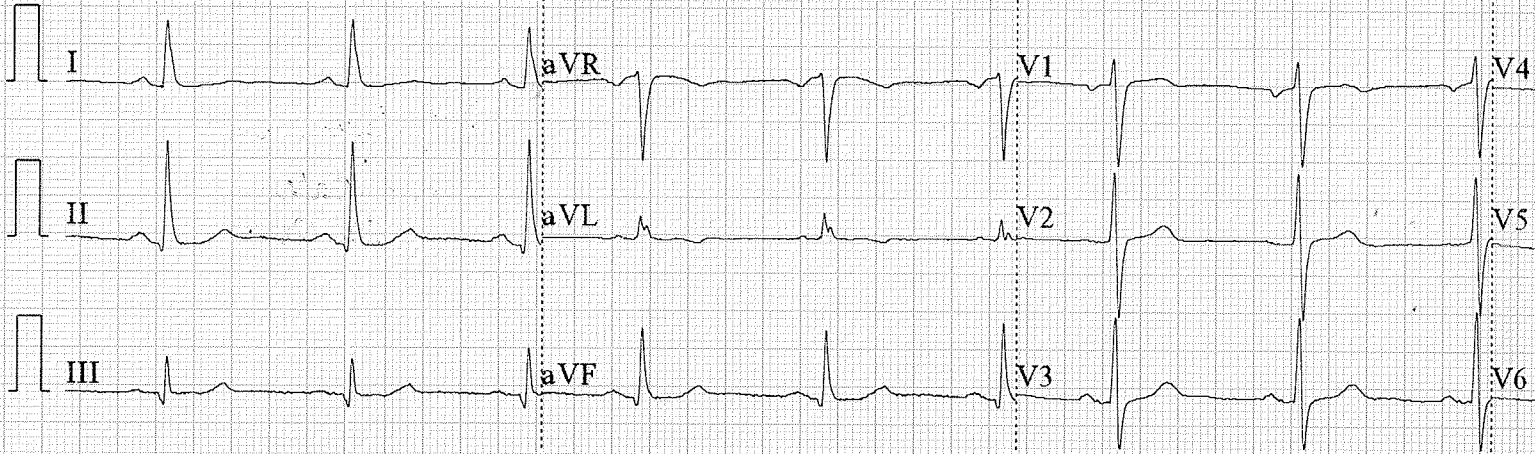
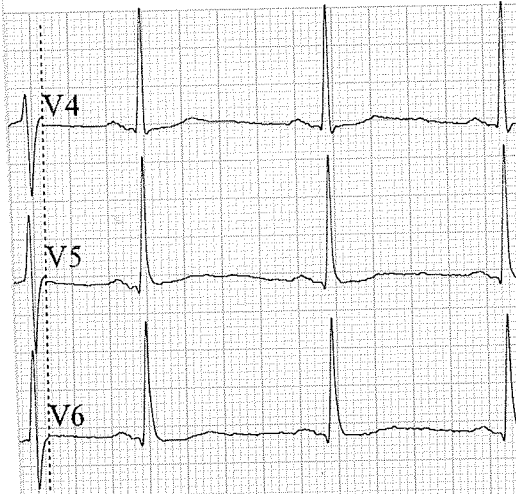


ID: 6915 11-02-2023 09:25:50 AM



0.67~35Hz AC50 25mm/s 10mm/mV ♥63 V1.0 SEMIP V1.7 DDRC\_SRL\_KADAPPAKKADA

Arrow CE



ID: 6915

Diagnosis Information:

Male  
58 Years  
cm

/ mmHg  
kg

*R. V. Jayakumar*  
*58 Male*  
*11.02.2023*

HR : 62 bpm  
P : 118 ms  
PR : 157 ms  
QRS : 102 ms  
QT/QTc : 436/445 ms  
P/QRS/T : 49/41/63 °  
RV5/SV1 : 1.698/1.014 mV

Report Confirmed by:



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <i>Vijaya Kumar R</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<i>4/2/65</i> Gender: <i>F/M</i>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID) <i>Arden</i>

**PHYSICAL DETAILS:**

a. Height ..... <i>180</i> ..... (cms)	b. Weight ..... <i>83</i> ..... (Kgs)	c. Girth of Abdomen ..... <i>100</i> ..... (cms)
d. Pulse Rate ..... <i>67</i> ..... (Min)	e. Blood Pressure:	Systolic Diastolic
	1 <sup>st</sup> Reading	<i>110</i> <i>70</i>
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>Not alive</i>	<i>normal</i>	<i>death</i>
Mother	<i>Not alive</i>	<i>normal</i>	<i>death</i>
Brother(s)	<i>—</i>		
Sister(s)	<i>—</i>		

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<i>—</i>	<i>—</i>	<i>—</i>

**PERSONAL HISTORY**

- |  |  |
|--|--|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N |
| b. Have you undergone/been advised any surgical procedure? Y/N   | d. Have you lost or gained weight in past 12 months? Y/N   |

**Have you ever suffered from any of the following?**

- |   |  |
|---|--|
| • Psychological Disorders or any kind of disorders of the Nervous System? Y/N | • Any disorder of Gastrointestinal System? Y/N                               |
| • Any disorders of Respiratory system? Y/N                                    | • Unexplained recurrent or persistent fever, and/or weight loss Y/N          |
| • Any Cardiac or Circulatory Disorders? Y/N                                   | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N |
| • Enlarged glands or any form of Cancer/Tumour? Y/N                           | • Are you presently taking medication of any kind? Y/N                       |
| • Any Musculoskeletal disorder? Y/N   |  |

**DDRC SRL Diagnostics Private Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

.....  
.....

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

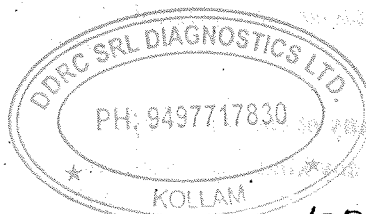
*[Handwritten Signature]*

DR. ANJALI NAIR, V. MBBS, MD

Reg. No: 46952

CONSULTANT MICROBIOLOGIST

Seal of Medical Examiner :



Name & Seal of DDRC SRL Branch :

DDRC SRL PVT LTD Kadappaliba

Date & Time :

13/2/23

**DDRC SRL Diagnostics Private Limited**

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Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



NAME: R VIJAYAKUMAR	AGE/ SEX : 58/M	11.02.2023
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## ELECTRO CARDIOGRAM REPORT

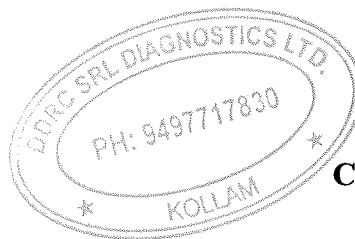
ELECTRO CARDIOGRAM

: NSR - <sup>62</sup>...../minute. No evidence of ischaemia or chamber hypertrophy

**Impression**

: **ECG within normal limits.**

DR. ANJALI NAIR. V. MBBS, MD  
Reg. No: 46952  
CONSULTANT MICROBIOLOGIST



**DR ANJALI NAIR V**

**MBBS,MD**

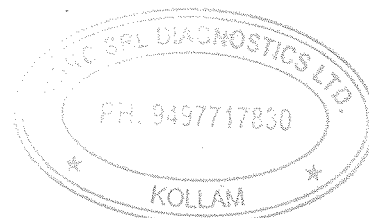
**CONSULTANT MICROBIOLOGIST**

**DDRC SRL DIAGNOSTICS**

NAME	AGE/ SEX	DATE
R VIJAYAKUMAR	58/M	11.02.2023

**CHEST X-RAY WITH REPORT****CHEST X-RAY : NORMAL****Impression : Within normal limits**

DR. ANJALI NAIR. V. MBBS, MD  
Reg. No: 46952  
CONSULTANT MICROBIOLOGIST

**DR ANJALI NAIR V****MBBS,MD****CONSULTANT MICROBIOLOGIST****DDRC SRL DIAGNOSTICS PVT LTD**



Patient Ref. No. 66600003359994


**DDRC SRL**  
 Diagnostic Services

INDIA'S LEADING DIAGNOSTICS NETWORK

**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS :** MEDIWHEEL HEALTHCARE LIMITED

 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156

 DDRC SRL DIAGNOSTICS  
 Phoenix Tower, Near Central Park Hotel,  
 Prathibha Junction, Kadappakada,  
 KOLLAM, 691008  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in
**PATIENT NAME :** R VIJAYAKUMAR**PATIENT ID :** RVIJM0402654071**ACCESSION NO :** 4071WB002610 **AGE :** 58 Years **SEX :** Male**ABHA NO :****DRAWN :****RECEIVED :** 11/02/2023 09:15**REPORTED :** 13/02/2023 15:44**REFERRING DOCTOR :** SELF**CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****TREADMILL TEST**

TREADMILL TEST REPORTED

**DENTAL CHECK UP**

DENTAL CHECK UP NOT DONE

**OPHTHAL**

OPHTHAL NOT DONE

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION REPORTED



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Patient Ref. No. 666000003359994

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS :

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KERALA, INDIA  
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Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

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Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	7	Adult(<60 yrs) : 6 to 20	mg/dL
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**BUN/CREAT RATIO**

BUN/CREAT RATIO	6.36		
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**CREATININE, SERUM**

CREATININE	1.10	18 - 60 yrs : 0.9 - 1.3	mg/dL
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**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA	123	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA	113	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
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**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.6	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
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Glycemic control goal  
More stringent goal : < 6.5 %.  
General goal : < 7%.  
Less stringent goal : < 8%.

Glycemic targets in CKD :-  
If eGFR > 60 : < 7%.  
If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE	114.0	< 116.0	mg/dL
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**LIPID PROFILE, SERUM**

CHOLESTEROL	200	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
-------------	-----	--	-------







Patient Ref. No. 666000003359994

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
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8800465156

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Phoenix Tower, Near Central Park Hotel,  
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KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

ABHA NO :

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CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
TRIGLYCERIDES	99	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	46	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	160	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : > or = 190	mg/dL
NON HDL CHOLESTEROL	154	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	19.8	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	4.4	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	3.5	High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	



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Patient Ref. No. 6660000335994

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: THYCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
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PATIENT NAME : R VIJAYAKUMAR

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CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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### Interpretation(s)

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3) HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5) Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

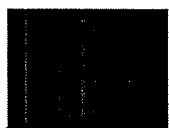
Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

### Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
------------	-----------------	-----------------------



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Patient Ref. No. 66600003359994

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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

\*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.85	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.23	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	<b>0.62</b>	<b>High</b> 0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.4	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.8	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	70	Adults : < 45	U/L
ALKALINE PHOSPHATASE	67	Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	24	Adult (Male) : < 60	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	7.1	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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**URIC ACID, SERUM**

URIC ACID	4.9	Adults : 3.4-7	mg/dL
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**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP	TYPE B
-----------	--------



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Patient Ref. No. 66600003359994

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
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KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

ABHA NO :

DRAWN :

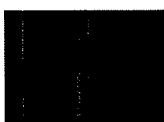
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CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
RH TYPE		POSITIVE	
<b>BLOOD COUNTS,EDTA WHOLE BLOOD</b>			
HEMOGLOBIN		15.9	13.0 - 17.0 g/dL
RED BLOOD CELL COUNT		4.96	4.5 - 5.5 mil/ $\mu$ L
WHITE BLOOD CELL COUNT		5.21	4.0 - 10.0 thou/ $\mu$ L
PLATELET COUNT		224	150 - 410 thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT		46.8	40 - 50 %
MEAN CORPUSCULAR VOL		94.3	83 - 101 fL
MEAN CORPUSCULAR HGB.		<b>32.1</b>	<b>High</b> 27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		34.0	31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH		13.1	11.6 - 14.0 %
MENTZER INDEX		19.0	
MEAN PLATELET VOLUME		8.5	6.8 - 10.9 fL
<b>WBC DIFFERENTIAL COUNT</b>			
SEGMENTED NEUTROPHILS		58	40 - 80 %
LYMPHOCYTES		34	20 - 40 %
MONOCYTES		03	2 - 10 %
EOSINOPHILS		05	1 - 6 %
BASOPHILS		00	< 1 - 2 %
ABSOLUTE NEUTROPHIL COUNT		3.02	2.0 - 7.0 thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		1.77	1.0 - 3.0 thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		<b>0.16</b>	<b>Low</b> 0.2 - 1.0 thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.26	0.02 - 0.50 thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT		00	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.7	
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD</b>			
SEDIMENTATION RATE (ESR)		09	0 - 14 mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
<b>PROSTATE SPECIFIC ANTIGEN, SERUM</b>			



Scan to view Details



Scan to view report



Patient Ref. No. 66600003359994

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REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
PROSTATE SPECIFIC ANTIGEN		1.640	ng/mL
Age Specific :- <49yrs : <2.5 50-59yrs : <3.5 60-69yrs : <4.5 >70yrs : <6.5			
<b>THYROID PANEL, SERUM</b>			
T3		112.10	ng/dL
T4		7.48	µg/dl
TSH 3RD GENERATION		4.750	µIU/mL
			50-80 yrs : 0.35 - 4.5





Patient Ref. No. 66600003359994

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

DDRC SRL DIAGNOSTICS  
Phoenix Tower, Near Central Park Hotel,  
Prathibha Junction, Kadappakada,  
KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 11/02/2023 09:15

REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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### Interpretation(s)

**Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

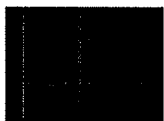
**NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.**TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

### PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW  
APPEARANCE CLEAR

### CHEMICAL EXAMINATION, URINE

PH 6.5 4.8 - 7.4



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Patient Ref. No. 666000003359994

CLIENT CODE : CA00010147 - MEDIWHEEL  
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SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

DDRC SRL DIAGNOSTICS  
Phoenix Tower, Near Central Park Hotel,  
Prathibha Junction, Kadappakada,  
KOLLAM, 691008  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 09:15

REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
SPECIFIC GRAVITY		1.015	1.015 - 1.030
PROTEIN		DETECTED (SMALL)	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
<b>MICROSCOPIC EXAMINATION, URINE</b>			
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
WBC		1-2	0-5 /HPF
EPITHELIAL CELLS		1-2	0-5 /HPF
CASTS		NIL	
CRYSTALS		NIL	
BACTERIA		NOT DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED



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CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

SUGAR URINE - FASTING

SUGAR URINE - FASTING

NOT DETECTED

NOT DETECTED

PHYSICAL EXAMINATION,STOOL

RESULT PENDING

CHEMICAL EXAMINATION,STOOL

RESULT PENDING

MICROSCOPIC EXAMINATION,STOOL

RESULT PENDING



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Patient Ref. No. 66600003359994

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Test Report Status	Preliminary	Results	Units
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**Interpretation(s)**

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

**ADDITIONAL STOOL TESTS :**

- Stool Culture:** - This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin:** It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay:** This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.



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Email : customercare.ddrc@srl.in

PATIENT NAME : R VIJAYAKUMAR

PATIENT ID : RVIJM0402654071

ACCESSION NO : 4071WB002610 AGE : 58 Years SEX : Male

ABHA NO :

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Test Report Status	Preliminary	Results	Units
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6. **Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.



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Patient Ref. No. 66600003359994

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Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**ECG WITH REPORT**

**REPORT**

REPORTED

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

DR. AMJAD A, M.D Pathology  
(Reg No - TCMC 38949)  
CONSULTANT PATHOLOGIST

JIBI J  
LAB TECHNOLOGIST

LAVANYA  
LAB TECHNOLOGIST

DEVAYANI SATHEESAN  
LAB TECHNOLOGIST



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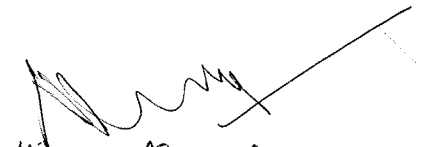
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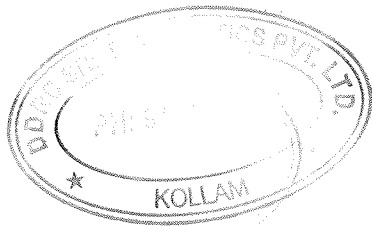
Vijaya Kumar. R.,  
Bank of Broodk,  
Adoor

To

Meddy Whet

Dental, Stool routine, Ophthal, me not tested

  
Vijaya Kumar. R.,



<i>Name : Mr. R. Vijayakumar</i>	<i>Age : 58 yrs</i>	<i>Sex: M</i>	
<i>Ref. from. Mediwheel Arcofemi</i>			<i>Date : 11.02.2023</i>

### USG OF ABDOMEN

LIVER: Is normal in size (14.2 cms). *Diffusely increased hepatic echogenicity with mildly obscuring the periportal echogenicity, but appreciable diaphragmatic echogenicity.* No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head & body appear normal. *Rest obscured by bowel gas.*

SPLEEN: Is normal in size ( 9.8 cms) and echotexture.

RIGHT KIDNEY: Measures 10.3 x 4.6 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

LEFT KIDNEY: Measures 10.6 x 4.9 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

URINARY BLADDER: Is minimally distended. Normal in wall thickness. No obvious calculus or mass noted.

PROSTATE: *Is mildly enlarged in size ( Volume - 24.2 cc).* Parenchymal echoes normal.

No ascites present. No retroperitoneal lymphadenopathy present.

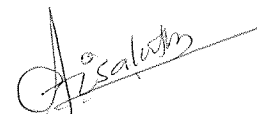
Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

### IMPRESSION:

❖ *Grade II fatty infiltration of liver.*

❖ *Prostatomegaly.*

- Suggested follow up & clinical correlation.
- Images overleaf.



**Dr. AISALUTH THULASEEDHARAN**  
**MBBS, DMRD**

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose )

**DDRC SRL Diagnostics Limited**

Aster Square, Medical College P.O., Trivandrum - 695 011. Ph: 0471 - 2551125. e-mail: info.ddrc@srl.in, web: www.ddrcsrl.com  
Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam, Kerala - 682 036. Web: www.ddrcsrl.com

# MSK Report

Patient ID : 11\_02\_2023\_11\_10\_14

Sex : M

Age :

Patient Name : VIJAYAKUMAR

Study Date : 11/02/2023

Referring MD :

Performing MD :

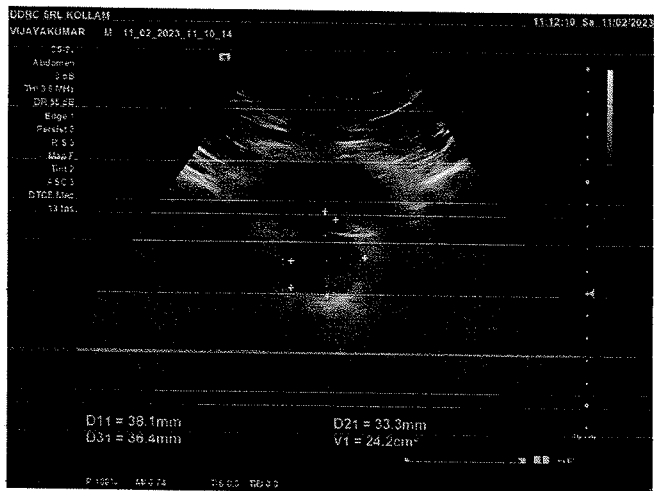
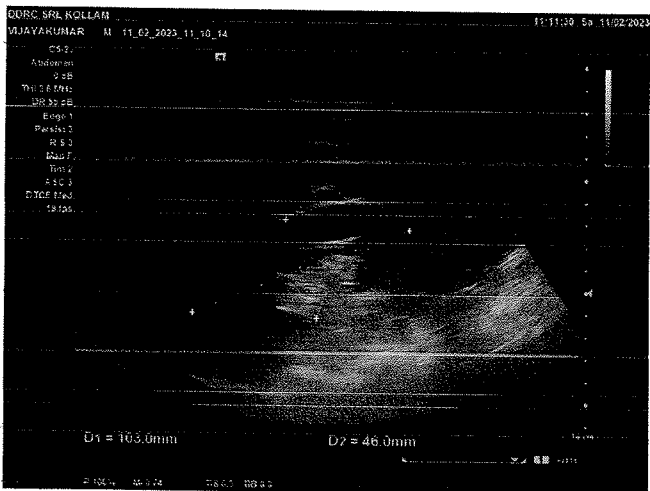
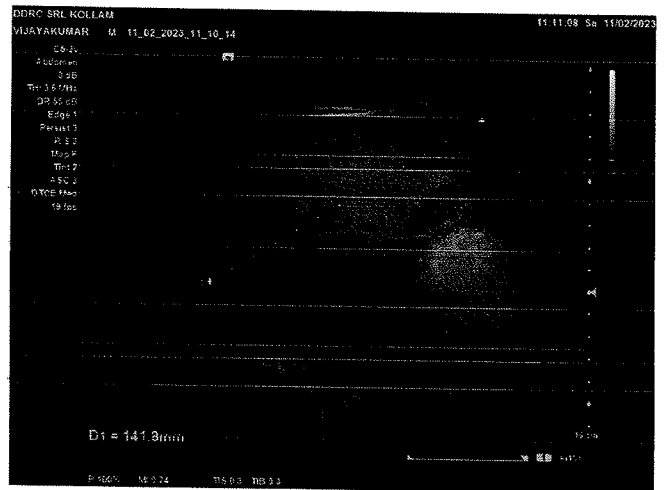
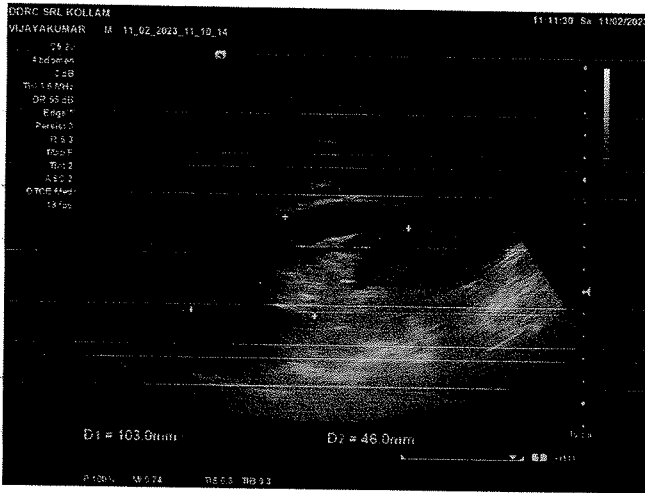
Sonographer :

Indication :

Exam Type : MSK

Height :

Weight :



Signature \_\_\_\_\_

DDRRC Hospital

MR. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 19 s HR: 73 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 110/70

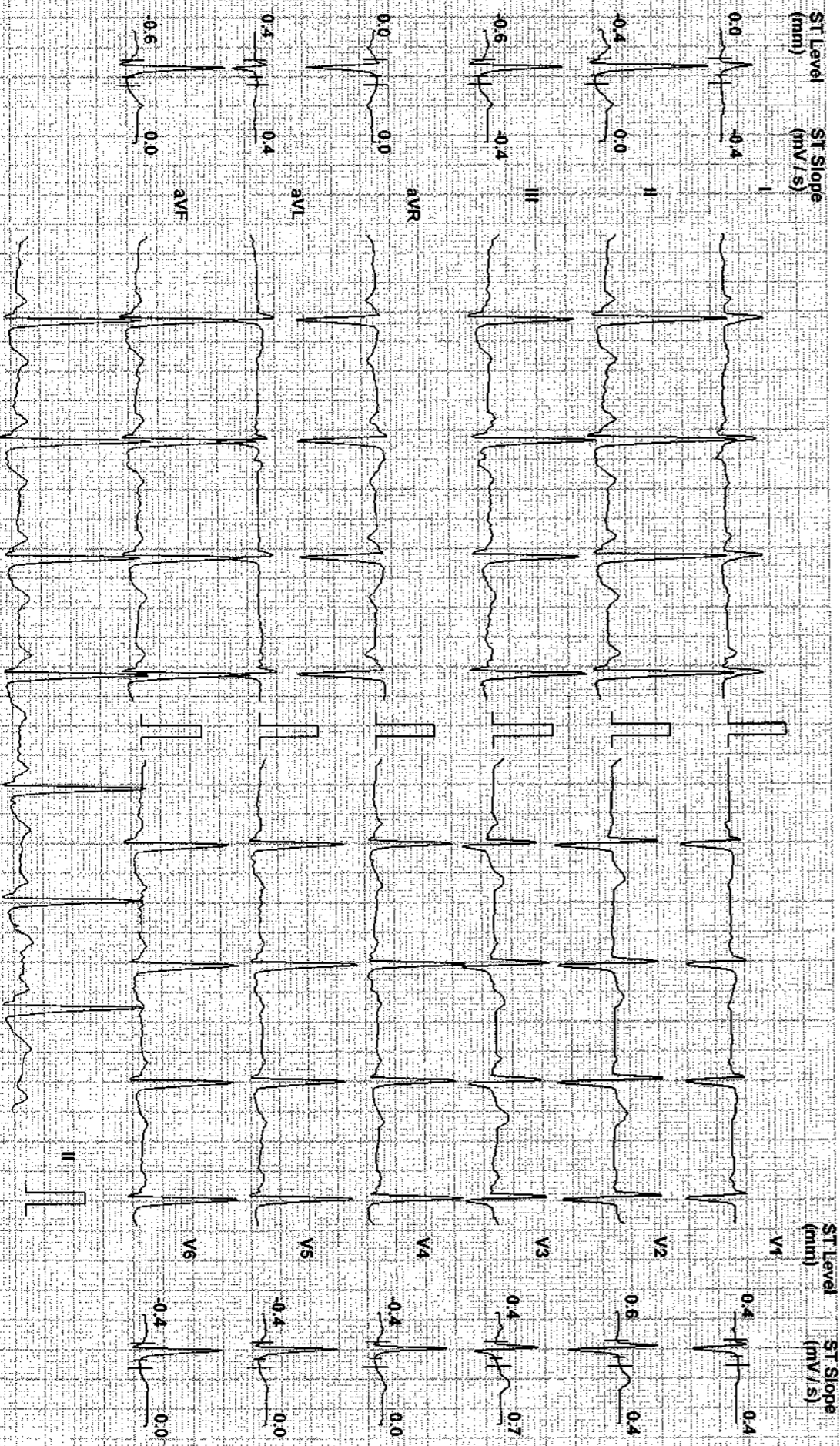


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Schlifer Standard V 47

Filter: 35 Hz

Main: Fil: ON

Amp: 10 mm

190 = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

DDRRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 0 m 0 s

HR: 76 bpm

Protocol: Bruce

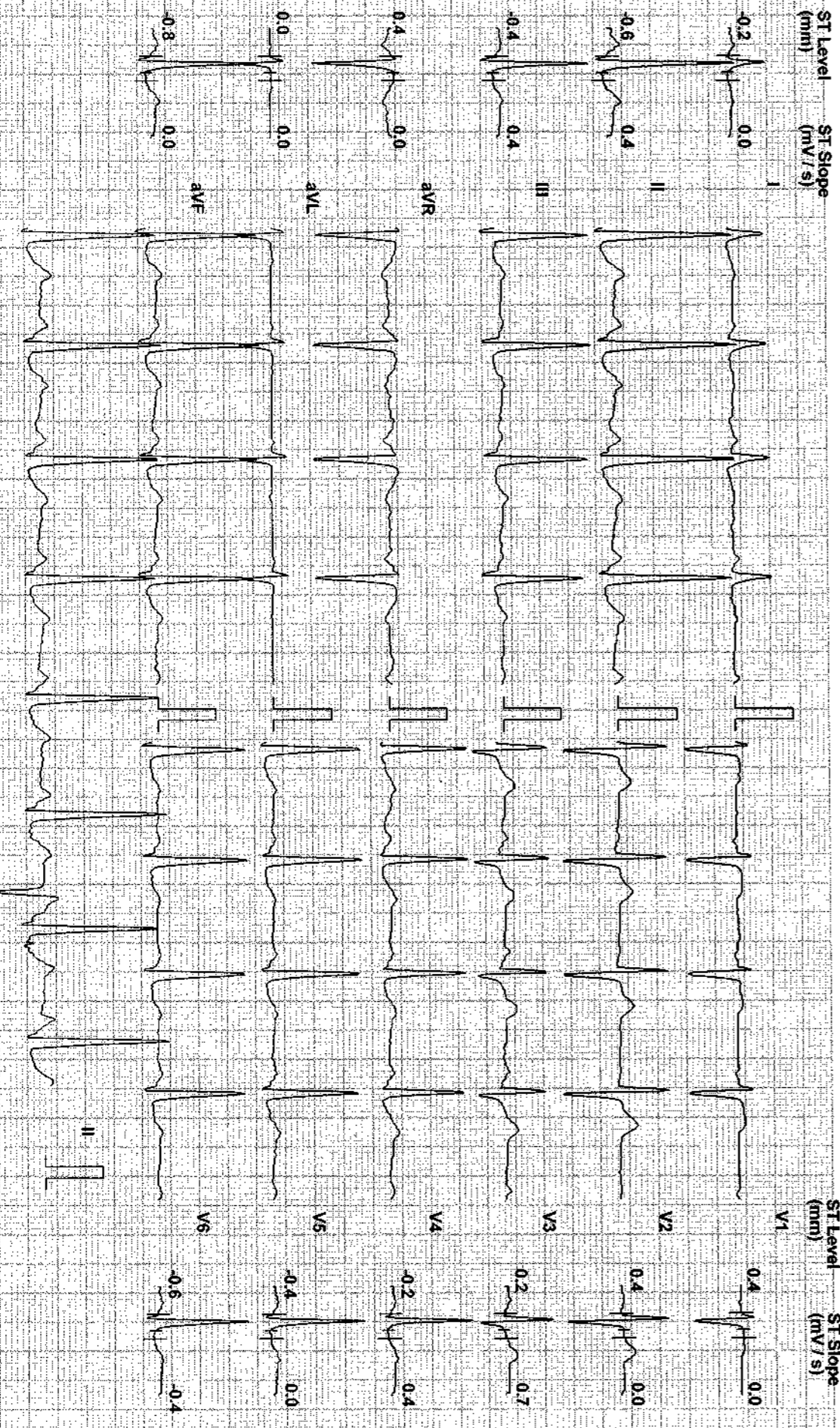
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 110 / 70





DDRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 0 m 0 s Stage Time : 0 m 4 s

HR: 74 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 110 / 70

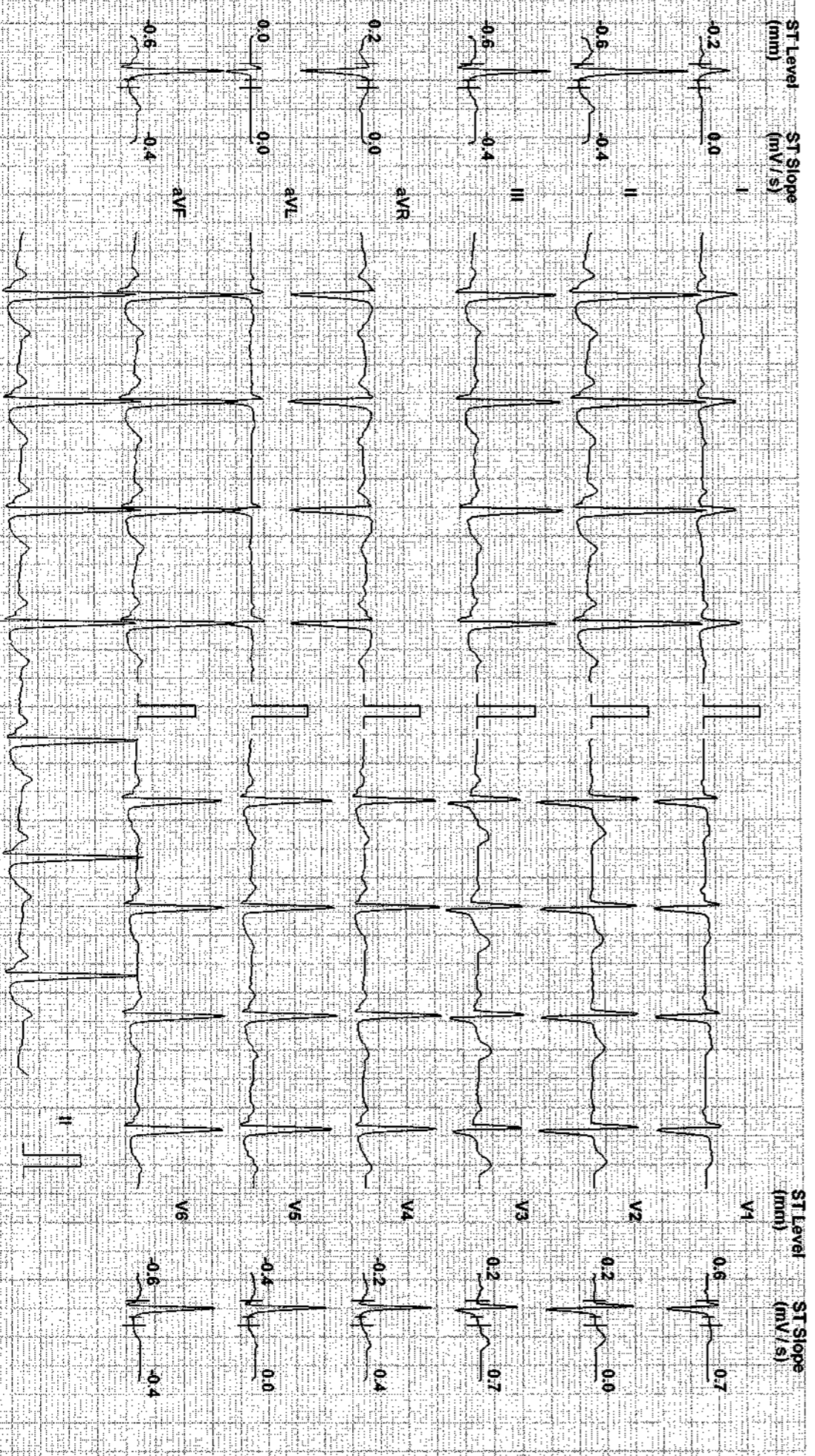


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Schlier Speed: V4.7

Filter: 35 Hz

Main: Fil: ON Amp: 10 mm

ISO = R - 60 ms

V = R + 60 ms

Post J = J + 60 ms

DDRRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 109 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 145 bpm)

B.P: 110 / 70

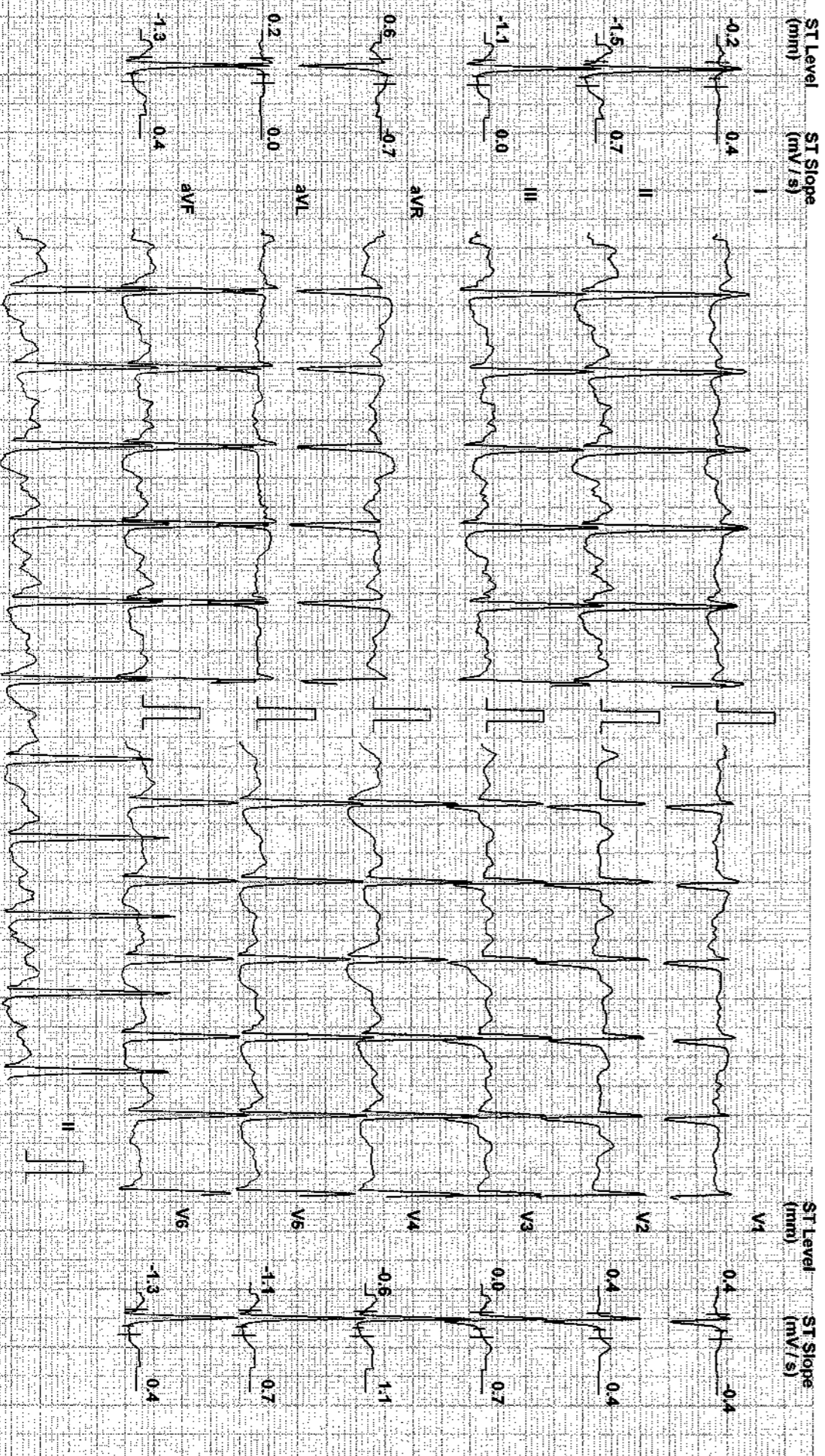


Chart Speed: 25 mm/sec  
Schiller-Standard V.4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

I = R - 60 ms

Post I = R - 60 ms

DDRC Hospital

Mr. R VIJAYAKUMAR (58 M)  
Protocol: Bruce

ID: 2142  
Stage: 2

Date: 11-Feb-23  
Speed: 2.5 mph  
Grade: 12 %  
Exec Time : 6 m 0 s  
Stage Time : 3 m 0 s  
HR: 125 bpm  
(THR: 145 bpm)  
B.P: 110 / 70

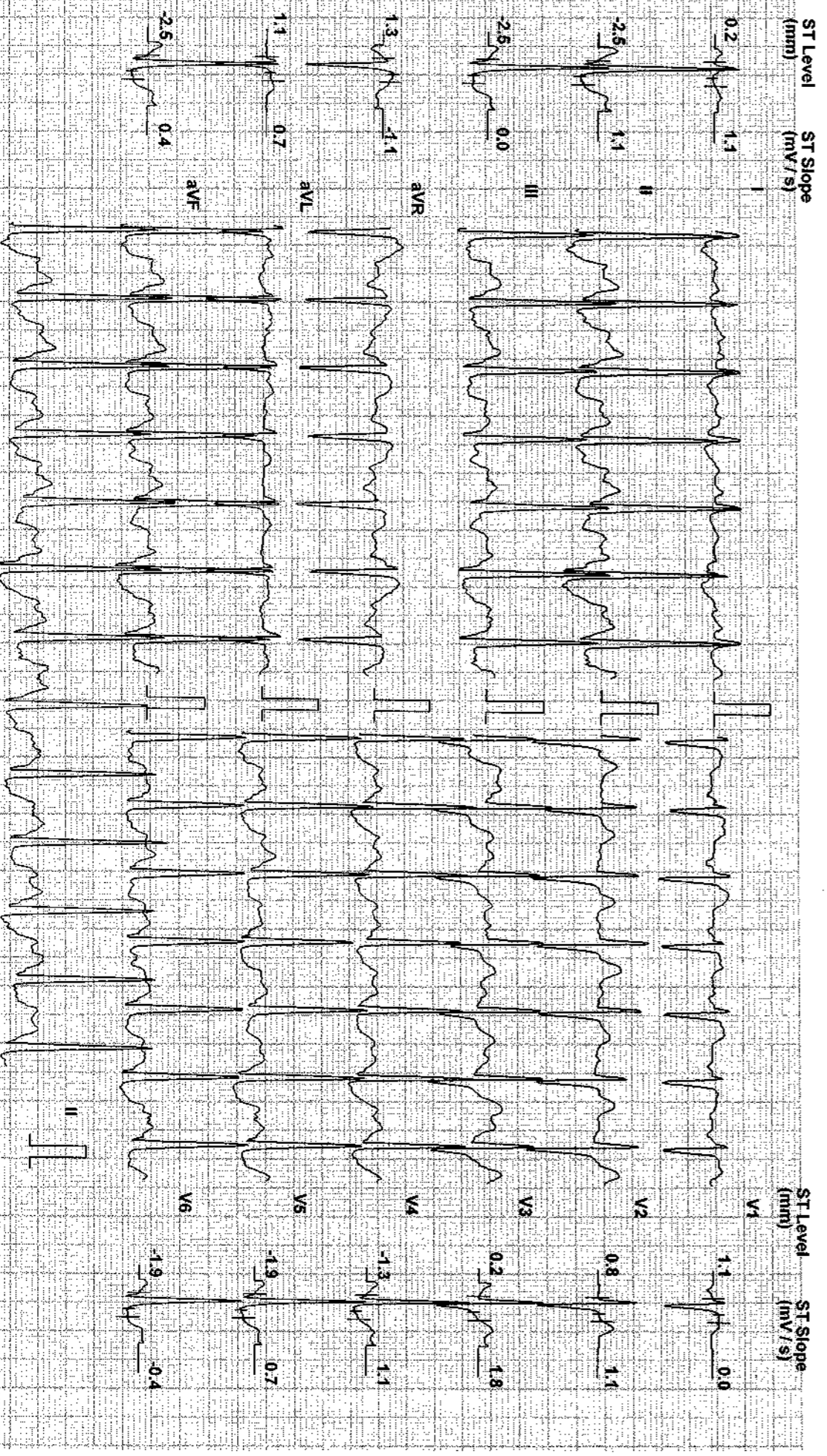


Chart Speed: 25 mm/sec  
Filter: 35Hz  
Mains Filtr. ON  
Amp: 10 mm  
Iso - S - 60 ms  
J - R - 60 ms  
Post J - J + 60 ms

DDRRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 150 bpm

Protocol: Bruce

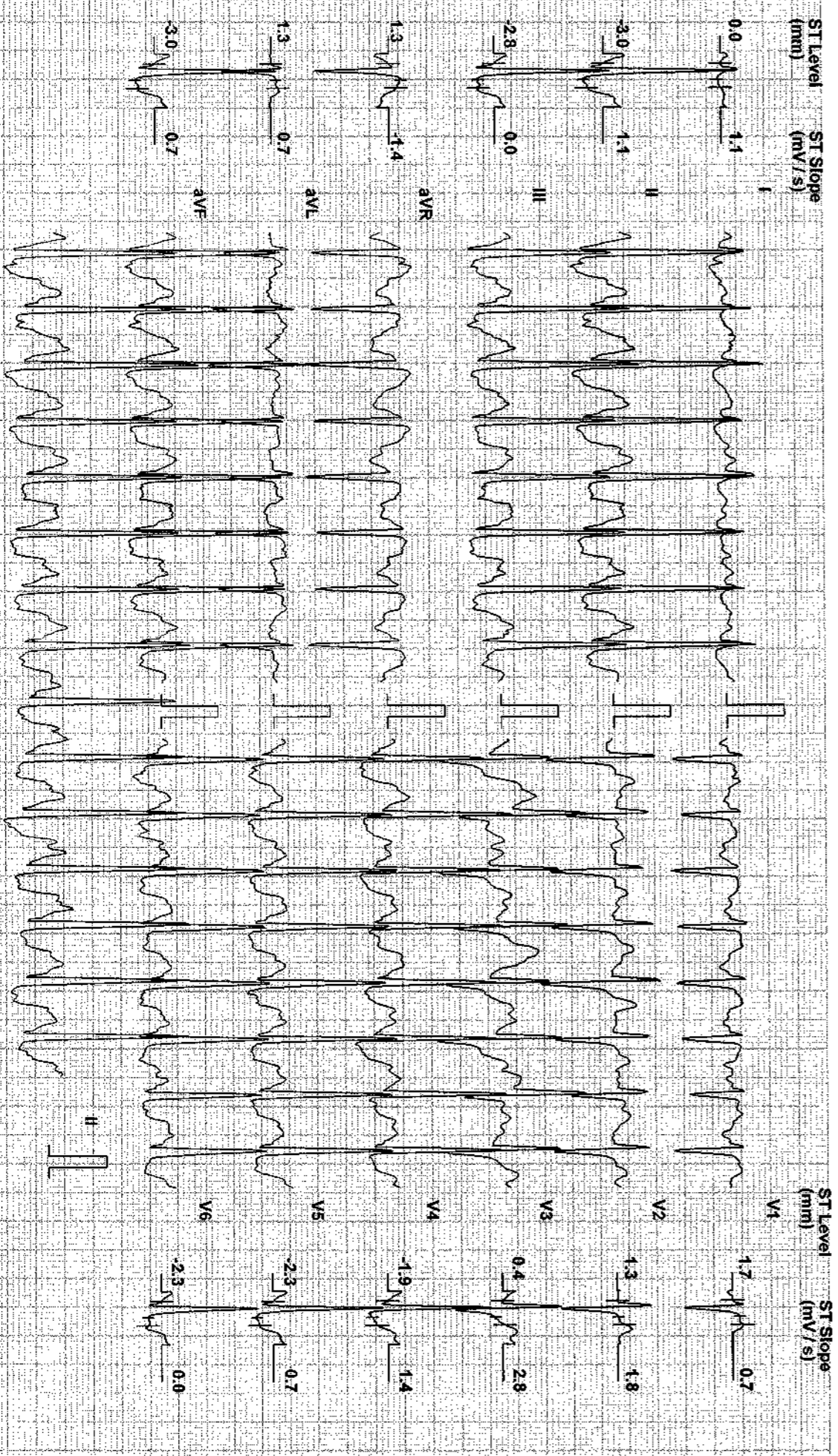
Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 145 bpm)

B.P: 150 / 70



DDRC Hospital

1501 revpu11

MR. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 11 m 54 s Stage Time : 2 m 54 s HR: 171 bpm

Protocol: Bruce

Stage: 4

Speed: 4.2 mph

Grade: 16 %

(THR: 145 bpm)

B.P: 150 / 70

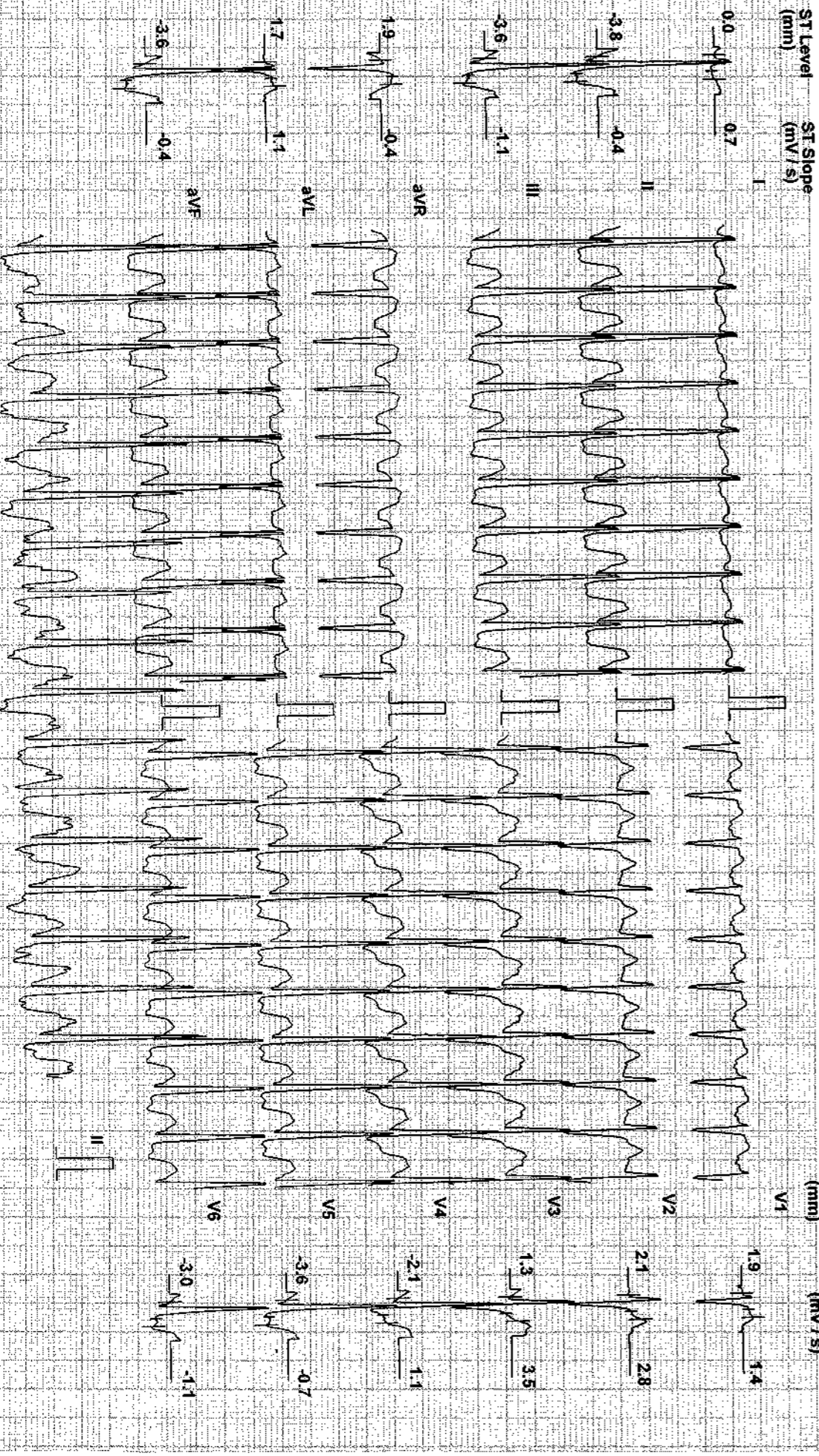


Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = A + 60 ms

Post J = J + 60 ms

Linked Median

DDRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 12 m 2 s Stage Time : 0 m 2 s

HR: 171 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 5 mph

Grade: 18 %

(THR: 145 bpm)

B.P: 150 / 70

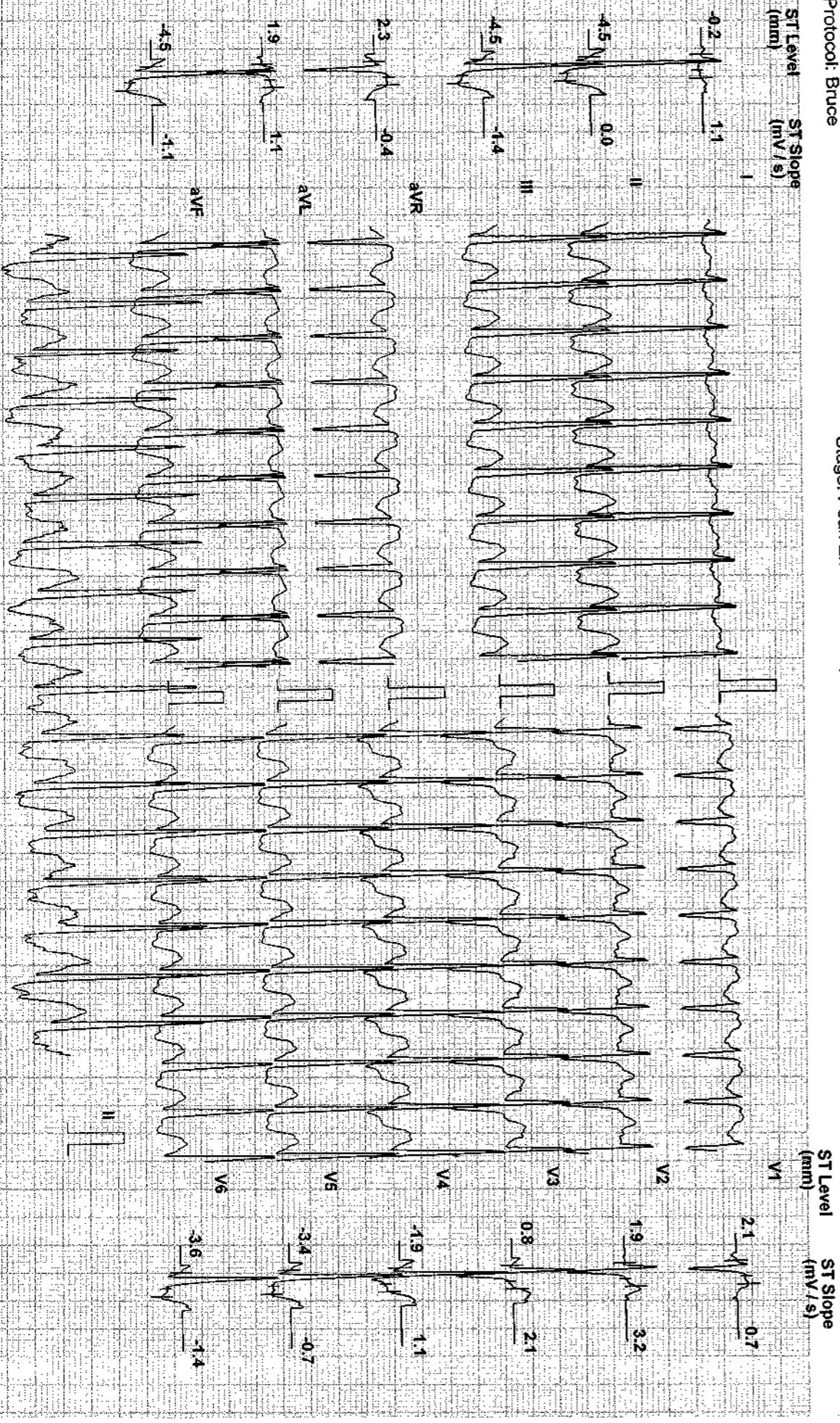


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms  
Schiller-Spenden V.4.7

DDRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 14-Feb-23

Exec Time : 12 m 8 s Stage Time : 1 m 0 s

HR: 150 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 150 / 70

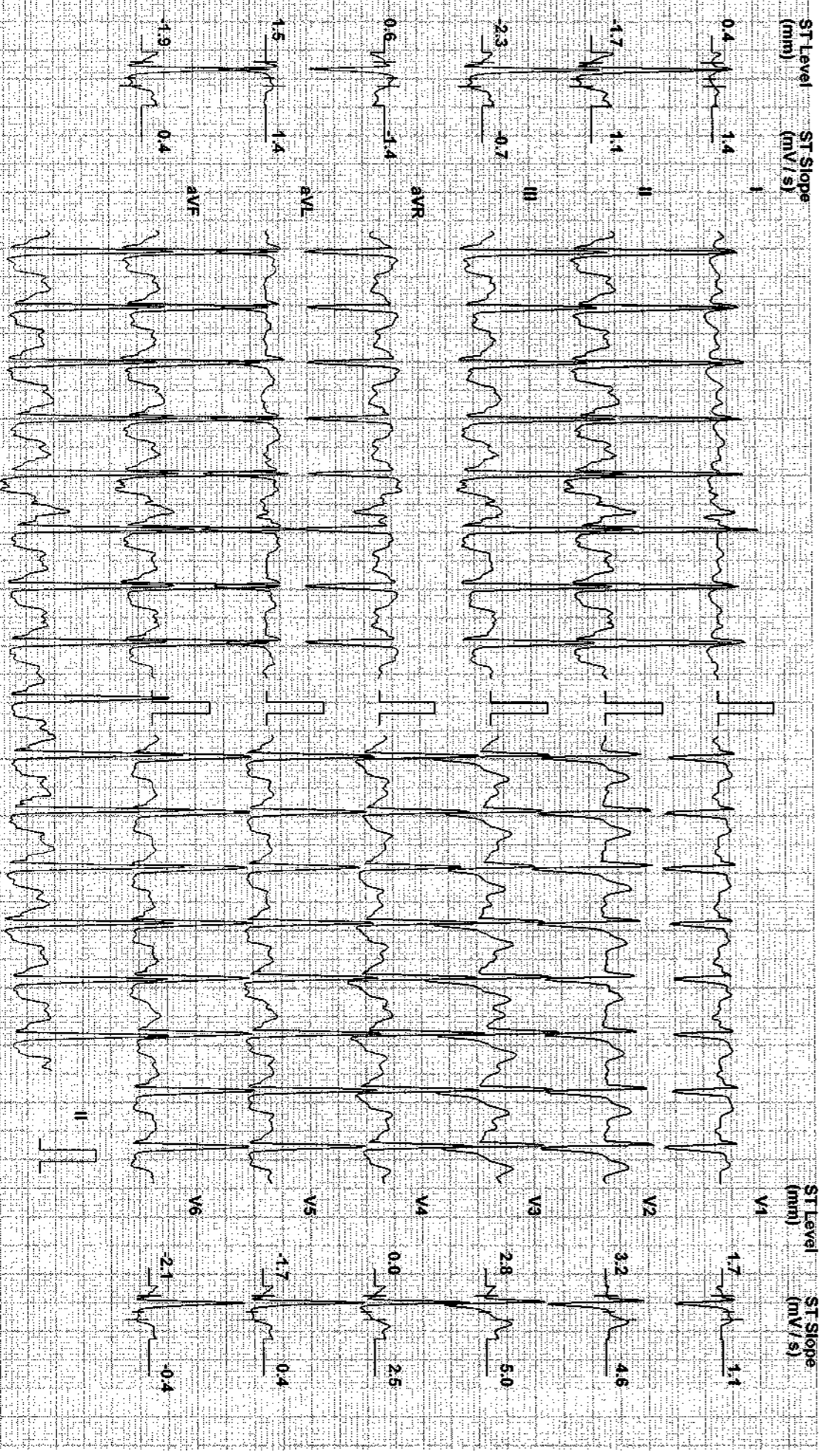


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

sr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

MR. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 12 m 8 s Stage Time : 1 m 0 s

HR: 127 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 150 / 70

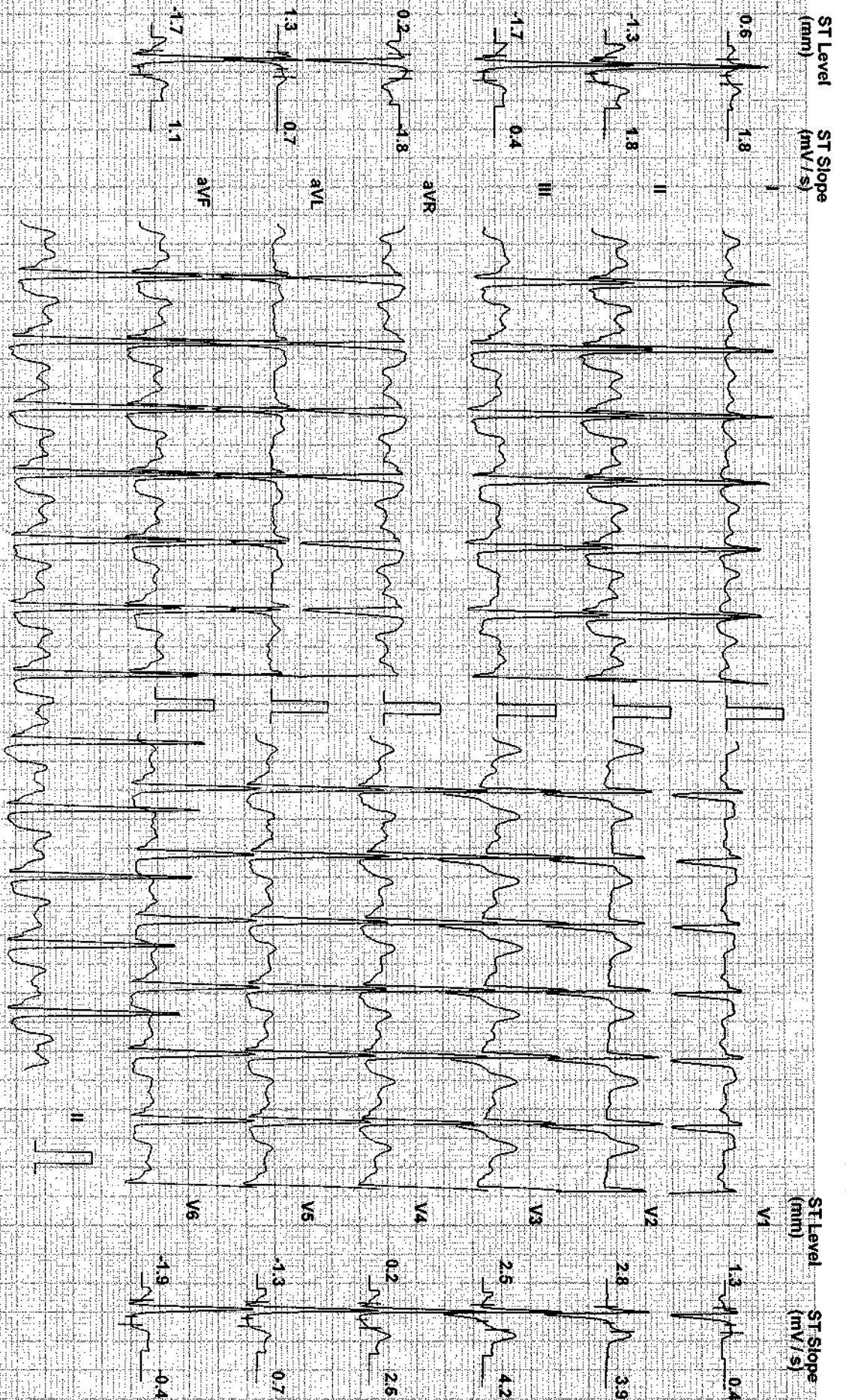


Chart Speed: 25 mm/sec  
Schlier Standard V47

Filter: 35 Hz

Mains Fil: ON  
Amp: 10 mm

60 = R - 60 ms  
J = R - 60 ms  
Fosr J = J - 60 ms



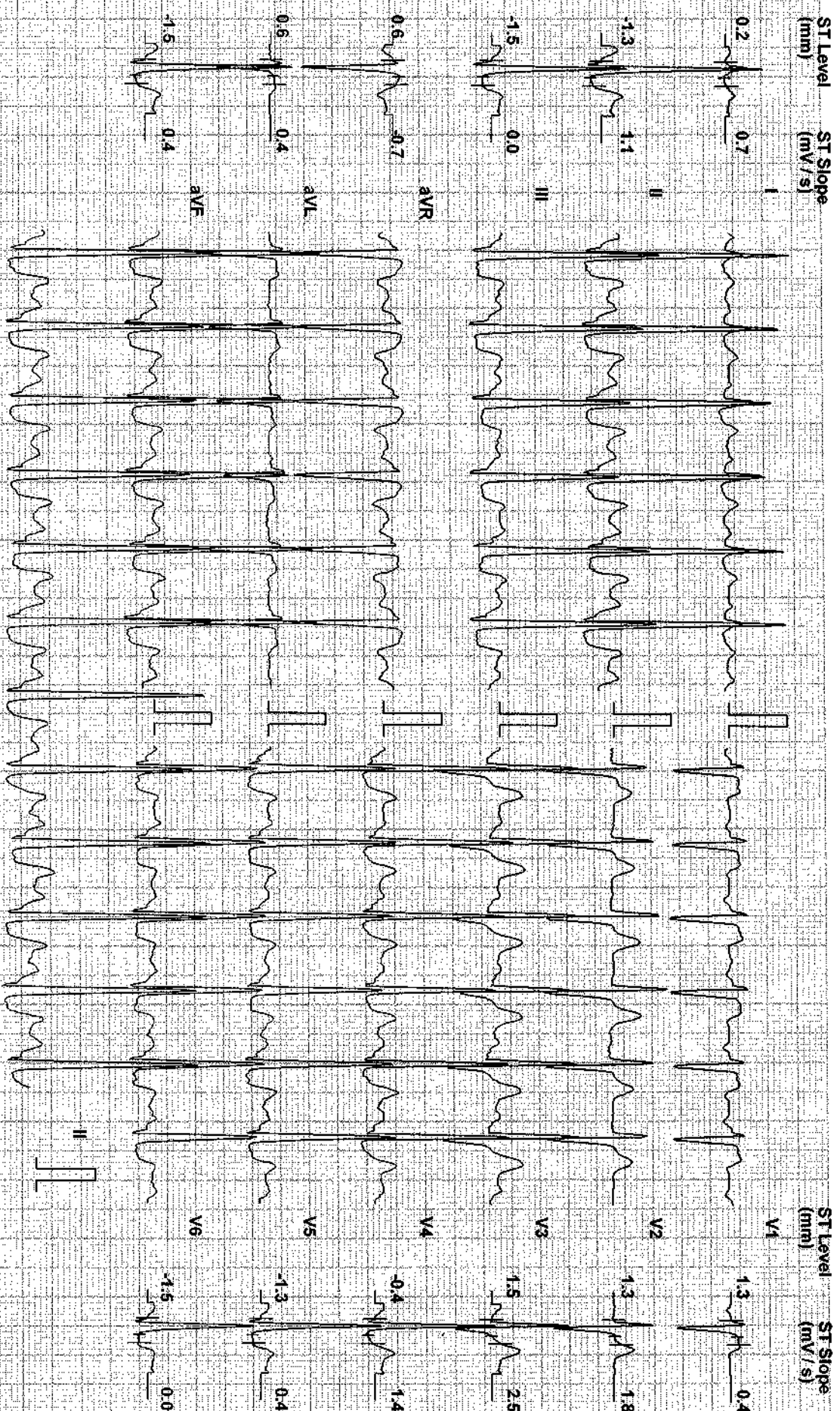


Chart Speed: 25 mm/sec  
Schiller Standard V47

Filter: 35 Hz  
Mains: Full ON  
Amp: 10 mm  
iso = R - 60 ms  
V = R + 60 ms  
Post J = J + 60 ms

DDRC Hospital

Mr. R VIJAYAKUMAR (58 M)

ID: 2142

Date: 11-Feb-23

Exec Time : 12 m 8 s Stage Time : 1 m 0 s

HR: 112 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 150 / 70

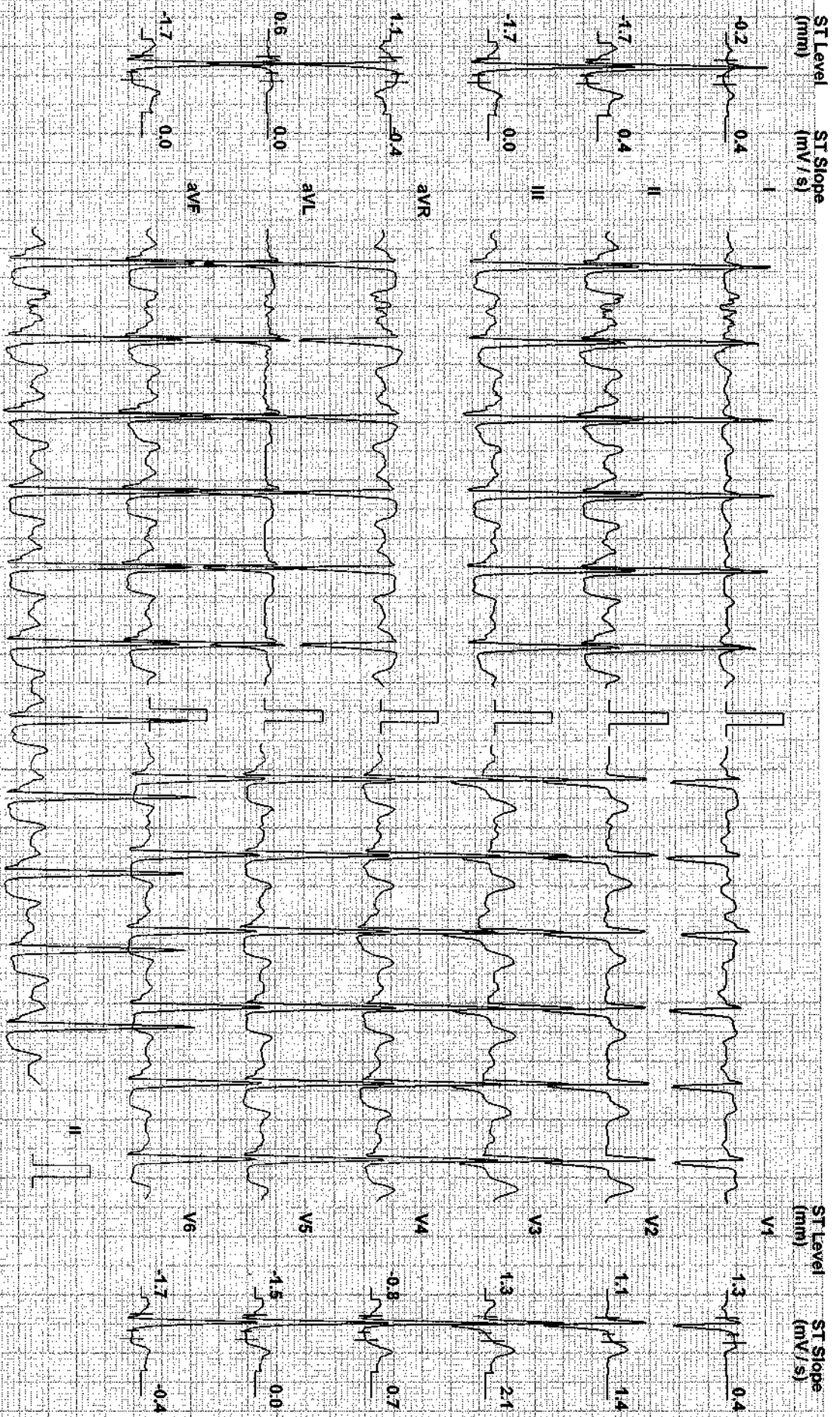


Chart Speed 25 mm/sec  
Schlifer Standard V47

Filter: 35 Hz

Mains Filtr. ON

Ampl: 10 mm

ISO-R: 60 ms

J-R: 60 ms

Post-J: J+60 ms

# DDRC Hospital

**Patient Details**      Date: 11-Feb-23      Time: 1:35:30 PM

Name: Mr. R VIJAYAKUMAR      ID: 2142

Age: 58 y      Sex: M      Height: 180 cms      Weight: 83 Kgs

Clinical History:      ROUTINE CHECK UP

Medications:      NO MEDICATION TAKEN

### Test Details

Protocol: Bruce

Total Exec. Time: 12 m 8 s

Max. BP: 150 / 70 mmHg

Test Termination Criteria:      TARGET HR ATTAINED

Pr.MHR: 162 bpm

Max. HR: 172 (106% of Pr.MHR) bpm

Max. BP x HR: 25800 mmHg/min

THR: 145 (90% of Pr.MHR) bpm

Max. Mets: 14.90

Min. BP x HR: 5110 mmHg/min

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 19	1.0	0	0	73	110 / 70	-0.85 II	0.71 V3
Standing	0 : 8	1.0	0	0	76	110 / 70	-0.86 aVF	0.71 V3
Hyperventilation	0 : 4	1.0	0	0	74	110 / 70	-0.85 aVF	0.71 V1
1	3 : 0	4.6	1.7	10	109	110 / 70	-1.70 III	1.06 I
2	3 : 0	7.0	2.5	12	125	110 / 70	-2.76 II	1.77 V3
3	3 : 0	10.2	3.4	14	150	150 / 70	-3.61 II	3.54 V3
4	3 : 0	13.5	4.2	16	172	150 / 70	-5.10 II	4.25 V2
Peak Ex	0 : 8	14.9	5	18	171	150 / 70	-4.46 II	3.89 V3
Recovery(1)	1 : 0	1.8	1	0	150	150 / 70	-5.52 II	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	127	150 / 70	-2.34 III	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	116	150 / 70	-1.91 V6	4.25 V3
Recovery(4)	1 : 0	1.0	0	0	112	150 / 70	-2.34 II	3.18 V3
Recovery(5)	0 : 10	1.0	0	0	111	150 / 70	-1.70 II	2.12 V3

Patient Details

Date: 11-Feb-23

Time: 1:35:30 PM

Name: M.R VIJAYAKUMAR ID: 2142

Age: 58 y

Sex: M

Height: 180 cms

Weight: 83 Kgs

Interpretation

The Patient exercised according to the Bruce Protocol for 12 m 8 s achieving a work level of Maximum MetS: 14.90. Resting heart rate initially 73 bpm. Rose to a maximum heart rate 172(106% of Pr. MHR) bpm. Resting Blood pressure 110/70 mmHg, Rose to maximum blood pressure of 150/70 mmHg.

- Significant ST depression in inferior leads at peak exercise that reverted to baseline less than three minutes on recovery.
- No angina, arrhythmias or signs of LV dysfunction during exercise or at recovery.

TMI possible for probable myocardial ischemia



*Shreekrishna R*

Dr. THOMAS RAATHIL  
 MBBS, MD, FRCP, FRCGS, FRCR, FRCR (C)  
 Consultant Cardiologist  
 DDRC Hospital, Kottayam  
 0471-2531111

Ref Doctor: \_\_\_\_\_

Doctor: SSN

(Summary Report edited by user)

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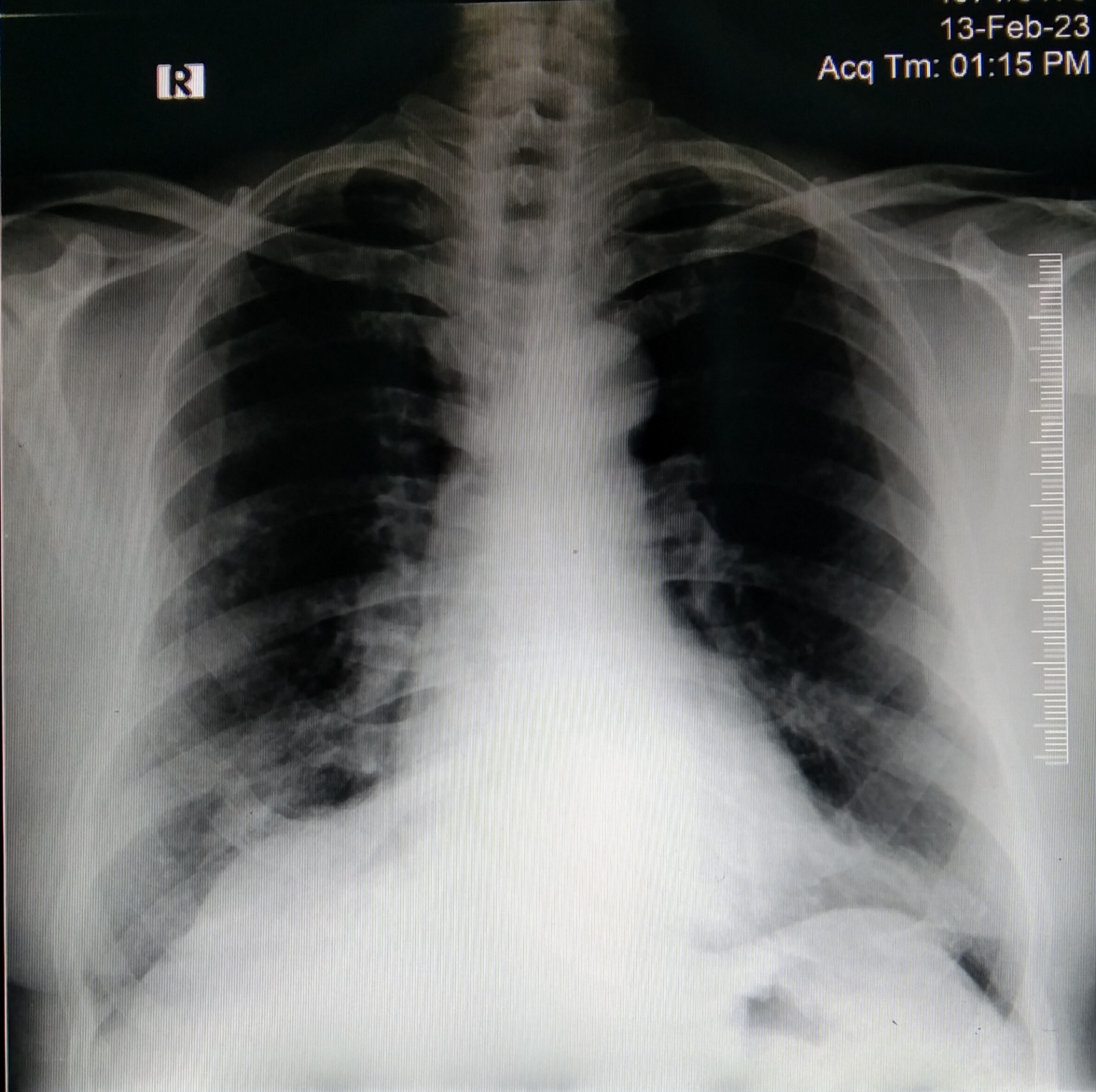
ru0 DDRC SRL DIAGNOSTIC (P) LTD, KADAPPAKADA, KOLLAM  
CHEST-PA VIJAYAKUMAR 65Y

4071/3173

13-Feb-23

Acq Tm: 01:15 PM

R



3553 X 3885



W: 1023 L: 512

VIJAYAKUMAR 65Y 4071/3173 M CHEST-PA 13-Feb-23 01:12 PM

DDRC SRL DIAGNOSTIC (P) LTD, KADAPPAKADA, KOLLAM