MC-2812

PATIENT NAME : MRS ASWATHY S K **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4182WA014445** PATIENT ID : MRSAF3101944182 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 29 Years Female DRAWN : RECEIVED : 31/01/2023 08:58:56 REPORTED : 01/02/2023 12:06:20

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

OPTHAL

OPTHAL	REPORT GIVEN		

DR NISHA UNNI, MBBS,MD (RD),DNB (Reg.No:50162)
Consultant Radiologist

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Patient Ref. No. 666000003221113

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

TREADMILL TEST	REPORT GIVEN

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	REPORT GIVEN

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT

Report given

USG ABDOMEN AND PELVIS

REPORT

Report given

CHEST X-RAY WITH REPORT

REPORT

Report given

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HAEMATOLOGY - CBC

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	13.6	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRIC			
RED BLOOD CELL COUNT	4.59	3.8 - 4.8	mil/µL
METHOD : IMPEDANCE VARIATION			
WHITE BLOOD CELL COUNT	6.54	4.0 - 10.0	thou/µL
PLATELET COUNT	245	150 - 410	thou/µL
METHOD : IMPEDANCE VARIATION			
RBC AND PLATELET INDICES			
HEMATOCRIT	40.4	36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	87.9	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.5	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.7	12.0 - 18.0	%
MENTZER INDEX	19.2		
MEAN PLATELET VOLUME	9.0	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	50	40 - 80	%
LYMPHOCYTES	**43 High**	20 - 40	%
MONOCYTES	6	2 - 10	%
EOSINOPHILS	1	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.27	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.81	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	0.39	0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.07	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0		thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.2		

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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	20	0 - 20	mm at 1 hr

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT		
SUGAR URINE - POST PRANDIAL		
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
SUGAR URINE - FASTING		
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED

Interpretation(s)
BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT''S TEST
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

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IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE A
RH TYPE	POSITIVE

METHOD : COLUMN AGGLUTINATION TECHOLOGY

Interpretation(s)
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

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BIO CHEMISTRY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

CREATININE, SERUM			
CREATININE	0.67	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE FASTING,FLUORIDE PLASMA			
GLUCOSE, FASTING, PLASMA	85	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	4.3	Adults : 2.4-5.7	mg/dL

BABU K MATHEW
HOD -BIOCHEMISTRY

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BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	9	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	13.4		
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	96	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.1	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
MEAN PLASMA GLUCOSE	99.7		mg/dL
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.67	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.27	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.40	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.6	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.7	General Range : 1.1 - 2.5	RATIO

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ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	Adults : < 34	U/L
ALKALINE PHOSPHATASE	82	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	13	Adult (female) : < 40	U/L

Interpretation(s)
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom'''''''s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.

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2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	155	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	70	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	49	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	98	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	106	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	14.0	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	**3.2 Low**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.0	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated

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HOD -BIOCHEMISTRY

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(Pathology)
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Patient Ref. No. 666000003221113

apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category		
Extreme risk group	A.CAD with > 1 feature of high risk group	
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease	
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia	
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque	
Moderate Risk	2 major ASCVD risk factors	
Low Risk	0-1 major ASCVD risk factors	
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors		
1. Age > or = 45 years in males and > or = 55 years in females		3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD		4. High blood pressure
5. Low HDL		

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	**Treatment Goals**		**Consider Drug Therapy**	
	LDL-C (mg/dl)	**Non-HDL (mg/dl)**	**LDL-C (mg/dl)**	**Non-HDL (mg/dl)**
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100

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Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

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Test Report Status **Preliminary**	Results	Units

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

THYROID PANEL, SERUM

T3	109.50	80 - 200	ng/dL
T4	7.19	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	1.410	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor

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HOD -BIOCHEMISTRY

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Biochemistry
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7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

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Test Report Status **Preliminary**	Results	Units

CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	**SLIGHTLY HAZY**		
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.008	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
GLUCOSE	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	NEGATIVE	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
METHOD : DIPSTICK			
NITRITE	NEGATIVE	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	0-1	0-5	/HPF
EPITHELIAL CELLS	**20-30**	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		

METHOD : AUTOMATED ANALYSER, MICROSCOPY

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease

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Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

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Test Report Status **Preliminary**	Results	Units

CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING

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Patient Ref. No. 666000003221113

Ahalia Foundation Eye Hospital

Rv's Arcade, Near Ulloor Bridge, Medical College (P.O), Thiruvananthapuram 695011
ph: 0471-2449970, 71, 9496396702 E-mail: tvm@afeh.org www.afeh.org

Thiruvananthapuram

31.01.2023

MEDICAL REPORT

This is to certify that Mr/Ms. Aswathy S.K, 29 years M /F (MR no: 93711) has been examined by us on 31.01.2023 On examination, his/her BCVA/VA is 6/6 (OU), N6 (OU) Anteriorsegment UNL BE ..... Fundus examination UNL BE Colour vision Normal (OU)...

Dr. JACOB SHAJI
MBBS, MS, FVRS (RGUHS)
Consultant Ophthalmologist
Ahalia Foundation Eye Hospital
Reg. No: 44013 TCMC

Consultant Ophthalmologist

Ahalia Foundation Eye Hospital

Ahalia Foundation Eye Hospital
Trivandrum
Date

DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Anusha P.C
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	29/F Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... 167 ..... (cms) b. Weight ..... 76 ..... (Kgs) c. Girth of Abdomen ..... 85 ..... (cms)

d. Pulse Rate ..... 80 bpm ..... (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	120	80
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
-	-	-

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N

b. Have you undergone/been advised any surgical procedure? Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

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CIN : U85190MH2006PTC161480

(Refer to " CONDITIONS OF REPORTING " Overleaf)

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Gynec Cx. PCOD (+), Endometrium Hyperemgo) Cystic Endometrial Hyperplasia.

Grade I/II fatty Liver.

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O. TVM
Reg. No. 77666

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

Date & Time : 31/01/2023.

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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK
RADIOLOGY DIVISION

Acc no:**4182WA014445**	**Name: Mrs. Aswathy S K**	Age: **29 y**	Sex: **Female**	Date: **31.01.23**

US SCAN WHOLE ABDOMEN (TAS + TVS)

LIVER is enlarged in size (16.7 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10.9 mm).

GALL BLADDER is distended and lumen clear. No calculi / polyp noted. Wall thickness is normal. No pericholecystic fluid seen.

SPLEEN is normal in size (9.6 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (11.8 x 3.6 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (11.2 x 4.4 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA No retroperitoneal lymphadenopathy or mass seen.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

UTERUS measures 9.3 x 4.5 x 6.2 cm, myometrial echopattern normal. No focal lesions seen. **Endometrial thickness is 18.6 mm. Tiny cysts noted within the posterior layer and it appears echogenic measures 3.3 x 0.7 cm. Internal vascularity noted within this.**

Both ovaries are bulky and shows multiple peripherally arranged small follicles with central echogenic stroma. Right ovary vol - 15.5 cc and shows dominant follicle / corpus luteum measures 1.5 x 0.9 cm. Left ovary vol - 10.8 cc. No adnexal mass seen. **Minimal fluid in pouch of Douglas.**

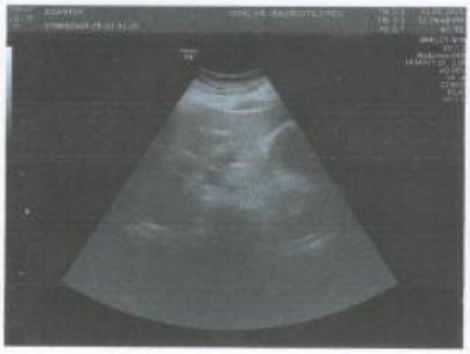
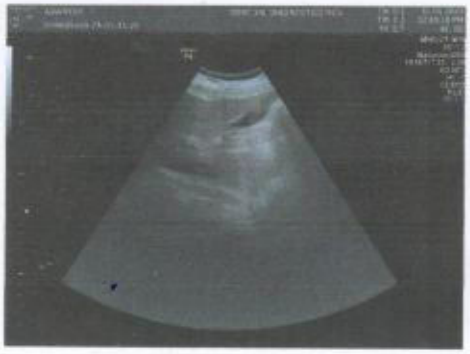
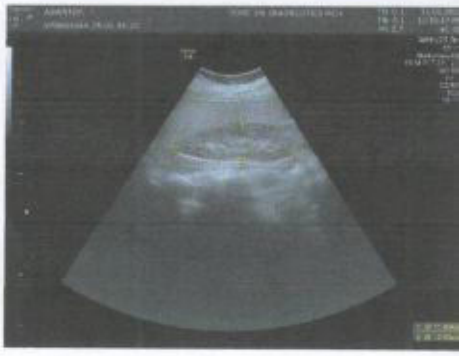
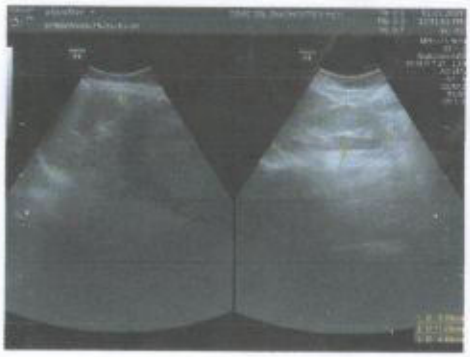
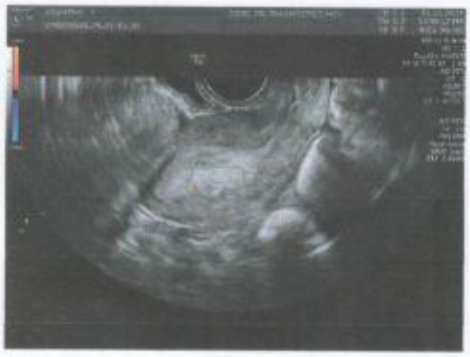
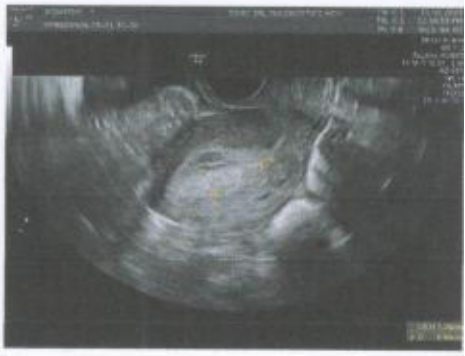
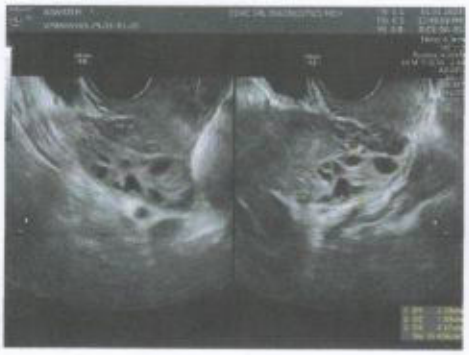
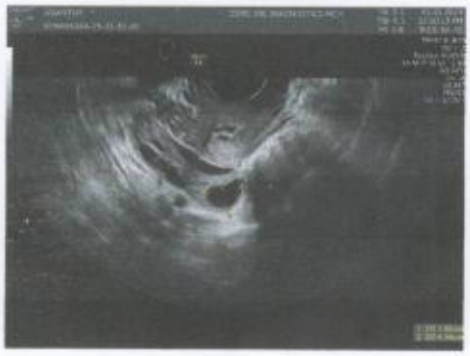
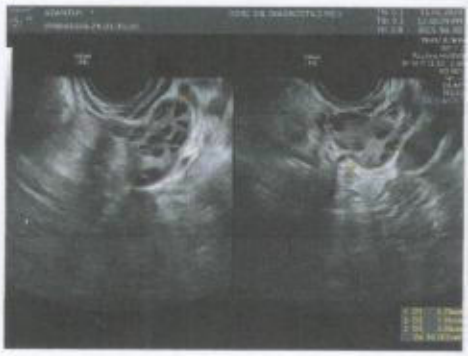
No ascites or pleural effusion.

CONCLUSION:-

- **Hepatomegaly with grade I / II fatty liver -** *Suggest LFT correlation.*
- **Bilateral polycystic ovarian morphology, however dominant follicle / corpus luteum in right ovary at present -** *Suggest clinical & biochemical correlation to rule out PCOS.*
- **Endometrium is mildly thickened. Tiny cysts noted within the posterior layer and it appears echogenic. Internal vascularity noted within this - Possibilities: (1) Cystic endometrial hyperplasia. (2) Polyp.**

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks for referral. Your feedback will be appreciated.
(Please bring relevant investigation reports during all visits)
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations, consultations, and if required repeat imaging recommended in the event of controversities. AR

MRS ASWATHY S K 59Y F 17/12/2053 CHEST- PA WADIADA V
DDRC SRL

V1	V2	V3	V4
V6		Standard	

ID: 2

Diagnosis Information:

Female / mmHg
29Years
cm kg

Mrs Aswathy S D

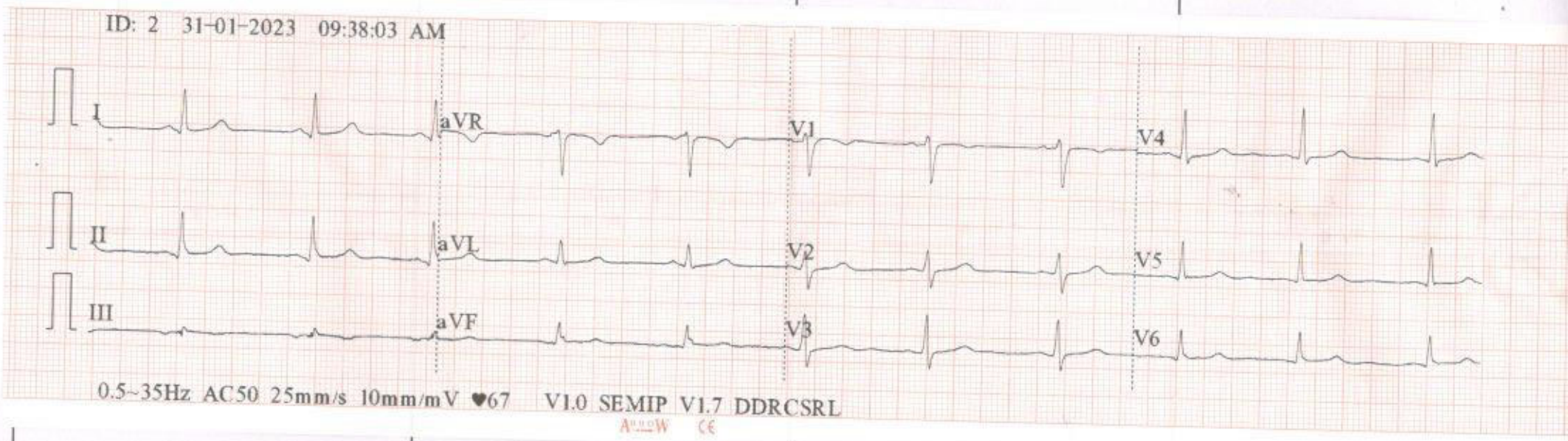
HR : 66 bpm
P : 99 ms
PR : 126 ms
QRS : 93 ms
QT/QTc : 392/413 ms
P/QRS/T : 4/37/25 °
RV5/SV1 : 0.667/0.660 mV

Report Confirmed by:

Dr. S[illegible] M.B.B.S.
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. [illegible]7656

DDRC SRL DIAGNOSTICS PVT LTD MEDICAL COLLEGE

Standard	L 1	L II	L III	L III Inspiration



DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME : MRS ASWATHY S K	AGE:29/F	DATE:31/01/2023

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
No cardiomegaly
Normal vascularity
No parenchymal lesion.
Costophrenic and cardiophrenic angles clear

- **IMPRESSION : Normal Chest Xray**

ELECTRO CARDIOGRAM : NSR:68/minute
No evidence of ischaemia.

- **IMPRESSION : Normal Ecg.**

DDRC SRL Diagnostics LTD MEDICAL COLLEGE

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Company name: BOB

DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS LTD

DDRC SRL

Patient Details **Date: 31-Jan-23** **Time: 11:18:33 AM**

Name: ASWATHY S K **ID:** 4182WA014445

Age: 29 y **Sex:** F **Height:** 167 cms **Weight:** 76 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 191 bpm **THR:** 171 (90 % of Pr.MHR) bpm

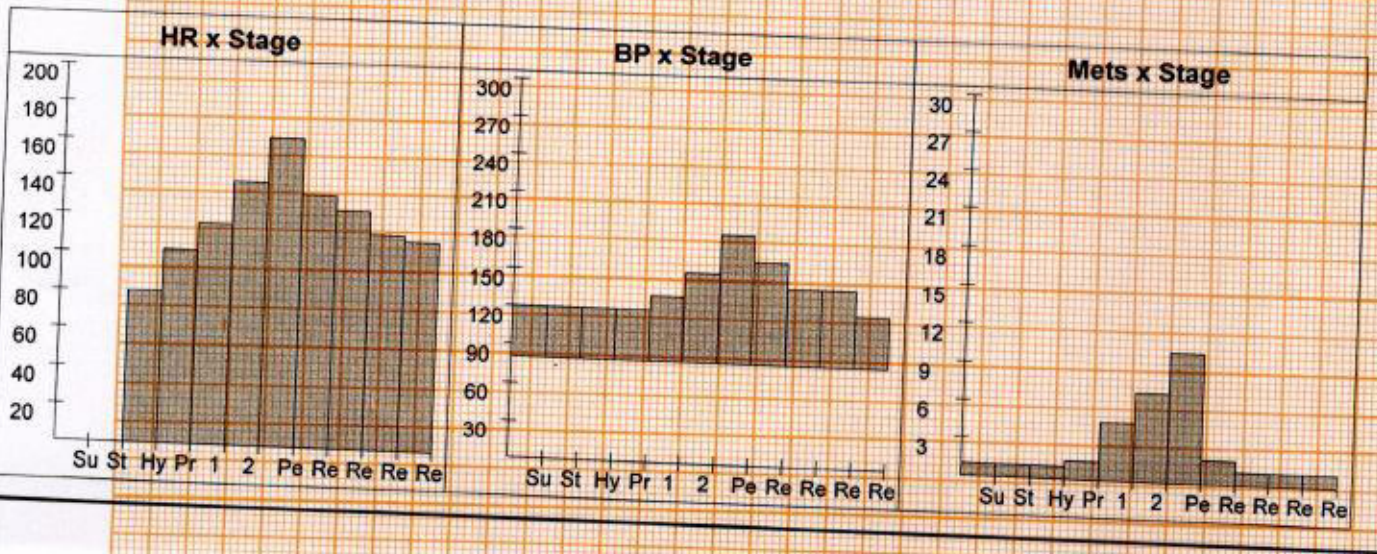
Total Exec. Time: 8 m 23 s **Max. HR:** 163 (85% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 180 / 80 mmHg **Max. BP x HR:** 29340 mmHg/min **Min. BP x HR:** 6400 mmHg/min

Test Termination Criteria: THR ATTAINED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 9	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 0	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Hyperventilation	0 : 26	1.0	0	0	80	120 / 80	-0.42 aVR	1.06 I
1	3 : 0	4.6	1.7	10	116	130 / 80	-1.70 V2	2.12 II
2	3 : 0	7.0	2.5	12	139	150 / 80	-1.06 V1	2.48 II
Peak Ex	2 : 23	10.2	3.4	14	163	180 / 80	-1.27 V1	2.12 II
Recovery(1)	1 : 0	1.8	1	0	133	160 / 80	-1.27 aVR	2.83 II
Recovery(2)	1 : 0	1.0	0	0	125	140 / 80	-1.06 aVR	2.83 II
Recovery(3)	1 : 0	1.0	0	0	113	140 / 80	-0.64 aVR	2.12 II
Recovery(4)	0 : 33	1.0	0	0	110	120 / 80	-0.42 aVR	1.42 II



DDRC SRL

Patient Details **Date:** 31-Jan-23 **Time:** 11:18:33 AM

Name: ASWATHY S K **ID:** 4182WA014445

Age: 29 y **Sex:** F **Height:** 167 cms **Weight:** 76 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 8 m 23 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a max. heart rate of 163 (85% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 180 / 80 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Ref. Doctor: MEDIWHEEL

Doctor: DR.SHASHIKANTH.Y.S

DR SHASHIKANTH Y.S
MBBS,MD,DM(Cardiology)
Consultant Cardiologist

(Summary Report edited by user)

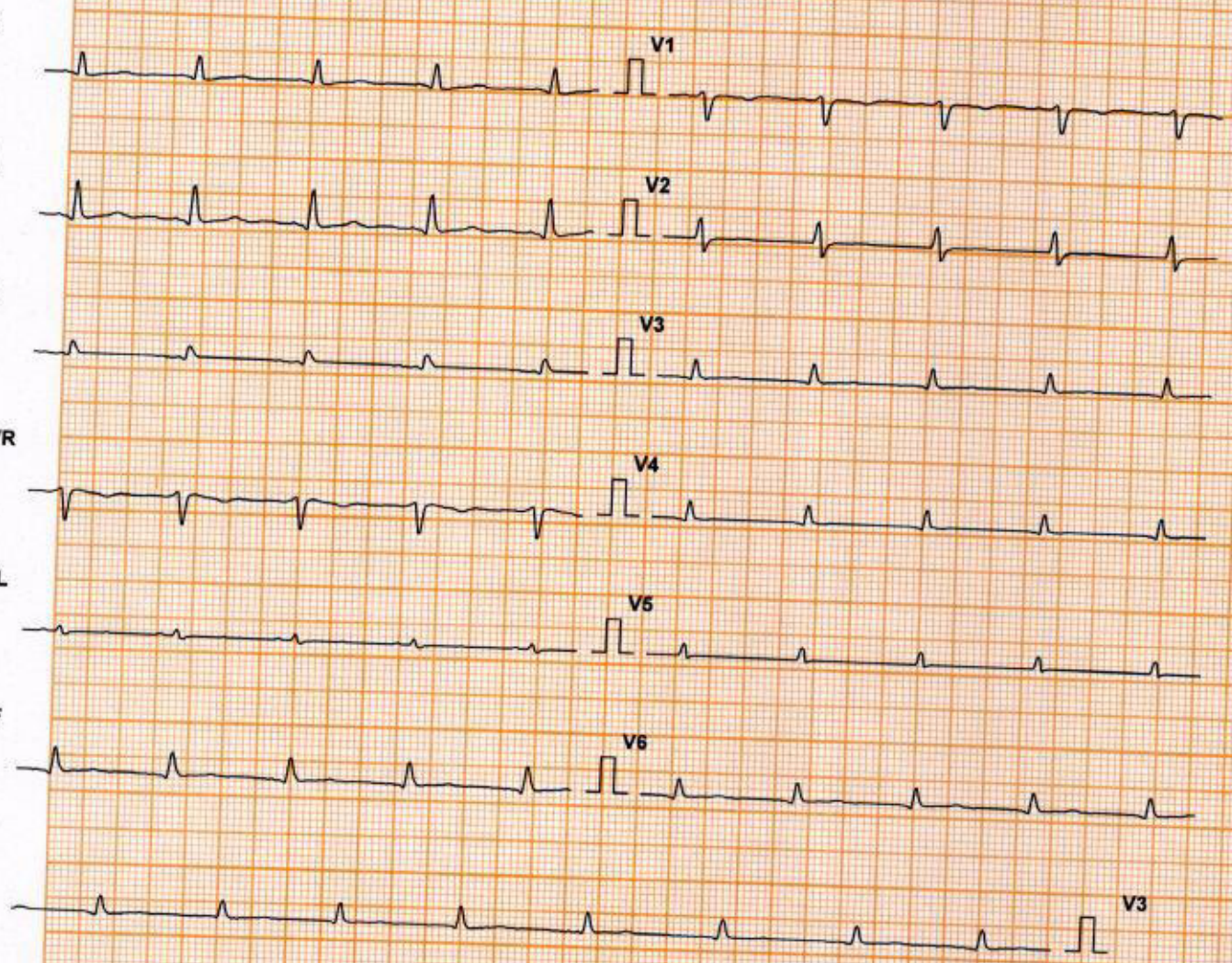
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182WA014445
Stage: Supine
Stage Time : 0 m 3 s

Date: 31-Jan-23
Speed: 0 mph
HR: 86 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.0	aVR	0.0	V1	0.2	V4	0.2	ST Level (mm)
	1.1		-0.7		0.4		0.4	ST Slope (mV / s)
II	0.2	aVL	0.0	V2	0.0	V5	0.0	
	0.7		0.4		0.4		0.0	
III	0.2	aVF	0.2	V3	0.2	V6	0.4	
	0.0		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

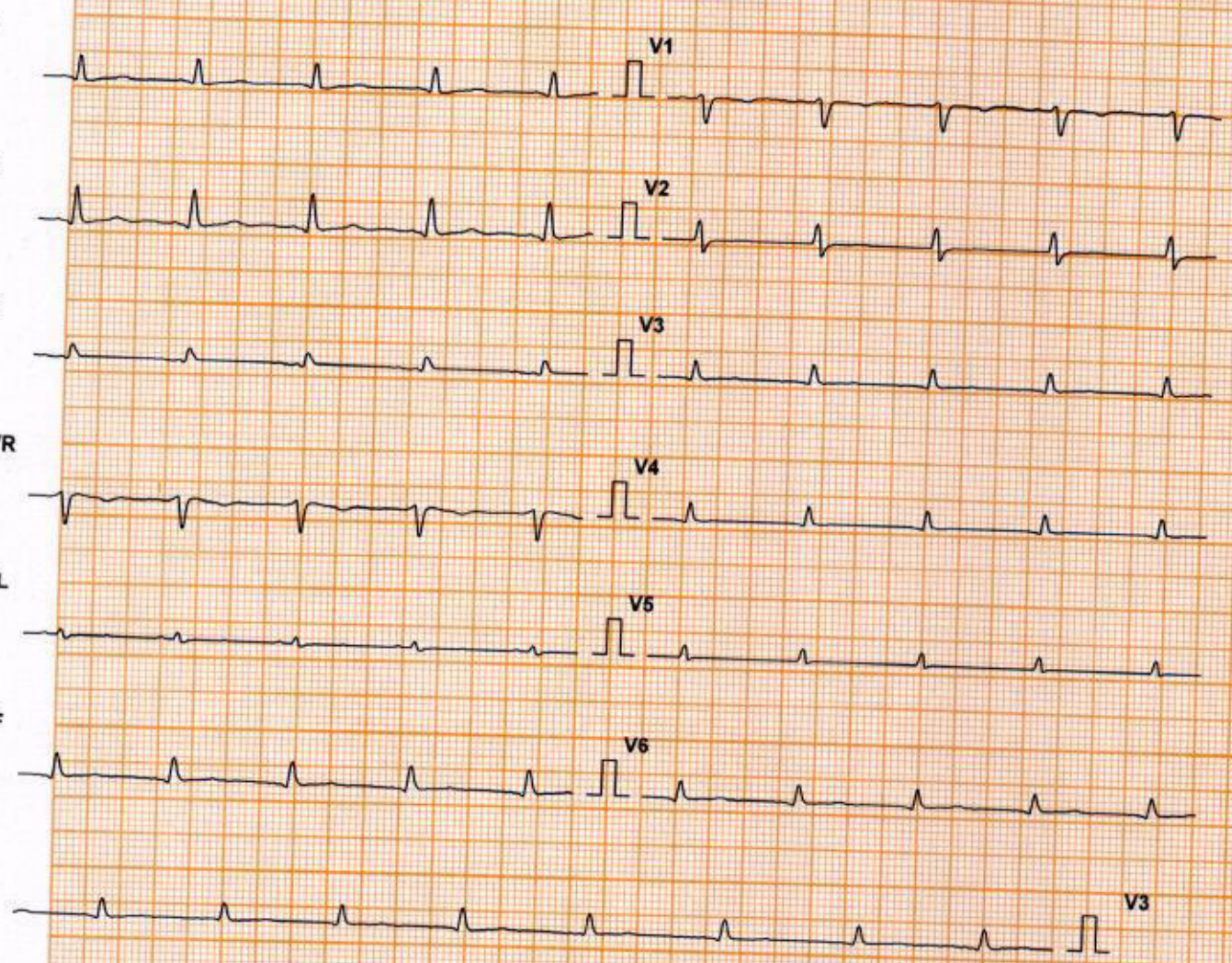
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182WA014445
Stage: Standing
Stage Time : 0 m 3 s

Date: 31-Jan-23
Speed: 0 mph
HR: 86 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.0	aVR	0.0	V1	0.2	V4	0.2	ST Level (mm)
	1.1		-0.7		0.4		0.4	ST Slope (mV / s)
II	0.2	aVL	0.0	V2	0.0	V5	0.0	
	0.7		0.4		0.4		0.0	
III	0.2	aVF	0.2	V3	0.2	V6	0.4	
	0.0		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

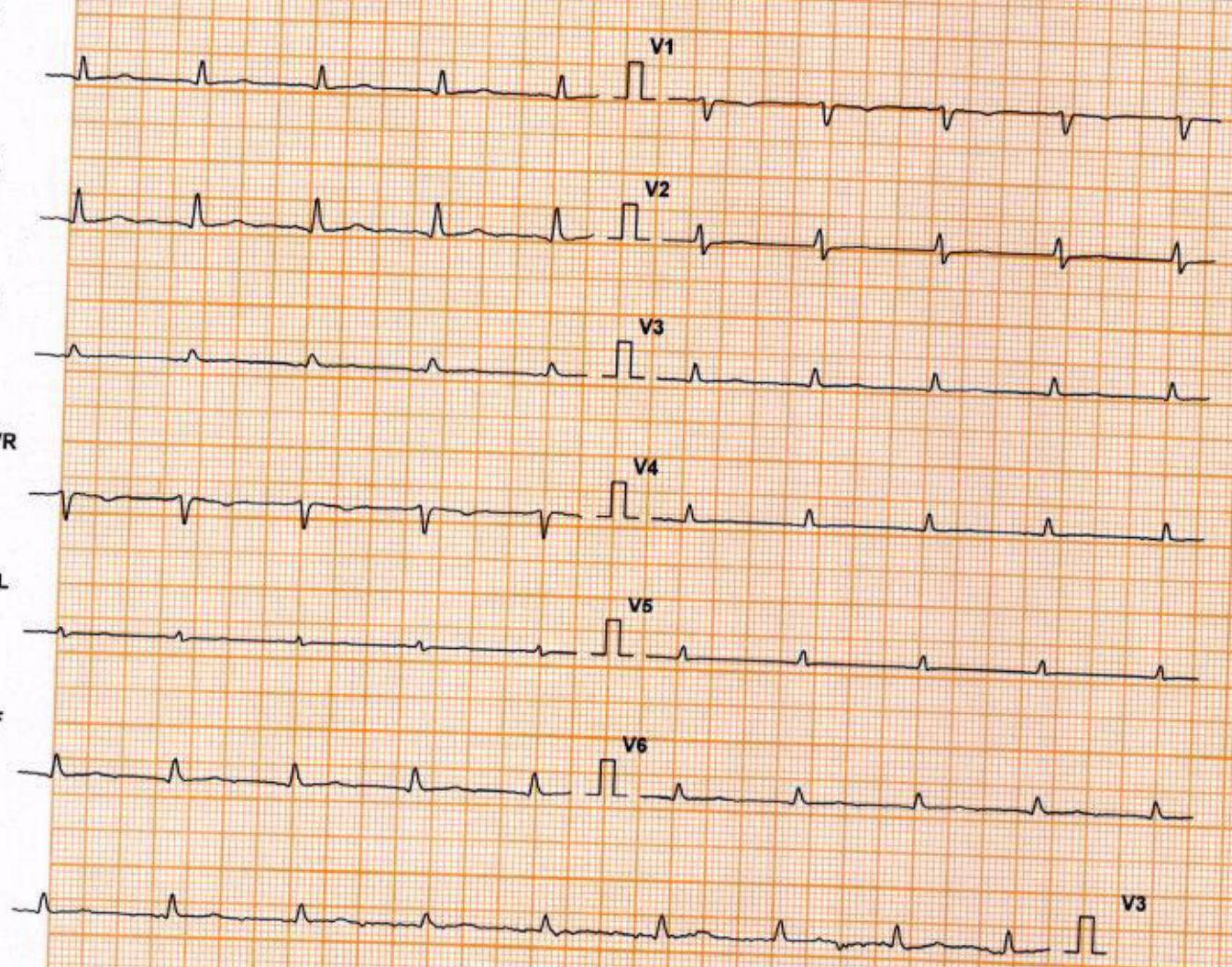
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182WA014445
Stage: Hyperventilation
Stage Time : 0 m 20 s

Date: 31-Jan-23
Speed: 0 mph
HR: 86 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.4	aVR	-0.2	V1	-0.2	V4	0.2	ST Level (mm)
	0.7		-0.7		-0.4		0.4	ST Slope (mV / s)
II	0.2	aVL	0.0	V2	0.0	V5	0.2	
	0.7		0.0		0.4		0.4	
III	-0.2	aVF	0.2	V3	0.2	V6	0.2	
	0.0		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD, TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

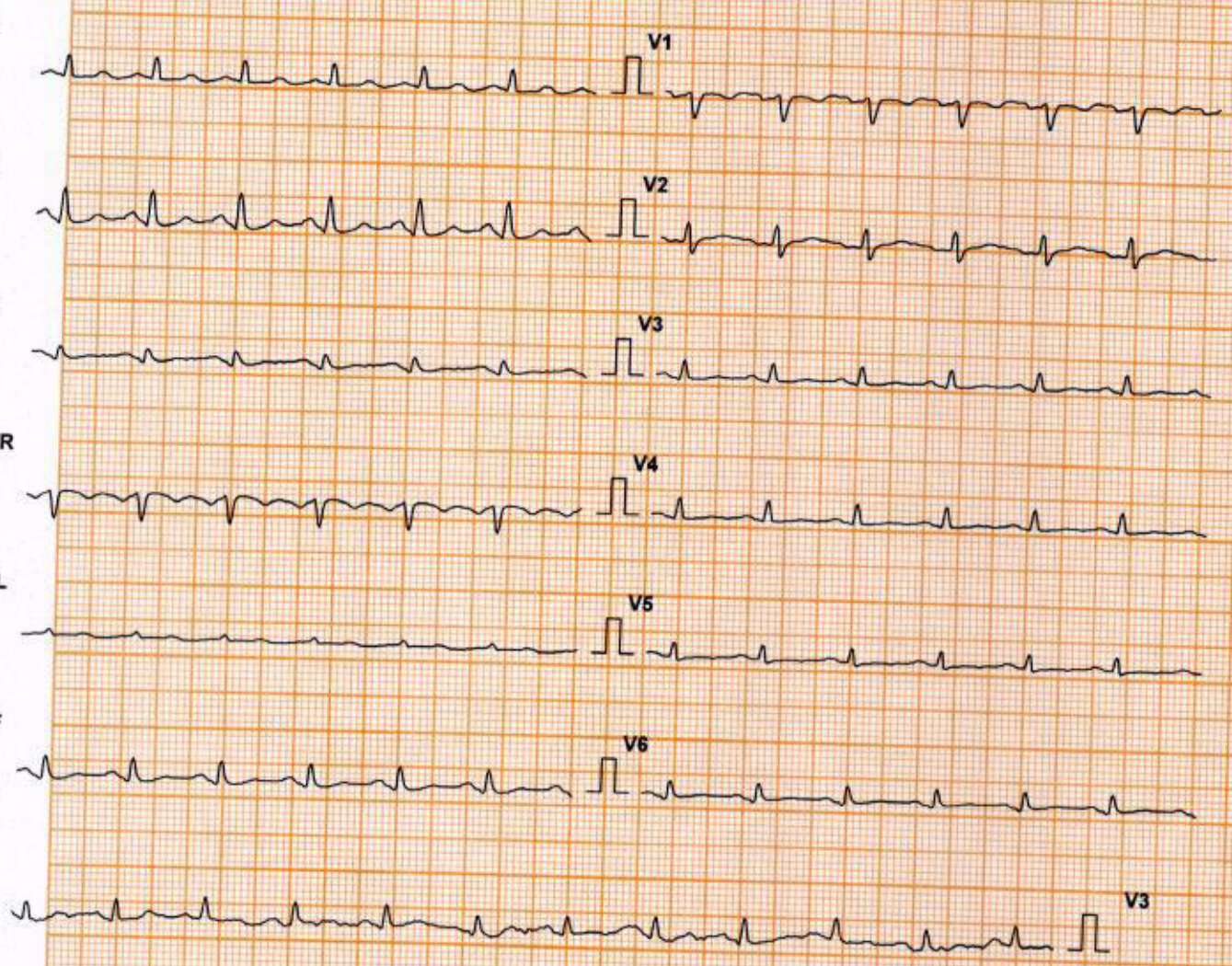
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 2 m 54 s

ID: 4182WA014445
Stage: 1
Stage Time : 2 m 54 s

Date: 31-Jan-23
Speed: 1.7 mph
HR: 115 bpm

B.P: 130 / 80
Grade: 10 %
(THR: 171 bpm)



I	-0.4	0.4	aVR	0.4	-0.7	V1	0.6	0.0	V4	-0.2	ST Level (mm)
II	-0.4	1.1	aVL	0.0	0.0	V2	1.1	0.4	V5	0.0	0.4 ST Slope (mV / s)
III	0.0	0.7	aVF	-0.2	1.1	V3	0.0	0.4	V6	0.4	0.7

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

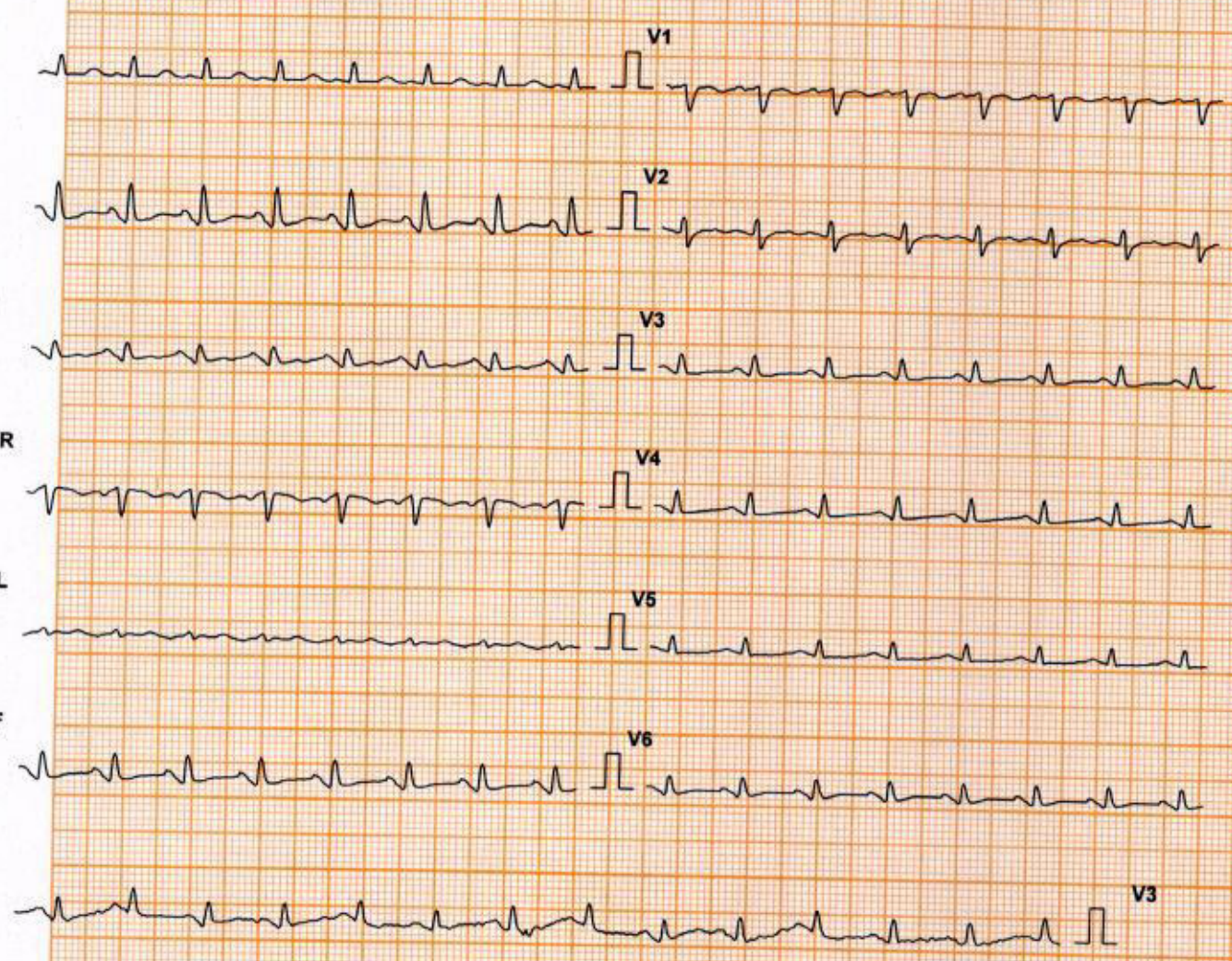
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 5 m 54 s

ID: 4182WA014445
Stage: 2
Stage Time : 2 m 54 s

Date: 31-Jan-23
Speed: 2.5 mph
HR: 138 bpm

B.P: 150 / 80
Grade: 12 %
(THR: 171 bpm)



I	0.0	aVR	-0.2	V1	0.0	V4	0.0	ST Level (mm)
	0.0		-0.7		0.0		0.7	ST Slope (mV / s)
II	0.6	aVL	0.0	V2	0.8	V5	-0.6	
	1.8		-0.4		1.1		0.0	
III	0.4	aVF	0.4	V3	-0.2	V6	0.2	
	1.4		1.4		0.7		1.1	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT

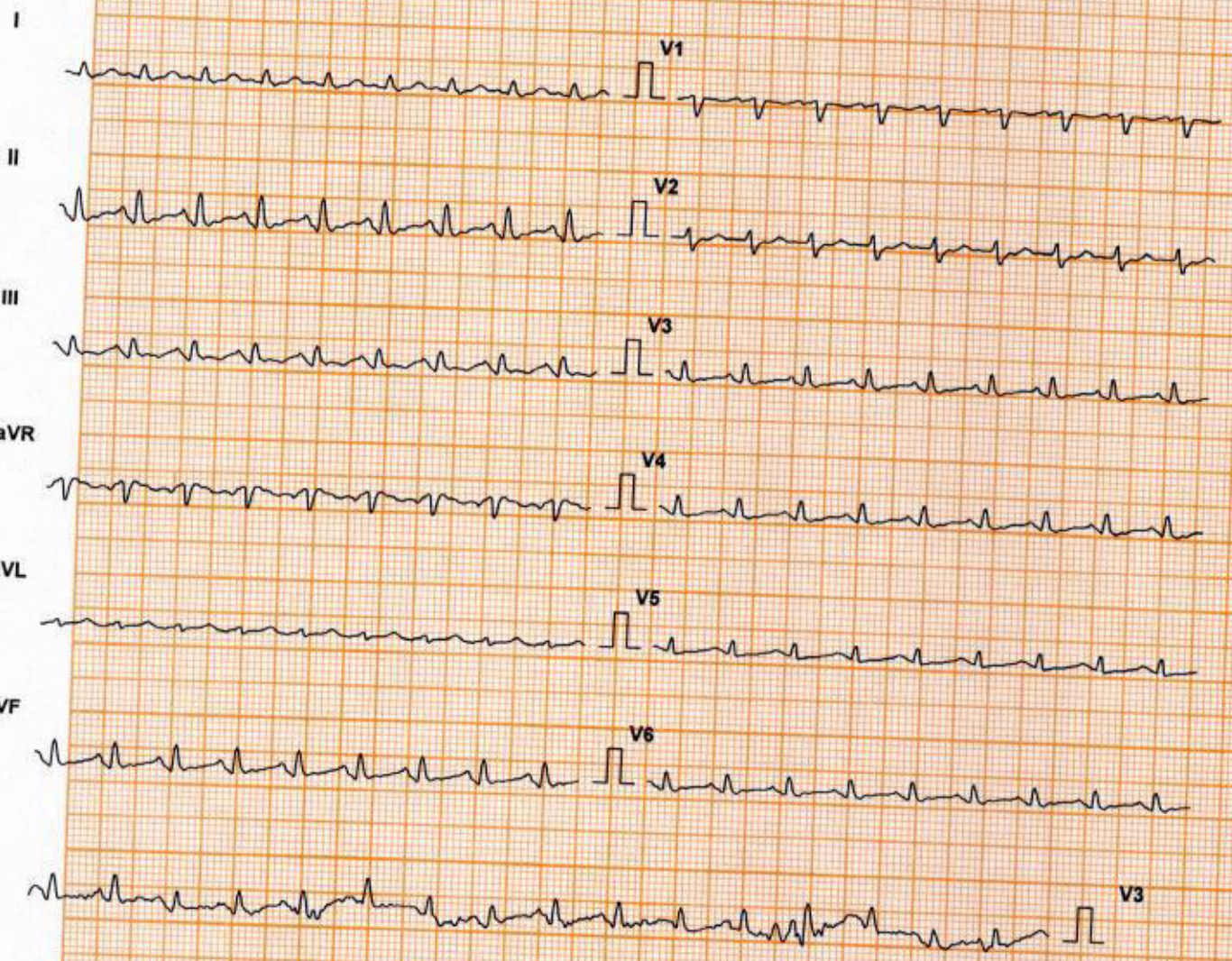
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 8 m 17 s

ID: 4182WA014445
Stage: Peak Ex
Stage Time : 2 m 17 s

Date: 31-Jan-23
Speed: 3.4 mph
HR: 163 bpm

B.P: 180 / 80
Grade: 14 %
(THR: 171 bpm)



I	0.4	aVR	-0.4	V1	-0.4	V4	-0.2	ST Level (mm)
	1.1		-1.4		-0.7		1.1	ST Slope (mV / s)
II	0.4	aVL	0.4	V2	0.0	V5	-0.4	
	1.8		0.7		0.4		0.4	
III	-0.2	aVF	0.0	V3	0.0	V6	0.0	
	0.0		0.7		0.7		1.1	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

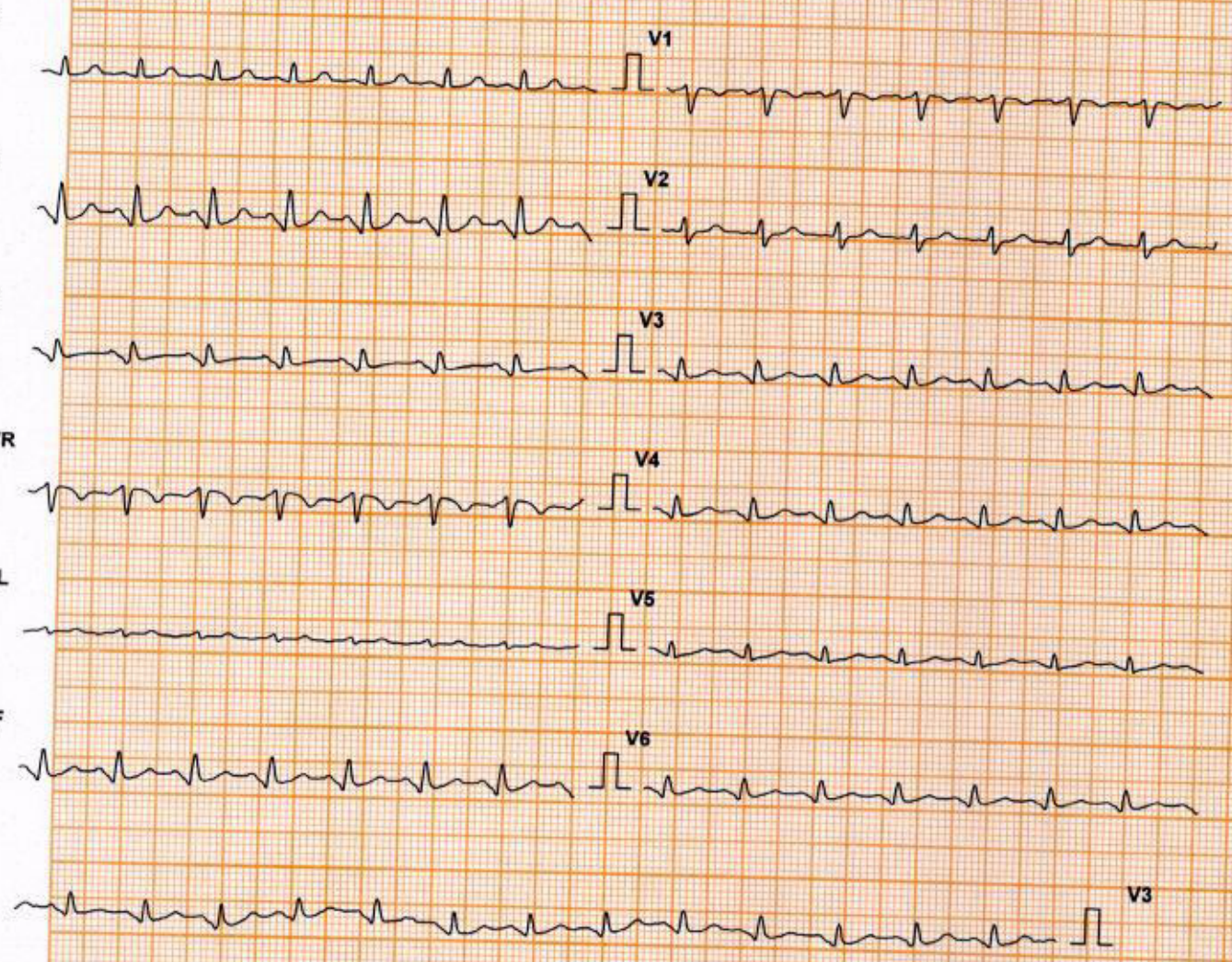
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 8 m 23 s

ID: 4182WA014445
Stage: Recovery(1)
Stage Time : 0 m 54 s

Date: 31-Jan-23
Speed: 1 mph
HR: 135 bpm

B.P: 160 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.6	aVR	-0.8	V1	-0.2	V4	0.6	ST Level (mm)
	1.4		-2.1		-1.1		1.4	ST Slope (mV / s)
II	1.3	aVL	0.0	V2	0.2	V5	0.4	
	2.8		0.0		0.4		0.7	
III	0.6	aVF	1.1	V3	0.8	V6	0.6	
	1.1		2.1		1.8		1.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

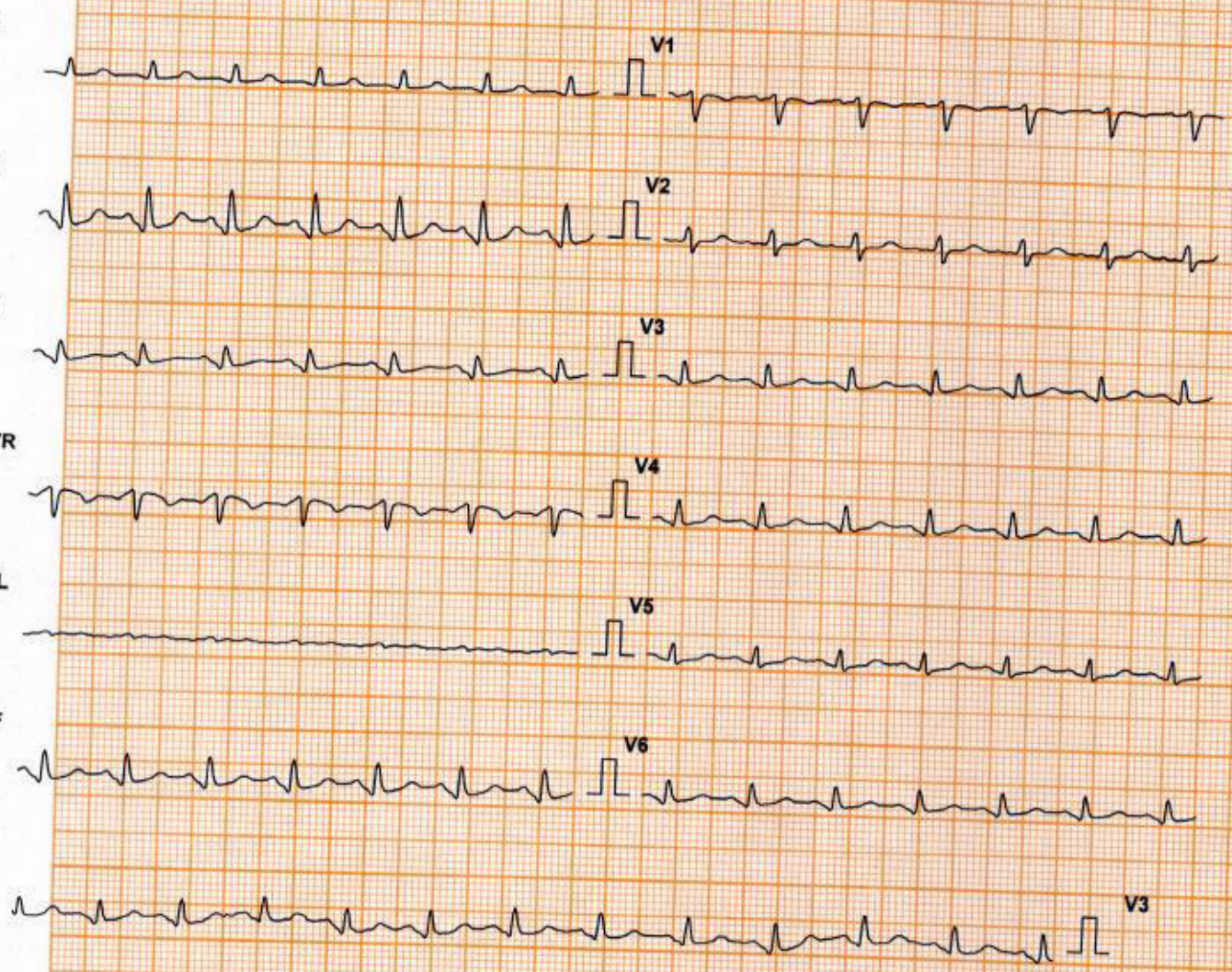
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 8 m 23 s

ID: 4182WA014445
Stage: Recovery(2)
Stage Time : 0 m 54 s

Date: 31-Jan-23
Speed: 0 mph
HR: 122 bpm

B.P: 140 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.2	aVR	-0.4	V1	-0.2	V4	0.4	ST Level (mm)
	0.7		-1.1		-0.7		0.7	ST Slope (mV / s)
II	0.6	aVL	0.0	V2	0.4	V5	0.2	
	1.8		-0.4		0.4		0.7	
III	0.2	aVF	0.4	V3	0.6	V6	0.4	
	1.1		1.4		1.1		0.7	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

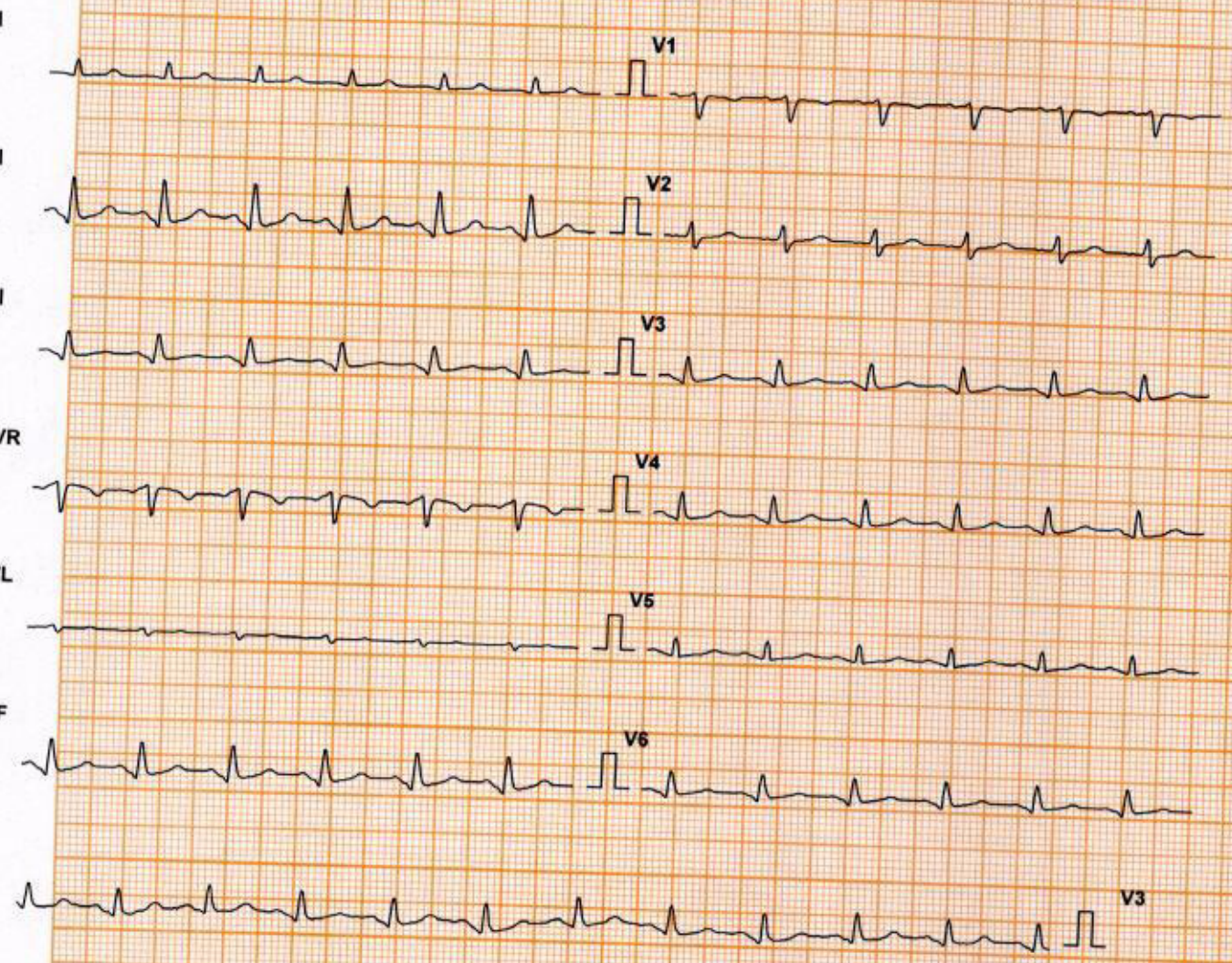
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 8 m 23 s

ID: 4182WA014445
Stage: Recovery(3)
Stage Time : 0 m 54 s

Date: 31-Jan-23
Speed: 0 mph
HR: 112 bpm

B.P: 140 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.2	aVR	-0.6	V1	0.0	V4	0.4	ST Level (mm)
	0.4		-1.1		0.0		0.7	ST Slope (mV / s)
II	0.6	aVL	0.0	V2	0.2	V5	0.2	
	1.4		0.0		0.4		0.7	
III	0.2	aVF	0.4	V3	0.2	V6	0.4	
	0.7		1.1		0.7		0.7	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

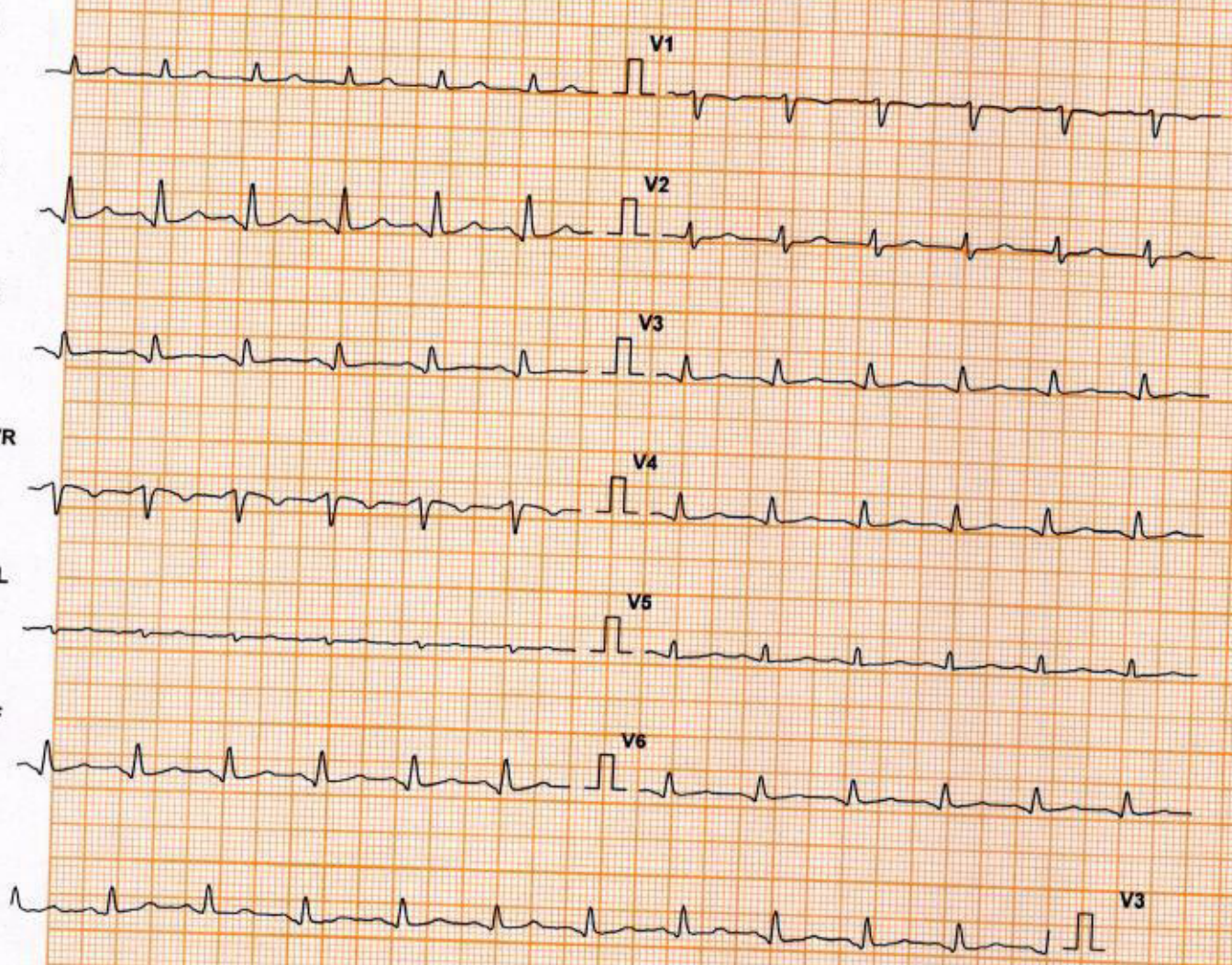
DDRC SRL

ASWATHY S K (29 F)
Protocol: Bruce
Exec Time : 8 m 23 s

ID: 4182WA014445
Stage: Recovery(4)
Stage Time : 0 m 27 s

Date: 31-Jan-23
Speed: 0 mph
HR: 110 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 171 bpm)



I	0.2	aVR	-0.4	V1	0.0	V4	0.2	ST Level (mm)
	0.4		-0.7		-0.4		0.4	ST Slope (mV / s)
II	0.4	aVL	0.0	V2	0.2	V5	0.0	
	0.7		0.0		0.4		0.4	
III	0.4	aVF	0.4	V3	0.4	V6	0.4	
	0.7		1.1		0.7		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.