



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.: 022 - 2898 6677 / 46 / 47 /

### INTERVENTIONAL CARDIOLOGIST

**Dr. Hemant Khemani**  
Mon to Fri: 10:00 am to 11:00 am  
**Dr. Rajiv Sharma**  
Mon to Fri: on appointment

### CARDIAC SURGEON

**Dr. Shridhar Padagati**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Sagar Kedare**  
Mon to Sat: 08:00 pm to 09:00 pm

### GENERAL PHYSICIAN

**Dr. Chirag Shah**  
Mon to Sat: 11:30 am to 01:00 pm  
**Dr. Shreya Mehta**  
Mon to Sat: 01:00 pm to 03:00 pm  
**Dr. Priyank Jain**  
Mon to Sat: 01:00 pm to 03:00 pm

### CHEST PHYSICIAN

**Dr. Parthiv Shah**  
Wed & Sat: 09:00 am to 10:30 am  
**Dr. Vinjal Modi**  
Thurs: 01:00 pm to 03:00 pm

### JOINT REPLACEMENT

### SURGEON AND SPORT INJURIES

**Dr. Amit Munde**  
Mon to Sun: 05:00 pm to 07:00 pm  
**Dr. Vividh Makwana**  
Mon to Sat: 11:00 am to 12:00 pm  
**Dr. Bhavin Doshi**  
Mon to Sat: 09:00 pm to 10:00 pm  
**Dr. Arpit Dave**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Deepak Bhaskar**  
Mon to Sat: on appointment  
**Dr. Raunak Shah**  
Mon to Sat: on appointment  
**Dr. Sandip Vyas**  
Mon to Sat: 05:30 pm to 07:30 pm

### MEDICAL GASTROENTEROLOGIST,

### HEPATOLOGIST, ENDOSCOPIST

**Dr. Darshil Shah**  
Mon to Fri: 09:00 am to 10:00 am  
06:00 pm to 07:00 pm  
**Dr. Siddhesh Rane**  
Mon to Sat: on appointment

### LAPROSCOPIC SURGEON

**Dr. Aditi Agarwal**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Amol Patil**  
Mon to Sat: 06:00 pm to 07:00 pm  
**Dr. Jeeta Ghag**  
Mon to Sat: 06:00 pm to 07:00 pm

### DIABETIC FOOT SURGEON

**Dr. Shrikant Bhojraj**  
Mon to Sat: 02:00 pm to 04:00 pm

### LAPROSCOPIC GYNAECOLOGIST

**Dr. Hemashri Patel**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Rashmi Padwalkar**  
Mon, Wed: on appointment

### NEPHROLOGIST

**Dr. Amit Jain**  
Mon to Sat: 10:00 am to 11:00 am  
**Dr. Ankit Mody**  
Mon, Wed & Fri: 05:00 pm to 07:00 pm  
**Dr. Umesh Khanna**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Akash Shingada**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Paras Deshiya**  
Mon to Sat: on appointment

### URO SURGEON

**Dr. Saket Sathe**  
Mon to Sat: on appointment  
**Dr. Rushabh Daga**  
Mon to Sat: on appointment  
**Dr. Aniket Shirke**  
Mon to Sat: on appointment

### NEUROLOGIST

**Dr. Mehoob Basale**  
Saturday: 02:00 pm to 04:00 pm  
Mon to Fri: on appointment  
**Dr. Gaurav Kusundara**  
Mon to Wed: 08:30 am to 09:30 pm

Apurva Sinha 31yr/1f.

clo-  
Bodyache,  
No other active complain

Kluo- NAD  
LMP- 21/2/24, Regular

o/k  
G.c Mod / Afebrile

PR- 66/1m

SpO<sub>2</sub>- 98-1.

Temp- Afebrile

BP- 120/70 mmHg

SlE  
CV)- S<sub>1</sub>S<sub>2</sub>  
CM)- conscious oriented  
RS)- A E D E E

PIA- Soft / NT.

ENT- Examination.

Nose- No any deviation,

No discharge

No deformity

For- No any scar, fistula, no discharge

No. Raised temperature.

Throat- No. Aphthous present

No. difficulty in swallowing

### NEUROSURGEON

**Dr. Darpan Thakare**  
Tues & Thurs: 03:00 pm to 04:00 pm  
**Dr. Sameer Parikh**  
Tues & Thurs: 03:00 pm to 04:00 pm  
**Dr. Vivek Patel**  
Mon, Wed & Fri: 07:00 pm to 08:00 pm

### HAEMATOLOGIST

**Dr. Shraddha Thakkar**  
Tue, Wed & Fri: 03:00 pm to 04:00 pm

### MEDICAL ONCOLOGIST

**Dr. Ashish Joshi**  
Thurs: 09:00 am to 10:00 am  
**Dr. Pradip Kendre**  
Tues: 09:00 am to 10:00 am

### ONCOSURGEON

**Dr. Praveen Kammar**  
Tues & Thru: 04:00 pm to 06:00 pm  
**Dr. Yogen Chheda**  
Mon, Wed & Sat: 05:00 pm to 07:00 pm

### OPHTHALMOLOGIST

**Dr. Anurag Agarwal**  
Mon to Sat: 09:00 am to 10:00 am  
**Dr. Kishor Khade**  
Mon to Sat: on appointment  
**Dr. Prasan Mahajan**  
Mon to Sat: on appointment

### PAEDIATRICIAN

**Dr. Sunila Nagvekar**  
Fri: 02:00 pm to 03:00 pm

### PAEDIATRIC SURGEON

**Dr. Yogendra Sanghavi**  
Mon to Sat: 11:00 am to 12:00 pm

### INTERVENTIONAL VASCULAR

### SURGEON

**Dr. Simit Vora**  
Tues, Thurs & Sat: 06:00 pm to 08:00 pm  
**Dr. Virendra Yadav**  
Mon to Sat: 09:00 pm to 10:00 pm  
**Dr. Maunil Bhuta**  
Wed to Fri: 05:00 pm to 07:00 pm  
**Dr. Kunal Arora**  
Mon, Wed & Fri: 07:00 pm to 08:00 pm

### ENT SPECIALIST

**Dr. Sneha Mahajan**  
Mon to Fri: on appointment  
**Dr. Rachana Mehta Shroff**  
Mon to Sat 03.00 pm to 04.00 pm (on appointment)  
**Dr. Sonal Devangan**  
Mon to Fri: on appointment

### PSYCHIATRIST

**Dr. Pratik Surandashie**  
Mon to Sat: 06:00 pm to 07:00 pm  
**Dr. Payal Sharma Kamat**  
Tue, Thru & Fri: 09:00 am to 11:00 am

### CLINICAL PSYCHOLOGIST

**Hemangi Mhapolkar**  
Sun: 01:00 pm to 04:00 pm

### COSMETOLOGIST

**Dr. Vikas Verma**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Leena Jain**  
Tues: 06:00 pm to 08:00 pm  
**Dr. Sushil Nehete**  
Wed: 06:00 pm to 08:00 pm  
**Dr. Pratap Nadar**  
Thurs: 06:00 pm to 08:00 pm

### ANESTHESIST

**Dr. Sagar Yesale**  
Mon to Sat: 08:00 am to 04:00 pm

### RADIOLOGIST

**Dr. Soumil Pandya**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Forum Kothari**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Deep Vora**  
Mon to Sat: 09:00 pm to 09:30 pm

### DIETICIAN

**Ms. Sakshi Gupta**  
Mon to Sat: 08:00 am to 04:00 pm

### PHYSIOTHERAPIST

**Dr. Manal Alvi**  
Mon to Sat: 09:00 am to 04:00 pm

Opthal -

for vision blurring  
both eye.

R/L - - 0.25

(me)



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Tele.:  
022 - 2898 6677 / 46 / 47 / 48

<b>Patient</b>	: <b>Sinah Apurwa</b>	UHID	: ASH232404295
Age/Sex	: 31/Female	ID	: OP232405053
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 20-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

### COMPLETE BLOOD COUNT

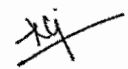
Test	Result	Normal Value
<b>HAEMOGLOBIN</b>	L <b>10.5 Gm%</b>	13.5-18.0 Gm%
<b>WBC Count</b>	4.52 Millions/cumm	4.0-6.0 Millions/cumm
PCV	L <b>32.9 %</b>	37-47 %
MCV	L <b>72.79 Fl</b>	78-100 Fl
MCH	L <b>23.23 Pg</b>	27-31 Pg
MCHC	L <b>31.91 %</b>	32-35 %
RDW	H <b>16.5 %</b>	11-15 %
<b>Total WBC Count</b>	7100 /C.MM	4000-11000 /C.MM
<b>Differencial Count</b>		
Neutrophils	57 %	40-75 %
Eosinophils	03 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	35 %	20-45 %
Monocytes	05 %	01-10 %
<b>BANDCELLS</b>	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	HYPO(+)MICRO(+)ANISO(+)	
<b>PLATELET COUNT</b>	233 X 10 <sup>3</sup> /cumm	150-450 X 10 <sup>3</sup> /cumm
<b>PLATELET ON SMEAR</b>	ADEQUATE ON SMEAR	

#### Remarks : \*

**Note:-** The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By  
Lab Technician

Checked By  
Biochemist

  
Pathologist  
DR.GUJAR NEERAJ VILAS  
MD PATHOLOGY



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## HEMATOLOGY

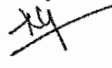
Test	Result	Normal Value
ESR	H <u>48 mm/hr</u>	0 - 10 mm/hr
BLOOD GROUP	"A"	
Rh FACTOR	POSITIVE	

### Remarks : \*

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## RENAL FUNCTION TEST

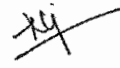
Test	Result	Normal Value
SERUM CREATININE	0.72 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	4.0 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	14.0 Mg/dl	0-23 Mg/dl

### Remarks : \*

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<b>Collection Centre</b>	: Apex Hospital		

### LIPID PROFILE

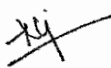
Test	Result	Normal Value
<b>TOTAL CHOLESTEROL</b>	189.5 Mg%	150-250 Mg%
<b>TRIGLYCERIDES</b>	76.75 Mg%	35-160 Mg%
<b>HDL CHOLESTEROL</b>	45.2 Mg%	30-70 Mg%
<b>VLDL CHOLESTEROL</b>	15.35	7-35
<b>LDL CHOLESTEROL</b>	128.95 Mg%	108-145 Mg%
<b>TC/HDL CHOL RATIO</b>	4.19	3.5-5.0
<b>LDL/HDL RATIO</b>	2.85	1.1-3.9

#### Remarks : \*

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<b>Referring Dr</b>	: MEDIWHEEL	<b>Reported On</b>	: 20-Feb-2024
<b>Collection Centre</b>	: Apex Hospital		

## LIVER FUNCTION TEST

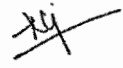
Test	Result	Normal Value
TOTAL BILIRUBIN	0.69 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.17 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.52 Mg/dl	0.1-1.0 Mg/dl
SGOT	19.20 Iu/l	5-40 Iu/l
SGPT	26.18 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	80.24 U/l	25-147 U/l
SERUM PROTEINS TOTAL	6.48 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	3.69 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.79 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.32 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	13.20 Iu/l	5-45 Iu/l

### Remarks : \*

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<b>Age/Sex</b>	: <b>31/Female</b>	<b>ID</b>	: <b>HC232400001</b>
<b>Consultant Dr</b>	:	<b>Registered On</b>	:
<b>Referring Dr</b>	:	<b>Reported On</b>	: <b>20-Feb-2024</b>
<b>Collection Centre</b>	: <b>Apex Hospital</b>		

### POST LUNCH BLOOD SUGAR

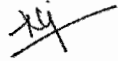
<b>Test</b>	<b>Result</b>	<b>Normal Value</b>
<b>PLBL (2 HOUR AFTER FOOD)</b>	103.4 Mg/dl	70-140 Mg/dl
<b>URINE SUGAR (PP)</b>	SNR	-
<b>URINE KETONE (PP)</b>	SNR	

**Remarks : \***

**Note:-** The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

## FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	85.55 Mg/dl	70-110 Mg/dl
URINE SUGAR	SNR	
URINE KETONES	SNR	

### Remarks : \*

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Biochemist

Pathologist  
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Patient Id : **PVD04223-24/67107** Sample ID : 24025219  
 Patient : MRS APURVA SINHA Reg. Date : 19/02/2024  
 Age/sex : 31 Yrs/ Female Report Date : 19/02/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	129.41	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.68	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.55	uIU/ml	0.27 - 4.20


Method : ECLIA

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

  
**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

**CENTRAL PROCESSING LABORATORY**

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel: 8500 7645 • Mob: 86010 17023 / 81042 45961 • www.pathvisiondiagnostics.com

Patient Id : **PVD04223-24/67107**      Sample ID : 24025219  
 Patient : MRS APURVA SINHA      Reg. Date : 19/02/2024  
 Age/sex : 31 Yrs/ Female      Report Date : 19/02/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.9	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	122.63	mg/dL	
Method : HPLC-Biorad D10-USA			


**INTERPRETATION**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

  
**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS  
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404295 ID : OP232405053 Date : 20-Feb-2024  
Patient : Sinah Apurwa Age/Sex : 31/Female Referred By : MEDIWHEEL  
Company : SELF

## DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

### IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL  
MD,D.N.B  
RADIOLOGIST



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Company : SELF

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous increased echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is distended with multiple calculi (average size 12 mm). There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 12.8 cm, mildly enlarged. Its echotexture is homogeneous.

### KIDNEYS:

Right kidney	Left kidney
11.2 x 3.6 cm	11.2 x 5.0 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 7.1 x 4.4 x 5.1 x cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 6.3 mm. Anterior wall intramural uterine fibroid of about 22 x 15 mm is seen.

Right Ovary 2.1 x 2.2 cm Left Ovary 2.2 x 1.6 cm

Bilateral ovaries are normal in size and echopattern.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

FIB 2.2 X 1.5 cm

### IMPRESSION:

- Grade I fatty infiltration of liver.
- Cholelithiasis without cholecystitis.
- Mild splenomegaly is seen
- Anterior wall small intramural uterine fibroid.

DR. PANDYA SAUMIL  
MD,D.N.B  
RADIOLOGIST

ID: 202402191112837  
Name:  
Age:  
Gender:

02-19-2024 11:11:18

Heart Rate  
PR Interval  
QRS Duration  
QT/QTc Interval  
P/QRS/T Axes  
QTc/QTdyes

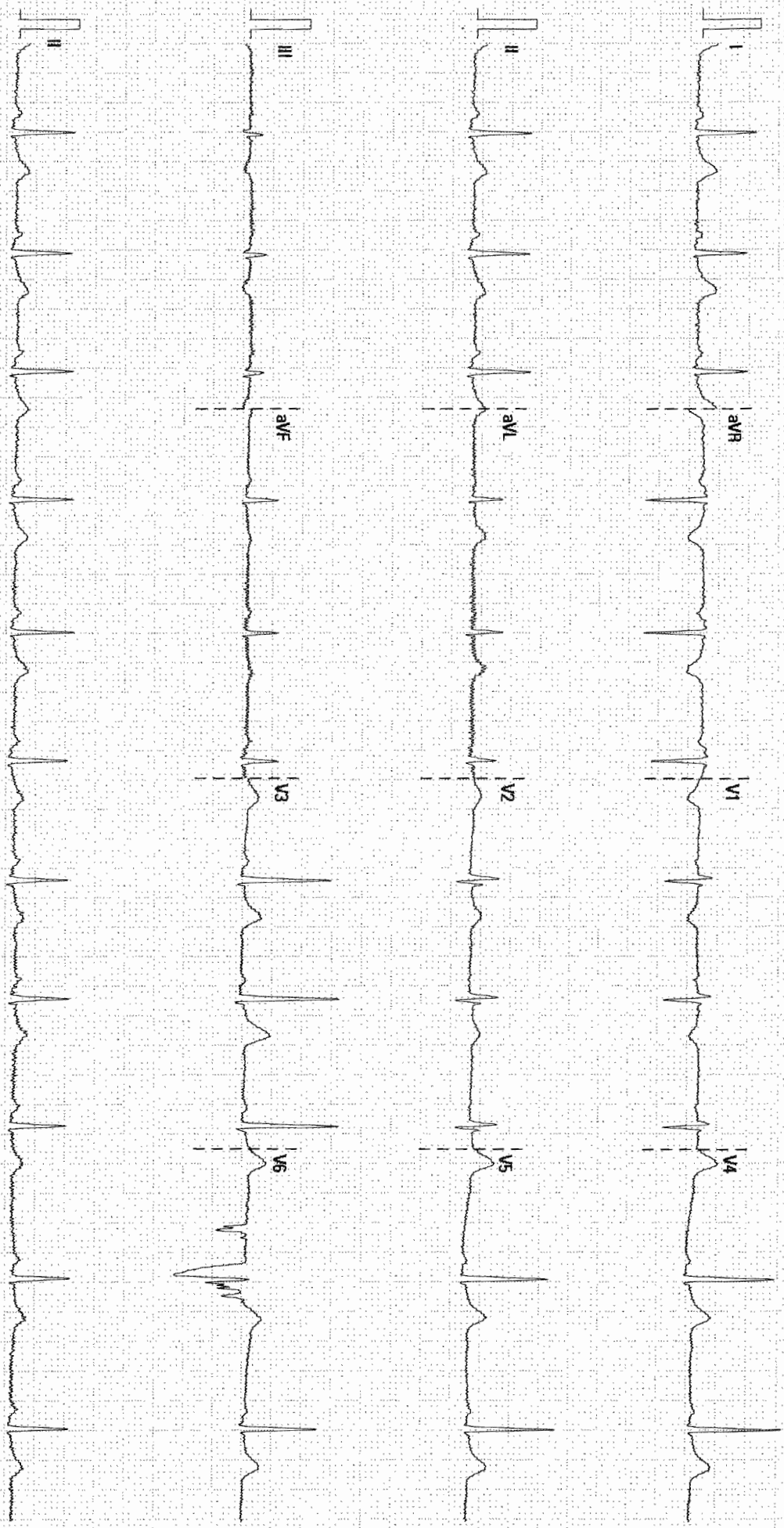
68 bpm  
136 ms  
82 ms  
392/406 ms  
57/37/113 deg

Sinus arrhythmia  
— Interpretation made without knowing patient's gender/age —  
Normal ECG

Unconfirmed Diagnosis:

Approved Sign 1F

*with Drury*



25 mm/s

10 mm/mV

BDR 35 Hz

Apex Superspecifiy Hospital

02.07.00/V28.4.1

SN:FN:83011160



# UNI - EM ELECTRONICS COMPLEX INDORE

## TREADMILL TEST REPORT

**APURWA SINHA**

ID : 22242  
 DATE : 07/04/2005  
 AGE/SEX : 31 / M  
 HT/WT : 158 / 75  
 REF. BY : CAMP

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE	H. R. bpm	B. P. mmHg	RPF x100	ST LEVEL (MM)			METS
								II	V1	V5	
Stage 1	2:55	2:55	2.7	10	146	100 / 70	146	-0.7	-1.1	-1.1	4.67
Stage 2	5:55	2:55	4	12	165	100 / 70	165	0.9	-0.5	0.5	7.04
PK-EXERCISE	6:17	0:17	5.4	14	171	100 / 70	171	0.1	-0.5	-0.1	7.37
RECOVERY	9:20	2:55			100	100 / 70	100	-0.6	0.2	-0.2	
RECOVERY	12:20	5:55			104	100 / 70	104	-0.1	-0.1	-0.1	

### RESULTS

EXERCISE DURATION : 6:17  
 MAX HEART RATE : 171 bpm 90 % of target heart rate 189 bpm  
 MAX BLOOD PRESSURE : 100 / 70 mm Hg  
 REASON OF TERMINATION :

BP RESPONSE :  
 ARRHYTHMIA :  
 H. R. RESPONSE :  
**IMPRESSIONS** :

MAX WORK LOAD : 7.37 METS

**Technician :**

# UNI-EM

APURWA SINHA  
I.D. 22242  
Age 31/M  
Date 07/04/2005

Rate 146bpm  
B.P. 100/70

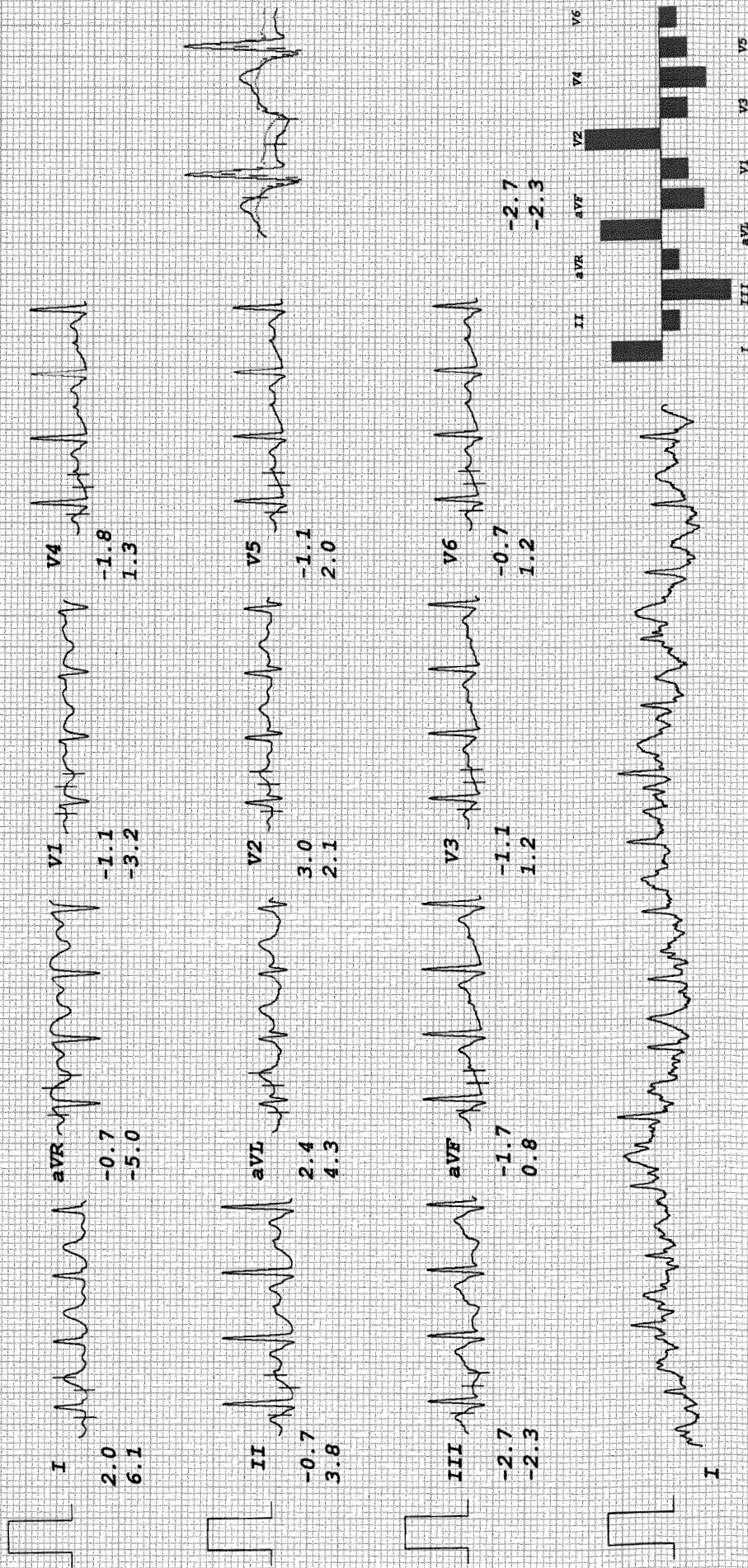
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

## LINKED MEDIAN

Mag. X 2

III





# UNI-EM

APURWA SINHA  
I.D. 22242  
Age 31/M  
Date 07/04/2005

Rate 165bpm  
B.P. 100/70

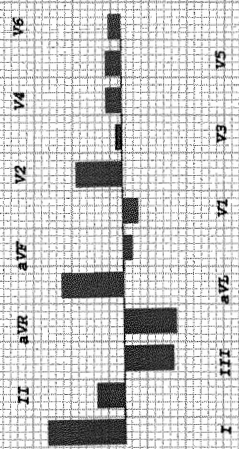
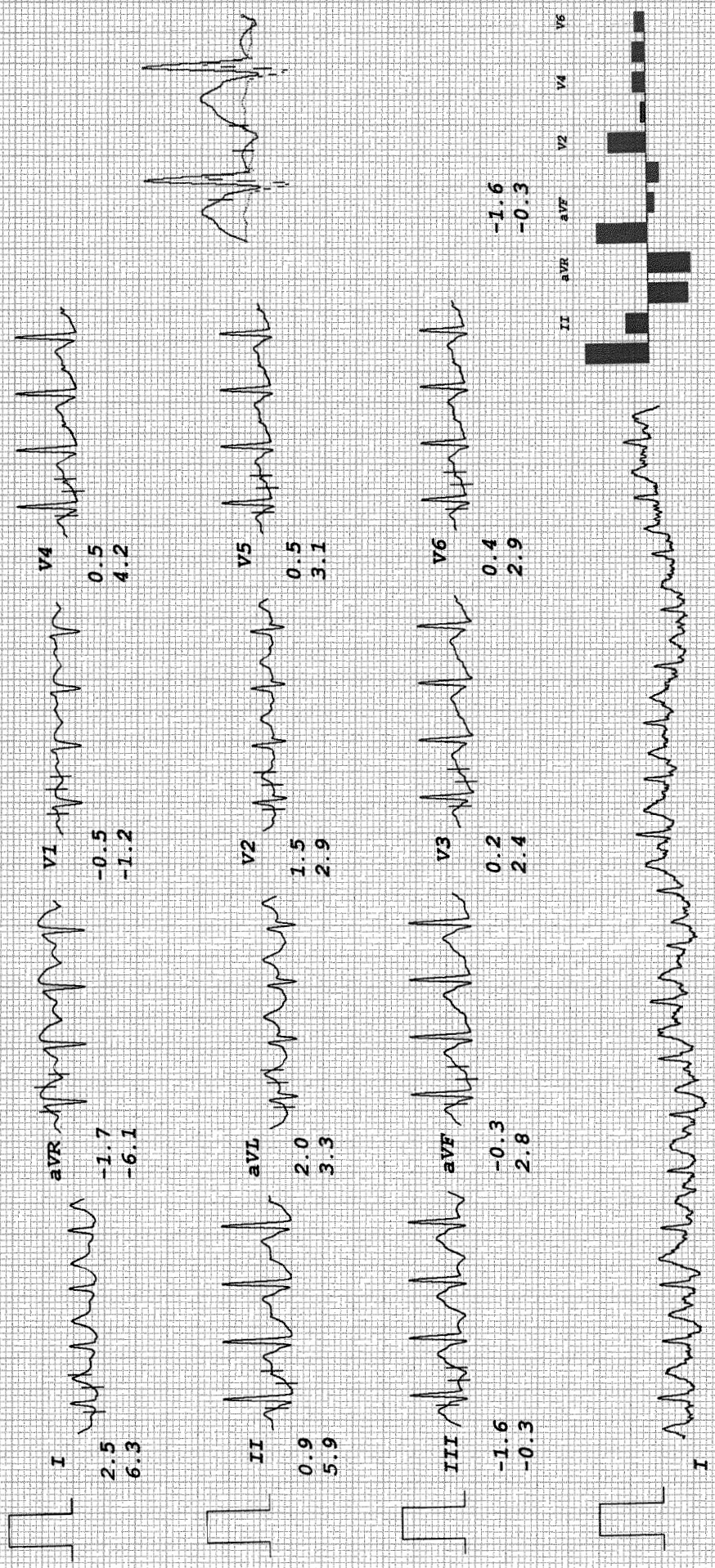
Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 &

## LINKED MEDIAN

Mag. X 2

III



# UNI-EM

**APURWA SINHA**  
**I.D. 22242**  
**Age 31/M**  
**Date 07/04/2005**

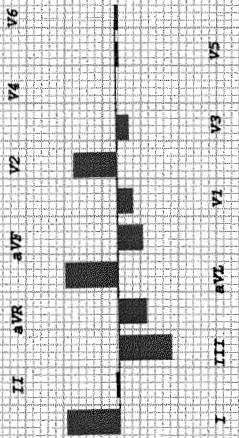
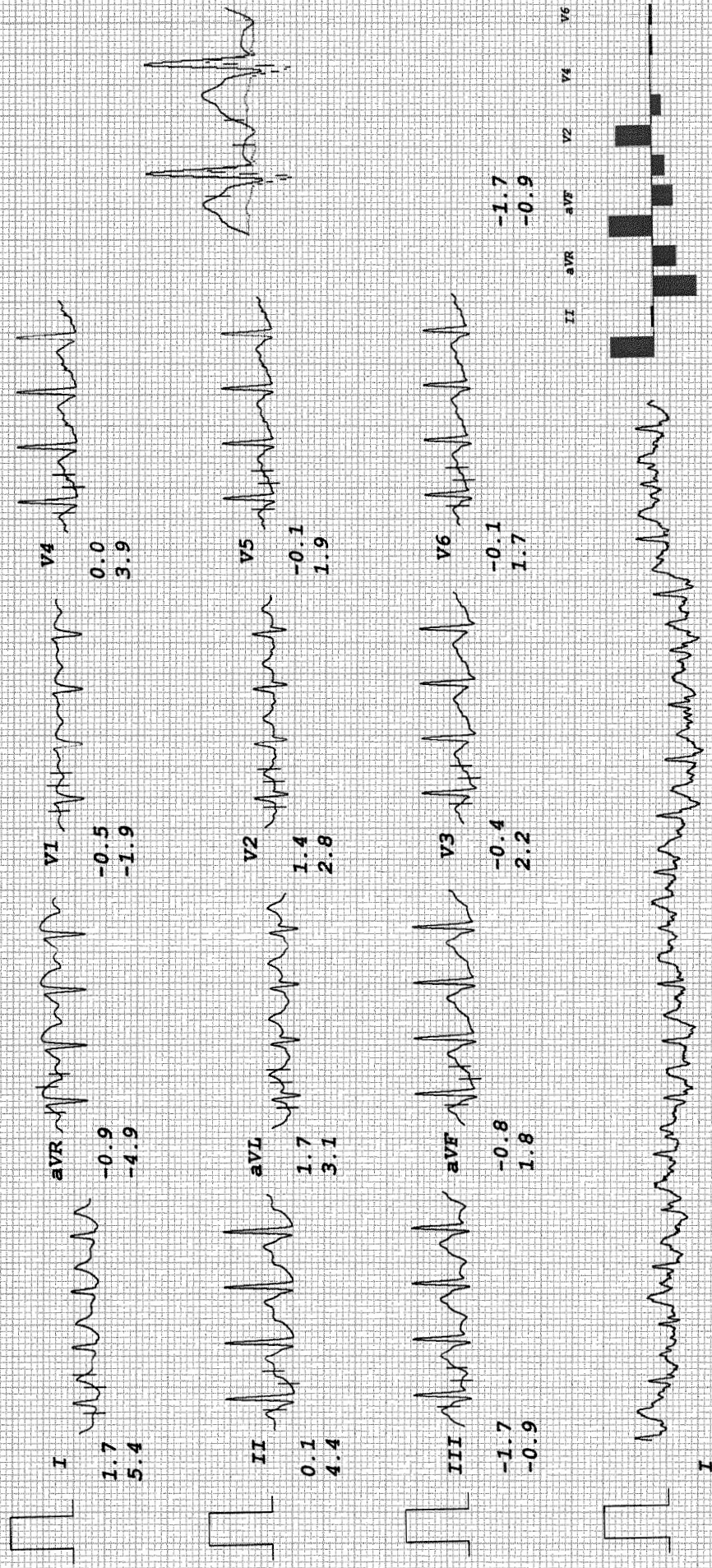
**Bruce**  
**PK-EXERCISE**  
**TOTAL TIME 6:17**  
**PHASE TIME 0:17**

**ST @ 10mm/mV**  
**80ms PostJ**  
**Speed 5.4 km/hr**  
**SLOPE 14 %**

## LINKED MEDIAN

Mag. X 2

III





# UNI-EM

APURWA SINHA  
I.D. 22242  
Age 31/M  
Date 07/04/2005

RATE 100bpm  
B.P. 100/70

Bruce  
RECOVERY

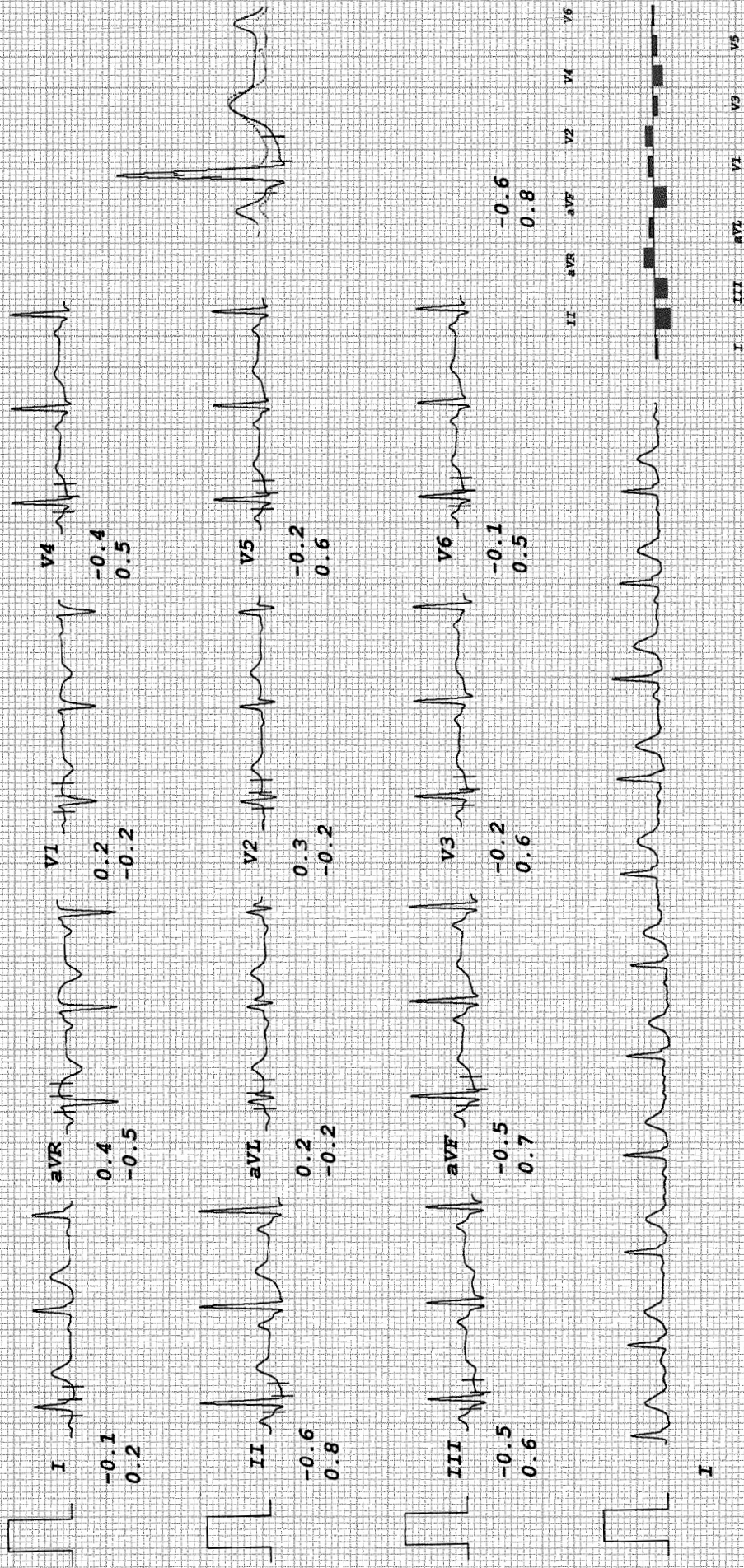
TOTAL TIME 9:20  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

## LINKED MEDIAN

Mag. X 2

II



I

# UNI-EM

ST @ 10mm/mV  
80ms PostJ

Bruce  
RECOVERY  
TOTAL TIME 12:20  
PHASE TIME 5:55

APURWA SINHA  
I.D. 22242  
Age 31/M

LINKED MEDIAN

Date 07/04/2005

Mag. X 2

III

