



### OPD ASSESSMENT FORM



Name Mr. Sandeep Gurnit Age.Sex 31/M MR.No. 5152719  
 Doctor Dr Krunal Gajjar Date 17/4/24  
 Ht: 164 cm Wt.: 67.4 kg Temp: 99.1 Pulse: 76 B/min BP: 132/84 mmHg  
 SPO2: 99.1 Post of walk SPO2: \_\_\_\_\_

**Chief Complaints :**

- No fresh complaints
- Came for health checkup

**Drug / Food Allergy :**

NO

Prior Medication Reviewed : Yes  No

**On examination :**

RS | NAD  
 CVS |

Past History : - n/a

**Provisional Diagnosis :**

**Nutritional Assessment :**

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

**Treatment and further Advices :  
(Write in Capital Letters)**

Rx \_\_\_\_\_

**Investigation advised :**

\_\_\_\_\_

*Krunal*  
**Dr. Krunal Gajjar**  
 M.B.B.S., MD (MEDICINE)  
 CONSULTANT PHYSICIAN

Reg. No. G-20422

**SUNSHINE GLOBAL HOSPITAL  
SURAT.**

**Signature**

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Mr. Sandip bhut S. Gomit Age.Sex 37/m MR.No. 5152719  
 Doctor Dr. Shailaja Desai Date 17/4/24  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

- Routine dental check up

Prior Medication Reviewed : Yes  No

On examination :

Past History :

- stain calculus

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

R<sub>x</sub>

1) Scaling

Investigation advised :

L. P. Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)  
A-9793

Signature

Dental Surgeon  
Sunshine Global Hospital, Surat

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Mrs. Samalipbhuvi S. Gtamit Age.Sex 37 / m MR.No. S15279  
 Doctor Dr. Hardik Shroff Date 17/04/24  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes  No

On examination :

BE Ant. Seg NAD

Past History :

Vr G<sub>9</sub> / G<sub>8</sub> NIG (numbers) Fundus (Central)

BE NAD

Provisional Diagnosis :

Nil ophthalmic

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Hardik Shroff  
 DOMS, DNB (Ophthalmology)

Reg. No. G-28902

SUNSHINE GLOBAL HOSPITALS  
Piplod, SURAT.

Follow Up : SOS Date : \_\_\_\_\_



<b>MR No.</b> : S152719	<b>Collection Date</b> : 17/04/2024 9:16AM
<b>Patient Name</b> : Mr. Sandipbhai Surjibnhai Gamit	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 17/04/2024 11:03AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	170	mg/dl	50 - 200
HDL CHOLESTEROL Direct	30	mg/dl	40 - 60
LDL CHOLESTEROL Direct	117.9	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	113	mg/dl	50 - 150
VLDL Calc	22.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.67		0 - 5
LDL / HDL RATIO	3.93		0 - 3

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

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

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

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

Page 1 of 1

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17/04/2024 11:03AM  
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PAT. NAME : Sandip Gamit	Date : 17/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : USG Whole Abdomen	MR NO. : S152719

**Findings:**

Liver is normal in size (15.8 cm), shape and shows mild increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

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


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

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

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy. Urinary bladder appears well distended and normal. No e/o free fluid in abdomen.

**IMPRESSION:**

- **Grade I fatty liver.**

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

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 04/17/2024 - 12:22 PM

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PAT. NAME : Sandip Gamit	Date : 17/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S152719

**Clinical Details:** HC

**Observation:**

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

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

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 17/04/2024 - 12:34 PM

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<b>MR No.</b> : S152719	<b>Collection Date</b> : 17/04/2024 9:18AM
<b>Patient Name</b> : Mr. Sandipbhai Surjibnhai Gamit	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 17/04/2024 11:06AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.9	gm/dl	13.0 - 17.0
PCV	46.1	%	40 - 50
RBC COUNT	5.77	mill/cmm	4.5 - 5.5
MCV	79.9	fl	76 - 96
MCH	24.1	pg	26 - 32
MCHC	30.2	%	32 - 36
RDW	14.4	%	11 - 15
PLATELET COUNT	2.40	lacs/cmm	1.5 - 4.5
WBC COUNT	7030	/cmm	4000 - 11000
ESR	02	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	38	%	40 - 70
LYMPHOCYTES	45	%	20 - 40
EOSINOPHILS	12	%	1 - 6
MONOCYTES	05	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Lymphocytosis with		
HEMOPARASITES	Eosinophilia		
	Adequate		
	Not Seen		

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

*Dr. Shobha Choksi*  
**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:03AM

**HAEMATOLOGY**

Parameter	Result	Normal Range
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	*A*	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>		
SERUM URIC ACID (Uricase)	5.6	mg/dl
		3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>		
FASTING BLOOD GLUCOSE (Hexokinase)	116	mg/dl
		74 - 110
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

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

*Dr. Shobha Choksi*  
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<b>MR No.</b> : S152719	<b>Collection Date</b> : 17/04/2024 9:18AM
<b>Patient Name</b> : Mr. Sandipbhai Surjibnhai Gamit	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 17/04/2024 11:04AM

**BIOCHEMISTRY**

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

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c  $\geq 6.5\%$

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

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

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

Page 1 of 1

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MR No. : S152719  
Patient Name : Mr. Sandipbhai Surjibnhai Gamit  
Ref By : Dr. Hospital A Doctor  
Collection Date : 17/04/2024 9:18AM  
Age : 37 Y Sex : Male  
Report Date : 17/04/2024 11:05AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	29	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.2	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.1	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	15	U/L	5 - 41
SGOT (IFCC)	16	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.4	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.08	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	8.5	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.0	mg/L	
URINE CREATININE (JAFPE)	74.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	6.7	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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**Dr. Shobha Choksi**  
MD, DCP (Pathology)  
Reg. No.: G-9074



MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:04AM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.18	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.22	ug/dl	5.1 - 14.0
TSH (CLIA)	3.33	uIU/ml	0.2 - 4.5

**Note:-**

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

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

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

**Dr. Shobha Choksi**  
MD, DCP (Pathology)

Reg. No.: G-9074

Page 1 of 1

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:07AM

**CLINICAL PATHOLOGY**

Parameter	Result	Normal Range
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	25	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	5.5	
SPECIFIC GRAVITY	1.030	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	Occasional	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

*[Signature]*  
Dr. Shobha Choksi  
MD, DCP (Pathology)

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17/04/2024 11:27AM  
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Reg. No.: G-9074

ID: S152719  
Visit:  
17-Apr-2024  
10:13:55

37 years  
Caucasian  
Male  
Referred by:  
Test ind.

BRUCE  
Max HR: 168bpm 91% of max predicted 183bpm  
Max BP: 163/79  
Reason for Termination: 10.3METS  
Comments:

Tot Exercise time: 9:10  
25.0 mm/s  
10.0 mm/mV  
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	KPH (x100)
PRETEST	SUPINE	1:13	0.6	0.0	1.2	75	132/84	99
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	127	132/84	168
	STAGE 2	3:00	2.5	12.0	7.0	147	140/84	206
	STAGE 3	3:00	3.4	14.0	10.1	167	150/90	251
	STAGE 4	0:10	4.1	16.0	10.3	168	150/90	272
RECOVERY	RECOVERY	4:02	0.6	0.0	1.0	111	153/81	170

7007 is negative for indeedly ischemia

Technician

Unconfirmed

MAC55-0108

ID: S152719

Visit:

17-Apr-2024

10:16:05

116bpm

BP: 132/84

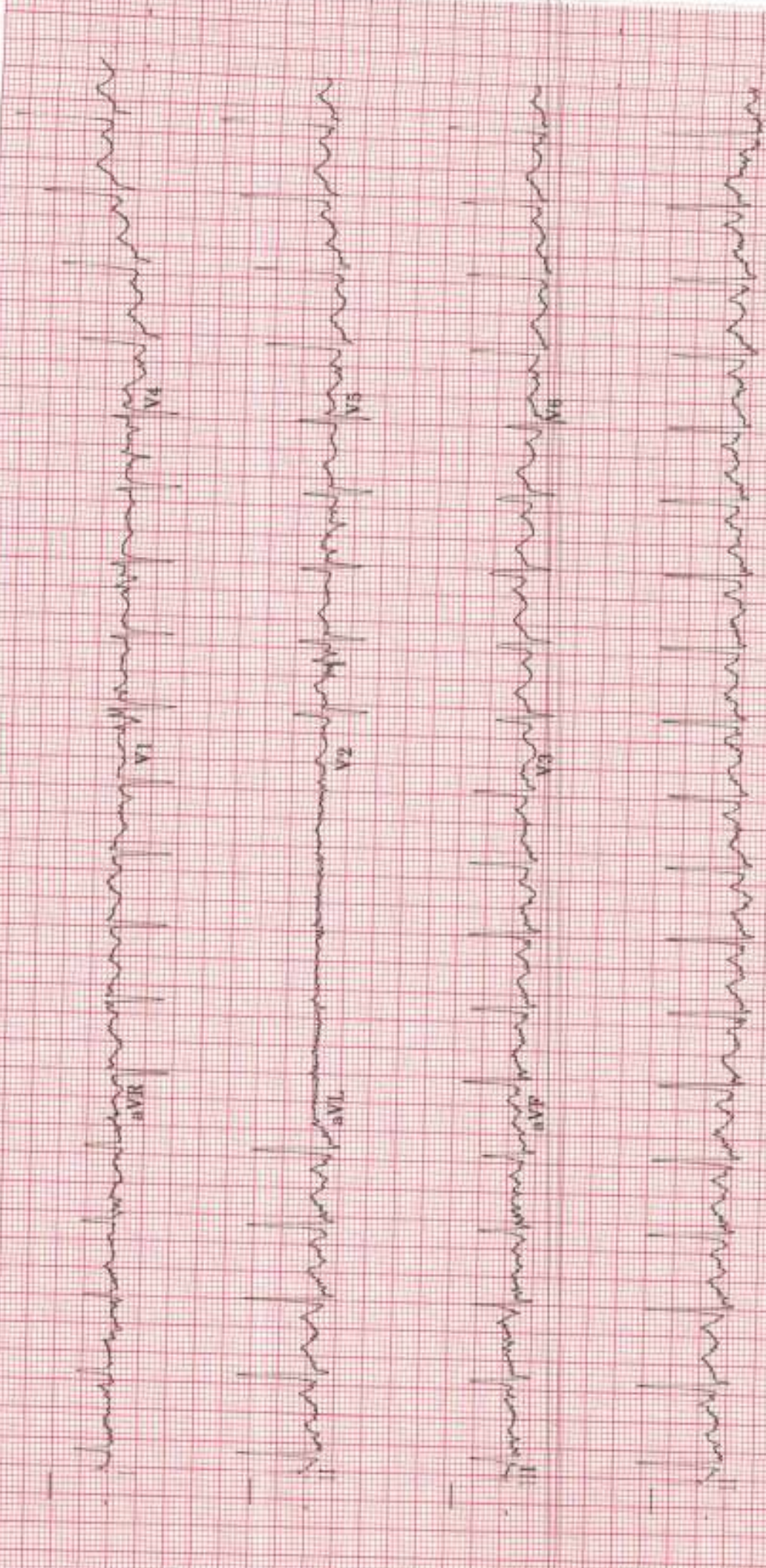
EXERCISE  
STAGE 1

1:00

RUCS

1.7mph

10.0%



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010B

2

ID: S152719

Visit:

17-Apr-2024

10:18:08

EXERCISE STAGE 1

3:00

127bpm

BP: 132/84

ST @ 10mm/mV

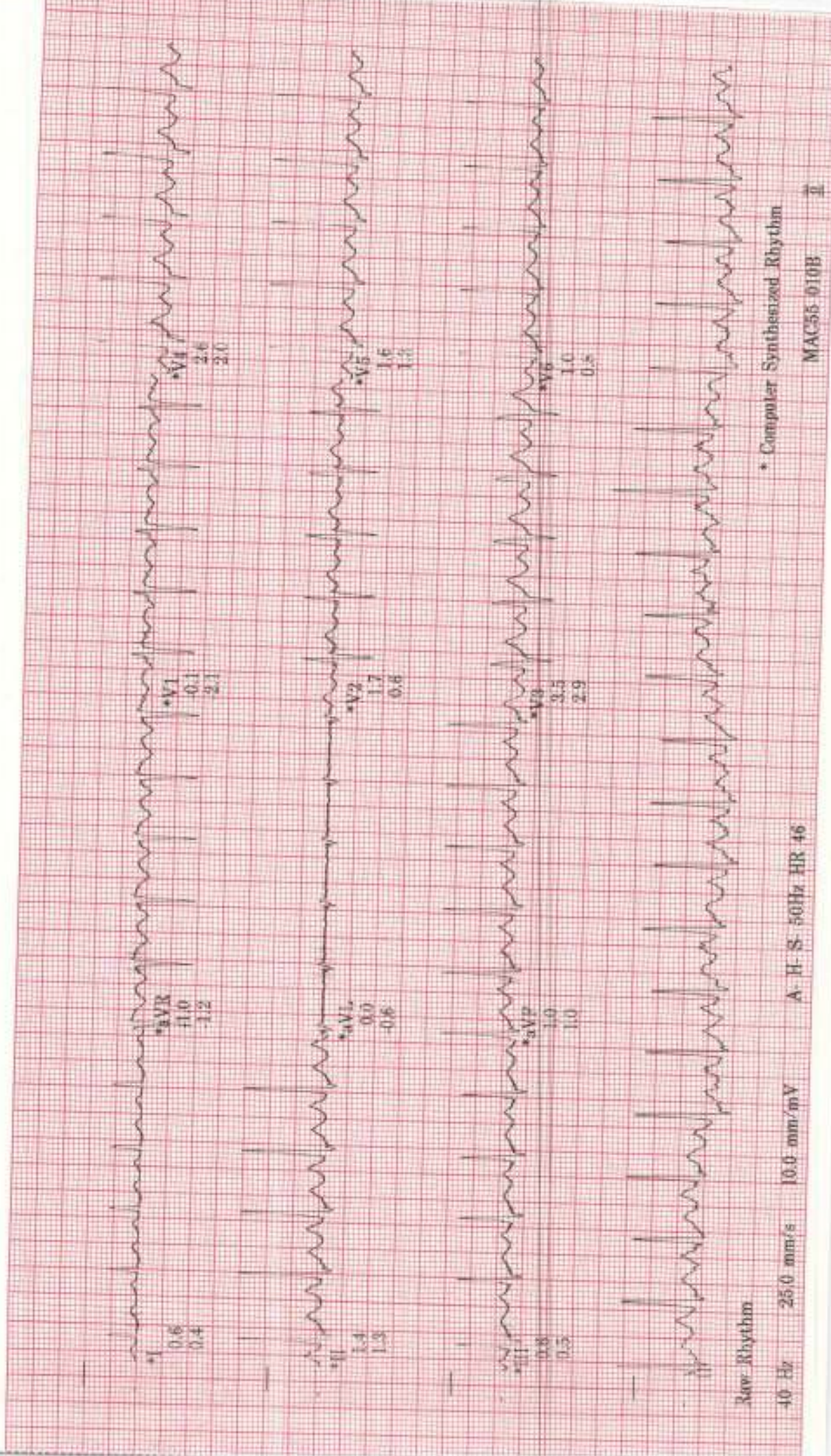
80ms postJ

RUCE

1.7mph

10.0%

Lead  
ST(mm)  
Slope(mV/g)



ID: S152719

Visit

17-Apr-2024

10:21:08

EXERCISE  
STAGE 3

6:00

147bpm

BP: 140/84

ST @ 10mm/mV

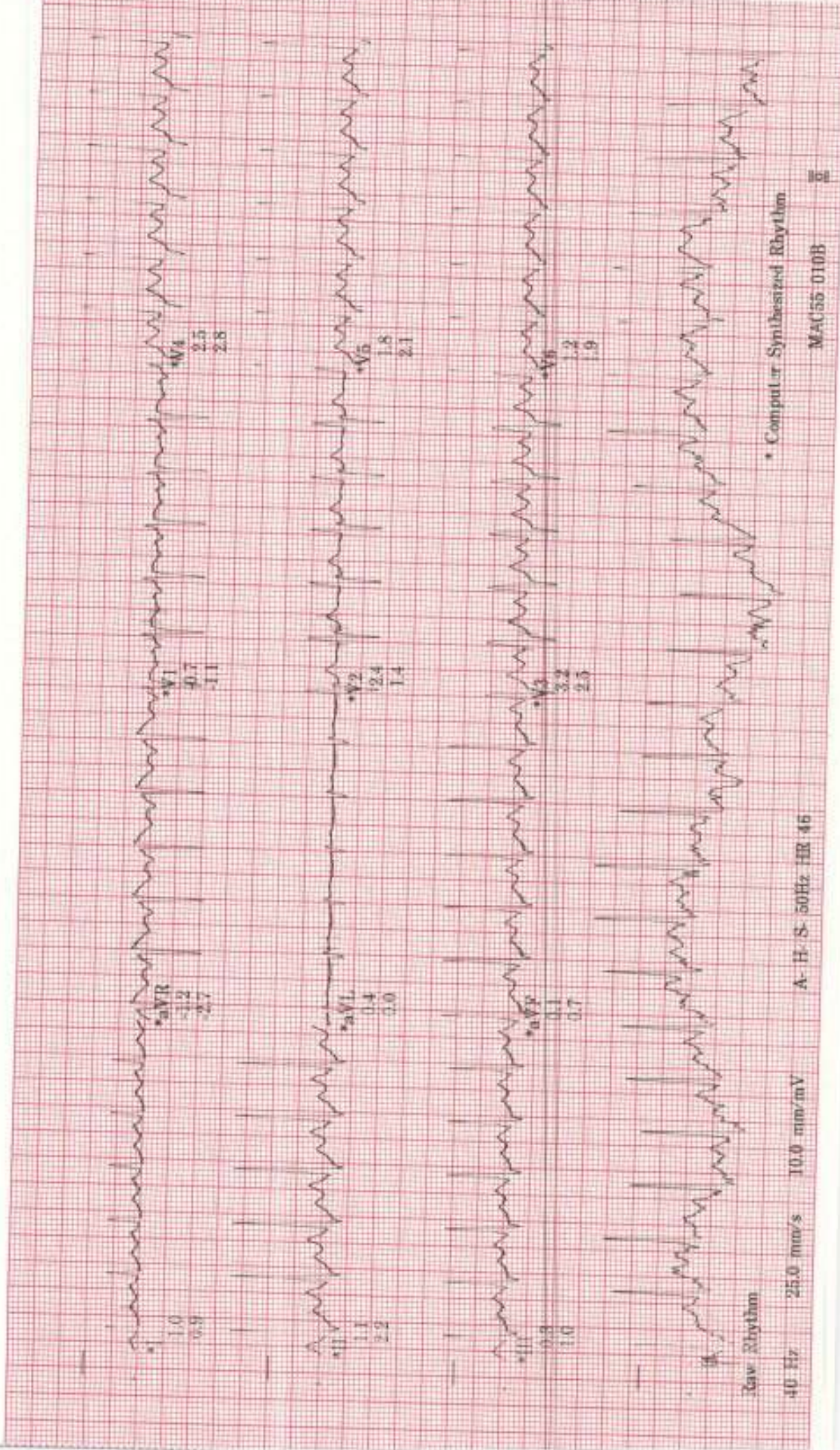
80ms post.J

RUCR

2.5mph

12.0%

Lead  
STY(mm)  
Slope(mV/s)



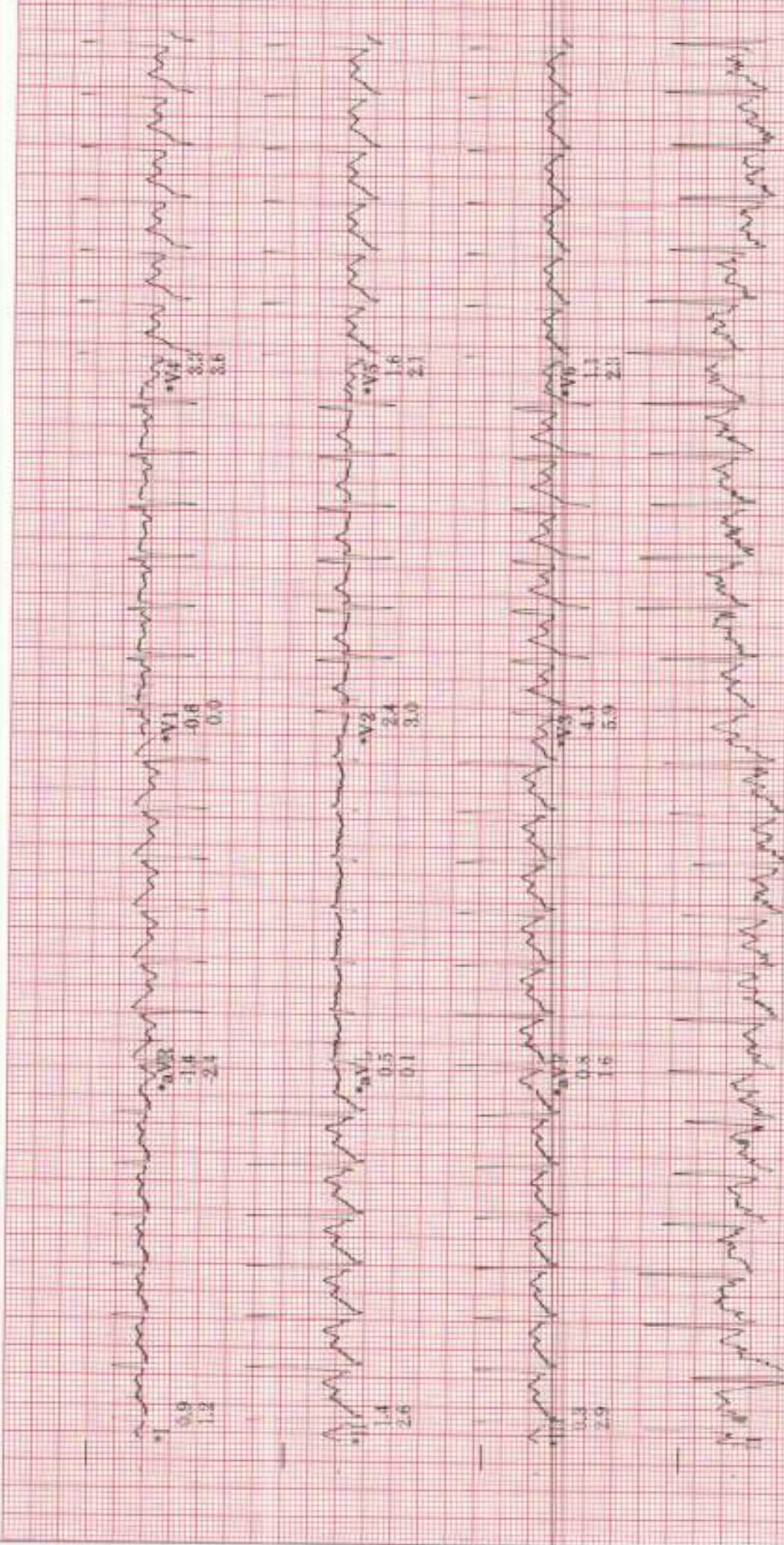


ID: S152719  
Visit:  
17-Apr-2024  
10:23:35

LINKED MEDIANS REPORT

EXERCISE STAGE 3  
8:27  
165bpm  
BP: 150/90  
CRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postd  
Lead ST(mm) Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-R-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55-0108

ID: S152719

Visit:

17-Apr-2024

10:24:08

167bpm

BP: 150/90

ST @ 10mm/mV

80ms post

EXERCISE

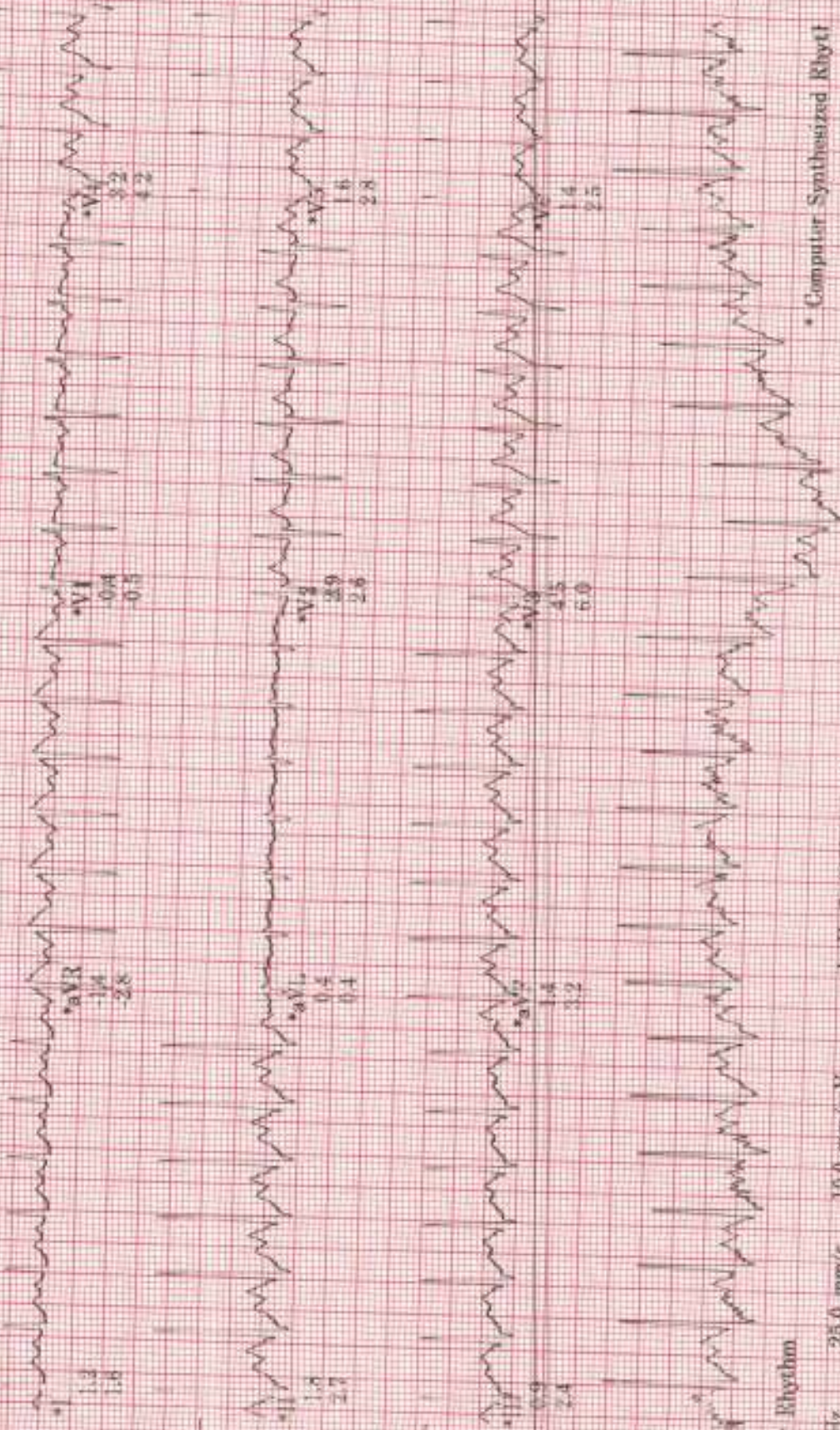
STAGE 3

9:00

BRUCE

3.4mph

14.0%



Computer Synthesized Rhythm

MAC55 010B

ID: S152719

Visit:

17-Apr-2024

10:24:19

EXERCISE

STAGE 4

9:10

167bpm

BP: 150/90

ST @ 10mm/mV

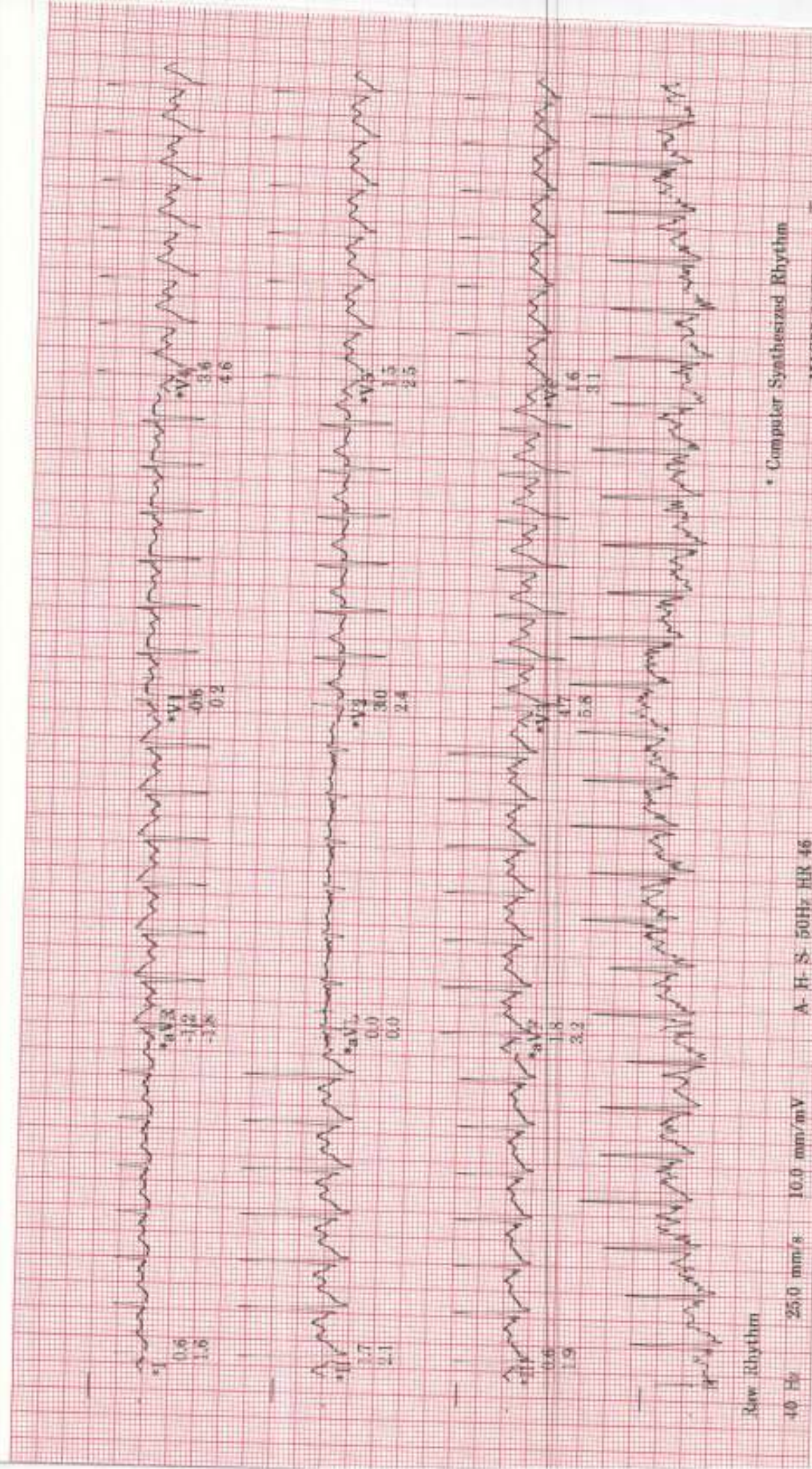
80ms postLJ

RUCB

4.2mph

16.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

5

ID: S152719

Visit:

17-Apr-2024

10:26:18

RECOVERY  
RECOVERY

115bpm

BP: 163/79

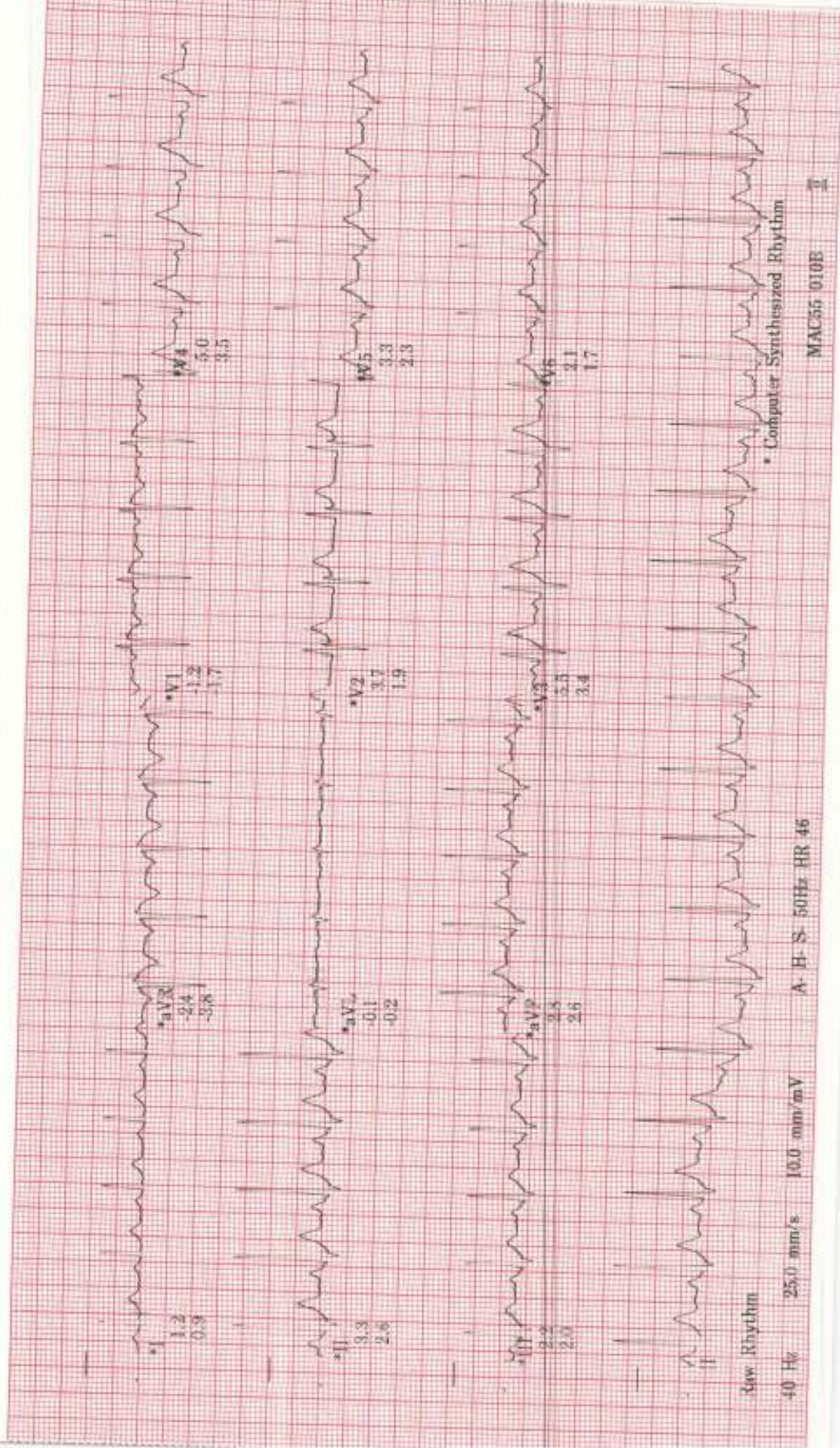
ST @ 10mm/mV  
80ms postLJ

RUCE

\*\* \*mph

\*\* \*%g

Lead  
ST(mm)  
Slope(mV/s)



ID: S152719

Visit:

17-Apr-2024

10:28:18

110bpm

BP: 153/81

ST @ 10mm/mV

80ms postLJ

RECOVERY  
RECOVERY

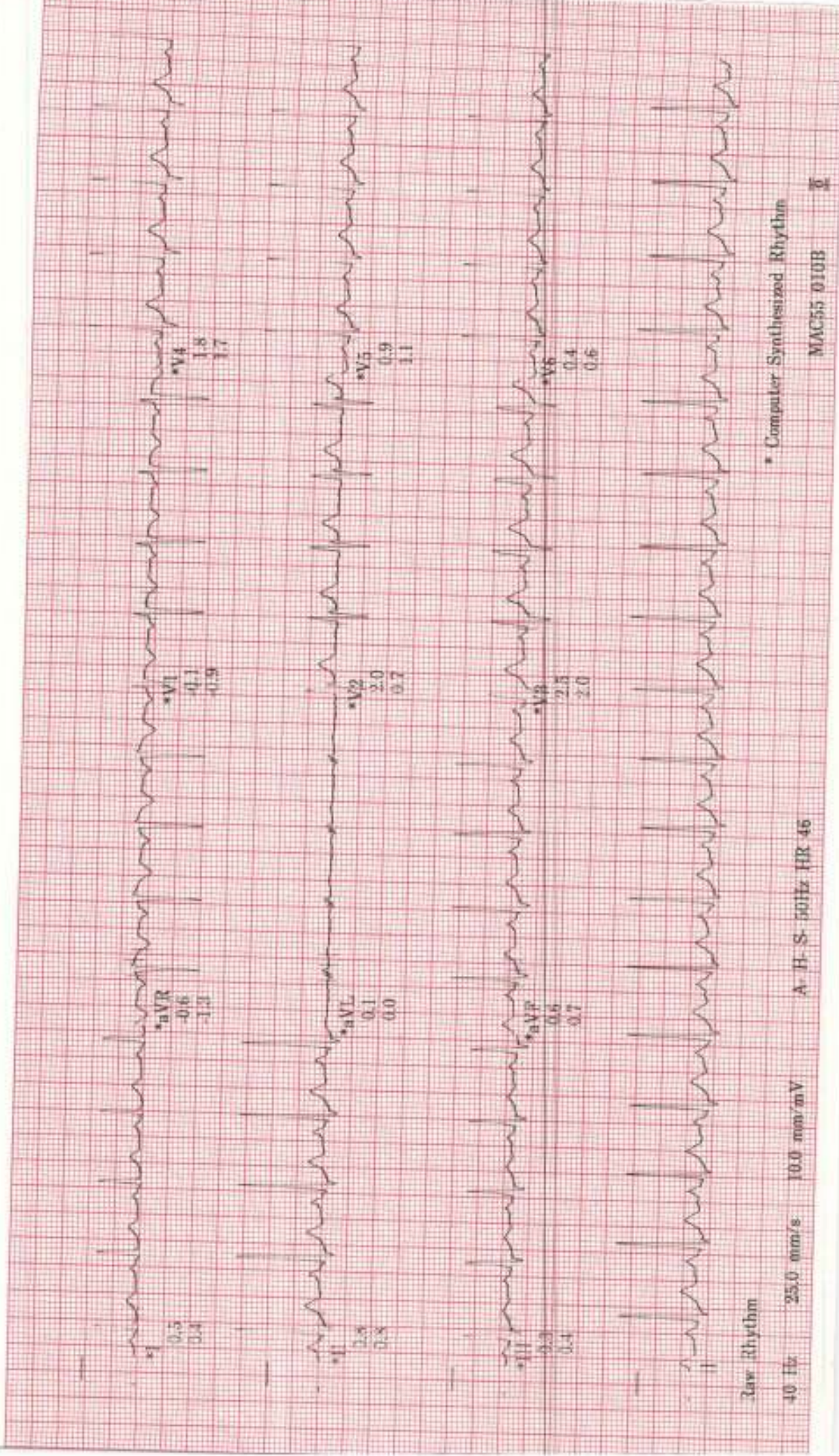
4:00

RUCE

\*\*mph

\*\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

II

ID: S152719

Visit:

17-Apr-2024

10:13:55

37 years

Caucasian

Male

Referred by:

Test 10d:

BRUC3

Exercise time: 9:10

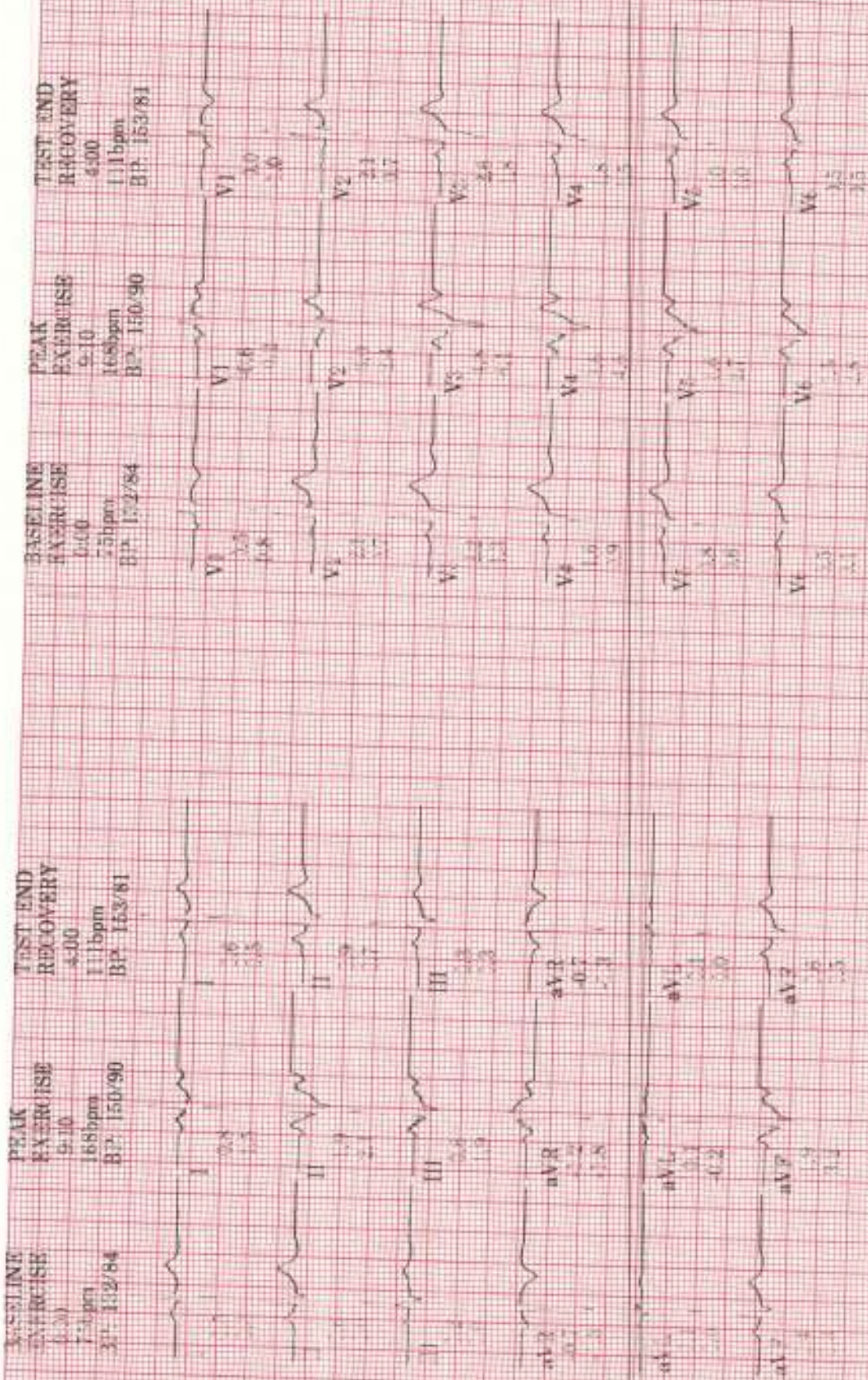
Max HR: 168bpm 91% of max predicted 183bpm

Max EP: 163/79

Reason for Termination:

Comments:

25.0 mm/s  
10.0 mm/mV  
100hz



Technician:

Unconfirmed

MAC55 010B

Lead  
ST(mm)  
Slope(mV/s)

ID: S152719

Visit:

17-Apr-2024

10:13:55

37years

Caucasian

Male

BRUCE

T. Exercise time: 9:10

Max HR: 168bpm 91% of max predicted 183bpm

Max BP: 163/79

Maximum workload: 10.3METS

Reason for Termination:

Comments:

Referred by:

Test ind:

BASELINE

EXERCISE STAGE 1

0:00 1.2METS

76bpm

BP: 132/84

ST @ 10mm/mV

80ms postJ

Lead

ST(mm)

Slope(mV/s)

PEAK

EXERCISE STAGE 4

9:10 10.3METS

168bpm

BP: 150/90

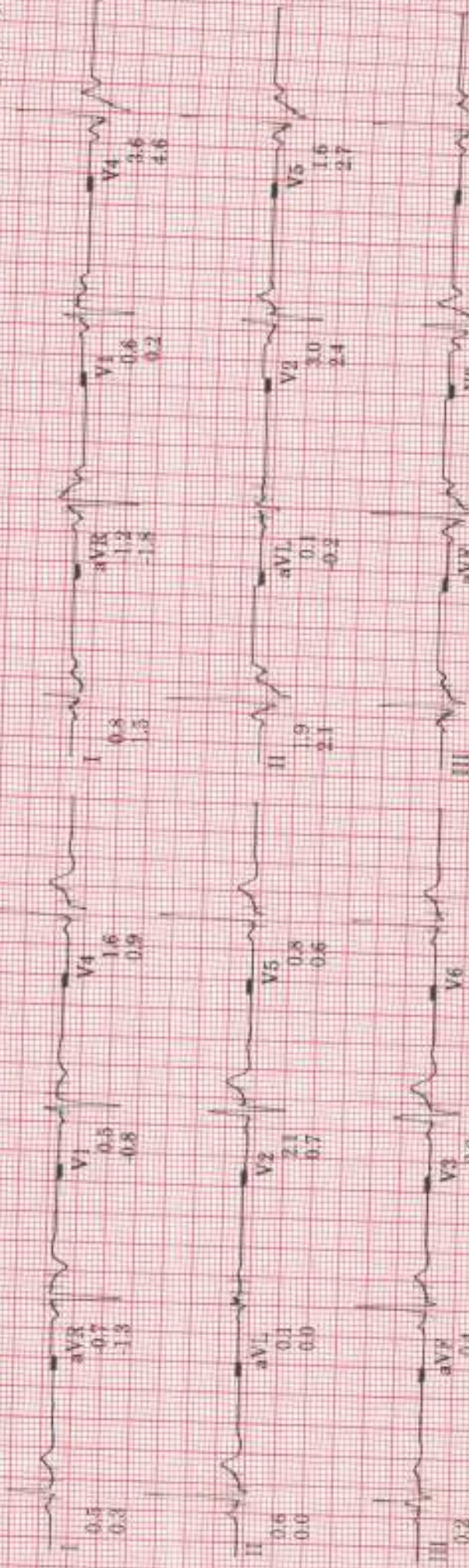
ST @ 10mm/mV

80ms postJ

Lead

ST(mm)

Slope(mV/s)



Technician:

Unconfirmed

MAC55 0108

17-Apr-2024  
10:13:55

EXERCISE STAGE 1  
0:00  
75bpm  
BP: 132/84  
1.2METS  
BASELINE

EXERCISE STAGE 1  
1:00  
117bpm  
BP: 132/84  
2.9METS

EXERCISE STAGE 1  
2:00  
121bpm  
4.6METS

EXERCISE STAGE 1  
3:00  
127bpm  
BP: 132/84  
4.6METS

EXERCISE STAGE 2  
4:00  
137bpm  
BP: 132/84  
5.8METS

EXERCISE STAGE 2  
5:00  
141bpm  
BP: 140/84  
7.0METS

EXERCISE STAGE 2  
6:00  
147bpm  
BP: 140/84  
7.0METS

BRUCE

ST @ 10mm/mV

80ms postU

25.0 mm/s

10.0 mm/mV

100hz



Lead  
ST (mm)  
Slope (mV/s)

MAC55 010B



EXERCISE STAGE 3 7:00 159bpm BP: 150/90 8.5METS

EXERCISE STAGE 3 8:00 165bpm BP: 150/90 9.8METS

EXERCISE STAGE 3 9:00 167bpm BP: 150/90 10.1METS

EXERCISE STAGE 4 9:10 168bpm BP: 150/90 10.3METS

RECOVERY 1:00 132bpm 5.7METS

RECOVERY 2:00 115bpm BP: 163/79 1.0METS

RECOVERY 3:00 113bpm BP: 153/81 1.0METS

PEAK

BRUCE

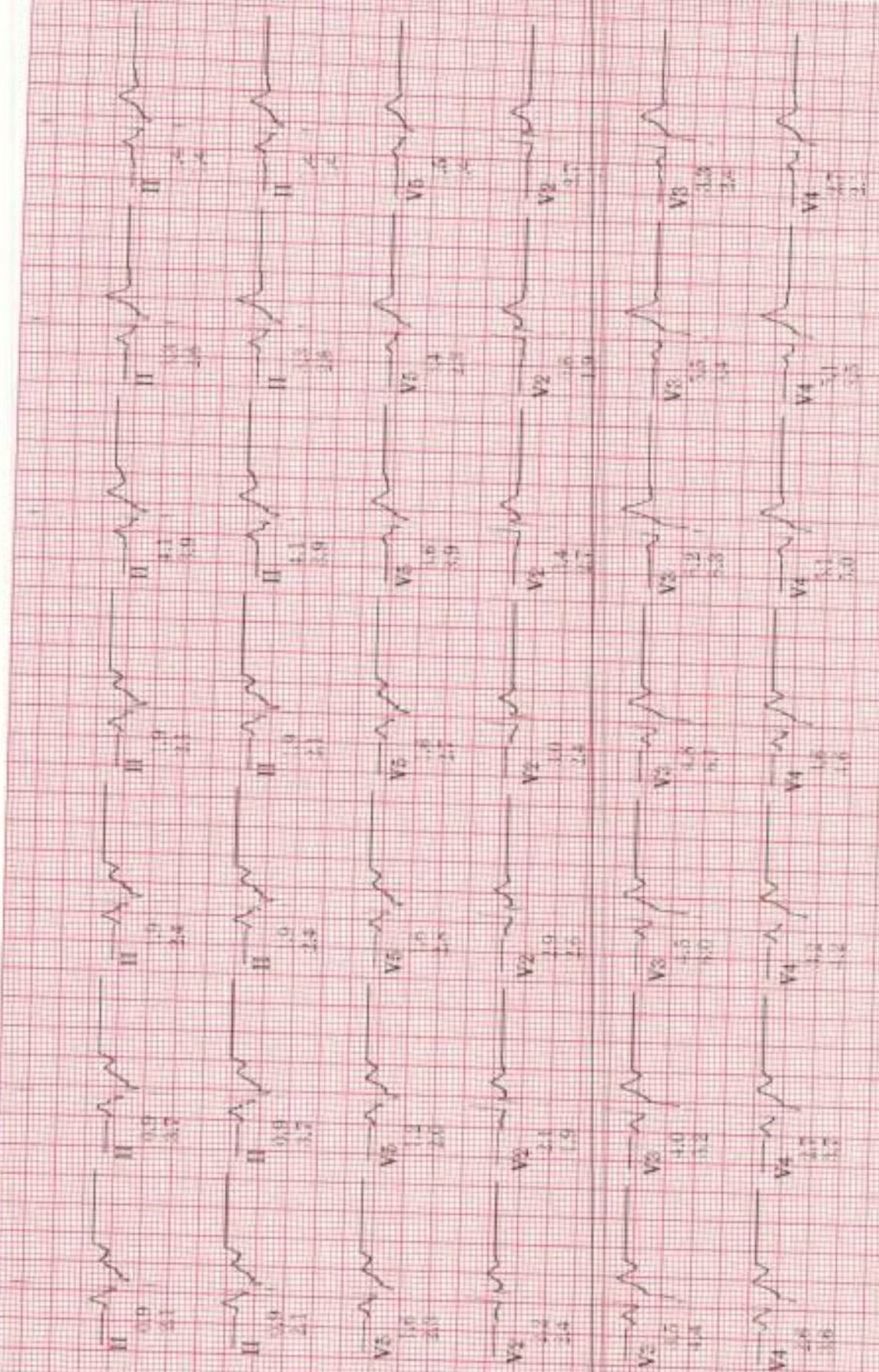
ST @ 10mm/mV

50ms postJ

25.6 mm/s

10.0 mm/mV

100hz



Lead ST(mm) Slope(mV/s)

ID: S152719

17-Apr-2024  
10:13:55

BRUCE

Heart Rate (bpm)

250  
200

BP (mmHg)

250  
200

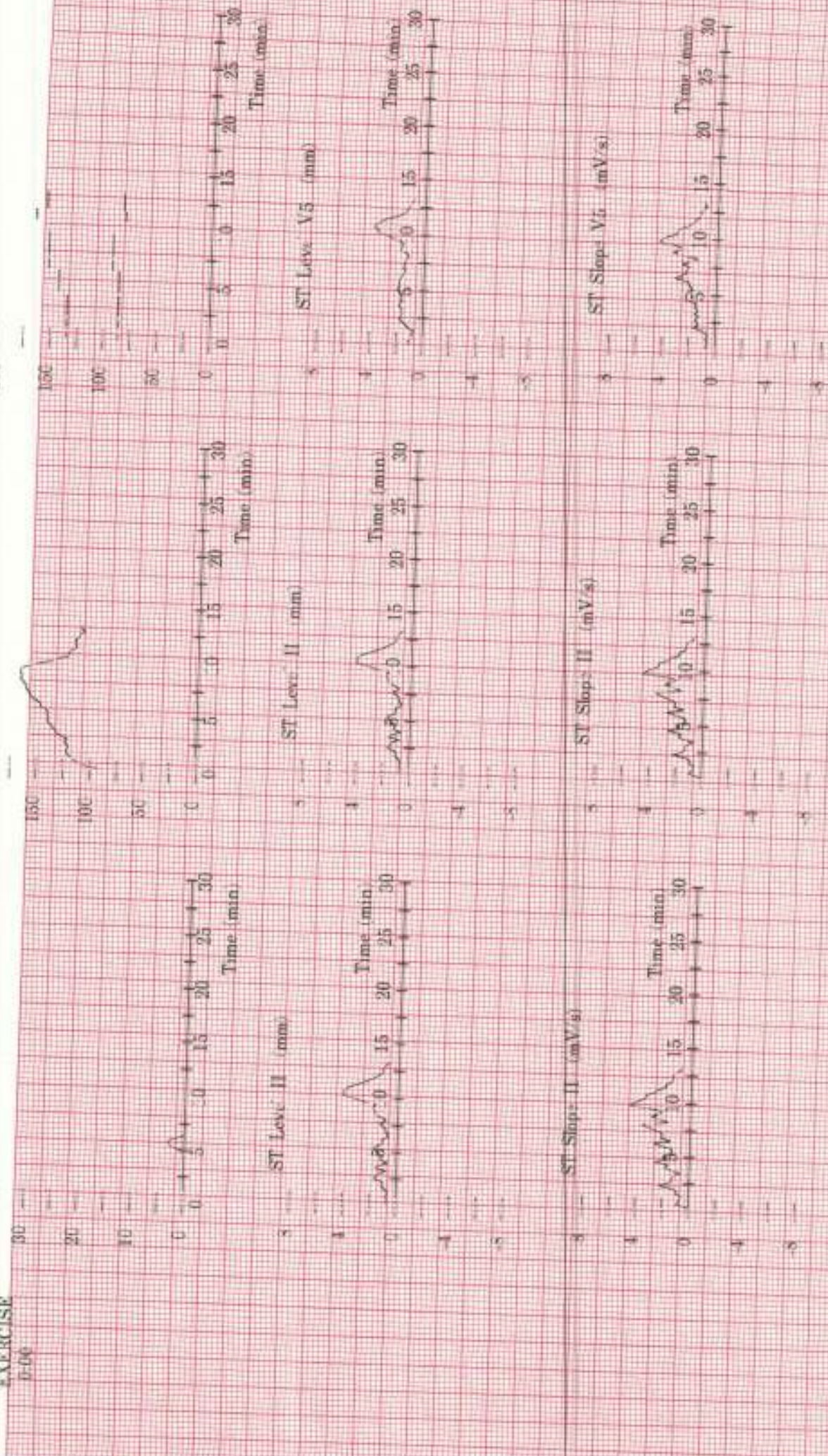
ST @ 10mm/mV 40

50ms post

PVC's/m

EXERCISE

D-00



DOB: [redacted]  
yr. MALE

Heart rate: 66 BPM  
PR int: 127 ms  
QRS dur: 98 ms  
QT/QTc: 339/382 ms  
P-R-T axes: 48 47 38

SINUS RHYTHM  
NORMAL ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by \_\_\_\_\_

Mr. Sandeepkumar Gernit

