



OPD ASSESSMENT FORM



Name Mrs. Bhuvaneni. B. Gannit Age.Sex 33/F MR.No. 5
 Doctor Dr Aditi Date 08/04/23
 Ht : 158 Wt. : 40.4 Temp : _____ Pulse : 94 BP : 124/80
 SPO2 : 99+ Post of walk SPO2 : _____

Chief Complaints :

Health check-up.

Drug / Food Allergy :

None.

Prior Medication Reviewed : Yes No

None.

On examination :

• RS - BK clear

• CVS - S1/S2+

Past History :

NAD

Provisional Diagnosis :

-

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

① Healthy diet

② Exercise .

Investigation advised :

Follow Up :

Date : 8/4/23.



Signature [Signature]



GYNAECOLOGICAL CONSULTATION

MR. NO.

Name : Mrs. Bhavni Babubhai Gurnit

Date : 8/4/23

Age : 33 Ht. : 158 Wt. : 40.4 B.P. : 124/80

Clinical Evaluation / History / Presenting Complain:

Handwritten notes: Leukorrhoea P.H. 2.4

Gynecological History :

Yes No

- | | | |
|---|--------------------------|-------------------------------------|
| 1. Have you ever noticed any bleeding between menstrual periods ?
માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડીંગ થાય છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are / were your periods Irregular ?
પીરિયડ રેગ્યુલર છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you pregnant now ?
અત્યારે તમે પ્રેગનન્ટ છો ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you had your change of life (Menopause)?
મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are / were you taking birth control pills?
તમે ગર્ભનિરોધક ગોળીલો છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you have a lump in your breast ?
સ્તનમાં દુઃખાવો / સોજો / ગાઠ છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Did anyone in your family suffer from breast cancer ?
કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Did anyone in you family suffer from any other cancer ?
કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Obstetric History :

1. Menstrual History : Menarche at Yrs
Menses: a. Scanty / Average / Excess
b. No of Days: 3-5 / 5-7 / More than 7 days
c. Interval days, Reg / Irregular
d. Pain : Before / During / After / Painless

Last menstrual Period (LMP):

2. Obstetric History :
Gravida Pare Abortion Live
Married life with cohabitation.....
Children M: 140. F: 240. Last Delivery: Yrs back
Any bad Obstetric event / history Yes / No
If yes Describe:

History of Contraception & Family Planning:

Examination

- a. Breast Examination - Right *MM* Left *MM*
- b. Per abdomen examination *See MR*
- c. Local examination Vulva: *MM* Vagina *MS*
- d. Per Speculum Examination *MS* *exc empty of leukorrhea*
- e. Per vaginal examination :
 - Cervi : Uterus : *AV/RV* : Normal / Bulky
 - Adnexa :
 - PAP's Smear Taken Yes / No

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

2 x 15'

Followup Date



DR. BHAVNA DESAI

MD, DGO

REG. NO.-10538

SUNSHINE GLOBAL HOSPITAL
SURAT

Gynaecologist's Signature



OPD ASSESSMENT FORM



Name Mrs Bharna Babubhai Age.Sex 33/F MR.No. _____

Doctor Dr Hardik Shroff Date 08/04/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination : BC - Ant. Seg - NAD

Past History :

N/C 6/6 N/C 6/6

Fundi (Central) BC - NAD

Provisional Diagnosis :

Nil ophthalmic

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

R_x

Investigation advised :

Follow Up : 30c Date : _____

Dr. Hardik Shroff

DCMS, DNB (Ophthalmology)
Regd. Signature

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.



Patient Name

Date

Bed Name

Ref.Doctor

Result Entry Date

:S134932

:Bhavna Babubhai Gamit

:08 Apr 2023

:

:

:08/04/2023

OPD/IPD No

Age

Sex

Company Name

Admitted / Visited Doc Name

OS22847
33 Yrs
Female
sunshine

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:Dr.Hospital Doctor

CYTOPATHOLOGY REPORT

PAP No.197/23

Specimen

Two unstained slide received, for PAP smear evaluation.

Microscopic Description

Smears are adequate for evaluation.

Transformational zone component present.

Smears predominantly show superficial, many intermediate squamous cells.

Polymorphs (++)

IMPRESSION:

No evidence of intraepithelial lesion or malignancy.

Note- The pap test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Population	ACS/ASCCP/ASCPs
Younger than 21 years	No screening
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing ("co-testing") every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines. If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

***** END OF REPORT *****

Dr Shobha R
Choksi

Printed Date:- 10/04/2023

Printed By:-

[PrintedBy]

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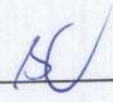
MR No. : S134932 Collection Date : 08/04/2023 12:01PM
Patient Name : Mrs. Bhavna Babubhai Gamit Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor Report Date : 08/04/2023 1:13 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	11.3	gm/dl	12.0 - 15.0
PCV	37.7	%	36 - 46
RBC COUNT	5.30	mill/cmm	4.0 - 5.0
MCV	71.1	fl	76 - 96
MCH	21.3	pg	26 - 32
MCHC	30.0	%	32 - 36
RDW	16.5	%	11 - 15
PLATELET COUNT	2.49	lacs/cmm	1.5 - 4.5
WBC COUNT	5880	/cmm	4000 - 11000
ESR	02	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	39	%	40 - 70
LYMPHOCYTES	55	%	20 - 40
EOSINOPHILS	00	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSTEMX XN-550

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


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MR No.	: S134932	Collection Date	: 08/04/2023 12:01PM
Patient Name	: Mrs. Bhavna Babubhai Gamit	Age	: 33 Y Sex : Female
Ref By	: Dr. Hospital A Doctor	Report Date	: 08/04/2023 1:14 PM

HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

BUN [BLOOD UREA NITROGEN]			
BUN	10.6	mg/dl	8 - 23
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	90	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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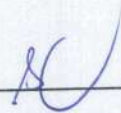
BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.6	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	114.02	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay
Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

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

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


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BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	115	mg/dl	50 - 200
HDL CHOLESTEROL Direct	44	mg/dl	40 - 60
LDL CHOLESTEROL Direct	63.0	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	41	mg/dl	50 - 150
VLDL Calc	8.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	2.61		0 - 5
LDL / HDL RATIO	1.43		0 - 3

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

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

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

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Patient Name : Mrs. Bhavna Babubhai Gamit	Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 08/04/2023 1:16 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	79	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.2	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.1	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	10	U/L	5 - 41
SGOT (IFCC)	17	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.7	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.2	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.05	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFEE)	0.6	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.4	mg/dl	2.4 - 5.7

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

Dr. Shobha Choksi
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B

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MR No.	: S134932	Collection Date	: 08/04/2023 12:01PM
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Ref By	: Dr. Hospital A Doctor	Report Date	: 08/04/2023 1:15 PM

CLINICAL CHEMISTRY


<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.16	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.67	ug/dl	5.1 - 14.0
TSH (CLIA)	1.52	uIU/ml	0.2 - 4.5

Note:-

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

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

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


Dr. Shobha Choksi
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Ref By	: Dr. Hospital A Doctor	Report Date	: 08/04/2023 1:17 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.3	mg/L	
URINE CREATININE (JAFJE)	29.7	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	14.4	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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


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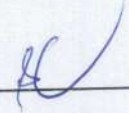


MR No. : S134932	Collection Date : 08/04/2023 12:01PM
Patient Name : Mrs. Bhavna Babubhai Gamit	Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 08/04/2023 1:18 PM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Present(Trace)	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	3-4	/hpf
RBC	1-2	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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


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Page 1 of 1




PAT. NAME: Bhavna Gamit	Date : 08/04/2023
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S134931

Clinical Details: HC.

Observation:

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


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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 08/04/2023 – 01:25 PM

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PAT. NAME: Bhavna Gamit	Date : 08/04/2023
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S134931

Findings:

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

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

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

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

Left kidney: A non obstructing calculus measuring 4.4 mm noted in lower pole calyx.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.

Urinary bladder appears well distended and normal.

Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted.

Endometrial thickness is normal.


Right ovary appear normal in size, shape and echopattern.

Left ovary shows a cyst measuring 3.2 x 2.1 cm with internal echoes and septations.

No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- A non obstructing left renal calculus.
- A left ovarian complex cyst. *Suggest clinical correlation and follow up.*


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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 08/04/2023 – 01:00 PM

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TABULAR SUMMARY REPORT

BRUCE
 Max HR: 182bpm 97% of max predicted 187bpm
 Max BP: 140/80
 Reason for Termination: 10.4METS
 Comments:

33years
 Female
 Total Exercise time: 9:13
 25.0 mm/s
 10.0 mm/mV
 100hz

Referred by:
 Test ind:

Stage Name	Time in Stage	Speed (mph)	Incline (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
SUPINE	7:42	***	0.0	1.0	92	120/80	110
STANDING	1:51	0.0	0.0	1.0	89	120/80	107
STAGE 1	3:00	1.7	0.0	4.6	120		
STAGE 2	3:00	2.5	0.0	7.0	126	130/80	190
STAGE 3	3:00	3.4	0.0	10.3	138	140/80	249
STAGE 4	0:13	4.2	0.0	10.4	152	140/80	275
RECOVERY	4:06	***	0.0	1.0	114	130/90	125

test is negative for inducible ischemia

f

gamit, bhavna

ID: s134931

Visit:

8-Apr-2023

13:36:29

12 LEAD REPORT

PRETEST
STANDING

7:54

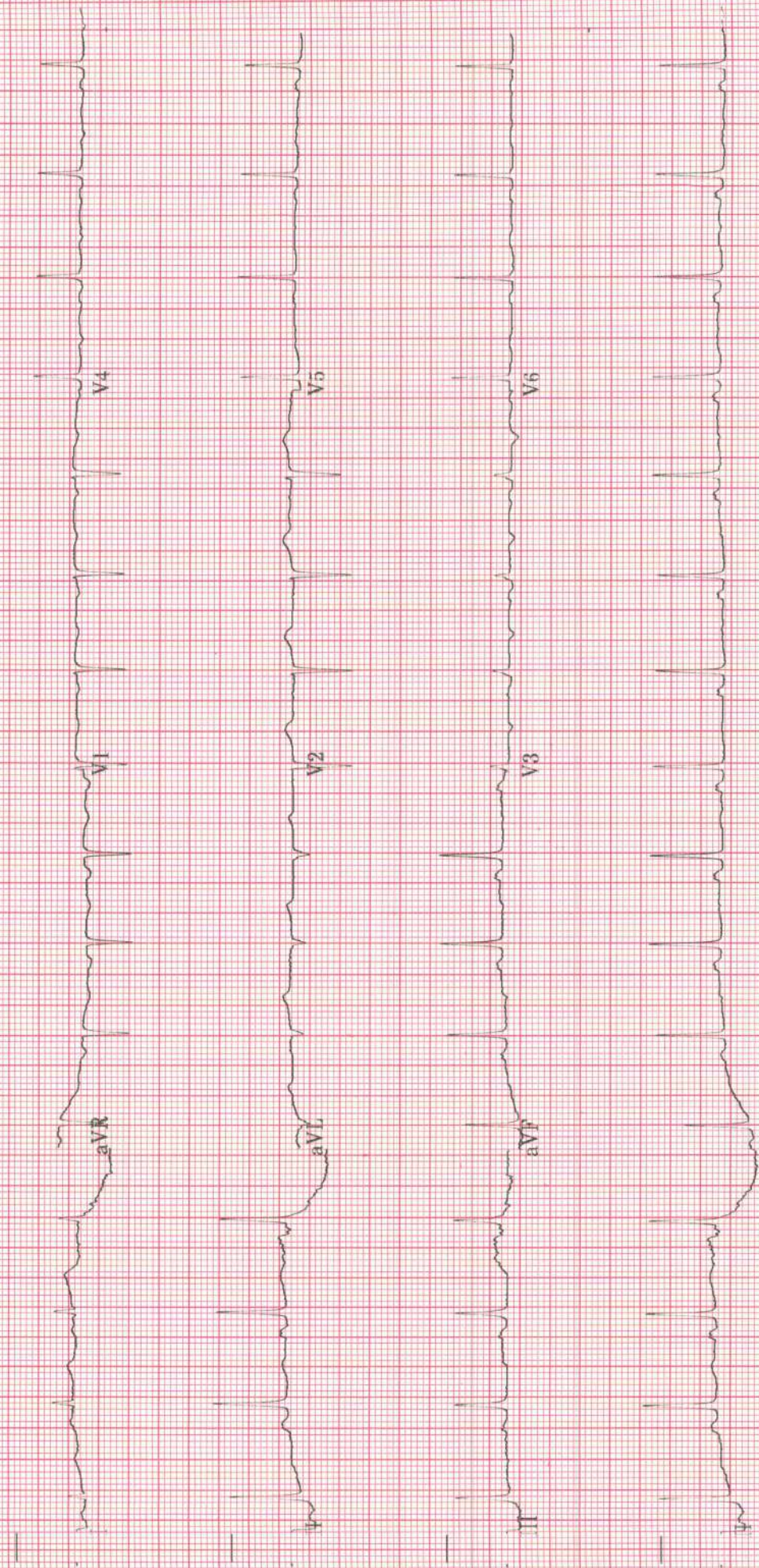
94bpm

BP: 120/80

BRUCE

** *mph

** %



ID: s134931
Visit:
8-Apr-2023
13:41:08

EXERCISE
STAGE 1
3:00
BRUCE
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)

120bpm
ST @ 10mm/mV
80ms postJ

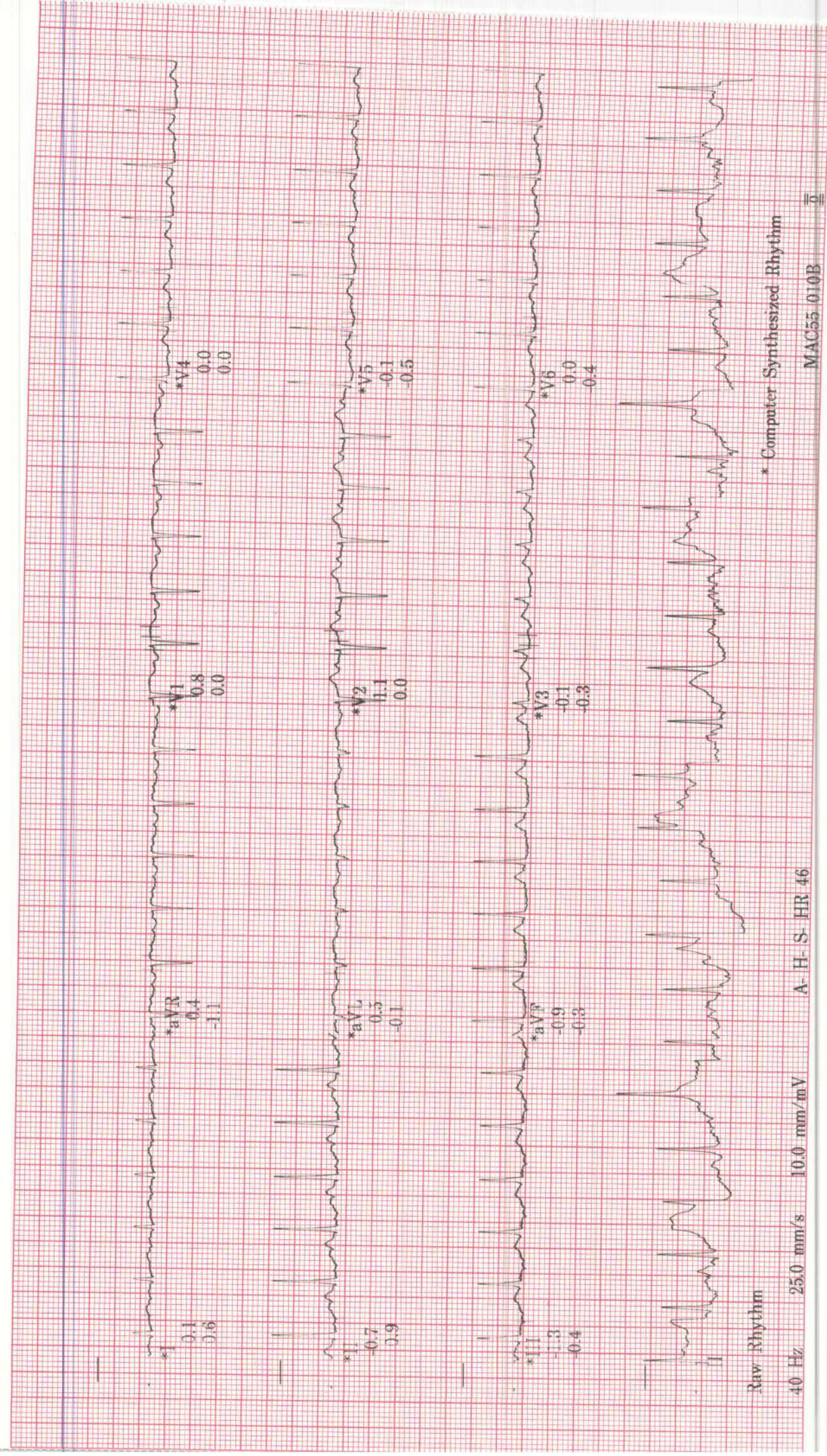


ID: s134981
Visit:
8-Apr-2023
13:44:08

EXERCISE
STAGE 2
6:00
BRUCE
2.5mph
12.0%

Lead
ST'(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



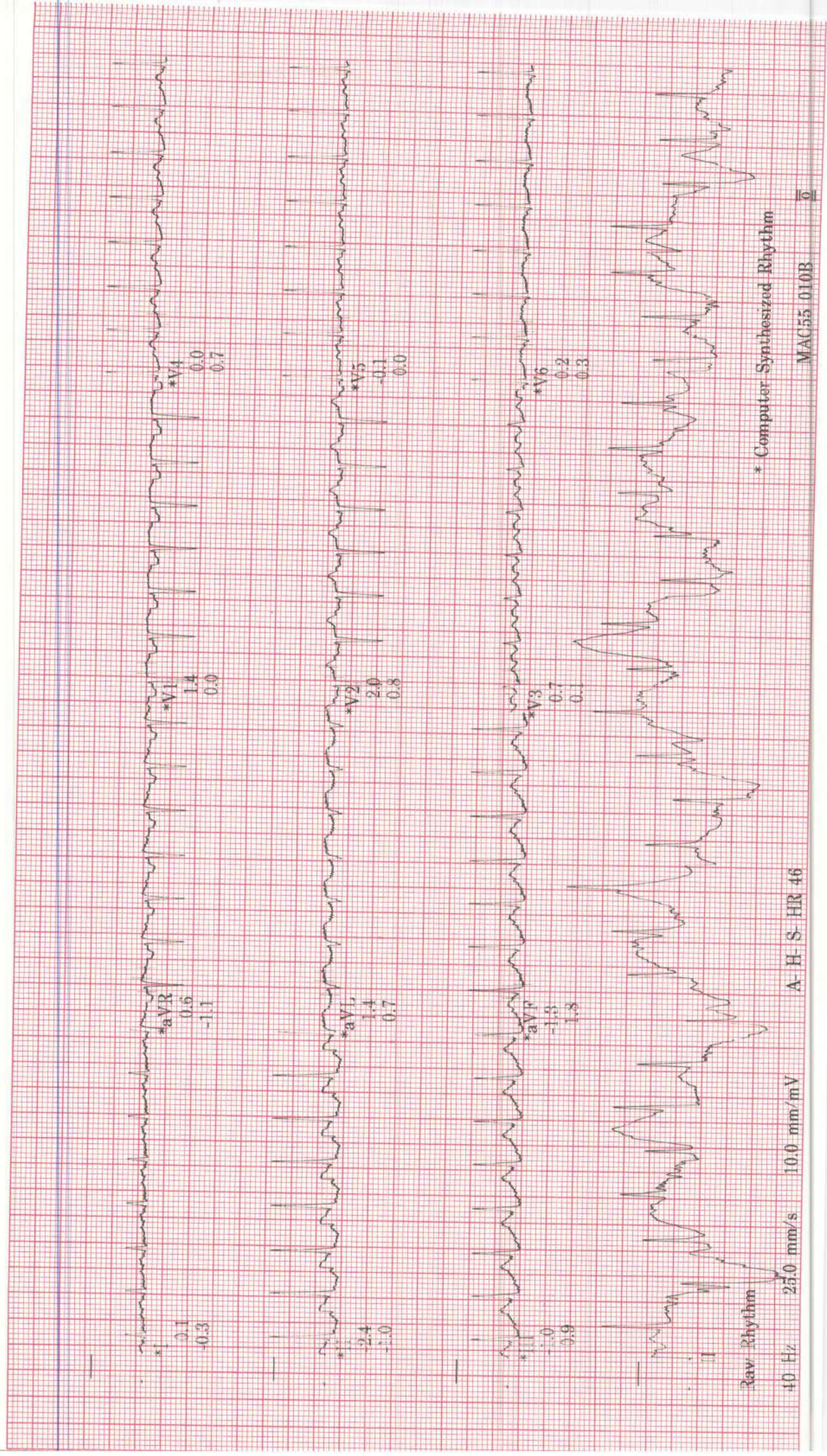
Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46
* Computer Synthesized Rhythm
MAC55 010B

ID: s134931
Visit:
8-Apr-2023
13:47:08

EXERCISE
STAGE 3
9:00
BRUCE
3.4mph
14.0%

Lead
ST_T(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



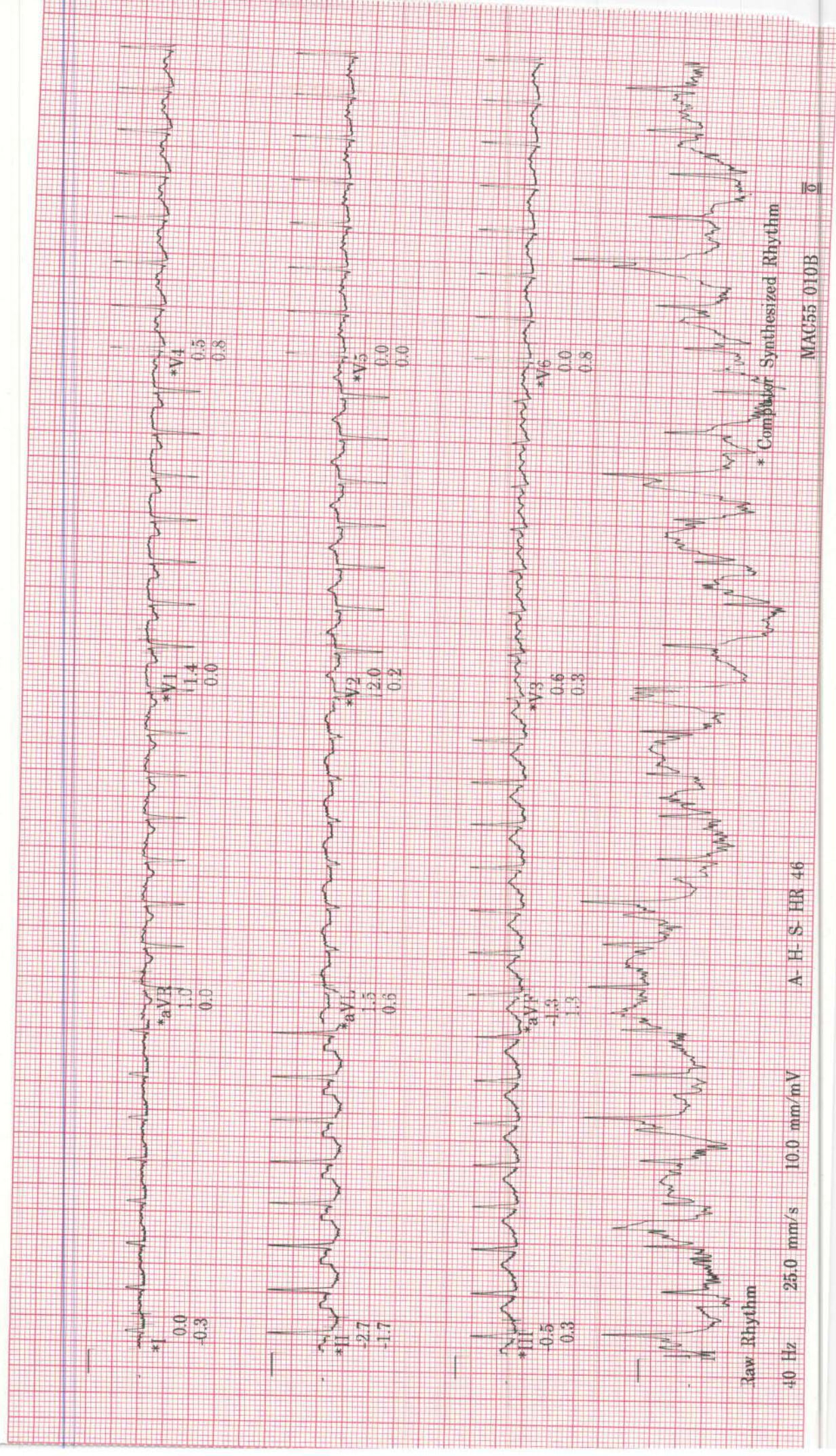
* Computer Synthesized Rhythm
MAC55 010B

ID: sl34931
Visit:
8-Apr-2023
13:47:22

EXERCISE
STAGE 4
9:13
BRUCE
4.2mph
16.0%

182bpm
BP: 140/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



ID: s134931

Visit:

8-Apr-2023

13:49:21

117bpm

BP: 140/80

ST @ 10mm/mV

80ms postJ

RECOVERY
RECOVERY

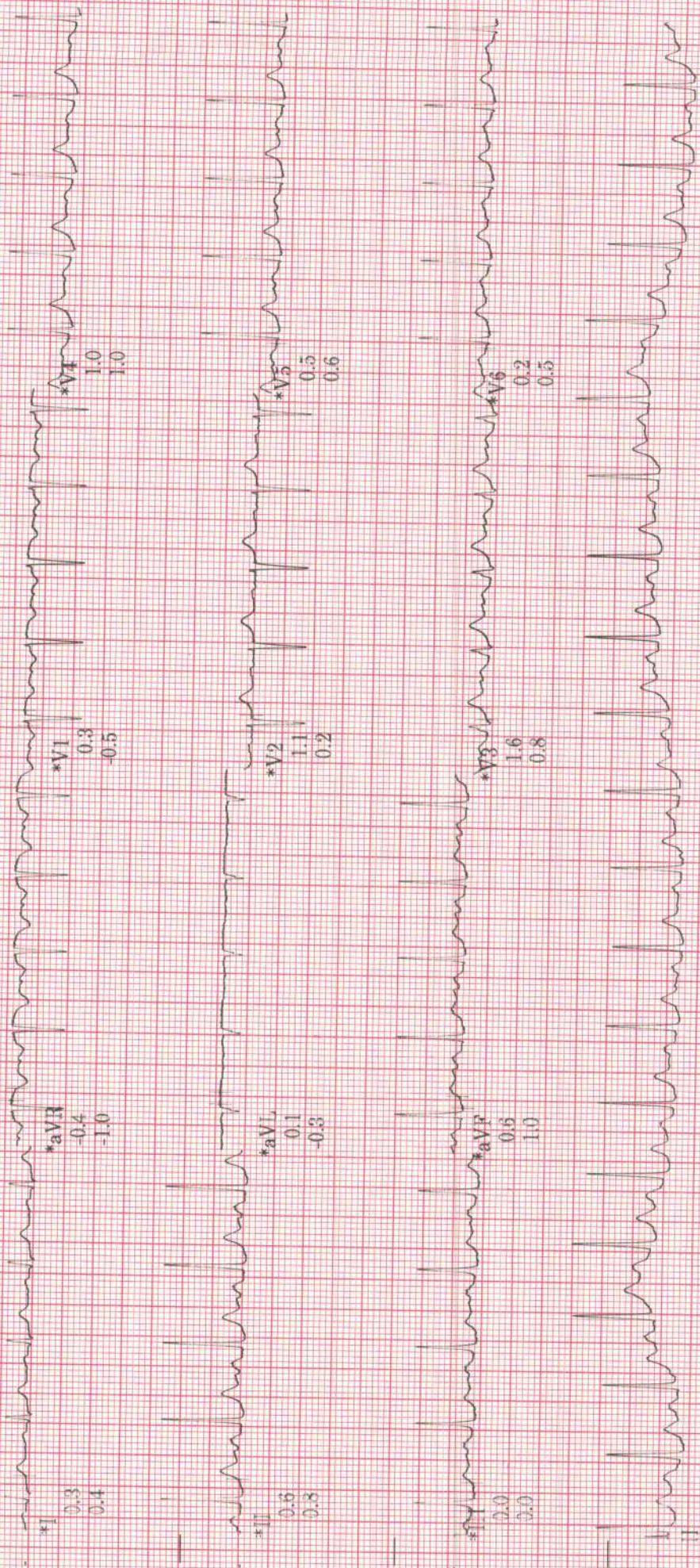
2:00

BRUCE

**mph

**%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 010B

0

ID: s134931

Visit:

8-Apr-2023

13:51:21

RECOVERY
RECOVERY

108bpm

BP: 130/90

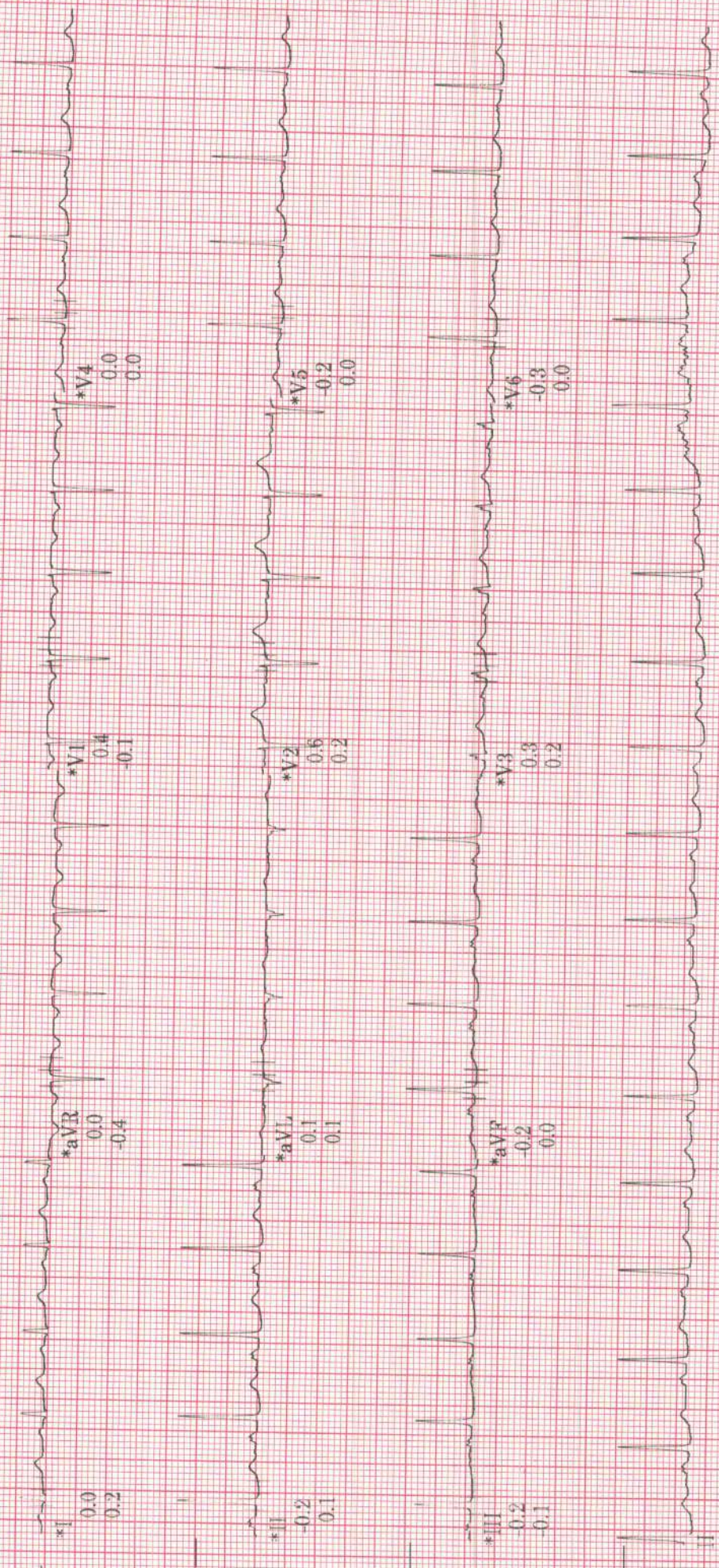
ST @ 10mm/mV
80ms postJ

BRUCE

***mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 010B

II

ID: s134931
 Visit:
 8-Apr-2023
 13:28:35

33 years

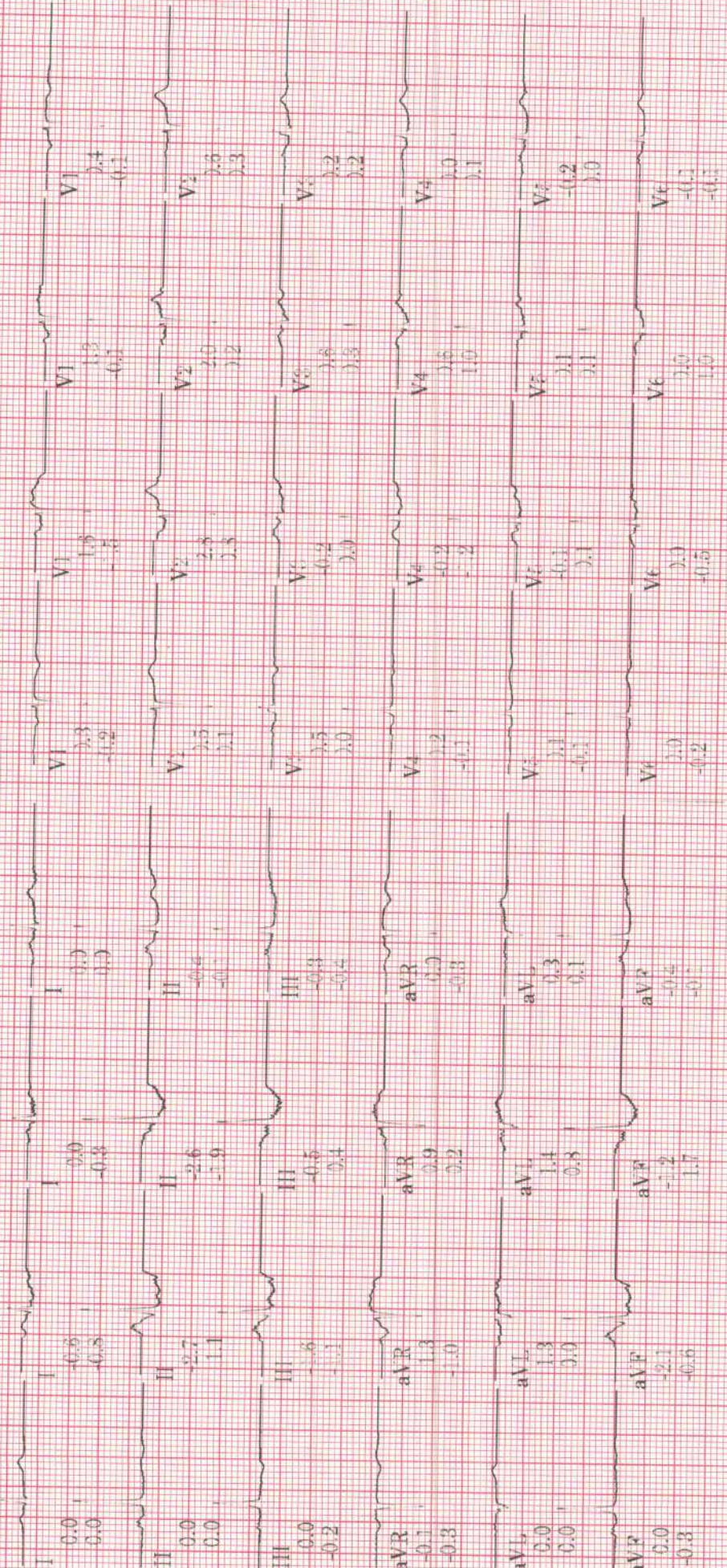
Female

Referred by:
 Test ind:

BRUCE
 Max HR: 182bpm 97% of max predicted 187bpm
 Max EP: 140/80
 Reason for Termination:
 Comments:

25.0 mm/s
 10.0 mm/mV
 100hz

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 89bpm BP: 120/80	7:46 168bpm	9:13 182bpm BP: 140/80	4:06 114bpm BP: 130/90	0:00 89bpm BP: 120/80	7:46 168bpm	9:13 182bpm BP: 140/80	4:06 114bpm BP: 130/90



Technician:

Unconfirmed

MAC55 010B

Lead
 ST(mm)
 Slope(mV/s)

ID: s134931

Visit:

8-Apr-2023

13:28:35

33years

Female

Referred by:
Test ind:

BRUCE

Max HR: 182bpm 97% of max predicted 187bpm

Max BP: 140/80

Reason for Termination:

Comments:

25.0 mm/s
10.0 mm/mV
100hz

Total Exercise time: 9:13
Maximum workload: 10.4METS

BASELINE

EXERCISE STAGE 1
0:00 1.0METS

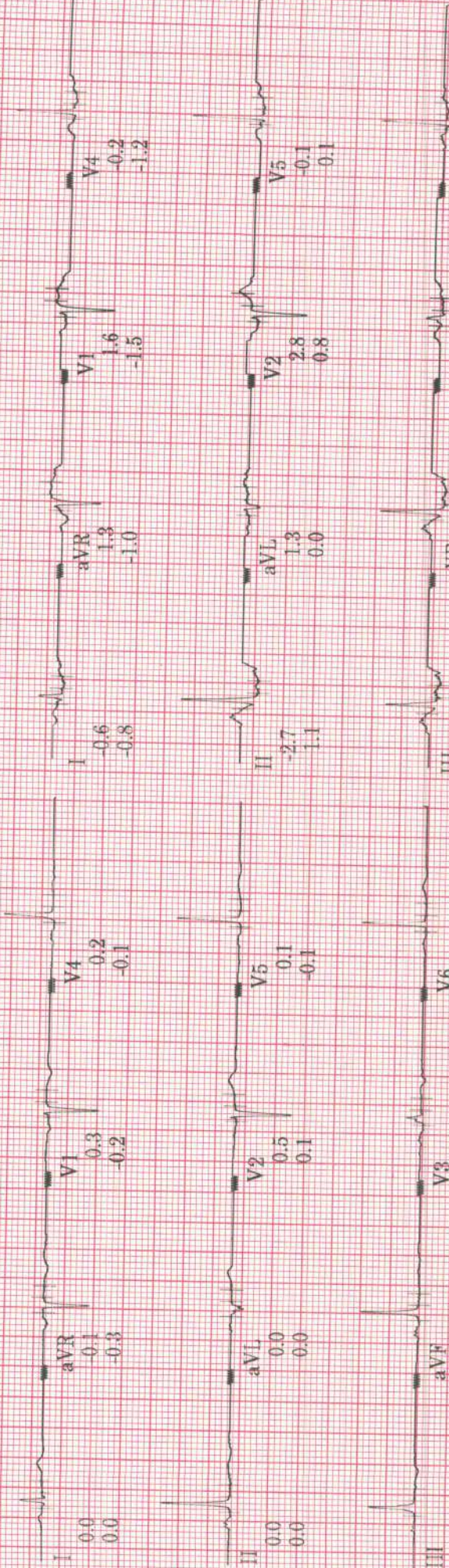
89bpm
BP: 120/80
ST @ 10mm/mV
80ms postJ

EXERCISE STAGE 3
7:46 9.7METS

168bpm
ST @ 10mm/mV
80ms postJ

MAX ST

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

MAC55 010B

12: 3107501

8-Apr-2023
13:28:35

PRETEST SUPINE
6:00
95bpm
BP: 120/80
1.0METS

PRETEST STANDING
0:12
94bpm
BP: 120/80
1.0METS

EXERCISE STAGE I
0:00
89bpm
BP: 120/80
1.0METS
BASELINE

EXERCISE STAGE I
1:00
116bpm
BP: 120/80
2.8METS

EXERCISE STAGE I
2:00
118bpm
BP: 120/80
4.6METS

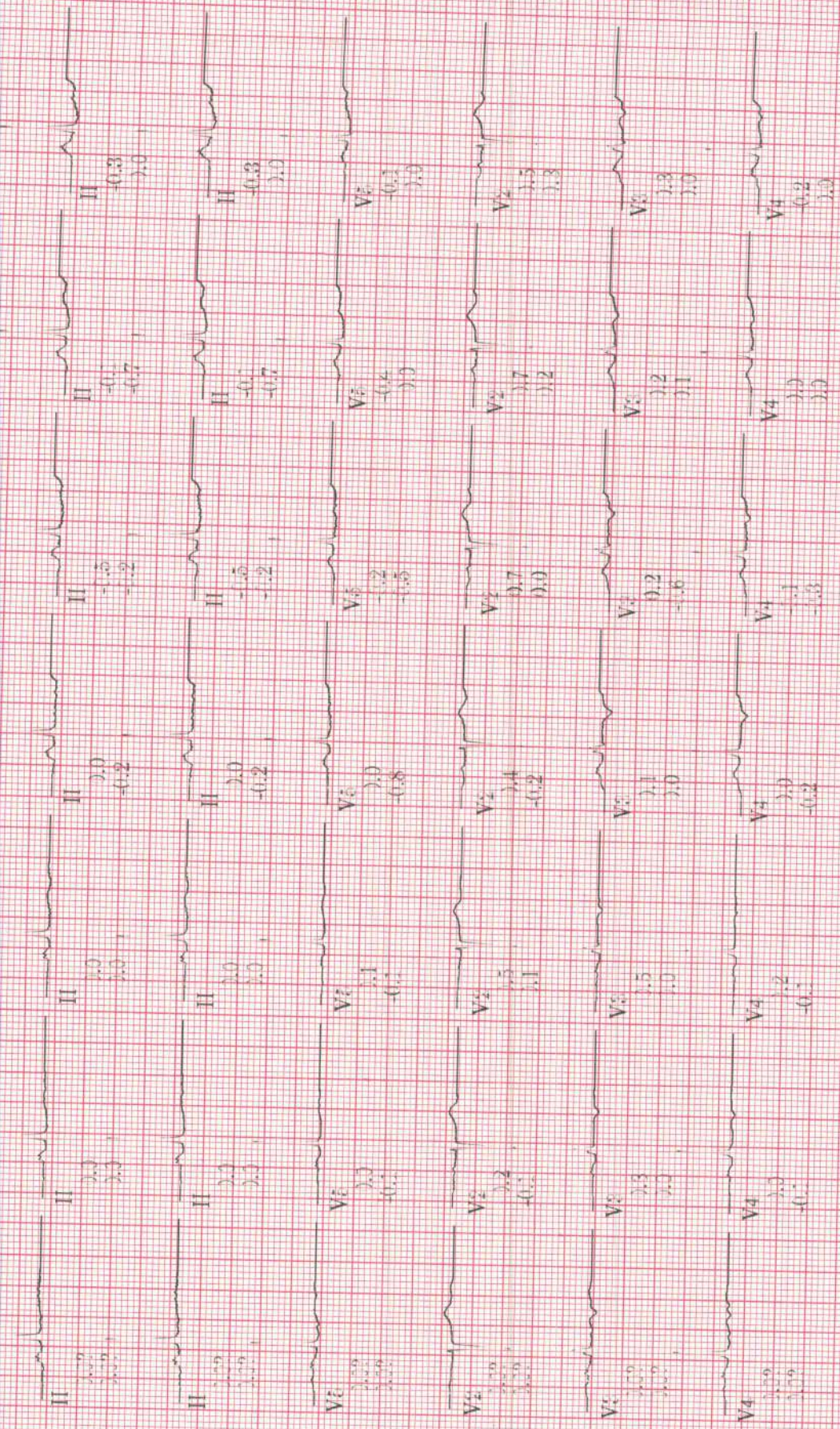
EXERCISE STAGE I
3:00
120bpm
4.6METS

EXERCISE STAGE 2
4:00
134bpm
BP: 120/80
5.8METS

BRUCE

ST @ 10mm/mV
80ms postJ

25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

8-Apr-2023
13:28:35

EXERCISE STAGE 2
5:00
140bpm
7.0METS

EXERCISE STAGE 2
6:00
146bpm
BP: 130/80
7.0METS

EXERCISE STAGE 3
7:00
160bpm
BP: 130/80
8.5METS

EXERCISE STAGE 3
7:46
168bpm
9.7METS

EXERCISE STAGE 3
8:00
170bpm
BP: 140/80
10.1METS

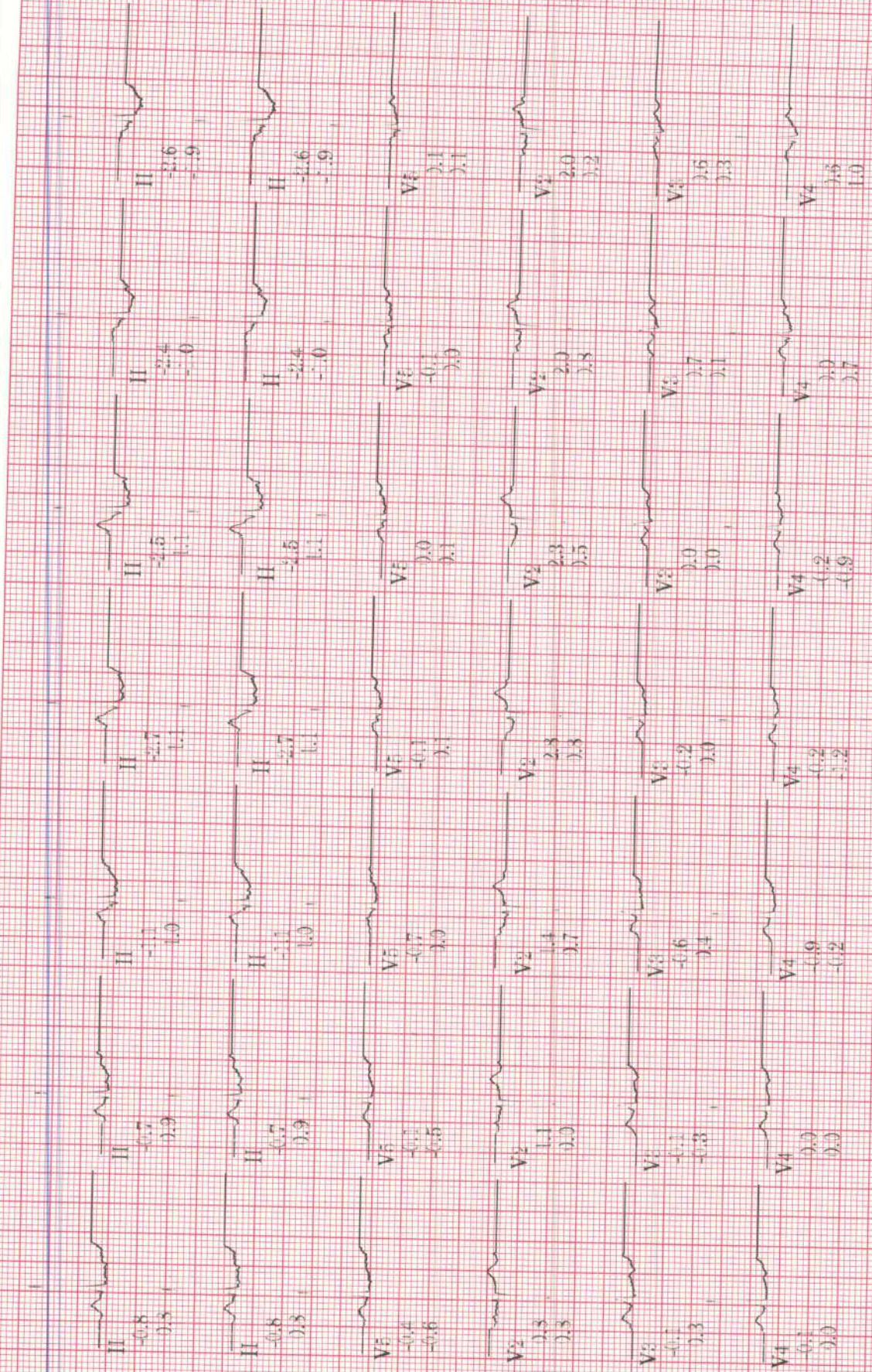
EXERCISE STAGE 3
9:00
178bpm
BP: 140/80
10.1METS

EXERCISE STAGE 4
9:13
182bpm
BP: 140/80
10.4METS

PEAK

BRUCE

ST @ 10mm/mV
80ms postJ
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

ID: S194931

RECOVERY
RECOVERY
1:00
152bpm
5.7METS

RECOVERY
RECOVERY
2:00
117bpm
BP: 140/80
1.0METS

RECOVERY
RECOVERY
3:00
115bpm
1.0METS

RECOVERY
RECOVERY
4:00
109bpm
BP: 130/90
1.0METS

RECOVERY
RECOVERY
4:06
114bpm
BP: 130/90
1.0METS

BRUCE

ST @ 10mm/mV

80ms postJ

25.0 mm/s

10.0 mm/mV

100hz



Lead
ST(mm)
Slope(mV/s)

ID: s134931
Visit:

8-Apr-2023
13:28:35

BRUCE

Heart Rate (bpm) 250 ---
BP (mm Hg) 200 ---

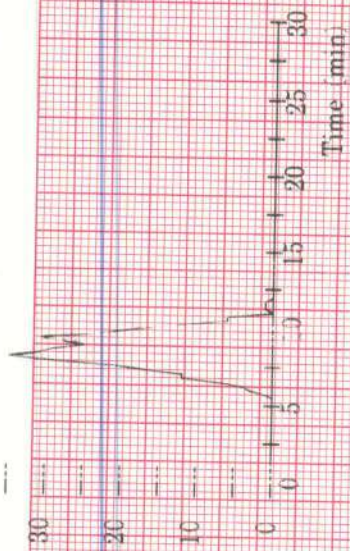
250 ---
200 ---

PVC's/m

ST @ 10mm/mV 40 ---

80ms postJ
EXERCISE

0:00



ST Level II (mm)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---

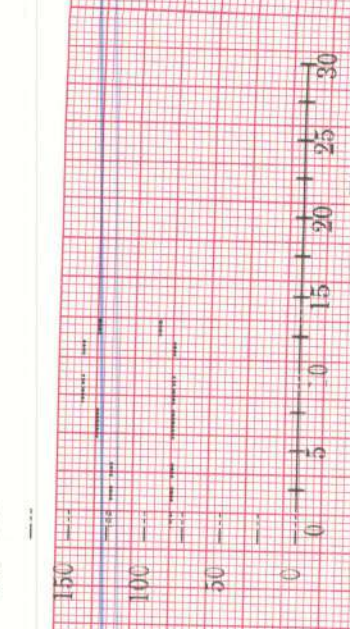


ST Level II (mm)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---



ST Level V5 (mm)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---

ST Slope II (mV/s)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---

ST Slope II (mV/s)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---

ST Slope V5 (mV/s)

4 ---
2 ---
0 ---
-2 ---
-4 ---

Time (min)

4 ---
2 ---
0 ---
-2 ---
-4 ---

DOB: _____
yr, FEMALE

Bhumabher

vent rate: 71 BPM
PR int: 158 ms
QRS dur: 73 ms
QT/QTc: 376/399 ms
P-R-T axes: 58 60 0

SINUS RHYTHM WITH SINUS ARRHYTHMIA
NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Reviewed by _____

