

Patient Name	Ankit Shubham,	Date	10/8/2024,
Age	33yr.	UHID No	
Sex	Male.	Ref By	
Occupation	Banla.	Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	- bedwetting on/off : 3 month.				
PAST HISTORY	- No H/O any major.				
MEDICAL HISTORY	Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No.	No.	No.	No.	No.
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No.	No.	No.	No.	No.
	Other History	H/O covid -19 Pneumonia Oct-2022. on ventilatory support.			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No.	No.	No.	No.	No.
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		None			

NAME	Anil Shubham	Weight	119 kg
BP	110/80 mmHg	Height	176 cm
Pulse	75 bpm	SPO2	97% RA
Temperature	Afebrile	Peripheral Pulses	Present
Oedema	Absent	Breath Sound	ACBC
Heart Sound	S1S2-		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM		
Fever	} NO	Frequency of urine	} NO	
Chills		Blood in urine		
Recent weight gain		Incomplete empty of bladder		
EYES		Nycturia		
Eye pain	} Distant vision glass @ 15m	Dysuria	} NO	
Spots before eyes		Urge Incontinence		
Dry eyes		OBS/GYNE.		
Wearing glasses		Abnormal bleed		} NO
Vision changes	Vaginal Discharge			
Itchy eyes	Irregular menses			
EAR/NOSE/THROAT		Midcycle bleeding		
Earaches	} NO	MUSCULOSKELETAL		
Nose bleeds		Joint swelling	} lower back pain	
Sore throat		Joint pain		
Loss of hearing		Limb swelling		
Sinus problems		Joint stiffness		
Dental problems	INTEGUMENTARY(SKIN)			
CARDIOVASCULAR		Acne	} NO	
Chest pain	Breast pain			
Heart rate is fast/slow	Change in mole			
Palpitations	Breast			
Leg swelling		NEUROLOGICAL		
RESPIRATORY		Confused	} NO	
Shortness of breath	} Dyspnoea - on exertion H/o dry cough	Sensation in limbs		
Cough		Migraines		
Orthopnoea		Difficulty walking		
Wheezing		PSYCHIATRIC		
Dyspnoea		Suicidal	} NO	
Respiratory distress in sleep		Change in personality		
GASTROINTESTINAL		Anxiety		
Abdominal pain	} NO	Sleep Disturbances		
Constipation		Depression		
Heartburn		Emotional		
Vomiting				
Diarrhoea				
Melena				

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CFSPS9230K

नाम / Name
ANKIT SHUBHAM

पिता का नाम / Father's Name
ABHAY KUMAR JHA

जन्म तिथि / Date of Birth
14/11/1990

Ankit Shubham
हस्ताक्षर / Signature



OSU
Sw.
Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944

VRX HEALTHCARE PVT. LTD.
Shop No.34-38, Gayatri Satsang Building,
Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101.
Mobile No.: 7506155999 / 7045955999

Ankit Shubham



Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. ANKIT SHUBHAM	UHID	: VRX-42948
Age / Gender	: 33 Years 8 Months /M	Registered On	: 10/08/2024 09:42
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 09:50
		Reported On	: 10/08/2024 15:29

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	14.2	13.0 - 17.0 gm/dl	
RBC COUNT	5.25	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	43.8	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	83.43	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	27.05	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	32.42	31.5 - 34.5 g/dl	
RDW	14.3	11.6 - 14.0 %	
WBC COUNT	8.6	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	63	40 - 80 %	
LYMPHOCYTES	28	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	6	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	393	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.3	6.78 - 13.46 %	
PDW	16.2	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS
EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

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VRX Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
ESR	13	< 20 mm at the end of 1Hr.	WESTERGREN
INTERPRETATION ESR(Erythrocyte Sedimentation Rate) -The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. <i>Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.</i> <i>Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			

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NRS Jain

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40</u>			
BLOOD GROUP	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

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		Reported On	: 10/08/2024 15:29

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	138.0	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : \geq 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols

FASTING BLOOD SUGAR

FBS	102.0	< 100 mg/dl	GODPOD
URINE SUGAR	ANSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
Patient Name : MR. ANKIT SHUBHAM
Age : 33 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065762
Registered On : 10/08/2024,05:09 PM
Collected On : 10/08/2024,05:20 PM
Reported On : 10/08/2024,10:41 PM
SampleID :

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	6.5	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 139.8 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Entered By

Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385

Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Correlation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better than the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

Lipid Test

TOTAL CHOLESTEROL	145.2	130 - 200 mg/dl	
TRIGLYCERIDES	155.8	25 - 160 mg/dl	
HDL CHOLESTEROL	49.53	35 - 80 mg/dl	
LDL CHOLESTEROL	64.51	< 100 mg/dl	
VLDL CHOLESTEROL	31.16	7 - 35 mg/dl	
LDL-HDL RATIO	1.3	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	2.93	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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N. Jain

Dr. Vipul Jain
M.D.(PATH)



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

LIVER FUNCTION TEST

SGOT	32.3	5 - 40 U/L	
SGPT	34.6	5 - 45 U/L	
TOTAL BILIRUBIN	0.76	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.16	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.6	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	6.94	6.0 - 8.3 g/dl	
ALBUMIN	4.17	3.5 - 5.2 g/dl	
GLOBULIN	2.77	2.0 - 3.5 g/dl	
A/G RATIO	1.51	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	122.4	53 - 128 U/L	
GGT	26.0	3 - 60 U/L	

REMARKS

SAMPLE : SERUM,PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

TOTAL PROTEINS

TOTAL PROTEINS	6.94	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.17	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.77	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.51	1.0 - 2.0 g/dl	BIURET

BUN

UREA	18.79	19 - 44 mg/dl	
BLOOD UREA NITROGEN	8.78	9.0 - 20.5 mg/dl	
CREATININE	0.85	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
URIC ACID	6.5	3.5 - 7.2 mg/dl	URICASE

BUN / CREAT RATIO

BUN (Blood Urea Nitrogen)	8.78	9.0 - 20.5 mg/dL	
Creatinine	0.85	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	10.33	5.0 - 23.5	

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

URINE ROUTINE			
Investigations	Observed Value	Bio. Ref. Interval	METHOD
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.020		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

STOOL ROUTINE

COLOUR	BROWNISH		
FORM AND CONSISTENCY	SEMI-SOLID		
MUCUS	ABSENT		
FRANK BLOOD	ABSENT		
WORMS	ABSENT		
OCCULT BLOOD	NEGATIVE		
PUS CELLS	1-2		
EPITHELIAL CELLS	NIL		
RBCS	NIL		
OVA	ABSENT		
TROPHOZOITES	NIL		
CYST	ABSENT		
FAT BODIES	ABSENT		
MACROPHAGES	ABSENT		
VEGETABLE FIBRES	ABSENT		
YEAST CELLS	ABSENT		

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Gender : MALE
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Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065762
Registered On : 10/08/2024,05:09 PM
Collected On : 10/08/2024,05:20 PM
Reported On : 10/08/2024,10:41 PM
SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	80.0	ng/dL	58-159
Total T4 Method : ECLIA	7.2	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	3.595	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





UHID : AM10.24000000001
 Patient Name : MR. ANKIT SHUBHAM
 Age : 33 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065762
 Registered On : 10/08/2024,05:09 PM
 Collected On : 10/08/2024,05:20 PM
 Reported On : 10/08/2024,10:41 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3 (Total Tri- iodo- thyronine) is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyrodism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyotrpin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

----- End of Report -----

Results are to be correlated clinically

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 Thakur Village, Kandivali East,
 Mumbai, Maharashtra - 400 101.
 Mobile No.: 7506155999 / 7045955999

Scan to Validate



Entered By

Verified By

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516





Patient Name: MR. ANKIT SHUBHAM

AGE: 33 Yrs/ M

Ref. by: MEDIWHEEL

Date: 10/08/2024

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 **increased echotexture** without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: portal vein appears normal.

GALL BLADDER: The gall bladder is well distended. 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 part of 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 is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11.3 x 4.9 cm	12.6 x 6.2 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 distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted. Pre void - 10cc

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.....Continue On Page 2





(MR. ANKITPG 2)

PROSTATE: Prostate is normal in size, measures cc. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

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

IMPRESSION:

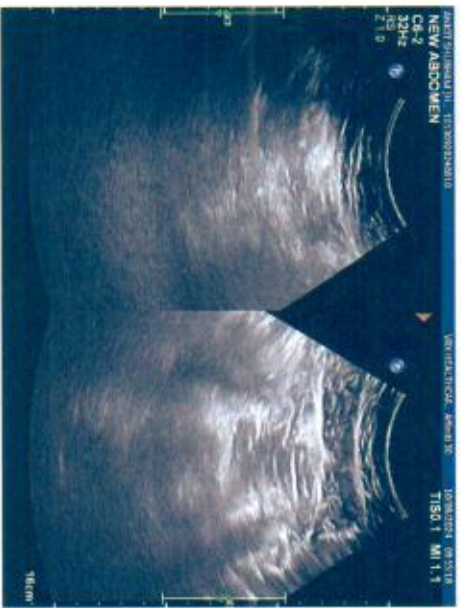
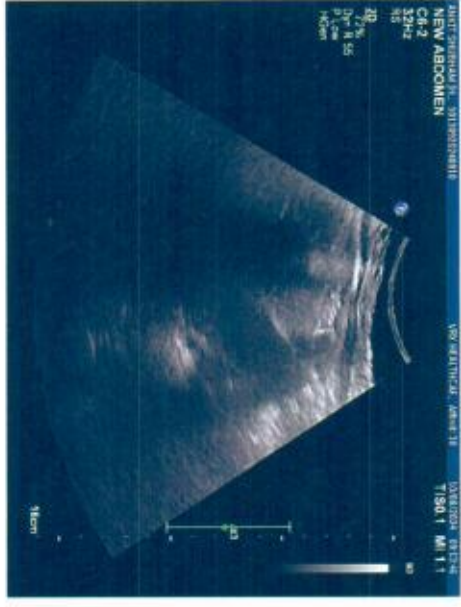
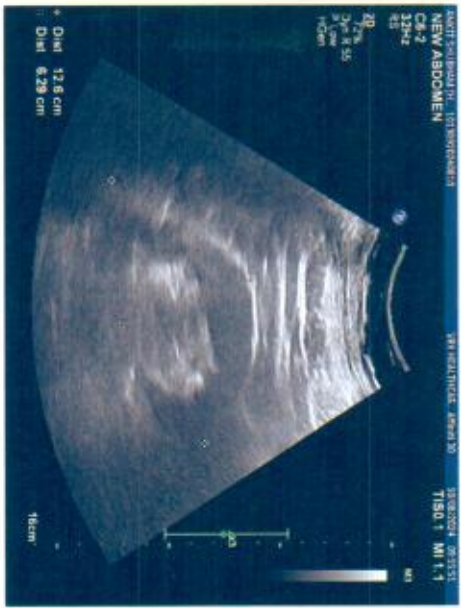
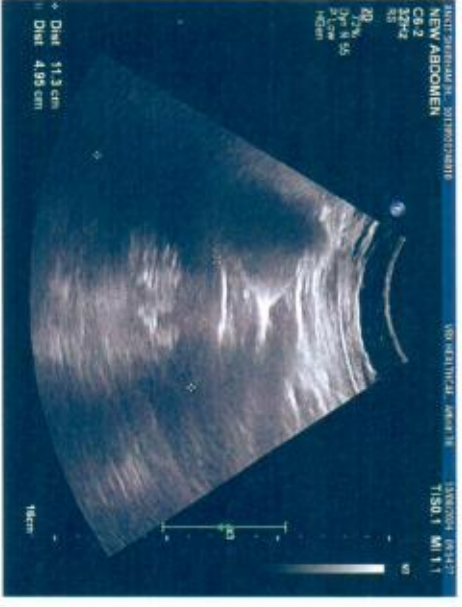
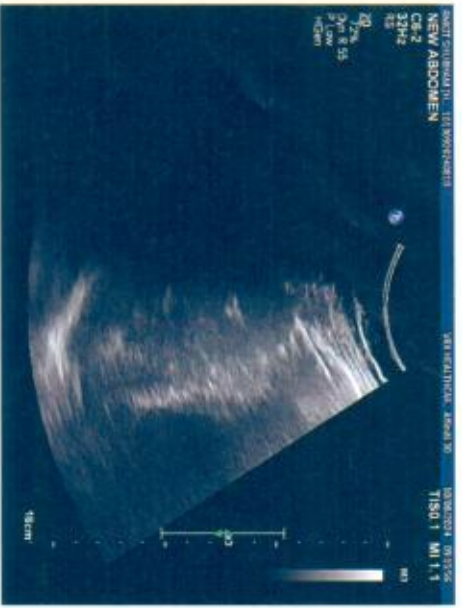
- **Grade III fatty liver .**

Thanks for the reference.

With regards,

**DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.**

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Patient Name:	MR.ANKIT SHUBHAM	M/ 33 YRS
Ref. by:	MEDI WHEEL	Date: 10/08/2024

XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

Please correlate clinically.


DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.

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Mumbai, Maharashtra - 400 101.
Mobile No. : 7506155999 / 7045955999

12 Ankit, shubham
DOB 14/11/1990 33 Years Male

10/08/2024 12:27:19
VRX HEALTHCARE PVT LTD

Rate 73 Sinus rhythm

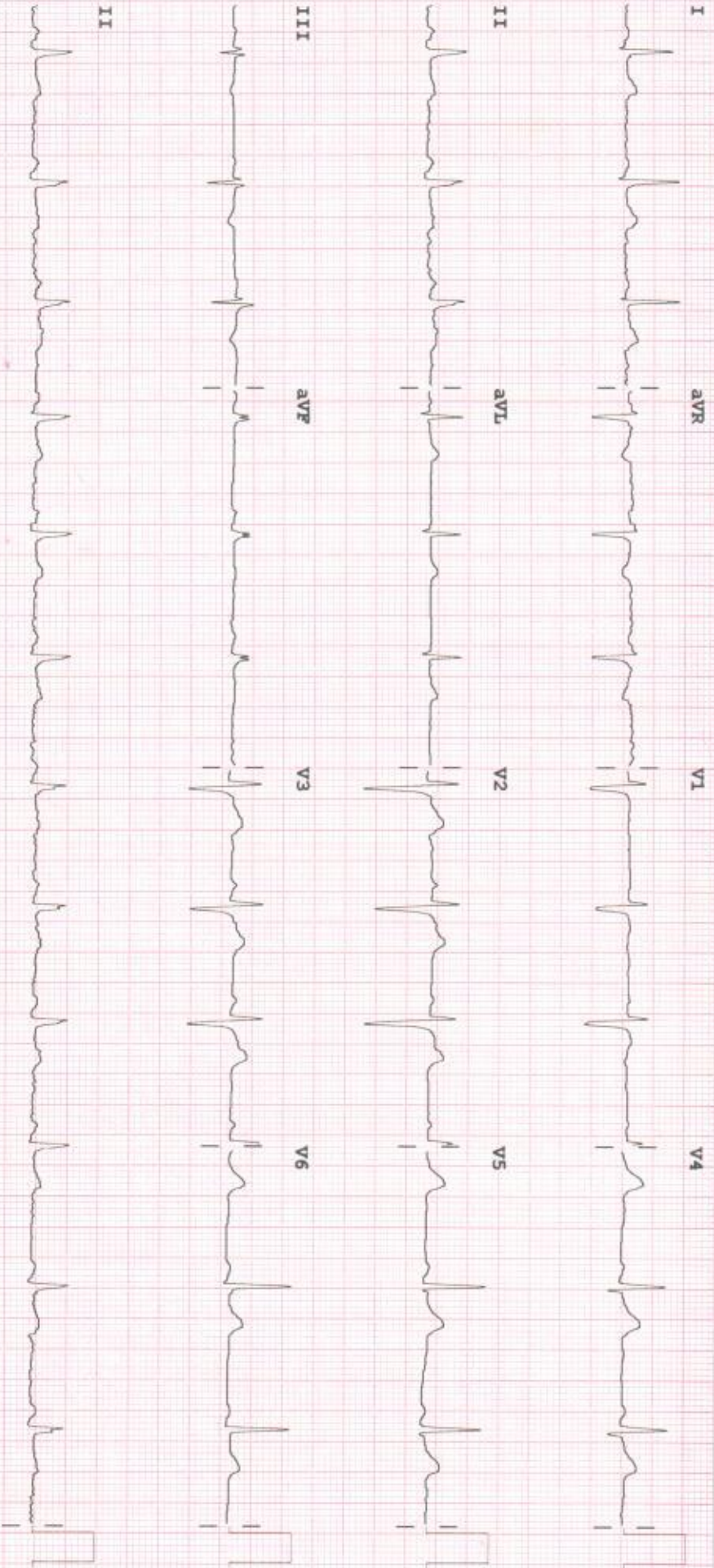
PR 133
QRSD 84
QT 367
QTc 405

--AXIS--
P 52
QRS 34
T 20

12 Lead; Standard Placement

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Mobile No.: 7506155999 / 7045955999

Dr Sandeep Deshpande
Dr Sandeep Deshpande
MB (CARDIOLOGIST)
REG-72944



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

F 50~ 0.50~ 40 Hz W 100B CL P?

VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,
KANDIVALI EAST, (400101)

TREADMILL TEST REPORT

Patient Information
Name : ANKIT SHUBHAM

AGE : 33
REF. BY : MEDIWHEEL

ID : 317
SEX : M

DATE : 10-08-2024
Height : 176
Weight : 119

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.K. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			MET'S
								TI	V1	V5	
SUPINE					75	110 / 80	82	2.2	-1.7	1	
STANDING					72	110 / 80	79	1.8	-1.2	0.7	
HYPERVENT					75	110 / 80	82	1.7	-1.1	0.6	
Stage 1	2:55	0:11	2.7	10	116	110 / 80	127	1.1	-0.8	0.5	4.67
Stage 2	5:55	2:55	4	12	138	120 / 80	165	0.8	-0.8	0.6	7.04
PK-EXERCISE	8:53	2:53	5.4	14	162	150 / 80	243	1.1	-0.8	0.7	9.89
RECOVERY	10:4	0:56			134	150 / 80	201	1.9	-1.2	1.1	
RECOVERY	11:2	1:54			106	140 / 80	148	1.1	-0.8	0.7	
RECOVERY	11:56	2:48			101	130 / 80	131	0.6	-0.5	0.5	
RECOVERY	12:3	2:55			98	130 / 80	127	0.6	-0.4	0.5	

Technician : DIKSHITA

Dr Sandeep Deshpande
Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944

VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,
KANDIVALI EAST, (400101)

TREADMILL TEST REPORT

Patient Information

Name : ANKIT SHUBHAM
AGE : 33
REF. BY : MEDIWHEEL
Medication : NONE
ID : 317
SEX : M
DATE : 10-08-2024
Height : 176
Weight : 119

Indication
HEALTH CHECK UP

Test Results

PROTOCOL : Bruce
Target H.R. : 187 bpm
H.R. Achieved: 162 bpm 86 %
ARRHYTHMIA : None,
EXERCISE TIME : 8:53
MAX B.P. : 150 / 80 mm Hg
H.R. RESPONSE : Normal Chronotropic Response,
MAX WORK LOAD: 9.89 METS
BP RESPONSE : Normal,

REASON OF TERMINATION :

Achieved THR,

HISTORY

Checkup/Physical fitness,

IMPRESSIONS

Negative for Provocable myocardial ischemia,

Technician : DIKSHITA

Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REGD. NO. 12944

CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
I.D. 317
Age 33/M
Date 10-08-2024

RATE 75bpm
B.P. 110/80

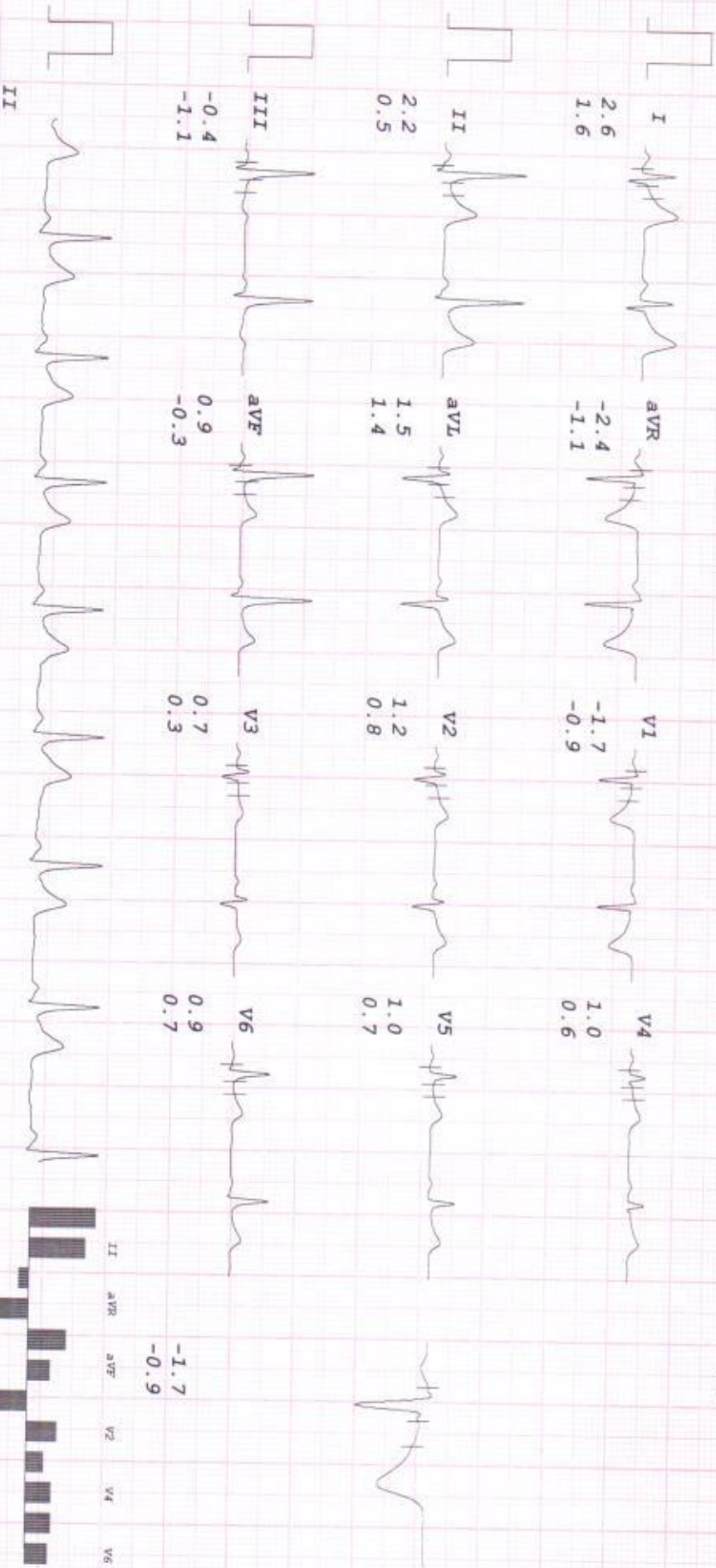
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
I.D. 317
Age 33/M
Date 10-08-2024

RATE 72bpm
B.P. 110/80

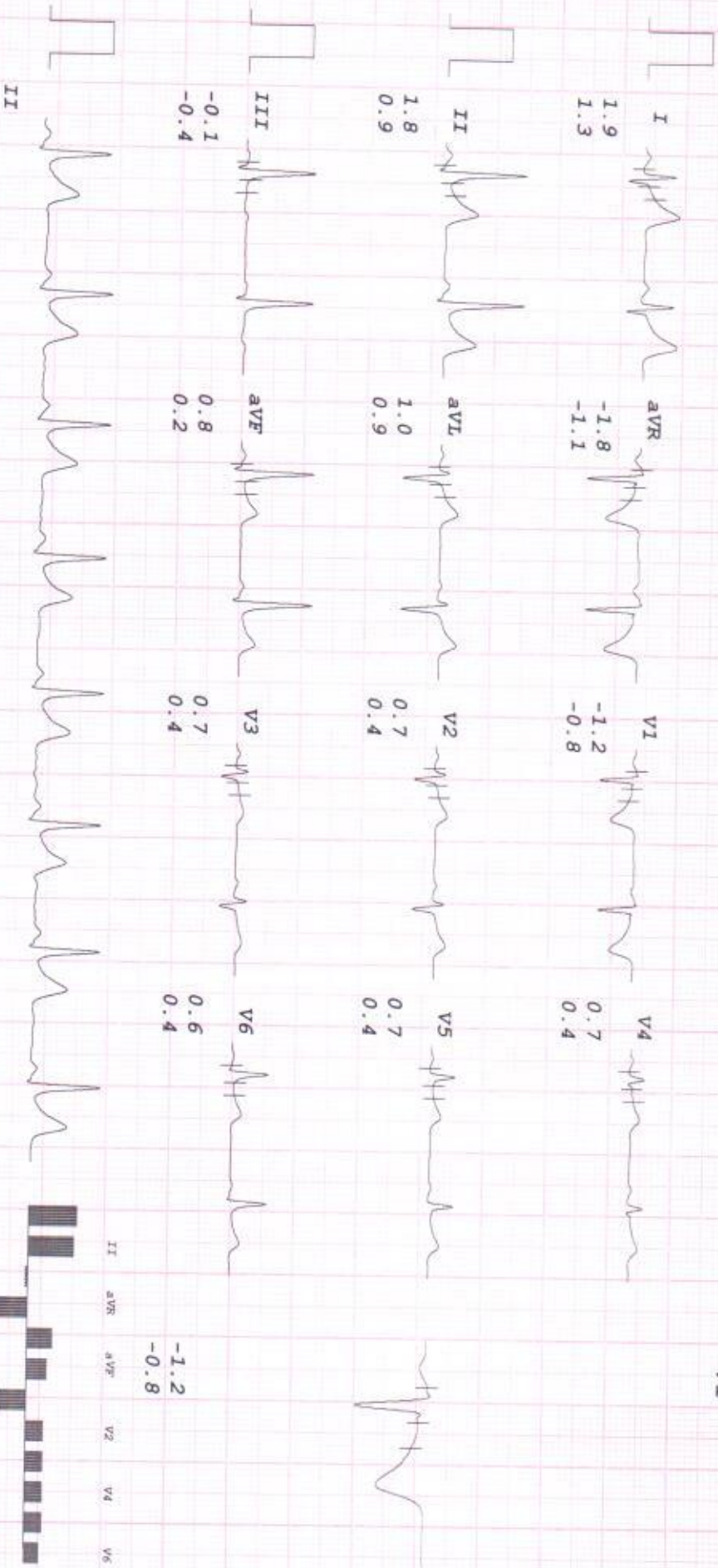
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

VI



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
I.D. 317
Age 33/M
Date 10-08-2024

RATE 75bpm
B.P. 110/80

PRETEST
HYPERVENT
PHASE TIME 0:11

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

CARDIO BEATS



System: Filtered/120, Cycle/45Base Corrected, Avg. Complex: Filtered/UMF-4M, Indate: Tw.1: +91-731-4030035, Fax: +91-731-4031180, E-Mail: amb@electronicdiagnostics.net, Web: www.umf-em.com, SWP Ver: 14.0.3

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WARM UP

ANKIT SHUHAM
I.D. 317
Age 33/M
Date 10-08-2024

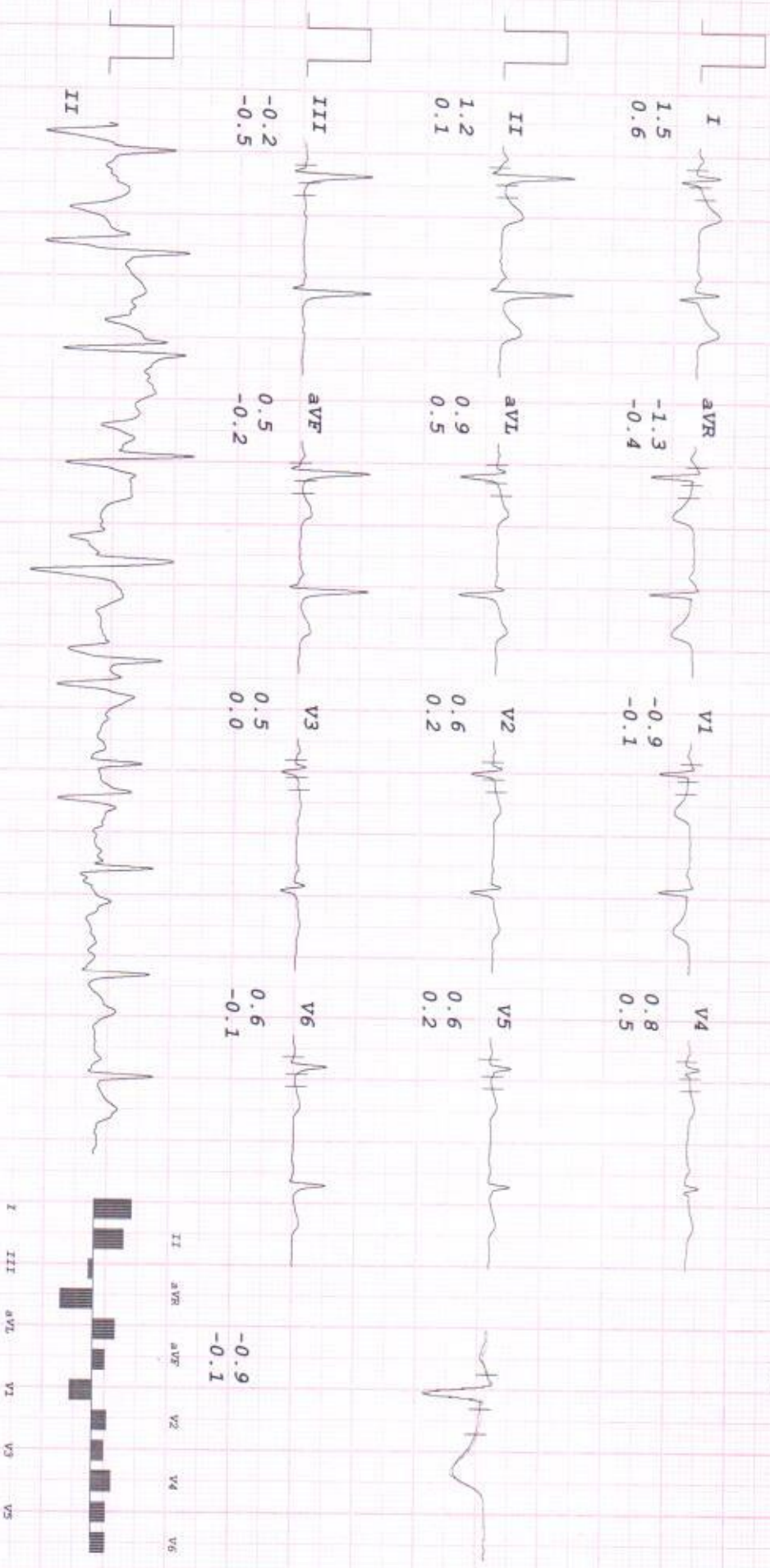
RATE 79bpm
B.P. 110/80

ST @ 10mm/mV
80ms PostJ
Speed 1.5 km/hr

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
 I.D. 317
 Age 33/M
 Date 10-08-2024

RATE 116bpm
B.P. 110/80

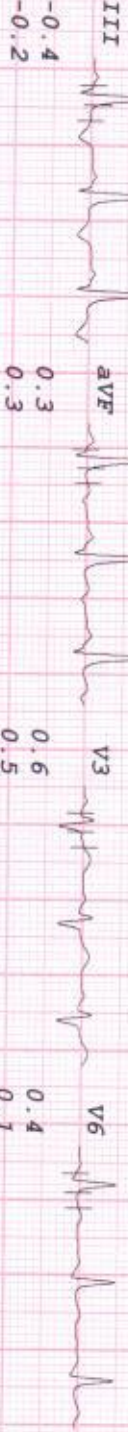
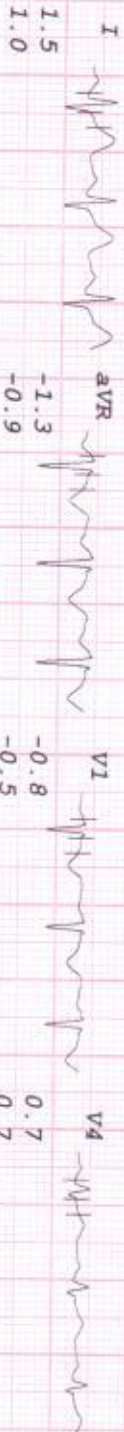
Brace Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
I.D. 317
Age 33/M
Date 10-08-2024

RATE 138bpm
B.P. 120/80

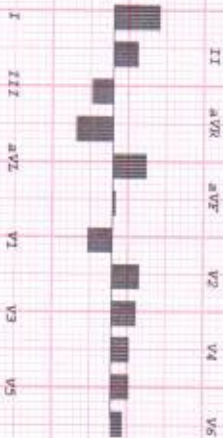
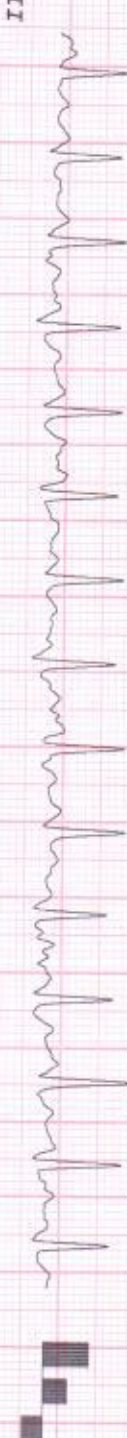
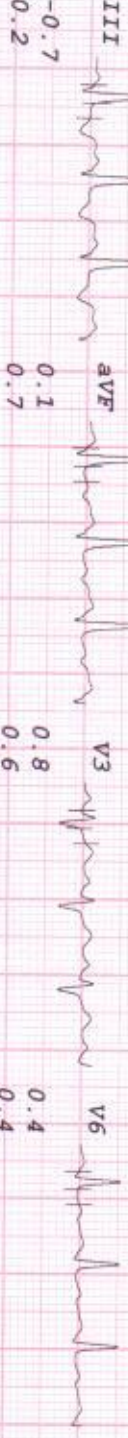
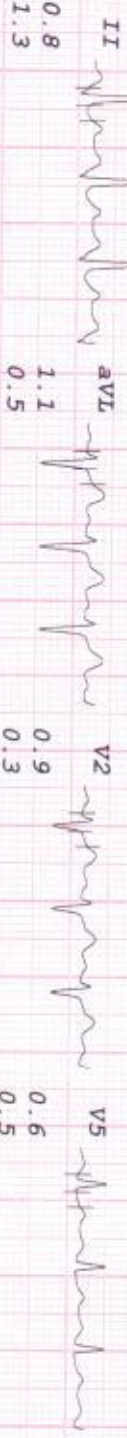
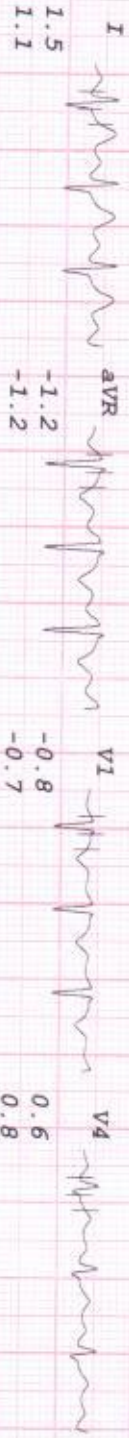
Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

VRX HEALTHCARE PVT. LTD

ANKIT SHUBHAM
 I.D. 317
 Age 33/M
 Date 10-08-2024

RATE 162bpm
 B.P. 150/80

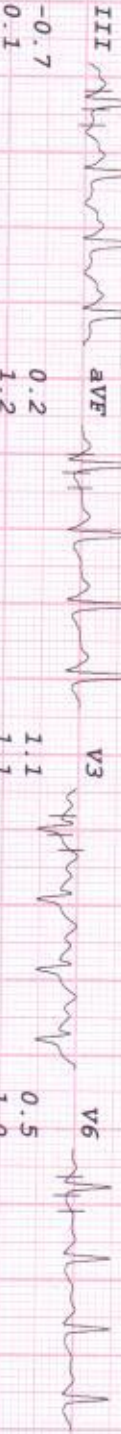
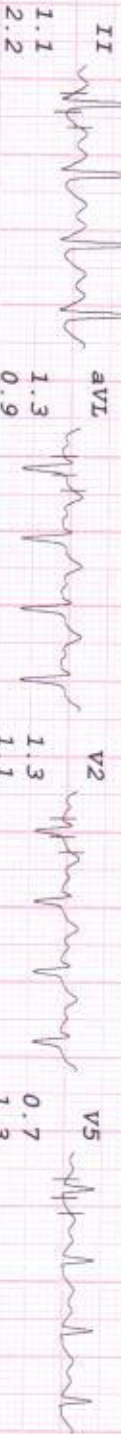
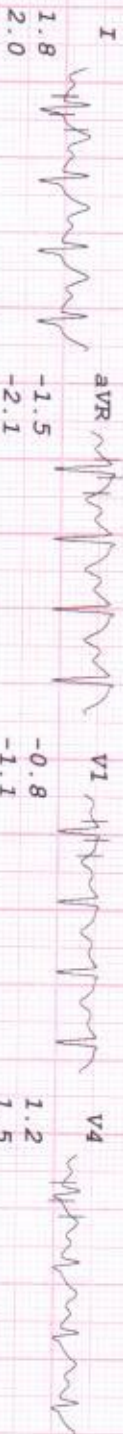
Bruce
 PK-EXERCISE
 TOTAL TIME 8:53
 PHASE TIME 2:53

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

LINKED MEDIAN

Mag. X 2

VI



-0.8
 -1.1

II aVR aVF V2 V4 V6

I III aVL V1 V3 V5

CARDIO BEATS

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ANKIT SHUHAM
I.D. 317
Age 33/M
Date 10-08-2024

Rate 134bpm
B.P. 150/80

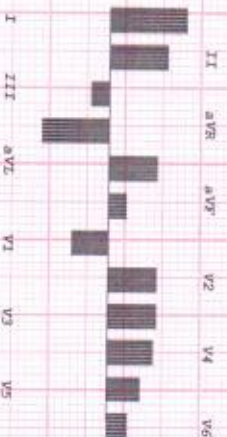
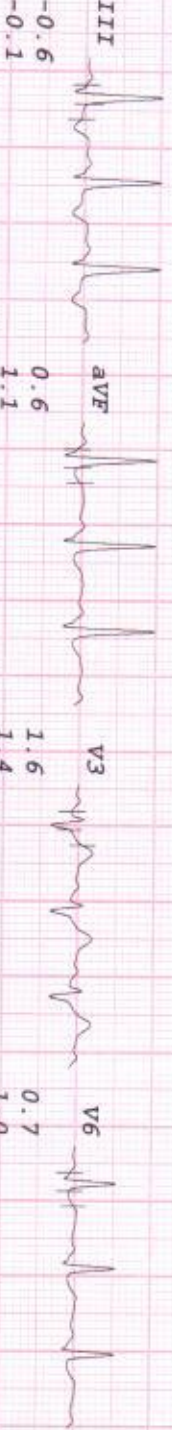
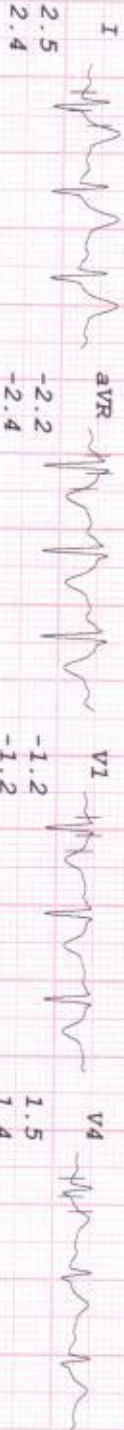
Brice
RECOVERY
TOTAL TIME 10:04
PHASE TIME 0:56

ST-θ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

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ANKIT SHUBHAM
I.D. 317
Age 33/M
Date 10-08-2024

RATE 106bpm
B.P. 140/80

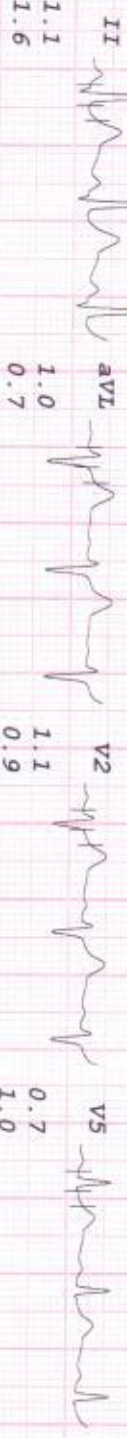
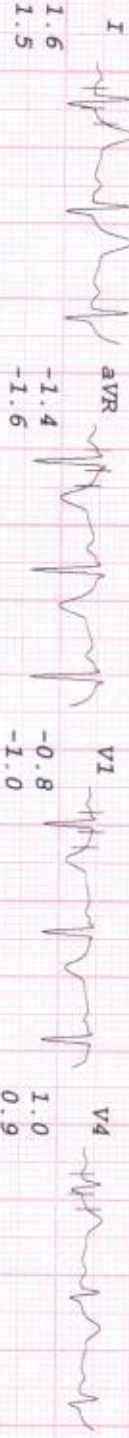
Brucce
RECOVERY
TOTAL TIME 11:02
PHASE TIME 1:54

ST - 6 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

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ANNIT SHOBHAM
I.D. 317
Age 33/M
Date 10-08-2024

Rate 101bpm
B.P. 130/80

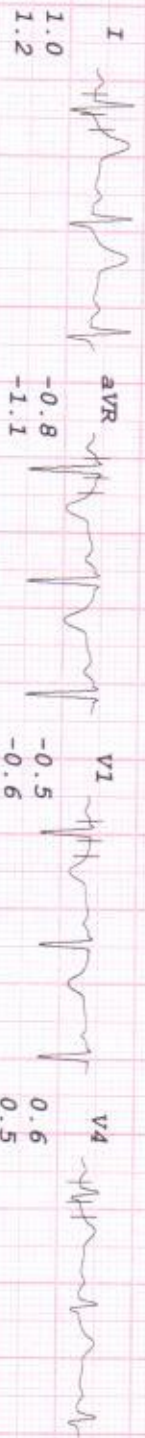
Brice
RECOVERY
TOTAL TIME 11:56
PHASE TIME 2:48

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

PL:Thm:Filtered:60 C:\D\data Base Generated\Avg.Complex:Filtered:0M1-MN_743026_Tel.: +91-731-4030035_Fax: +91-731-4031180_E-Mail: sales@vrxhealthcare.com Web: www.vrx-hm.com_TMY Ver:14-0-3

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ANKIT SHUBHAM
 I.D. 317
 Age 33/M
 Date 10-08-2024

RATE 98bpm
 B.P. 130/80

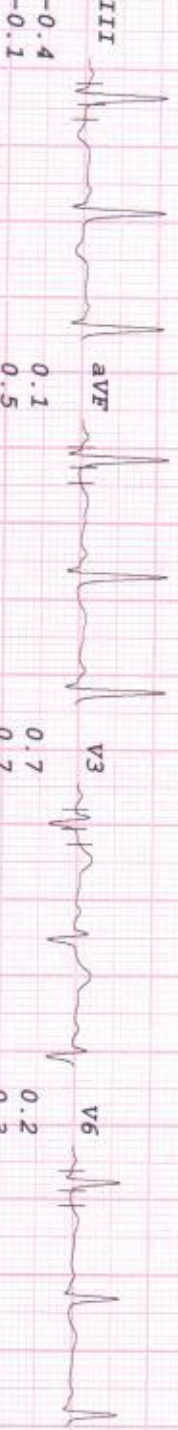
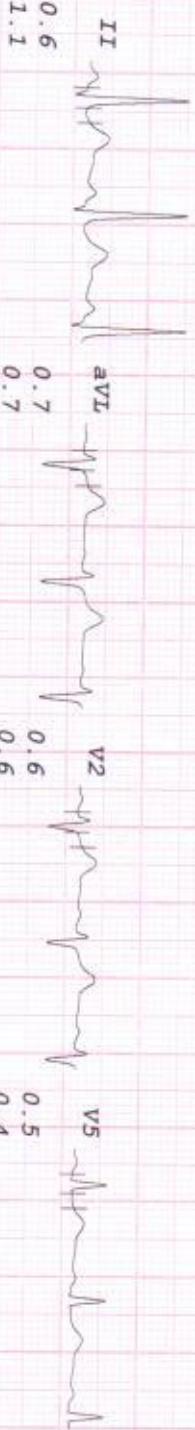
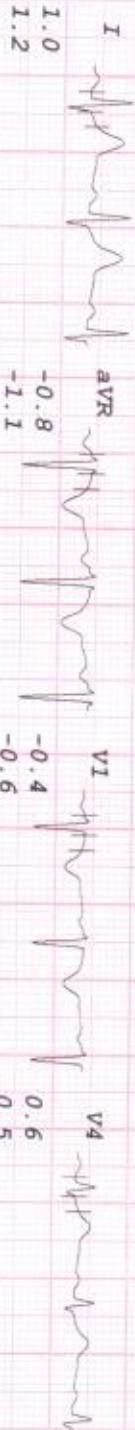
Bruce
 RECOVERY
 TOTAL TIME 12:03
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



I II III aVR aVL V1 V2 V3 V4 V5 V6

CARDIO BEATS