



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MOHIT SHARMA
DATE OF BIRTH	12-11-1979
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	19-02-2024
BOOKING REFERENCE NO.	23M165768100090050S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. CHAUHAN MONICA
EMPLOYEE EC NO.	165768
EMPLOYEE DESIGNATION	RISK MANAGEMENT
EMPLOYEE PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
EMPLOYEE BIRTHDATE	17-08-1979

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-02-2024** till **31-03-2024**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

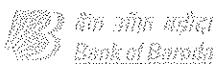
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Issue Date: 15/12/2011



मोहित शर्मा
Mohit Sharma
जन्म तिथि/DOB: 12/11/1979
पुरुष/ MALE

8327 7953 4622

VID : 9160 8170 4210 1108

मेरा पहचान मेरी पहचान

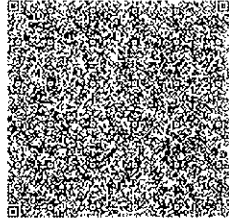
20/11/11



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
एस/ऑफिस सुरेश चंद, सी-203 सेकंड फ्लोर, के एम्
रेजिडेंसी, राज नगर एक्सटेंशन, आई ई साहिबाबाद,
गाजियाबाद,
उत्तर प्रदेश - 201010

Address:
S/O Suresh Chand, C-203 Second Floor, K M
Residency, Raj Nagar Extension,
I.E.Sahibabad, Ghaziabad,
Uttar Pradesh - 201010



8327 7953 4622

VID : 9160 8170 4210 1108

1947 | help@uidai.gov.in | www.uidai.gov.in



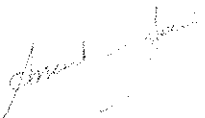
OUTPATIENT RECORD

Hospital No: MH011720333 Visit No: O18000066845
Name: MR MOHIT SHARMA Age/Sex: 44 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN Specialty: OPHTHALMOLOGY MGD
Date: 22/02/2024 11:16AM

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - PHC
SYSTEMIC/ OPHTHALMIC HISTORY - HTN
EXAMINATION DETAILS RIGHT EYE LEFT EYE
VISION 6/6 6/6
CONJ NORMAL NORMAL
CORNEA CLEAR CLEAR
LENS CLEAR CLEAR
OCULAR MOVEMENTS FULL FULL
NCT 13 13
FUNDUS EXAMINATION
OPTIC DISC C:D 0.3 C:D 0.3
MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
E/D NISOL 4 TIMES DAILY BE
REVIEW AFTER 6 MTH


DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmology)"
Reg. No.: 18126



NAME	MR Mohit SHARMA	STUDY DATE	22/02/2024 10:22AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011720333
ACCESSION NO.	R6925824	MODALITY	US
REPORTED ON	22/02/2024 11:09AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 149 mm), shape and shows grade I fatty changes. Rest normal.
 SPLEEN: Spleen is normal in size (measures 97 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 10 mm.
 COMMON BILE DUCT: Appears normal in size and measures 4 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 103 x 49 mm. It shows a concretion measuring 3 mm at mid calyx.
 Left Kidney: measures 91 x 54 mm.
 PELVI-CALYCEAL SYSTEMS: Compact.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 32 x 32 mm with volume 19 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.
 -Right renal concretion.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
 CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MR Mohit SHARMA	STUDY DATE	22/02/2024 10:09AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011720333
ACCESSION NO.	R6925823	MODALITY	CR
REPORTED ON	22/02/2024 10:28AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: There is minimal blunting of left costophrenic angle suggestive of subtle pleural thickening/trace effusion.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

There is minimal blunting of left CP angle suggestive of subtle pleural thickening/trace effusion.

Please correlate clinically



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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



LABORATORY REPORT

Name	: MR MOHIT SHARMA	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011720333	Lab No	: 202402003709
Patient Episode	: H18000001821	Collection Date	: 22 Feb 2024 10:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Feb 2024 13:16
Receiving Date	: 22 Feb 2024 10:00		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	1.560	ng/mL	[<2.500]

Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend



LABORATORY REPORT

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:00

Age : 44 Yr(s) Sex :Male
Lab No : 202402003709
Collection Date : 22 Feb 2024 10:00
Reporting Date : 22 Feb 2024 13:14

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:00

Age : 44 Yr(s) Sex :Male
Lab No : 202402003709
Collection Date : 22 Feb 2024 10:00
Reporting Date : 22 Feb 2024 12:01

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.13	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.6	%	[40.0-50.0]
MCV (DERIVED)	88.9	fL	[83.0-101.0]
MCH (CALCULATED)	30.2	pg	[25.0-32.0]
MCHC (CALCULATED)	34.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	224	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.4		
WBC COUNT (TC) (IMPEDENCE)	5.50	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-



LABORATORY REPORT

Allu

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:56

Dr. ^{Age} ~~Arka~~ Dixit Vats: 44 Yr(s) Sex :Male
Consultant Pathologist 202402003709
Collection Date : 22 Feb 2024 10:56
Reporting Date : 22 Feb 2024 12:25

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	NORMAL	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:00

Age : 44 Yr(s) Sex : Male
Lab No : 202402003709
Collection Date : 22 Feb 2024 10:00
Reporting Date : 22 Feb 2024 12:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.3	%	[0.0-5.6]
As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	105	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	191	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	168 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	45.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	34	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	112.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189



Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:00

Age : 44 Yr(s) Sex : Male
Lab No : 202402003709
Collection Date : 22 Feb 2024 10:00
Reporting Date : 22 Feb 2024 11:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	20.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.06	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.0	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	134.20 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.46	mmol/L	[3.60-5.10]
SERUM CHLORIDE	99.9 #	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: MR MOHIT SHARMA	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011720333	Lab No	: 202402003709
Patient Episode	: H18000001821	Collection Date	: 22 Feb 2024 10:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Feb 2024 11:27
Receiving Date	: 22 Feb 2024 10:00		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	84.9	ml/min/1.73sq.m	[>60.0]
Technical Note			
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	1.08	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.19	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.89	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.92		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	29.00	U/L	[0.00-40.00]



Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:00

Age : 44 Yr(s) Sex :Male
Lab No : 202402003709
Collection Date : 22 Feb 2024 10:00
Reporting Date : 22 Feb 2024 11:28

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	30.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	100.0 #	IU/L	[32.0-91.0]
GGT	20.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:59

Age : 44 Yr(s) Sex : Male
Lab No : 202402003710
Collection Date : 22 Feb 2024 09:59
Reporting Date : 22 Feb 2024 11:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR MOHIT SHARMA
Registration No : MH011720333
Patient Episode : H18000001821
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 14:36


Age : 44 Yr(s) Sex : Male
Lab No : 202402003711
Collection Date : 22 Feb 2024 14:36
Reporting Date : 23 Feb 2024 09:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	104.0	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

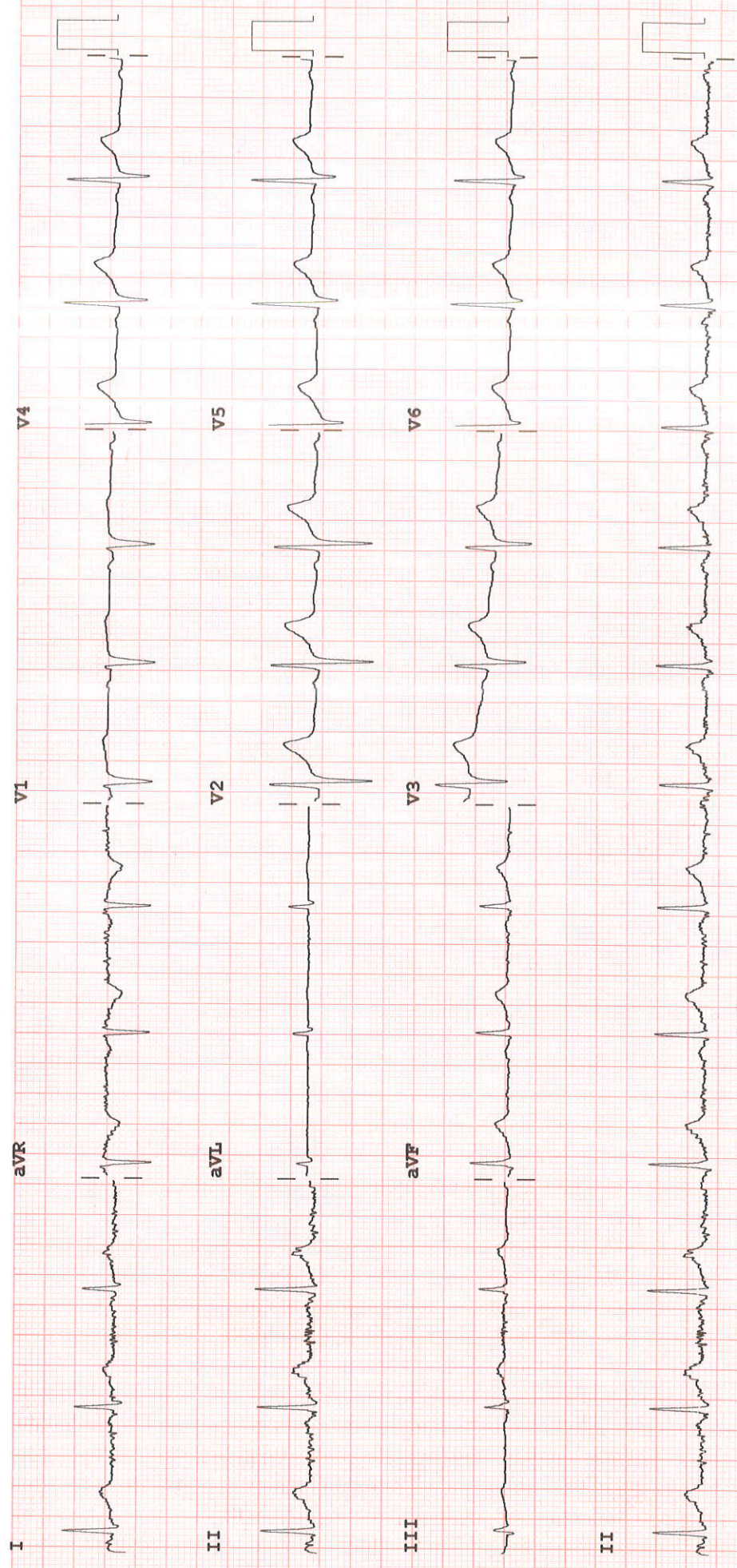
-----END OF REPORT-----


Dr. Charu Agarwal
Consultant Pathologist

(Mohit Sharma)

- NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:

mohit, sharma
ID: 011720333
22-Feb-2024
11:32:14

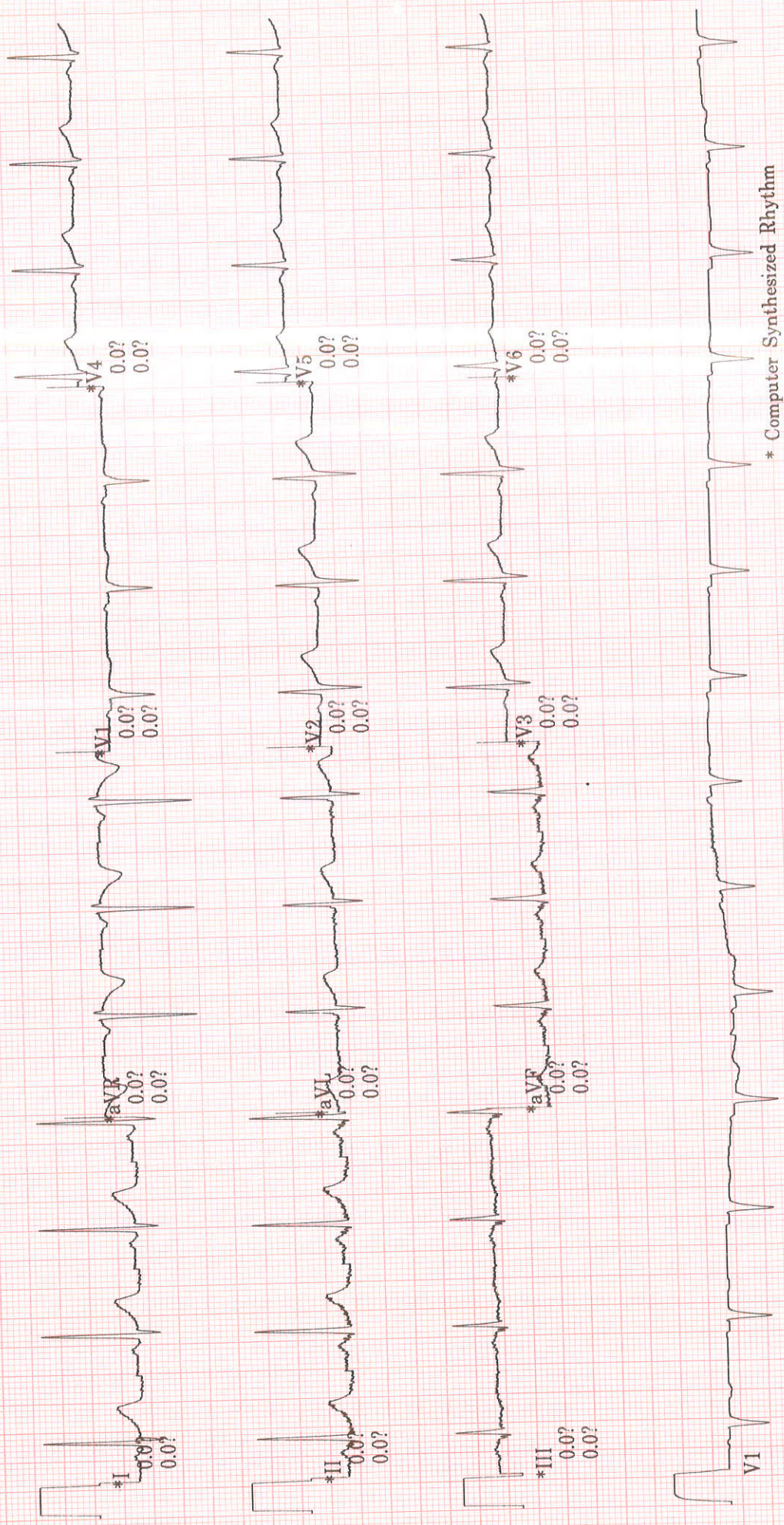
BRUCE
**.*mph
**.*%

PRETEST
SUPINE
0:25

82bpm
BP: 140/90

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

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

* Computer Synthesized Rhythm

MAC55 009C



TMT INVESTIGATION REPORT

Patient Name	MR MOHIT SHARMA	Location	: Ghaziabad
Age/Sex	: 44Year(s)/male	Visit No	: V0000000001-GHZZB
MRN No	MH011720333	Order Date	: 22/02/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 22/02/2024

Protocol	: Bruce	MPHR	: 176BPM
Duration of exercise	: 10min 57sec	85% of MPHr	: 149BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 151BPM
Blood Pressure (mmHg)	: Baseline BP : 140/90mmHg	% Target HR	: 85%
	Peak BP : 150/80mmHg	METS	: 13.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	82	140/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	100	140/80	Nil	No ST changes seen	Nil
STAGE 2	0:06+	111	150/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	133	150/90	Nil	No ST changes seen	Nil
STAGE 4	1:57	151	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:14	91	140/90	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad,Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com