



26425 261024

| | | |
|-------------------------|---------------------------------------|---|
| Name : MRS. NANCY VERMA | Registration ID : 26425 | Sample Collection : 26/10/2024 15:30:33 |
| Age/Sex : 30 Yrs. / F | Printed : 28/10/2024 15:55:20 | Sample Received : 26/10/2024 15:30:33 |
| Ref. By : Mediwheel | Sent By : Arcofemi Healthcare Pvt Ltd | Report Released : 28/10/2024 11:51:49 |

COMPLETE BLOOD COUNT

| Test | Result | Unit | Biological Ref Range |
|---|----------------------------|---------------------|-----------------------------|
| Hemoglobin (SLS) Photometric | : 10.5 | g/dL | 12-14 g/dL |
| Total RBC (Electrical Impedence) | : 4.08 | 10 ⁶ /μL | 3.0-6.0 10 ⁶ /μL |
| Hematocrit (PCV) (Calculated) | : 33.8 | % | 36-54 % |
| Mean Corpuscular Volume (MCV) (calculated) | : 82.8 | fL | 78-101 fL |
| Mean Corpuscular Hemoglobin (MCH) (Calculated) | : 25.7 | pg | 27-32 pg |
| Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated) | : 31.1 | g/dL | 31.5-34.5 g/dL |
| Red Cell Distribution Width (RDW- CV) (Electrical Impedence) | : 15.70 | % | 12-15 % |
| Total Leucocytes Count (Light Scattering) | : 9620 | /cumm | 4000-11000 /cumm |
| Neutrophils (Calculated) | : 67 | % | 40-75 % |
| Eosinophils Percentage (Calculated) | : 03 | % | 1-6 % |
| Lymphocyte Percentage (Calculated) | : 23 | % | 20-45 % |
| Basophils Percentage (Calculated) | : 0 | % | 0-1 % |
| Monocytes Percentage (Calculated) | : 07 | % | 1-10 % |
| RBC Morphology | : Normocytic, Normochromic | | |
| WBC Morphology | : Normal Morphology | | |
| Platelet Count (Electrical Impedence) | : 237000 | /ul | 150000-450000 /ul |
| Platelets on Smear | : Adequate | | Adequate |
| E.S.R | : 22 | mm at 1hr | 0-20 mm at 1hr |

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.

(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:51:49)



Dr. Santosh Khairnar
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-
 2000/08/2926





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



NABL M(EL)T-00683

Santosh Khairnar
Dr. Santosh Khairnar
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Reg. No.-
2000/08/2926





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| Ref. By | : Mediwheel | Sent By | : Arcofemi Healthcare Pvt Ltd | Report Released | : 28/10/2024 11:52:25 |

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

| Test | Result | Unit | Biological Ref. Range |
|---|--------|-------|---|
| GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used) | : 81 | mg/dL | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: \geq 126 mg/dl |
| <i>Method: GOD-POD</i> | | | |
| GLUCOSE (SUGAR) PP, (Fluoride Plasma Used) | : 75 | mg/dl | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: \geq 200 mg/dl |

Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:52:25)

HbA1c (Whole Blood)

| Test | Result | Unit | Reference Range |
|--------------------------------|--------|------|---|
| HbA1c-Glycosylated Haemoglobin | : 4.70 | % | Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10 |

EDTA Whole Blood, Method: HPLC

| | | | |
|---------------------------------|---------|-------|------------------------|
| Estimated Average Glucose (eAG) | : 88.19 | mg/dl | 65.1-136.3 mg/dL mg/dl |
|---------------------------------|---------|-------|------------------------|

EDTA Whole Blood, Method: Calculated

Interpretation:

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:56:19)



Signature
Dr. Santosh Khairnar
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BLOOD GROUP

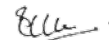
| Test | Result | Unit | Biological Ref. Range |
|-------------|-------------------|------|-----------------------|
| Blood Group | : 'O' Rh POSITIVE | | |

Slide and Tube Agglutination Test

(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:56:27)

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




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| Sent By : Arcofemi Healthcare Pvt Ltd | |

LIPID PROFILE

| Test | Result | Unit | Biological Ref. Range |
|-----------------------------------|---------|-------|--|
| Total Cholesterol | : 140 | mg/dl | Desirable: <200 Borderline high = 200-239 High: > 239 |
| <i>Serum, Method: CHOD-PAP</i> | | | |
| S. Triglyceride | : 81 | mg/dl | Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499 |
| <i>Serum, Method: GPO-Trinder</i> | | | |
| HDL Cholesterol | : 54 | mg/dl | 42.0-88.0 mg/dl |
| <i>serum,Direct method</i> | | | |
| LDL Cholesterol | : 69.80 | mg/dl | Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190 |
| <i>Serum, (Calculated)</i> | | | |
| VLDL Cholesterol | : 16.2 | mg/dl | 5-30 mg/dl |
| <i>Serum, Method: Calculated</i> | | | |
| LDL/HDL Ratio | : 1.3 | | Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5 |
| <i>Serum, Method: Calculated</i> | | | |
| TC/HDL Ratio | : 2.6 | | Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0 |
| <i>Serum, Method: Calculated</i> | | | |

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

**All Samples Processed At Excellas Clinics Mulund Centre*

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LIVER FUNCTION TEST

| Test | Result | Unit | Biological Ref. Range |
|--|--------|-------|-----------------------|
| S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i> | : 0.40 | mg/dl | 0-2.0 mg/dl |
| S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i> | : 0.09 | mg/dl | 0-0.4 mg/dl |
| S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i> | : 0.31 | mg/dl | 0.10-1.0 mg/dl |
| Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i> | : 20.0 | IU/L | 0-31 IU/L |
| Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i> | : 17.0 | IU/L | 0-34 IU/L |
| S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i> | : 89.1 | IU/L | 42-98 IU/L |
| Total Proteins <i>Serum, Method: Biuret</i> | : 7.6 | gm/dl | 6.4-8.3 gm/dl |
| S. Albumin <i>Serum, Method: BCG</i> | : 4.1 | gm/dl | 3.5-5.2 gm/dl |
| S. Globulin <i>Serum, Method: Calculated</i> | : 3.5 | gm/dl | 2.3-3.5 gm/dl |
| A/G Ratio <i>Serum, Method: Calculated</i> | : 1.17 | | 0.90-2.00 |
| Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i> | : 15 | U/L | 0-38 U/L |

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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

SERUM CREATININE

| Test | Result | Unit | Biological Ref. Range |
|---------------|--------|-------|-----------------------|
| S. Creatinine | : 0.68 | mg/dl | 0.60-1.1 mg/dl |

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

All Samples Processed At Excellas Clinics Mulund Centre(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:56:57)***BLOOD UREA NITROGEN (BUN)**

| Test | Result | Unit | Biological Ref. Range |
|------|---------|-------|-----------------------|
| Urea | : 27.11 | mg/dl | 13-40 mg/dl |

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 12.67 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

All Samples Processed At Excellas Clinics Mulund Centre(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:57:07)***SERUM URIC ACID**

| Test | Result | Unit | Biological Ref. Range |
|--------------|--------|-------|-----------------------|
| S. Uric Acid | : 4.95 | mg/dl | 2.6-6.0 mg/dl |

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

BUN GREAT RATIO (BCR)

| Test | Result | Unit | Biological Ref. Range |
|----------------------|---------|------|-----------------------|
| BUN/Creatinine ratio | : 18.66 | | 5-20 |

Serum, Method: Calculated

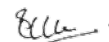
NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:58:24)

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| Ref. By | : Mediwheel | Sent By | : Arcofemi Healthcare Pvt Ltd | Report Released | : 28/10/2024 11:58:50 |

THYROID FUNCTION TEST

| Test | Result | Unit | Biological Ref. Range |
|-----------------------------------|--------|--------|-----------------------|
| Total T3 | : 1.1 | ng/dl | 0.70-2.04 ng/dl |
| <i>Serum, Method: CLIA</i> | | | |
| Total T4 | : 9.33 | µg/dl | 5.1-14.1 µg/dl |
| <i>Serum, Method: CLIA</i> | | | |
| TSH (Thyroid Stimulating Hormone) | : 2.67 | µIU/ml | 0.27-5.3 µIU/ml |
| <i>Serum, Method: CLIA</i> | | | |

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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| Ref. By : Mediwheel | Sent By : Arcofemi Healthcare Pvt Ltd | Report Released : 26/10/2024 16:45:56 |

EXAMINATION OF URINE

| Test | Result | Unit | Biological Ref. Range |
|---------------------------------------|-------------|-------|-----------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Quantity : | 25 | ml | |
| Colour : | Pale yellow | | |
| Appearance : | Clear | | |
| Reaction (pH) : | 6.0 | | 4.5 - 8.0 |
| Specific Gravity : | 1.010 | | 1.010 - 1.030 |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Protein : | Absent | | Absent |
| Glucose : | Absent | | Absent |
| Ketones Bodies : | Absent | | Absent |
| Occult Blood : | Absent | | Absent |
| Bilirubin : | Absent | | Absent |
| Urobilinogen : | Absent | | Normal |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Epithelial Cells : | 2 - 3 | / hpf | |
| Pus cells : | 2 - 3 | / hpf | |
| Red Blood Cells : | Absent | / hpf | |
| Casts : | Absent | / lpf | Absent / lpf |
| Crystals : | Absent | | Absent |
| <u>OTHER FINDINGS</u> | | | |
| Yeast Cells : | Absent | | Absent |
| Bacteria : | Absent | | Absent |
| Mucus Threads : | Absent | | |
| Spermatozoa : | Absent | | |
| Deposit : | Absent | | Absent |
| Amorphous Deposits : | Absent | | Absent |

sample type:Urine

Method:Visual and Microscopic

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Report Released : 28/10/2024 12:34:38

X RAY CHEST PA VIEW

CLINICAL PROFILE : NO COMPLAINTS.

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

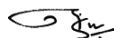
Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Raj Shah
DMRE , M.B.B.S
REG. NO.
2019/05/3609





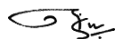
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USG ABDOMEN & PELVIS - FEMALE

Liver:- is normal in size(14.4 cm), shape and echotexture. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

Gall Bladder:- is partially distended. No calculus or mass lesion is seen. No GB wall thickening or pericholecystic fluid is seen.

Visualised **CBD** is normal.

Pancreas:-is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen:- is normal in size (10.2 cm) and echotexture. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 9.0 x 4.2 cms.

Left kidney – 9.0 x 3.6 cms.

Urinary Bladder:- is partially distended and shows normal wall thickness. There is no intraluminal lesion within.

Uterus:- is anteverted, normal in size and measures 7.5 x 4.9 x 3.6 cms
Myometrium shows homogenous echo pattern. No focal lesion is seen.

ET : 9.2 mm

Ovaries:-appear normal in size, shape & show normal follicular pattern.

Right ovary measures – 1.9 x 2.9 cms.

Left ovary measures – 2.4 x 2.6 cms.

Both adnexae appear normal. **Minimal free fluid in the POD.**

No significant lymphadenopathy is seen.

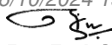
IMPRESSION:

- **Minimal free fluid in the POD.**

Thanks for the Referral

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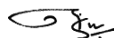
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OPHTHALMIC EVALUATION

| Examination | Right Eye | Left Eye |
|--------------------|------------------|-----------------|
| Distance Vision | 6/6 | 6/6 |
| Near Vision | N/6 | N/6 |
| Color Vision | Normal | |
| Remarks | Normal | |

(Collected At: 26/10/2024 15:30:33, Received At: 26/10/2024 15:30:33, Reported At: 28/10/2024 11:37:11)

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



MEDICAL EXAMINATION REPORT

| | | | |
|--------------------------------------|------------------------------------|---|------------|
| Name | Mr./Mrs./ Miss | Nancy Verma | |
| Sex | | Male/ Female | |
| Age (yrs.) | 30 | UHID : | |
| Date | | 26 / 10 / 2024 | Bill No. : |
| Marital Status | | Married/ No. of Children / Unmarried/ Widow : | |
| Present Complaints | | No | |
| Past Medical : History Surgical : | | LSCB (2022) | |
| Personal History | | Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> / Any Other No | |
| Family History | Father = Mother = Siblings = | HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other | |
| History of Allergies | | Drug Allergy No Any Other | |
| History of Medication | | For HT / DM / IHD / Hypothyroidism Any Other No | |
| On Examination (O/E) | | G. E. : fair R. S. : AFB C. V. S. : 6/2 (N) C. N. S. : Core orient P/A : soft nontender Any Other Positive Findings : | |

| | | | |
|--|--|----------------------------|-----------------|
| Height | 165 cms | Weight | 64.5 Kgs |
| BMI | 23.5 | | |
| Pulse (per min.) | 76/mi | Blood Pressure (mm of Hg) | 120/80 mm of Hg |
| | Gynaecology | | |
| Examined by | Dr. | | |
| Complaint & Duration | | | |
| Other symptoms (Mict, bowels etc) | | | |
| Menstrual History | Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____ | | |
| Obstetric History | | | |
| Examination : | | | |
| Breast | | | |
| Abdomen | | | |
| P.S. | | | |
| P.V. | | | |
| Gynaecology Impression & Recommendation | | | |
| Recommendation | | | |
| Physician Impression | | | |
| Examined by : | - Overweight = To Reduce Weight - Underweight = To Increase Weight | | |

MR. MRS NANCY VERMA
 Age/Sex : 30/M
 Ref. by : MEDIWHEEL
 Indication1 :
 Indication2 :
 Indication3 :

ID : 19
 Ht/Wt : 165/64
 Recorded : 26-10-2024 10:23

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History: NIL
 Medication1 :
 Medication2 :
 Medication3 :

| PHASE | PHASE TIME | STAGE TIME | SPEED (Km./Hr.) | GRADE (%) | H.R. (BPM) | B.P. (mmHg) | RPP X100 | II | ST LEVEL (mm) V2 | V5 | METS |
|-----------|------------|------------|-----------------|-----------|------------|-------------|----------|------|------------------|------|-------|
| SUPINE | 0:02 | 0:02 | | | 111 | 120/80 | 133 | 0.5 | 0.2 | 0.4 | |
| HYPERVENT | | | | | 121 | 120/80 | 145* | 0.3 | 0.3 | 0.2 | |
| STANDING | | | | | 110 | 120/80 | 132 | 0.4 | 0.3 | 0.2 | |
| STAGE 1 | 2:59 | 2:59 | 2.70 | 10.00 | 135 | 130/80 | 175 | -0.1 | 0.4 | 1.0 | 4.80 |
| STAGE 2 | 5:59 | 2:59 | 4.00 | 12.00 | 137 | 140/80 | 191 | 0.6 | 0.0 | -0.3 | 7.10 |
| STAGE 3 | 8:59 | 2:59 | 5.40 | 14.00 | 164 | 150/80 | 246 | 1.2 | 0.1 | 0.5 | 10.00 |
| PEAK EXER | 9:06 | 0:06 | | | 167 | 150/80 | 250 | 1.1 | -0.1 | 0.3 | 10.13 |
| RECOVERY | 2:59 | 2:59 | 0.00 | 0.00 | 114 | 130/80 | 148 | -0.1 | 0.2 | 0.1 | |

RESULTS

Exercise Duration : 9:06 Minutes
 Max Heart Rate : 167 bpm 87 % of target heart rate 190 bpm
 Max Blood Pressure : 150/80 mmHg
 Max Work Load : 10.13 METS
 Reason of Termination : Achieved THR

IMPRESSIONS
 GOOD EFFORT TOLERANCE. NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
 NO ANGINA/ARRYTHMIA/S/LV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

W TMT

DR. VINAY HIRAY
 DNB MED
 Reg. No. 2012/09/2681

Cardiologist

Mr. MRS NANCY VERMA

I.D. : 19

AGE/SEX : 30/M

RECORDED : 26-10-2024 10:23

EXCELLAS CLINICS-DOMBIVLI

BRUCE

RECOVERY

PHASE TIME : 2:59

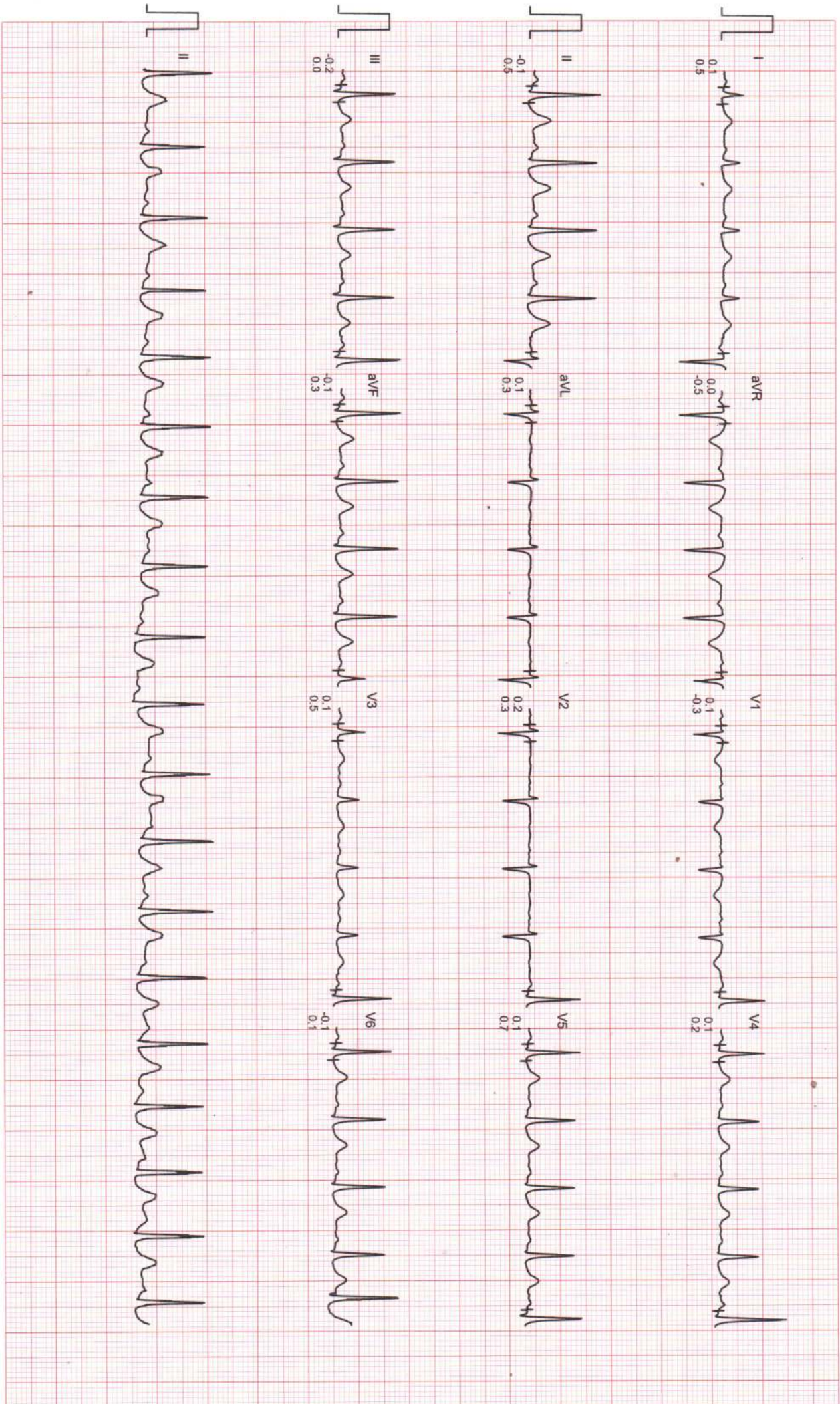
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA

Mr. MRS NANCY VERMA

ID. : 19

AGE/SEX : 30/M

RECORDED : 26-10-2024 10:23

EXCELLAS CLINICS-DOMBIVLI

BRUCE

RECOVERY

PHASE TIME : 1:59

ST @ 10mm/mV

80ms PostJ

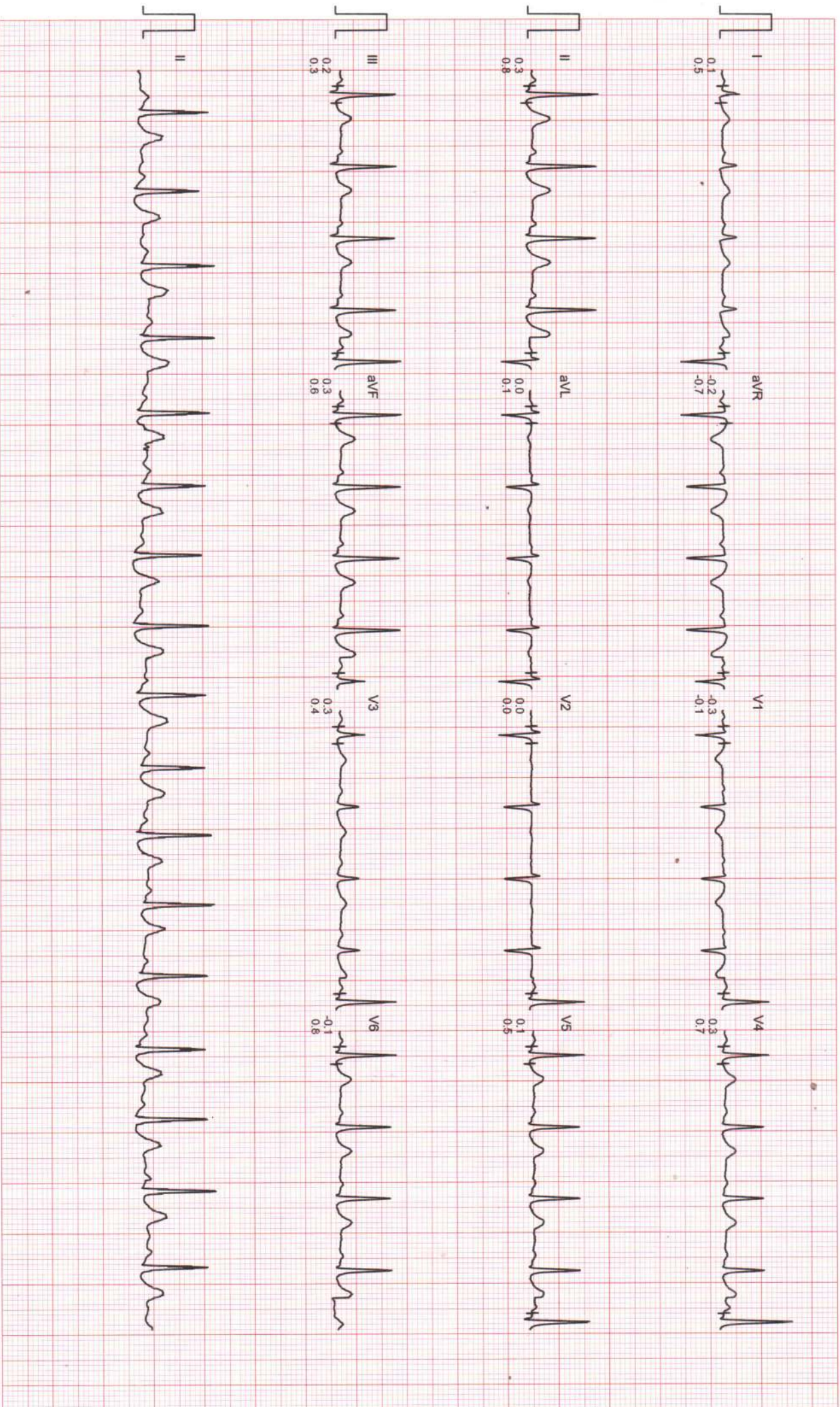
SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN

RATE : 107 BPM

B.P. : 140/80 mmHg



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Cardicom, INDIA

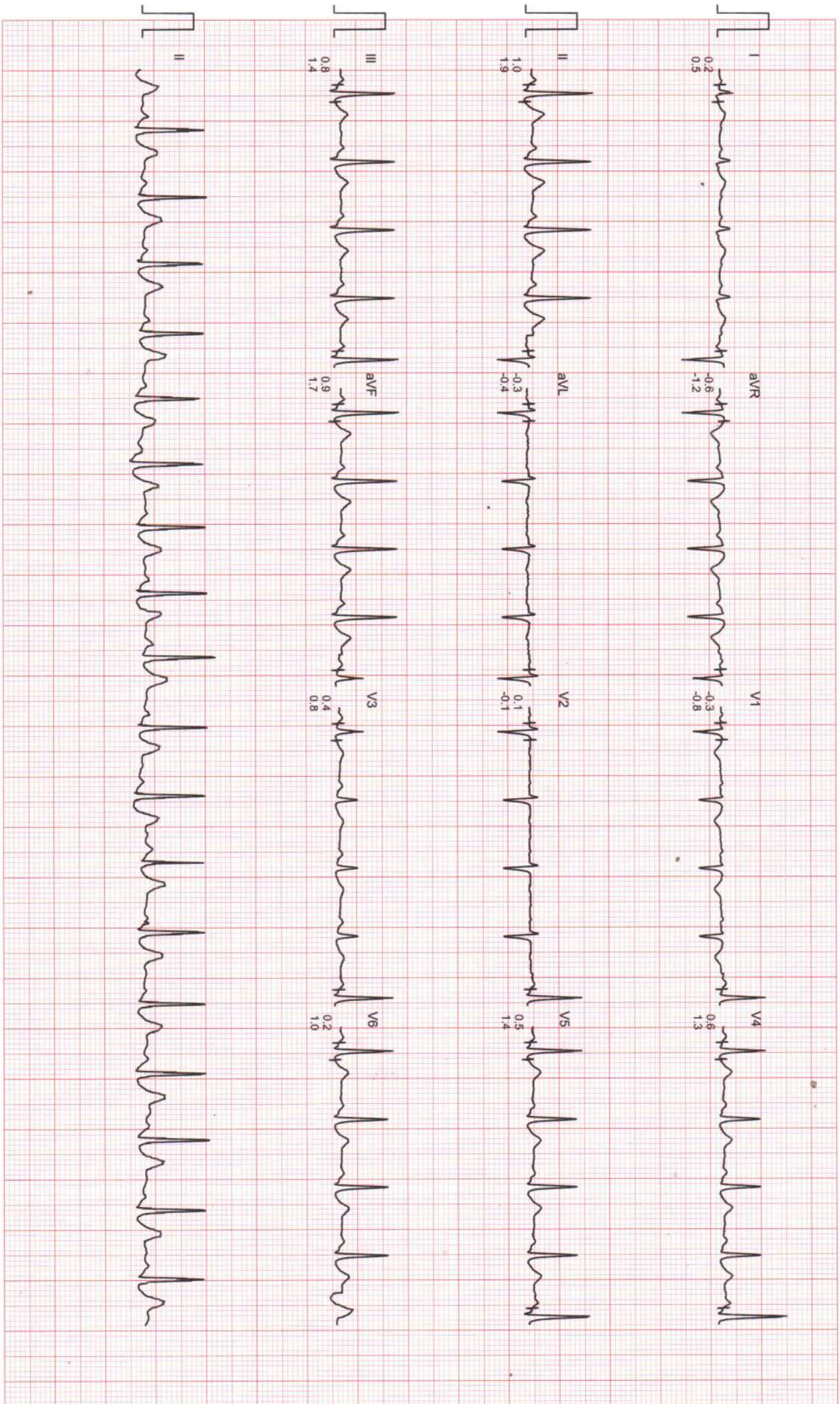
EXCELLAS CLINICS-DOMBIVLI

Mr. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

RATE : 110 BPM
B.P. : 150/80 mmHg

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
LINKED MEDIAN



Mr. MRS NANCY VERMA

I.D. : 19

AGE/SEX : 30/M

RECORDED : 26-10-2024 10:23

RATE : 167 BPM

B.P. : 150/80 mmHg

EXCELLAS CLINICS-DOMBIVLI

BRUCE

PEAK EXER

PHASE TIME : 9:06

STAGE TIME : 0:06

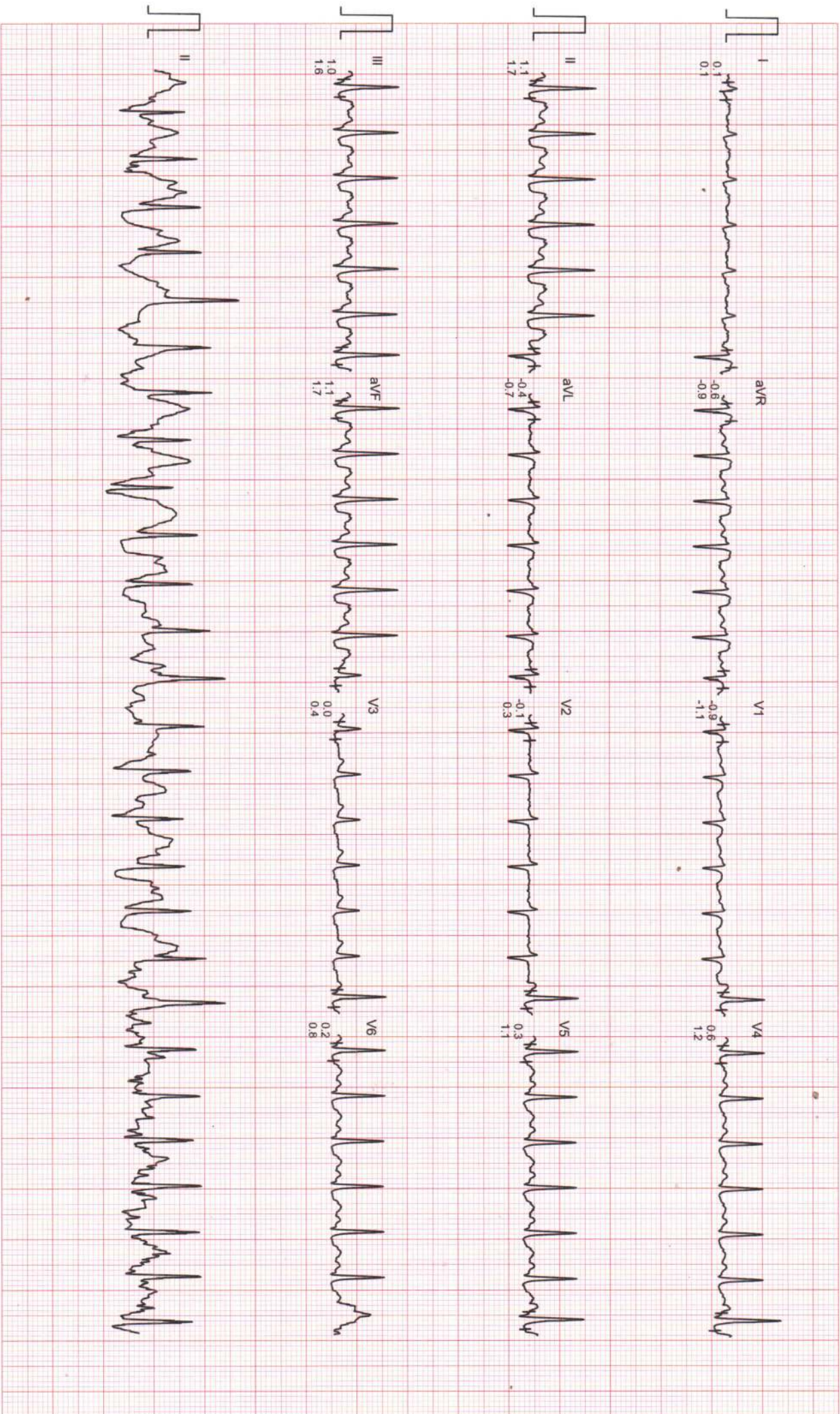
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN



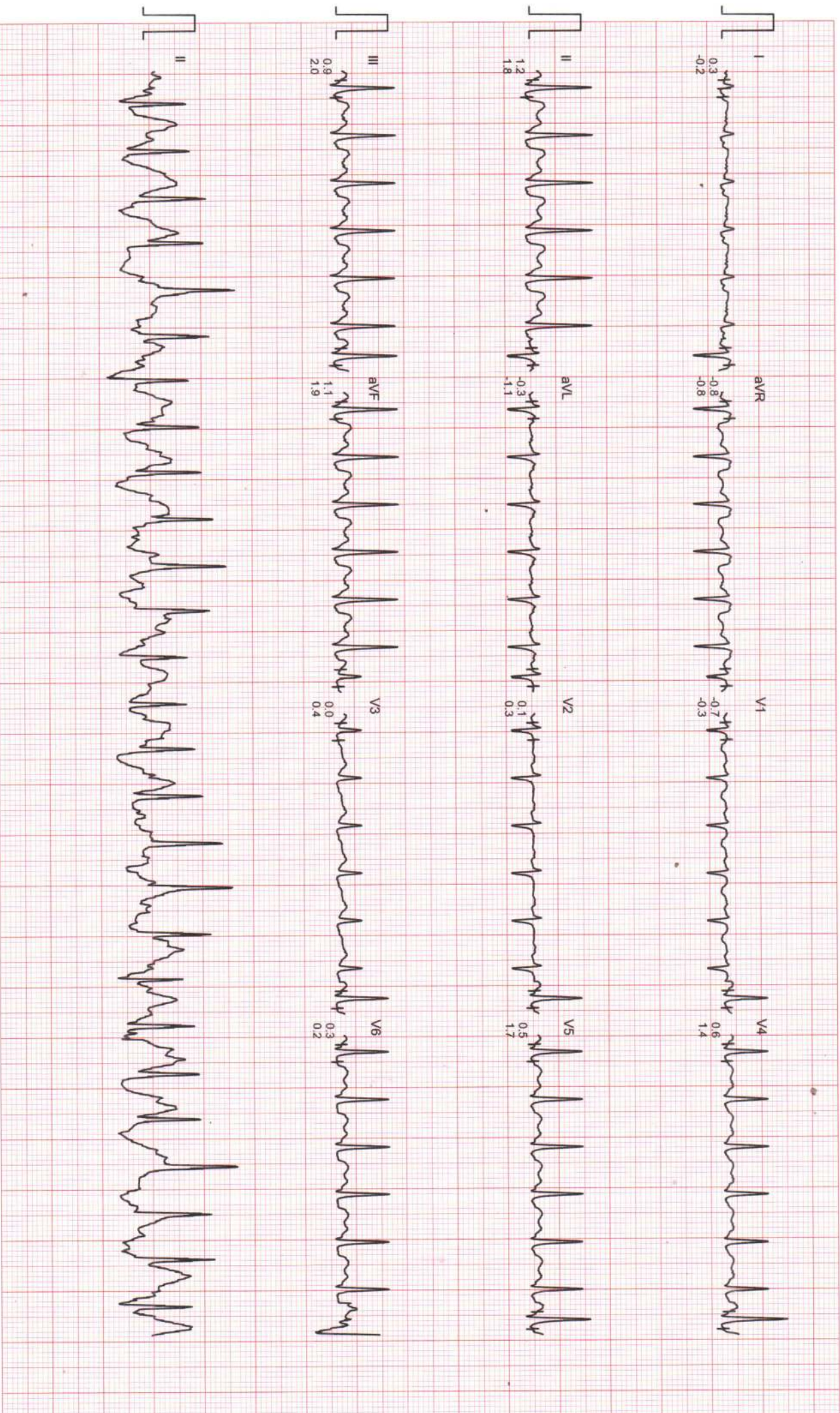
EXCELLAS CLINICS-DOMBIVLI

Mr. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

RATE : 164 BPM
B.P. : 150/80 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %
LINKED MEDIAN



EXCELLAS CLINICS-DOMBIVLI

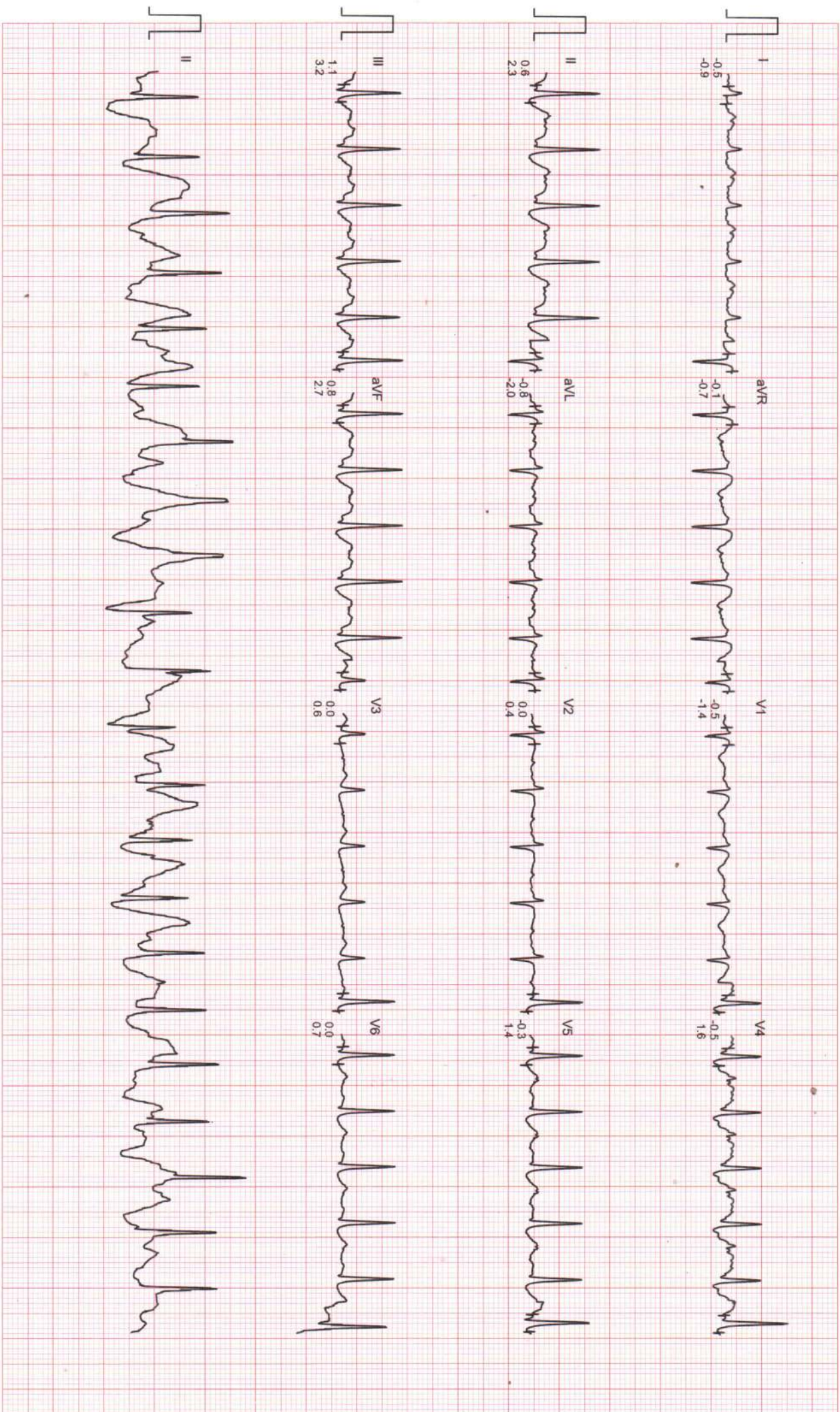
Mr. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

RATE : 137 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN



EXCELLAS CLINICS-DOMBIVLI

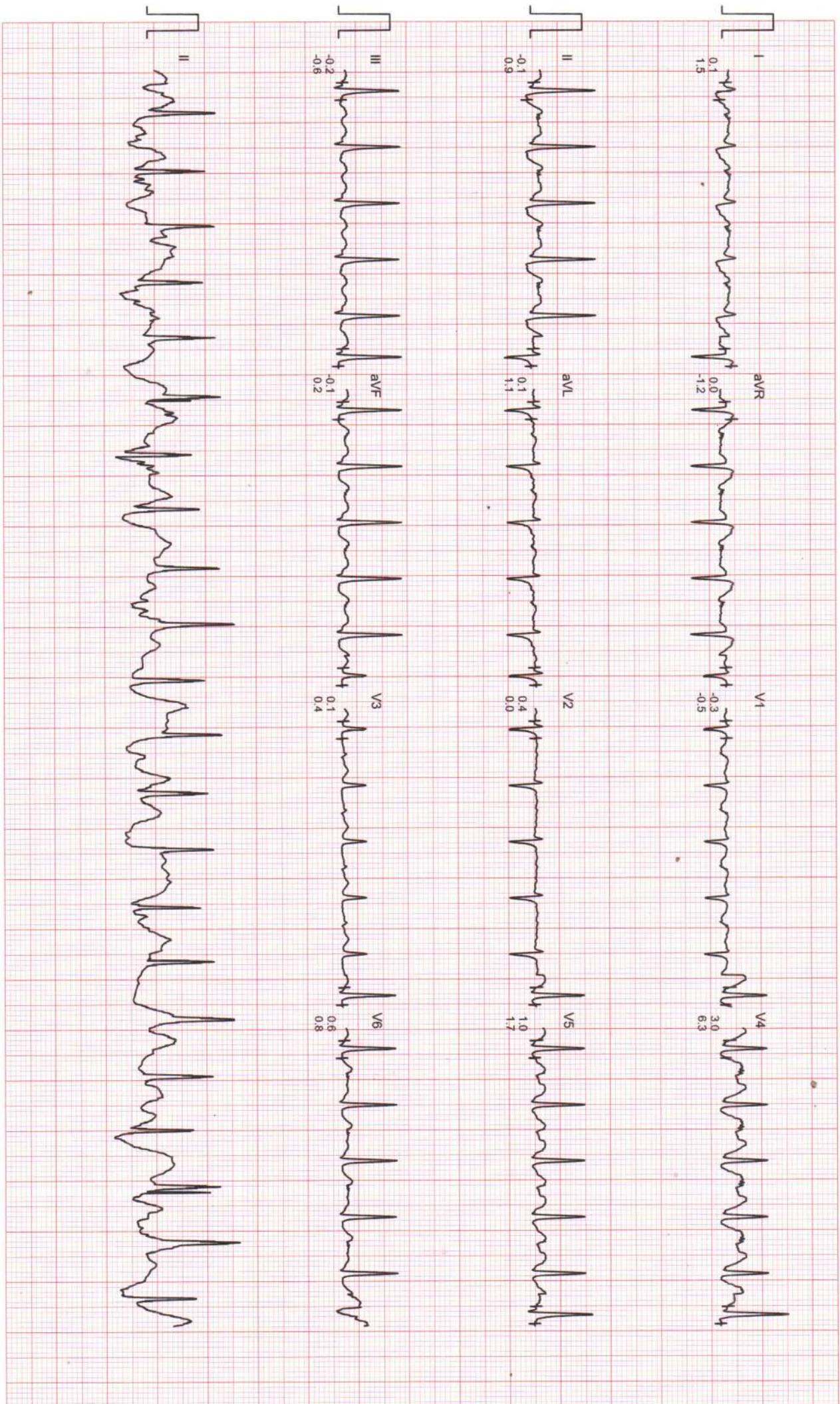
Mr. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

RATE : 135 BPM
B.P. : 130/80 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



EXCELLAS CLINICS-DOMBIVLI

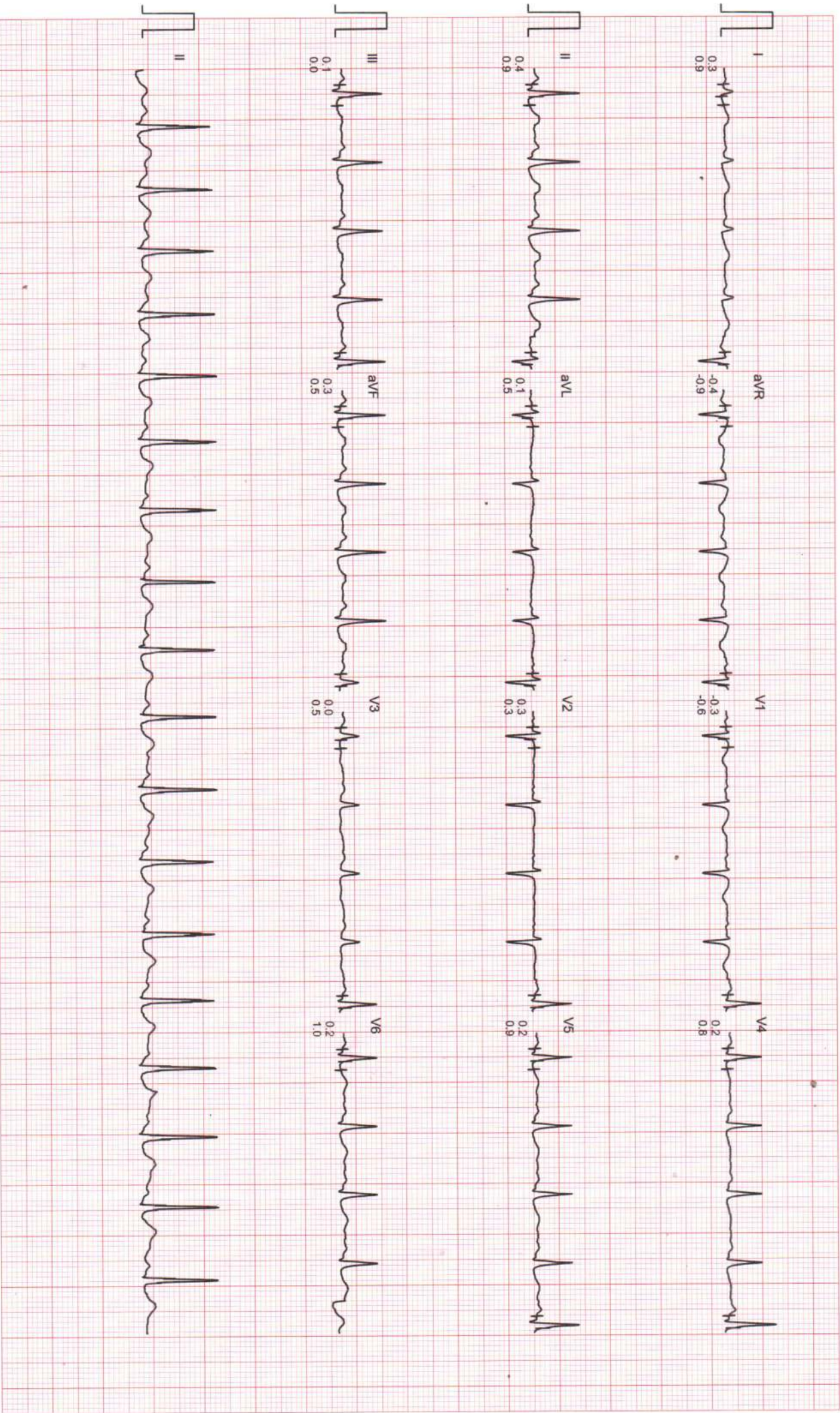
STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

MR. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

RATE : 110 BPM
B.P. : 120/80 mmHg

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA

MRS NANCY VERMA

: 19

E/SEX : 30/M

CORDED : 26-10-2024 10:23

RATE : 121 BPM

B.P. : 120/80 mmHg

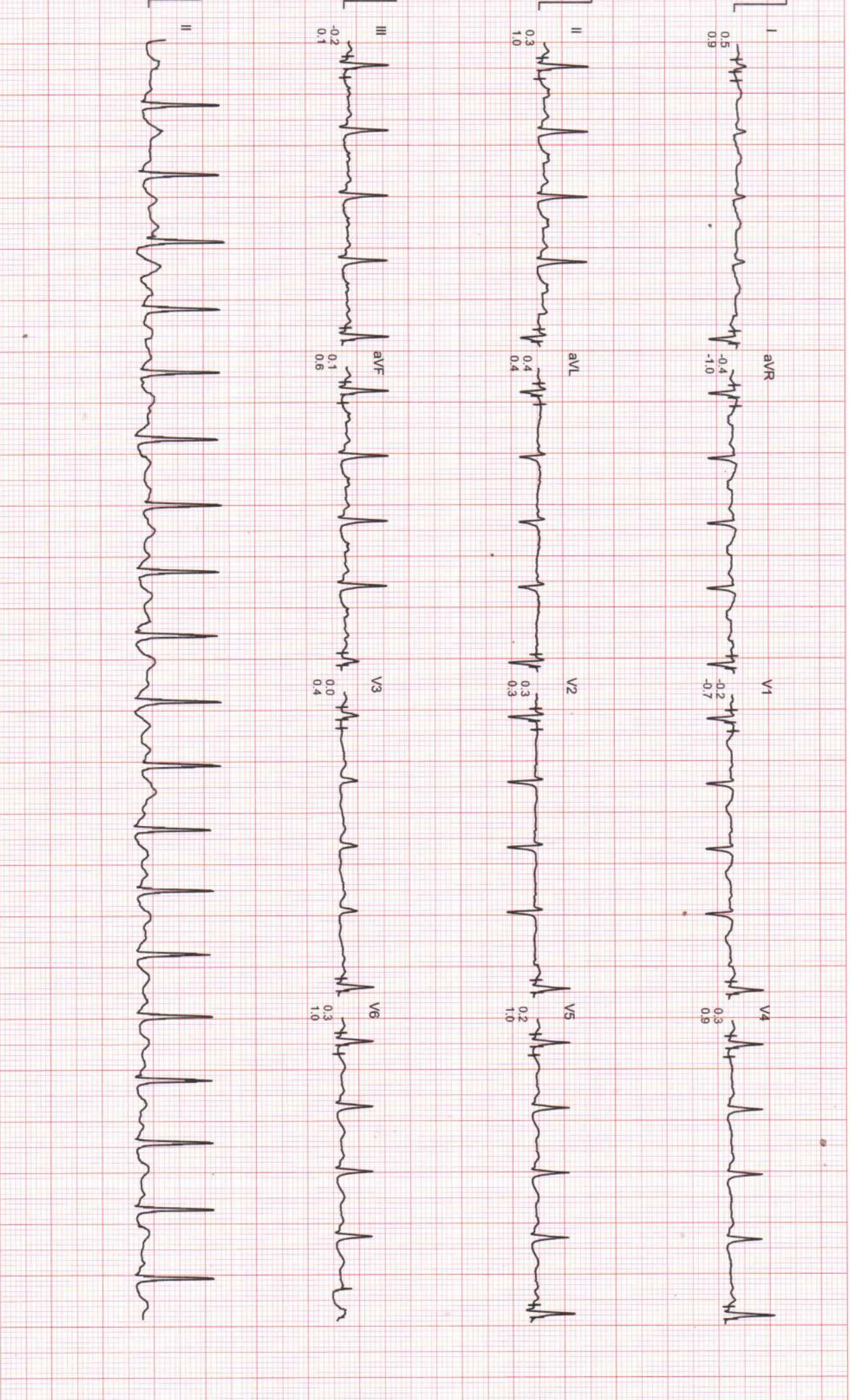
EXCELLAS CLINICS-DOMBIVLI

HYPERVENTILATION
PRETEST

STAGE TIME : 0:02

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



EXCELLAS CLINICS-DOMBIVLI

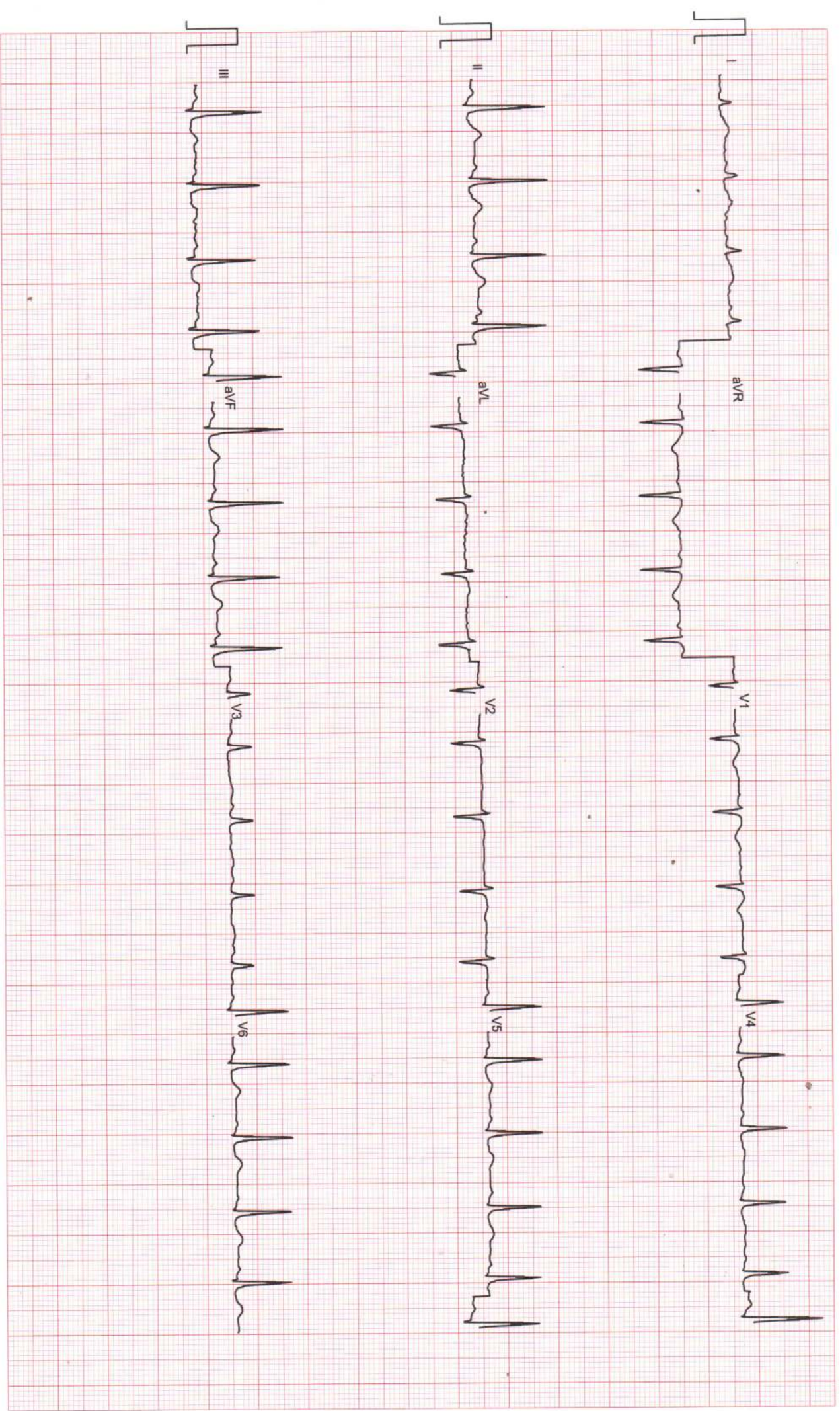
SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

Mr. MRS NANCY VERMA
I.D. : 19
AGE/SEX : 30/M
RECORDED : 26-10-2024 10:23

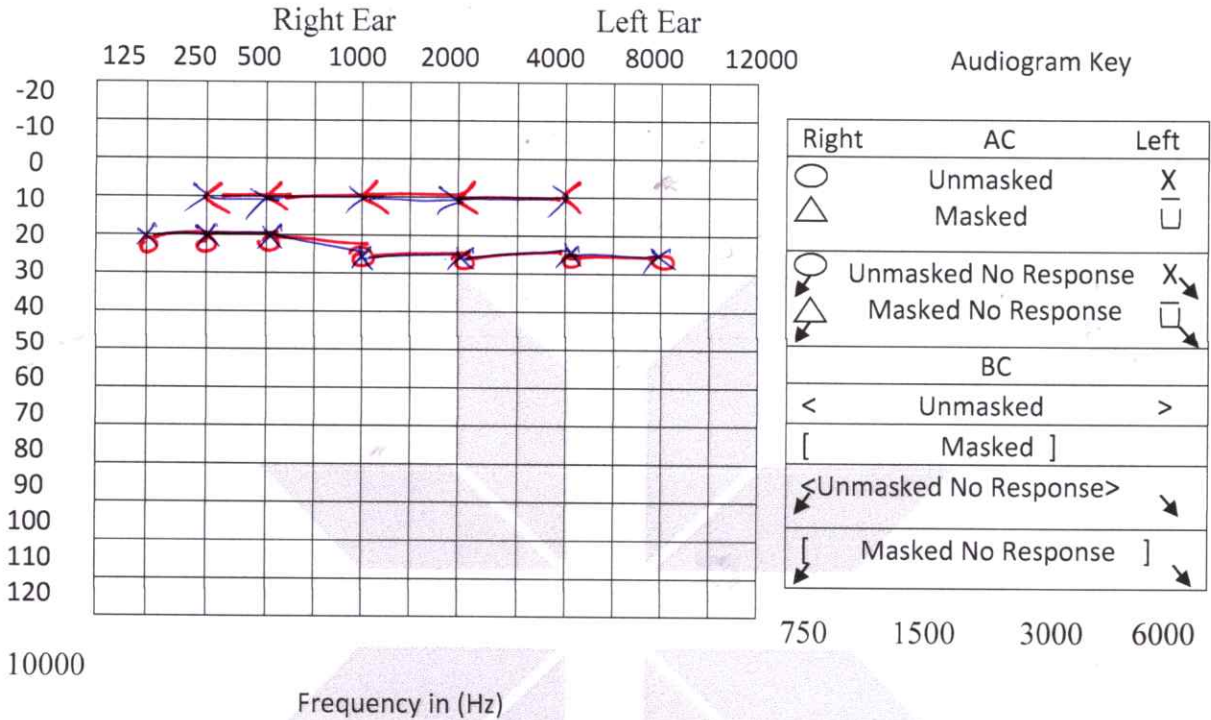
RATE : 111 BPM
B.P. : 120/80 mmHg

RAW E.C.G.



| | |
|-------------------------------|-----------------------------|
| NAME : MRS.NANCY VERMA | AGE: 30 YRS / FEMALE |
| REF BY: MEDIWHEEL | DATE: 26/10/2024 |

AUDIOGRAM



Responses: Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory

If any other specify

Procedure: Standard / Play

Audiological Interpretations:

| Test Ear | P.T.A. dBHL |
|----------|-------------|
| Right | 20 |
| Left | 20 |

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

Excellas Clinics Private Limited
1st Floor, Kasturi Ashish,
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Above Moti Mithai Shop, Sonar Pada,
Dombivli East, Maharashtra 421201
M - 9930058716
AUDIOLOGIST

ID *Harey*

Name *Vijaya*

Age *30*: Years

Gender: *female*

BP : / (mmHg)

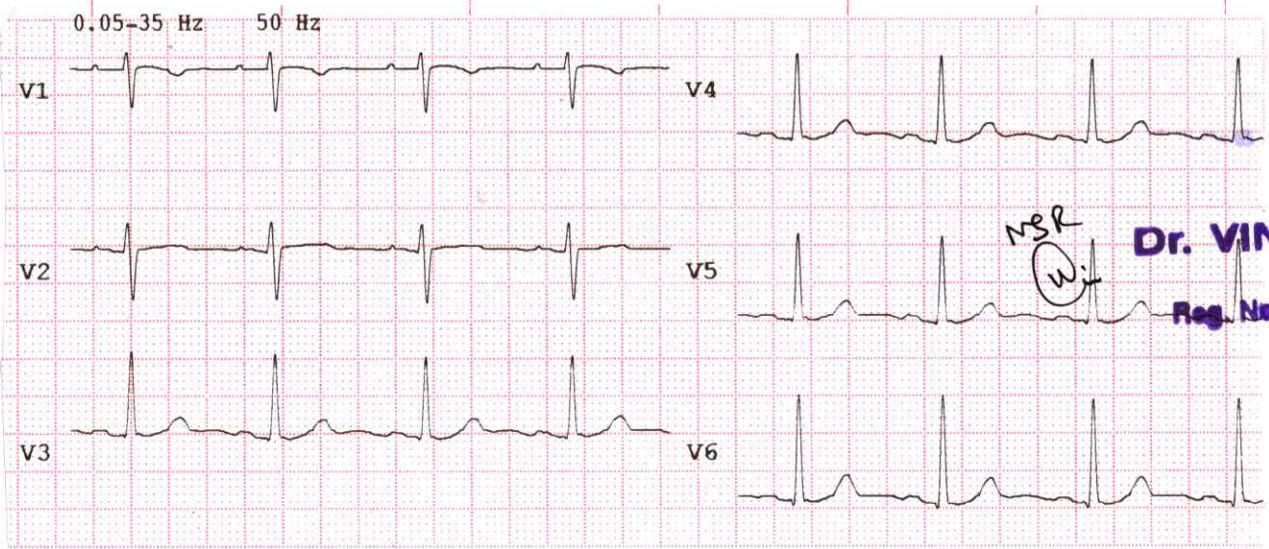
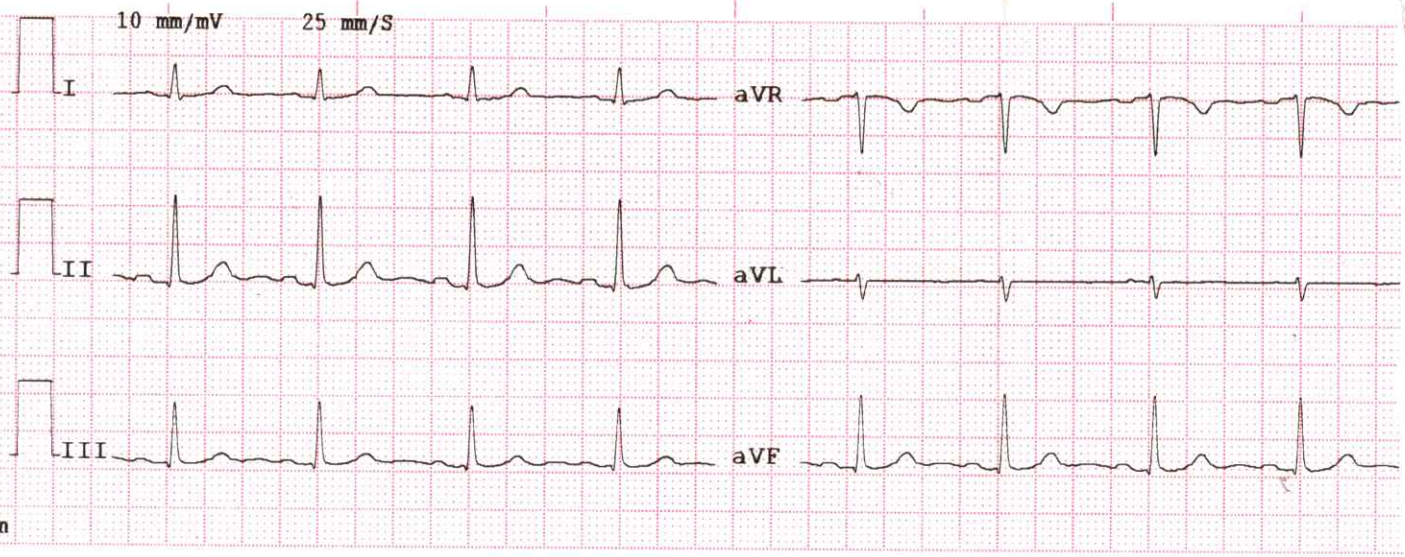
Weight: Kgs

Date : 24/04/08
01:32 PM

Note :

VESTA 301i
(Ver 3.31.33PC)

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MSR
(W)

Dr. VINAY HIRAY
DNB MED
Reg. No. 2012/09/2681