



OPD ASSESSMENT FORM

sunshine
GLOBAL HOSPITALS
health & happiness... always!

Name Mrs. Nilam Suroti Age.Sex 32/F MR.No. SI 5007

Doctor Dr Hardik Shroff Date 23/2/24

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No complaints

Prior Medication Reviewed : Yes No

On examination : *BE Ant-Seq MAD*

Past History :

V_r R₆ N₆ L₆

Insulin Central

BE MAD

Provisional Diagnosis :

Nutritional Assessment :

Not spontaneous

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

R_x

Investigation advised :

Dr. Hardik Shroff
DOMR, MD (Ophthalmology)

Dr. Krunal Gajjar
MD, DNB (General Medicine)

COND. PIPLOD, SURAT

Follow Up : *COG* Date : _____

Signature



OPD ASSESSMENT FORM



Name Mrs. Nilam Syati Age.Sex 32/F MR.No. S15009

Doctor Dr. Shailaja Desai Date 23/02/24

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

- Routine dental check up

Prior Medication Reviewed : Yes No

On examination :

Past History :

- T-stain

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

1) scaling

U. P. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____

Signature



OPD ASSESSMENT FORM



Name MAS Nilam Seseati Age.Sex 32/F MR.No. 5150071
 Doctor Dr Krunal Gajjar Date 23/02/2024
 Ht : 152cm Wt. : 52kg Temp : 97.8 Pulse : 77/61m BP : 112/66
 SPO2 : 99% Post of walk SPO2 : mmHg

Chief Complaints :

NOT - ANY.

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes No

On examination :

RS | NAD.
CVS

Past History :

N.S.

Provisional Diagnosis :

Treatment and further Advices :
(Write in Capital Letters)

Rx

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Investigation advised :

Follow Up : _____ Date : _____

Dr. Krunal Gajjar
 M.B.B.S., M.D. (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-20422
 SIGNATURE _____
 SUNSHINE GLOBAL HOSPITAL
 SURAT.



GYNAECOLOGICAL CONSULTATION

MR. NO. S15007H
 Name: Mrs. Nilam SUKH

Date: 23/2/24

Age: 32 Ht.: 152cm Wt.: 51kg B.P.: 112/66 mmHg

Clinical Evaluation / History / Presenting Complain:

Robinet

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? કશિકે ના સમય સિવાય વચ્ચે અનીયમીત બ્લોડિંગ થયું છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are / were your periods irregular ? પીરિયડ રેગ્યુલર છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you pregnant now ? અત્યારે તમે ગેવનન્ટ છો ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you had your change of life (Menopause)? મેનોપોઝ ની હોર્મ ગણતરી ની વચ્ચે છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are / were you taking birth control pills? તમે બર્થ કન્ટ્રોલ પીલ્સ લેવા છો ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you have a lump in your breast ? સાનમાં દુઃખાવો / કોમો / ગાંઠ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did anyone in your family suffer from breast cancer ? કુટુંબમાં કોઈને બ્રેસ્ટ કેન્સર થયું છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ અન્ય કેન્સર થયું છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Grand Mult CA

Obstetric History :

1. Menstrual History : Menarche at 17 Yrs
 Menses: a. Scanty / Average / Excess
 b. No of Days: 3-5 / 5-7 / More than 7 days
 c. Interval 3-5 days, Reg / Irregular
 d. Pain : Before / During / After / Painless
 Last menstrual Period (LMP): 10/2/24

2. Obstetric History : M.L. Nilam
 Gravida Pare Abortion Live
 Married life with cohabitation.....
 Children M: F: Last Delivery: Yrs back
 Any bad Obstetric event / history Yes / No
 If yes Describe:

History of Contraception & Family Planning:

Examination

- a. Breast Examination - Right *NRAs* Left *NRAs*
- b. Per abdomen examination *NRAs*
- c. Local examination Vulva: Vagina *NRAs*
- d. Per Speculum Examination *NRAs*
- e. Per vaginal examination:

Cervi: Uterus: AV/RV : Normal / Bulky
Adnexa: Yes / No
PAP's Smear Taken

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

C. w/pebs

[Signature]

Followup Date

Gynaecologist's Signature



PAT. NAME : Nilam Surati	Date : 23/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 32 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S150071

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal in size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.


Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appear normal. No e/o any lymphadenopathy. Urinary bladder appears well distended and normal.

Uterus appears normal size, shape and echopattern. A small hypoechoic lesion measuring 15 x 13 mm noted in anterior myometrial wall, likely represents fibroid. Endometrial thickness is normal. Both ovaries appear normal in size, shape and echopattern. No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- A uterine fibroid.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796



PAT. NAME : Nilam Surati	Date : 23/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 32 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S150071

Clinical Details: HC

Observation:

- > Both the lung fields appears normal.
- > Both costophrenic angles appear clear.
- > Both the hila appears normal.
- > Trachea appears in midline.
- > Cardiac size and other mediastinal shadows appears normal.
- > Both domes of diaphragm appear normal.
- > Bony thorax appears normal.


Dr. Sneha Dumaswala
 MBBS, DNB-Radiodiagnosis
 Consultant Radiologist
 G-21796



MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam Surati	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 1:25 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	94	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)



MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam Surati	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 12:32 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	12.6	gm/dl	12.0 - 15.0
PCV	38.9	%	36 - 46
RBC COUNT	4.51	mill/cmm	4.0 - 5.0
MCV	86.3	fl	76 - 96
MCH	27.9	pg	26 - 32
MCHC	32.4	%	32 - 36
RDW	12.6	%	11 - 15
PLATELET COUNT	2.26	lacs/cmm	1.5 - 4.5
WBC COUNT	7950	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	67	%	40 - 70
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	01	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074



MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam Surati	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 12:27 PM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)

FASTING BLOOD GLUCOSE (Hexokinase)	90	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.21	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.68	ug/dl	5.1 - 14.0
TSH (CLIA)	1.48	uIU/ml	0.2 - 4.5

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam Surati	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 12:28 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.5	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	111.15	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemc control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefor remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

SERUM URIC ACID

SERUM URIC ACID (Uricase)	3.9	mg/dl	2.4 - 5.7
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***** End Report *****

[Signature]
Dr. Shobha Choksi
MD, DCP (Pathology)

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Page 1 of 1



MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam Surati	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 12:29 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	155	mg/dl	50 - 200
HDL CHOLESTEROL Direct	52	mg/dl	40 - 60
LDL CHOLESTEROL Direct	87.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	76	mg/dl	50 - 150
VLDL Calc	15.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	2.98		0 - 5
LDL / HDL RATIO	1.69		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****

SC
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MD, DCP (Pathology)
Reg. No.: G-9074

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MR No. : S150071	Collection Date : 23/02/2024 9:33AM
Patient Name : Mrs. Nilam SuratI	Age : 32 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 23/02/2024 12:30 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	104	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.5	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	14	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.2	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.6	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.6	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.77	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.6	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	6.0	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.9	mg/L	
URINE CREATININE (JAFPE)	128.8	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	3.80	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

***** End Report *****

(Signature)
Dr. Shobha Choksi
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Reg. No.: G-9074

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MR No.	: S150071	Collection Date	: 23/02/2024 9:33AM
Patient Name	: Mrs. Nilam Surati	Age	: 32 Y Sex : Female
Ref By	: Dr. Hospital A Doctor	Report Date	: 23/02/2024 12:32 PM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.030	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	4-6	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

***** End Report *****

[Signature]
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ID: S150071

Visit:

23-Feb-2024
10:30:06

32years

Caucasian

Male

BRUCE

Max HR: 171bpm 90% of max predicted 188bpm

Max BP: 140/80

Reason for Termination:

Comments:

Total Exercise time: 9:14

Maximum workload: 10.4 METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	9:39	0.0	0.0	1.0	100	12/66	115
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	135	12/66	129
	STAGE 2	4:00	2.5	12.0	7.0	137	20/80	164
	STAGE 3	3:00	3.4	14.0	10.1	160	40/80	224
	STAGE 4	0:14	4.2	16.0	10.4	171	40/80	259
RECOVERY	RECOVERY	4:14	0.0	0.0	1.0	100	25/86	123

Test is negative for inducible ischemia

Technician:

Unconfirmed

MAC55-0103

ID: S150071

Visit:

23-Feb-2024

10:39:16

84bpm

BP: 112/66

ST @ 10mm/mV

80ms postL

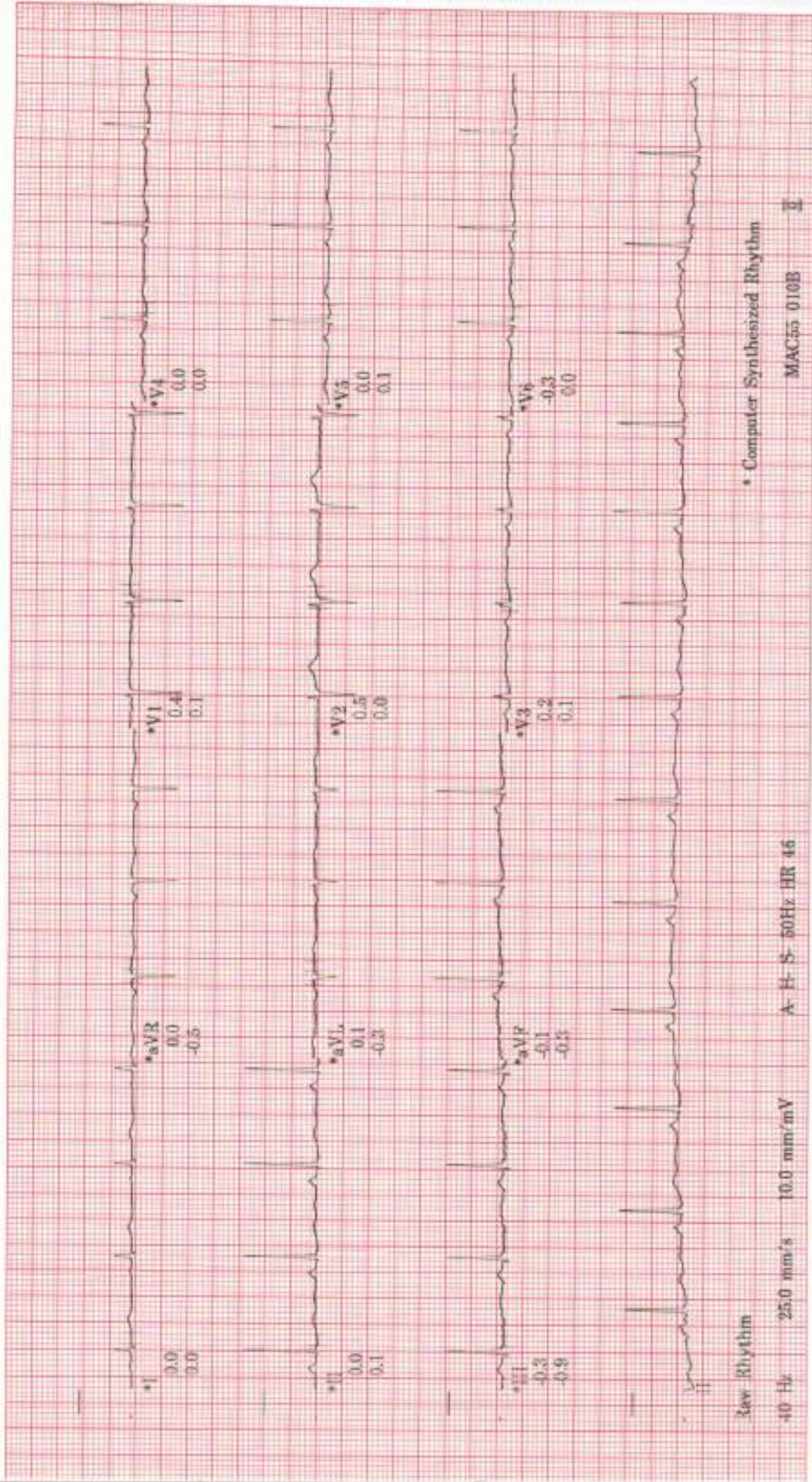
PRETEST
SUPINE
9:12

B...CE

***mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

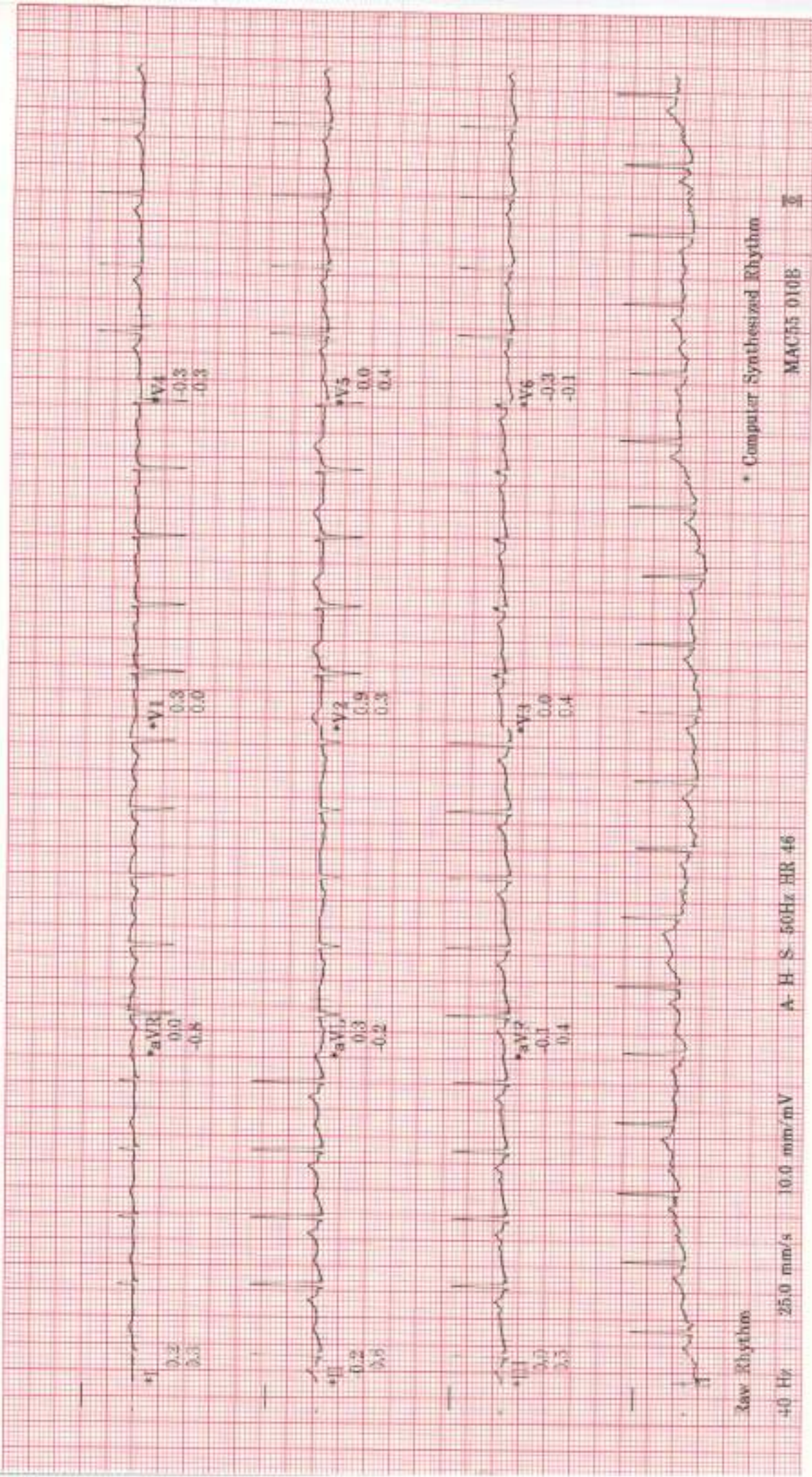
MAC55 010B

ID: S150071
Visit:
23-Feb-2024
10:42:44

EXERCISE
STAGE 1
3:00
115bpm
BP: 112/66

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV

A-H S. 50Hz HR 46

* Computer Synthesized Rhythm
MAC55 010E

ID: S150071
Visit
23-Feb-2024
10:45:44

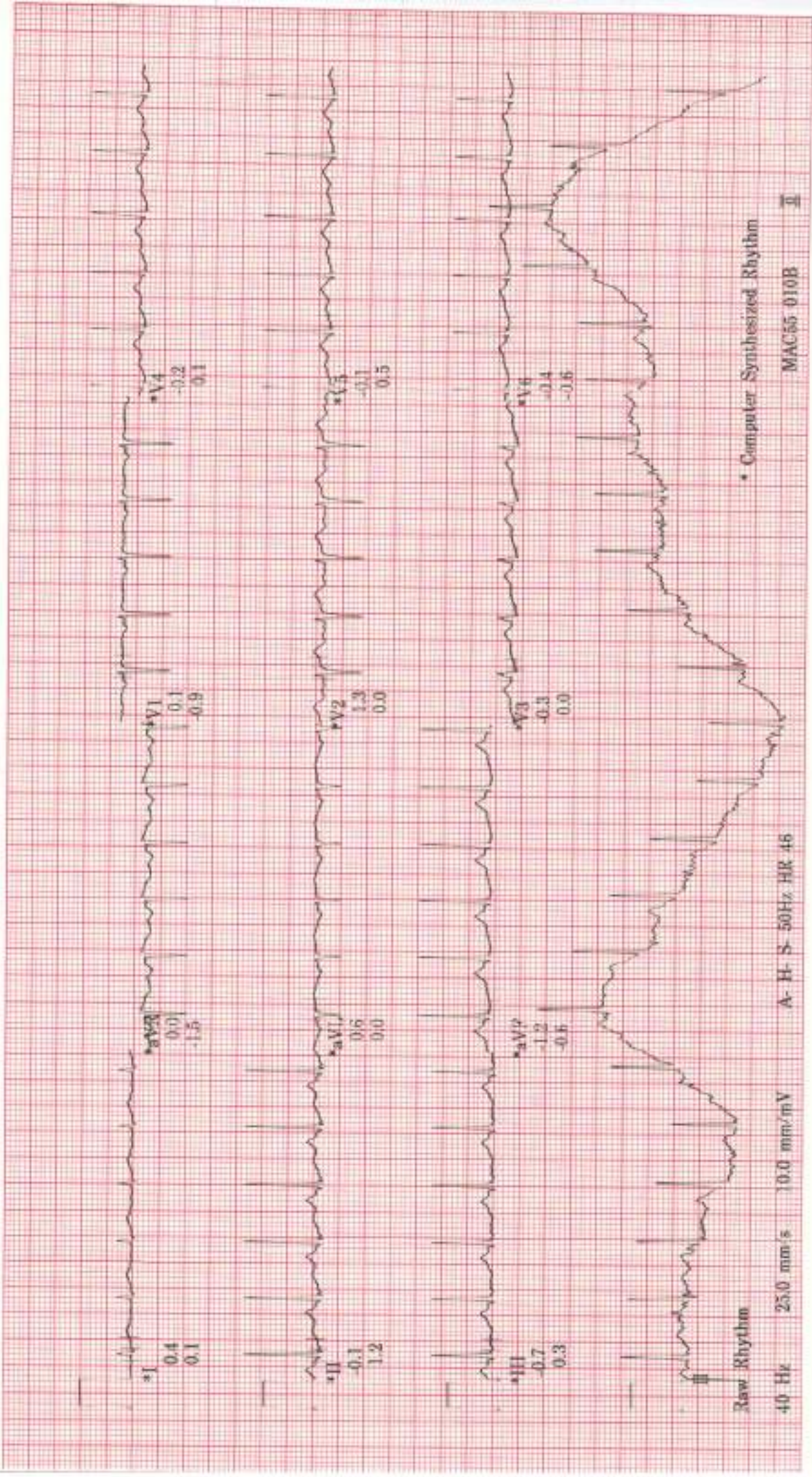
EXERCISE
STAGE 2
6:00

BAND
2.5mph
12.0%

137bpm
BP: 120/80

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



ID: S150071

Visit:

23-Feb-2024

10:48:44

160bpm

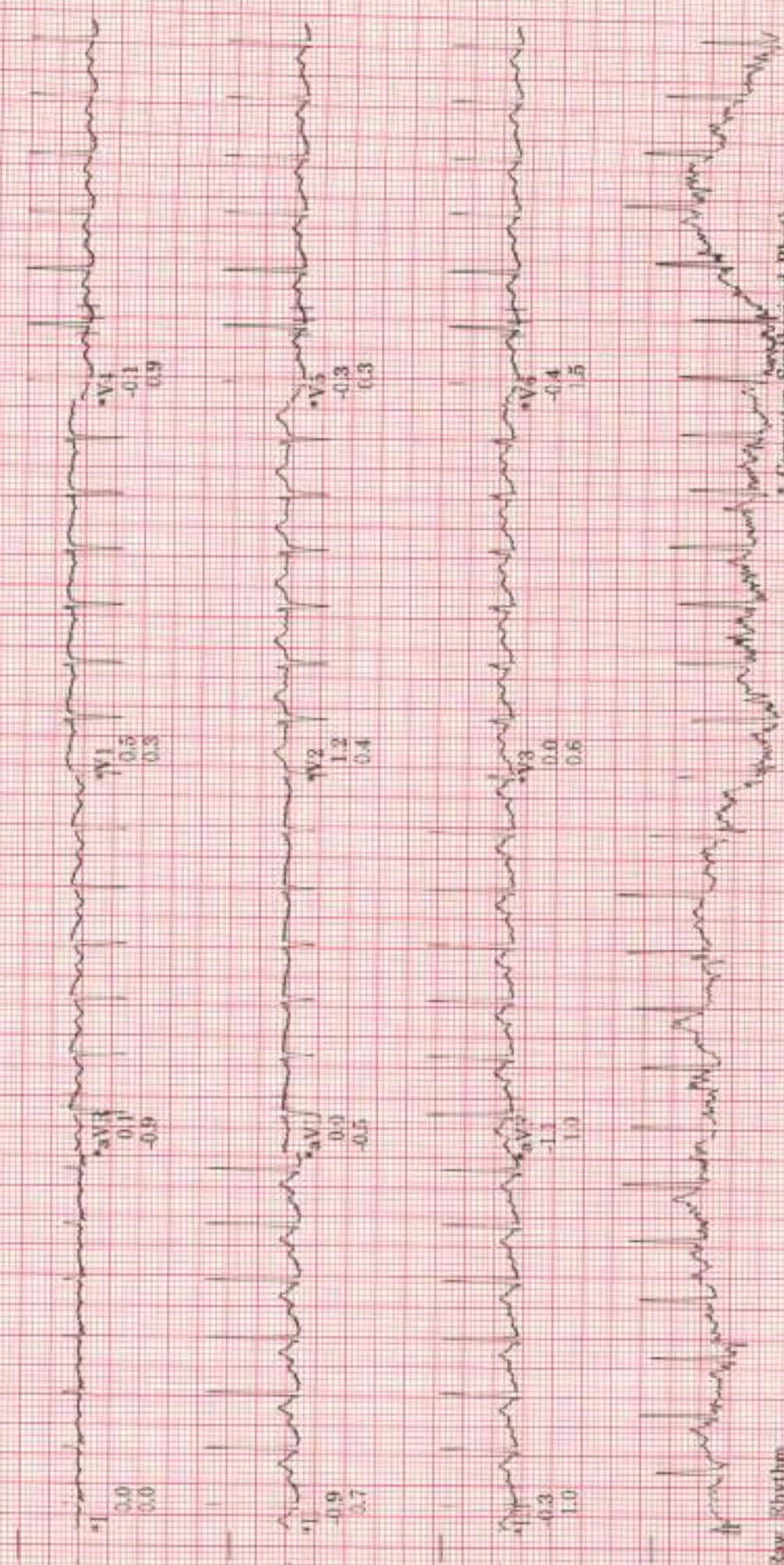
BP: 140/80

ST @ 10mm/mV
80ms postd

EXERCISE
STAGE 4
9:00

Bruce
3.3mph
14.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010B

ID: S150071

Visit:

23-Feb-2024

10:48:58

172bpm

BP: 140/80

EXERCISE
STAGE 4

9:14

baUCE

4.1mph

16.0%

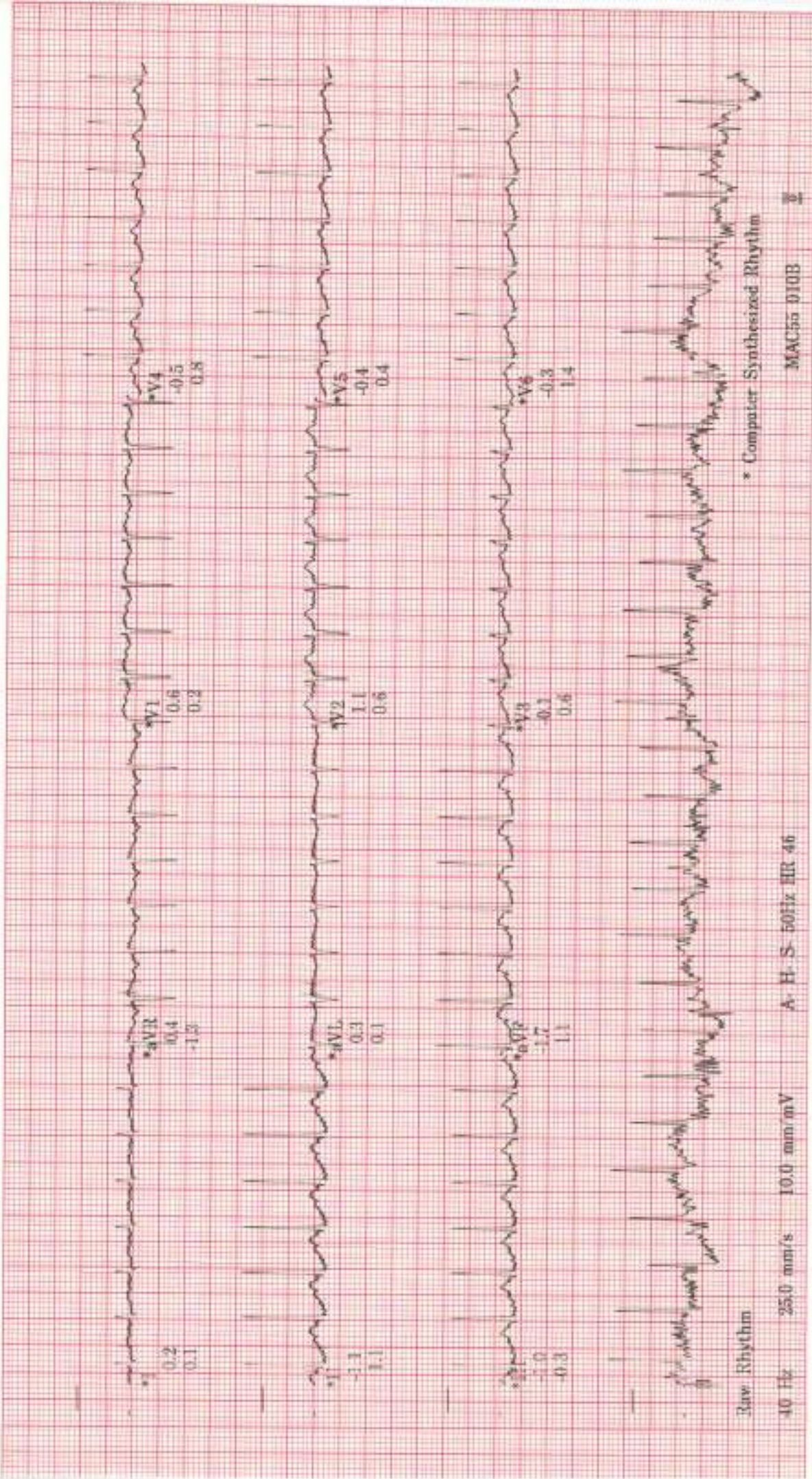
Lead

ST(mm)

Slope(mV/s)

ST @ 10mm/mV

80ms postJ



ID: S150071

Visit:

23-Feb-2024

10:50:58

97bpm

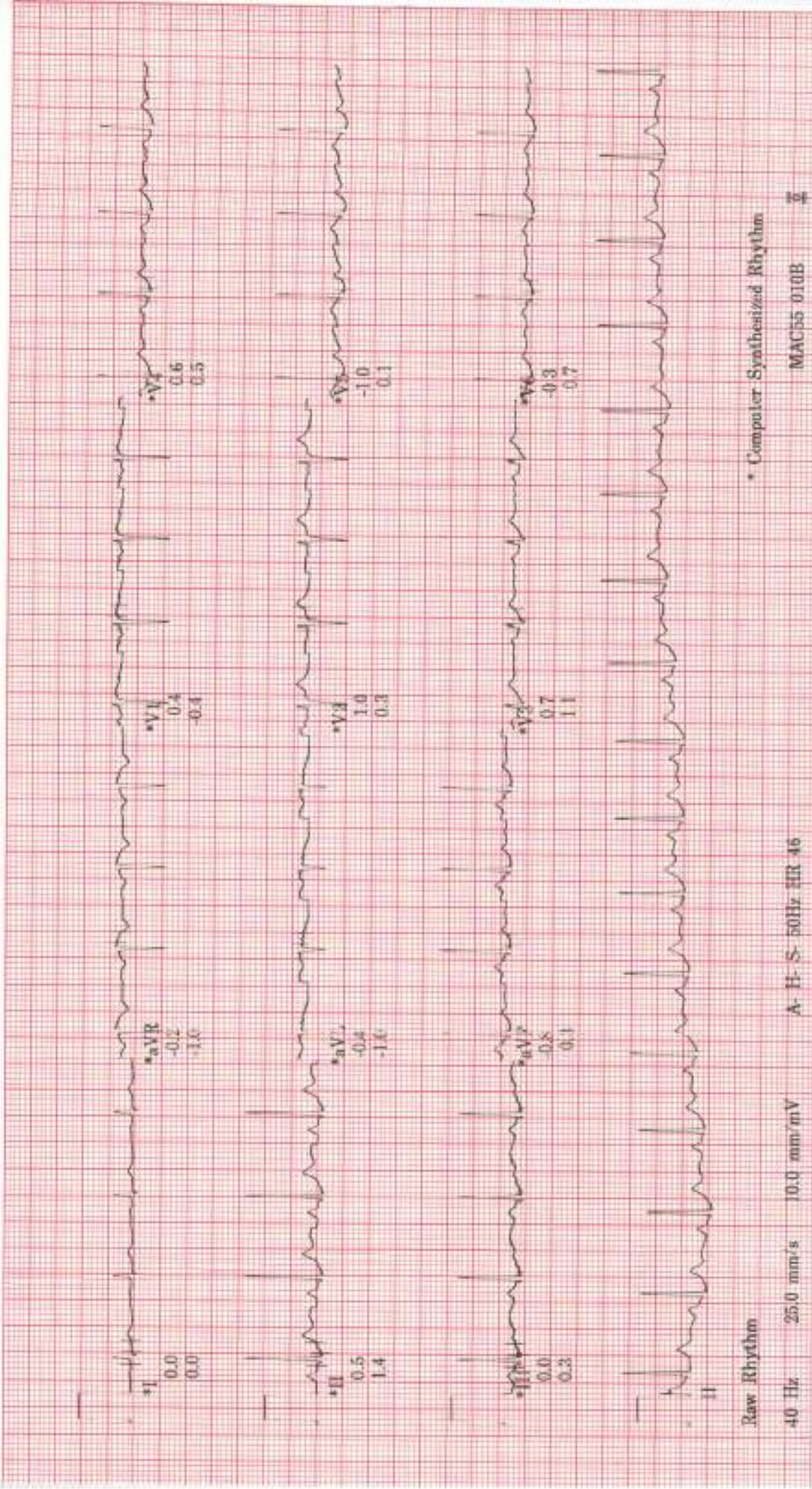
BP: 140/86

RECOVERY
RECOVERY
2:00

ExUCe
***mph
**%g

ST @ 10mm/mV
80ms postL

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

3

ID: S150071

Visit

23-Feb-2024

10:52:58

98bpm

BP: 123/86

RECOVERY
RECOVERY
4:00

BKOCCE

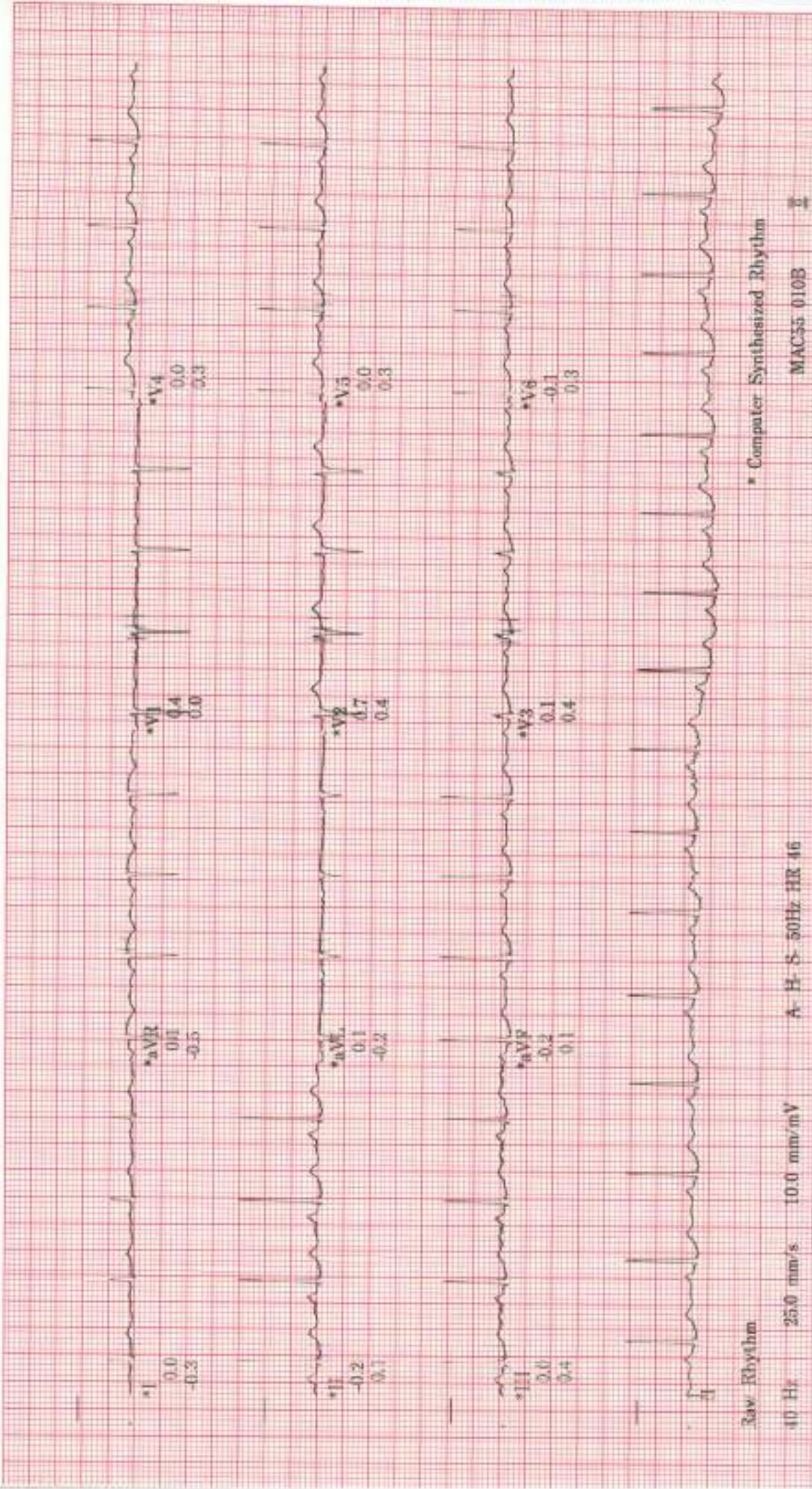
** *mph
** *%

Lead

ST(mm)

Slope(mV/s)

ST @ 10mm/mV
80ms postJ



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

ID: S150071

Vital

25-Feb-2024

10:30:06

32years

Caucasian

Male

BRUCE

Total exercise time: 9:14

Max HR: 171bpm 90% of max predicted 188bpm

Max EP: 140/80

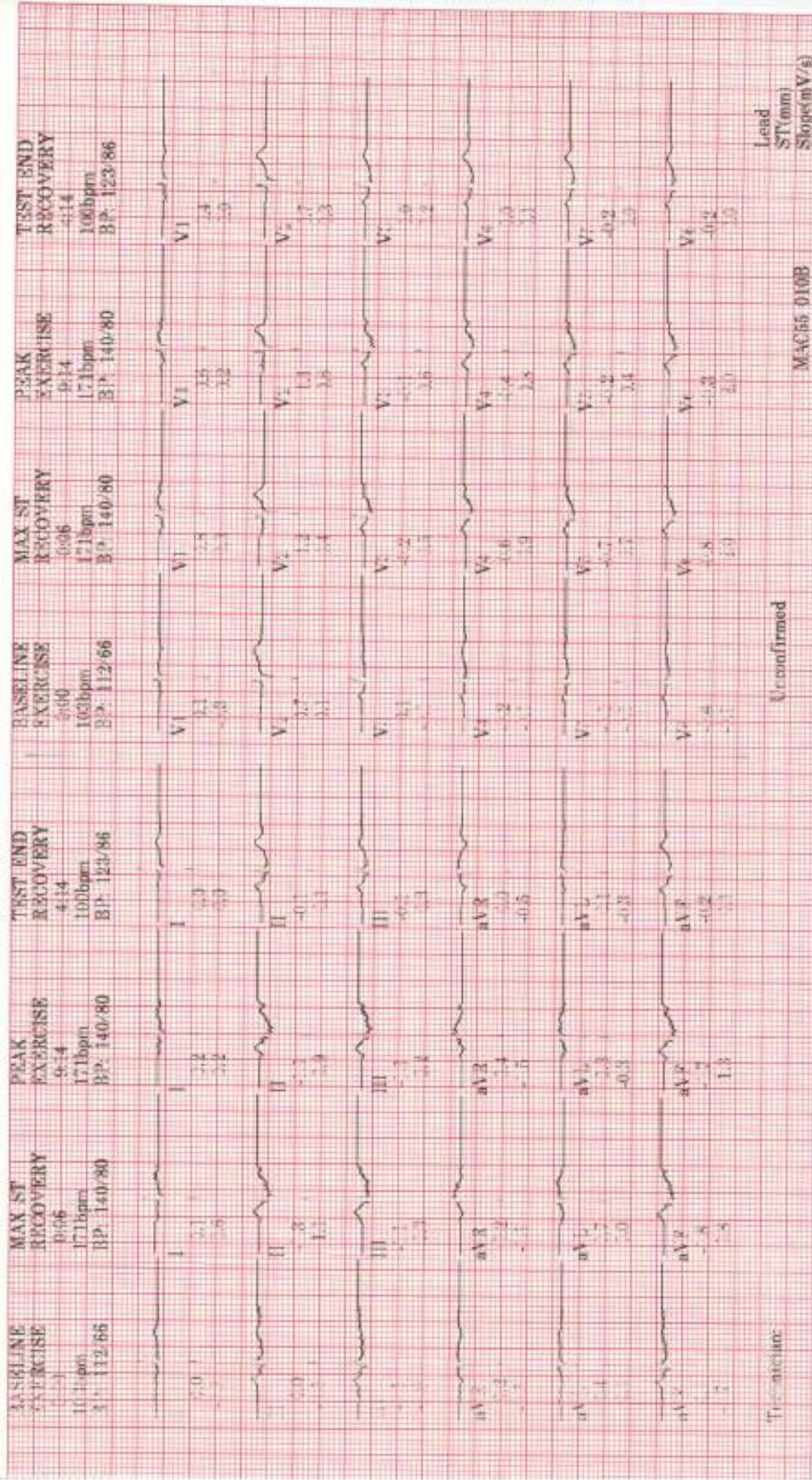
Maximum workload: 10.4METS

25.0 mm/s

10.0 mm/mV

100hz

Referred by:
Test and:



Tracing

Unconfirmed

MAC55 0108

Lead
STV(mm)
Slope(mV/s)

ID: S150071
 Visit:
 23-Feb-2024
 10:30:06

32years

Caucasian

Male

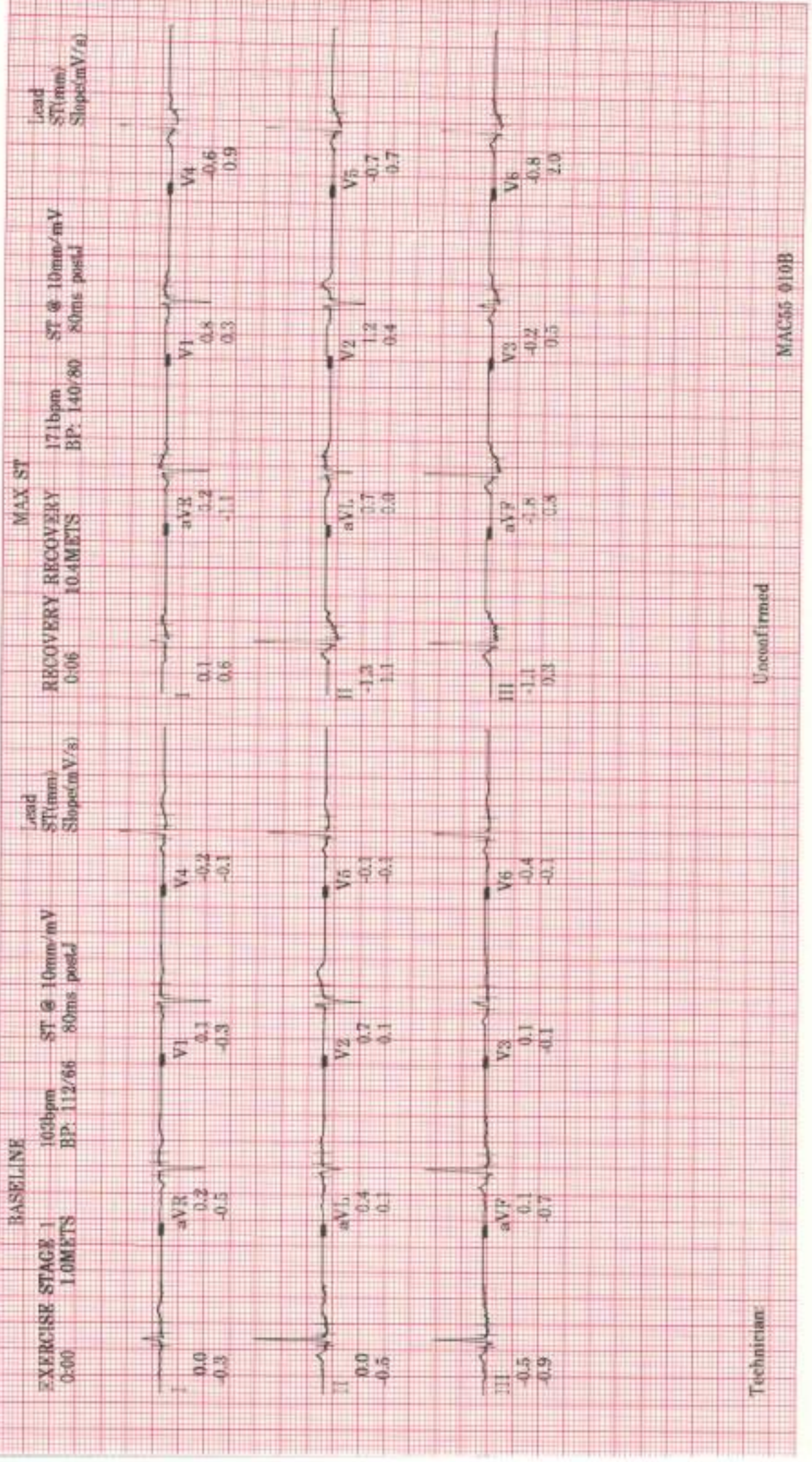
BRUCE
 Max HR: 171bpm
 Max BP: 140/80

Total Exercise time: 9:14
 90% of max predicted 188bpm
 Maximum workload: 10.4METS

25.0 mm/s
 10.0 mm/mV
 100hz

Reason for Termination:
 Comments:

Referred by:
 Test ind:



Technician:

Unconfirmed

MAC55-010B

23-Feb-2024
10:30:06

PRETEST
SUPINE
9:12
84bpm
BP: 112/66
1.0METS

EXERCISE
STAGE 1
0:00
103bpm
BP: 112/66
1.0METS
BASELINE

EXERCISE
STAGE 1
1:00
111bpm
BP: 112/66
2.8METS

EXERCISE
STAGE 1
2:00
111bpm
BP: 112/66
4.6METS

EXERCISE
STAGE 1
3:00
115bpm
BP: 112/66
4.6METS

EXERCISE
STAGE 2
4:00
126bpm
BP: 112/66
5.8METS

EXERCISE
STAGE 2
5:00
131bpm
BP: 120/80
7.0METS

BRUCE

ST @ 10mm/mV
80ms post-J
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mV)
Slope(mV/s)

100-0100001
23-Feb-2024
10:30:06

EXERCISE STAGE 2
5:00
157bpm
BP: 120/80
7.0METS

EXERCISE STAGE 3
7:00
148bpm
BP: 120/80
8.5METS

EXERCISE STAGE 3
8:00
152bpm
BP: 120/80
10.1METS

EXERCISE STAGE 3
9:00
160bpm
BP: 140/80
10.1METS

EXERCISE STAGE 4
9:14
171bpm
BP: 140/80
10.4METS

RECOVERY
9:06
171bpm
BP: 140/80
10.4METS

RECOVERY
1:00
123bpm
BP: 140/80
5.7METS

PEAK
MAX ST

BRUCE

ST @ 10mm/mV
80ms postL

25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

ID: S150071

Visit:

23-Feb-2024

10:30:06

BRUCE

Heart Rate (b·m) 250 —

BP (mm Hg) 250 —

ST @ 10mm/mV 40 —

50ms post-J

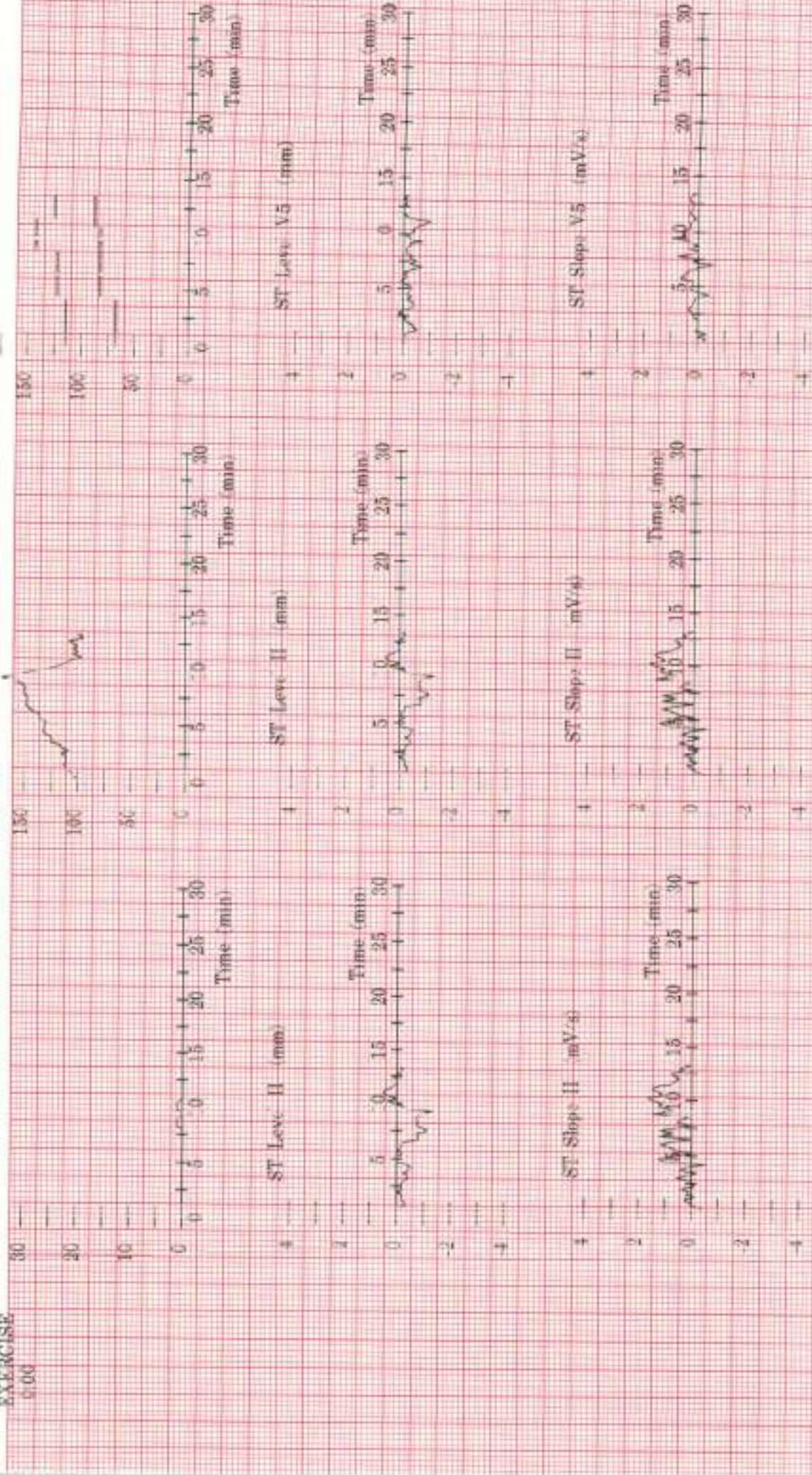
EXERCISE

0:00

PVC's/m 30 —

200 —

200 —



MAC55 010B

SINUS RHYTHM WITH SINUS ARRHYTHMIA

77 BPM

159 ms

77 ms

358/389 ms

75 74 21

DOB: 4/19/1998

40 YR. FEMALE

NONSPECIFIC T-WAVE ABNORMALITY

BORDERLINE ECG

INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____

321F

