

WT - 60 kg
H - 152 cm
BP - 150/90
P - 100 ml

Mrs. Basudha Bose
Age - 45 y 16

EBC - 12.8 / 454 / 7.19 / 139 / 10

RBS - 182.0 ; F - 157.0

Creatinine - 0.88

U. Acid - 0.2

Lipid - 135.0 / 135.0 / 41.0 / 127

LFT - 19 / 24 / 78

TSH - 3.930

HbA1c - 6.6

Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

• Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
• Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Raadhika Bose
49/44 F

14/10/23

Pt has come for routine dental checkup.

O/E → Calculus + Stains +
Missing = $\frac{7}{7/7}$

Adv → Bridge = $\frac{1}{7}$
Complete Oral Prophylaxis

Yaha



Apollo Clinic

LICENSEE - SAMRIDHI WHOIYAM PVT. LTD

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email - raipur1@apolloclinic.com

Online appointments: www.apollo.com | Online reports: <https://qr.apolloclinic.com>



0771 4033341/42

www.apolloclinic.com

PATIENT NAME: MRS. BASUDHA BOSE
REF BY: BOB

AGE / SEX: 48Y/F
DATE: 14/10/2023

SONOGRAPHY BILATERAL BREASTS

FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**
Advised clinical correlation and further evaluation.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-2874/1006
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIS

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Subject to further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

Apollo Clinic Licensee: **Further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.**
Apollo Clinic @ Tara Complex A.T. Class: Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
Email: raipur1@apolloclinic.com | Website: www.apolloclinic.com

Online appointments: www.ashapolo.com | Online reports: https://phr.apolloclinic.com



91 96918 26363
0771 4033341/42

PATIENT NAME: MRS. BASUDHA BOSE
REF BY: BOB

AGE / SEX: 49YRS/F
DATE: 14/10/2023

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.11X4.01cm	9.26X4.17cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is bulky in size (9.75 X 6.09 X 4.65 cm, Vol. 144.568 -cc) and echotexture. **CU-T IN SITU.**

Both ovary the normal.

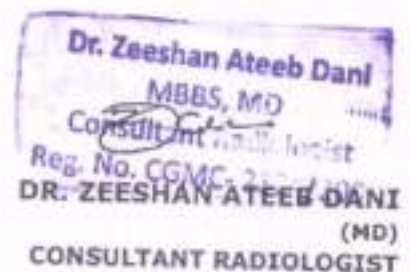
Bilateral Adnexa Are Normal.

No evidence of free fluid in abdomen or pelvis.

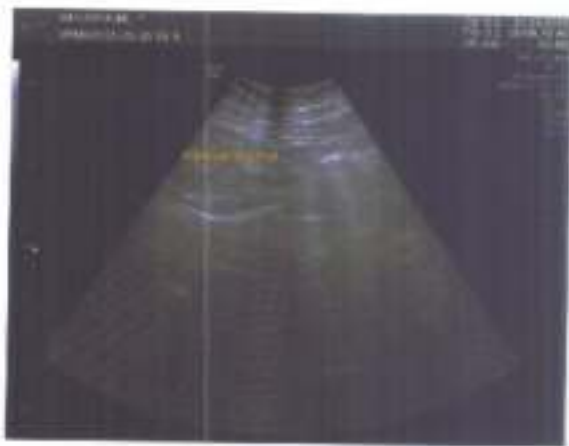
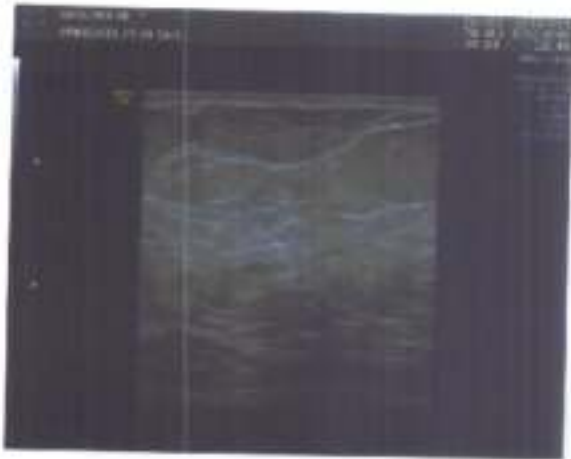
IMPRESSION:

- GRADE - II FATTY LIVER
- BULKY UTERUS

Advised clinical correlation/further evaluation if clinically indicated.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.



NAME OF PATIENT: MRS. BASHUDHA BOSE

AGE 49YRS / FEMALE

REFERRED BY: BOB

DATE: 14/10/2023.

CHEST X - RAY PA VIEW

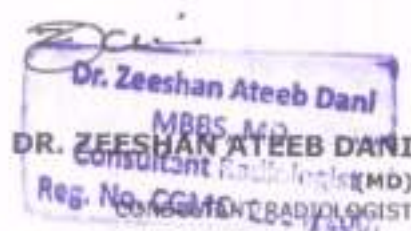
FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Basudha Bose

Date 14/10/23

Sex/Age f. / 49 y

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		wnc		
(LE):-		wnc		
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):-		6/6		
(LE):-		6/6		
NEAR VISION:(RE):-		N18 E 4 M6		
(LE):-		N18 E 4 M6		
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT				+1.75
LEFT				+1.75
REMARKS :-				



Dr. Vikas Mishra
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 621/2006



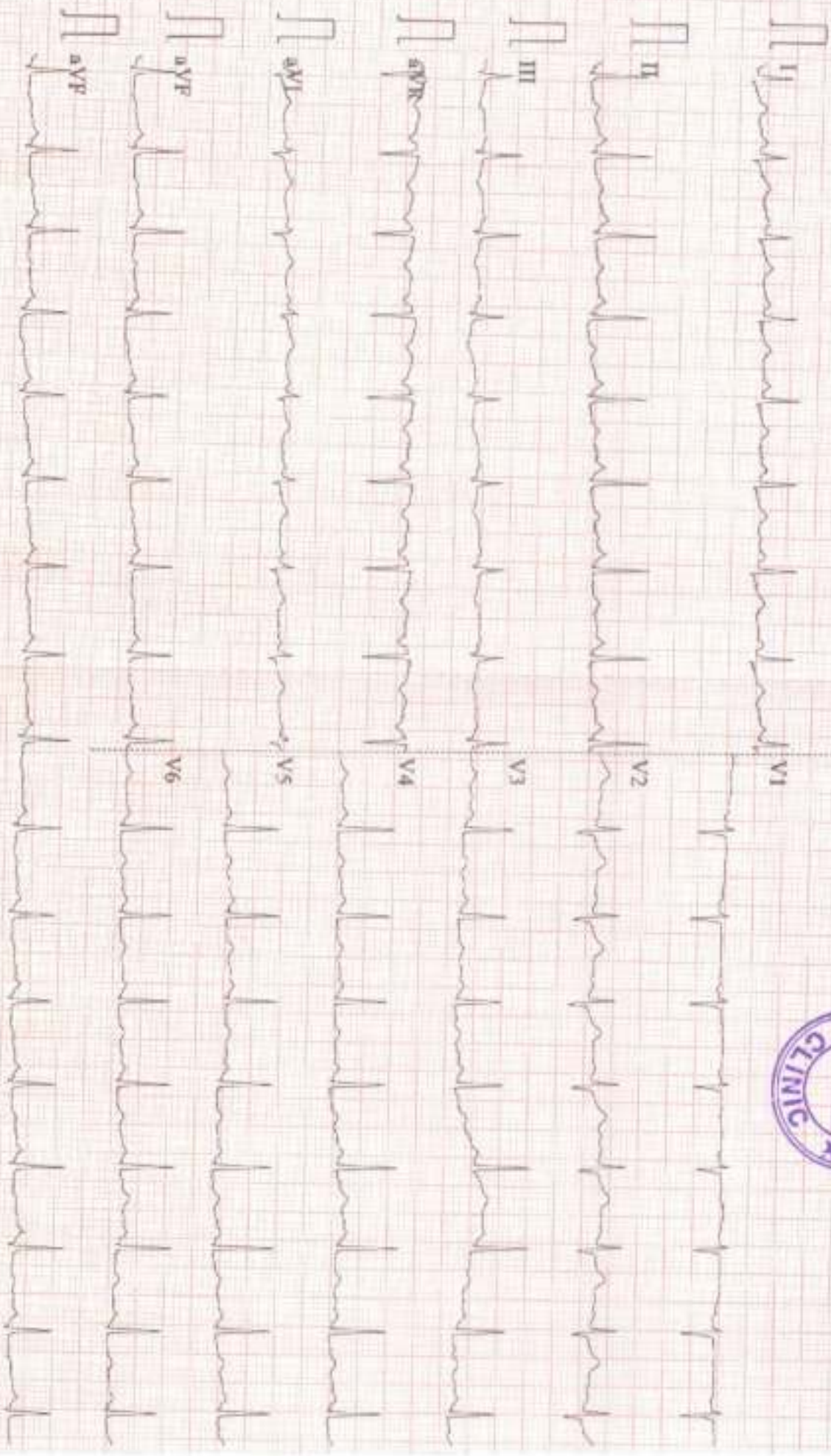
ID: 881
MRS BASUDHA
Female - 49Y ears

14-10-2023 10:07:31 AM

HR : 99 bpm
P : 102 ms
PR : 126 ms
QRS : 70 ms
QT/QTc : 328/421 ms
P/ORS/T : 48/59/-7
RV5/SV1 : 0.922/0.471 n V

Diagnosis Information:
Sinus rhythm
Widespread ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by:



Patient Name : MRS BASUDHA BOSE
 UHID/ MR No : 7204
 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 12:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 49 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/10/2023 02:45PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(Hb) Method: CELL COUNTER	12.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.54	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	38.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	84.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.2	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.5	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.19	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	67	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	03	%	1-5%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 5 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS BASUDHA BOSE
UHID/ MR No : 7204
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:45PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	139	lacs/cu.mm	150-400
Method: CELL COUNTER			

1. As per the recommendation of international council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : MRS BASUDHA BOSE
UHID/ MR No : 7204
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 14/10/2023 02:45PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : MRS BASUDHA BOSE
UHID/ MR No : 7204
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 14/10/2023 02:45PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	182.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	157.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.88	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.1	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 1 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS BASUDHA BOSE
 UHID/ MR No : 7204
 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 12:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 49 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/10/2023 02:45PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	195.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: ≥ 240
Triglycerides level	135.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : ≥ 500
Method: Spectrophotometric HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease : ≥ 60
Method: Spectrophotometric LDL Cholesterol	127	mg/dl	Optimal < 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very HiOptimal < 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very High : ≥ 1
Method: Spectrophotometric VLDL Cholesterol	27	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.76		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 2 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS BASUDHA BOSE
UHID/ MR No : 7204
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:45PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	19	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.83	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



+91 96918 26363



0771 4033341/42

Patient Name : MRS BASUDHA BOSE
UHID/ MR No : 7204
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:45PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

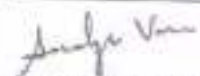
Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mrs.BASUDHA BOSE	Collected : 14/Oct/2023 02:15PM
Age/Gender : 49 Y O M O D /F	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005229	Reported : 14/Oct/2023 04:16PM
Visit ID : DSUSOPV6032	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist


DR.MANAL KUIUR
M.B.B.S.M.D(Pathology)
Consultant Pathologist



Patient Name : Mrs.BASUDHA BOSE	Collected : 14/Oct/2023 02:15PM
Age/Gender : 49 Y 0 M 0 D /F	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005229	Reported : 14/Oct/2023 04:16PM
Visit ID : DSUSOPV6032	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	14.00	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.930	µIU/mL	0.35-5.5	CLIA

Result is rechecked. Kindly correlate clinically

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T₃ (Triiodothyronine) and its prohormone T₄ (Thyroxine). Increased blood level of T₃ and T₄ inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T₄ & T₃ provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T ₃	T ₄	FT ₄	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T ₃ Thyrotoxicosis, Non Thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

*** End Of Report ***



Patient Name : Mrs. BASUDHA BOSE	Collected : 14/Oct/2023 02:15PM
Age/Gender : 49 Y 0 M 0 D /F	Received : 14/Oct/2023 03:45PM
UHID/MR No : DSUS.0000005229	Reported : 14/Oct/2023 04:21PM
Visit ID : DSUSOPV6032	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur, Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HbA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	143	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	< 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	> 10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



76 / MRS BASUDHA / 49 Yrs / M / 152 Cms / 69 Kg Date: 14-Oct-2023

Stage	Time	Duration	Belt Speed (kmph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Standing	00:18	0:01	00.0	00.0	01.0	129	75 %	130/80	166	00	
ExStart	00:23	0:06	02.7	10.0	01.1	136	80 %	130/80	176	00	
BRUCE Stage 1	03:23	3:00	02.7	10.0	04.7	159	98 %	132/84	209	00	
PeakEx	04:23	1:00	04.0	12.0	05.5	163	95 %	132/84	215	00	
Recovery	04:52	0:29	00.8	00.0	01.8	163	95 %	132/84	215	00	
Recovery	05:22	1:00	00.8	00.0	01.0	162	89 %	123/90	186	00	
Recovery	05:49	1:26	00.0	00.0	01.0	143	84 %	123/80	175	00	

Findings :

- Exercise Time : 04:01
- Max HR Attained : 163 bpm 95% of Target 171
- Max BP Attained : (Syst) 132/84, (Diast) 123/90
- Max Workload Attained : 5.5 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

Report : STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY.



Doctor : DR DEEPAN DAS MBBS DIP.CARDIO

76 / MRS BASUDHA / 49 YRS / M / 152 Cms / 69 Kg / HR : 128

Date: 14-Oct-2023 11:23:27 AM METS: 1.0/ 138 bpm 74% of THR BP: 130/80 mmHg

4X 50 m/s P041J Combined Mediana/ ELC On/ Noich On/ HF: 0.05 HzLF: 20 Hz

EXTime: 00:18 0.0 Km/h 0.0%
24 min/Sec: 1.9 Cm/Min

Standing



V2
0.4



ARI: 0.3
SRS: 1.1



VI
0.4
0.4
0.2



ARI: 0.4
SRS: 0.8



V2
0.4
0.4
1.0



ARI: 0.7
SRS: 0.3



V3
0.3
0.3
0.3



ARI: 0.4
SRS: 0.8



V4
0.4
0.4
0.3



ARI: 0.4
SRS: 0.7



V5
0.4
0.4
0.3



ARI: 0.5
SRS: 0.7



V6
0.3
0.3
0.3



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



76 / MRS BASUDHA / 49 Yrs / M / 152 Cms / 69 Kg / HR : 136

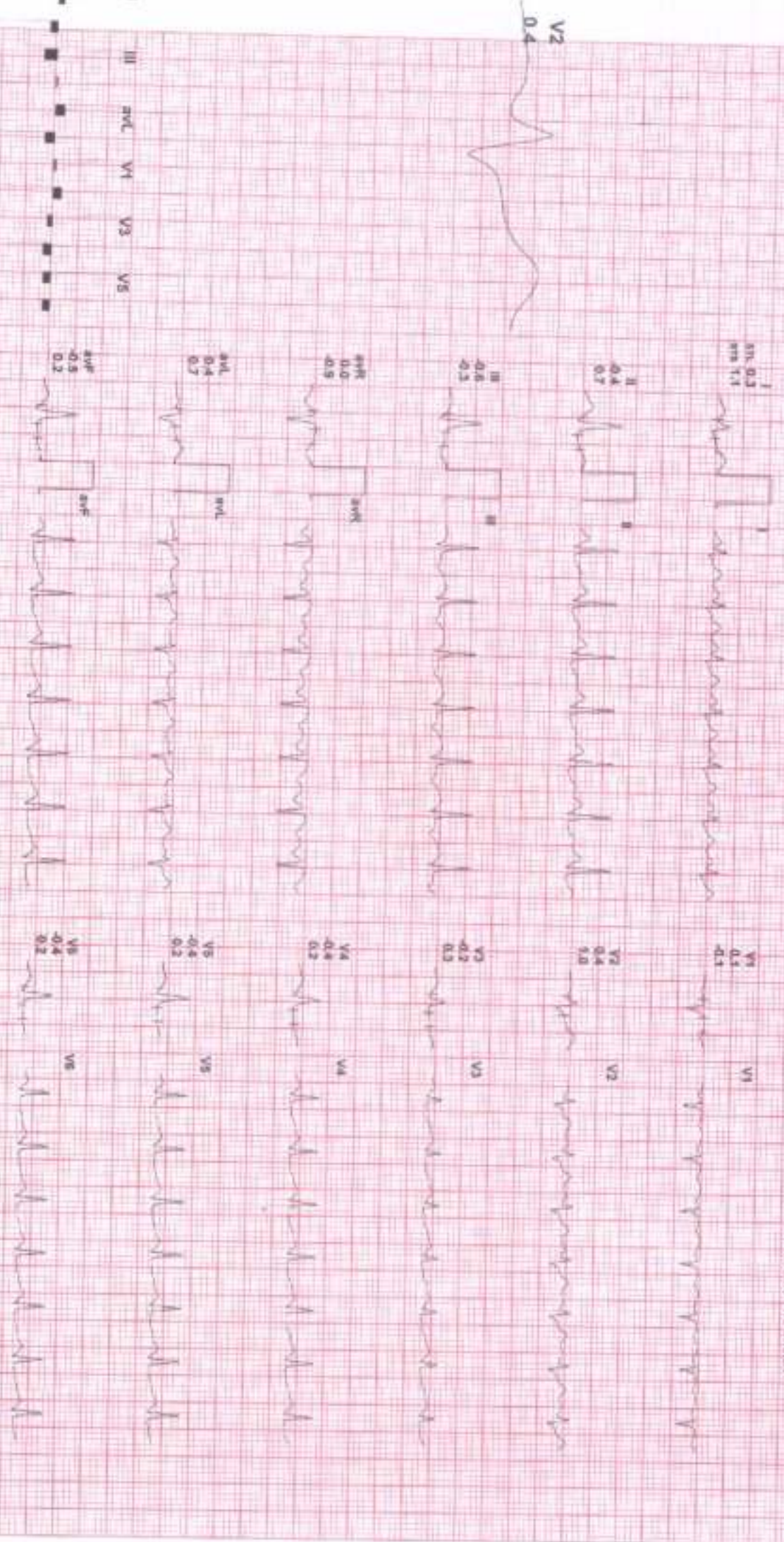
Date: 14-Oct-2023 11:23:27 AM METS: 1.31 136 bpm 79% of THR BP: 130/80 mmHg Combined Mediana/ BLC On/ Nitchi On/ HF 0.05 HzALF 20 Hz

EXTime: 00:06 2.7 Kmph, 10.0%

25 mm/sec, 1.0 Cm/mV

4X 80 ms Post J

V2 0.4



REMARKS:



4X 60 ms P/Box J

AVR 0.8
AVL 1.7



VI 0.2
V1 0.4



AVR 0.8
V2 1.3



V2 0.4
V2 0.4
V2 0.4



AVR 0.8
V3 0.8
V3 1.8



V3 0.8
V3 0.8
V3 0.8



AVR 0.8
V4 0.8
V4 1.8



V4 0.7
V4 0.7
V4 0.7



AVR 0.7
V5 1.1



V5 0.7
V5 0.2



AVR 0.8
V6 0.4



V6 0.5
V6 0.5
V6 0.5



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



4X 30 MS Post J



511-0.7
518-0.8



V1
0.4
0.4
1.0



511-0.7
518-0.8



V2
-1.1
1.5



511-0.7
518-0.8



V3
-1.4
0.1



511-0.7
518-0.8



V4
1.0
0.1



511-0.7
518-0.8



V5
-1.8
0.5



511-0.7
518-0.8



V6
-1.6
0.5



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

76 / MRS BASUDHA / 49 Yrs / M / 152 Cms / 69 Kg / HR : 163

Date: 14-Oct-2023 11:23:27 AM METS: 1.8/ 163 bpm 95% of THR BP: 132/84 mmHg Combined Median/ BLD On/ Noch On/ HF: 0.05 Hz/ LF: 20 Hz

ExTime: 04:01 0.8 Kmph 0.0%
25 mm/Sec. 1.0 Cm/IV



AVR -0.8
AVL -0.8
AVF 1.1



V1 0.4
V2 0.4
V3 0.4



II -0.7
III 0.4



V4 -0.4
V5 -0.4
V6 1.8



II -0.1
III 0.7



V7 -0.3
V8 0.8



aVR 0.6
aVL 0.7



V9 -0.2
V10 0.2



aVL -0.3
aVF 0.8



V11 -0.3
V12 0.0



aVR -0.4
aVL -0.2



V13 -0.8
V14 -0.3



aVR -0.4
aVL -0.2



V15 -0.8
V16 -0.3



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

Recovery(0:29)



Allengers

76 / MRS BASUDHA / 49 Yrs / M / 152 Cms / 69 Kg / HR : 152

Date: 14-Oct-2023 11:23:27 AM

METS: 1.0/ 152 bpm 88% of THR BP: 123/90 mmHg

Combined Modems/ BLC On/ Notch On/ HF 0.05 HOLF 20 Hz

ExTime: 04-01 0.8 Kmph 0.0%
25 minSpec 1.0 Creativ

4X

50 ms Post J

V2
0.5



RI 0.2
RII 1.5



RI 0.2
RII 1.5



RI 0.2
RII 0.2



avRI 0.0
avRII -1.7



avRI 0.4
avRII 0.7



avRI -0.4
avRII 1.0



VI 0.2
VII 0.4



V2 0.2
V3 1.5



V3 -0.1
V4 0.3



V4 0.2
V5 0.5



V5 -0.4
V6 0.4



V6 -0.2
V7 0.5



II avRI avF V2 V4 V6
III avL avL V1 V3 V5
EMARKS:



Allergers

76 / MRS BASUDHA / 49 Yrs / M / 152 Cms / 69 Kg / HR : 143

Date: 14-Oct-2023 11:23:27 AM METS: 1.6/ 143 bpm 83% of THR BP: 123/90 mmHg

4X 68 ms Post J Combined Medium/ BLC On/ Notch On/ HF 0.05 Hz/ F 20 Hz

ExTime: 04:01 0.0 Kmph 0.0% 25 am/sec. 1.0 Cm/mV

Recovery(1:26)



V2
-0.6



III 0.6
aVF 1.6



II 0.4
aVL 1.6



III -0.2
aVF 0.0



aVR -0.5
aVL -1.6



aVL 0.4
aVF 0.8



aVF 0.1
aVL 0.8



V1 0.1
V4 0.4



V2 0.6
V5 1.5



V3 0.1
V6 0.4



V4 0.1
V7 0.8



V5 0.0
V8 0.8



V6 0.0
V9 0.7



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