

Customer Name	MR.ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/MALE	Visit Date	27/04/2024
Ref Doctor	MediWheel		

### Personal Health Report

#### General Examination:

Height : 174.0 cms

Weight : 81.6 kg

BMI : 27.0 kg/m<sup>2</sup>

BP: 145/85 mmhg

Pulse: 94/min, regular

#### Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

#### Blood report:

Glucose- (FBS) - 105.1 mg/dl & Glucose (PPBS) - 194.9 mg/dl- Slightly elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Liver Function Test -SGOT/AST - 44.20 U/L - Slightly elevated.

Urine Analysis - Protein (Trace), pus cells (2-4/hpf), epithelial cells (1-3/hpf).

X-Ray Chest - Normal study.

ECG - Normal ECG.

TMT - Mild positive.

Dental Exam - Normal study.

USG Whole Abdomen - Fatty liver, right renal cortical cyst, and prostatomegaly with insignificant PVR.



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<b>Age &amp; Gender</b>	<b>43Y/MALE</b>	<b>Visit Date</b>	<b>27/04/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/12
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Glucose– (FBS) – 105.1 mg/dl & Glucose (PPBS) – 194.9 mg/dl- Slightly elevated. Need to do HbA1C test and to consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Liver Function Test –SGOT/AST – 44.20 U/L - Slightly elevated – To consult a gastroenterologist for further evaluation to rule out early onset of liver disease and management.

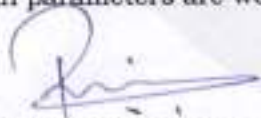
Urine Analysis – Protein (Trace), pus cells (2-4/hpf), epithelial cells (1-3/hpf) - To consult general physician for further evaluation and management.

USG Whole Abdomen – Fatty liver, right renal cortical cyst, and prostatomegaly with insignificant PVR. To consult urologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

TMT – Mild positive – To consult cardiologist for further evaluation.

Eye Test – Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.



**DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM**  
MHC Physician Consultant



27/04/2024

Mr. Abhishek Das 43/m

Dental

- plaque (+)
- Tartar (+)
- No Bleeding
- Gums ⊖
- No loss of tooth



Dr. NOOR MOHAMMAD RIZWAN A.M.B.S., F.D.M.  
Reg. No: 120325 Consultant Physician  
A Medall Health Care and Diagnostics Pvt. Ltd.





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Register On : 27/04/2024 8:49 AM  
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Investigation	Observed Value	Unit	Biological Reference Interval
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BLOOD GROUPING AND Rh TYPING

'A' Positive

(EDTA Blood Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Glucose Fasting (FBS)  
 (Plasma - F/GOD-PAP)

105.1 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

Glucose Postprandial (PPBS)  
 (Plasma - PP/GOD-PAP)

194.9 mg/dL

70 - 140

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.

Urine Glucose(PP-2 hours)  
 (Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)  
 (Serum/Urease UV / derived)

11.32 mg/dL

7.0 - 21

Creatinine  
 (Serum/Modified Jaffe)

1.15 mg/dL

0.9 - 1.3

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)

6.80 mg/dL

3.5 - 7.2

**Liver Function Test**

Bilirubin(Total)  
 (Serum/DCA with ATCS)

0.65 mg/dL

0.1 - 1.2

  
 DR SURYA LAKSHMI  
 Consultant Pathologist  
 KMC NO: 112817  
 VERIFIED BY



  
 Dr ARCHANA. K MD Ph.D  
 Lab Director  
 TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	44.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	36.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.40	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	42.60	U/L	53 - 128
Total Protein (Serum/Biuret)	7.61	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.71		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	130.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.80	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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Consultant Pathologist  
KMC NO: 112817  
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**Investigation**

**Observed Value Unit**

**Biological Reference Interval**

**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)* **36.00** mg/dL  
 Optimal(Negative Risk Factor):  $\geq$  60  
 Borderline: 40 - 59  
 High Risk: < 40

**LDL Cholesterol**  
*(Serum/Calculated)* **77.8** mg/dL  
 Optimal: < 100  
 Above Optimal: 100 - 129  
 Borderline: 130 - 159  
 High: 160 - 189  
 Very High:  $\geq$  190

**VLDL Cholesterol**  
*(Serum/Calculated)* **16.2** mg/dL  
 < 30

**Non HDL Cholesterol**  
*(Serum/Calculated)* **94.0** mg/dL  
 Optimal: < 130  
 Above Optimal: 130 - 159  
 Borderline High: 160 - 189  
 High: 190 - 219  
 Very High:  $\geq$  220

**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)* **3.6**  
 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

**Triglyceride/HDL Cholesterol Ratio (TG/HDL)**  
*(Serum/Calculated)* **2.2**  
 Optimal: < 2.5  
 Mild to moderate risk: 2.5 - 5.0  
 High Risk: > 5.0

  
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 Consultant Pathologist  
 KNMC NO: 112817  
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.43	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

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))	1.57	ng/ml	0.7 - 2.04
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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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.51	µg/dl	4.2 - 12.0
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#### 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) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.060	µIU/mL	0.35 - 5.50
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**Investigation**

**Observed Value Unit**

**Biological Reference Interval**

**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&lt;math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
**DR SURVA LAKSHMI**  
Consultant Pathologist  
KMC NO: 112817

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MC-2428



  
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Lab Director  
TNMC NO: 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	9.8		6.0 - 22.0

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Trace		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	2 - 4	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 3	/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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent

  
DR SURYA LAKSHMI  
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KMC NO: 112817  
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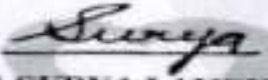
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Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

  
**DR SURVA LAKSHMI**  
Consultant Pathologist  
KMC NO: 112817  
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Lab Director  
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-- End of Report --

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Age & Gender	43Y/M	Visit Date	Apr 27 2024 8:48AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

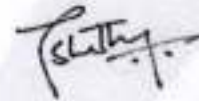
Cardiac size is within normal limits.

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. TRISHUL SHETTY  
CONSULTANT RADIOLOGIST**



Customer Name	MR.ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/MALE	Visit Date	27/04/2024
Ref Doctor	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

**The liver is normal in size and shows diffuse fatty changes.** No focal lesion is seen.

The gall bladder is normal sized, 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 ~ 10.4 x 4.8 cm.

**A cyst measuring ~ 2.9 x 2.8 cm noted in upper pole of right kidney.**

The left kidney measures ~ 10.5 x 6.5 cm.

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. Insignificant postvoid residual urine ~ 15.9 ml.

**The prostate measures ~3.8 x 3.7 x 3.3 cm (Vol ~25.5 ml) and is enlarged in size.**





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The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- Fatty liver.
- Right renal cortical cyst.
- Prostatomegaly with insignificant postvoid residual urine.

  
**DR. UMALAKSHMI  
SONOLOGIST**



Medall Healthcare Pvt Ltd

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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43 years  
Male

Heart rate	80 bpm
PR interval	140 ms
QRS duration	86 ms
QT/QTc	366/422 ms
P-R-T axes	72 93 23

Normal sinus rhythm  
Rightward axis  
Borderline ECG

Test ind:

Unconfirmed



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC35 009C

II 128L V239







MR AB SHEK DAS

D: #10003200

27-Apr-2024

10:45:52

65bpm

BP: 140/80

ST @ 10mm/mV  
50ms postd

PRTEST  
STANDING  
1:22

BRUCE  
\*\* 1mph  
\*\* 4%

Lead  
ST(mV)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

low Rhythm

\* Computer Synthesized Rhythm

MAC55 009C



MRABISHEK DAS

ID: #10003200

27-Apr-2024

10:46:31

81bpm

BP: 140/80

PRETEST  
HYPERVENT  
2:00

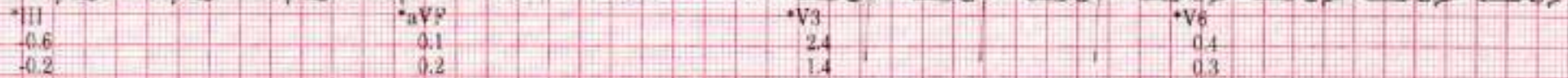
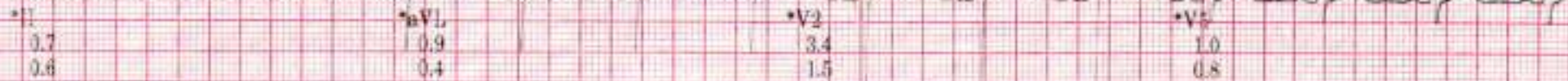
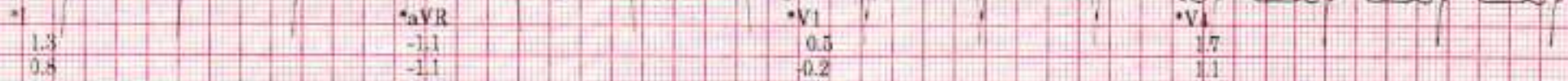
BRUCE

\*\*mph

\*\*%

ST @ 10mm/mV  
80ms post

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

II



MR AB SHEK DAS

D: 41003200

27-Apr-2024

10:50:21

112bpm

EXERCISE  
STAGE 1  
2:50

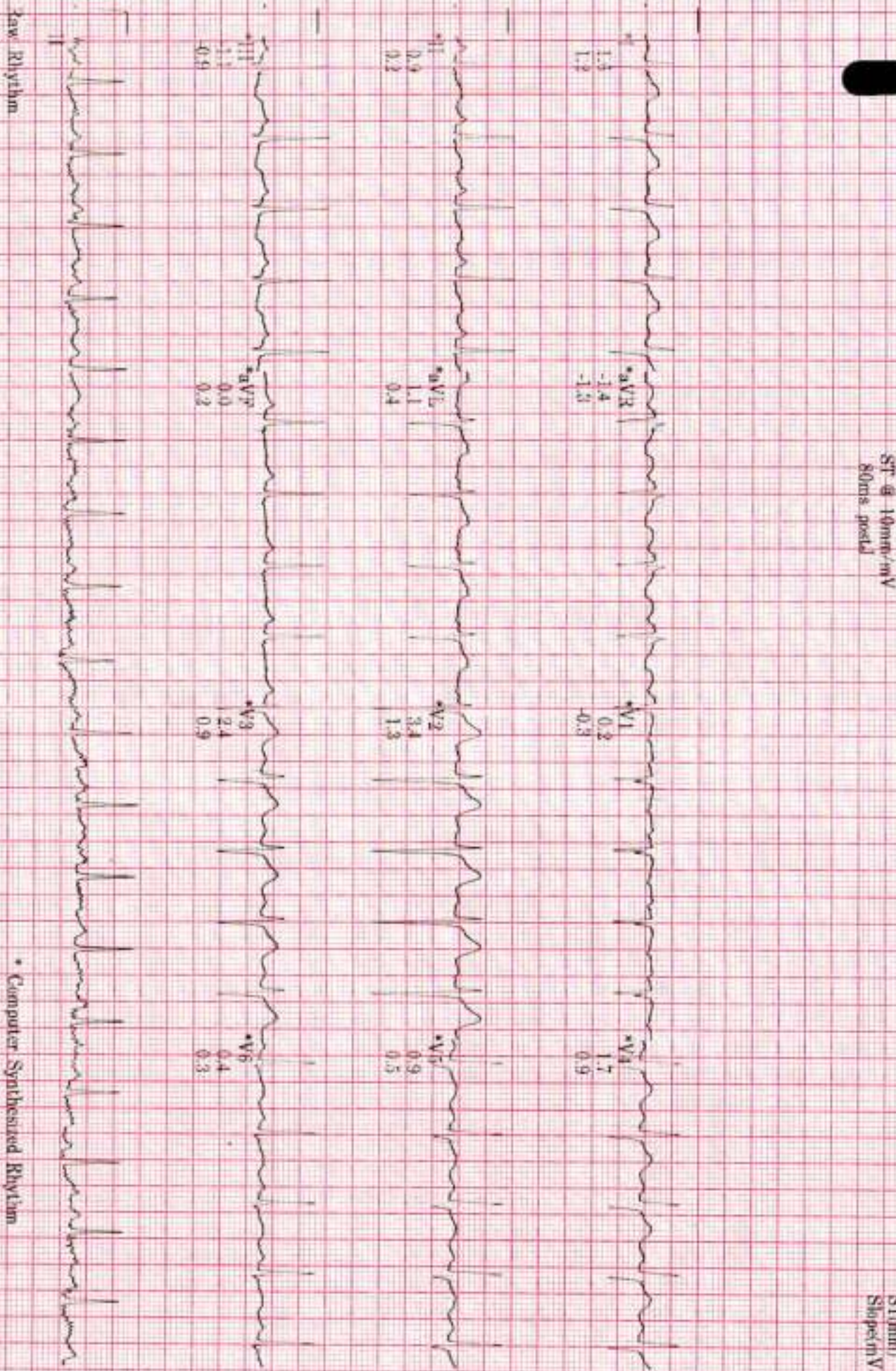
BRUCE

1.6mph

10.0%

ST @ 10mm/mV  
80ms postd

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAG55 009C

II

42-59







YR AEISHK DAS  
D: 410003200

27-Apr-2024  
10:56:24

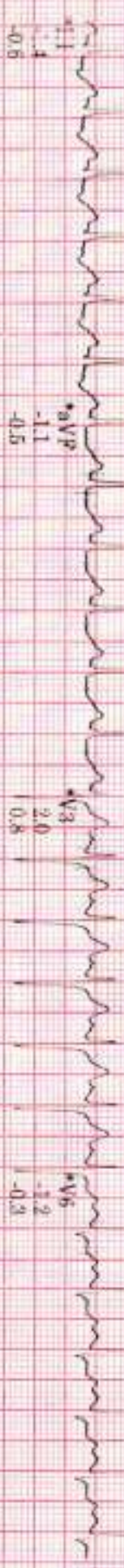
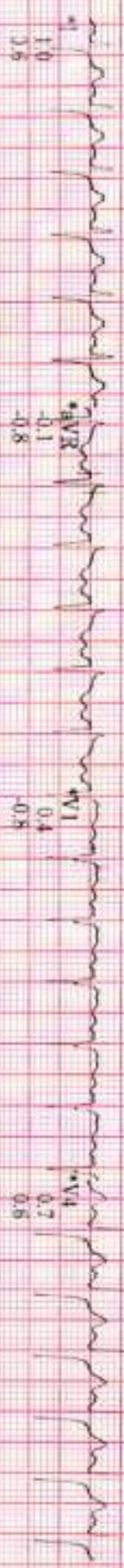
148 bpm

EXERCISE  
STAGE 3  
8:50

BRUCE  
3.3 mph  
14.0%

ST @ 10mm/mV  
Romie postJ

Lead  
ST(mV)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 009C



MR ABISHIK DAS

ID: 410003200

27-Apr-2024

10:57:37

161bpm

EXERCISE  
STAGE 4  
10:00

BRUCE  
4.1mph  
16.0%

ST @ 10mm/mV  
80ms-post

Lead  
ST(mV)  
Slope(mV/s)



Flow Rhythm

Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC65 009C



MR ABISHEK DAS

ID: 410003200

27-Apr-2024

10:58:36

131bpm

RECOVERY

RECOVERY

1:00

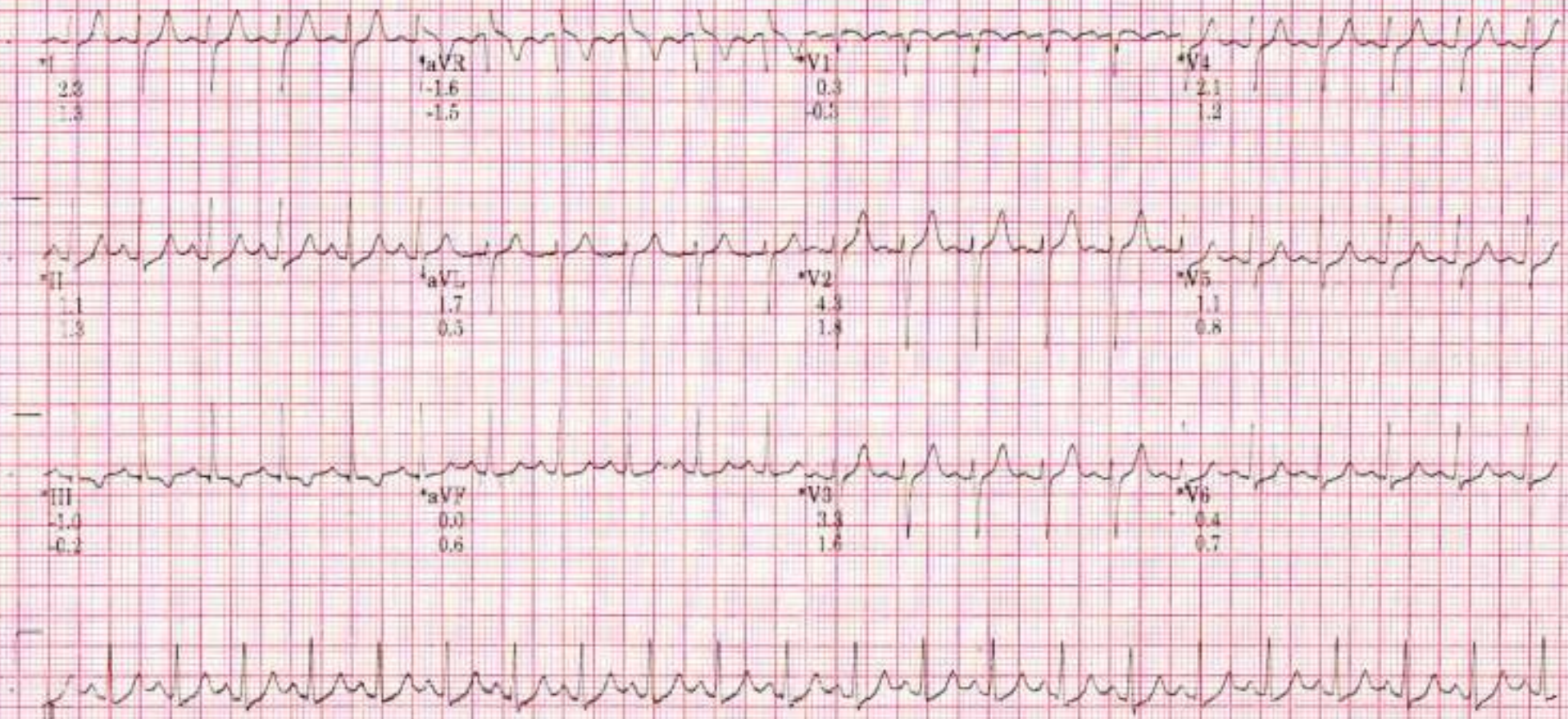
BRUCE

4.4 mph

4.4%

ST @ 10mm/mV  
80ms post

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR AB SHEK DAS

Dr 411003200

27-Apr-2024

10:59:31

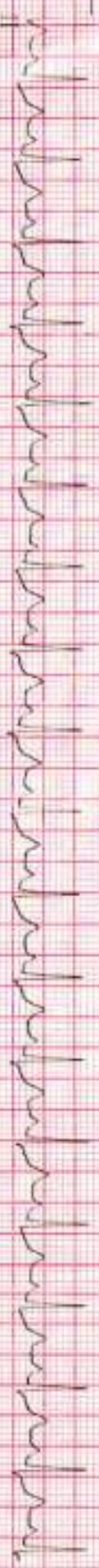
112bpm

RECOVERY  
RECOVERY  
2:00

HRUC  
\*\* \*mph  
\*\* \*g

ST @ 10mm/mV  
80ms post

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



Raw Rhythm

Computer Synthesized Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

MAC65 009C

I



MR ABISHEK DAS

D: 410003200

27-Apr-2024

11:30:36

108bpm

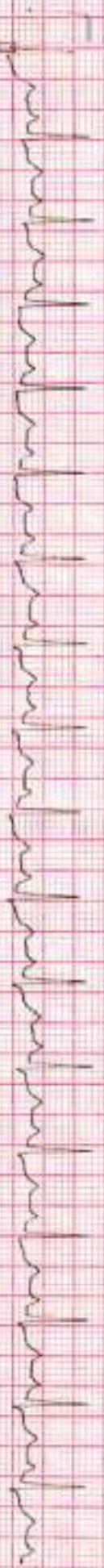
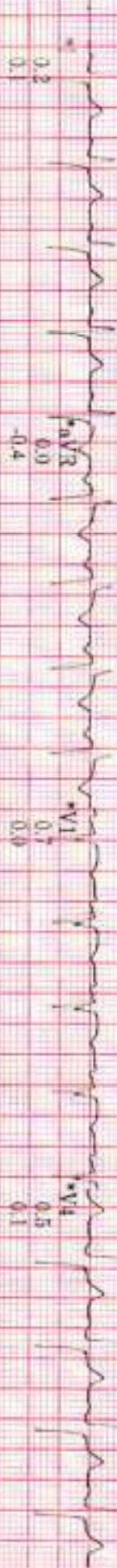
RECOVERY  
RECOVERY  
3:00

BRUCE

\*\* \* (m)pb  
\*\* \* %

ST @ 10mm/mV  
80ms postJ

Lead  
ST (mm)  
Slope (mV/s)



Known Rhythm

\* Computer Synthesized Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

MAC155 009C

II



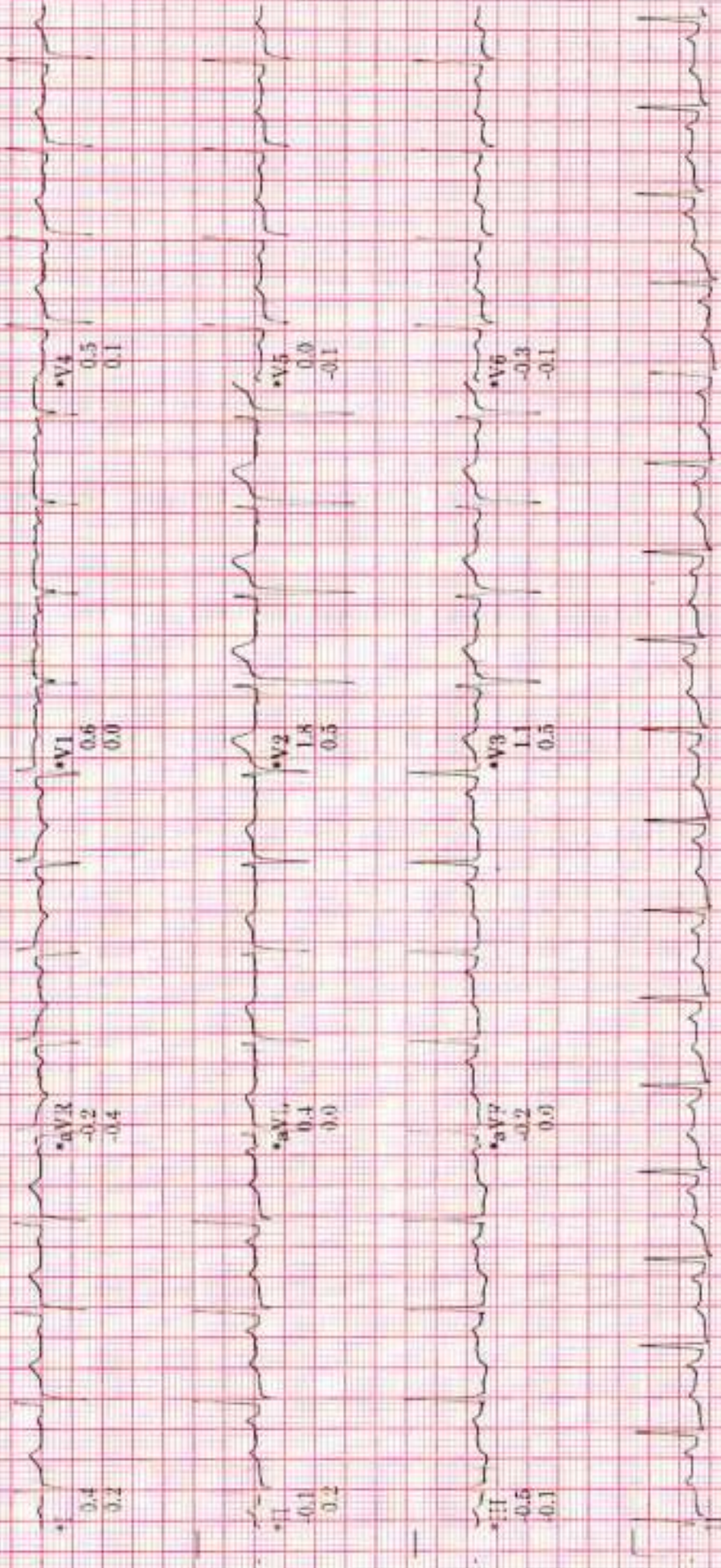
MR ABISHEK DAS  
ID: 10003200  
27-Apr-2024  
11:05:36

102 bpm  
ST @ 14mm/mV  
80ms/past

RECOVERY  
RECOVERY  
4:00

BRUCE  
\*\*mph  
\*\*%

Lead  
ST (mm)  
Slope (mV/s)



3aw Rhythm

40 Hz 25.0 mm/s 10.0 mm-mV A-H-S-50Hz HR 46

Computer Synthesized Rhythm

MAC55 009C



MR ABISHEK DAS  
ID: 410003200

104bpm

RECOVERY  
RECOVERY  
5:00

BRUCE  
\*\* \*mph  
\*\* \*%

27-Apr-2024  
11:02:36

ST @ 10mm/mV  
(80ms post)

Lead  
ST (mm)  
Slope (mV/s)



Lead Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S: 50Hz HR 46

MAC35 009C

2



SELECTED MEDIAN REPORT

MEGHAISHK DAS

10093200

43 years

Male

BRUCE  
 Max HR: 167bpm 90% of max predicted 177bpm  
 Max EP: 140/80

Total Exercise time: 10:02  
 Maximum workload: 11.5 METS

2.0 mm/s  
 0.0 mm/mV  
 00Hz

27 Apr 2024

10:43:11

Test #4

BASILINE  
 EXERCISE  
 10:00

MAX ST  
 EXERCISE  
 9:51

PEAK  
 EXERCISE  
 10:00

TEST END  
 RECOVERY  
 9:52

EASILINE  
 EXERCISE  
 10:00

MAX ST  
 EXERCISE  
 9:51

PEAK  
 EXERCISE  
 10:00

TEST END  
 RECOVERY  
 9:52

87 140/80

157bpm

161bpm

101bpm

88bpm  
 87 140/80

107bpm

101bpm

101bpm

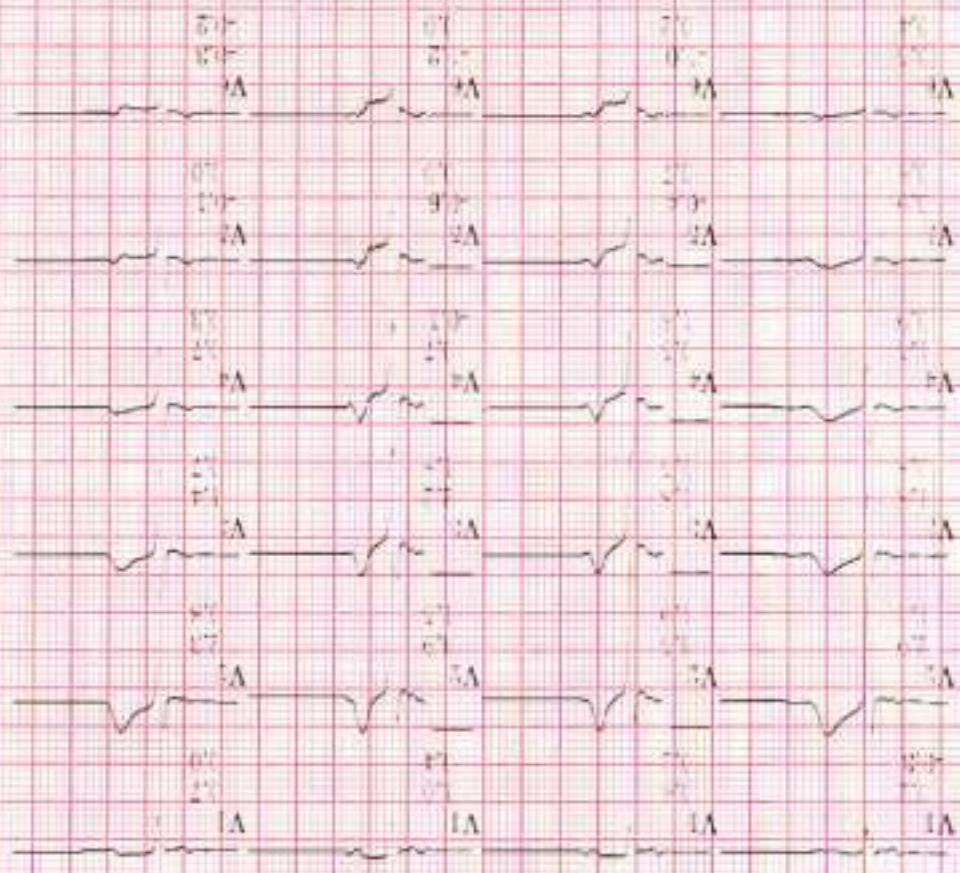


Unconfirmed

PRECISION DIAGNOSTIC CENTRE

MAG 65 009C

Lead  
 ST (mm)  
 Slope (mV/s)





GRADED EXERCISE SUMMARY

MIRABISHK, DAS

D: 41-0003200

43years

Male

Total Exercise time: 10:02

BRUCE Max HR: 161bpm 90% of max predicted 177bpm

Max BP: 140/80 Maximum workload: 11.5 METS

Reason for Termination: Patient fatigue

Comments:

25.0 mm/s

10.0 mm/mV

100hz

Test ind:

BASELINE

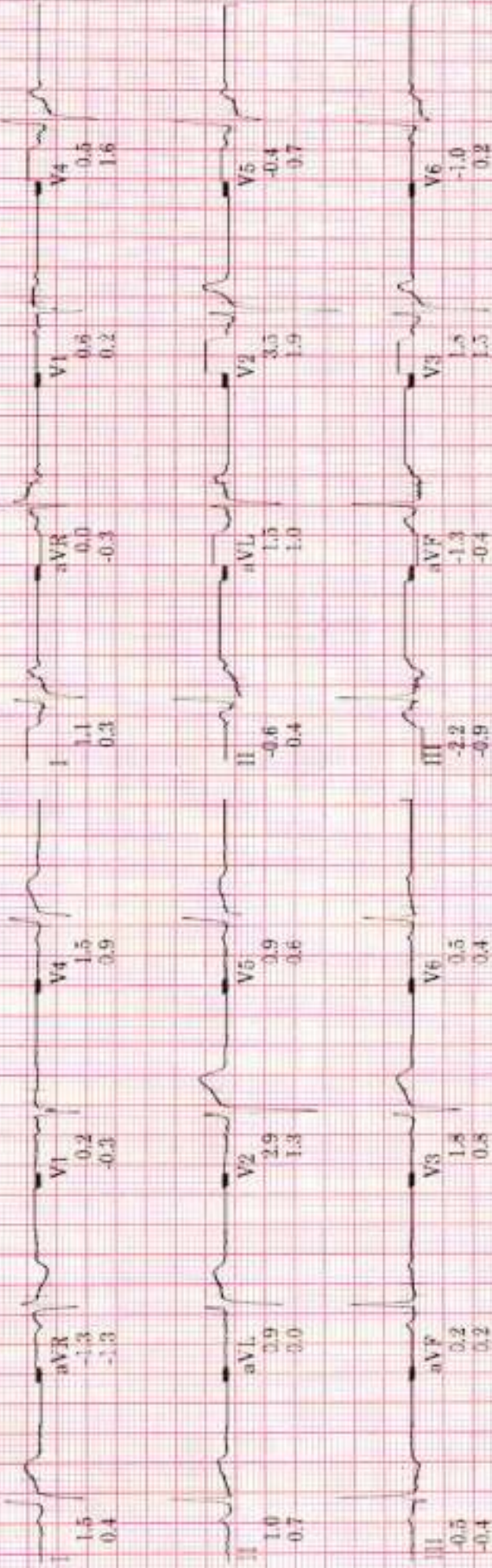
EXERCISE STAGE 1 86bpm ST @ 10mm/mV

0:00 1.3METS BP: 140/40 40ms postL

MAX ST

EXERCISE STAGE 4 157bpm ST @ 10mm/mV

9:31 10.6METS 80ms postL





TABULAR SUMMARY REPORT

MR ABISHK DAS  
D #10008290

43 years

Male

27-Apr-2024  
10:42:31

BRUCH  
Max HR 161bpm 90% of max predicted 177bpm  
Max BP 140/80 Maximum workload 115METS  
Reason for Test/Tolerance Patient fatigue  
Comments

Total Exercise time: 10:02

25.0 mm/s  
10.0 mm/mV  
100Hz

Test Ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
RETREST	SUPINE	1:04	0.0	0.0	1.0	86	140/80	120
EXERCISE	STANDING	0:31	0.0	0.0	1.0	86	140/80	120
	HYPERVENT	1:29	0.7	0.0	1.0	86	140/80	120
	STAGE 1	3:20	1.8	10.0	4.4	115		
	STAGE 2	3:50	2.5	2.0	7.0	128		
RECOVERY	STAGE 3	3:00	2.0	4.0	8.8	130		
	STAGE 4	1:02	4.1	6.0	11.5	161		
	RECOVERY	0:32	0.0	0.0	1.0	90		

PRECISION DIAGNOSTIC CENTRE

Consent Formed

MAC35 009C



SELECTED MEDIAN REPORT

W. VISHKAR, DAS

01/09/2009

43 years

Male

BRUC'S

Max HR: 160bpm 90% of max predicted 177bpm

Max EP: 140/80

Reason for Termination: Patient fatigue

Comments:

Total Exercise time: 10:02

Maximum workload: 11.5 METS

25.0 mm/s

10.0 mm/mV

100bx

25/09/2024  
10:25:11

Test at:

BASLINE  
EXERCISE  
0:30  
stop  
8/9 140/80

MAX ST  
EXERCISE  
9:31  
157bpm

PEAK  
EXERCISE  
10:00  
161bpm

TEST END  
RECOVERY  
10:32  
101bpm

BASLINE  
EXERCISE  
10:00  
160bpm  
8/9 140/80

MAX ST  
EXERCISE  
9:31  
157bpm

PEAK  
EXERCISE  
10:00  
161bpm

TEST END  
RECOVERY  
10:32  
101bpm



PRECISION DIAGNOSTIC CENTRE

Unconfirmed

MAC55 009C

Lead  
ST (mm)  
Slope (mV/s)



<b>Name</b>	<b>Mr. ABISHEK DAS</b>	<b>CUSTOMER ID</b>	<b>MED410003200</b>
<b>Age &amp; Gender</b>	<b>43Y/MALE</b>	<b>Visit Date</b>	<b>27/04/2024</b>

**IMPRESSION:**

- **Mildly positive for TMT.**

*Radha Priya.Y*

**DR.RADHA PRIYA.Y**  
**Consultant Cardiologist**