

Customer Name	MR.PRABHU DOSS P	Customer ID	MED111393773
Age & Gender	56Y/MALE	Visit Date	26/11/2022
Ref Doctor	MediWheel		

### Personal Health Report

#### General Examination:

Height : 173 cms  
Weight : 97 kg  
BMI : 32.9 kg/m<sup>2</sup>

BP: 110/70 mmhg  
Pulse: 72/ min, regular

#### Systemic Examination:

CVS: S1 S2 heard;  
RS : NVBS +.  
Abd : Soft.  
CNS : NAD

#### Blood report:

Glucose-(FBS)-108.8 mg/dl & Glucose (PP) - 288.1 mg/dl- and HbA1C test -8.5 % - Elevated.

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

Urine analysis - Urine glucose positive (+).

X-Ray Chest - Suggestion of ill-defined haziness in the left lower zone obscuring the diaphragmatic outline and blending the left CP angle - ? Consolidation lower lobe with pleural effusion.

ECG - Normal ECG.

TMT - Negative.

USG whole abdomen - Fatty liver and prostatomegaly.

Eye Test - Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/9	6/9
Near Vision	N8	N8
Colour Vision	Normal	Normal



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Age & Gender	56Y/MALE	Visit Date	26/11/2022
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Impression & Advice:

Glucose-(FBS)-108.8 mg/dl & Glucose (PP) - 288.1 mg/dl- and HbA1C test -8.5 % - Elevated. Urine glucose positive (+). To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

X-Ray Chest - Suggestion of ill-defined haziness in the left lower zone obscuring the diaphragmatic outline and blending the left CP angle - ? Consolidation lower lobe with pleural effusion. To consult a chest physician for further evaluation.

USG whole abdomen - Fatty liver and prostatomegaly. To consult an urologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

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

You are overweight by 21 kg to reduce gradually over a period of 5 to 6 months by having high fiber diet recommended by the dietician.

Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.

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

  
Dr. S. GOMATHY, M.B.B.S., D.M.CH.,  
Reg. No : 52007  
Consultant Physician  
A Medall Company Pvt. Ltd.



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## **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 9.6 x 5.6 cm.

The left kidney measures 10.2 x 6.3 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.

The prostate measures 3.8 x 3.3 x 3.8 cm (26.2 cc) and is enlarged.

The echotexture is homogeneous.




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The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**
- **Prostatomegaly.**



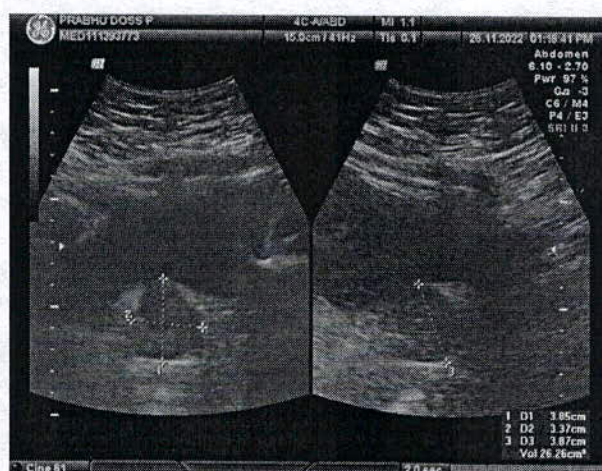
**DR. UMALAKSHMI  
SONOLOGIST**



Medall Healthcare Pvt Ltd

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

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SID No. : 222020289  
Age / Sex : 56 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

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Collection On : 26/11/2022 9:28 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.97	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	92.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	45.50	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6320	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	60.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	30.4	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	%	01 - 06

  
DR GURUPRIYA J  
PATHOLOGIST  
Reg No : 13-48036  
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Dr. E. Saravanan M.D(Path)  
Consultant Pathologist  
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

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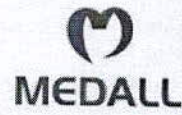
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.82	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.92	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.43	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	202	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	13	mm/hr	< 20
BUN / Creatinine Ratio	8.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	108.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	288.1	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Positive(+)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.84	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)	5.3	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.36	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	36.8	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	62.7	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	43.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.2	U/L	56 - 119
Total Protein (Serum/Biuret)	7.15	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.03	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.12	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.29		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	169.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	93.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
HDL Cholesterol (Serum/Immuno-inhibition)	50.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

**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.

  
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LDL Cholesterol (Serum/Calculated)	100.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	18.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	119.4	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)	3.4		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

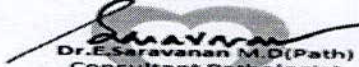
**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	8.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

  
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Estimated Average Glucose (Whole Blood)	197.25	mg/dL	
<b>INTERPRETATION: Comments</b>			
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control 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)	1.08	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))	1.91	ng/ml	0.4 - 1.81
<b>INTERPRETATION: Comment :</b>			
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))	9.61	µg/dl	4.2 - 12.0
<b>INTERPRETATION: Comment :</b>			
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))	2.07	µIU/mL	0.35 - 5.50

  
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**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 (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry )	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry )	Occasional	/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.

  
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Age & Gender	56Y/M	Visit Date	Nov 26 2022 8:47AM
Ref Doctor	MediWheel		

### X - RAY CHEST PA VIEW

**clinical data : dm patient health check up**

**Suggestion of ill defined haziness in the left lower zone obscuring the diaphragmatic outline and blending the left CP ankle - ? consolidation lower lobe with pleural effusion**

Rest of the bilateral lung fields appear normal.

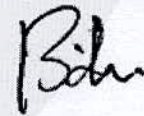
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and right costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***- please clinically correlate and evaluate with CT chest***



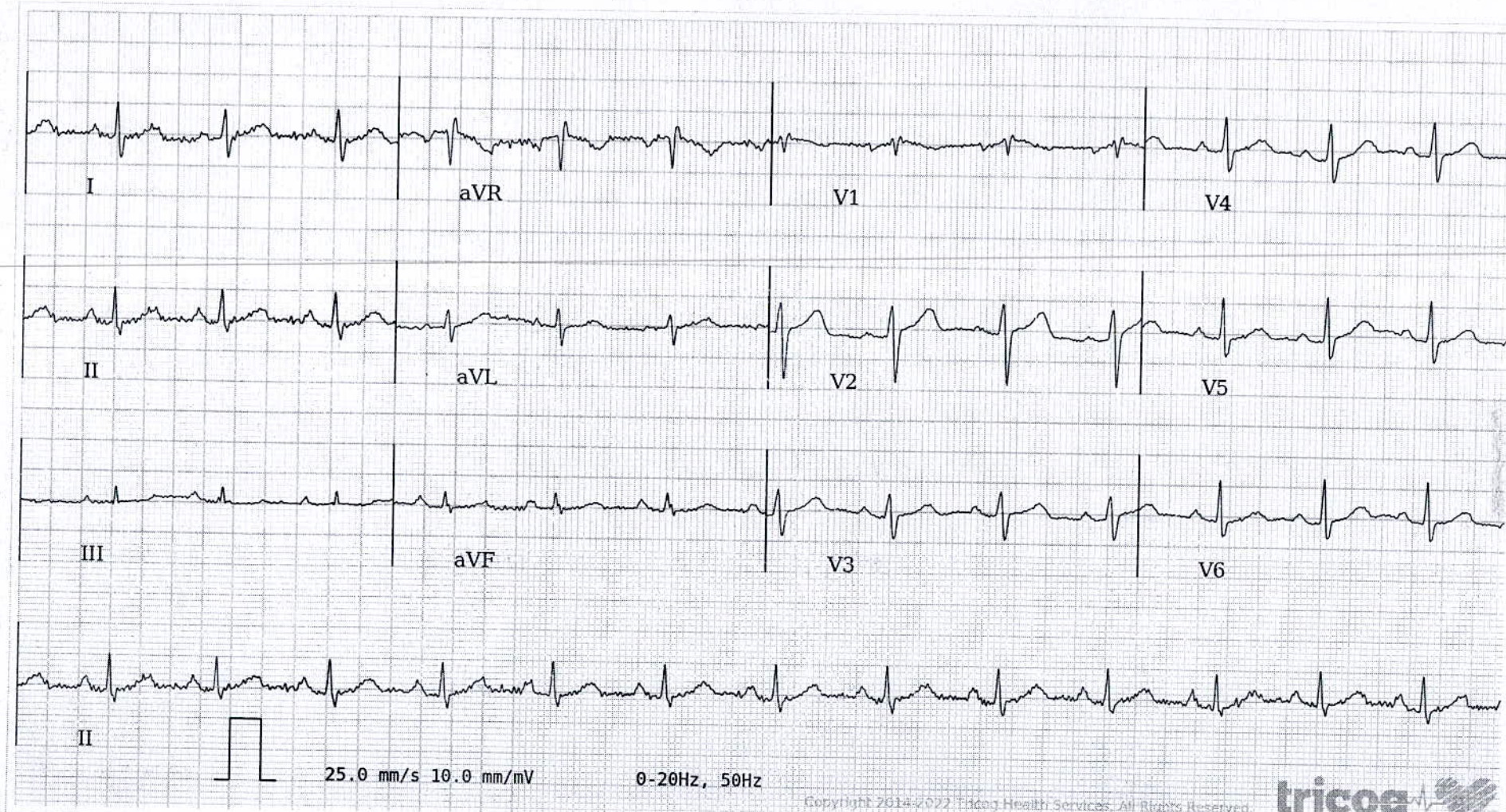
DR.B.C.SRIDHAR,DMRD.,DNB  
CONSULTANT RADIOLOGIST





Age / Gender: 56/Male  
Patient ID: Med111393773  
Patient Name: Mr prabhu doss p

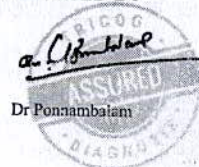
Date and Time: 26th Nov 22 10:38 AM



AR: 85.0bpm VR: 85.0bpm QRSD: 90.0ms QT: 358.0ms QTc: 426.0ms PRI: 176.0ms P-R-T: 55.0° 63.0° 24.0°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY



Dr Ponnambalam

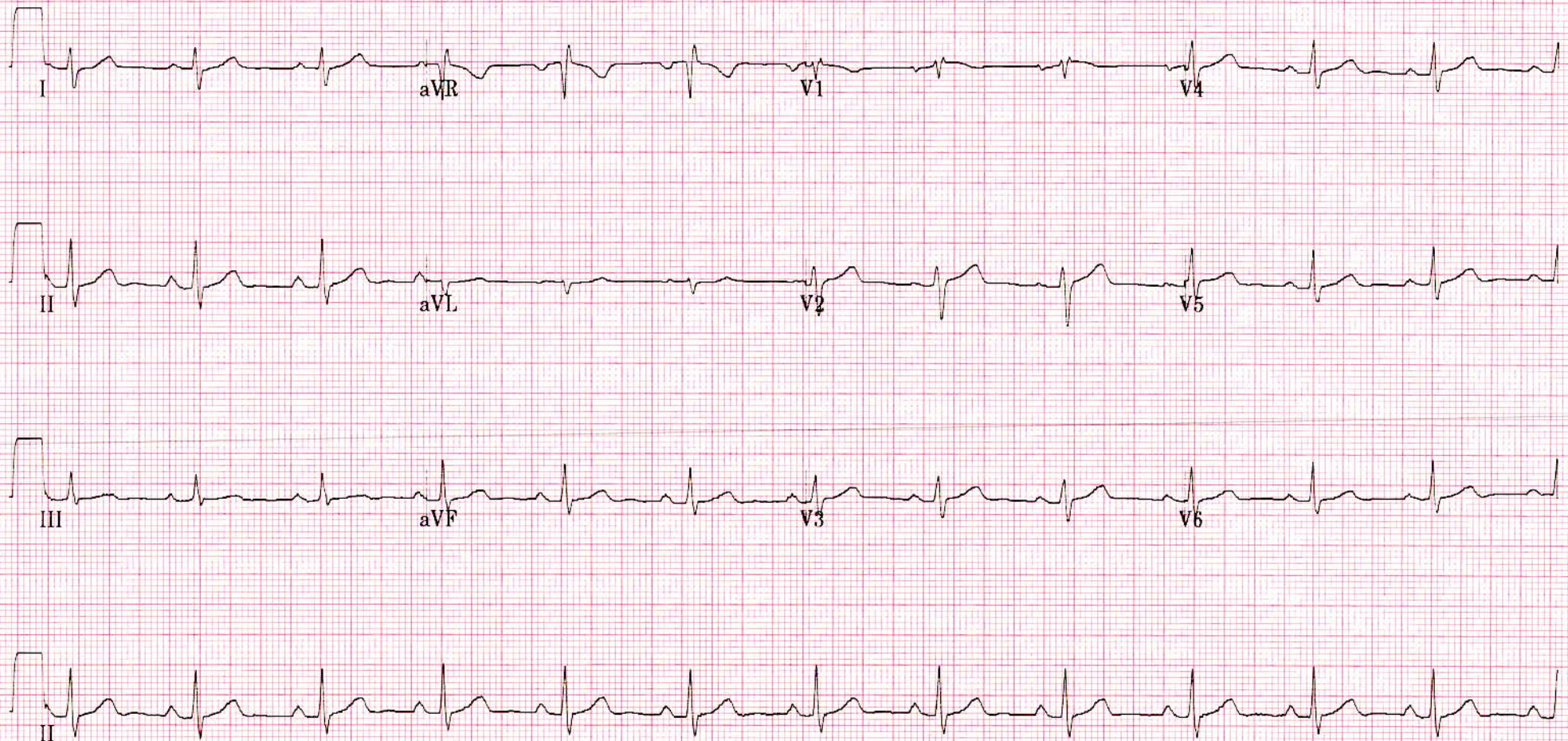
56 years  
Male

Vent. rate 73 bpm  
PR interval 164 ms  
QRS duration 86 ms  
QT/QTc 366/403 ms  
P-R-T axes 63 80 48

Normal sinus rhythm  
Normal ECG

Test ind:

Unconfirmed



MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:31:38

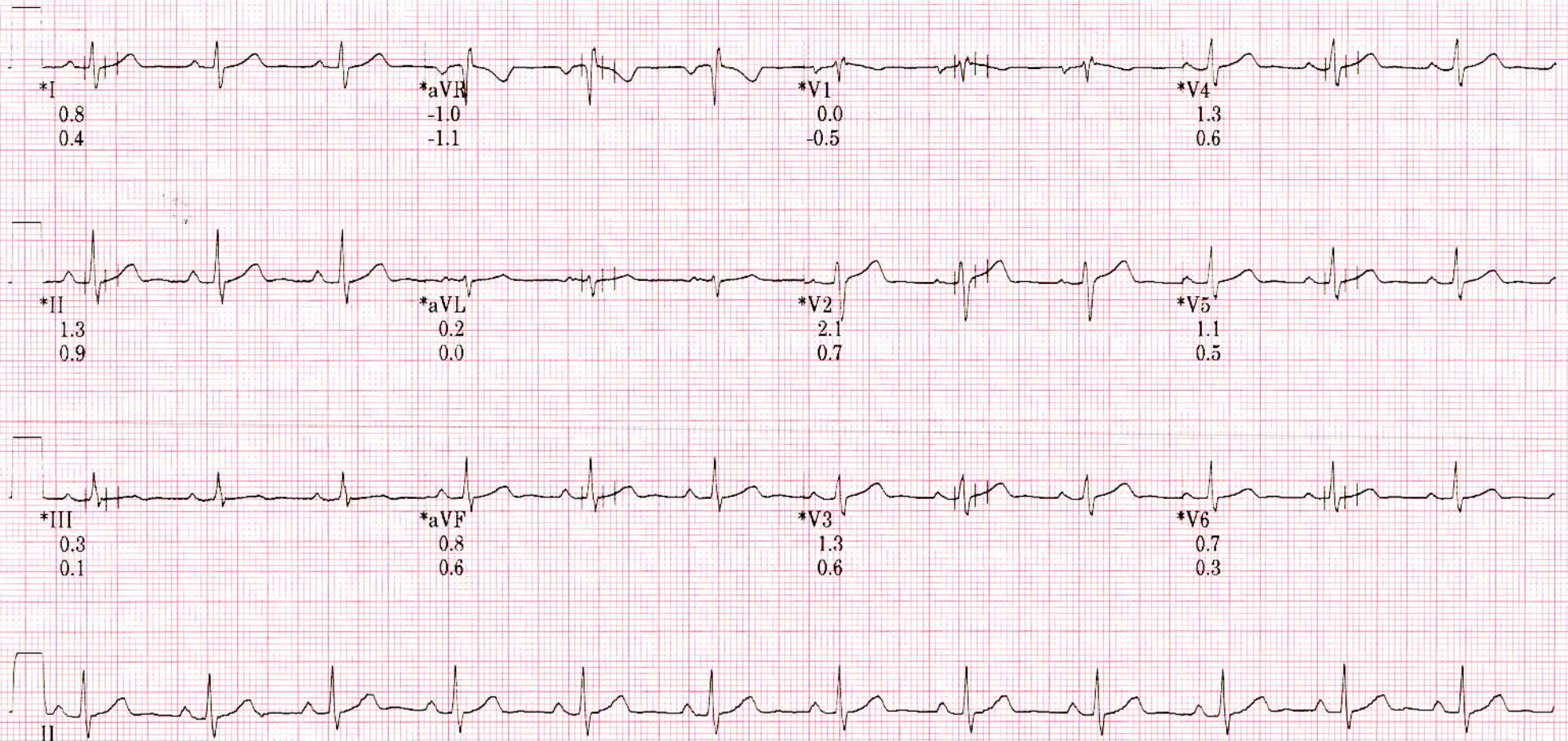
73bpm  
BP: 110/70

PRETEST  
SUPINE  
0:52

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:31:52

72bpm  
BP: 110/70

PRETEST  
STANDING  
1:07

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:32:08

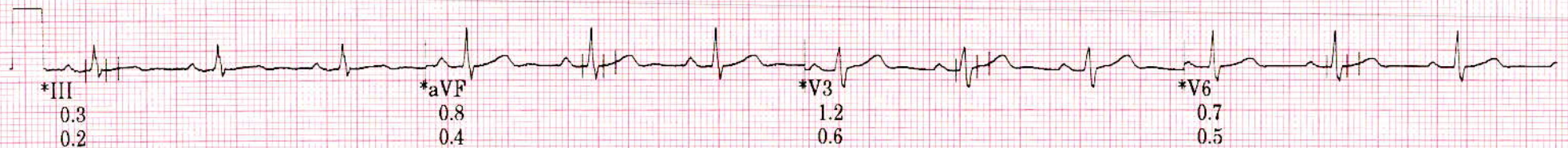
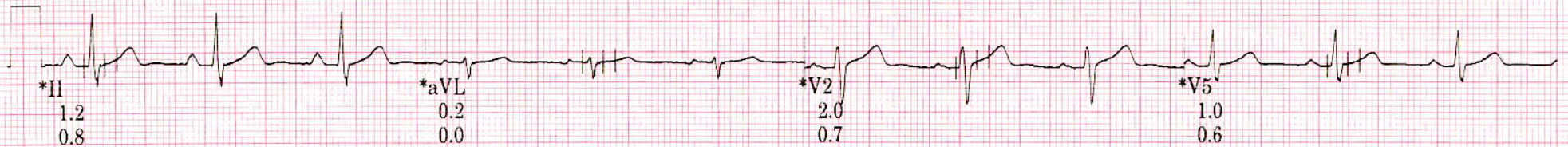
73bpm  
BP: 110/70

PRETEST  
HYPERVENT  
1:22

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:35:23

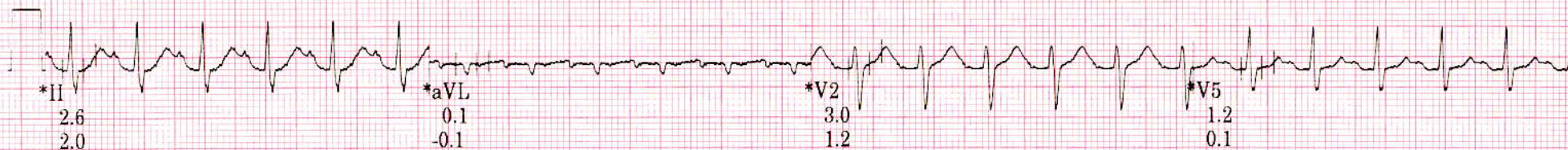
140bpm

EXERCISE  
STAGE 1  
2:51

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:37:12

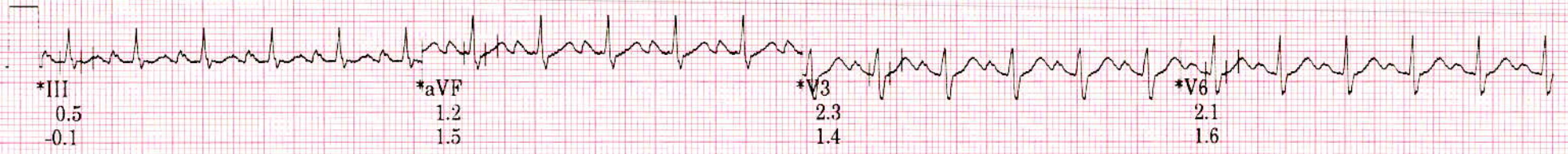
135bpm

EXERCISE  
STAGE 2  
4:40

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:38:23

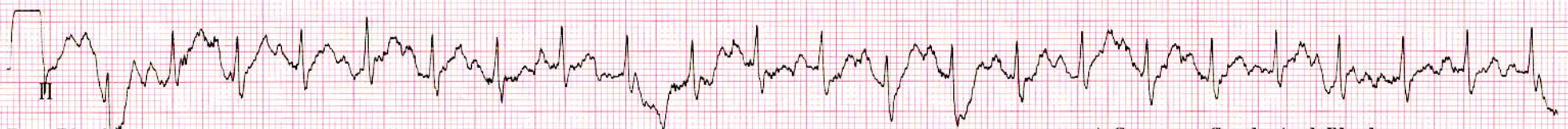
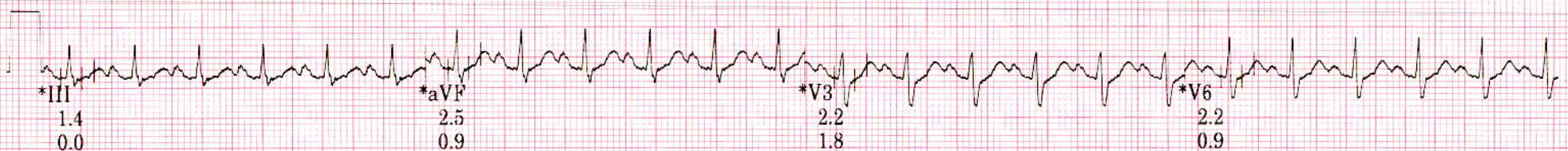
141bpm

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

MR PRABHU, DOSS  
ID: 111393773

26-Nov-2022  
12:39:59

161bpm

EXERCISE  
STAGE 3  
7:25

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

140/70

LINKED MEDIANS REPORT

PRECISION DIAGNOSTIC CENTRE

MR PRABHU, DOSS  
ID: 111393773

26-Nov-2022  
12:40:58

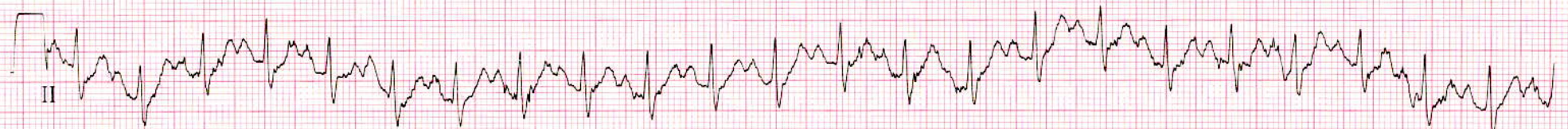
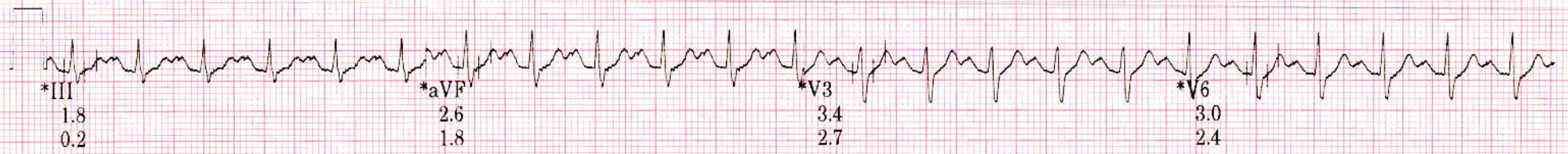
138bpm

RECOVERY  
RECOVERY  
1:00

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

ST @ 10mm/mV  
80ms postJ

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

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:41:58

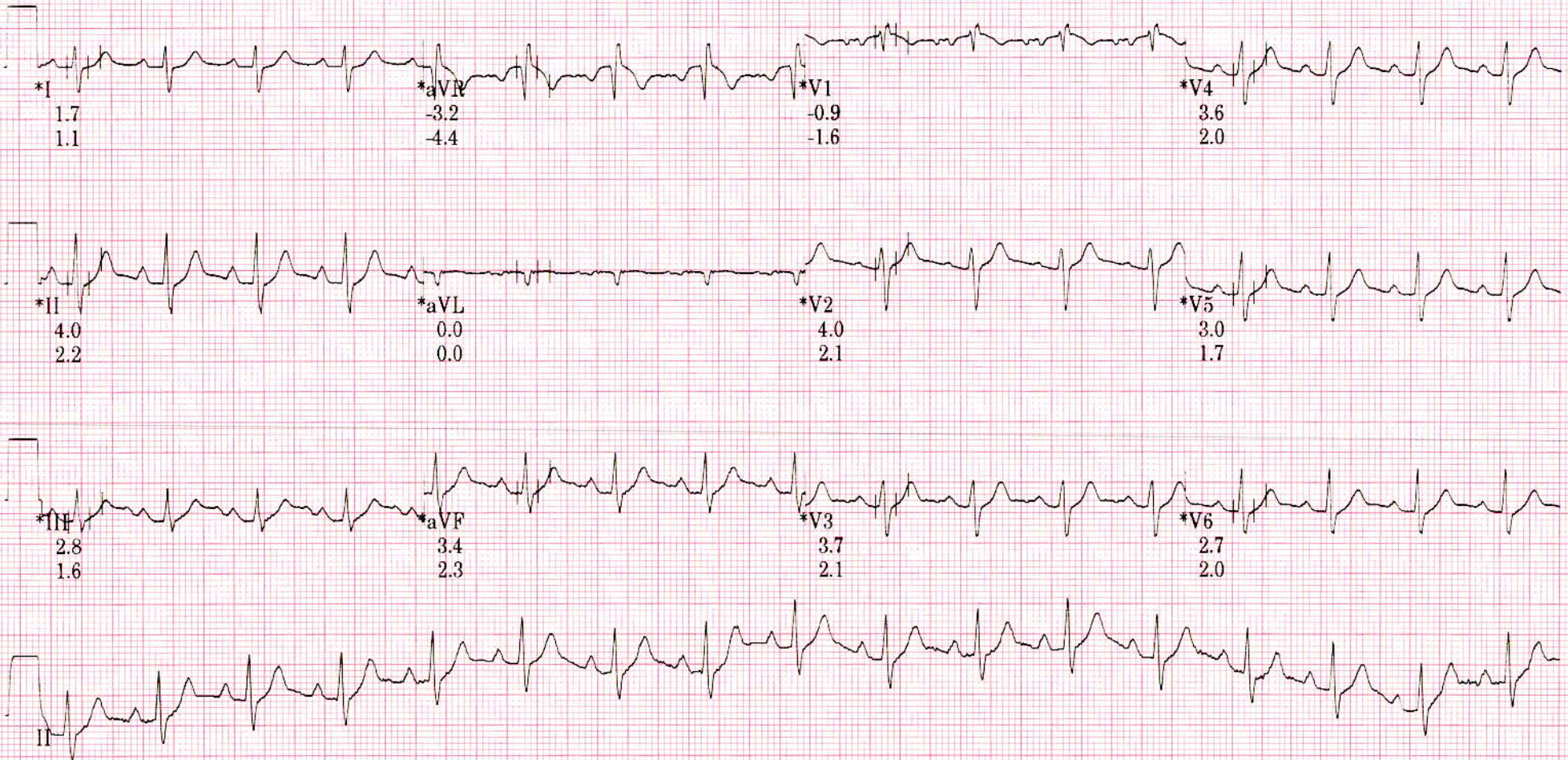
102bpm

RECOVERY  
RECOVERY  
2:00

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:42:58

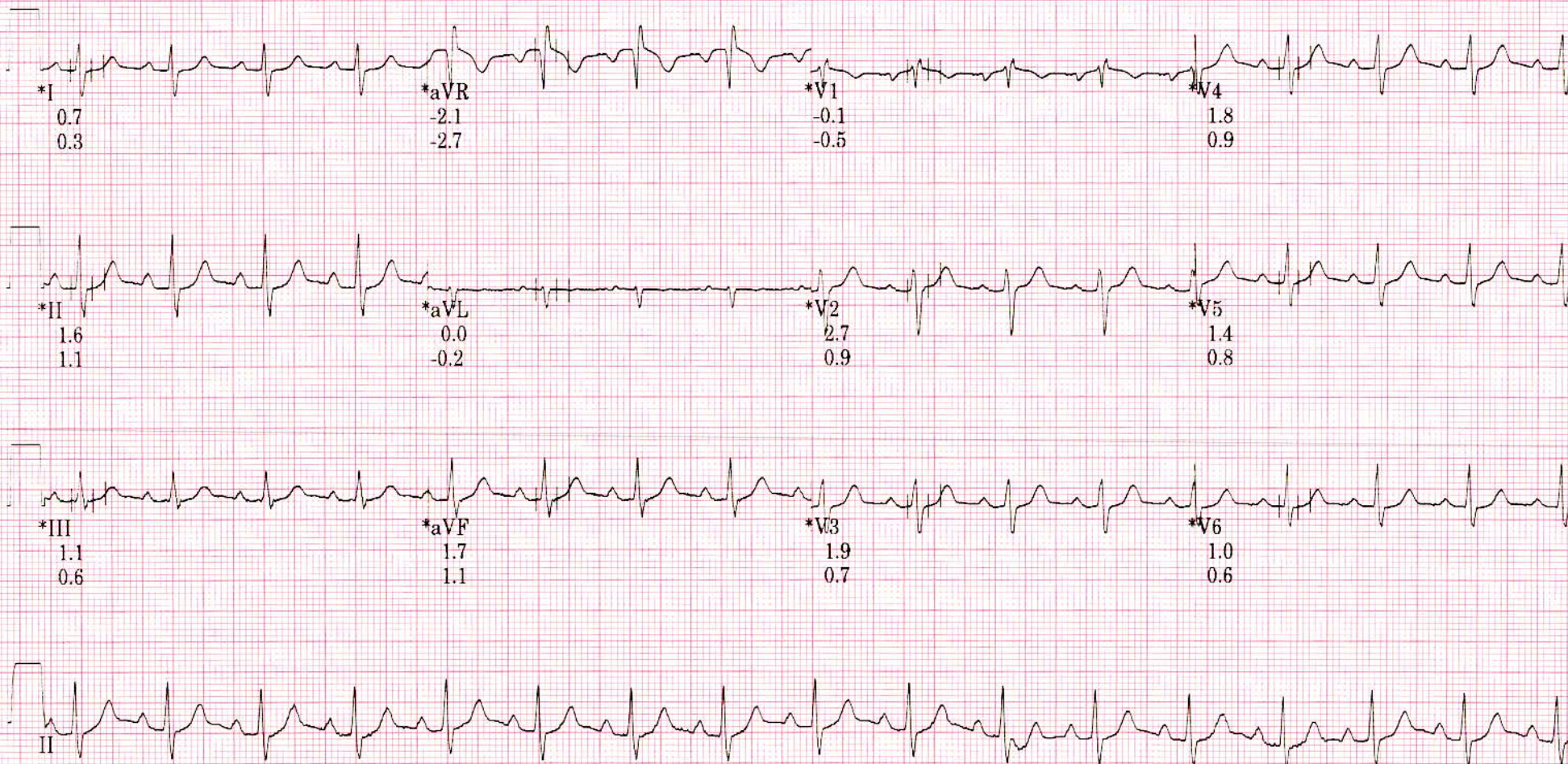
99bpm

RECOVERY  
RECOVERY  
3:00

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:43:58

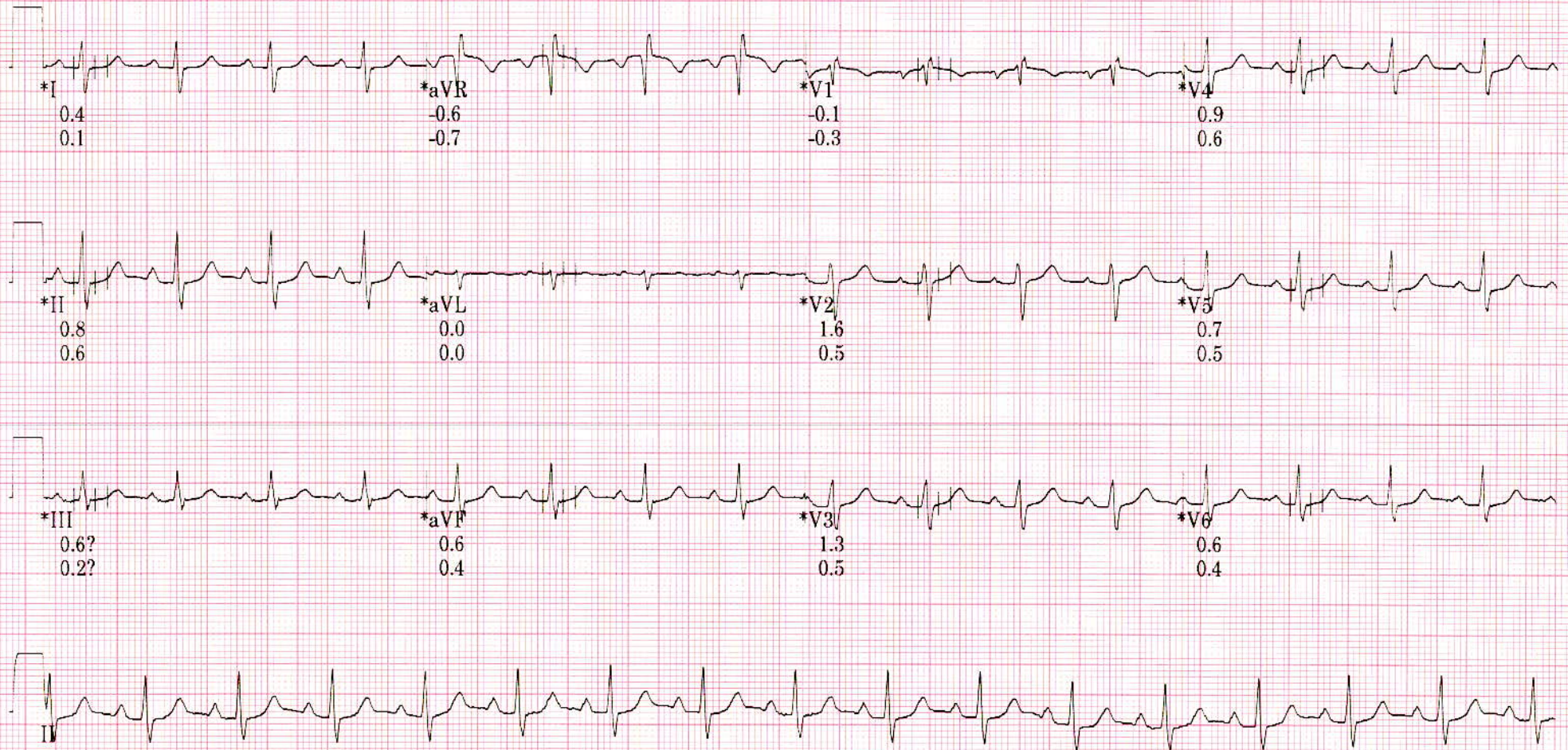
97bpm

RECOVERY  
RECOVERY  
4:00

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

ST @ 10mm/mV  
80ms postJ

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

0

MR PRABHU, DOSS  
ID: 111393773  
26-Nov-2022  
12:44:58

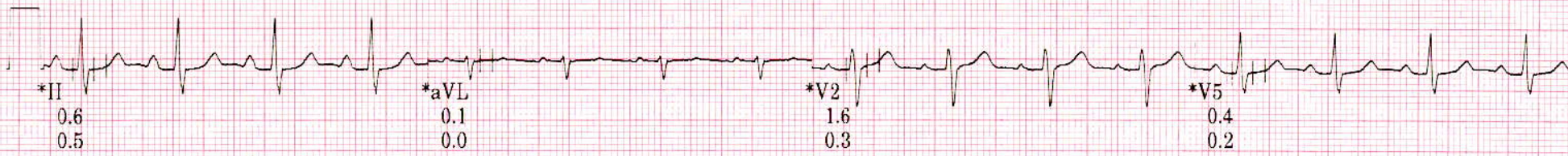
95bpm

RECOVERY  
RECOVERY  
5:00

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

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

SELECTED MEDIANS REPORT

MR PRABHU, DOSS  
ID: 111393773

56years

Male

BRUCE

Max HR: 187bpm 114% of max predicted 164bpm

Max BP: 110/70

Total Exercise time: 7:25

Maximum workload: 9.1METS

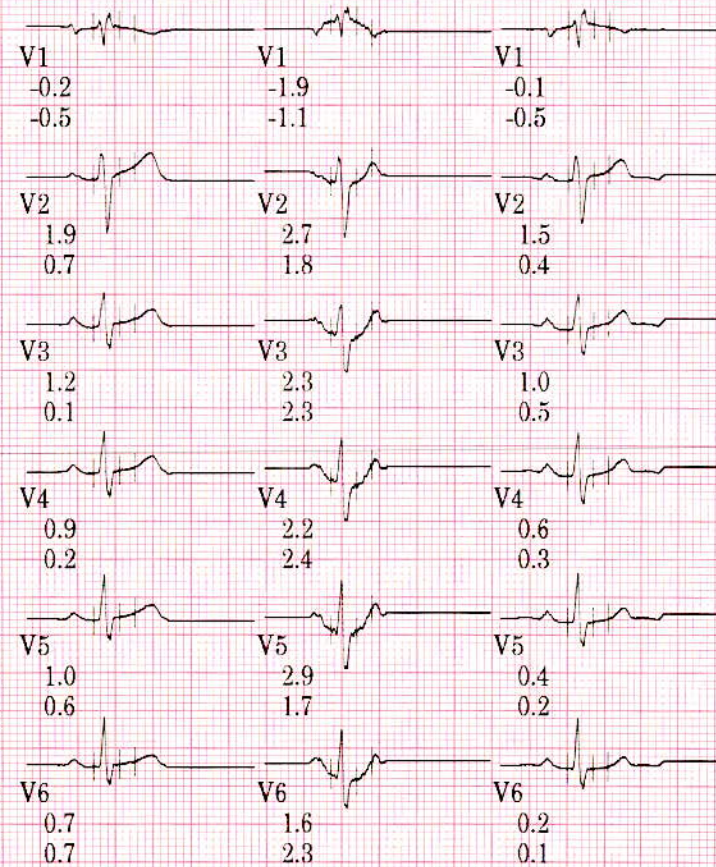
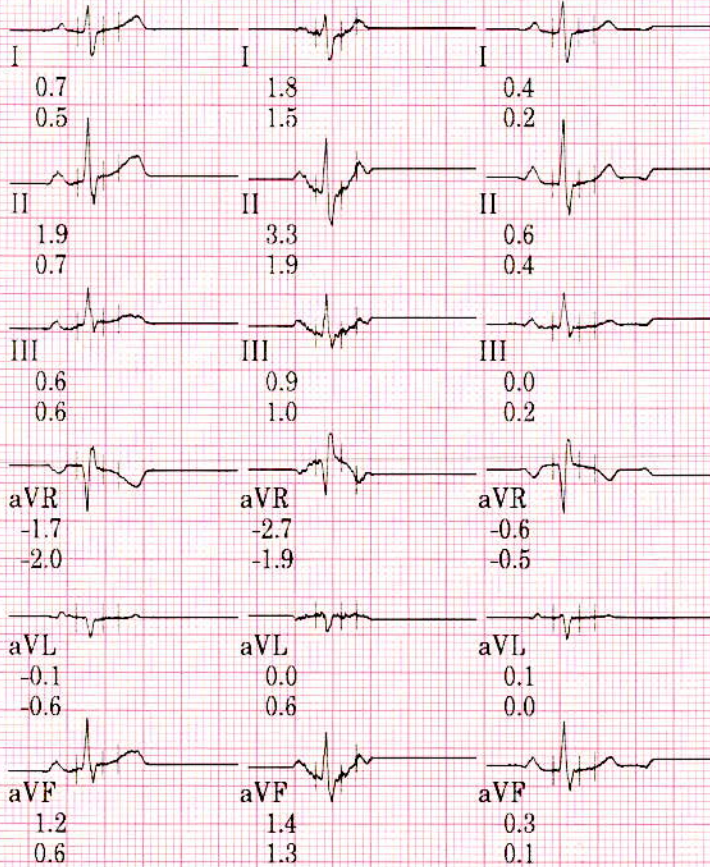
25.0 mm/s  
10.0 mm/mV  
100hz

26-Nov-2022  
12:30:47

Test ind:

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:25	5:14
125bpm	162bpm	95bpm
BP: 110/70		

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:25	5:14
125bpm	162bpm	95bpm
BP: 110/70		



Unconfirmed

# GRADED EXERCISE SUMMARY

MR PRABHU, DOSS  
ID: 111393773

56years

Male

26-Nov-2022  
12:30:47

BRUCE

Max HR: 187bpm 114% of max predicted 164bpm

Max BP: 110/70

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:25

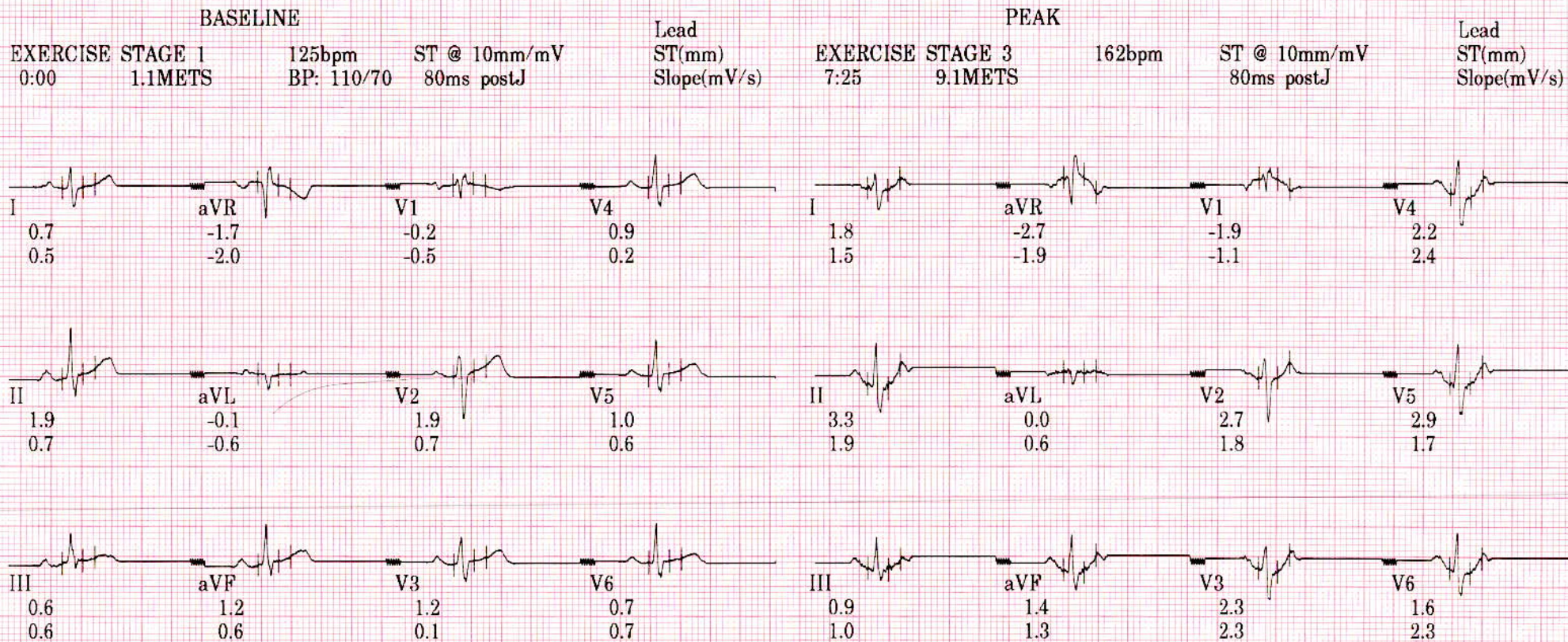
Maximum workload: 9.1METS

25.0 mm/s

10.0 mm/mV

100hz

Test ind:



Unconfirmed

TABULAR SUMMARY REPORT

MR PRABHU, DOSS  
ID: 111393773

56years

Male

26-Nov-2022  
12:30:47

BRUCE

Max HR: 187bpm 114% of max predicted 164bpm

Max BP: 110/70

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:25

Maximum workload: 9.1METS

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)
PRETEST	SUPINE	1:05	***	***	1.0	72	110/70	79
	STANDING	0:14	***	***	1.0	73	110/70	80
	HYPERVENT	0:28	0.8	0.0	1.1	125	110/70	138
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	125		
	STAGE 2	3:00	2.5	12.0	7.0	142		
	STAGE 3	1:25	3.4	14.0	9.1	162		
RECOVERY	RECOVERY	5:14	***	***	1.0	95		

TMT: Negative for Exercise Inducible Ischaemia at 9.1 METS workload.

Dr. Anand Shanaraj  
Reg No. 51510

Unconfirmed

SELECTED MEDIANS REPORT

MR PRABHU, DOSS  
ID: 111393773

56years

Male

26-Nov-2022  
12:30:47

BRUCE

Total Exercise time: 7:25

Max HR: 187bpm 114% of max predicted 164bpm

25.0 mm/s

Max BP: 110/70

Maximum workload: 9.1METS

10.0 mm/mV

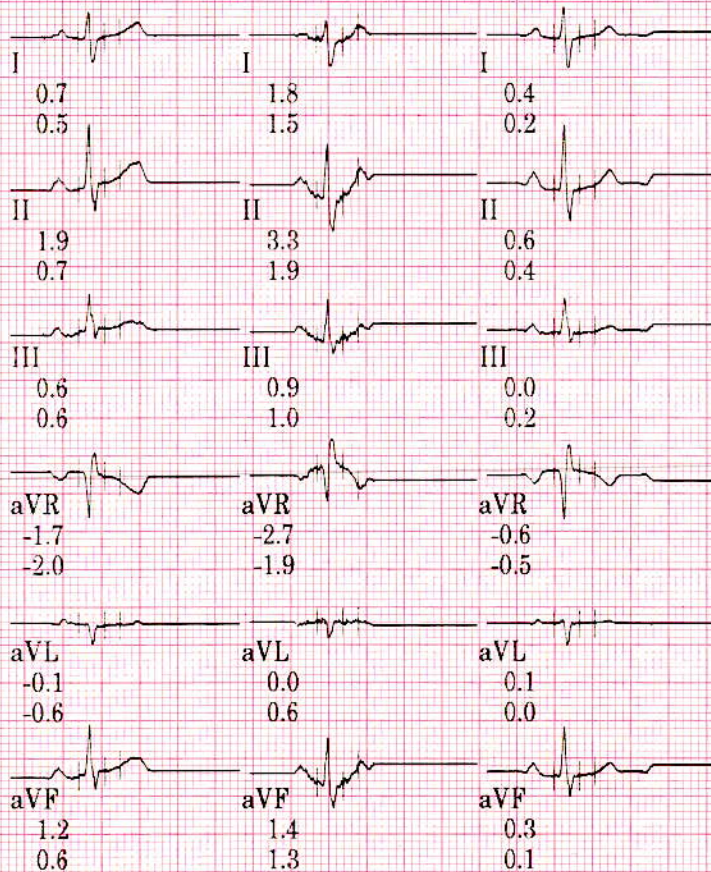
Reason for Termination: Leg discomfort

100hz

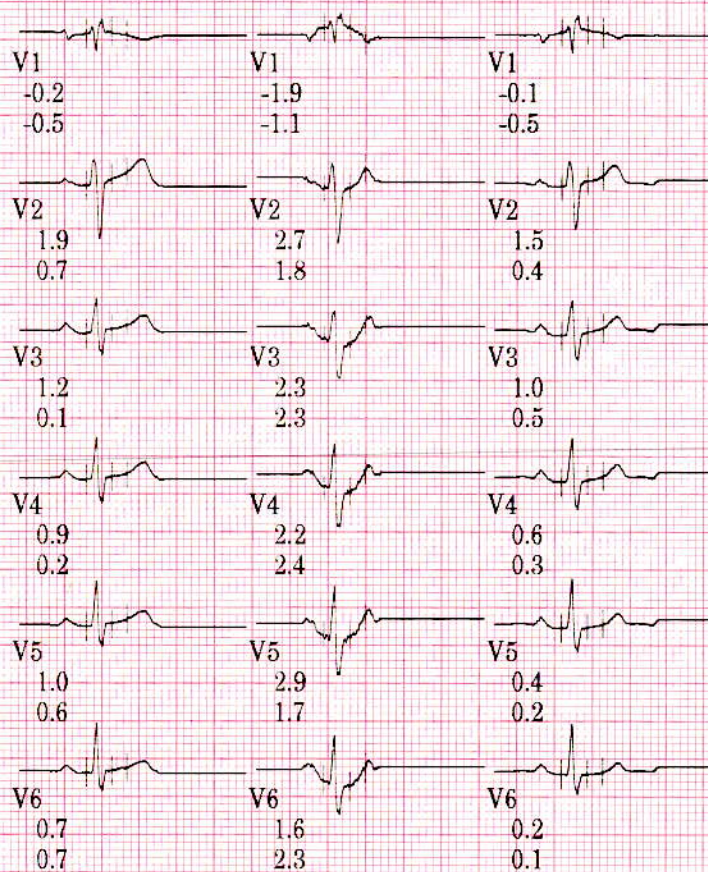
Comments:

Test ind:

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:25	5:14
125bpm	162bpm	95bpm
BP: 110/70		



BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	7:25	5:14
125bpm	162bpm	95bpm
BP: 110/70		



Unconfirmed