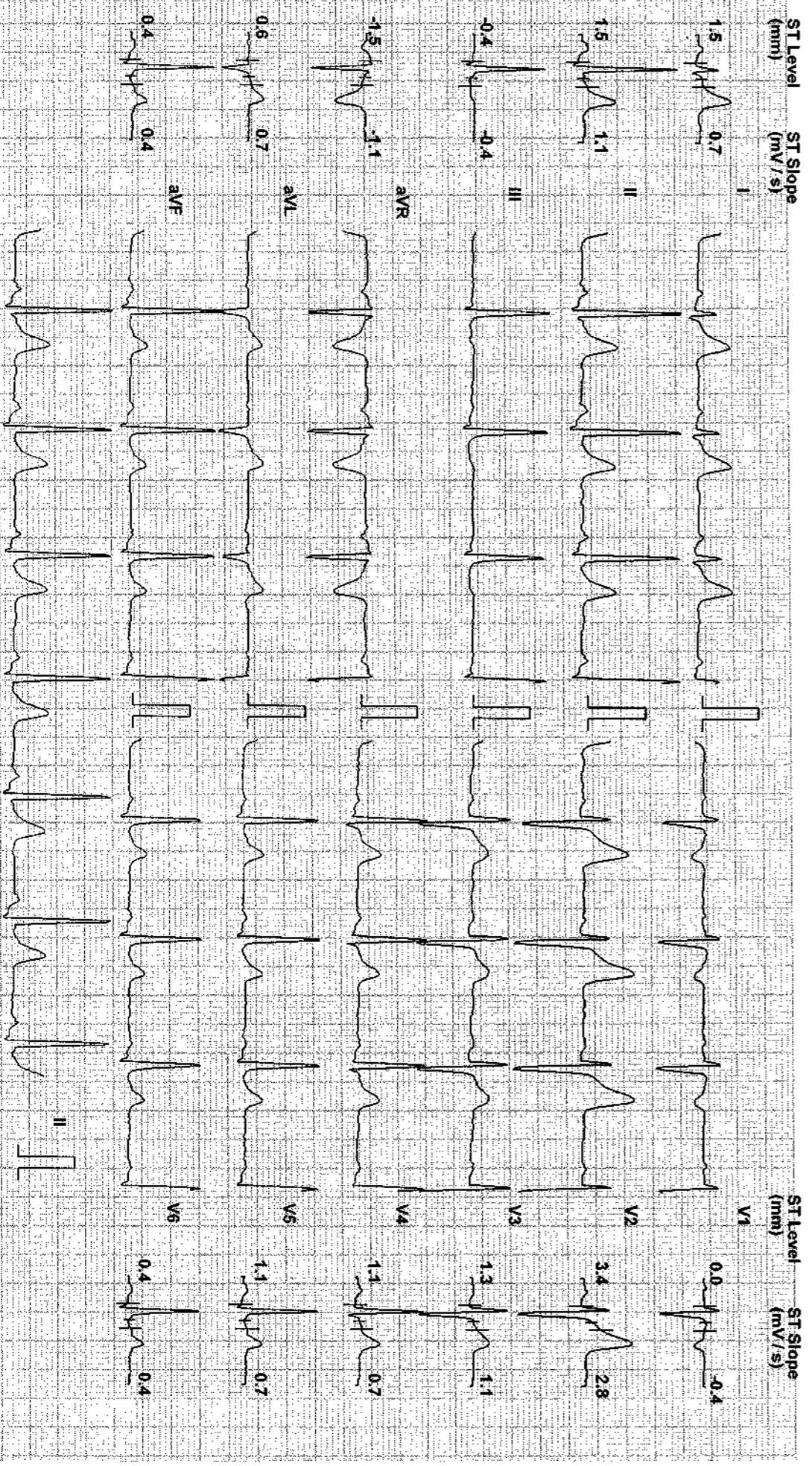


Chart Speed: 25 mm/sec  
Schiller Spacelan V 4.7

Filter: 35 Hz

Main: FIT ON

Amp: 10 mm

SR = R: 80 ms

J = R: 80 ms

Post J = J: 80 ms

SOMESH SASI (31 M)

ID: 2144

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 69 bpm

DDRRC Hospital

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 110 / 70

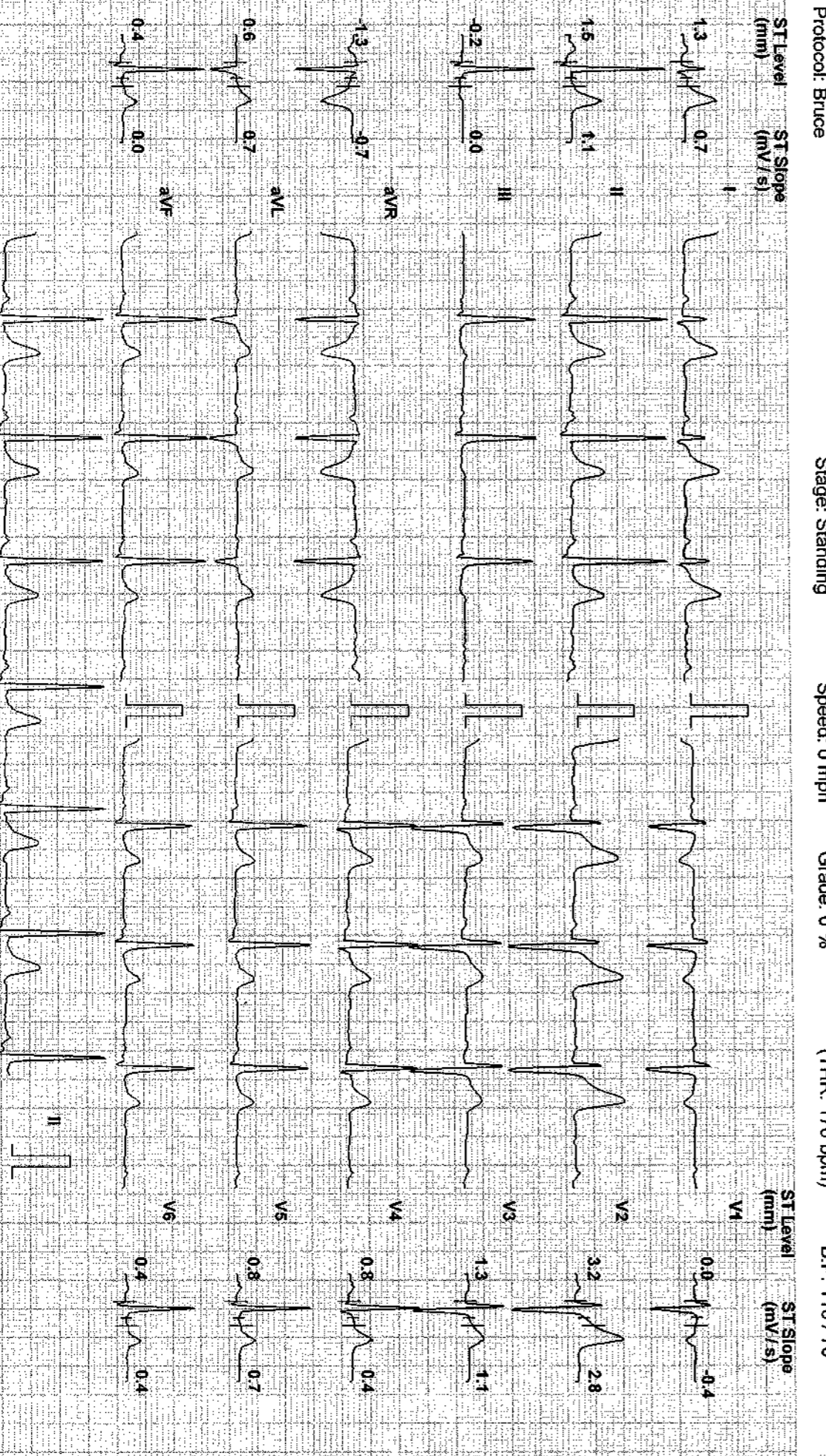


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main: Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

V = R \* 50 ms

Post J = J \* 60 ms

Schiller Spanden V 4.7



### DDRC Hospital

**SOURMESH SASI (31 M)**

ID: 2144

Date: 11-Feb-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

**HR: 105 bpm**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 170 bpm)

B.P: 110 / 70

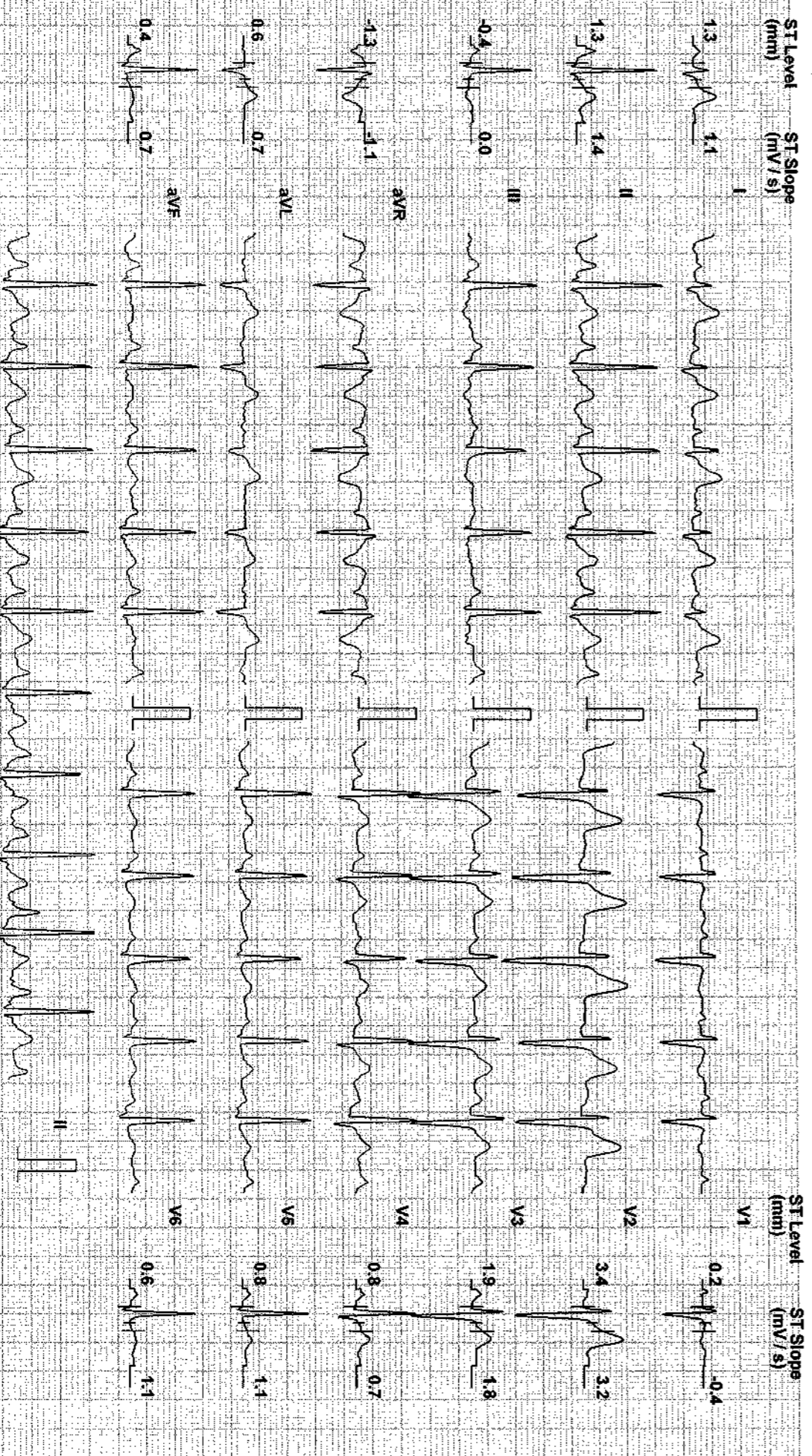


Chart Speed: 25 mm/sec  
Schiller Standard V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 Hz ± R: 60 ms

L: R ± 60 ms

Post V = J + 60 ms

DDRC Hospital

SOURMESH SASI (31 M)

ID: 2144

Date: 11-Feb-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 134 bpm

Protocol: Bruce

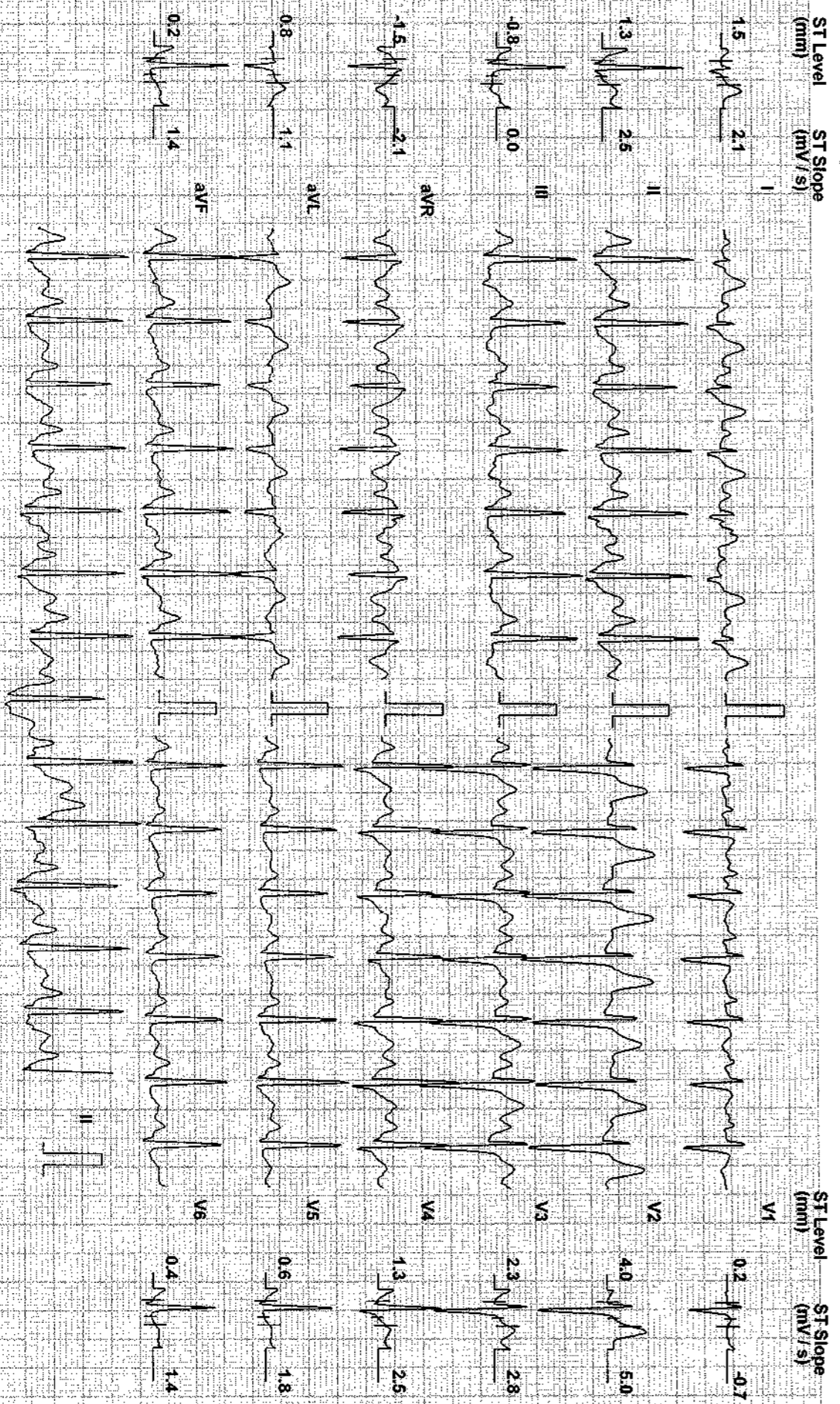
Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 170 bpm)

B.P: 110 / 70



DDRC Hospital

SOUmesh SASI (31 M)

ID: 2144

Date: 11-Feb-23

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 147 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

B.P: 130 / 70

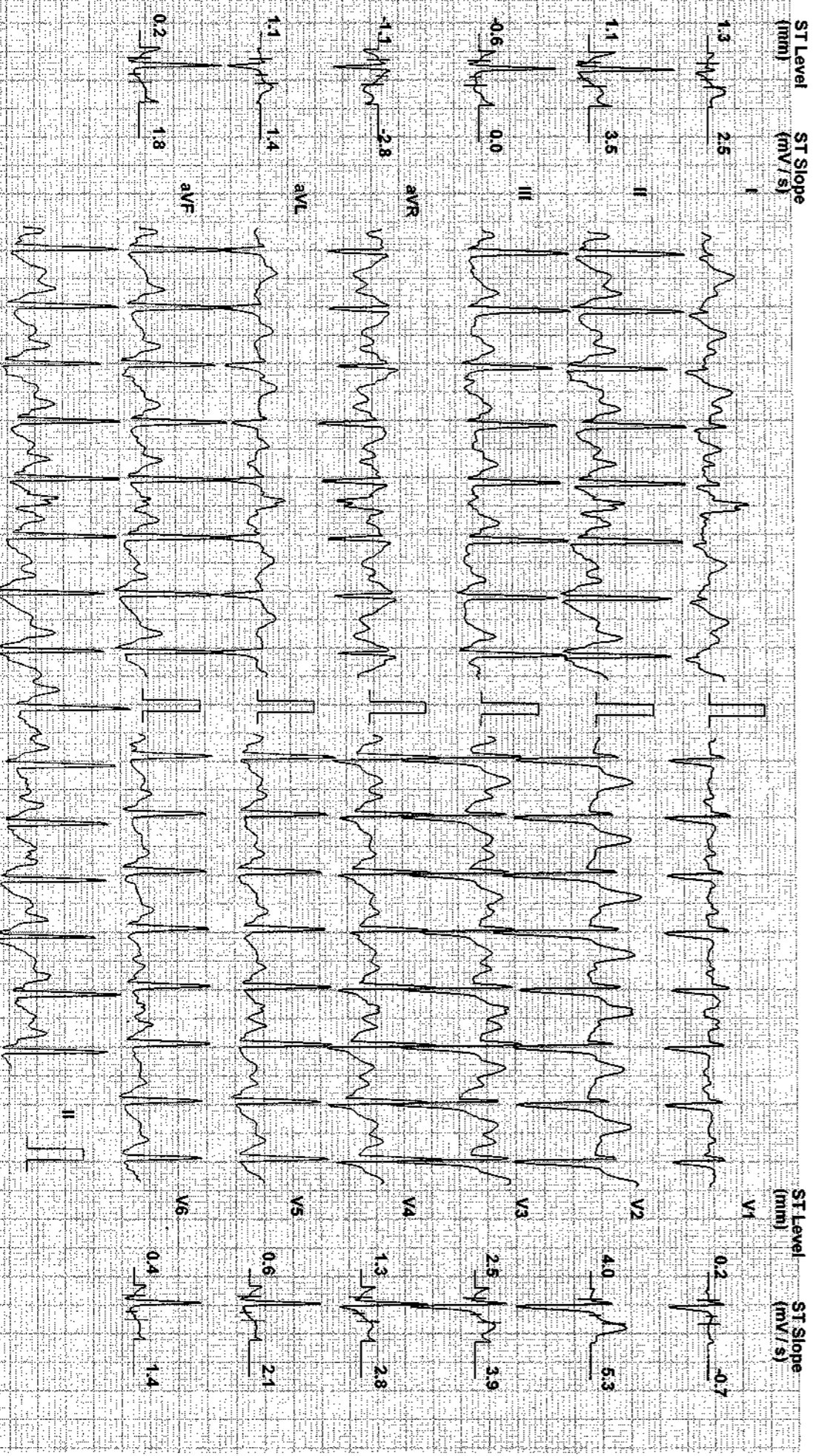


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

sq = 2 - 80 ms

J = R + 80 ms

Past J = J + 60 ms

Schiller Standard V477

DDRC Hospital

Protocol: Bruce

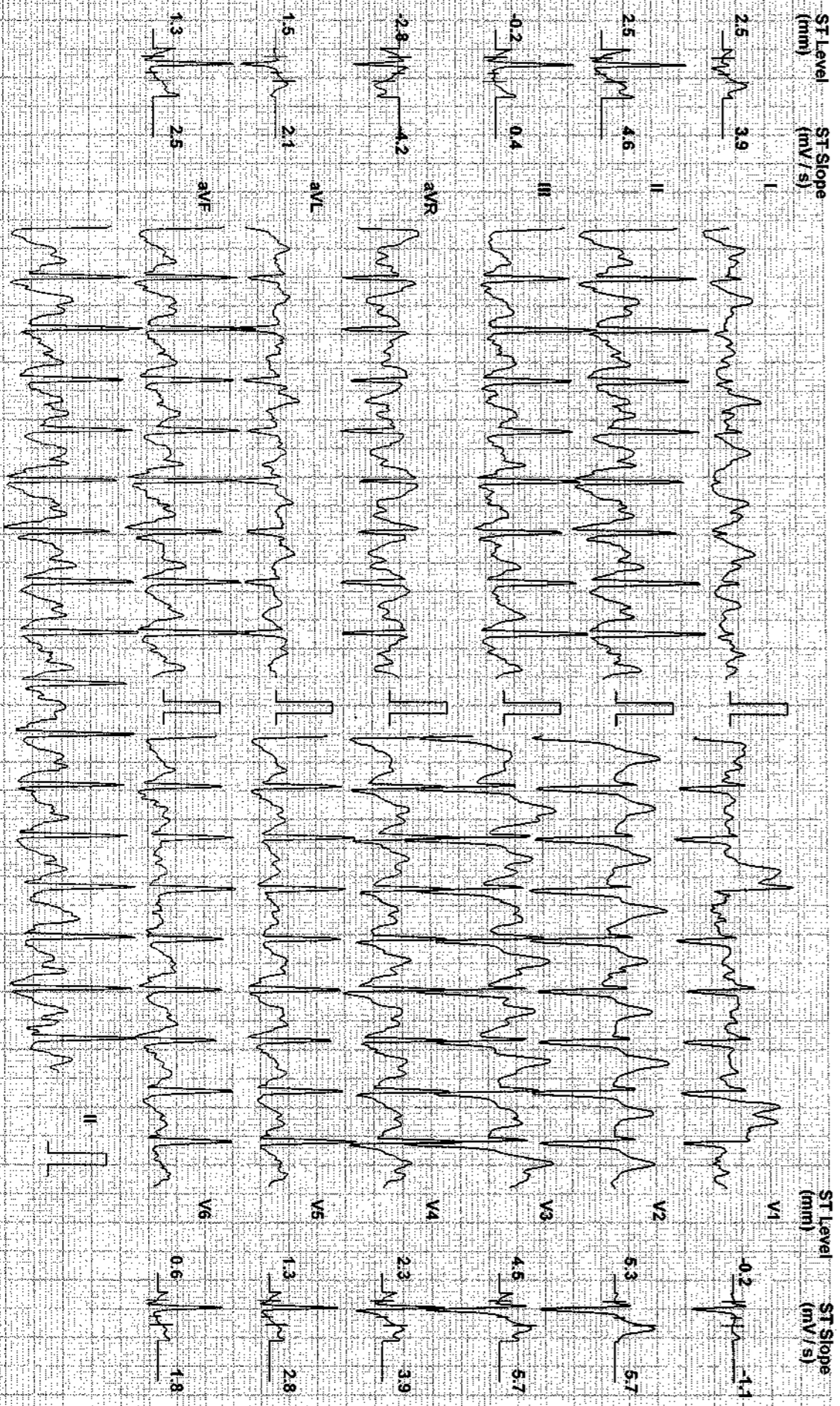
Stage: 4

Date: 11-Feb-23    Exec Time : 12 m 0 s    Stage Time : 3 m 0 s    HR: 166 bpm  
Speed: 4.2 mph    Grade: 16 %    (THR: 170 bpm)    B.P: 150 / 70

SOURMESH SASI (31 M)

ID: 2144

ST Level (mm)    ST Slope (mV/s)



DDRRC Hospital

SOURMESH SASI (31 M)

ID: 2144

Date: 11-Feb-23

Exec Time : 12 m 24 s Stage Time : 0 m 24 s HR: 174 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 5 mph

Grade: 18 %

(THR: 170 bpm)

B.P: 150 / 70

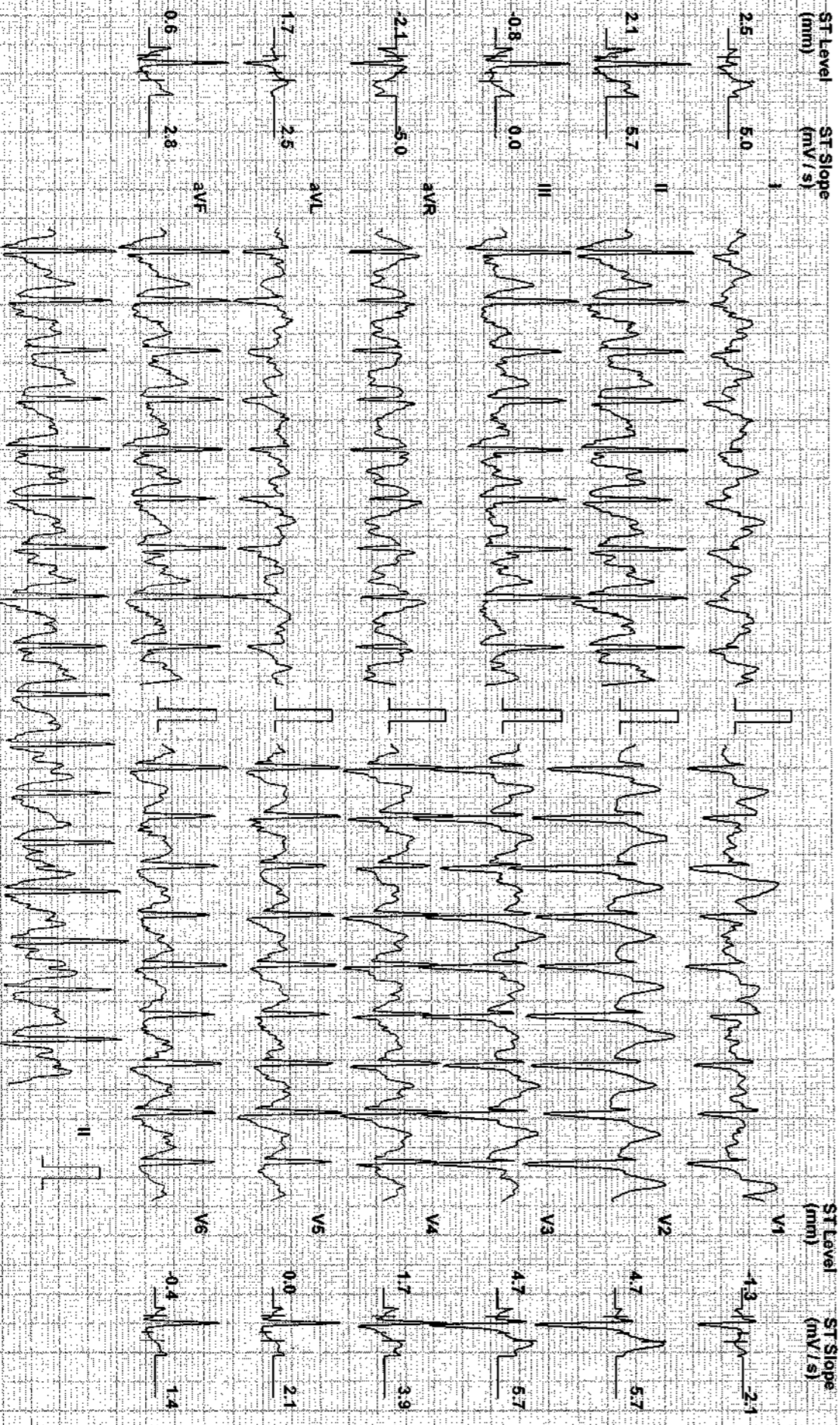


Chart Speed: 25 mm/sec  
Schiller Standard V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



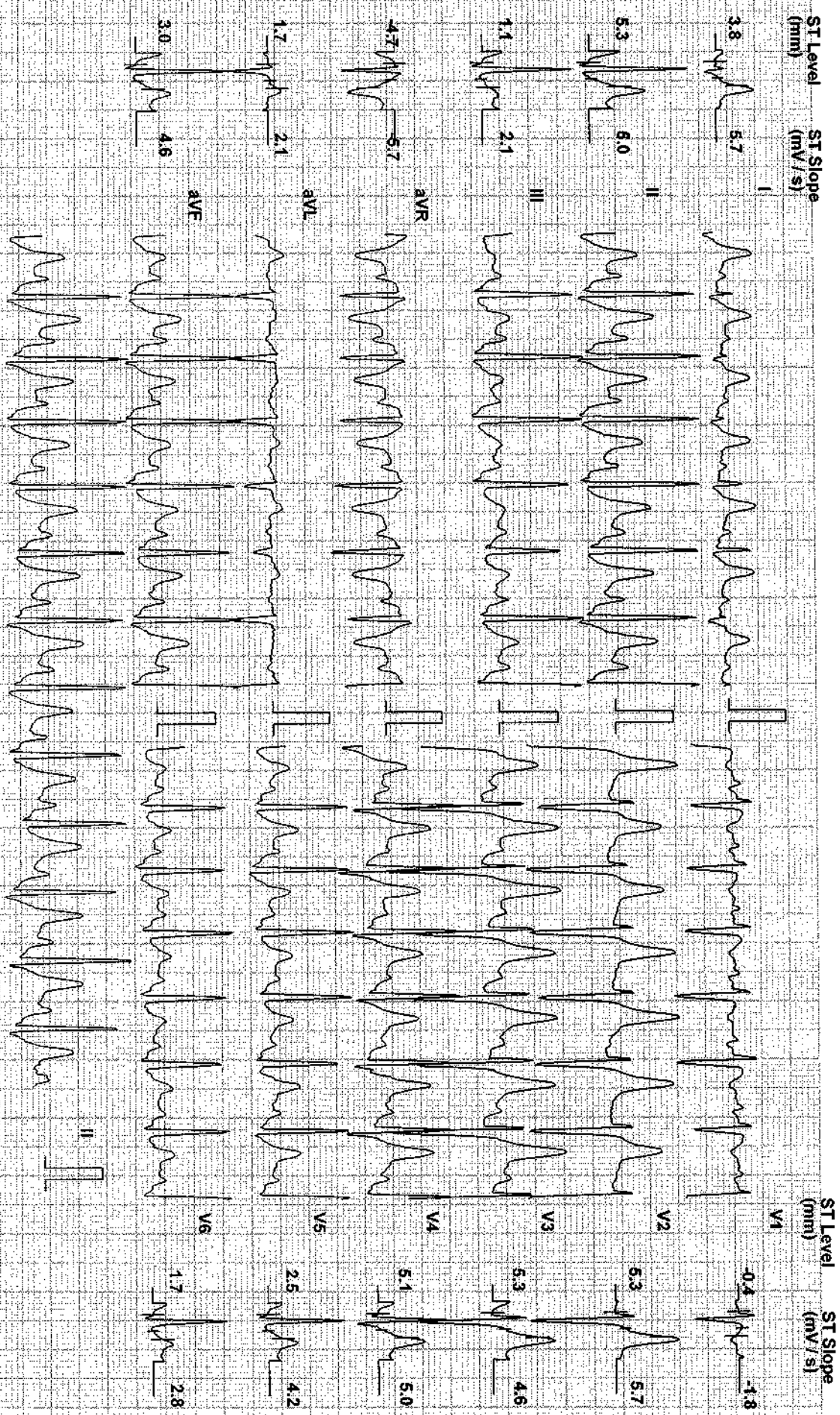


Chart Speed 25 mm/sec  
 Schiller Spandau V47

Filter 35 Hz

Mains Effic ON

Amp: 10mm

ISO - R - 60 ms

J - R + 50 ms

Post J - R + 60 ms

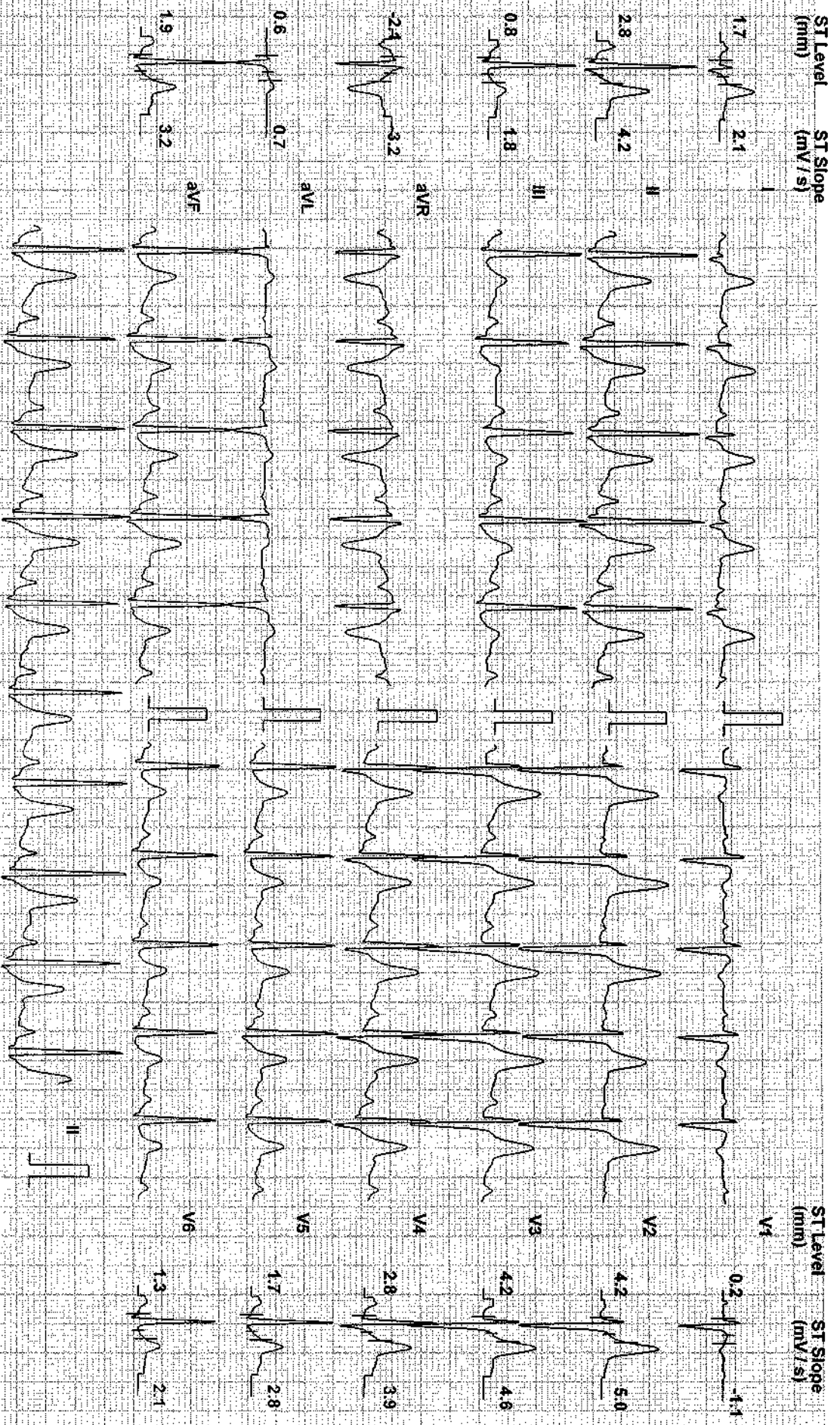


Chart Speed: 25 mm/sec  
Schiller Standard V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60ms J = R + 60ms Post J = J + 60ms

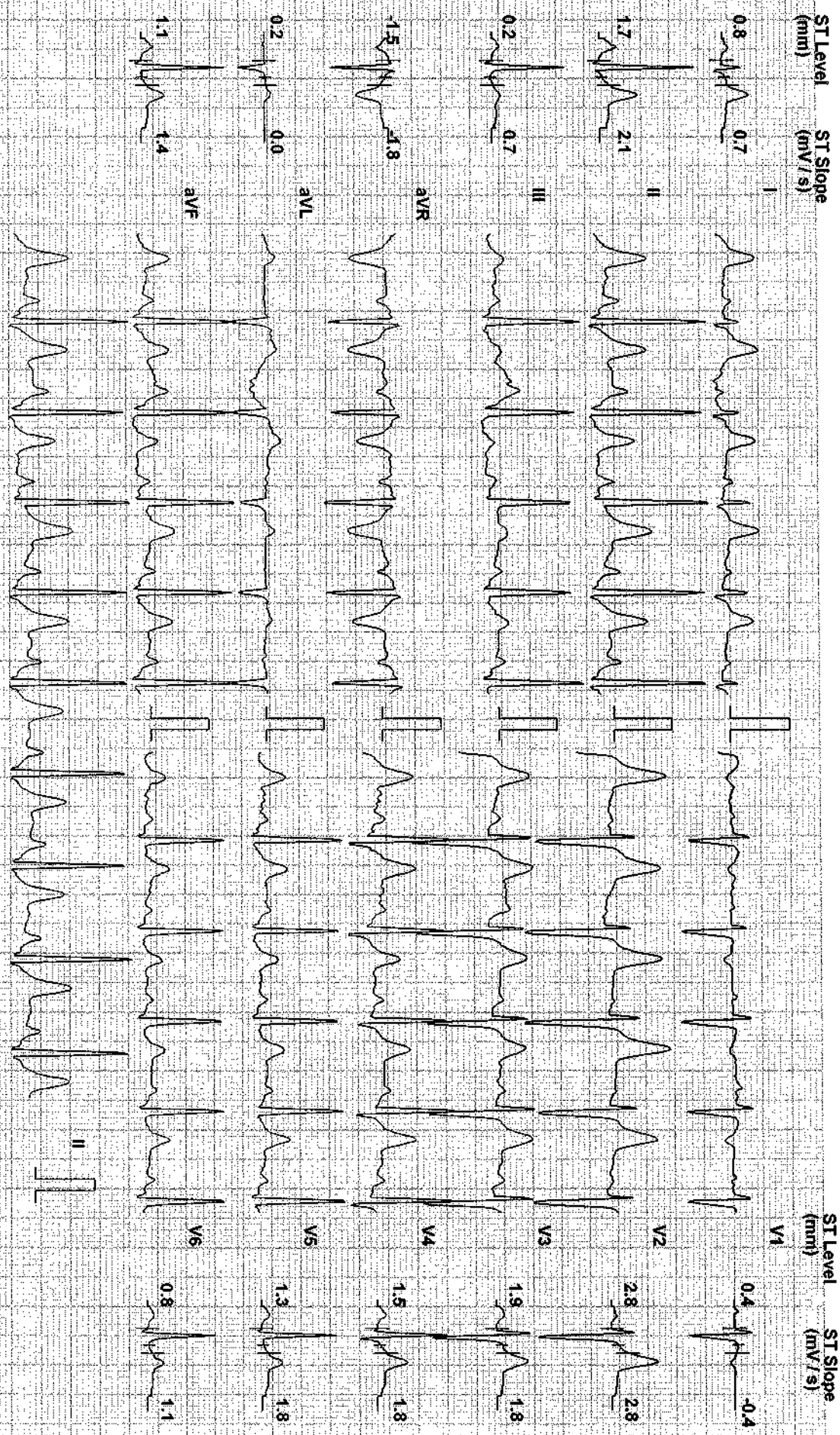


Chart Speed: 25 mm/sec  
Schiller Spentan V 47

Filter: 35 Hz

Main: Fil: ON

Ampl: 10 mm

ISO = R: 60ms

J = R: 60ms

Post J = J: 60ms

# DDRRC Hospital

SOURMESH SASI (31 M)

ID: 2144

Date: 11-Feb-23

Exec Time : 12 m 24 s Stage Time : 1 m 0 s

HR: 93 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 150 / 70

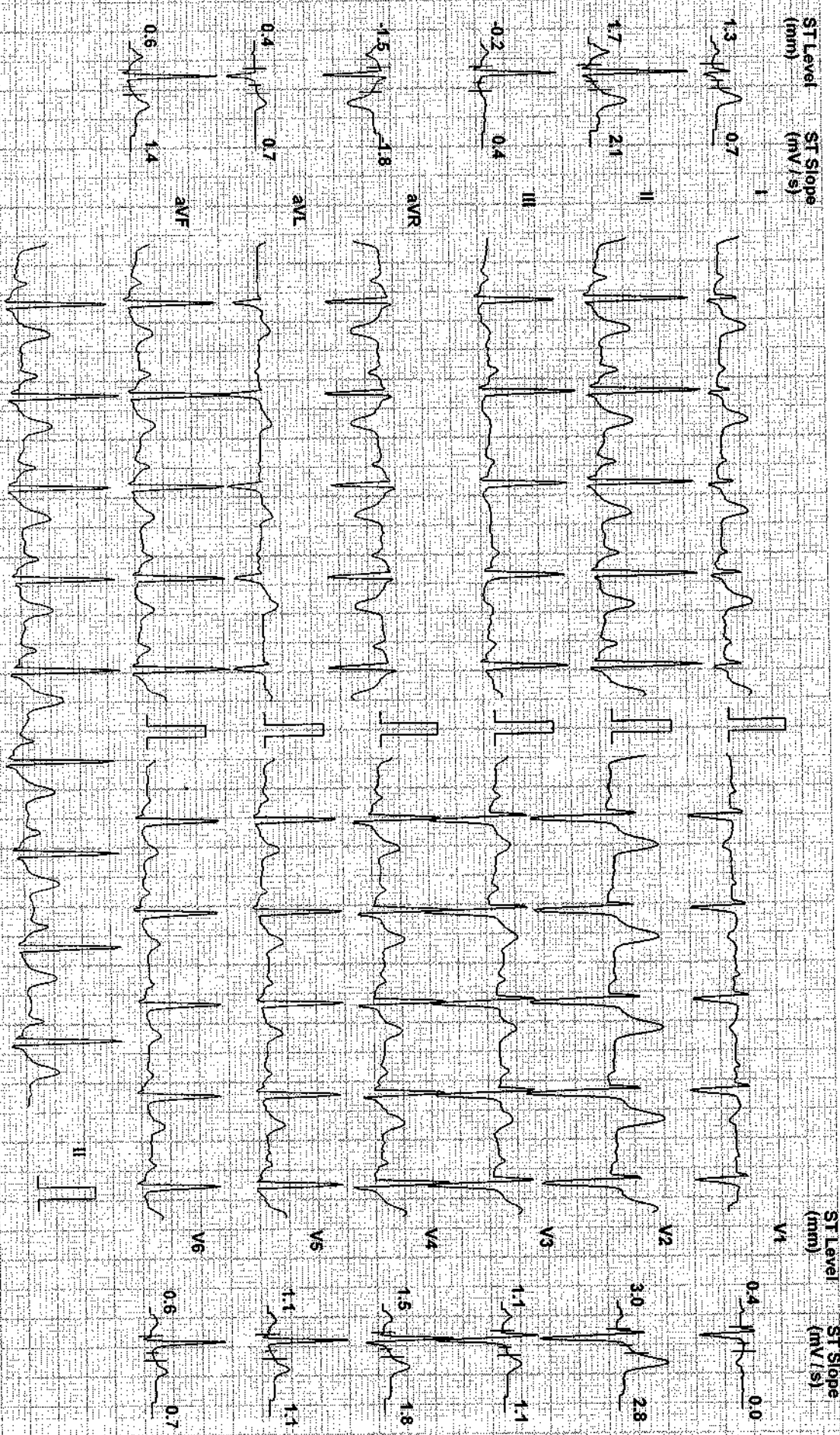


Chart Speed 25 mm/sec

Filter: 35 Hz

Main: Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = P + 60 ms

POST J = J + 60 ms

Schiller Standard V4.7

# DDRC Hospital

## Patient Details

Name: **SOUMESH SASI** ID: **2144**  
 Date: **11-Feb-23**  
 Age: **31 y** Sex: **M**  
 Clinical History: **ROUTINE CHECK UP**

Time: **2:24:32 PM**

Height: **167 cms**

Weight: **76 Kgs**

Medications: **NO MEDICATION TAKEN**

## Test Details

Protocol: **Bruce**  
 Total Exec. Time: **12 m 24 s**  
 Max. BP: **150 / 70 mmHg**  
 Test Termination Criteria: **TARGET HR ATTAINED**

Pr-MHR: **189 bpm**  
 Max. HR: **171 (90% of Pr-MHR) bpm**  
 Max. BP x HR: **25650 mmHg/min**  
 THR: **170 (90 % of Pr-MHR) bpm**  
 Max. Mets: **14.90**  
 Min. BP x HR: **4760 mmHg/min**

## 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	0:26	1.0	0	0	71	110 / 70	-1.49 aVR	2.83 V2
Standing	0:8	1.0	0	0	69	110 / 70	-1.49 aVR	2.83 V2
Hyperventilation	0:6	1.0	0	0	68	110 / 70	-1.27 aVR	2.83 V2
1	3:0	4.6	1.7	10	105	110 / 70	-1.70 aVR	3.54 V2
2	3:0	7.0	2.5	12	134	110 / 70	-1.70 aVR	4.95 V2
3	3:0	10.2	3.4	14	147	130 / 70	-2.12 aVR	5.66 V2
4	3:0	13.5	4.2	16	166	150 / 70	-2.76 aVR	5.66 V2
Peak Ex	0:24	14.9	5	18	171	150 / 70	-2.76 aVR	5.66 V2
Recovery(1)	1:0	1.8	1	0	139	150 / 70	-4.67 aVR	5.66 V2
Recovery(2)	1:0	1.0	0	0	104	150 / 70	-4.67 aVR	5.66 V2
Recovery(3)	1:0	1.0	0	0	91	150 / 70	-2.12 aVR	4.95 V2
Recovery(4)	1:0	1.0	0	0	93	150 / 70	-1.70 aVR	2.83 V2
Recovery(5)	0:18	1.0	0	0	90	150 / 70	-1.49 aVR	2.83 V2



ru0  
CHEST-PA

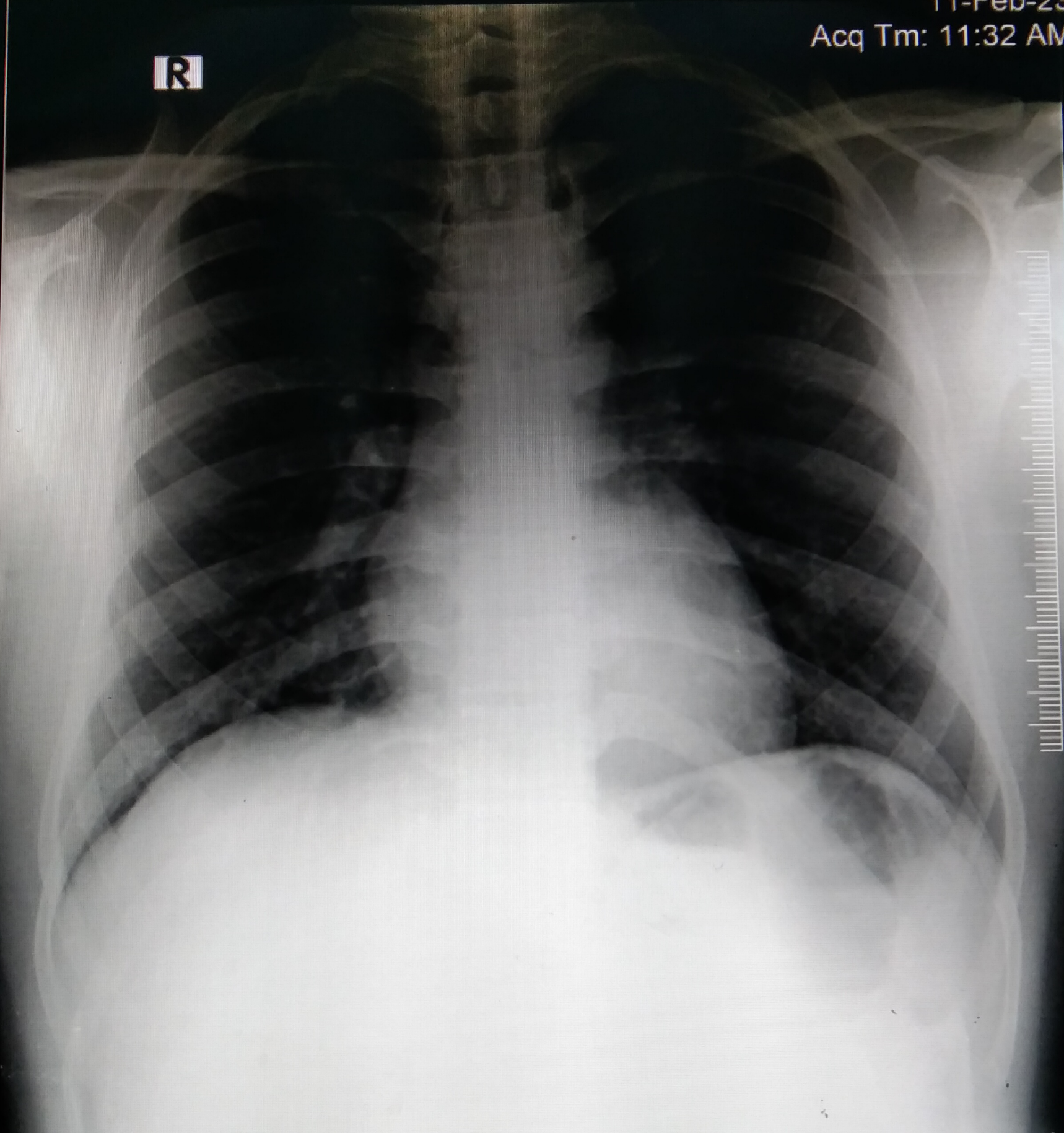
DDRC SRL DIAGNOSTIC (P) LTD, KADAPPAKADA, KOLLAM

SOUMESH SASI 31 YRS

11-Feb-23

Acq Tm: 11:32 AM

**R**



3718 X 3477

W: 906 L: 530

SOUMESH SASI 31 YRS

M CHEST-PA 11-Feb-23 11:30 AM