



PATIENT'S NAME - Ms. Betai Unnati Vinod  
AGE/GENDER - 31-yrs/F  
DOCTOR'S NAME - DR. Sofan Mamaswalle  
DATE - 27/08/2022

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/4		6/4
NEAR		N-6		N-6
COLOUR	Normal.			
Recommendations				

### VITALS

Pulse - 84/min	B.P - 110/70 mmHg	SpO2 98%
Height 155 cm	Weight - 58.2 kg	BMI-
Waist - 82 cm	Hip - 97 cm	Waist/Hip Ratio-
Chest -	Inspiration - 86 cm	Expiration - 83 cm

CENTRE NAME -

SIGN & STAMP-

**Patient Name : Ms. UNNATI VINOD BETAI**  
**Age / Gender : 31 Y / Female**  
**Referred By : Dr. Irfan Mamawala**  
**SID No. : 15009906**

**Reg.Date / Time : 27/08/2022 / 11:21:27**  
**Report Date / Time : 27/08/2022 / 17:29:56**  
**MR No. : 1328351**

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**Final Test Report**

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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	12.9	gm%	12.0-15.0	
PCV (Electrical Impedance)	<b>38.4</b>	%	40 - 50	
MCV (Calculated)	86.3	fL	83-101	
MCH (Calculated)	29.1	pg	27.0 - 32.0	
MCHC (Calculated)	33.7	g/dl	31.5-34.5	
RDW-CV (Calculated)	<b>16</b>	%	11.6-14.0	
RDW-SD (Calculated)	43	fL	36 - 46	
TOTAL RBC COUNT (Electrical Impedance)	4.44	Million/cmm	3.8-4.8	
TOTAL WBC COUNT (Electrical Impedance)	9690	/cumm	4000-10000	
<b>DIFFERENTIAL WBC COUNT</b>				
NEUTROPHILS (Flow cell)	60.0	%	40-80	
LYMPHOCYTES (Flow cell)	30.7	%	20-40	
EOSINOPHILS (Flow cell)	2.5	%	1-6	
MONOCYTES (Flow cell)	6.8	%	2-10	
BASOPHILS (Flow cell)	<b>0.0</b>	%	1-2	
<b>ABSOLUTE WBC COUNT</b>				
ABSOLUTE NEUTROPHIL COUNT (Calculated)	5810	/cumm	2000-7000	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2960	/cumm	1000-3000	

Contd ...

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**HAEMATOLOGY**


**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	240	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	660	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	0	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	357000	/cumm	150000-410000
MPV (Calculated)	8.1	fL	6.78-13.46
PDW (Calculated)	12.4	%	11-18
PCT (Calculated)	0.289	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

COMMENTS  
(Microscopic)

Normocytic Normochromic RBCs

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**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

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**HAEMATOLOGY**

**EDTA Blood ABO BLOOD GROUP\***

BLOOD GROUP (Erythrocyte-Magnetized Technology)	B
Rh TYPE (Erythrocyte-Magnetized Technology)	NEGATIVE

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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	15	mm / 1 hr	0-20
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**Notes :** The given result is measured at the end of first hour.

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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.43	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.18	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.25	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	12	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	11	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	64	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	12	U/L	<40
TOTAL PROTEIN (Colorimetric)	6.90	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	3.90	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.00	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.3		1-2

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**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	<b>5.7</b>	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	<b>9.5</b>		10 - 20
URIC ACID (Uricase Enzyme)	4.7	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	8.6	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.3	mg/dl	2.5-4.5

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**BIOCHEMISTRY**

**LIPID PROFILE**


SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	128	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	101	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	31	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	77	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	20	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.1		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	84	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	91	mg/dl	70 - 140
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**EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.6	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
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ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	114	mg/dl	
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**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.

HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
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**BIOCHEMISTRY**

Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		
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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.54	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.83	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.380	uIU/ml	0.27 - 4.20

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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**CLINICAL PATHOLOGY**

**STOOL STOOL ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

COLOUR (Visual Examination)	Brown		
CONSISTENCY (Visual Examination)	Semi solid		
MUCUS (Visual Examination)	Absent		
FRANK BLOOD (Visual Examination)	Absent		
ADULT WORM (Microscopy)	Absent		

**CHEMICAL EXAMINATION**

REACTION (Ph Paper)	Acidic		
BILIRUBIN	Absent		
OCCULT BLOOD (Peroxidase activity)	Absent		

**MICROSCOPIC EXAMINATION**

PROTOZOA (Microscopy)	Absent		
CYST (Microscopy)	Absent		
OVA (Microscopy)	Absent		
MACROPHAGES (Microscopy)	Absent		
PUS CELLS (Microscopy)	2-3	/hpf	
RED BLOOD CELLS (Microscopy)	Absent	/hpf	
FAT GLOBULES (Microscopy)	Absent		
UNDIGESTED MATERIAL (Microscopy)	Absent		
ANY OTHER FINDINGS	Nil		

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	10		
COLOR (Visual Examination)	PALE YELLOW		

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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

APPEARANCE (Visual Examination) HAZY

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System) 1.005 1.005 - 1.030

REACTION(pH) (Double indicator) ACIDIC

PROTEIN (Protein-error-of-Indicators) PRESENT(+)

GLUCOSE (GOD-POD) ABSENT Absent

KETONES (Legal's Test) ABSENT Absent

OCCULT BLOOD (Peroxidase activity) PRESENT(+) Absent

BILIRUBIN (Fouchets Test) ABSENT Absent

UROBILINOGEN (Ehrlich Reaction) NORMAL

NITRITE (Griess Test) ABSENT

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy) 8-10 /hpf 0-2

PUS CELLS (Microscopy) 70-80 /hpf 0-5

EPITHELIAL CELLS (Microscopy) 15-20 /hpf 0-5

CASTS (Microscopy) ABSENT

CRYSTALS (Microscopy) ABSENT

ANY OTHER FINDINGS BACTERIA PRESENT

**End of the Report**

The results given above are end product of controlled technical analysis of the sample submitted. Interpretation with clinical correlation should be done by doctors using these results.

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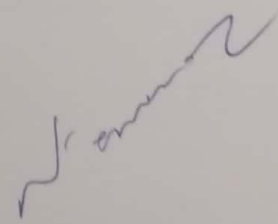
NAME: UNNATI BETAI  
 Age-: 30 Yrs Sex: F

MR NO - 1328351  
 Date: 27/08/2022

### ULTRA SONOGRAPHY OF ABDOMEN & PELVIS

- LIVER** Is normal in size and echotexture. There is no evidence of any intra hepatic biliary radicles dilatation seen. There is no focal lesion seen.
- GALL BLADDER** is well distended. There is no evidence of any gall stone or wall thickening. Portal vein (0.9cm) & CBD (3mm) appear normal.
- PANCREAS** It is normal in size, shape & echotexture. No evidence of any solid/cystic focal lesion seen.
- SPLEEN** It is normal in size, shape & echotexture. No evidence of any focal lesion seen.
- KIDNEYS** Both kidneys are normal in size, shape and echotexture. The cortico medullary differentiation is well maintained. No evidence of any hydronephrosis or calculus seen.  
 Right kidney measures 10.3 x 3.63 cm  
 Left kidney measures 10.4 x 4.00 cm  
 There is no evidence of any free fluid in abdomen nor there is any lymphadenopathy seen
- URINARY BLADDER** It is well distended, shows normal outline & wall thickness. No evidence of any calculi or focal lesion seen.
- UTERUS** It is normal in size and echotexture. It measures 7.02 x 3.83 x 5.27 cm. The endometrial thickness is 13.0 mm. No focal lesion seen.
- RT OVARY** Is normal in size and echotexture. It measures 2.63 x 1.82 cm.
- LT OVARY** Is normal in size and echotexture. It measures 2.91 x 1.64 cm.
- There is no evidence of any adnexal mass lesion nor any free fluid seen in the Pouch of Douglas.

**IMPRESSION NO ABNORMALITY SEEN**



**DR. NEIL C. FERNANDES**  
 DNB., DMRD., D.M.R.E.  
 Consultant Radiologist  
 Registration No-67448



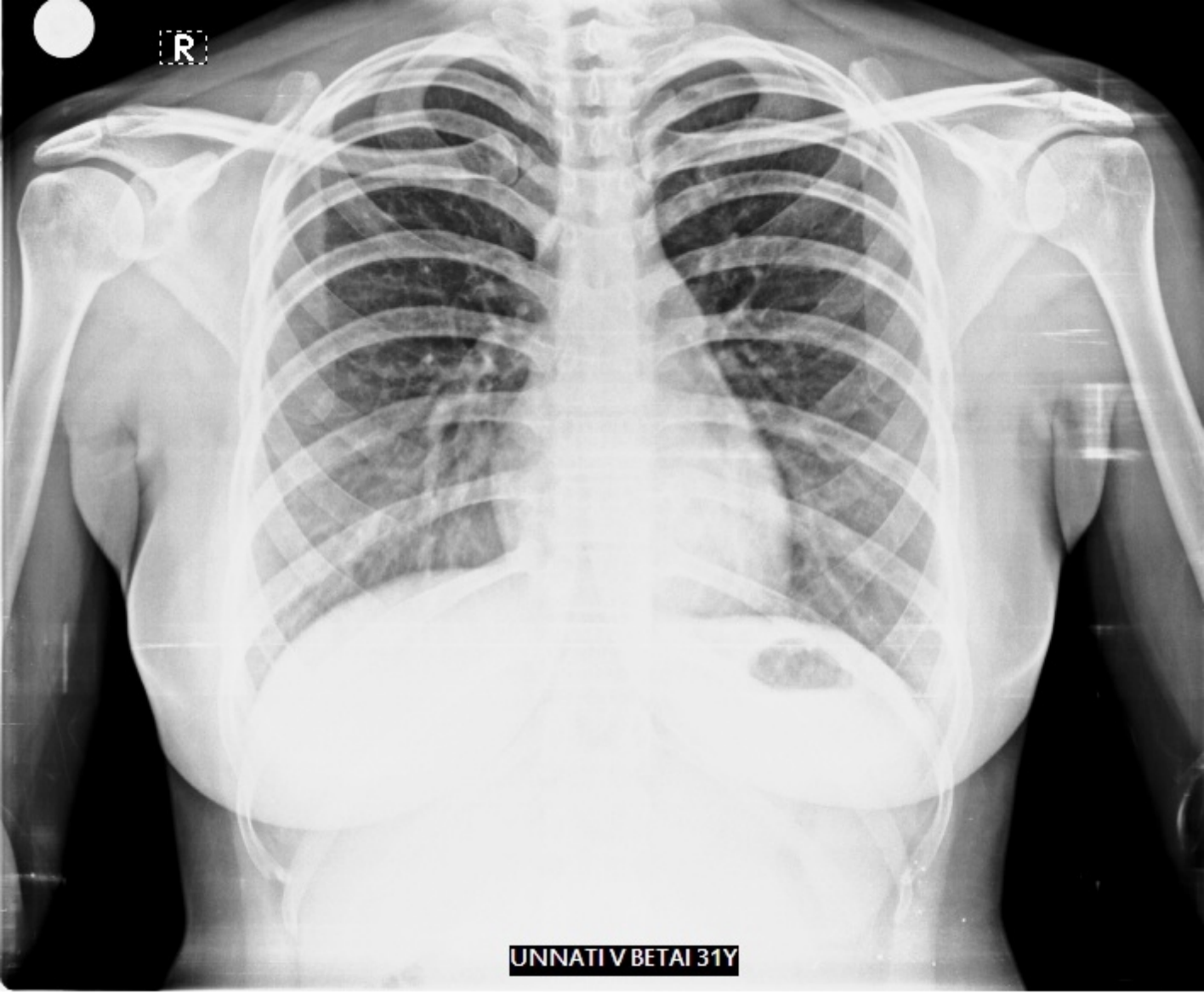
Certificate No. MC-3290  
 NABL Accredited  
 ISO 15189



FROST AND SULLIVAN AWARD  
 OF BEST PRIMARY CARE  
 PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL  
 INNOVATION AWARDS  
 BEST BUILDING OF A BRAND

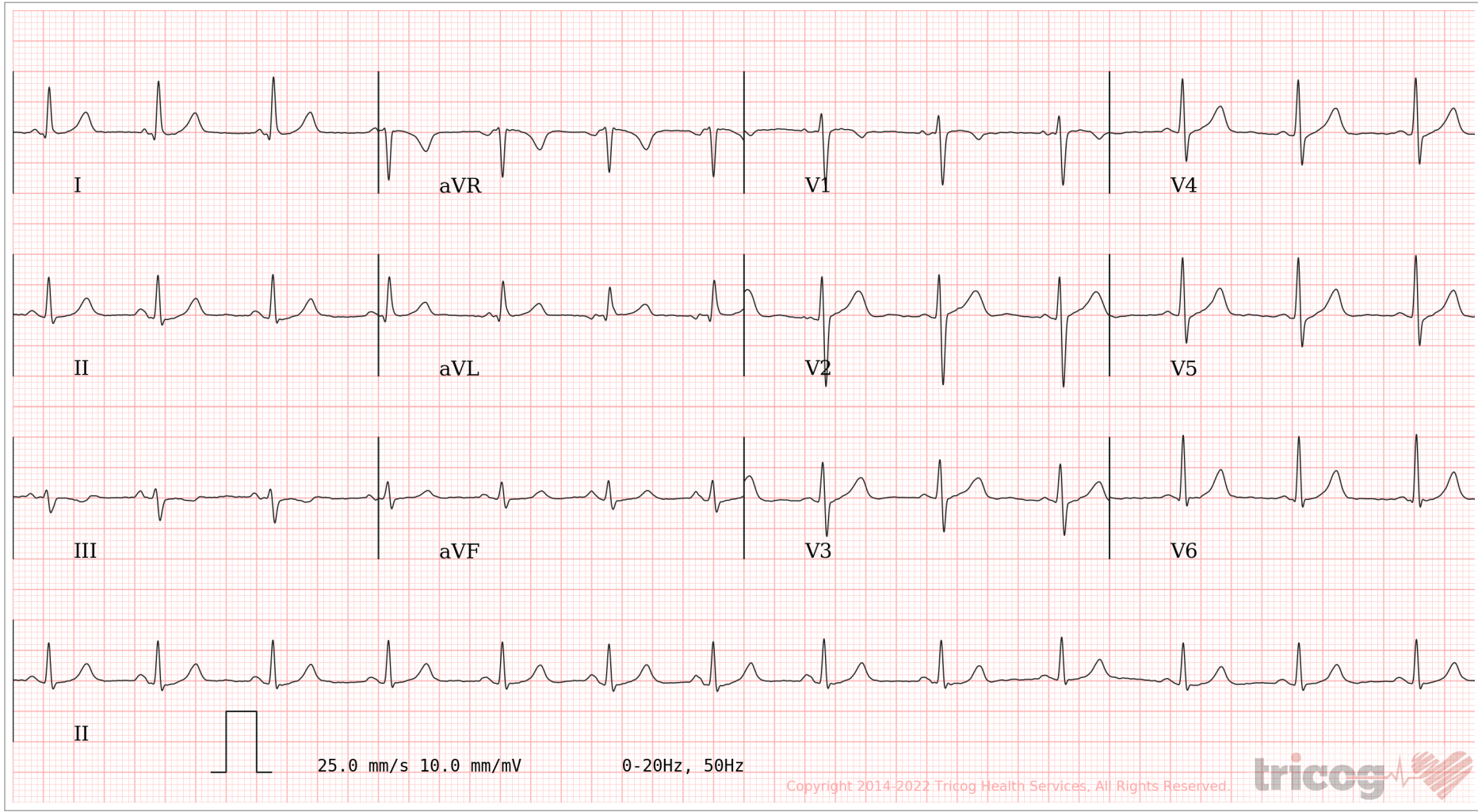
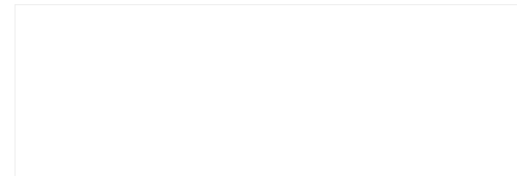
R



UNNATI V BETAI 31Y

Age / Gender: 31/Female  
 Patient ID: 1328351  
 Patient Name: Unnati Vinod Betai

Date and Time: 27th Aug 22 9:43 AM



AR: NA    VR: 80bpm    QRSD: 88ms    QT: 356ms    QTc: 410ms    PRI: 106ms    P-R-T: 100° NA 19°

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.**

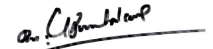
AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr Ponnambalam

47596



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



उन्नति विनोद बेताई

Unnati Vinod Betai

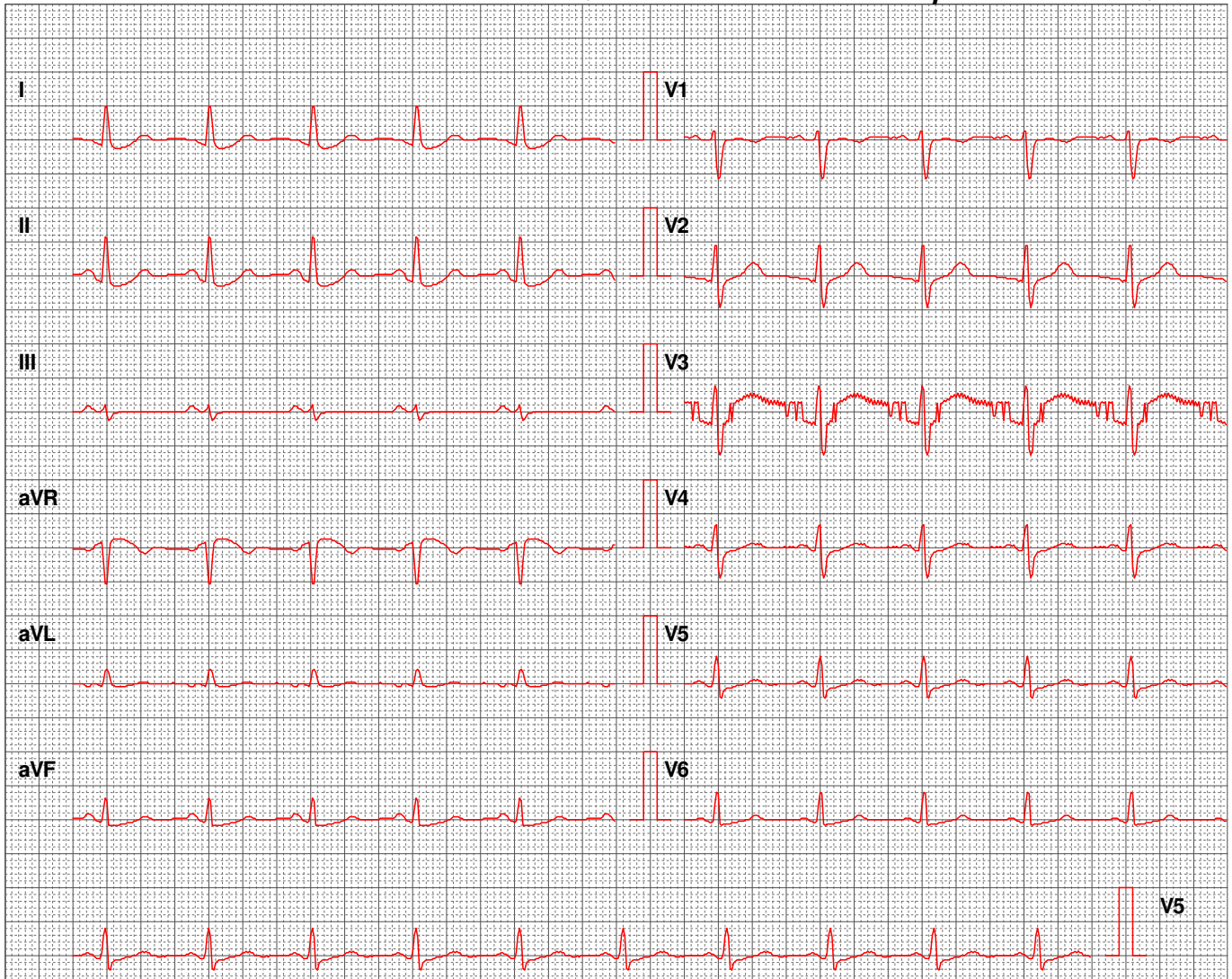
जन्म तिथि/ DOB: 08/10/1990

महिला / FEMALE



8998 0353 6883

माझे आधार, माझी ओळख



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

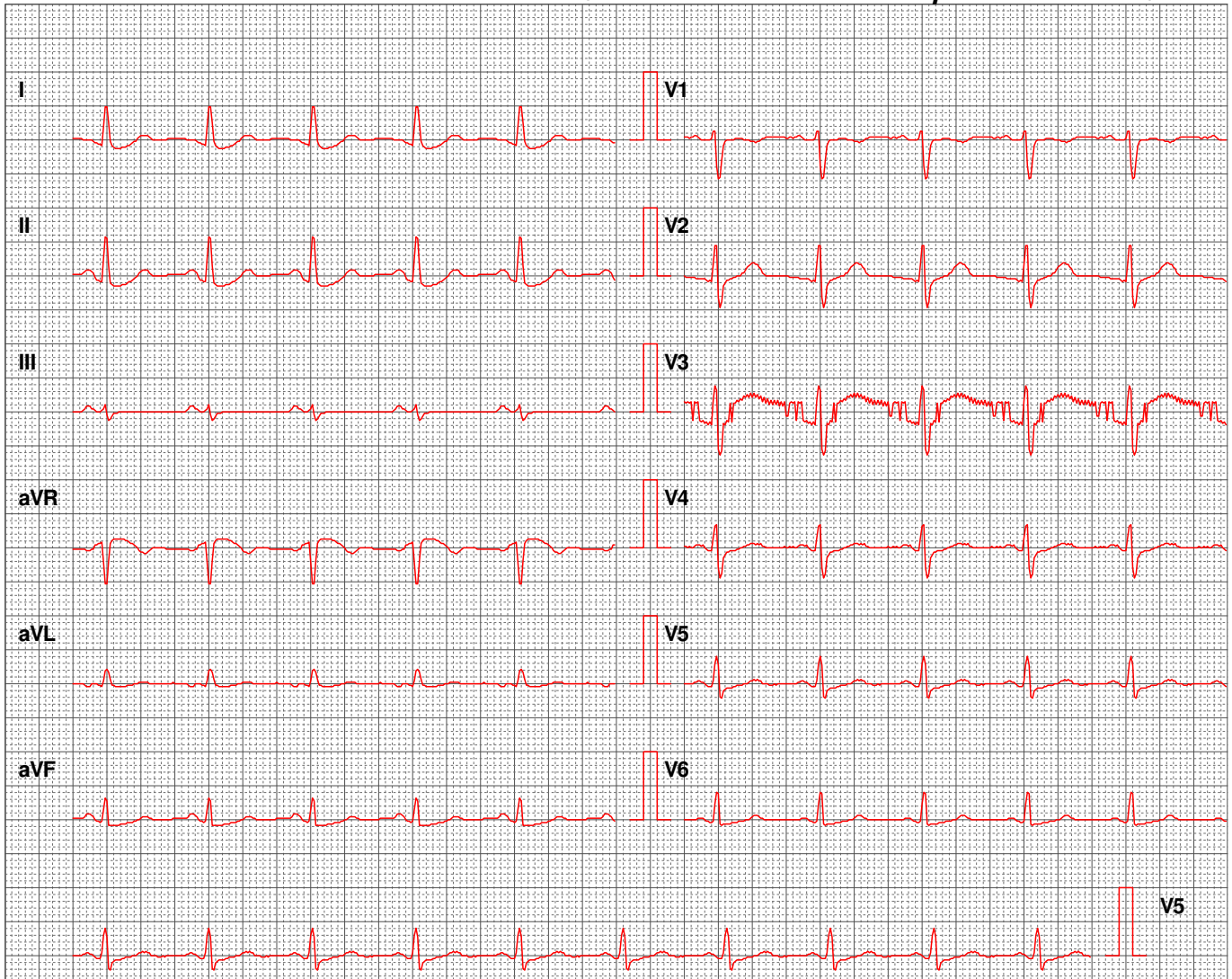
Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

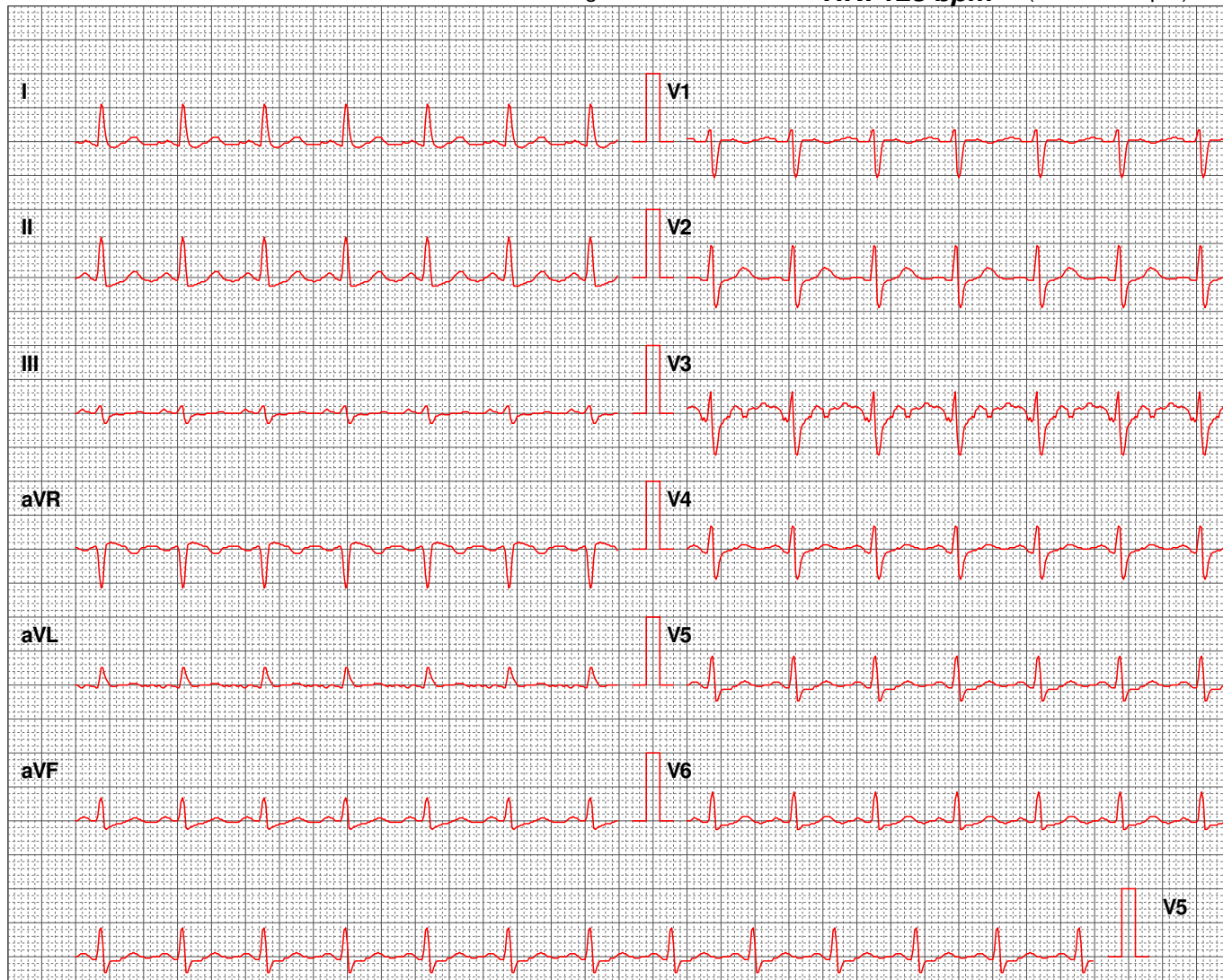
Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





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



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# healthspring

Unnati Vinod Betai (31 F)

ID: 215

Date: 27-Aug-22

B.P: 160 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 6.7 Km/h

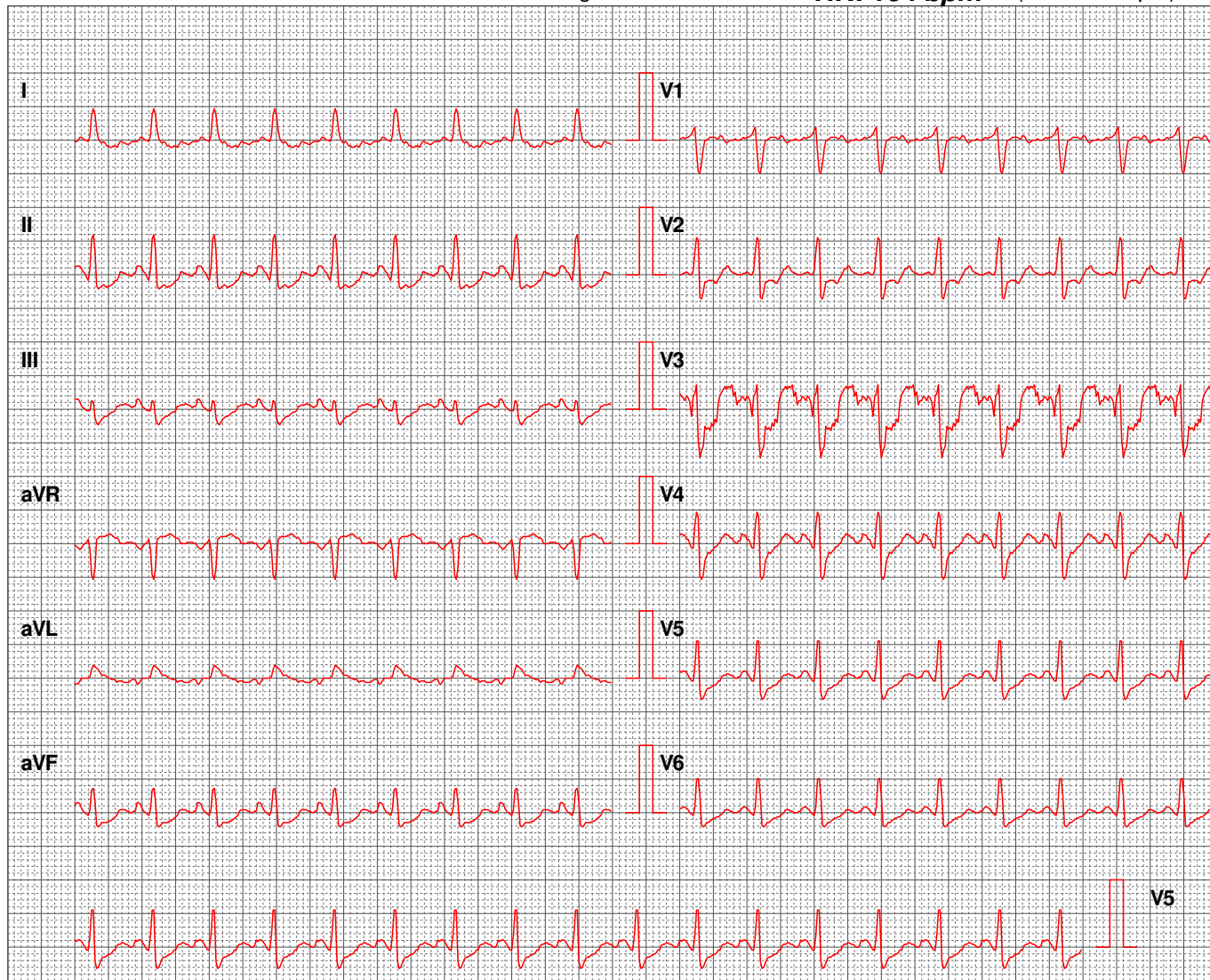
Grade: 16 %

Exec Time : 9 m 17 s

Stage Time : 0 m 17 s

**HR: 164 bpm**

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.8	0.7
aVR	1.1	0.0
V1	-0.2	0.0
V4	0.0	2.1
II	-1.3	0.7
aVL	-0.2	-0.7
V2	-0.4	0.7
V5	-0.6	1.8
III	-0.6	0.7
aVF	-0.8	1.1
V3	0.0	3.9
V6	-0.6	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# healthspring

**Unnati Vinod Betai (31 F)**

ID: 215

Date: 27-Aug-22

B.P: 160 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

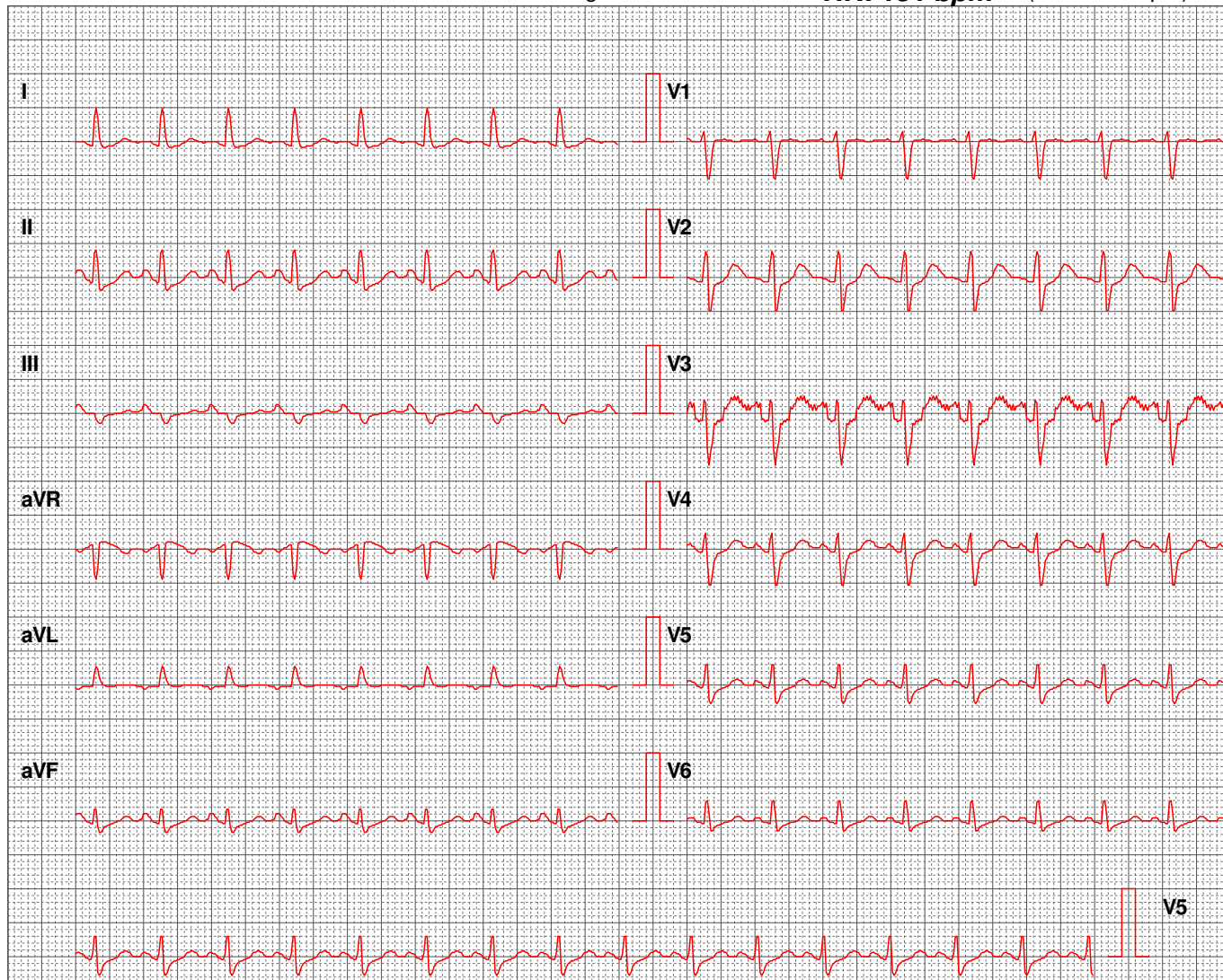
Grade: 0 %

Exec Time : 9 m 23 s

Stage Time : 0 m 54 s

**HR: 151 bpm**

(THR: 160 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

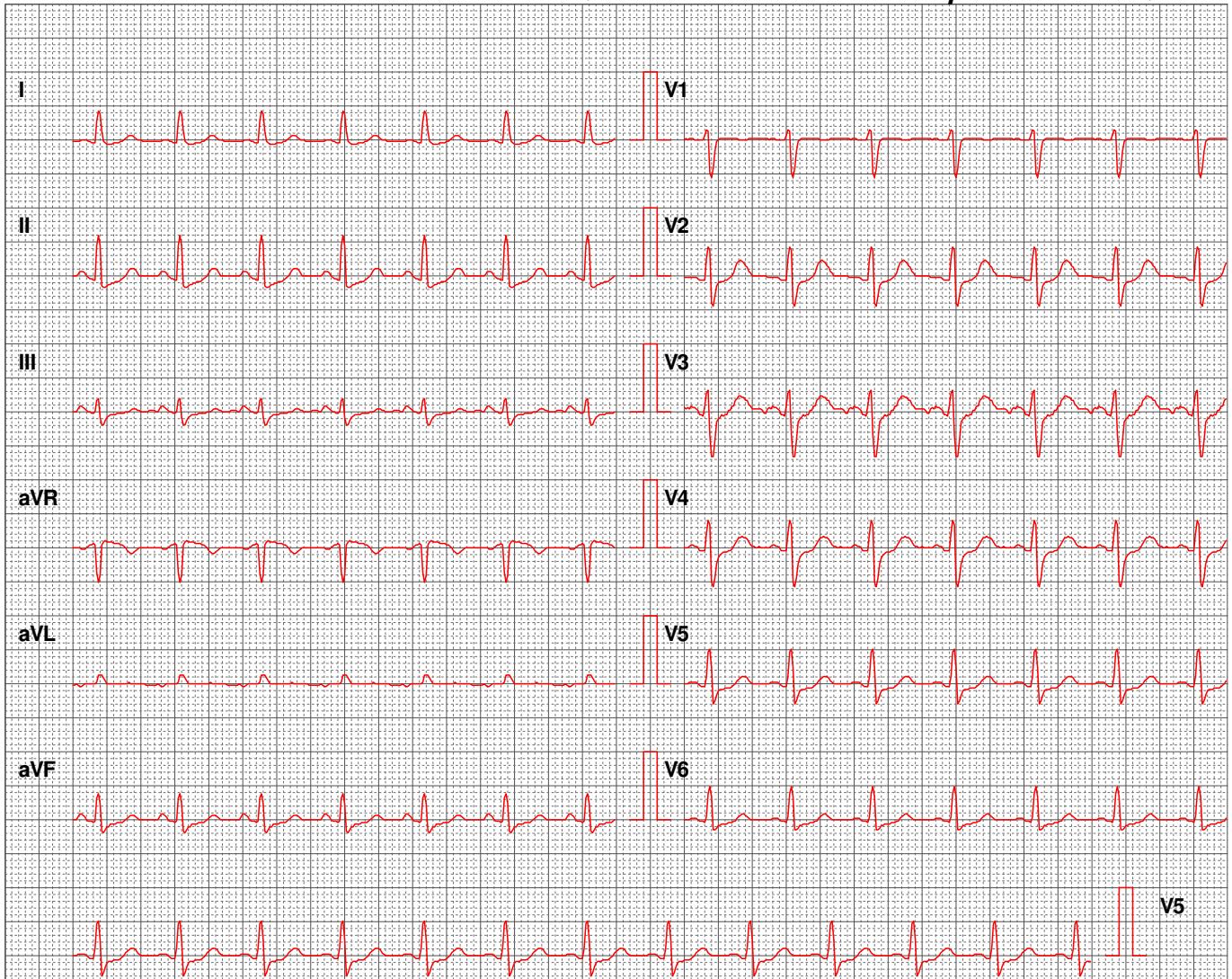
Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# healthspring

Unnati Vinod Betai (31 F)

ID: 215

Date: 27-Aug-22

B.P: 150 / 70

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

Exec Time : 9 m 23 s

Stage Time : 0 m 54 s

**HR: 117 bpm**

(THR: 160 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

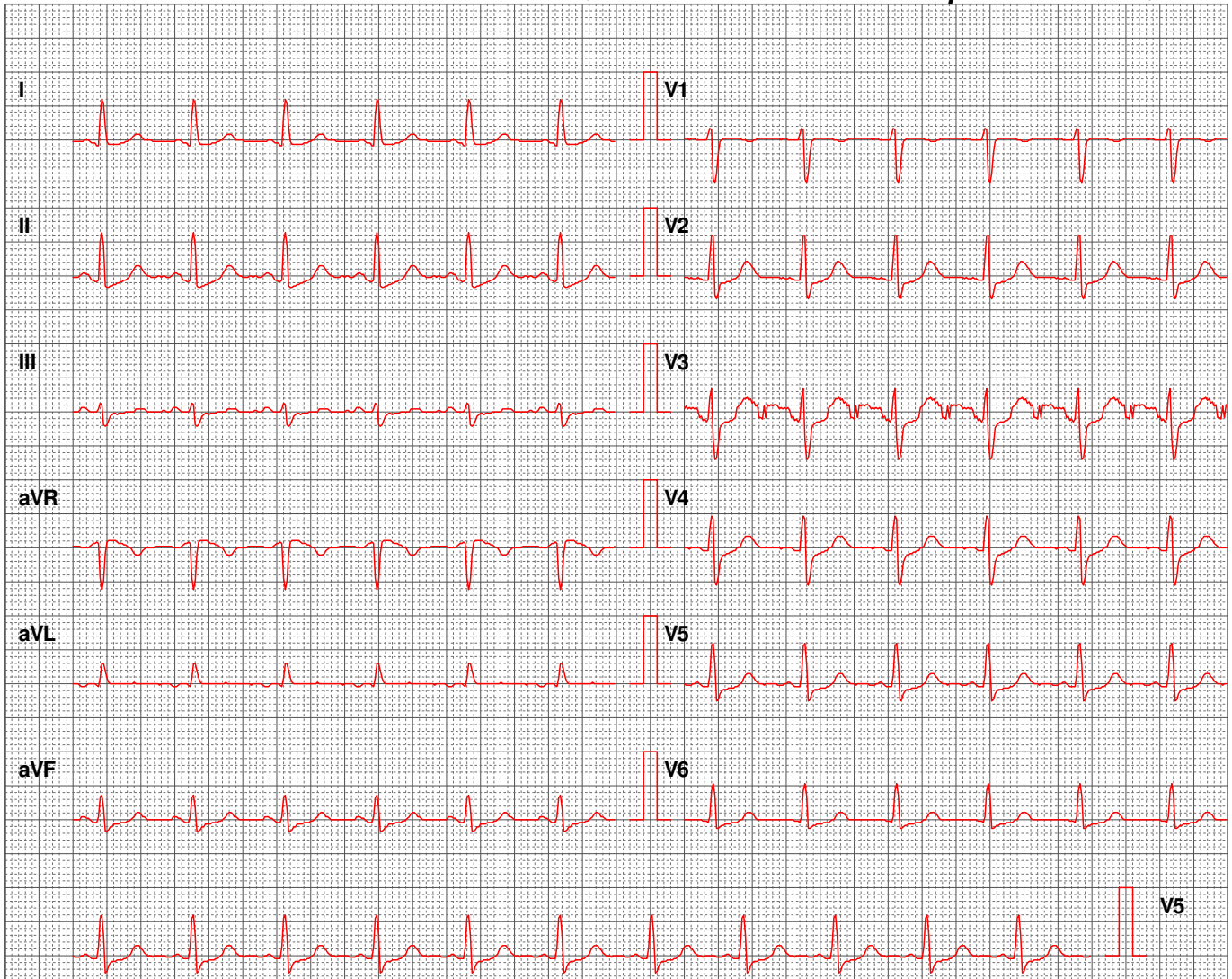
Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# healthspring

Unnati Vinod Betai (31 F)

ID: 215

Date: 27-Aug-22

B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 Km/h

Grade: 0 %

Exec Time : 9 m 23 s

Stage Time : 0 m 54 s

**HR: 107 bpm**

(THR: 160 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

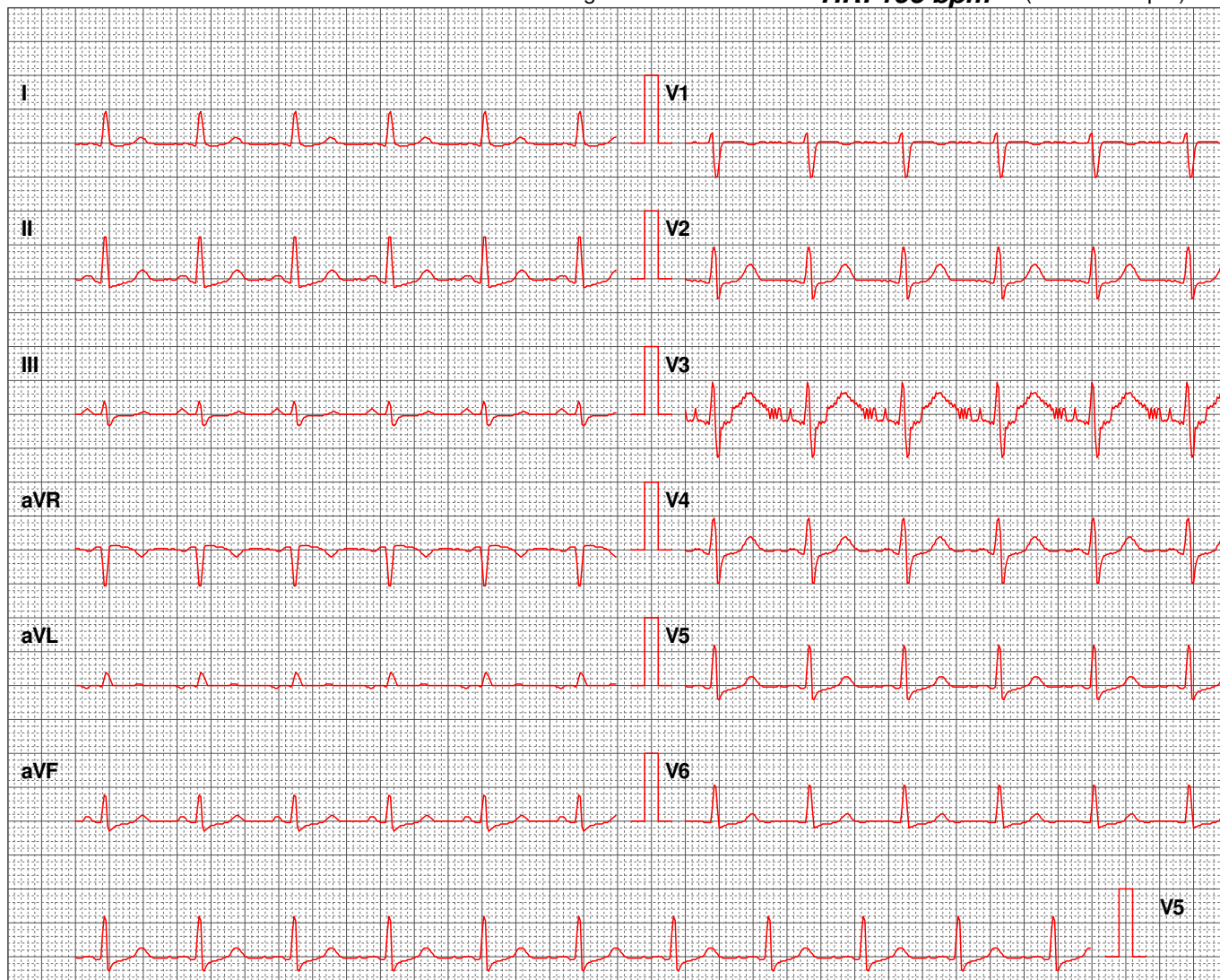
Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller CS-20 V 1.4

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

## healthspring

**Patient Details**      Date: 27-Aug-22      Time: 11:57:41 AM  
Name: Unnati Vinod Betail    ID: 215  
Age: 31 y      Sex: F      Height: 155 cms.      Weight: 58 Kg.  
Clinical History:    NIL

Medications:    NIL

### Test Details

Protocol: Bruce      Pr.MHR: 189 bpm      THR: 160 (85 % of Pr.MHR) bpm  
Total Exec. Time: 9 m 23 s      Max. HR: 164 ( 87% of Pr.MHR )bpm      Max. Mets: 13.50  
Max. BP: 160 / 80 mmHg      Max. BP x HR: 26240 mmHg/min      Min. BP x HR: 6860 mmHg/min  
Test Termination Criteria: Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 34	1.0	0	0	102	110 / 70		
Standing	0 : 5	1.0	0	0	98	110 / 70		
Hyperventilation	0 : 5	1.0	0	0	99	110 / 70		
1	3 : 0	4.6	2.7	10	113	140 / 70		
2	3 : 0	7.0	4	12	123	150 / 70		
3	3 : 0	10.2	5.4	14	155	160 / 80		
Peak Ex	0 : 23	13.5	6.7	16	164	160 / 80		
Recovery(1)	1 : 0	1.8	1.6	0	150	160 / 80		
Recovery(2)	1 : 0	1.0	0	0	123	160 / 80		
Recovery(3)	1 : 0	1.0	0	0	115	150 / 70		
Recovery(4)	1 : 0	1.0	0	0	109	150 / 70		
Recovery(5)	1 : 0	1.0	0	0	106	110 / 70		
Recovery(6)	0 : 7	1.0	0	0	106	110 / 70		

### Interpretation

The patient exercised according to the Bruce protocol for 9 m 23 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 102 bpm, rose to a max. heart rate of 164 ( 87% of Pr.MHR ) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Ref. Doctor: -----  
( Summary Report edited by user )

Doctor: -----  
Schiller CS-20 V 1.4



# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE:27/08/2022

NAME:	UNNATI VINOD BETAI	AGE:(years)	31	SEX:	F
-------	--------------------	-------------	----	------	---

PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	13.5	DOUBLE PRODUCT	26240 mmHg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	9		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS OR ARRHYTHMIAS SEEN DURING EXERCISE  
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE  
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.

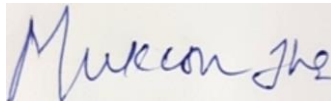
### **TARGET HR ACHIEVED**

STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

### IMPRESSIO

STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

**ADVISED- CLINICAL CORRELATION**



### **DR. MUKESH JHA**

MD (MEDICINE), DM (CARDIOLOGY)

REG NO- 2010/09/2935

### **NOTE-**

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.



<b>Name</b> : Unnati Vinod Betai	<b>Age</b> : 31Yrs
<b>Gender</b> : FEMALE	<b>Date</b> : 27/08/2022

### **X- RAY CHEST PA VIEW**

Lung fields show normal translucency.

Bronchovascular markings appear normal in both lung fields.

Pleural cavities are clear.

Heart, aorta and mediastinum are normal.

Hilar shadows show normal pulmonary vasculatures.

No evidence of any hilar lymphadenopathy

Both cardiophrenic and costophrenic angles are clear.

Both domes of diaphragm are normal.

Bone cage and soft tissue shadows are normal.

**IMPRESSION: NO ABNORMALITY SEEN.**

**DR.NEIL C FERNANDES**

**D.N.B., D.M.R.D.,D.M.R.E.,M.B.**

**Consultant Radiologist And Sonologist..**

**Online reporting done hence no signature**