

MR SUBRAMANIAN G,  
Patient ID: MED111966809  
25.11.2023 Male 165 cm 75 kg  
9:00:09am 41 yrs

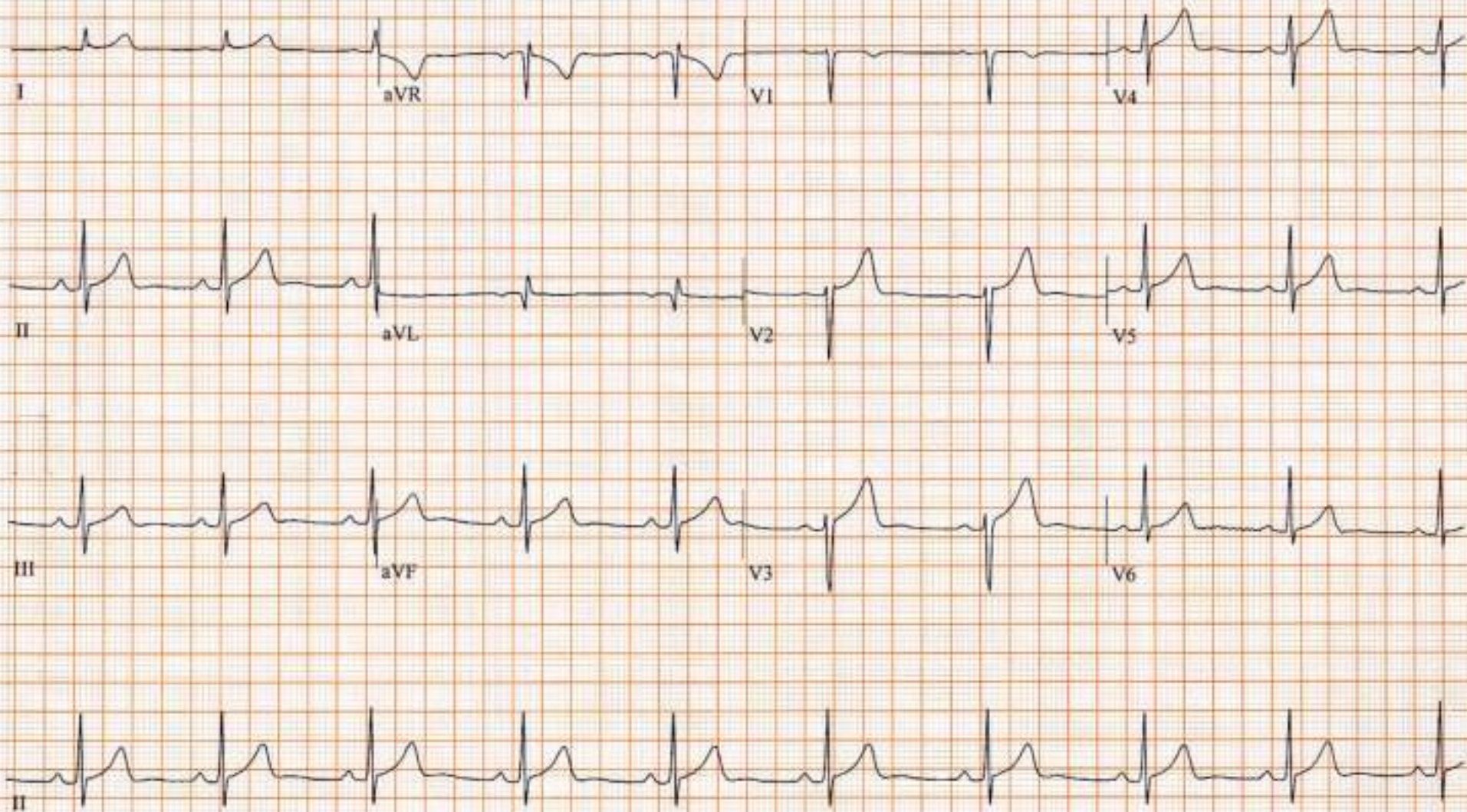
Exercise Test / 12-Lead Report

58 bpm  
120/90 mmHg

PRETEST  
STANDING  
00:22

BRUCE  
0.0 km/h  
0.0 %

MEDALL DIAGNOSTICS, ADYAR



MR SUBRAMANIAN G,  
Patient ID: MED111966809  
25.11.2023 Male 165 cm 75 kg  
9:00:31am 41 yrs

Exercise Test / Linked Medians

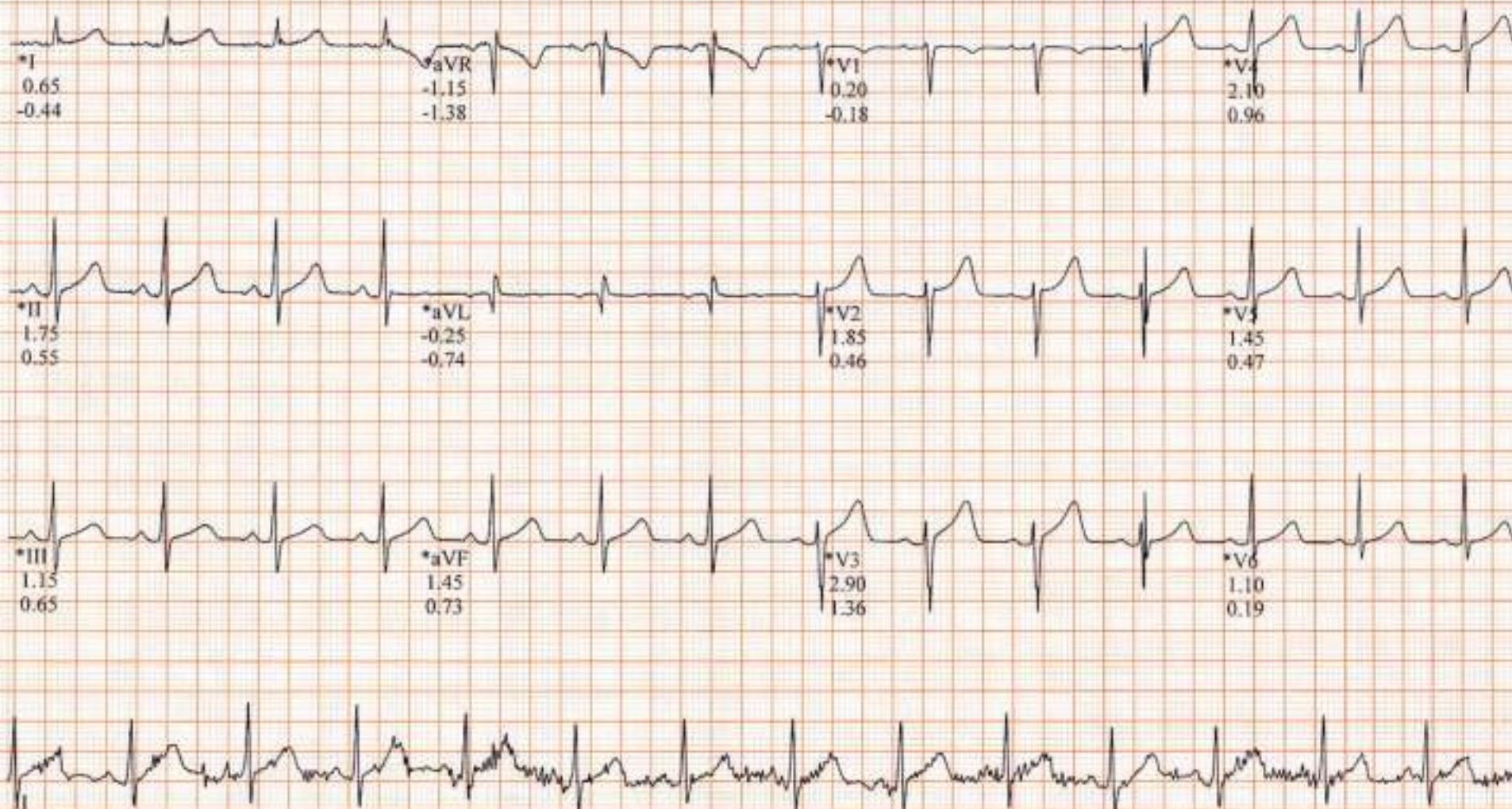
82 bpm  
120/90 mmHg

PRETEST  
WARM-UP  
00:48

BRUCE  
1.6 km/h  
0.0 %

MEDALL DIAGNOSTICS, ADYAR

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



\*Computer Synthesized Rhythms

MR SUBRAMANIAN G,

Patient ID: MED111966809

25.11.2023 Male 165 cm 75 kg

9:03:22am 41 yrs

Exercise Test / Linked Medians

EXERCISE

STAGE 1

02:50

BRUCE

2.7 km/h

10.0 %

MEDALL DIAGNOSTICS, ADYAR

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



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5.II)

Start of Test: 8:59:41am

Page 1 REATA

MR SUBRAMANIAN G,  
Patient ID: MED111966809  
25.11.2023 Male 165 cm 75 kg  
9:06:22am 41 yrs

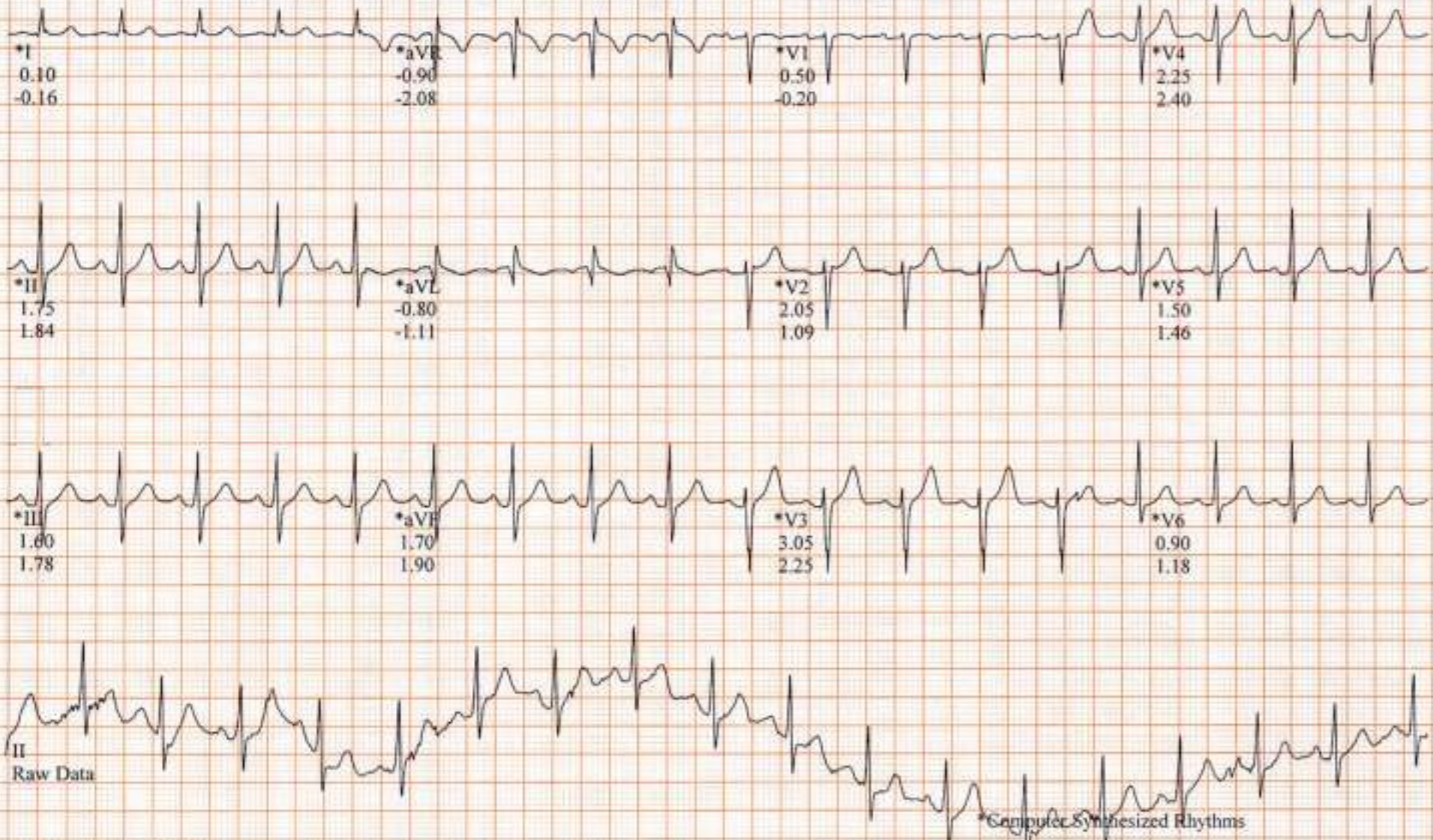
Exercise Test / Liked Medians

EXERCISE  
STAGE 2  
05:50

BRUCE  
4.0 km/h  
12.0 %

MEDALL DIAGNOSTICS, ADYAR

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



MR SUBRAMANIAN G,  
Patient ID: MED111966809  
25.11.2023 Male 165 cm 75 kg  
9:09:22am 41 yrs

Exercise Test / Linked Medians

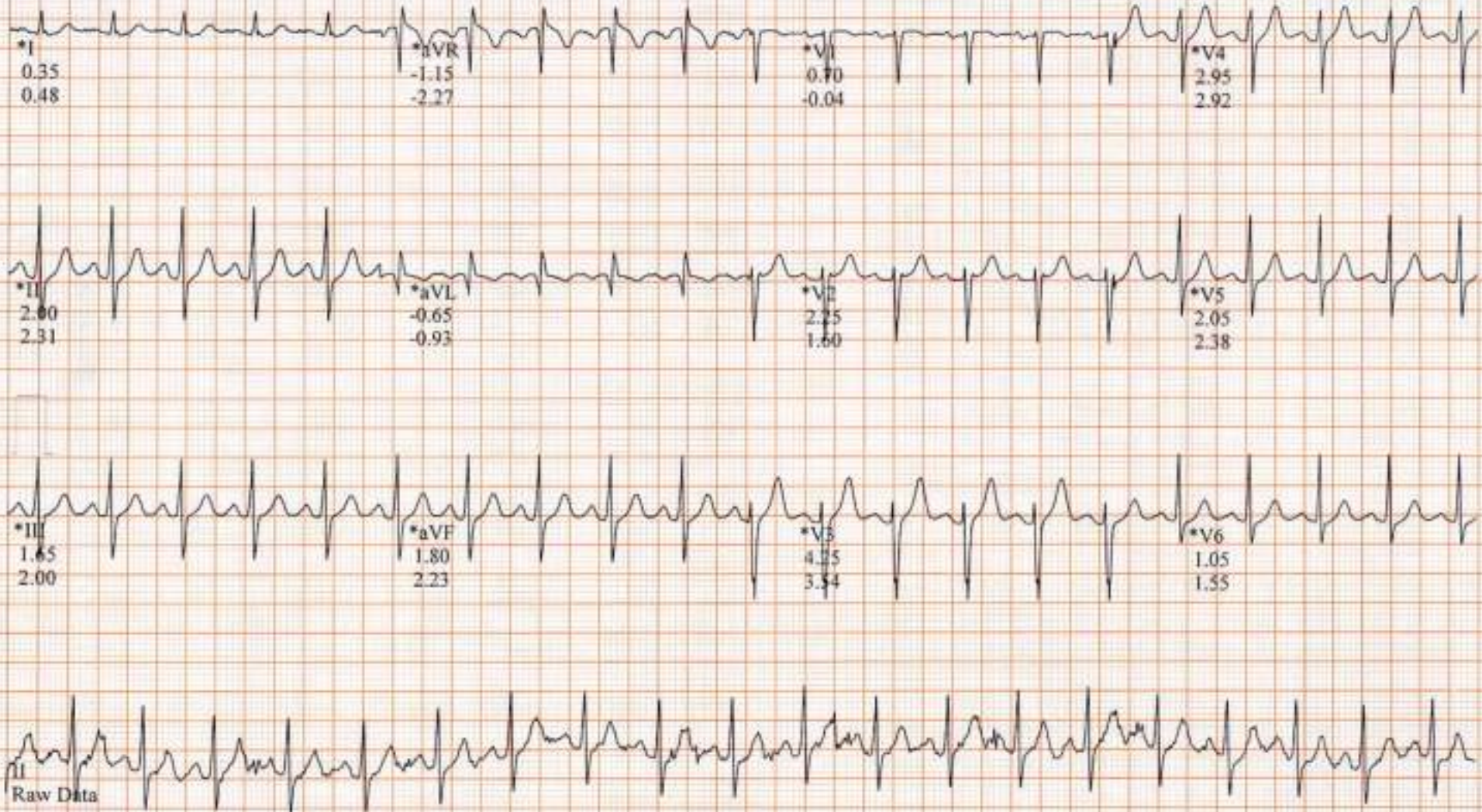
123 bpm  
140/90 mmHg

EXERCISE  
STAGE 3  
08:50

BRUCE  
5.4 km/h  
14.0 %

MEDALL DIAGNOSTICS, ADYAR

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



\*Computer Synthesized Rhythms

MR SUBRAMANIAN G.

Exercise Test / Linked Medians ( PEAK EXERCISE )

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED111966809

EXERCISE

BRUCE

25.11.2023 Male 165 cm 75 kg

STAGE 4

6.7 km/h

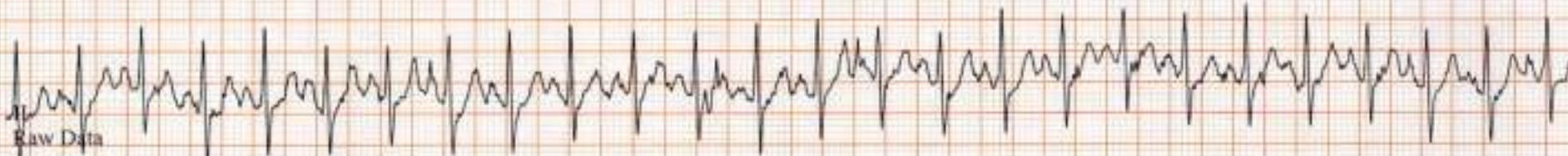
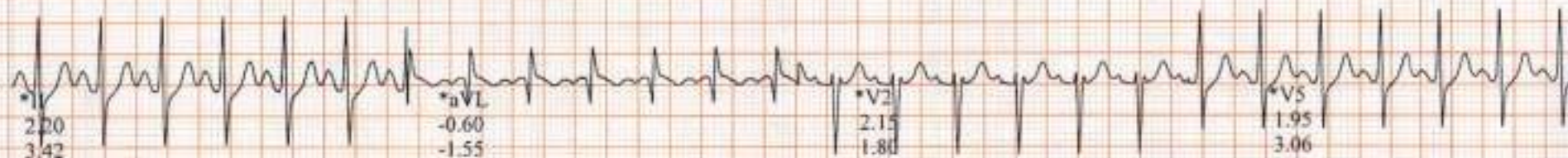
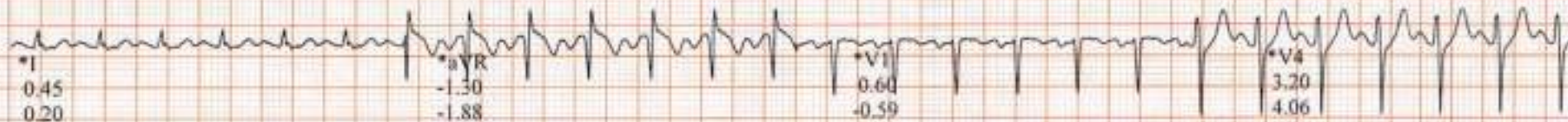
9:11:33am 41 yrs

153 bpm  
140/90 mmHg

11:01

16.0 %

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



\*Computer Synthesized Rhythms

MR SUBRAMANIAN G,

Patient ID: MED111966809

25.11.2023 Male 165 cm 75 kg

9:12:22am 41 yrs

Exercise Test / Linked Medians

126 bpm

RECOVERY

#1

00:50

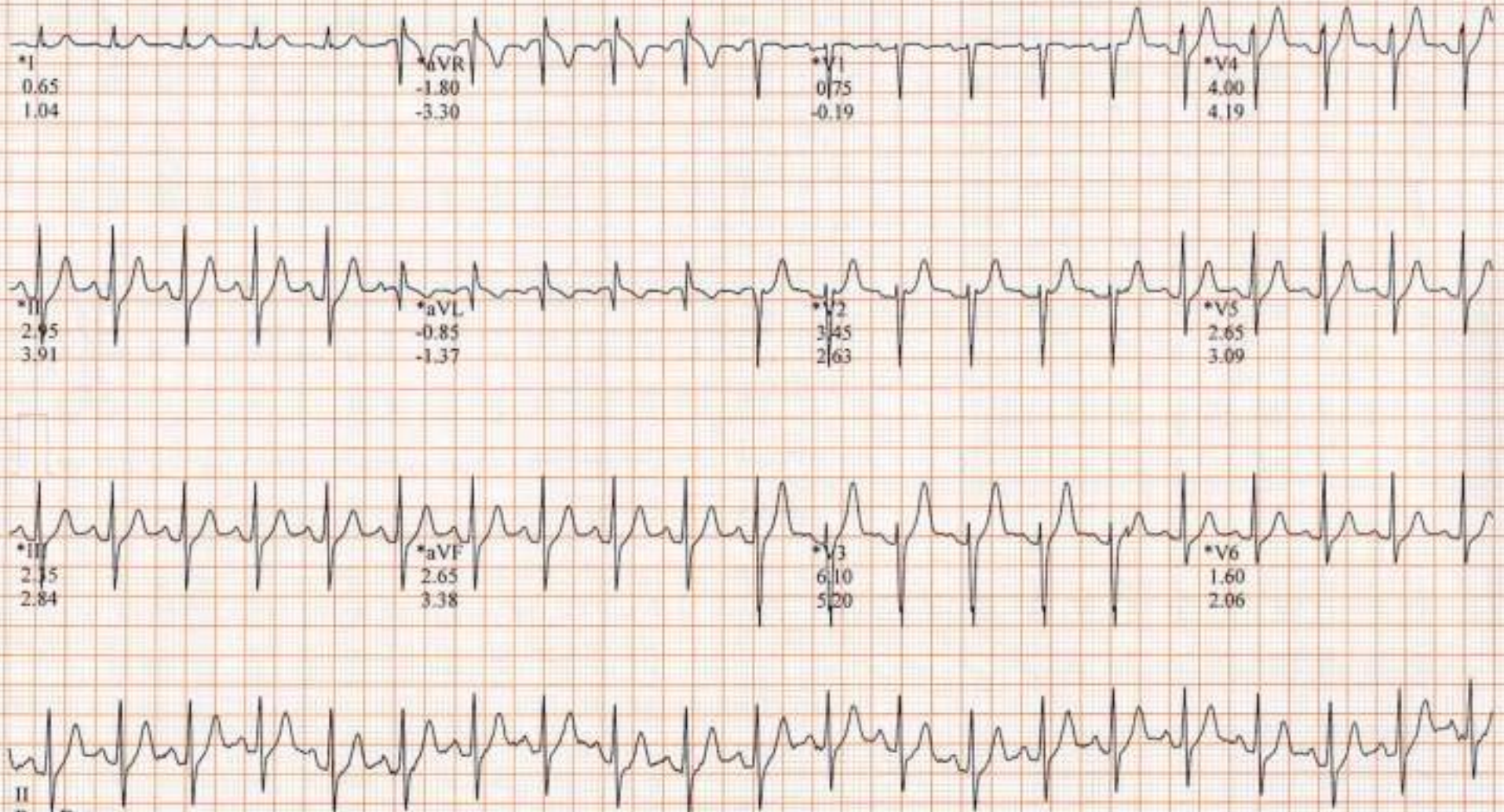
BRUCE

2.4 km/h

0.0 %

MEDALL DIAGNOSTICS, ADYAR

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



II  
Raw Data

\*Computer Synthesized Rhythms

MR SUBRAMANIAN G,  
Patient ID: MED111966809  
25.11.2023 Male 165 cm 75 kg  
9:14:22am 41 yrs

Exercise Test / Linked Medians

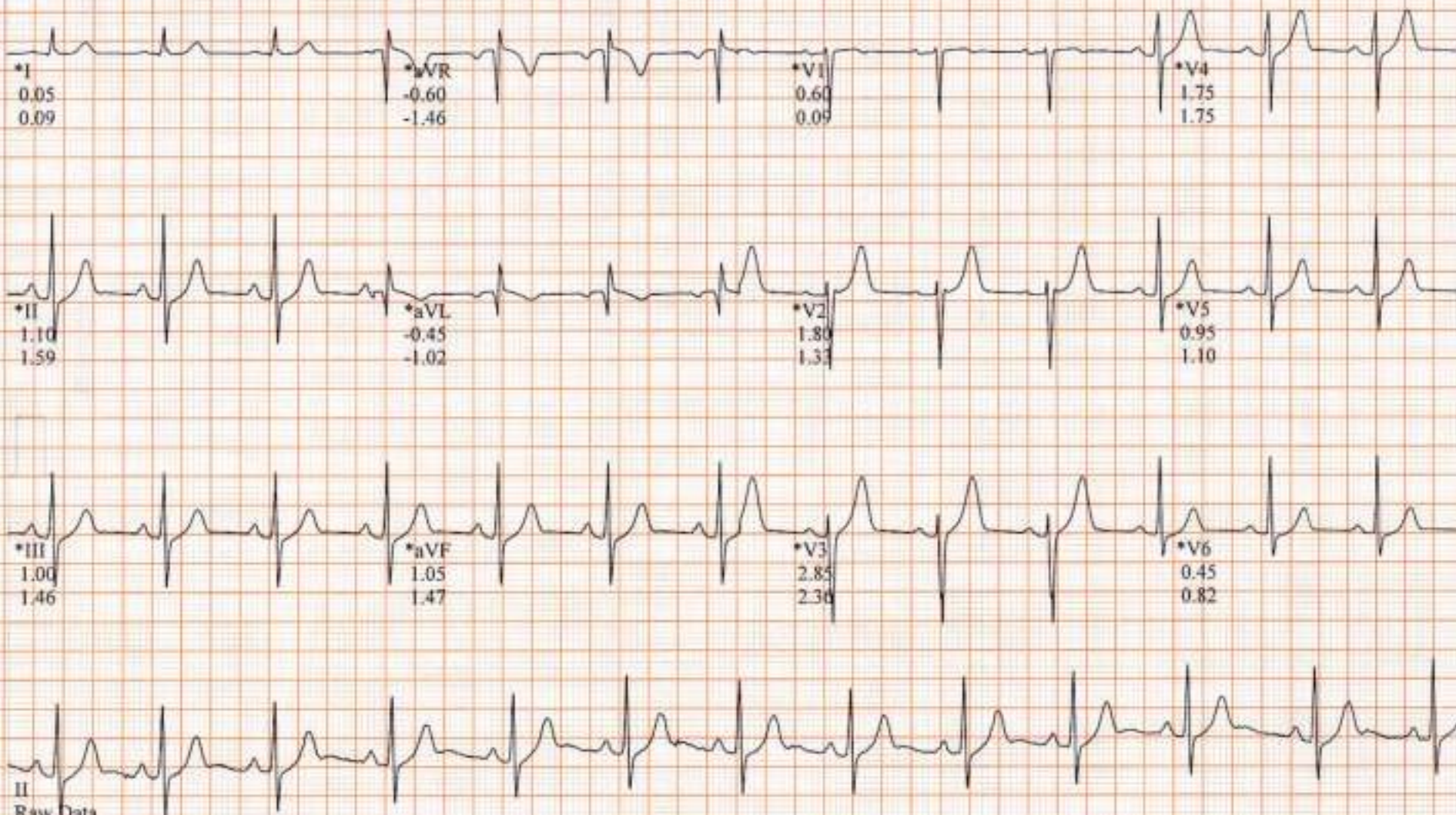
78 bpm  
150/90 mmHg

RECOVERY  
#1  
02:50

BRUCE  
0.0 km/h  
0.0 %

MEDALL DIAGNOSTICS, ADYAR

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



\*Computer Synthesized Rhythms



Patient ID: MED111966809

25.11.2023

Male 165 cm 75 kg

8:59:41am

41 yrs

Meds:

Test Reason: Screening for CAD

Medical History: Nothing specific

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 11:00

Max HR: 155 bpm 86 % of max predicted 179 bpm HR at rest: 55

Max BP: 150/90 mmHg BP at rest: 120/90 Max RPP: 21700 mmHg\*bpm

Maximum Workload: 13.30 METS

Max ST: 0.05 mm, 0.14 mV/s in I; RECOVERY 2:50

Arrhythmia: A:2, PVC:1, PSVC:6

HR reserve used: 79 %

HR recovery: 33 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: -0.012 mV (I)

QRS duration: BASELINE: 84 ms, PEAK EX: 84 ms, REC: 86 ms

**Reasons for Termination:** Target heart rate achieved

Room:

Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	Workload [ METS ]	HR [ bpm ]	BP [ mmHg ]	RPP [ mmHg*bp ]	VE [ /min ]	ST Level I [ mm ]	Comment
PRETEST	SUPINE	00:02	0.00	0.00	1.0	56			0	0.45	
	STANDING	00:24	0.00	0.00	1.0	58	120/90	6960	0	0.50	
	HYPERV.	00:02	0.00	0.00	1.0	58		6960	0	0.50	
	WARM-UP	00:26	1.60	0.00	1.2	83		9960	0	0.60	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	94	120/90	11280	0	0.55	
	STAGE 2	03:00	4.00	12.00	7.0	107	140/90	14980	0	0.15	
	STAGE 3	03:00	5.40	14.00	10.0	127	140/90	17780	0	0.20	
	STAGE 4	02:01	6.70	16.00	13.3	153	140/90	21420	0	0.60	
RECOVERY		03:07	0.00	0.00	1.0	71	150/90	10650	0	0.10	

MEDALL DIAGNOSTICS, ADYAR  
--  
CHENNAI

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: MR SUBRAMANIAN G,  
Patient ID: MED111966809  
Height: 165 cm  
Weight: 75 kg

DOB: 15.04.1982  
Age: 41 yrs  
Gender: Male  
Race:

Study Date: 25.11.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
Nothing specific

Reason for Exercise Test:  
Screening for CAD

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:02	0.00	0.00	56		
	STANDING	00:24	0.00	0.00	58	120/90	
	HYPERV.	00:02	0.00	0.00	58		
	WARM-UP	00:26	1.60	0.00	83		
EXERCISE	STAGE 1	03:00	2.70	10.00	94	120/90	
	STAGE 2	03:00	4.00	12.00	107	140/90	
	STAGE 3	03:00	5.40	14.00	127	140/90	
	STAGE 4	02:01	6.70	16.00	153	140/90	
RECOVERY		03:07	0.00	0.00	71	150/90	

The patient exercised according to the BRUCE for 11:00 min:s, achieving a work level of Max. METS: 13.30. The resting heart rate of 55 bpm rose to a maximal heart rate of 155 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/90 mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Work done 13.30 METS

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### Conclusions

Submaximal exercise shows Negative  
for inducible ischaemia and arrhythmia  
Excellent effort T. Blase

Physician

Technician

Prof. Dr. N. Subramanian  
MD, DM, FRCP, FACC  
Sr. Consultant Cardiologist  
Reg. No. 14878

Name : Mr. SUBRAMANIAN.G  
PID No. : MED111966809  
SID No. : 1802339682  
Age / Sex : 41 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 25/11/2023 7:51 AM  
Collection On : 25/11/2023 8:08 AM  
Report On : 25/11/2023 2:31 PM  
Printed On : 27/11/2023 2:57 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin

13.7

g/dL

13.5 - 18.0

(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit

**41.7**

%

42 - 52

(EDTA Blood/Derived from Impedance)

RBC Count

4.97

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Impedance Variation)

Mean Corpuscular Volume(MCV)

84.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin(MCH)

27.7

pg

27 - 32

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin concentration(MCHC)

32.9

g/dL

32 - 36

(EDTA Blood/Derived from Impedance)

RDW-CV

13.7

%

11.5 - 16.0

(EDTA Blood/Derived from Impedance)

RDW-SD

40.28

fL

39 - 46

(EDTA Blood/Derived from Impedance)

Total Leukocyte Count (TC)

4900

cells/cu.m  
m

4000 - 11000

(EDTA Blood/Impedance Variation)

Neutrophils

43.6

%

40 - 75

(EDTA Blood/Impedance Variation & Flow Cytometry)

Lymphocytes


**47.2**

%

20 - 45

(EDTA Blood/Impedance Variation & Flow Cytometry)



  
Dr Archana K MD Ph.D  
Consultant Pathologist  
Reg No : 79967

APPROVED BY

The results pertain to sample tested.

Page 1 of 8

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Name : Mr. SUBRAMANIAN.G

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Type : OP

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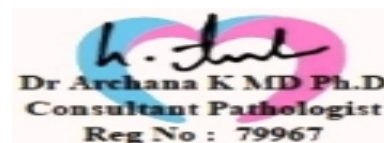
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.2	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.14	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.31	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	224	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15



APPROVED BY

The results pertain to sample tested.

Page 2 of 8

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	6.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	74.8	mg/dL	70 - 140
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**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

**Remark:** Please correlate clinically.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.7	mg/dL	7.0 - 21
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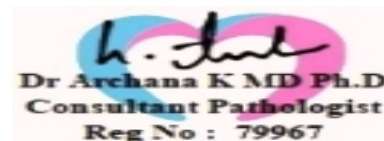
Creatinine (Serum/Modified Jaffe)	0.90	mg/dL	0.9 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.7	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
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Page 3 of 8

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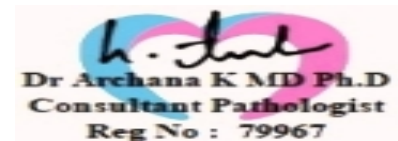
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71.3	U/L	53 - 128
Total Protein (Serum/Biuret)	6.58	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.49	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.64		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>208.7</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	100.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Page 4 of 8

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual\_ circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	37.7	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
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LDL Cholesterol (Serum/Calculated)	150.9	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
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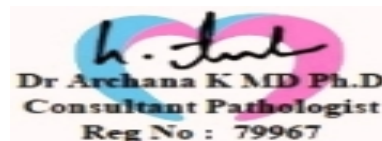
VLDL Cholesterol (Serum/Calculated)	20.1	mg/dL	$< 30$
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Non HDL Cholesterol (Serum/Calculated)	171.0	mg/dL	Optimal: $< 130$ Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq 220$
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**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.5		Optimal: $< 3.3$ Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: $> 11.0$
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.7		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$
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Page 5 of 8

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	116.89	mg/dL
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**INTERPRETATION: 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 glyceimic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

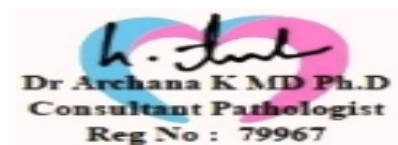
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.22	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
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**INTERPRETATION:REMARK :** PSA alone should not be used as an absolute indicator of malignancy.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.03	ng/ml	0.7 - 2.04
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APPROVED BY



Name : Mr. SUBRAMANIAN.G

PID No. : MED111966809

SID No. : 1802339682

Age / Sex : 41 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 25/11/2023 7:51 AM

Collection On : 25/11/2023 8:08 AM

Report On : 25/11/2023 2:31 PM

Printed On : 27/11/2023 2:57 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total	7.96	µg/dl	4.2 - 12.0
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone)	1.48	µIU/mL	0.35 - 5.50
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**Urine Analysis - Routine**

COLOUR	Pale Yellow	Yellow to Amber
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(Urine)

APPEARANCE	Clear	Clear
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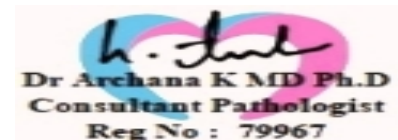
(Urine)

Protein	Negative	Negative
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(Urine/Protein error of indicator)

Glucose	Negative	Negative
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(Urine/GOD - POD)



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The results pertain to sample tested.

Page 7 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name : Mr. SUBRAMANIAN.G

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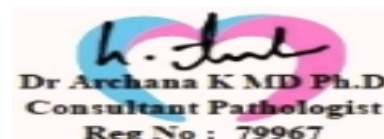
Report On : 25/11/2023 2:31 PM

Printed On : 27/11/2023 2:57 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine/Automated ~ Flow cytometry )	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry )	0 - 1	/hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated ~ Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated ~ Flow cytometry )	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

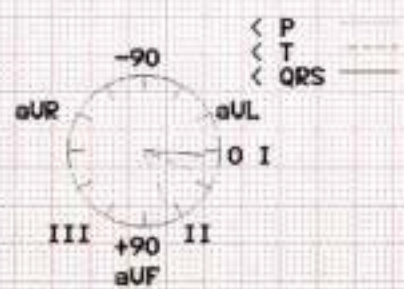


APPROVED BY

-- End of Report --

Measurement Results:

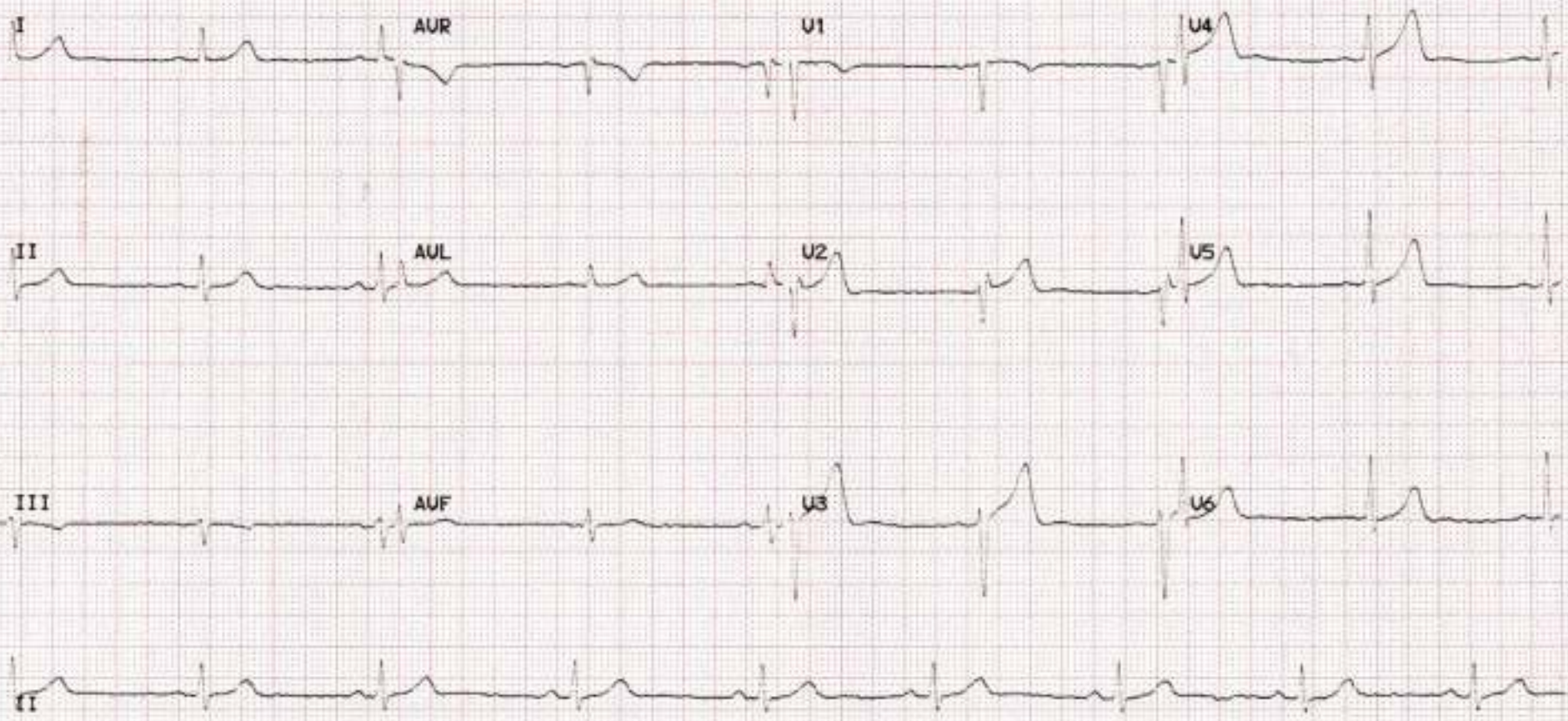
QRS	:	90 ms
QT/QTcB	:	426 / 392 ms
PR	:	162 ms
P	:	96 ms
RR/PP	:	1180 / 1175 ms
P/QRS/T	:	67/ 5/ 23 degrees



Interpretation:  
 12SL - Interpretation:  
 Sinus bradycardia  
 Otherwise normal ECG

75.4  
 165.5  
 27.5

Unconfirmed report.



Name	SUBRAMANIAN.G	ID	MED111966809
Age & Gender	41-Male	Visit Date	25-11-2023 15:06:27
Ref Doctor Name	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.5 x 5.7 cms.

The left kidney measures 10.5 x 5.7 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass

or calculus.

#### REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	SUBRAMANIAN.G	ID	MED111966809
Age & Gender	41-Male	Visit Date	25-11-2023 15:06:27
Ref Doctor Name	MediWheel		

The prostate measures 4.2 x 2.8 x 2.3 cms and is normal sized with a volume of 15 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

**IMPRESSION:**

- **Normal study.**

sr

**DR.AZAKU TAMIL SELVI D.M.R.D,M.D.R.D,**  
CONSULTANT RADIOLOGIST

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Name	Mr. SUBRAMANIAN.G	ID	MED111966809
Age & Gender	41 Y/M	Visit Date	Nov 25 2023 7:51AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression: No significant abnormality detected.***



DR. MOHAN. B  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST