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. SHINTO K.A	
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):	
3. Age/Date of Birth	:	04/04/1978 ; 44 Yrs	Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)	

PHYSICAL DETAILS:

a. Height 168 (cms) b. Weight 95 (Kgs) c. Girth of Abdomen 103 (cms)

d. Pulse Rate 70 (/Min) e. Blood Pressure: Systolic 130 Diastolic 90

	Systolic	Diastolic
1st Reading		
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father		NS	
Mother			
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. DM Y/N

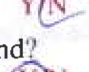
b. Have you undergone/been advised any surgical procedure? Y/N

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? OHA Y/N



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

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY NA

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

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

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

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

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

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine'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;

Medical consult

- 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 :

Seal of Medical Examiner : Dr. GEORGE THOMAS MD, FCSI, FIAE MEDICAL EXAMINER Reg : 86614

Name & Seal of DDRC SRL Branch : DDRC SRL DIAGNOSTICS PVT. LTD. KADAVIL BUILDINGS PANAMPILLY NAGAR KOCHI-36

Date & Time : 27/09/2022

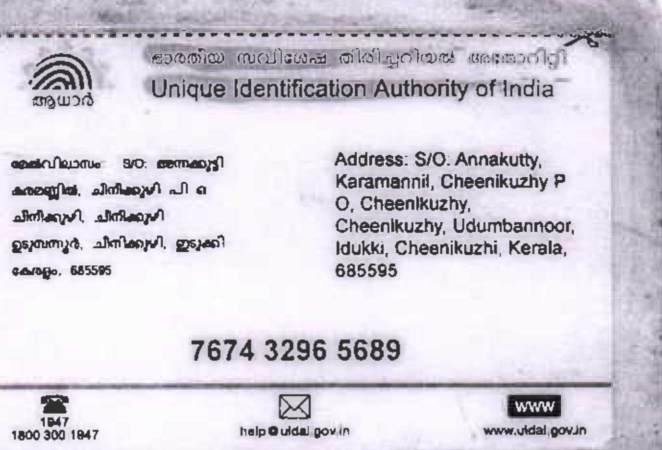
ഭാരത സർക്കാർ
Government of India

കെ എ ഷിന്റോ
K A Shinto

ജനന വർഷം / Year of Birth: 1978
പുരുഷൻ / Male

7674 3296 5689

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



ആധാർ

ഭാരതീയ സവിശേഷ തിരിച്ചറിയൽ അതോറിറ്റി
Unique Identification Authority of India

മേൽവിലാസം: S/O: അന്നക്കുട്ടി, കരമണ്ണിൽ, ചീനിക്കുഴി പി ഒ, ചീനിക്കുഴി, ചീനിക്കുഴി, ഉടുമ്പന്നൂർ, ചീനിക്കുഴി, ഇടുക്കി, കേരളം, 685595

Address: S/O: Annakutty, Karamannil, Cheenikuzhy P O, Cheenikuzhy, Cheenikuzhy, Udumbannoor, Idukki, Cheenikuzhi, Kerala, 685595

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1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Patient Ref. No. 666000001660436

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

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PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

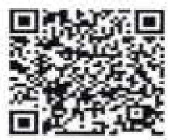
PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results		Biological Reference Interval	Units
MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT				
SERUM BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN	10		6 - 20	mg/dL
METHOD : UREASE - UV				
BUN/CREAT RATIO				
BUN/CREAT RATIO	12.9			
CREATININE, SERUM				
CREATININE	**0.77**	**Low**	0.9 - 1.3	mg/dL
METHOD : JAFFE KINETIC METHOD				
GLUCOSE, POST-PRANDIAL, PLASMA				
GLUCOSE, POST-PRANDIAL, PLASMA	118		Diabetes Mellitus : > or = 200 mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	mg/dL
METHOD : HEXOKINASE				
GLUCOSE, FASTING, PLASMA				
GLUCOSE, FASTING, PLASMA	116		Diabetes Mellitus : > or = 126 mg/dL. Impaired fasting Glucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL.	mg/dL
METHOD : HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD				
GLYCOSYLATED HEMOGLOBIN (HBA1C)	**6.8**	**High**	Normal : 4.0 - 5.6 %. Non-diabetic level : < 5.7%. 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	148.5			mg/dL
CORONARY RISK PROFILE (LIPID PROFILE), SERUM				
CHOLESTEROL	176		Desirable cholesterol level < 200 Borderline high cholesterol 200 - 239 High cholesterol > / = 240	mg/dL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CIN : U85190MH2006PTC161480
(Refer to "CONDITIONS OF REPORTING" overleaf)

Patient Ref. No. 666000001660436

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
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Email : customercare.ddrc@srl.in

PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results			Units
TRIGLYCERIDES	121		Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High: > 499	mg/dL
HDL CHOLESTEROL METHOD : DIRECT ENZYME CLEARANCE	**33**	**Low**	40 - 60	mg/dL
DIRECT LDL CHOLESTEROL	**106**	**High**	Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190	mg/dL
NON HDL CHOLESTEROL	**143**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	**5.3**	**High**	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	**3.2**	**High**	0.5 - 3.0 Desirable/ Low Risk 3.1-6.0 Borderline /Moderate Risk > 6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	24.2		Desirable value : 10 - 35	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.26		< 1.1	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZO METHOD	0.12		< 0.31	mg/dL
BILIRUBIN, INDIRECT	0.14		0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.5		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.6		3.5 - 5.2	g/dL
GLOBULIN	2.9		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20		< 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : IFCC WITHOUT PDP	23		< 45	
ALKALINE PHOSPHATASE METHOD : IFCC	90		40 -130	U/L

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Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

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PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

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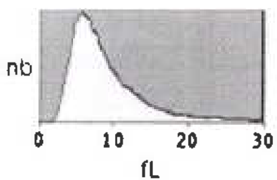
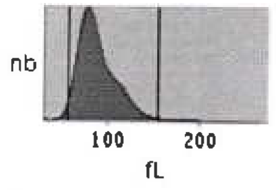
REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results			Units
GAMMA GLUTAMYL TRANSFERASE (GGT)	23		< 60	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.5		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
METHOD : BIURET				
URIC ACID, SERUM				
URIC ACID	5.9		3.4 - 7.0	mg/dL
METHOD : SPECTROPHOTOMETRY				
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	O			
METHOD : GEL CARD METHOD				
RH TYPE	POSITIVE			
BLOOD COUNTS				
HEMOGLOBIN	15.0		13.0 - 17.0	g/dL
METHOD : NON CYANMETHEMOGLOBIN				
RED BLOOD CELL COUNT	4.98		4.5 - 5.5	mil/μL
METHOD : IMPEDANCE				
WHITE BLOOD CELL COUNT	**10.26**	**High**	4.0 - 10.0	thou/μL
METHOD : IMPEDANCE				
PLATELET COUNT	235		150 - 410	thou/μL
METHOD : IMPEDANCE				





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(Refer to "CONDITIONS OF REPORTING" overleaf)

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Cert. No. MC-2354

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PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results			Units
RBC AND PLATELET INDICES				
HEMATOCRIT	45.1		40 - 50	%
METHOD : CALCULATED				
MEAN CORPUSCULAR VOL	90.5		83 - 101	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE				
MEAN CORPUSCULAR HGB.	30.1		27.0 - 32.0	pg
METHOD : CALCULATED				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.3		31.5 - 34.5	g/dL
METHOD : CALCULATED				
RED CELL DISTRIBUTION WIDTH	**14.5**	**High**	11.6 - 14.0	%
METHOD : DERIVED FROM IMPEDANCE MEASURE				
MEAN PLATELET VOLUME	9.0		6.8 - 10.9	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE				
WBC DIFFERENTIAL COUNT - NLR				
SEGMENTED NEUTROPHILS	63		40 - 80	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT	6.46		2.0 - 7.0	thou/µL
METHOD : CALCULATED				
LYMPHOCYTES	28		20 - 40	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE LYMPHOCYTE COUNT	2.87		1 - 3	thou/µL
METHOD : CALCULATED				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.1			
EOSINOPHILS	3		1 - 6	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE EOSINOPHIL COUNT	0.31		0.02 - 0.50	thou/µL
METHOD : CALCULATED				
MONOCYTES	6		2 - 10	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE MONOCYTE COUNT	0.62		0.20 - 1.00	thou/µL
METHOD : CALCULATED				
BASOPHILS	0		0 - 2	%
METHOD : IMPEDANCE				
ABSOLUTE BASOPHIL COUNT	0		0.00 - 0.10	thou/µL

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DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Patient Ref. No. 666000001660436

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
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PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results		Units

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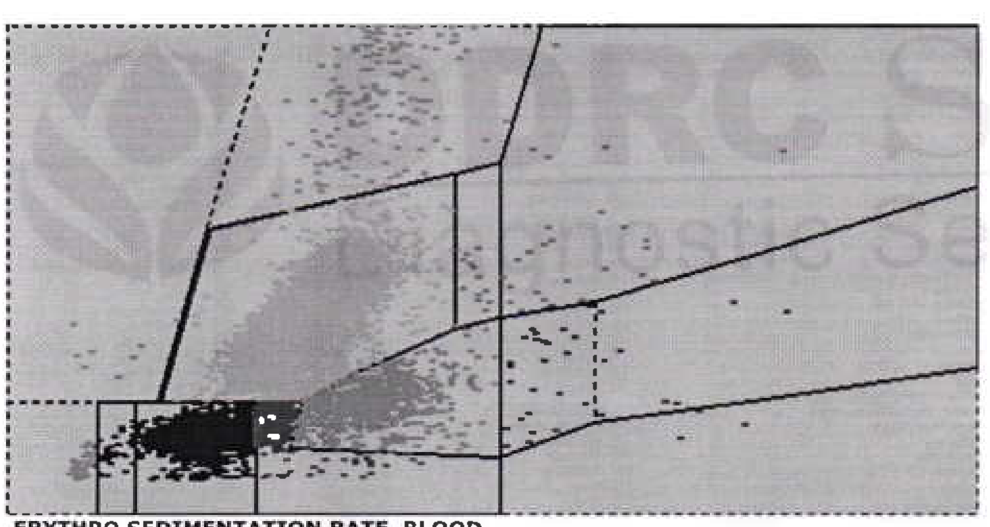
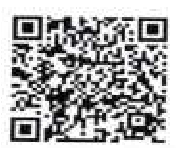


Test	Results	Reference	Units
ERYTHRO SEDIMENTATION RATE, BLOOD			
SEDIMENTATION RATE (ESR)	06	0 - 14	mm at 1 hr
METHOD : WESTERGREN METHOD			
STOOL: OVA & PARASITE			
COLOUR	BROWN		
CONSISTENCY	WELL FORMED		
ODOUR	FAECAL		
MUCUS	NOT DETECTED	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES	1-2	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		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Test Report Status **Final**	**Results**		**Units**
*** SUGAR URINE - POST PRANDIAL**			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
PROSTATE SPECIFIC ANTIGEN, SERUM			
PROSTATE SPECIFIC ANTIGEN	0.311	< 2.5	ng/mL
METHOD : ECLIA			
THYROID PANEL, SERUM			
T3	114.40	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4	6.67	5.1 - 14.1	µg/dl
METHOD : ELECTROCHEMILUMINESCENCE			
TSH 3RD GENERATION	1.920	0.4 - 4.2	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE			
URINE ANALYSIS			
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
GLUCOSE	NOT DETECTED	NOT DETECTED	
PROTEIN	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
NITRITE	NOT DETECTED	NOT DETECTED	
EPITHELIAL CELLS	0-1	0-5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.7 - 7.5	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
WBC	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
*** SUGAR URINE - FASTING**			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

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Test Report Status **Final**	Results	Units

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, EDTA WHOLE BLOOD-
Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.
Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.
Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.
"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References
1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
CORONARY RISK PROFILE (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.

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Cert. No. MC-2354

CLIENT CODE : CA00010147
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
DDRC SRL Tower, G-131,Panampilly Nagar,
PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results	Units

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.

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-
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-
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.
WBC DIFFERENTIAL COUNT - NLR-
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

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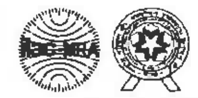


show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHRO SEDIMENTATION RATE, BLOOD-
Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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-
Prostate Specific Antigen (PSA) is a single-chain glycoprotein normally found in the cytoplasm of the epithelial cells lining the acini and ducts of the prostate gland. PSA is detected in the serum of males 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 serum of males without prostate tissue (because of radical prostatectomy or cystoprostatectomy) or in the serum of most females.

The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. PSA levels increase in men with cancer of the prostate. After radical prostatectomy PSA levels routinely fall to a very low level, which may not be seen in patients undergoing radiation therapy. Monitoring PSA levels appears to be useful in detecting residual disease and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and in the monitoring of the effectiveness of therapy.

PSA levels should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostate carcinoma frequently have levels of PSA within the range observed in healthy individuals. Elevated levels of PSA can be observed in the patients with nonmalignant diseases. Measurement of PSA should always be used in conjunction with other diagnostic procedures, including information from the patient's clinical evaluation. The concentration of total PSA in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay method cannot be used interchangeably.

Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. 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 levels persisting upto 3 weeks.
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects 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.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called 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.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

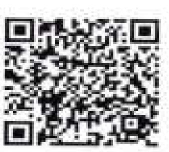
Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
MICROSCOPIC EXAMINATION, URINE-
Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever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DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Patient Ref. No. 666000001660436

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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DDRC SRL DIAGNOSTICS
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PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : MR. SHINTO.K.A PATIENT ID : **SHINM2409784126**

ACCESSION NO : **4126VI008713** AGE : 44 Years SEX : Male

DRAWN : RECEIVED : 24/09/2022 10:12 REPORTED : 25/09/2022 22:06

REFERRING DOCTOR : DR. BANK OF BARODA CLIENT PATIENT ID :

Test Report Status **Final**	Results	Units

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

****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.

DR.HARI SHANKAR, MBBS MD
HEAD - Biochemistry & Immunology

DR.VIJAY K N,MD(PATH)
HEAD-HAEMATOLOGY & CLINICAL PATHOLOGY

DR.SMITHA PAULSON,MD (PATH),DPB
LAB DIRECTOR & HEAD-HISTOPATHOLOGY & CYTOLOGY

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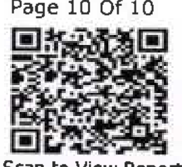
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CIN : U85190MH2006PTC161480
(Refer to "CONDITIONS OF REPORTING" overleaf)

Date...24.09.2022

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / ~~Ms~~ : Shinto K A..............................Aged...44...and his / her

visual standards is as follows :

Visual Acuity:

For far vision

R: ...3/60.........

L : ...3/60.........

EPWG R 6/6 L 6/6

For near vision

R : ....N8........

L : .....N8........

EPWG R N6 L N6

Color Vision : ....Normal..

....

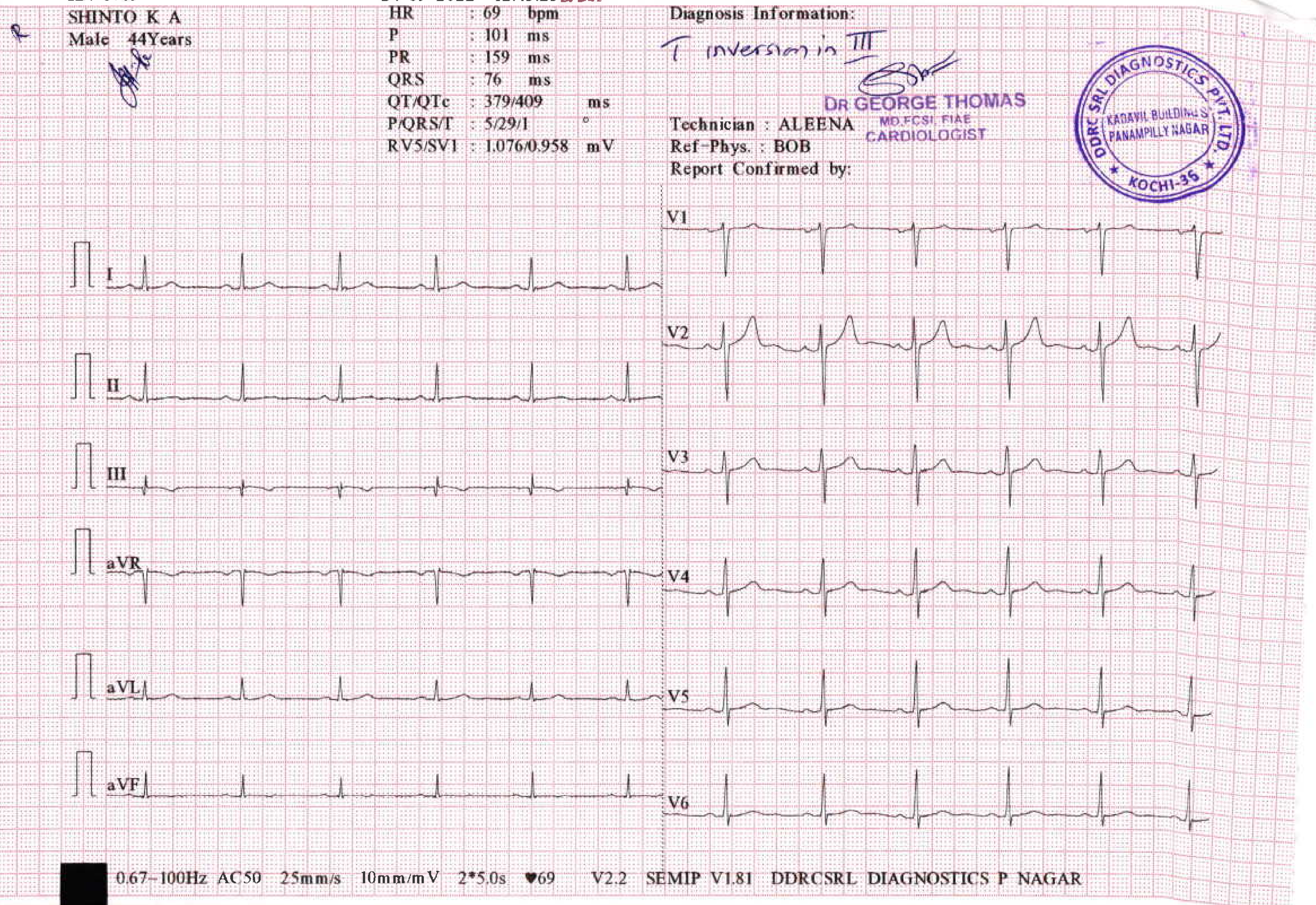
DDRC SRL DIAGNOSTICS PVT. LTD. KADAVIL B... PANAMPILLY NAGAR ★ KOCHI-36 ★

Nannu Elizabeth

(Optometrist)

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



ID: 8713
24-09-2022 12:45:23 PM
SHINTO K A
Male 44Years
HR : 69 bpm
P : 101 ms
PR : 159 ms
QRS : 76 ms
QT/QTc : 379/409 ms
P/QRS/T : 5/29/1 °
RV5/SV1 : 1.076/0.958 mV
Diagnosis Information:
T inversion in III
DR GEORGE THOMAS
MD,FCSI, FIAE
CARDIOLOGIST
Technician : ALEENA
Ref-Phys. : BOB
Report Confirmed by:
DDRC SRL DIAGNOSTICS PVT. LTD.
KADAVIL BUILDINGS
PANAMPILLY NAGAR
KOCHI-36
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥69 V2.2 SEMIP V1.81 DDRCSRL DIAGNOSTICS P NAGAR

LABORATORY SERVICES

This is to certify that I have examined

MR / ~~MS~~ SHINTO K.A aged 44 and

his / her oral findings are as follows

D - Decay

M - Missing

F - Filling

		M	D										Crown		
8	7	(6)	(5)	4	3	2	1	1	2	3	4	5	(6)	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Oral hygiene status : Good / ~~Food~~ Fair / Poor

Calculus / Stains : Calculus

Any other findings : Metal Ceramic Crown in relation to 26

Date : 24/9/22

Dr. K C Jose

Dr. SERIN TERESA BDS, MDS
General Dentist & Orthodontist
Kalarickal Dental Care
Reg. No: 8731

Dr. Serin Teresa

For KALARICKAL DENTAL CARE

DDRC SRL DIAGNOSTICS PVT. LTD. KOCHI-35

NAME: MR SHINTO K A	STUDY DATE:24/09/2022
AGE / SEX : 44 YRS / M	REPORTING DATE :24/09/2022
REFERRED BY : MEDIWHEEL ARCOFEMI	ACC NO: 4126VI008713

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio – thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION: NORMAL STUDY

Navneet

Dr. NAVNEET KAUR MBBS, MD
Consultant Radiologist.

LABORATORY SERVICES

NAME	MR SHINTO K A	AGE	44 YRS
SEX	MALE	DATE	September 24, 2022
REFERRAL	MEDIWHEEL	ACC NO	4126VI008713

USG ABDOMEN AND PELVIS

LIVER Measures ~ 14 cm. Normal in shape and moderately bright echopattern.
Smooth margins and no obvious focal lesion within.
No IHBR dilatation.
Portal vein normal in caliber.

GB No calculus within gall bladder. Normal GB wall caliber.

SPLEEN Measures ~6.8 cm, normal to visualized extent. Splenic vein normal.

PANCREAS Normal to visualized extent. PD is not dilated. Tail-obscured.

KIDNEYS RK: 11.8 x 5.5 cm, appears normal in size and echotexture, shows few cortical cysts, largest 26*20 mm at lower pole (exophytic). Focal caliectasis seen in lower pole with 6 mm calculus.
LK: 10.0 x 5.1 cm, appears normal in size and echotexture. Few small cortical systs are seen , largest 8*7 mm at interpolar region. A 10 mm cortical calcification is een at upper pole.
No focal lesion / calculus within.
Maintained corticomedullary differentiation and normal parenchymal thickness.
No hydroureteronephrosis.

BLADDER Normal wall caliber, no internal echoes/calculus within.

PROSTATE Normal in volume and echopattern.

NODES/FLUID Nil to visualized extent.

BOWEL Visualized bowel loops appear normal.

IMPRESSION

- **Moderate fatty infiltration of liver**
- **Bilateral renal cysts (Bosniak type I)**
- **Tiny right renal calculus with focal caliectasis**
- **Left renal cortical calcification**

Kindly correlate clinically.

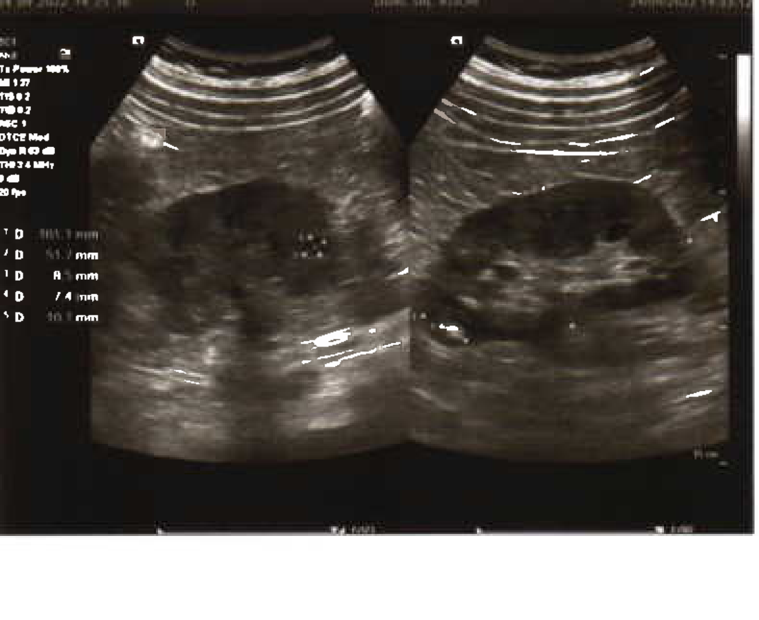
DDRC SRL DIAGNOSTICS PVT. LTD. KADAVIL ... PANAMPILLY NAGAR KOCHI-36

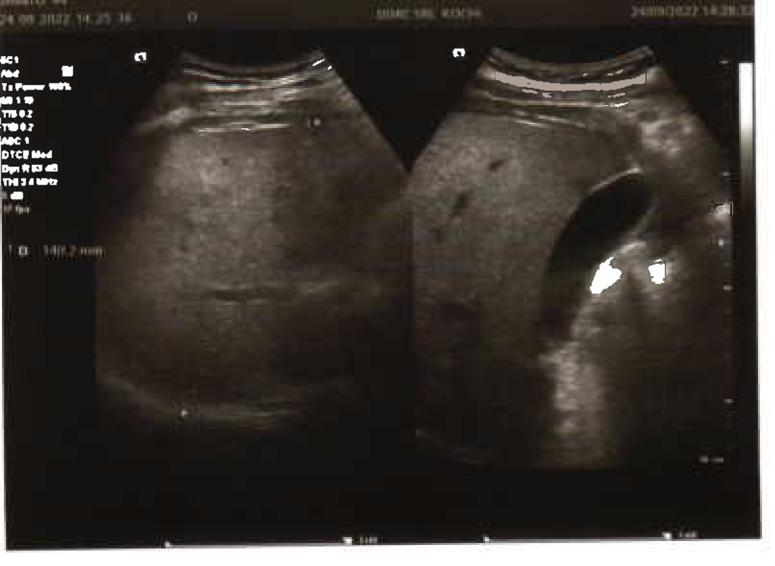
Navneet

Dr. NAVNEET KAUR MBBS . MD
Consultant Radiologist

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.

CIN : U85190MH2006PTC161480
(Refer to "CONDITIONS OF REPORTING" overleaf)





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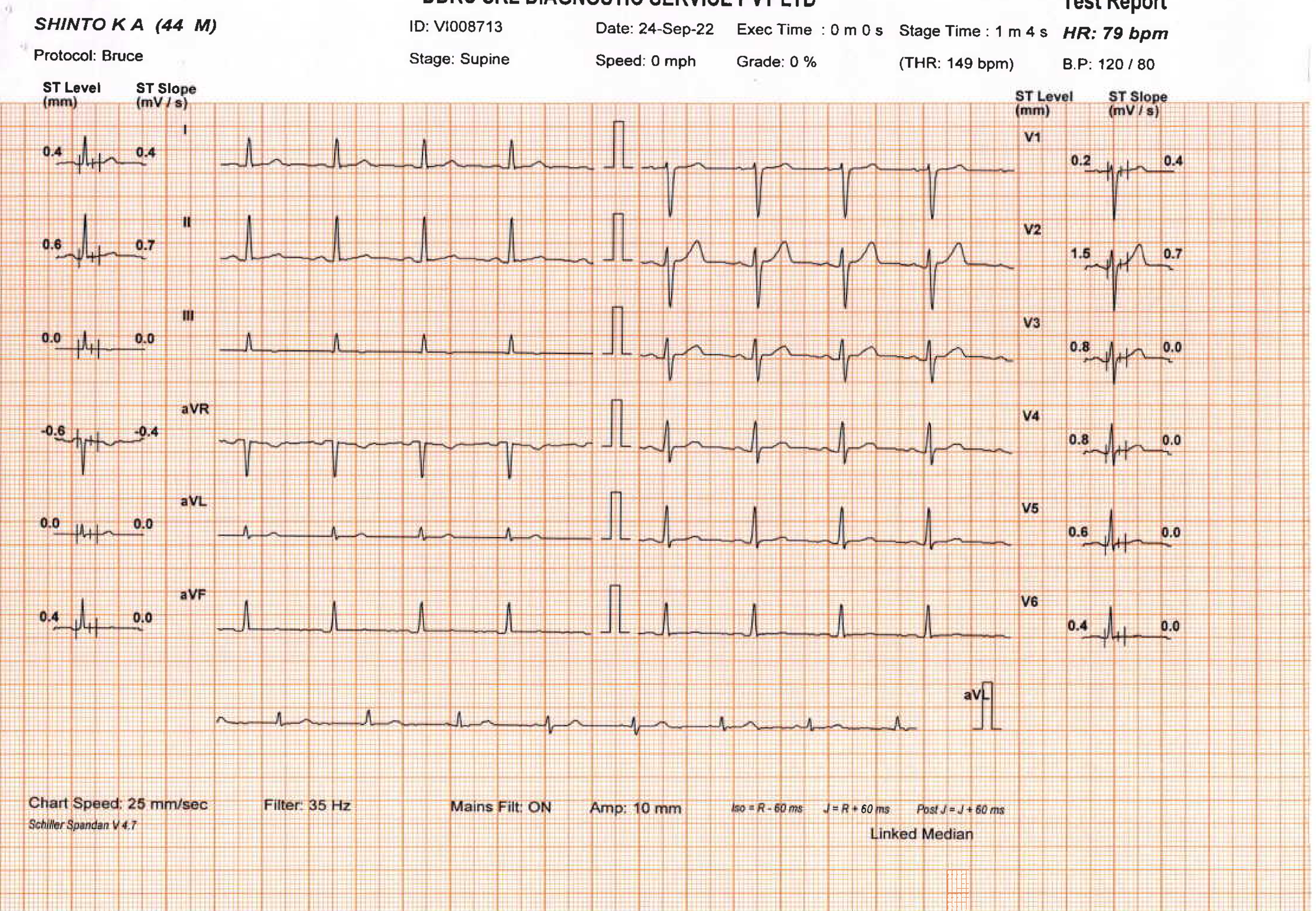


DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713 | Date: 24-Sep-22 | Exec Time : 0 m 0 s | Stage Time : 0 m 18 s | ***HR: 79 bpm***

Stage: Standing | Speed: 0 mph | Grade: 0 % | (THR: 149 bpm) | B.P: 120 / 80

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

aVL

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713

Stage: 1

Date: 24-Sep-22

Speed: 1.7 mph

Exec Time : 2 m 54 s

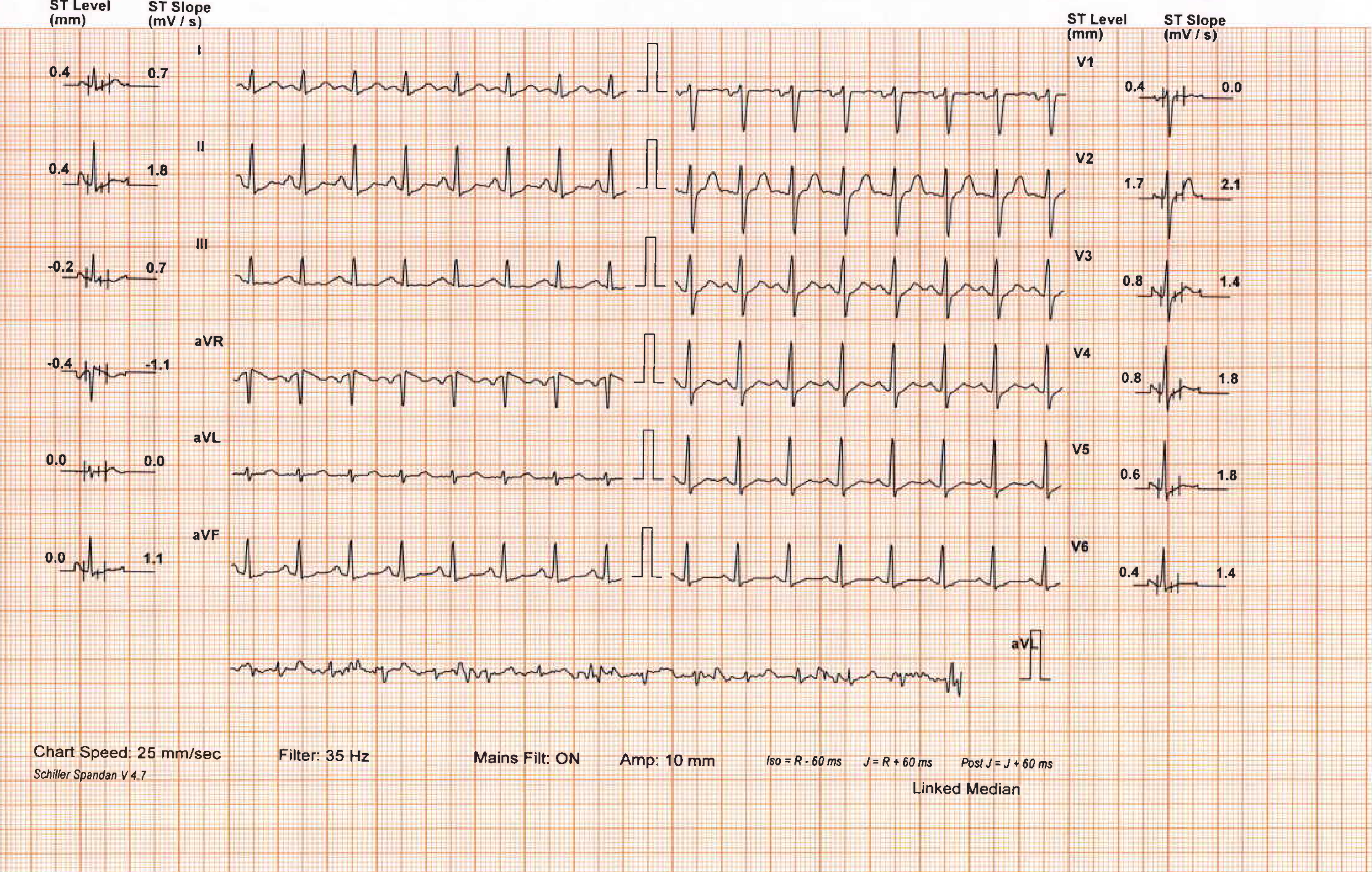
Grade: 10 %

Stage Time : 2 m 54 s

(THR: 149 bpm)

HR: 141 bpm

B.P: 130 / 80



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

SHINTO K A (44 M) | ID: VI008713 | Date: 24-Sep-22 | Exec Time : 5 m 54 s | Stage Time : 2 m 54 s | ***HR: 162 bpm***

Protocol: Bruce | Stage: 2 | Speed: 2.5 mph | Grade: 12 % | (THR: 149 bpm) | B.P: 140 / 80

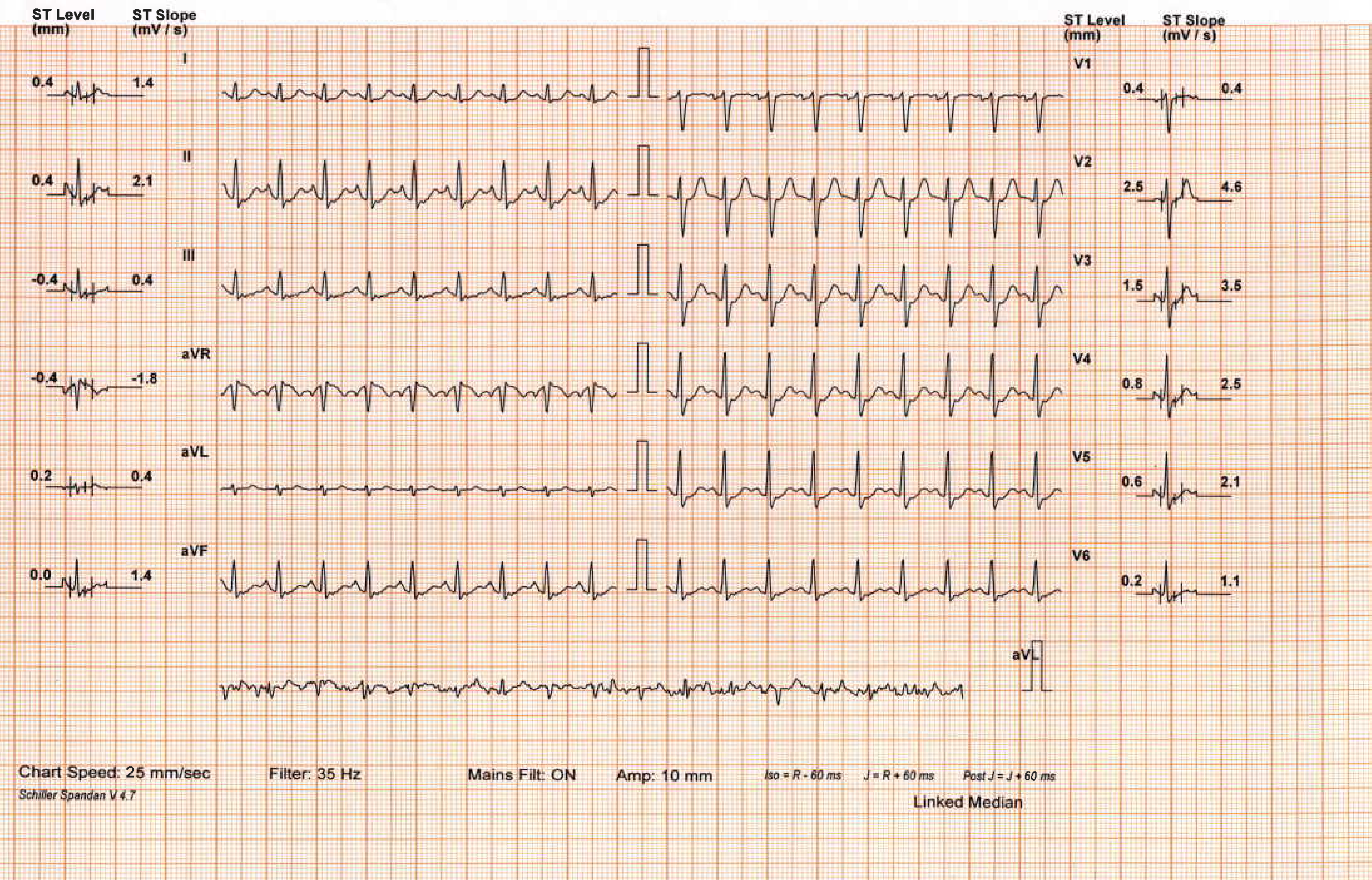


Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

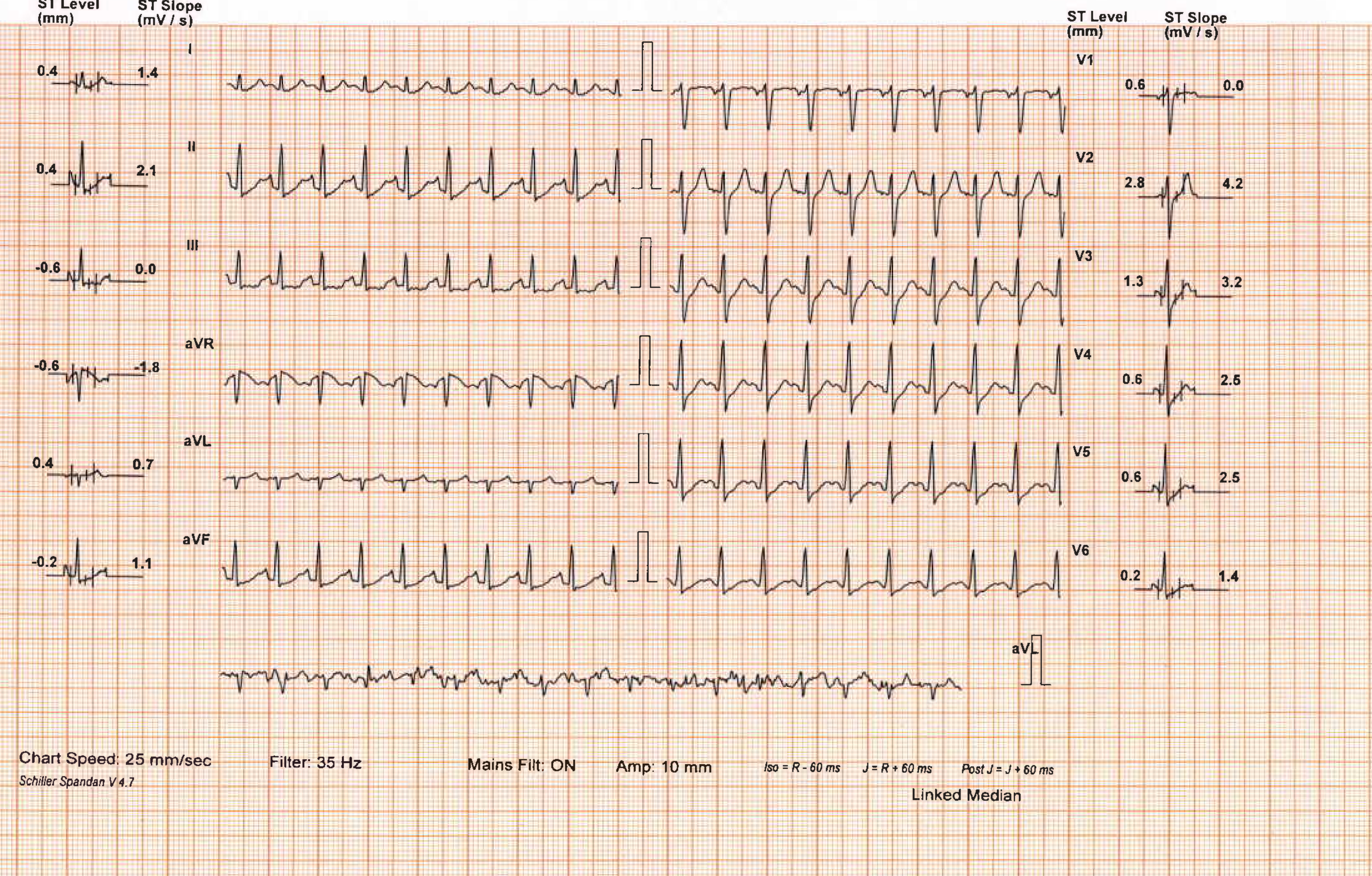
Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713 | Date: 24-Sep-22 | Exec Time : 6 m 26 s | Stage Time : 0 m 26 s | *HR: 171 bpm*

Stage: Peak Ex | Speed: 3.4 mph | Grade: 14 % | (THR: 149 bpm) | B.P: 150 / 80



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713

Date: 24-Sep-22

Exec Time : 6 m 32 s

Stage Time : 0 m 54 s

HR: 114 bpm

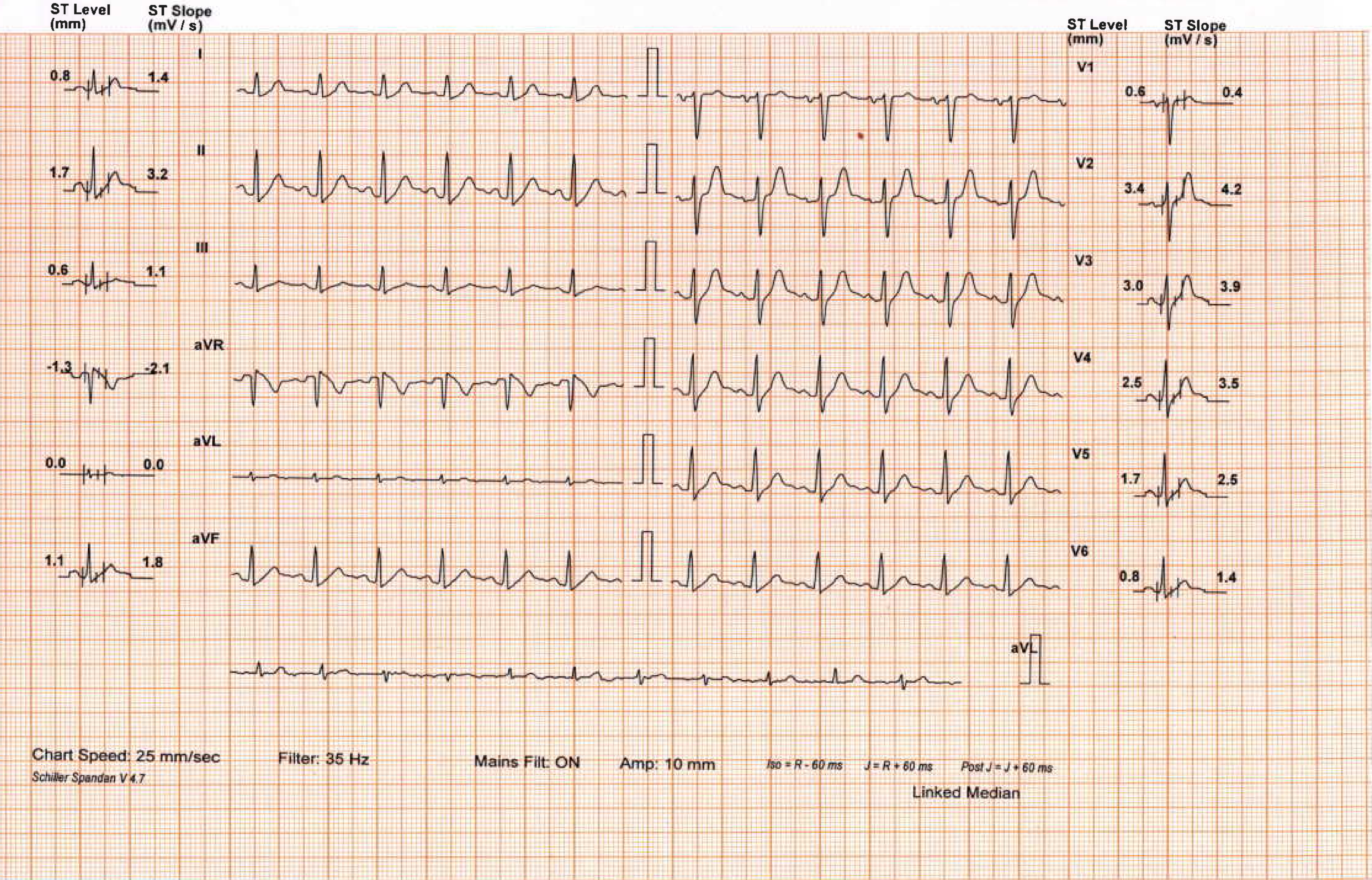
Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 180 / 80



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

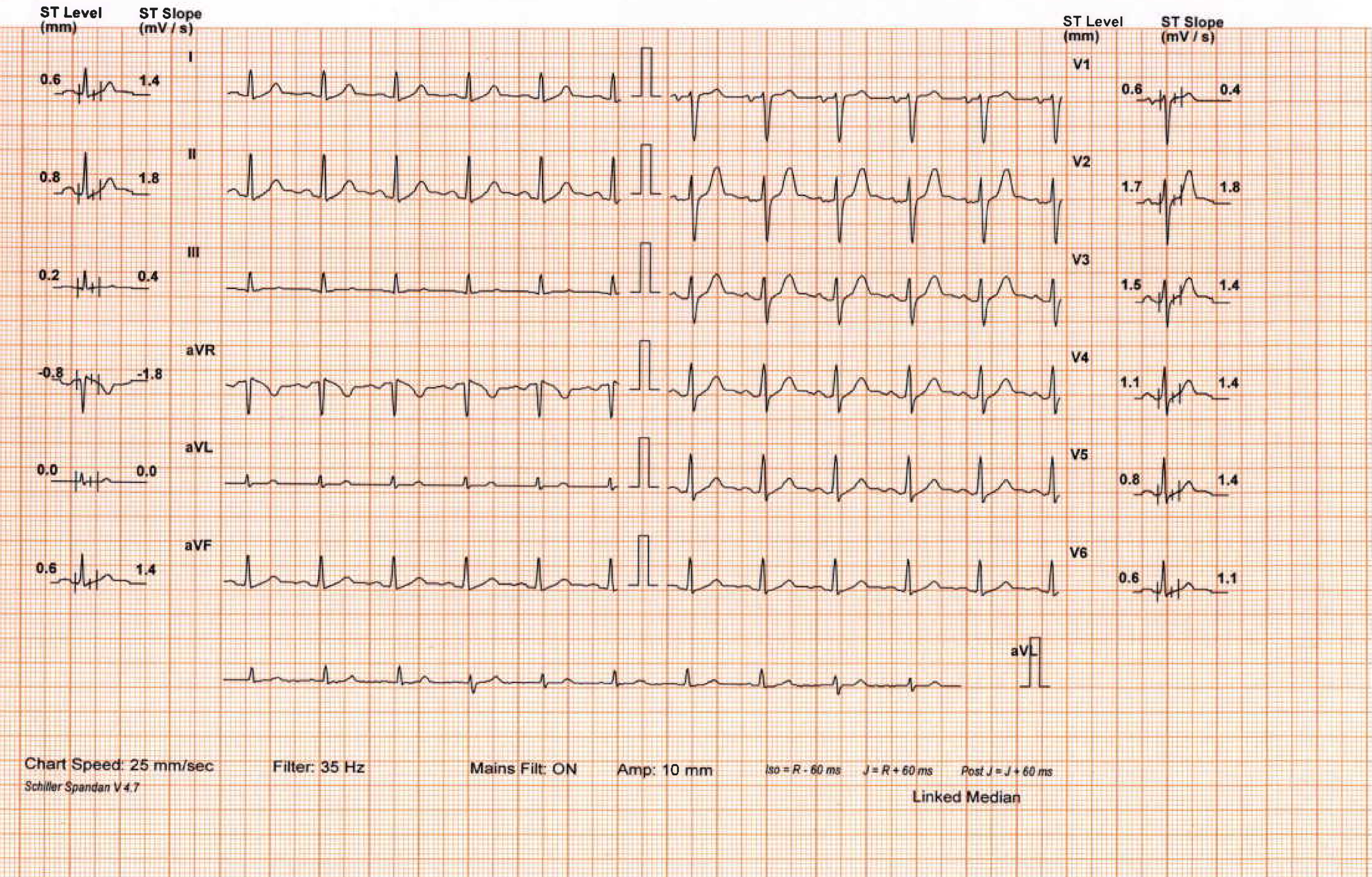
Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713 | Date: 24-Sep-22 | Exec Time : 6 m 32 s | Stage Time : 0 m 54 s | ***HR: 100 bpm***

Stage: Recovery(2) | Speed: 0 mph | Grade: 0 % | (THR: 149 bpm) | B.P: 160 / 80



Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713 | Date: 24-Sep-22 | Exec Time : 6 m 32 s | Stage Time : 0 m 54 s | **HR: 98 bpm**

Stage: Recovery(3) | Speed: 0 mph | Grade: 0 % | (THR: 149 bpm) | B.P: 150 / 80

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | Iso = R - 60 ms | J = R + 60 ms | Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

SHINTO K A (44 M)

Protocol: Bruce

ID: VI008713

Stage: Recovery(4)

Date: 24-Sep-22

Speed: 0 mph

Exec Time : 6 m 32 s

Grade: 0 %

Stage Time : 0 m 54 s

(THR: 149 bpm)

HR: 98 bpm

B.P: 150 / 80

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

aVL

Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details **Date:** 24-Sep-22 **Time:** 12:44:12

Name: SHINTO K A **ID:** VI008713

Age: 44 y **Sex:** M **Height:** 168 cms **Weight:** 95 Kgs

Clinical History: DM

Medications: T.melmet

Test Details

Protocol: Bruce **Pr.MHR:** 176 bpm **THR:** 149 (85 % of Pr.MHR) bpm

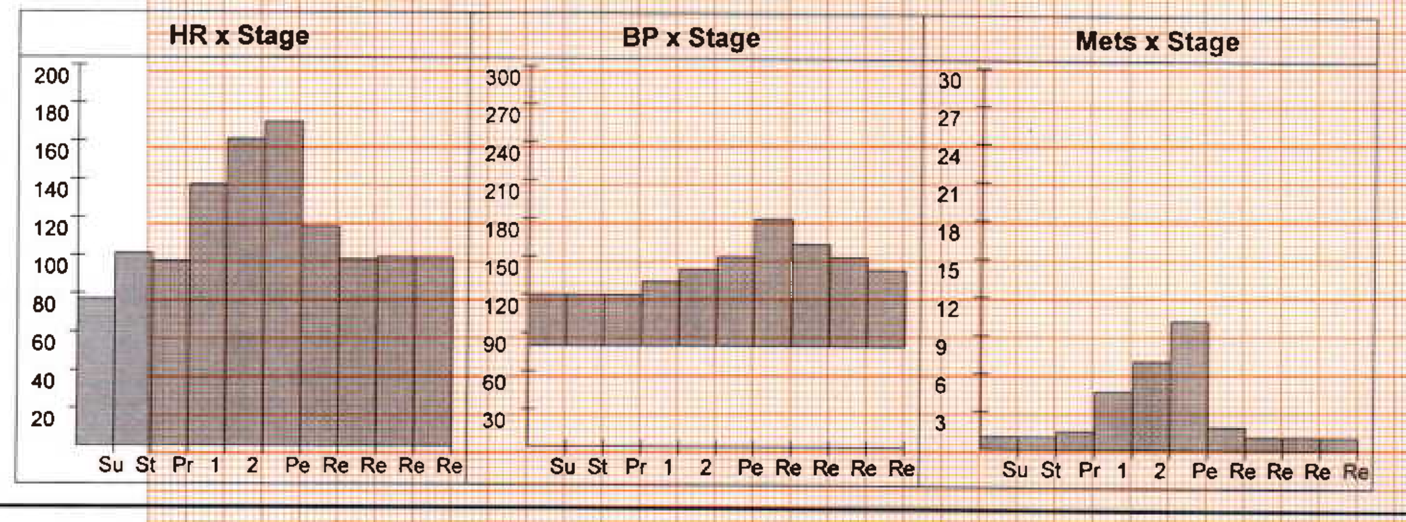
Total Exec. Time: 6 m 32 s **Max. HR:** 170 (97% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 180 / 80 mmHg **Max. BP x HR:** 30600 mmHg/min **Min. BP x HR:** 6160 mmHg/min

Test Termination Criteria: Target HR 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	1 : 10	1.0	0	0	77	120 / 80	-0.64 aVR	1.06 V2
Standing	0 : 24	1.0	0	0	101	120 / 80	-0.64 aVR	1.06 V2
1	3 : 0	4.6	1.7	10	137	130 / 80	-0.64 III	2.48 V2
2	3 : 0	7.0	2.5	12	161	140 / 80	-0.85 III	5.31 V2
Peak Ex	0 : 32	10.2	3.4	14	170	150 / 80	-1.06 III	4.95 V2
Recovery(1)	1 : 0	1.8	1	0	115	180 / 80	-1.70 aVR	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	98	160 / 80	-1.49 aVR	5.31 V2
Recovery(3)	1 : 0	1.0	0	0	99	150 / 80	-1.06 aVR	2.83 II
Recovery(4)	0 : 9	1.0	0	0	99	140 / 80	-0.42 aVR	1.06 II



DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details **Date:** 24-Sep-22 **Time:** 12:44:12

Name: SHINTO K A ID: VI008713

Age: 44 y **Sex:** M **Height:** 168 cms **Weight:** 95 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 6 m 32 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 77 bpm, rose to a max. heart rate of 170 (97% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 180 / 80 mmHg,No Angina,No Arrhythmia.

No significant ST changes
Test negative for inducible ischemia

Dr. George Thomas MD,FCSI,FIAE
Cardiologist

Ref. Doctor: BANK OF BARODA Doctor: ------

(Summary Report edited by user)

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