

CONCLUSION OF HEALTH CHECKUP

ECU Number : 3958	MR Number : 23208419	Patient Name : PRAVINA SUGAT KADAM
Age : 46	Sex : Female	Height : 148
Weight : 71	Ideal Weight : 51	BMI : 32.41
Date : 24/06/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 3958 MR Number : 23208419 Patient Name: PRAVINA SUGAT KADAM
Age : 46 Sex : Female Height : 148
Weight : 71 Ideal Weight : 51 BMI : 32.41
Date : 24/06/2023

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

-

-

Vision With Glasses

6/6 N.5

6/6 N.5

Final Correction

-

-

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NI

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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ECU Number : 3958
Age : 46
Weight : 71
Date : 24/06/2023

MR Number : 23208419
Sex : Female
Ideal Weight : 51

Patient Name : PRAVINA SUGAT KADAM
Height : 148
BMI : 32.41

Gynaec Check Up :

OBSTETRIC HISTORY	G3 P2 - FTND AND LSCS
MENSTRUAL HISTORY	HYSTERECTOMISED
PRESENT MENSTRUAL CYCLE	-
PAST MENSTRUAL CYCLE	-
CHIEF COMPLAINTS	-
PA	.
PS	VAULT - (N) Vg - (N)
PV	NO MASS FELT
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOWUP WITH REPORTS.



Patient Name : Mrs. PRAVINA SUGAT KADAM
 Gender / Age : Female / 46 Years 6 Months 29 Days
 MR No / Bill No. : 23208419 / 241030692
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 136295
 Request Date : 24/06/2023 08:54 AM
 Collection Date : 24/06/2023 09:14 AM
 Approval Date : 24/06/2023 02:32 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.59	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	41.4	%	36 - 46
Mean Corpuscular Volume (MCV)	90.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.8	pg	27 - 32
MCH Concentration (MCHC)	31.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.84	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	65	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.79	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.53	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.13	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.33	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	293	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	14	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and repeat investigations before any firm report is made. Request / Ref. No.

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DEPARTMENT OF LABORATORY MEDICINE

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter, Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Rakesh Vaidya
Approved By Dr. Amee Soni

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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	A		
Rh system	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose			
Fasting Plasma Glucose	89	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	108	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	57	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High			
Total Cholesterol	207	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
< 200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
≥ 239 mg/dL - High			
HDL Cholesterol	55	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
≥ 60 High			
Non-HDL Cholesterol (calculated)	152	mg/dL	1 - 130
<i>(Non-HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
≥ 191 Very High			
LDL Cholesterol	122	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High			
VLDL Cholesterol (calculated)	11.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.22		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.76		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.50	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.37	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	29	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	73	U/L	42 - 98
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	18	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.80	gm/dL	6.4 - 8.2
Albumin	3.63	gm/dL	3.4 - 5
Globulin	4.17	gm/dL	3 - 3.2
A : G Ratio	0.87		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	15	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.75	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	5.3	mg/dL	2.2 - 5.8

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
7	126 - 154	Near Normal
6	< 126	Nondiabetic level)

---- End of Report ----

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 Request No. : 136295
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 Approval Date : 24/06/2023 12:46 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.27	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.68	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	1.23	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Mrs. PRAVINA SUGAT KADAM
 Gender / Age : Female / 46 Years 6 Months 29 Days
 MR No / Bill No. : 23208419 / 241030692
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 Request No. : 136295
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 Approval Date : 24/06/2023 03:16 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

Pap Smear Screening Report...

Cyto No : P/1165/23
 Received at 01.00 pm.

Clinical Details : H/O Hysterectomy.
 P/V findings : Vault - NAD.

TBS Report / Impression :

- * Satisfactory for evaluation.
- * Mild inflammatory cellularity (Neutrophils rich).
- * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

Prep / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Papanicolaou system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
 Approved By Dr. Ameer Soni



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Approval Date : 24/06/2023 12:55 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	10	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Rakesh Vaidya

Approved By-Dr. Amee-Soni

Dr. Rakesh Vaidya

MD (Path)-DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, these results should be correlated with clinical findings and other related investigations before using them for clinical purposes. Requested by: _____ Date: _____



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23208419 Report Date : 24/06/2023
Request No. : 190069026 24/06/2023 8.54 AM
Patient Name : Mrs. PRAVINA SUGAT KADAM
Gender / Age : Female / 46 Years 6 Months 29 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23208419 Report Date : 24/06/2023
Request No. : 190069019 24/06/2023 8.54 AM
Patient Name : Mrs. PRAVINA SUGAT KADAM
Gender / Age : Female / 46 Years 6 Months 29 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is not seen h/o hysterectomy with BSO. No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23208419 Report Date : 24/06/2023
Request No. : 190069091 24/06/2023 8.54 AM
Patient Name : **Mrs. PRAVINA SUGAT KADAM**
Gender / Age : Female / 46 Years 6 Months 29 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show scattered fibro glandular parenchyma.
No obvious focal mass seen on either side.
No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.
No obvious skin thickening or nipple retraction seen.
Bilateral benign axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts. BI-RADS category 2.
Kindly correlate clinically /Follow up

BIRADS: 0- needs additional imaging, **1-** negative, **2-** benign, **3-** probably benign (require short term follow up), **4-** suspicious (require further evaluation with biopsy), **5-** highly suspicious for malignancy, **6-** biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS:

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2

Name: Mrs. Pravina S. Kadam
Patient ID: ECU/23208419

24.06.2023 12:39:13
Standard 12-lead

Date of birth:
Gender: female
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown

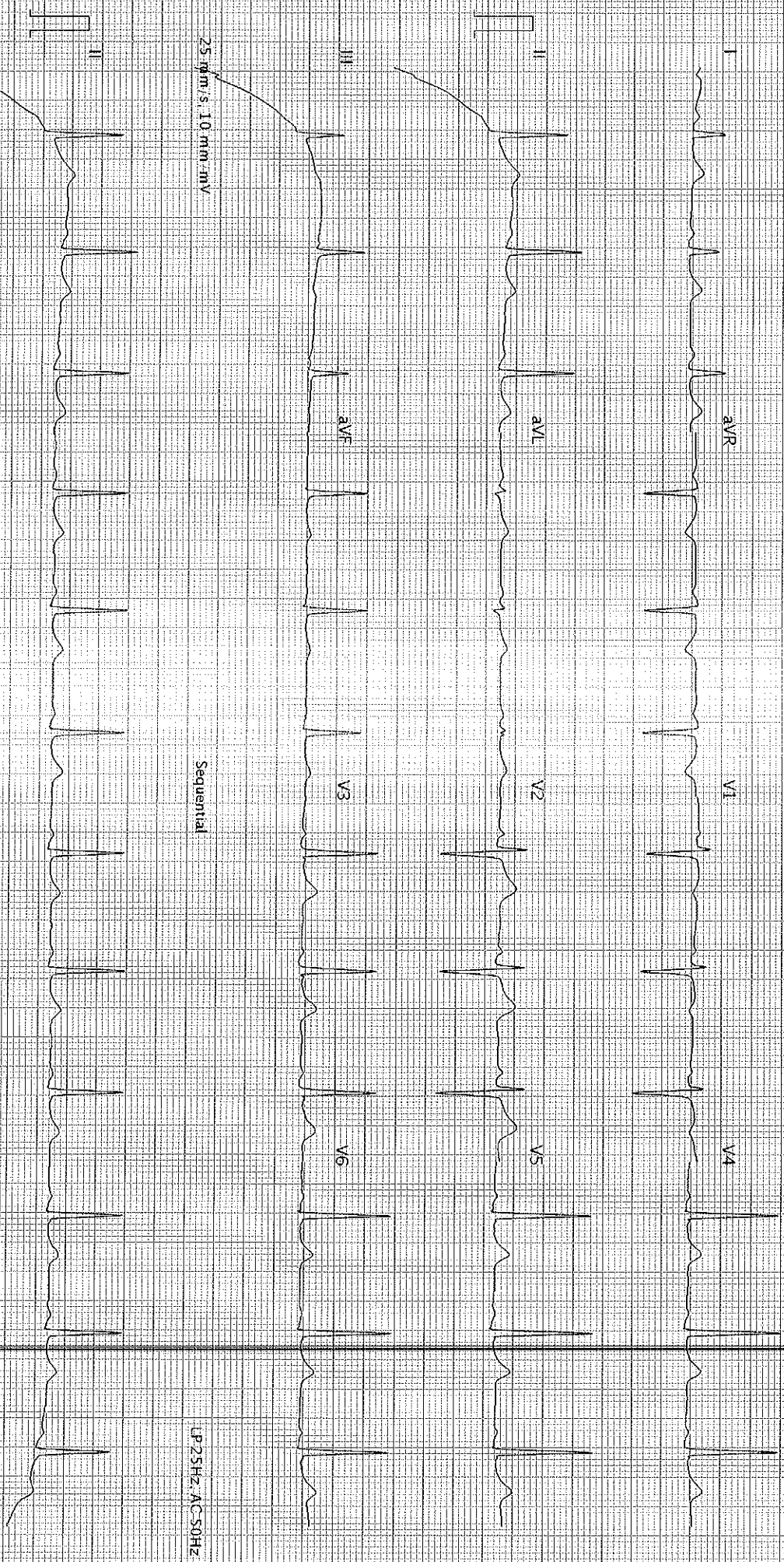
Visit ID:
Room:
Medication:
Order ID:
Ord. prov.:
Ord. prot.:
HR: 73 bpm

RR: 823 ms
P: 88 ms
PR: 128 ms
P axis: 10°
QRS axis: 61°
QT: 381 ms
T axis: 6°
QTcB: 420 ms

Normal

WFL

Indication:
Remark:



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP25Hz, AC 50Hz

AT-102-G2-1-2-0 (1080-011030)

Printed on 24.06.2023 12:39:26

SCHILLER

Part No.2.157048M

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K.5D

BHAILAL AMIN GENERAL HOSPITAL
 BHAILAL AMIN MARG,
 VADODARA-3, PH-(0265) 3956222

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: PRAVINA S KADAM ,
 Patient ID: 000437
 Height:
 Weight:

DOB: 27.11.1976
 Age: 46yrs
 Gender: Female
 Race: Indian

Study Date: 24.06.2023
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

Referring Physician: ARCOFEMI
 Attending Physician: DR. KILLOL KANERIA
 Technician: PRATAP RATHVA

Medications:

Medical History:

Reason for Exercise Test:
 Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	81	120/80	
	HYPERV.	00:01	0.00	0.00	78		
	WARM UP	00:27	1.00	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	10.00	114	130/80	
	STAGE 2	03:00	2.50	12.00	142	130/80	
	STAGE 3	00:49	3.40	14.00	155	140/80	
RECOVERY		05:15	0.00	0.00	98	180/90	

The patient exercised according to the BRUCE for 6:48 min:s, achieving a work level of Max. METS: 9.40. The resting heart rate of 83 bpm rose to a maximal heart rate of 169 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: ST depression at peak exercise.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance, Normal HR and BP Response, No ANGINA and ARRHYTHMIAS during test, <1 mm ST Depression in inferolateral lead at baseline ECG, which became >1 mm at Peak exercise, and Normalize at 1 minute of Recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA _____