



### General Physical Examination

Date of Examination: 24-09-2022

Name: USHA SAINI Age: 36 DOB: 02-09-1986 Sex: Female

Referred By: BOB.

Photo ID: AADHAR ID #: attached.

Ht: 155 (cm)

Wt: 58 (Kg)

Chest (Expiration): 88 (cm)

Abdomen Circumference: 78 (cm)

Blood Pressure: 120/80 mm Hg PR: 69 / min RR: 15 / min Temp: Afebrile

BMI 24.1

Eye Examination: Dis Vision- L.E 6/9 with specs , Near vision  
N/G b/c eyes R.E 6/6 with specs  
no color blindness

Other: Not significant-

On examination he/she appears physically and mentally fit:  Yes / No

Signature Of Examinee : [Signature]

Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : [Signature]

Name Medical Examiner: \_\_\_\_\_

**Dr. Piyush Goyal**  
M.B.B.S., P.M.R.D.  
RMC Reg. No.-017996

भारत सरकार  
Government of India

उषा सेनी  
Usha Saini  
जन्म तिथि / DOB : 02/09/1986  
महिला / Female

Issue Date : 14/04/2012

8328 2207 3322

मेरा आधार, मेरी पहचान



*JS*

*Dr. Piyusha Goyal*  
M.B.B.S. D.M.R.D.  
RMC Reg. No.-017996

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता: D/O सत्य नारायण सेनी, ४७, सुदामा  
नगर, टोंक रोड, जयपुर, रजस्थान, 302018

Print Date : 10/11/2021

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# Dr. Goyal's

## Path Lab & Imaging Centre

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 Tele : 0141-2293346, 4049787, 9887049787  
 Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 24/09/2022 10:23:15  
**NAME :- Mrs. USHA SAINI**  
 Sex / Age :- Female 36 Yrs  
 Company :- MediWheel

Patient ID :- 12222553  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 24/09/2022 11:11:54

Final Authentication : 24/09/2022 14:58:54

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE FEMALE BELOW 40</b>			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	12.3	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	4.99	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	61.2	%	40.0 - 80.0
LYMPHOCYTE	34.2	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.06	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.71	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.19	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
<b>TOTAL RED BLOOD CELL COUNT (RBC)</b>	4.54	x10 <sup>6</sup> /uL	3.80 - 4.80
<b>HEMATOCRIT (HCT)</b>	36.10	%	36.00 - 46.00
<b>MEAN CORP VOLUME (MCV)</b>	<b>79.4</b> L	fL	83.0 - 101.0
<b>MEAN CORP HB (MCH)</b>	27.1	pg	27.0 - 32.0
<b>MEAN CORP HB CONC (MCHC)</b>	34.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	207	x10 <sup>3</sup> /uL	150 - 410
<b>RDW-CV</b>	14.0	%	11.6 - 14.0
<b>MENTZER INDEX</b>	17.49		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

AJAYSINGH  
**Technologist**

Page No: 1 of 12



**Dr. Rashmi Bakshi**  
 MBBS, MD ( Path )  
 RMC, No. 17975/008828

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Sex / Age :- Female 36 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 24/09/2022 11:11:54

Final Authentication : 24/09/2022 14:58:54

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	25	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC): Methodology: TLC, DLC Fluorescent Flow cytometry, HB, SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

AJAYSINGH  
Technologist

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Sample Type :- EDTA, KOx/Na FLUORIDE-F, K<sub>2</sub>EDTA, CLOTTED, P<sub>2</sub> 2022 11:11:54

Final Authentication : 24/09/2022 14:58:54

### HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "B" POSITIVE

**BLOOD GROUP ABO Methodology :** Haemagglutination reaction **Kit Name:** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 91.7 mg/dl 75.0 - 115.0  
 Method:- GOD PAP

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

**Instrument Name:** Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 115.3 mg/dl 70.0 - 140.0  
 Method:- GOD PAP

**Instrument Name:** Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

URINE SUGAR (FASTING) Nil Nil  
 Collected Sample Received

AJAYSINGH, MKSHARMA, VIJENDRAMEENA  
**Technologist**  
**HANSA YADAV**  
 Page No: 3 of 12



**Dr. Piyush Goyal**  
 (D.M.R.D.)  
**Dr. Rashmi Bakshi**  
**Dr. Chandrika Gupta**

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Sex / Age :- Female 36 Yrs Lab/Hosp :-  
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Sample Type :- STOOL Sample Collected Time 24/09/2022 11:11:54 Final Authentication : 24/09/2022 12:26:09

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

#### PHYSICAL EXAMINATION

MUCUS

BLOOD

#### MICROSCOPIC EXAMINATION

RBC's /HPF

WBC/HPF /HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist  
HANSA YADAV  
Page No: 4 of 12



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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 11:11:54

Final Authentication : 24/09/2022 12:22:33

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	182.30	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	69.28	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	51.43	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	119.32	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	13.86	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.54		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.32		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	500.55	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL <b>InstrumentName:</b> Radox Rx Imola <b>Interpretation:</b> Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES <b>InstrumentName:</b> Radox Rx Imola <b>Interpretation :</b> Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTEROL <b>InstrumentName:</b> Radox Rx Imola <b>Interpretation:</b> An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL <b>InstrumentName:</b> Radox Rx Imola <b>Interpretation:</b> Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

MKSHARMA

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.65	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.48	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	25.7	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	54.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	22.90	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.34	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.57	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.77	gm/dl	2.20 - 3.50
A/G RATIO	1.65		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving

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Sample Type :- PLAIN/SERUM

Sample Collected Time 24/09/2022 11:11:54

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

MKSHARMA

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.88	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.10	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MKSHARMA

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.1	mg/dl	0.0 - 23.0

MKSHARMA

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Sample Type :- EDTA

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.6

%

Method:- HPLC

Non-diabetic: < 5.7  
 Pre-diabetics: 5.7-6.4  
 Diabetics: = 6.5 or higher  
 ADA Target: 7.0  
 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**

114

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL  
 Prediabetic 100- 125 mg/dL  
 Diabetic 126 mg/dL or Higher

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**Technologist**

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Company :- MediWheel

Patient ID :-12222553  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 24/09/2022 11:11:54

Final Authentication : 24/09/2022 12:26:09

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist  
HANSA YADAV  
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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.390	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.150	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.356	μIU/mL	0.500 - 6.880

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

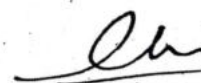
### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

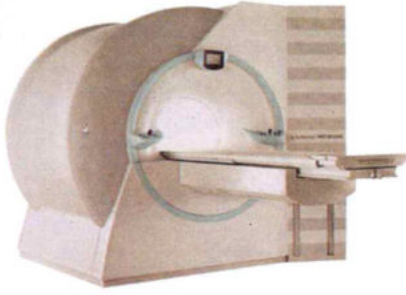
\*\*\* End of Report \*\*\*

NARENDRAKUMAR  
Technologist

Page No: 12 of 12



Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037



# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 24/09/2022 10:23:15  
**NAME :- Mrs. USHA SAINI**  
Sex / Age :- Female 36 Yrs  
Company :- MediWheel

Patient ID :- 12222553  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 24/09/2022 14:04:09

BOB PACKAGEFEMALE BELOW 40

### X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)

\*\*\* End of Report \*\*\*

**DR. POONAM GUPTA**  
MD RADIO DIAGNOSIS

**Dr. Piyush Goyal**  
(D.M.R.D.) BILAL

Page No: 1 of 1

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

Dr. Poonam Gupta  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

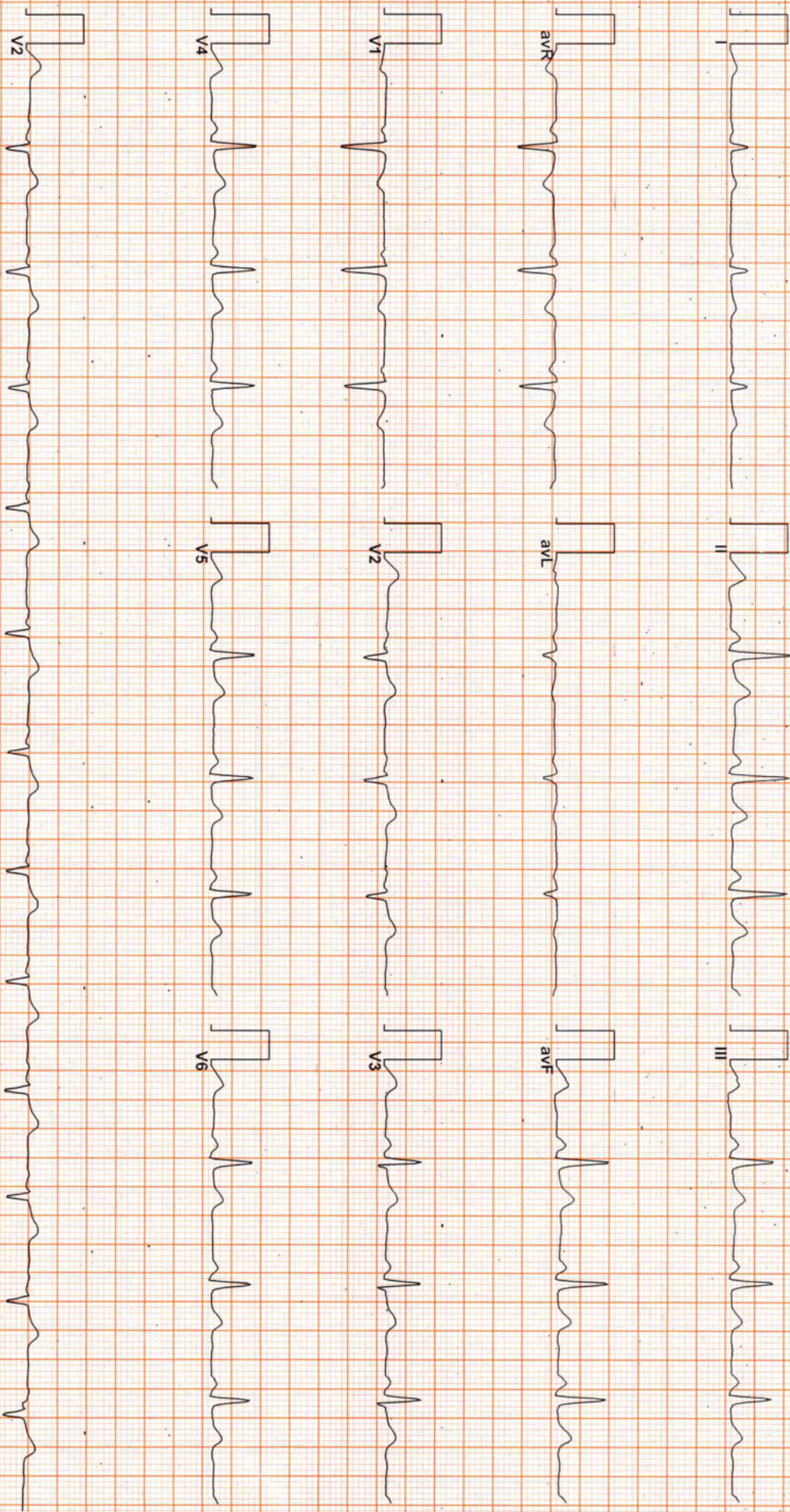
Dr. Ashish Choudhary  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

Dr. Rathod Hetali Amrutlal  
MBBS, M.D. (Radio-Diagnosis)  
RMC No. 17163

Transcript by.

102220487 / MRS USHA SAINI / 36 Yrs / F / Non Smoker

Heart Rate: 76 bpm / Refd By: BOB / Tested On: 24-Sep-22 11:49:29 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



*INVL*

Dr. Naresh Kumar Mohank  
 RAMC No. 55708  
 M.D. (Cardiology) (FSCORIS)  
 M.D. (PCCO) (FRCG)  
 D.E.M





Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:11	0:01	01.1	00.0	01.0	78	120/70	093	00	
Standing	00:25	0:01	01.1	00.0	01.0	78	120/70	093	00	
HV	00:32	0:01	01.1	00.0	01.0	076	120/70	091	00	
Warm Up	00:49	0:01	01.0	00.0	01.0	092	120/70	110	00	
ExStart	00:59	0:07	01.7	10.0	01.1	095	120/70	114	00	
BRUCE Stage 1	03:59	3:00	01.7	10.0	04.7	123	130/35	159	00	
BRUCE Stage 2	06:59	3:00	02.5	12.0	07.1	162	140/80	226	00	
BRUCE Stage 3	09:59	3:00	03.4	14.0	10.2	181	145/90	262	00	
PeakEx	10:24	0:25	04.2	16.0	10.7	187	145/90	271	00	
Recovery	11:23	1:00	00.0	00.0	04.2	136	148/95	201	01	
Recovery	12:23	2:00	00.0	00.0	01.0	112	150/90	168	00	
Recovery	14:23	4:00	00.0	00.0	01.0	106	140/80	148	00	
Recovery	16:23	6:00	00.0	00.0	01.0	101	130/75	131	00	
Recovery	18:17				00.0	000	---/---	000	00	

**Findings :**

Exercise Time : 09:26  
 Max HR Attained : 187 bpm 102% of Target 184  
 Max BP Attained : 150/90  
 Max Workload Attained : 10.7 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

*TNT is negative for RHTS*

**Dr. Naresh Kumar Mahanta**  
 RAC No. 35703  
 MBBS, PG, CARDIO PHYSIOLOGY  
 D.E.M. (ACCREDITED)

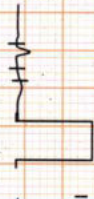


Date: 24-Sep-2022 11:56:37 AM METS: 1.0/ 78 bpm 42% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 100 Hz

4X 70 mS Post J

EXTime: 00:12 1.1 mph 0.0% 25 mm/Sec. 1.0 Cm/mV

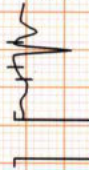
I  
STL 0.5  
STs 0.6



V1  
0.3  
0.0



II  
1.2  
1.7



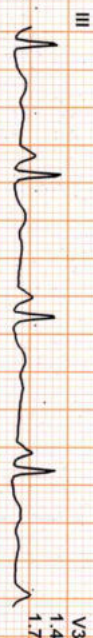
V2  
2.1  
2.1



avL  
-0.1



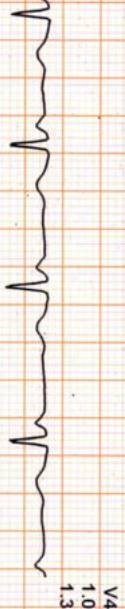
III  
0.7  
1.1



V3  
1.4  
1.7



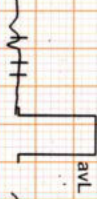
avR  
-0.9  
-1.2



V4  
1.0  
1.3



avL  
-0.1  
-0.2



V5  
0.7  
1.1



avF  
1.0  
1.4



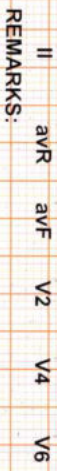
V6  
0.6  
0.9



I III avL V1 V3 V5



II avR avF V2 V4 V6



REMARKS:



Date: 24-Sep-2022 11:56:37 AM METS: 1.0/ 78 bpm 42% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 100 Hz

EXTime: 00:26 1.1 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J

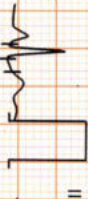
I  
ST-T 0.2  
ST-S 0.3



V1  
0.3  
0.3



II  
0.4  
0.8



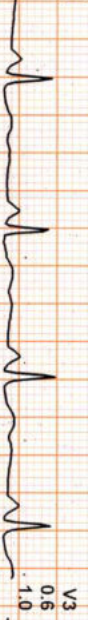
V2  
1.0  
1.3



avL  
0.0



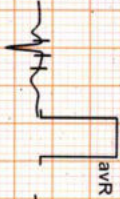
III  
0.2  
0.5



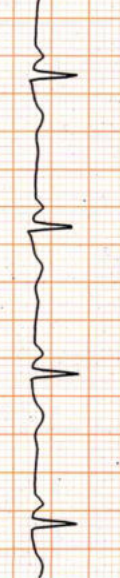
V3  
0.6  
1.0



avR  
-0.3  
-0.5



V4  
0.3  
0.7



avL  
0.0  
-0.1



V5  
0.2  
0.5



avF  
0.3  
0.7



V6  
0.2  
0.4



I III avL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:

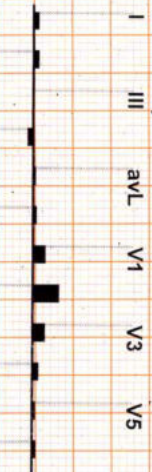
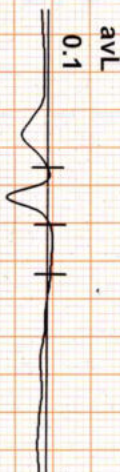


Date: 24-Sep-2022 11:56:37 AM METS: 1.0/ 76 bpm 41% of THR BP: 120/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:33 1.1 mph 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



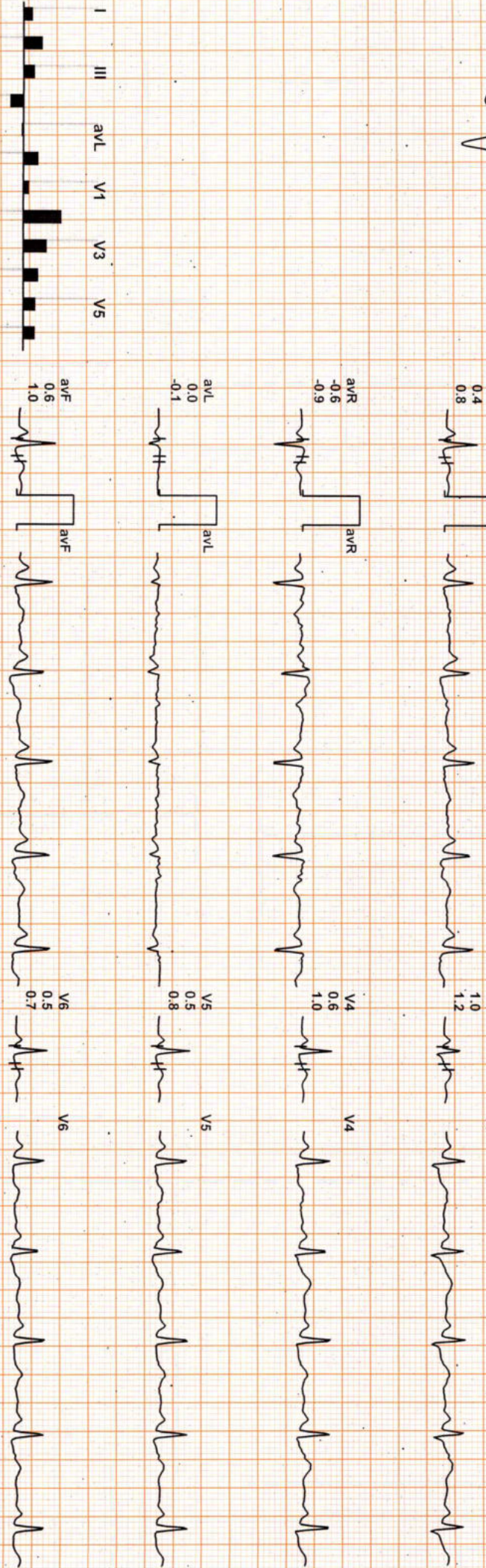
REMARKS:

Date: 24-Sep-2022 11:56:37 AM METS: 1.0/ 92 bpm 50% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

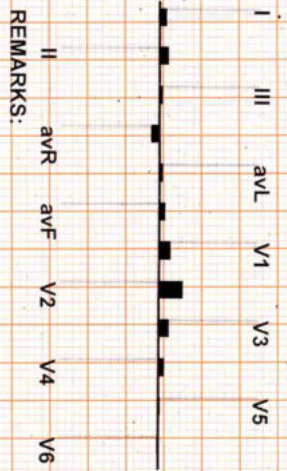
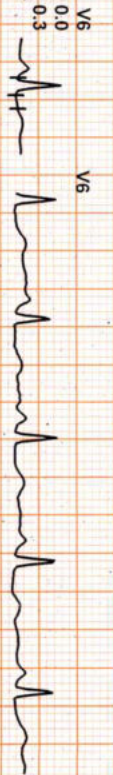
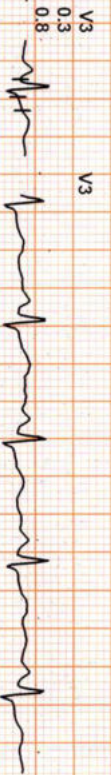
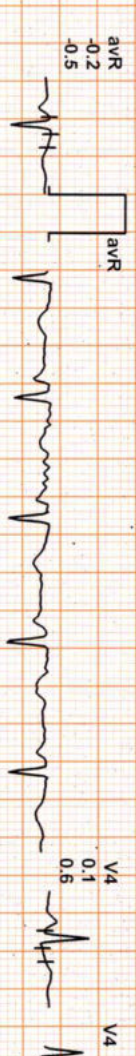
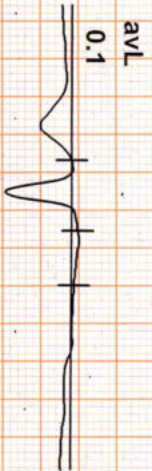
EXTime: 00:50 1.0 mph 0.0%

4X 50 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



REMARKS:



Date: 24-Sep-2022 11:56:37 AM METS: 4.7/123 bpm 66% of THR BP: 130/35 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

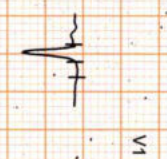
EXTime: 03:00 1.7 mph 10.0% 25 mm/Sec. 1.0 Cm/mV



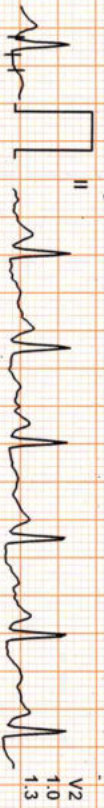
I  
STL 0.2  
STS 0.3



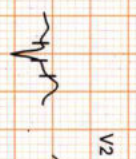
V1  
0.4



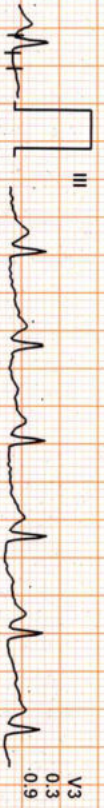
II  
0.1  
0.1  
0.6



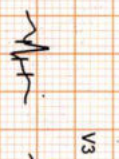
V2  
1.0  
1.3



III  
-0.1  
0.3



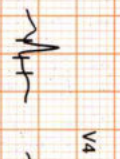
V3  
0.3  
0.9



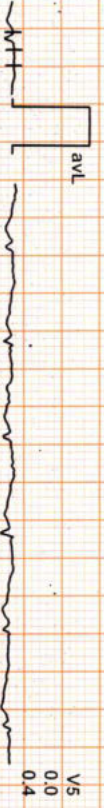
aVR  
-0.1  
-0.4



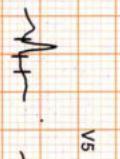
V4  
0.1  
0.5



aVL  
0.1  
0.0



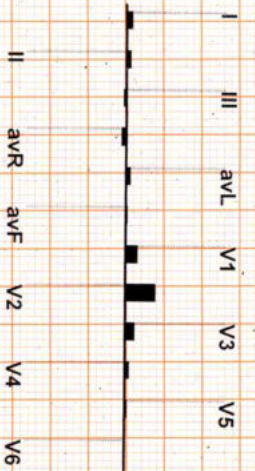
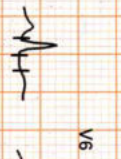
V5  
0.0  
0.4



avF  
0.0  
0.5



V6  
0.0  
0.3



REMARKS:



Date: 24-Sep-2022 11:56:37 AM METS: 7.1/162 bpm 88% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

avL 0.3



I  
STL 0.1  
STS 0.2



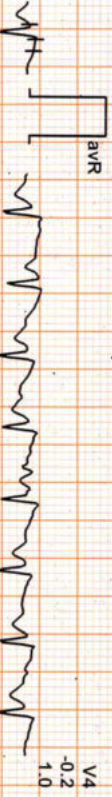
II  
-0.8  
0.6



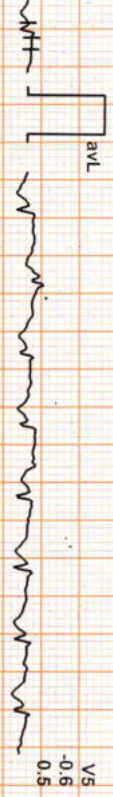
III  
-0.7  
0.4



avR  
0.4  
-0.4



avL  
0.3  
-0.1



avF  
-0.8  
0.5



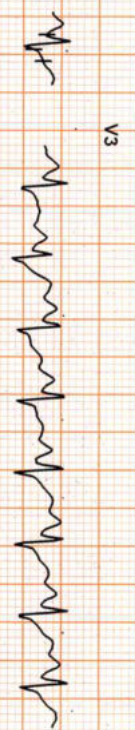
V1  
0.4  
0.6



V2  
0.5  
1.7



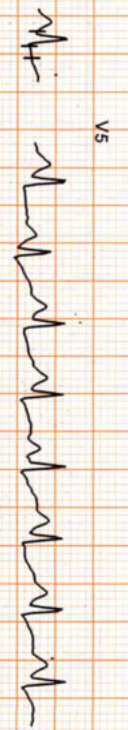
V3  
-0.4  
1.5



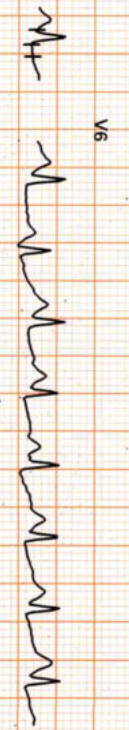
V4  
-0.2  
1.0



V5  
-0.6  
0.5



V6  
-0.5  
0.3



REMARKS:  
I avR avF V2 V4 V6  
II avR avF V2 V4 V6



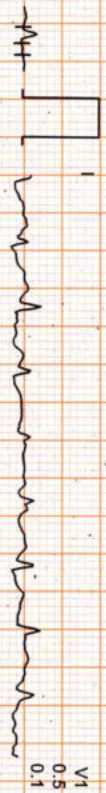


Date: 24-Sep-2022 11:56:37 AM METS: 10.2/181 bpm 98% of THR BP: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 mS Post J

EXTime: 09:00 3.4 mph 14.0%  
25 mm/Sec. 1.0 Cm/mV

I  
STL -0.1  
STS 0.2



V1  
0.5  
0.1



II  
-0.4  
1.4



V2  
1.1  
2.0



avL  
0.2



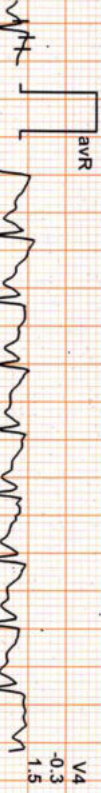
III  
-0.5  
1.1



V3  
0.5  
2.1



avR  
0.2  
-0.9



V4  
-0.3  
1.5



avL  
0.2  
-0.5



V5  
-0.3  
1.0



avF  
-0.4  
1.2



V6  
-0.3  
0.6



II avR avF V2 V4 V6  
I III avL V1 V3 V5

REMARKS:



Date: 24-Sep-2022 11:56:37 AM METS: 10.7/187 bpm 104% of THR BP: 145/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:25 4.2 mph 16.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

I  
STL 0.2  
STS 0.4



V1

II  
-0.6  
1.5

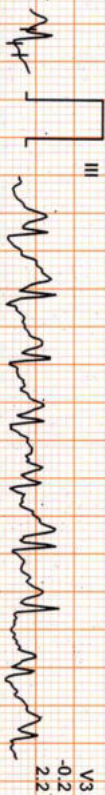


V2

avL  
0.6



III  
-0.9  
1.1



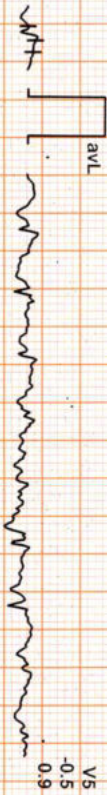
V3

avR  
0.2  
-0.9



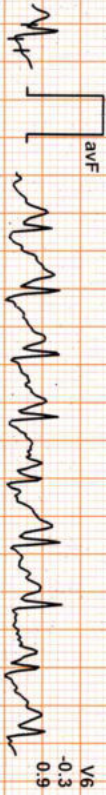
V4

avL  
0.6  
-0.5



V5

avF  
-0.8  
1.3



V6

V6  
-0.3  
0.9



I III avL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:



Date: 24-Sep-2022 11:56:37 AM METS: 4.2/ 136 bpm 73% of THR BP: 148/95 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

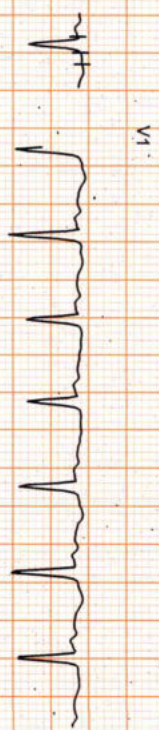
EXTime: 09:26 0.0 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

I  
STL 0.3  
STS 0.6



V1  
0.5  
0.3



II  
1.2  
2.8



V2  
1.9  
3.0



avL  
-0.3



III  
0.9  
2.2



V3  
2.1  
3.7



avR  
-0.7  
-1.7



V4  
1.0  
2.4



avL  
-0.3  
-0.8



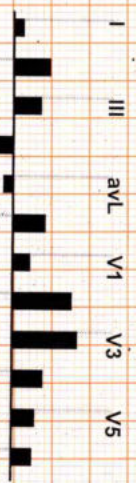
V5  
0.7  
1.9



avF  
1.0  
2.5



V6  
0.6  
1.6



II avR avF V2 V4 V6

REMARKS:



Date: 24-Sep-2022 11:56:37 AM

METS: 1.0/112 bpm 60% of THR BP: 150/90 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 09:26 0.0 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV

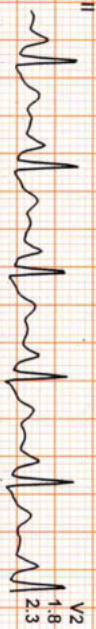
STL 0.3  
STS 0.4



V1 0.7  
0.4



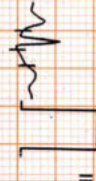
II 1.0  
2.1



V2 1.8  
2.3



III 0.7  
1.6



V3 1.4  
2.3



aVR -0.6  
-1.2



V4 0.8  
1.8



aVL -0.2  
-0.6



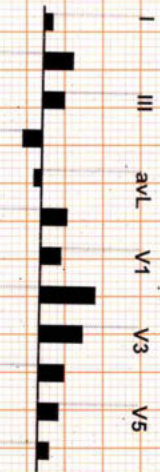
V5 0.7  
1.5



aVF 0.8  
1.8



V6 0.4  
1.0



REMARKS:  
II aVR aVF V2 V4 V6  
I III aVL V1 V3 V5

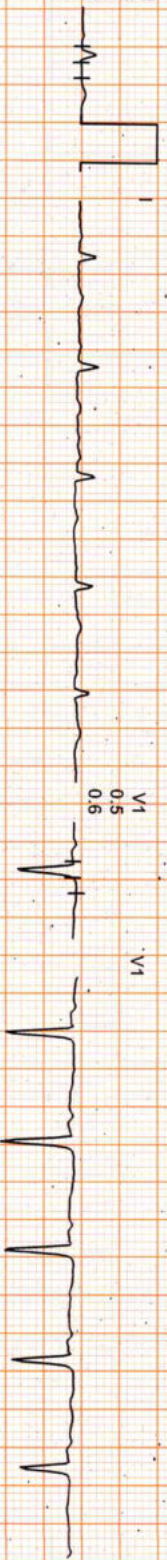


Date: 24-Sep-2022 11:56:37 AM METS: 1.0/ 106 bpm 57% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

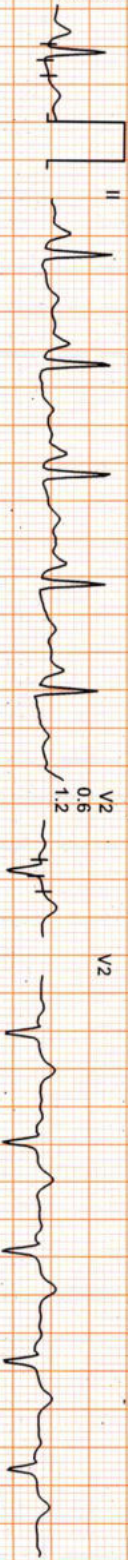
4X 80 mS Post J

ExTime: 09:26 0.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV

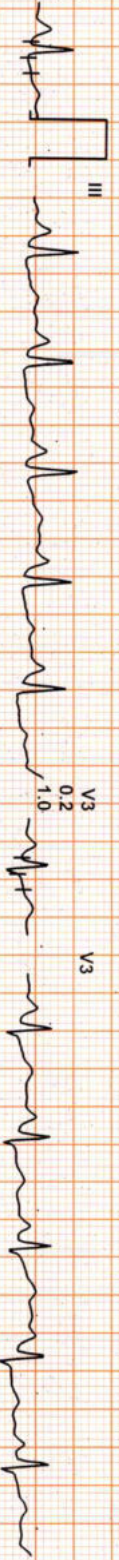
I  
STL 0.0  
STS 0.1



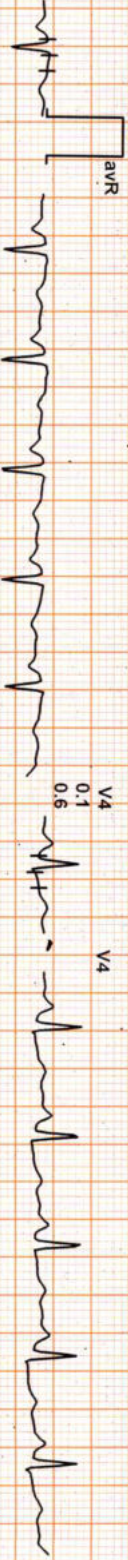
II  
0.1  
0.6



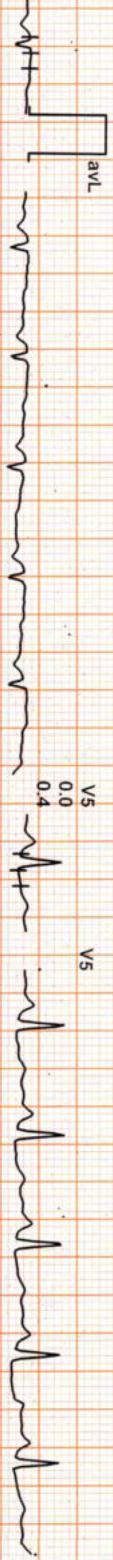
III  
0.0  
0.5



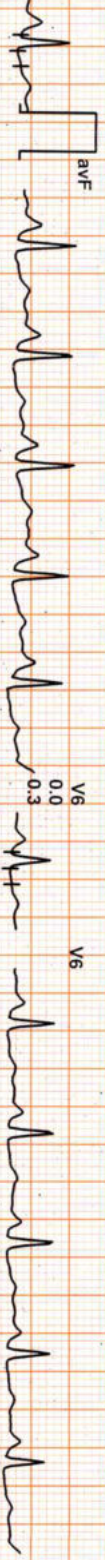
aVR  
0.0  
-0.4



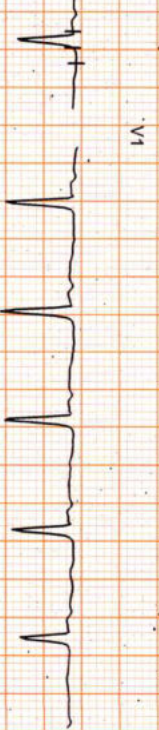
aVL  
0.0  
-0.2



aVF  
0.1  
0.5



V1  
0.5  
0.6



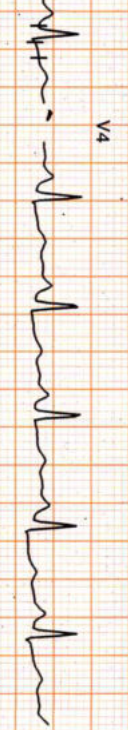
V2  
0.6  
1.2



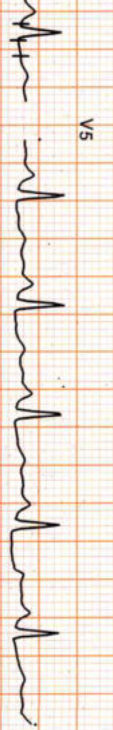
V3  
0.2  
1.0



V4  
0.1  
0.6



V5  
0.0  
0.4



V6  
0.0  
0.3



avL  
0.0



I III avL V1 V3 V5



II avR avF V2 V4 V6



REMARKS:



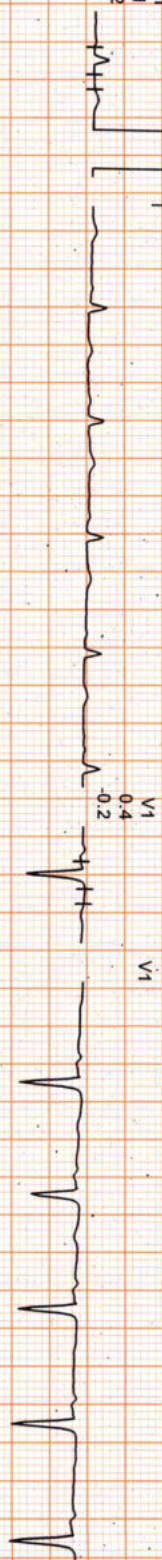
Date: 24-Sep-2022 11:56:37 AM METS: 1.0/101 bpm 54% of THR BP: 130/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:26 0.0 mpp 0.0%  
25 mm/Sec. 1.0 Cm/mV

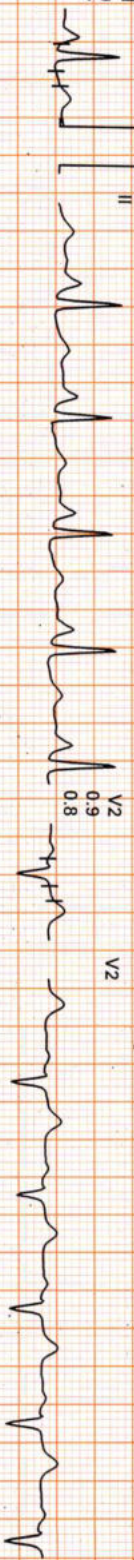
4X 80 mS Post J



STL 0.1  
STS 0.2



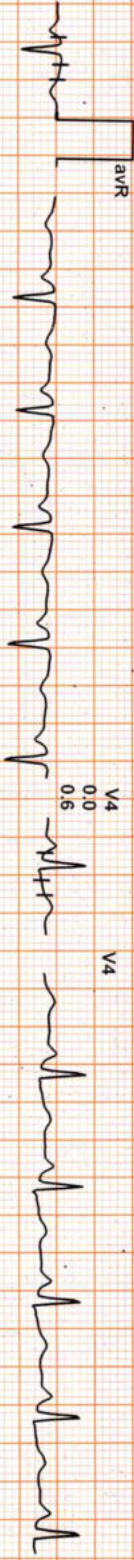
II 0.0  
0.7



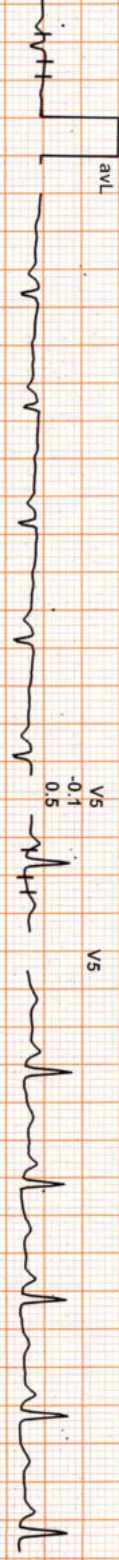
III -0.2  
0.6



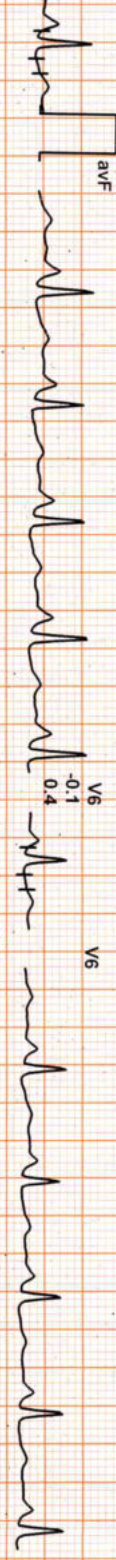
aVR 0.0  
0.0  
-0.5



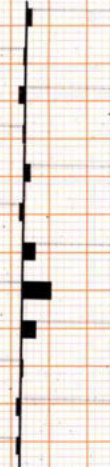
aVL 0.2  
0.2



aVF -0.1  
0.7



I III aVL V1 V3 V5



II aVR aVF V2 V4 V6

REMARKS:

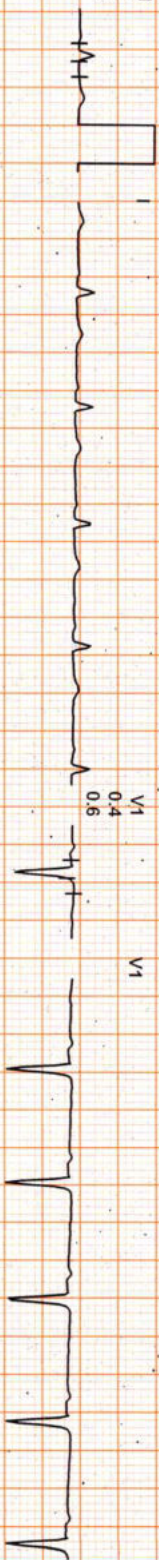


Date: 24-Sep-2022 11:56:37 AM METS: 0.0/ 0 bpm 0% of THR BP: --/-- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

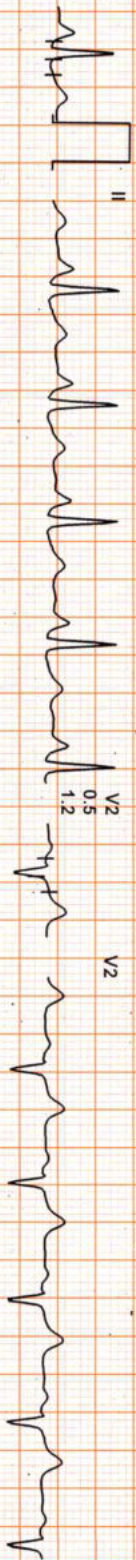
4X 80 MS Post J

EXTime: 00:00 0.0 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV

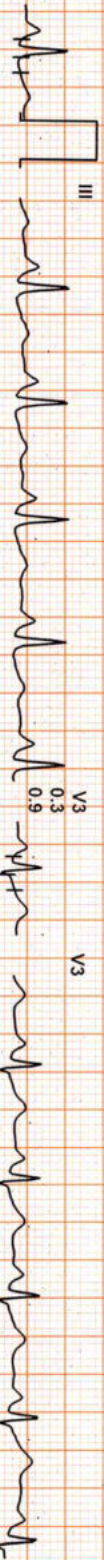
I  
STL 0.1  
STS 0.1



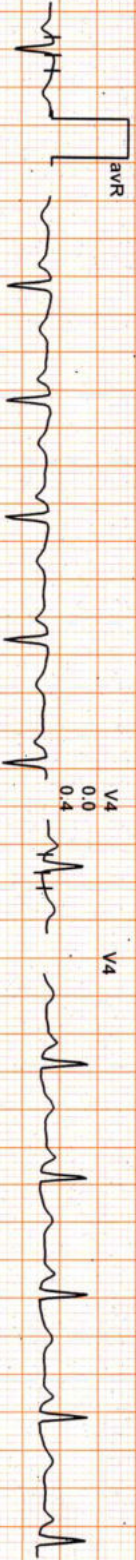
II  
0.1  
0.3



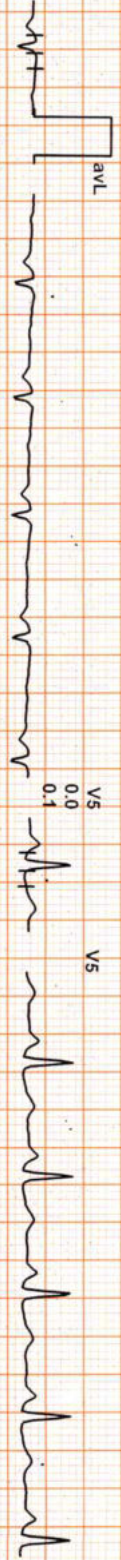
III  
0.0  
0.2



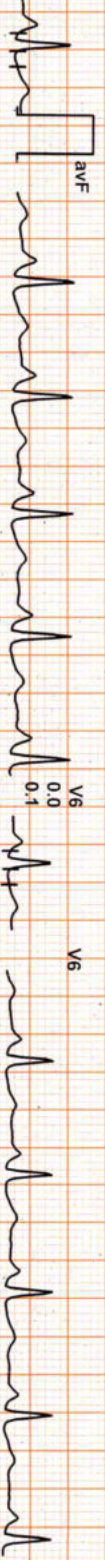
aVR  
-0.1  
-0.2



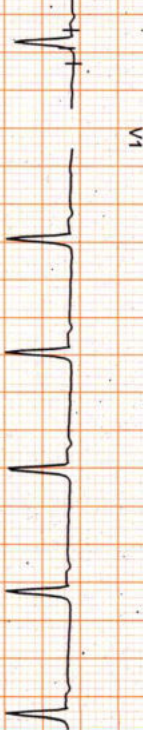
aVL  
-0.1  
0.0



avF  
0.0  
0.3



V1  
0.4  
0.6



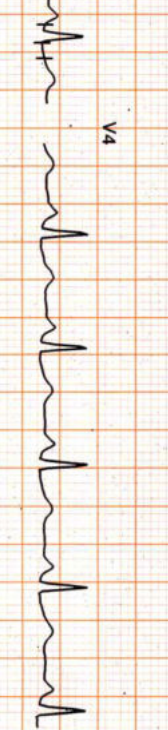
V2  
0.5  
1.2



V3  
0.3  
0.9



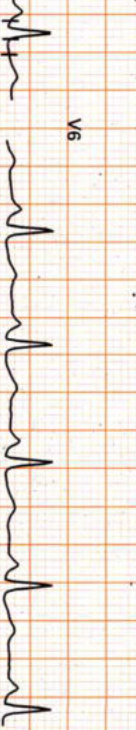
V4  
0.0  
0.4



V5  
0.0  
0.1



V6  
0.0  
0.1



I III aVL aVF V1 V2 V3 V4 V5 V6

II aVR aVF V2 V4 V6

REMARKS:



Date: 24-Sep-2022 11:56:37 AM

