


नाम
Name
सोनिया प्रविण नायर
Sonia Praveen Nair

ए.सी. नं.
E.C. No.
SN 161269


आवधिकार प्रविणता
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder


Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	SONIA P. NAIR	Sex/Age	F - 41
Date	30/12/2022	Location	THANE

History and Complaints

C/O. joint pains
(Rt. knee pain)

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	37.2
Weight (kg):	72.3	Skin:	NAD.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

A/C Ratio (2:1) (↑)

Mammography - Fibroadenomas
in B/L Breasts.

- Reg. Exercise
- Breast surgeon's consultation

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	H/O fibroids. (Jan 2022)
15)	Congenital disease	
16)	Surgeries	Hysterectomy, LSCS.
17)	Musculoskeletal System	joint pains

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO

Dr. Manasee Kulkarni
M.B.B.S.
108/3439

NAME: - SONIA P. NAIR

AGE / SEX :- 41 - F

REGN NO :-

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Post-Hysterectomy
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- G, P, A, O
- PAST HISTORY :- H/O fibroids (2022) June.
- PREVIOUS SURGERIES :- LSCS, Hysterectomy.
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

Nil
|
Ⓟ

PERSONAL HISTORY :-

TEMPERATURE :-

Ⓟ

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-


Dr. Manasee Kulkarni
-M.B.B.S
2005/09/3439

72/min
120/80

NAD.

Date:- 30/12/22

CID:

Name:- Sonu Hans

Sex / Age: F / 41

EYE CHECK UP

Chief complaints: REV

Systemic Diseases: HTN

Past history: NY

Unaided Vision: BC 6/6 HDN N-10

Aided Vision: BC 6/6 HDN N-6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: USC over Spectacles

MR. PRAKASH KUDVA
 SR. OPTOMETRIST



CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 11:17

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.6	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.4	20-40 %	
Absolute Lymphocytes	2647.4	1000-3000 /cmm	Calculated
Monocytes	2.5	2-10 %	
Absolute Monocytes	152.5	200-1000 /cmm	Calculated
Neutrophils	49.7	40-80 %	
Absolute Neutrophils	3031.7	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	268.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	320000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated

Authenticity Check



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CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 10:45

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 24 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 14:13

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 12:42

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	11.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



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CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 11:39

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 11:28

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



J. Mujawar
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected :
Reported :

*** End Of Report ***

Authenticity Check



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CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 13:05

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 12:39

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	51.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	10.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2236415848
Name : MRS.SONIA P NAIR
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Dec-2022 / 08:30
Reported : 30-Dec-2022 / 12:42

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	15.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.2	35-105 U/L	PNPP

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2236415848
Name : Mrs SONIA P NAIR
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 30-Dec-2022
Reported : 30-Dec-2022 / 15:10

Use a QR Code Scanner
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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022123008272242>

Page no 1 of 1

Reg. No. : 2236415848	Sex : FEMALE
NAME : MRS. SONIA P NAIR	Age : 41 YRS
Ref. By : -----	Date : 30.12.2022

MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation. No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

Multiple oval, hypoechoic areas noted scattered throughout in both breasts largest measuring 13 x 4 mm at 3 o'clock position in right breast and 8 x 6 mm at 3 o'clock position in left breast s/o fibroadenomas.

No duct ectasia is seen. Both retromammary regions appear normal.

IMPRESSION:

- **FIBROADENOMAS IN BOTH BREASTS AS DESCRIBED ABOVE.**

ACR BIRADS CATEGORY II BOTH BREASTS.

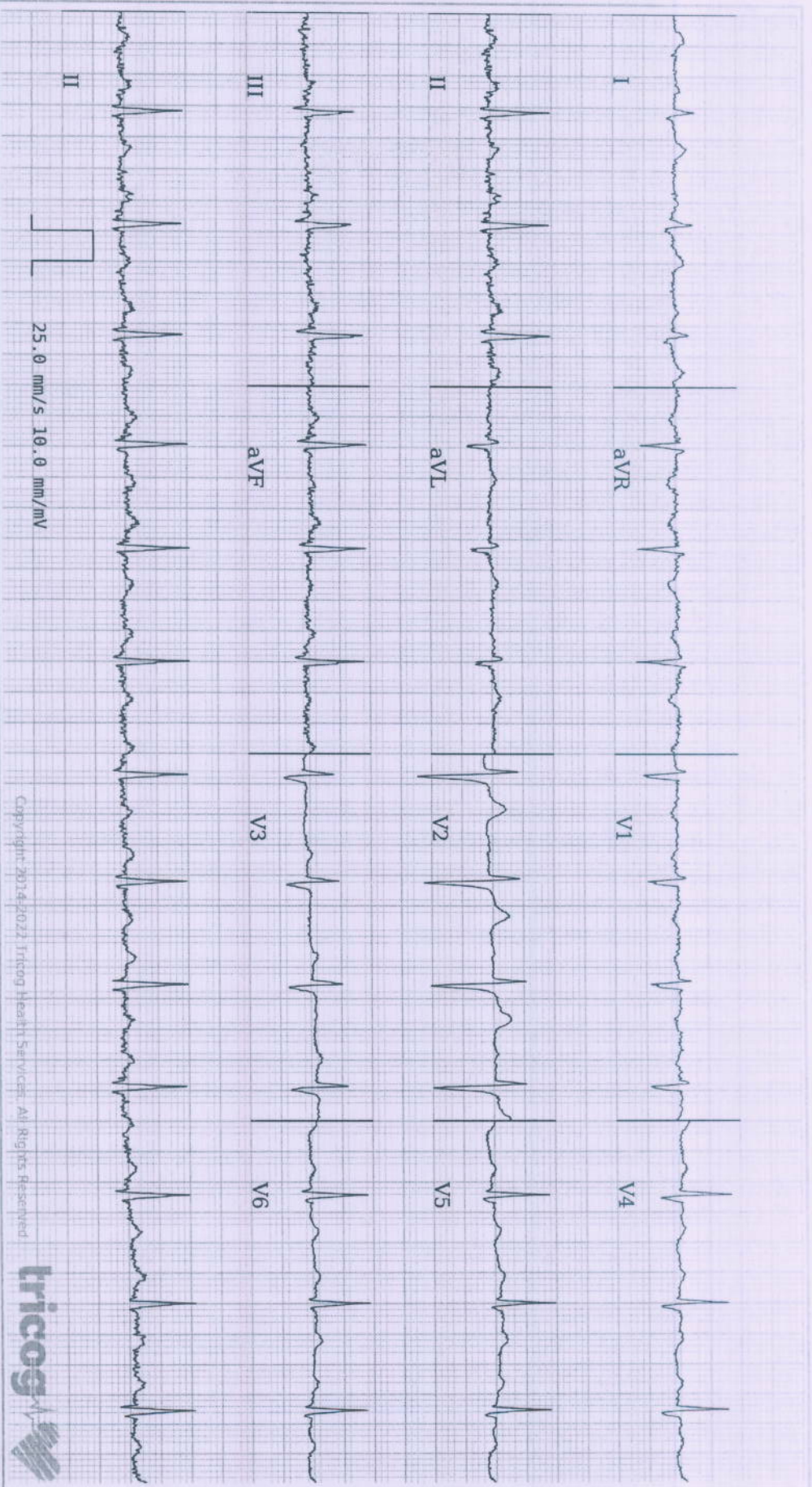
Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations.



DR. GAURAV FARTADE
DMRE
(CONSULTANT RADIOLOGIST)

Patient Name: SONIA P NAIR
Patient ID: 2236415848

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 30th Dec 22 10:29 AM



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Age 41 6 30
years months days

Gender Female

Heart Rate 85bpm

Patient Vitals

BP: 120/80 mmHg
Weight: 72 kg
Height: 165 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 92ms
QT: 364ms
QTc: 433ms
PR: 176ms
P-R-T: 64° 77° 29°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Allengers

EMail:

SONIA NAIR / 41 Yrs / F / 165 Cms / 72 Kg

Date: 30 / 12 / 2022

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	101	56%	130/90	131	00	
Standing	00:17	0:08	00.0	00.0	01.0	088	49%	130/90	114	00	
HV	00:27	0:10	00.0	00.0	01.0	102	57%	130/90	132	00	
ExStart	00:36	0:09	00.0	00.0	01.0	102	57%	130/90	132	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	160	89%	140/90	224	00	
PeakEx	03:55	0:19	02.5	12.0	05.0	165	92%	150/80	247	00	
Recovery	04:55	1:00	00.0	00.0	01.0	137	77%	150/80	205	00	
Recovery	05:55	2:00	00.0	00.0	01.0	109	61%	150/80	163	00	
Recovery	07:55	4:00	00.0	00.0	01.0	091	51%	130/80	118	00	
Recovery	08:11	4:17	00.0	00.0	01.0	096	54%	130/80	124	00	

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Heart Rate Achieved, Fatigue.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

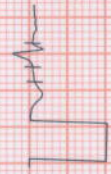
R.NO. 49972

Doctor : DR SHAILAJA PILLAI

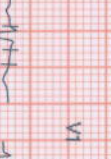




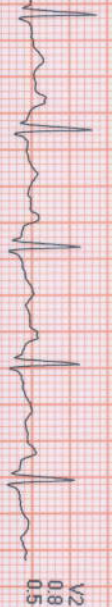
I
STL 0.4
STS 0.4



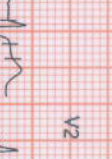
V1
0.0
-0.2



II
0.4
0.4



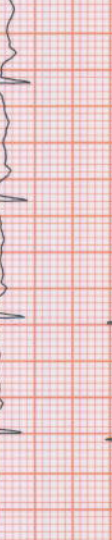
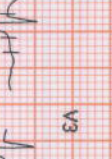
V2
0.8
0.5



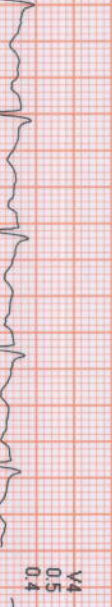
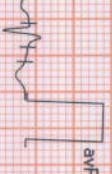
III
-0.1
0.0



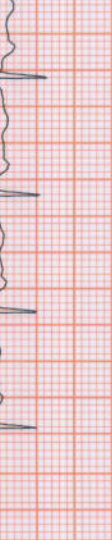
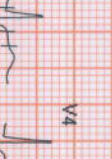
V3
0.6
0.4



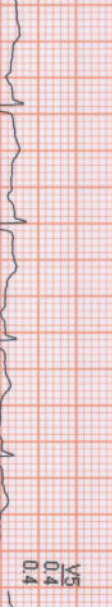
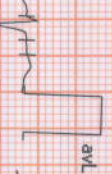
aVR
-0.4
-0.4



V4
0.5
0.4



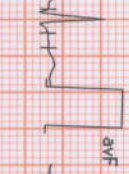
aVL
0.2
0.2



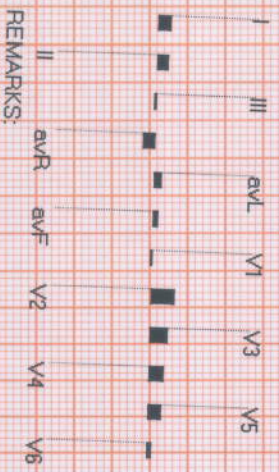
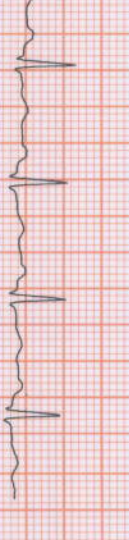
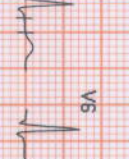
V5
0.4
0.4



aVF
0.2
0.2



V6
0.1
0.2



REMARKS:





4X 80 ms Post J

ExTime: 00:00 0.0 mph. 0.0%
25 mm/Sec 1.0 Cm/mV

I
STL 0.5
STS 0.5

V1
0.0
0.2

V1

II
0.5
0.5

V2
0.8
0.6

V2

III
0.0
0.0

V3
0.6
0.5

V3

aVR
-0.5
-0.5

V4
0.4
0.5

V4

aVL
0.3
0.3

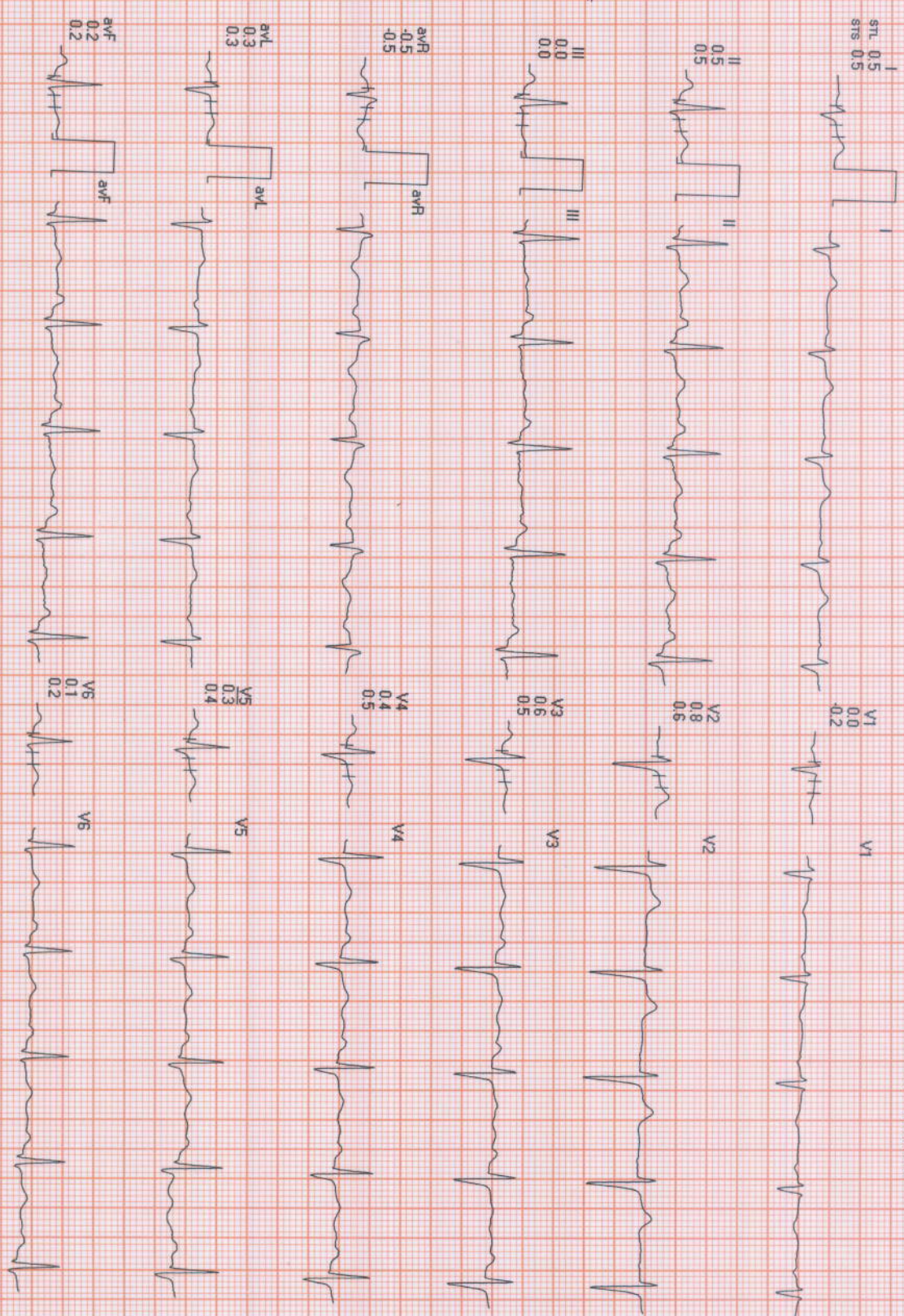
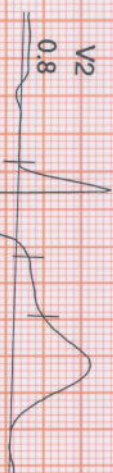
V5
0.3
0.4

V5

aVF
0.2
0.2

V6
0.1
0.2

V6



REMARKS:

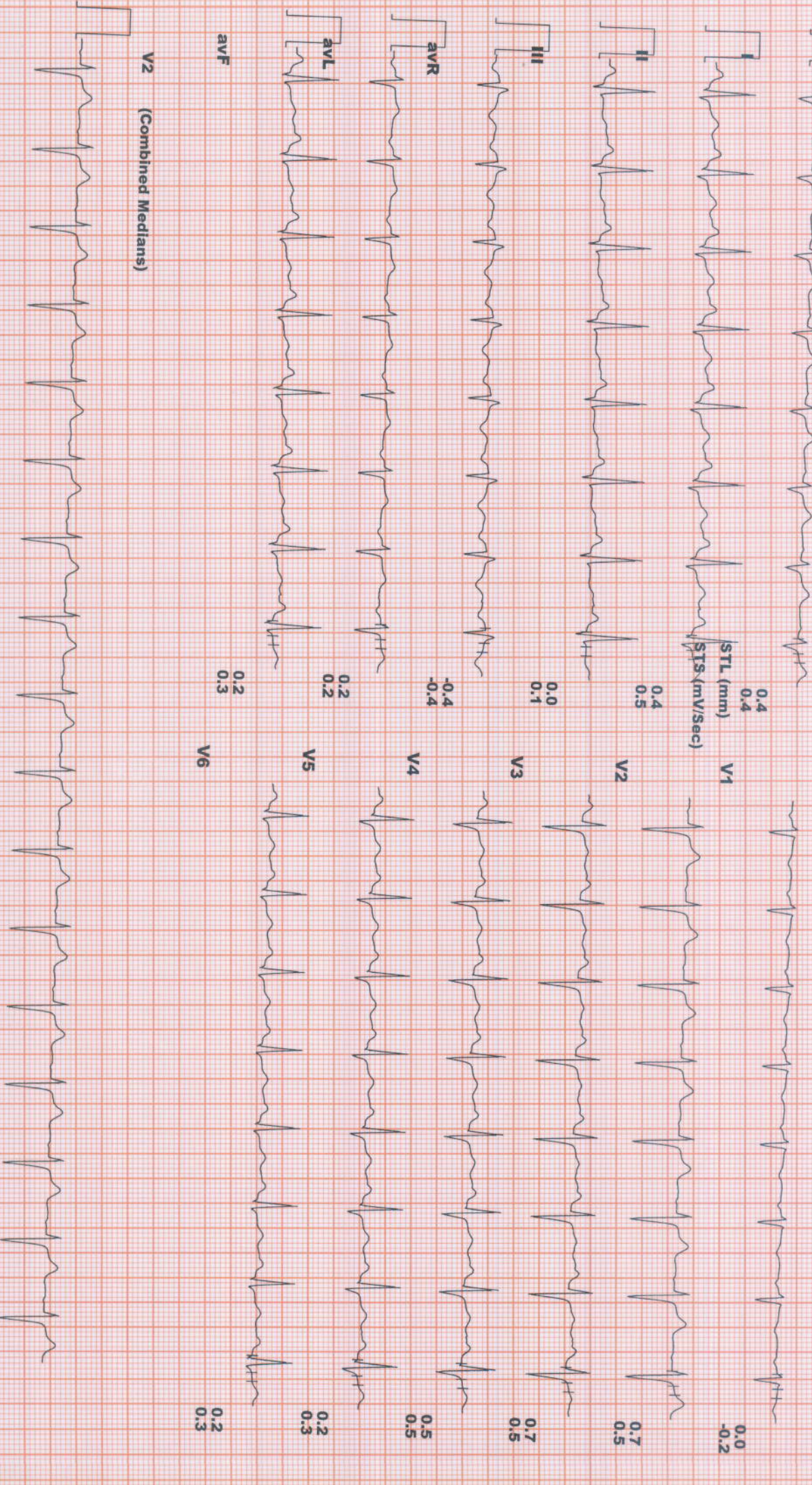




Date: 30 / 12 / 2022

METs : 1.0 HR : 102 Target HR : 57% of 179 BP : 130/90 Post J @80mSec

ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 (

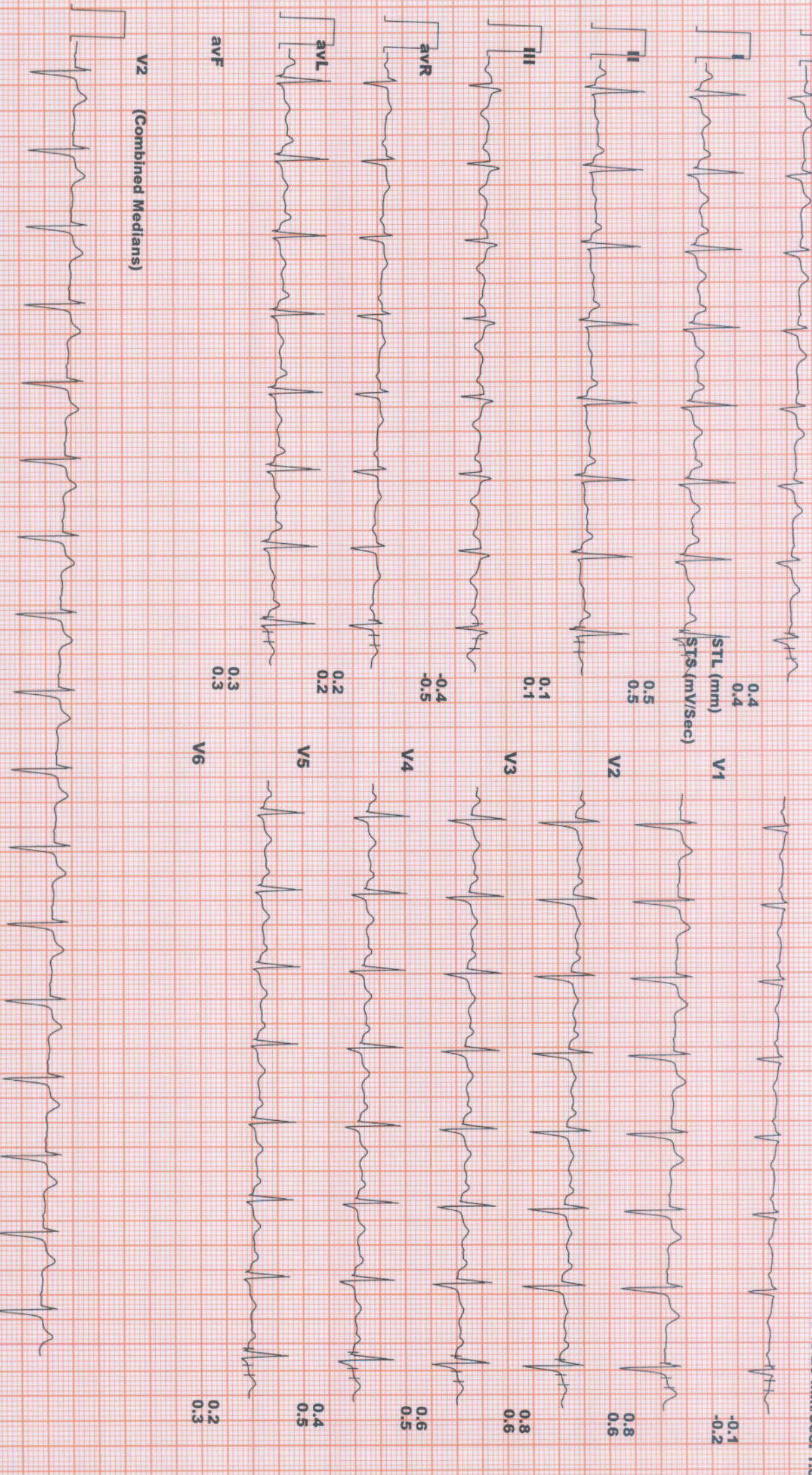




Date: 30 / 12 / 2022

METS : 1.0 HR : 102 Target HR : 57% of 179 BP : 130/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0



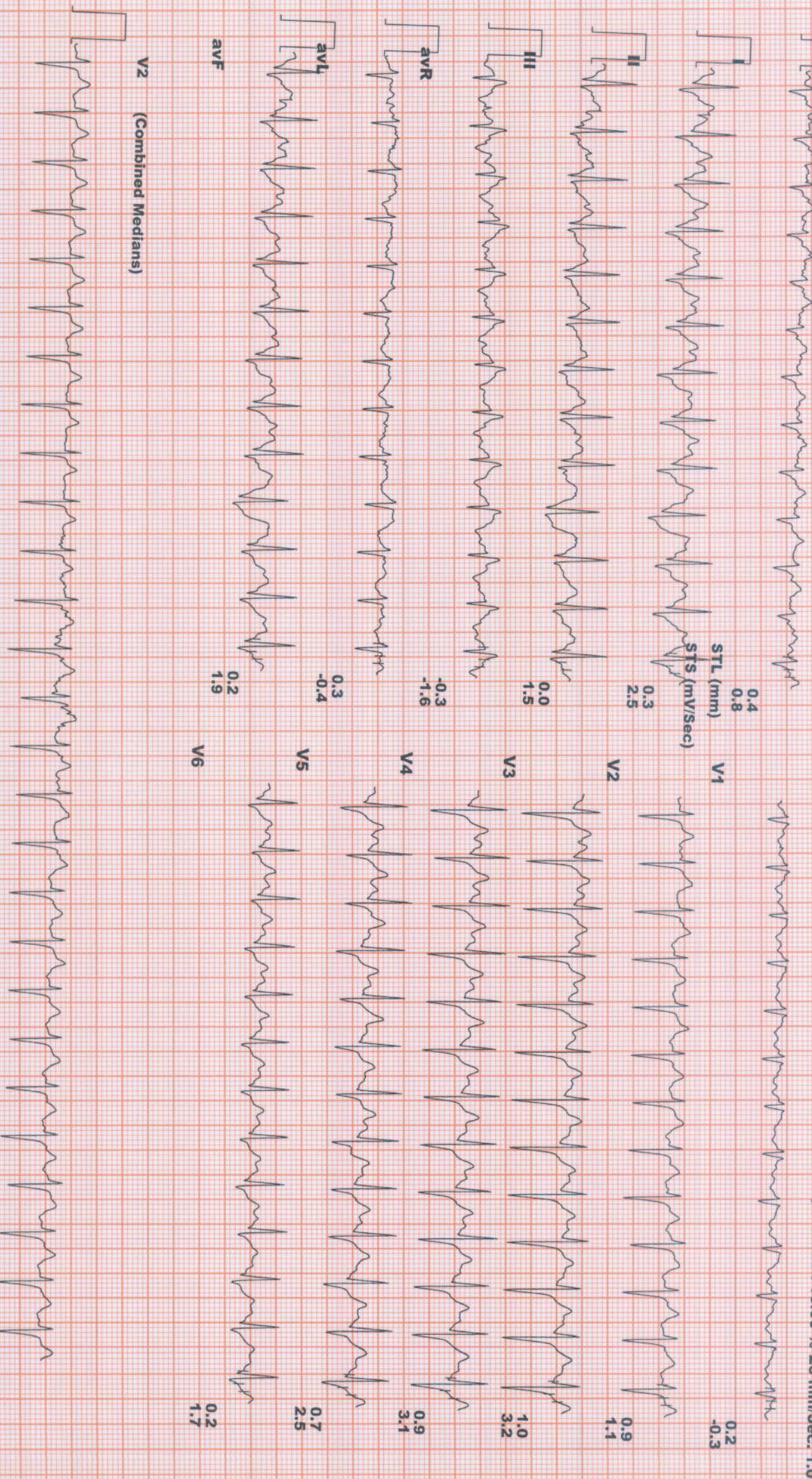


Date: 30 / 12 / 2022

METs : 4.7 HR : 160 Target HR : 89% of 179 BP : 140/90 Post J @60mSec

ExTime: 03:00

Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0

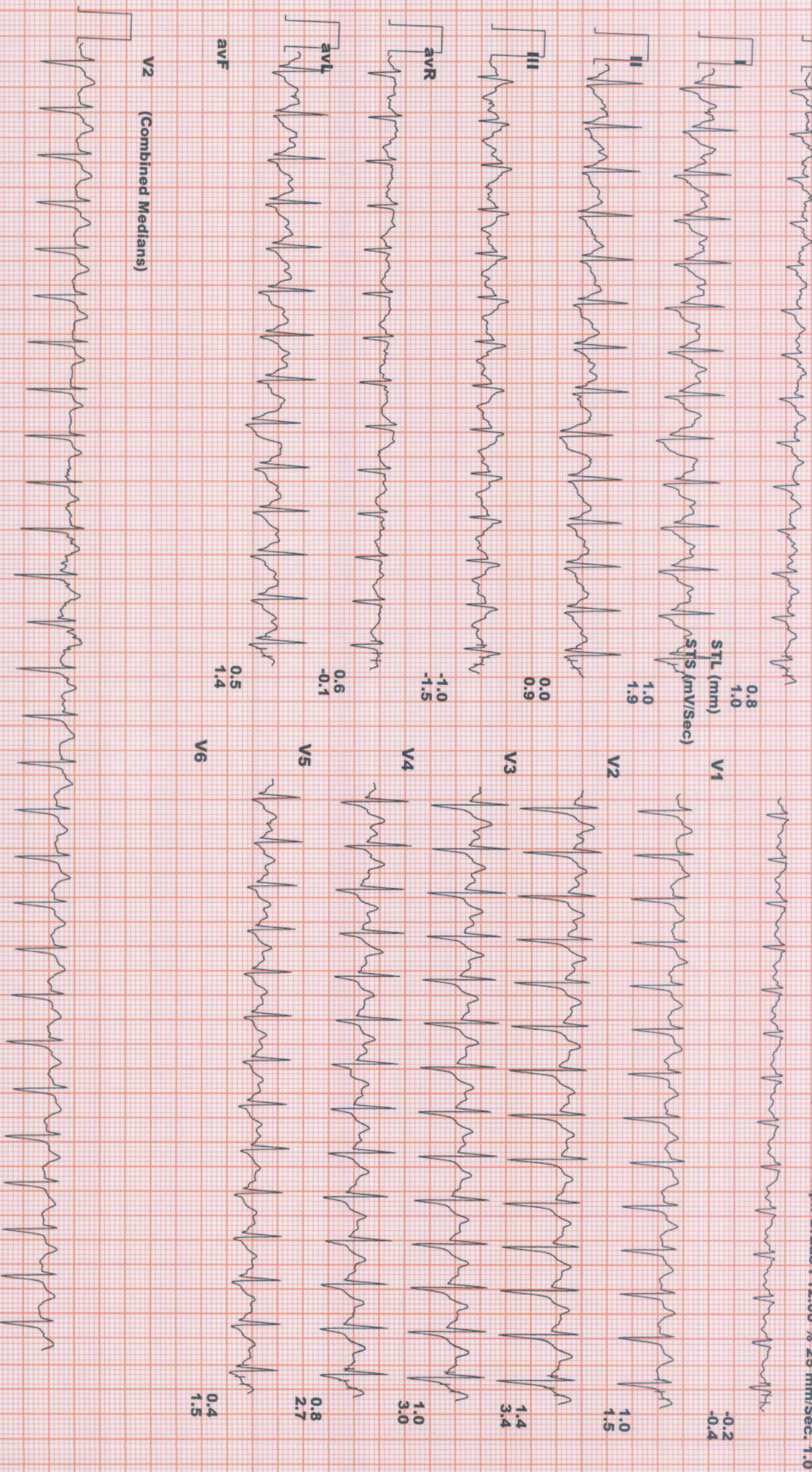




Date: 30 / 12 / 2022

METs : 5.0 HR : 165 Target HR : 92% of 179 BP : 150/80 Post J @60mSec

ExTime: 03:19 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0



V2 (Combined Medians)



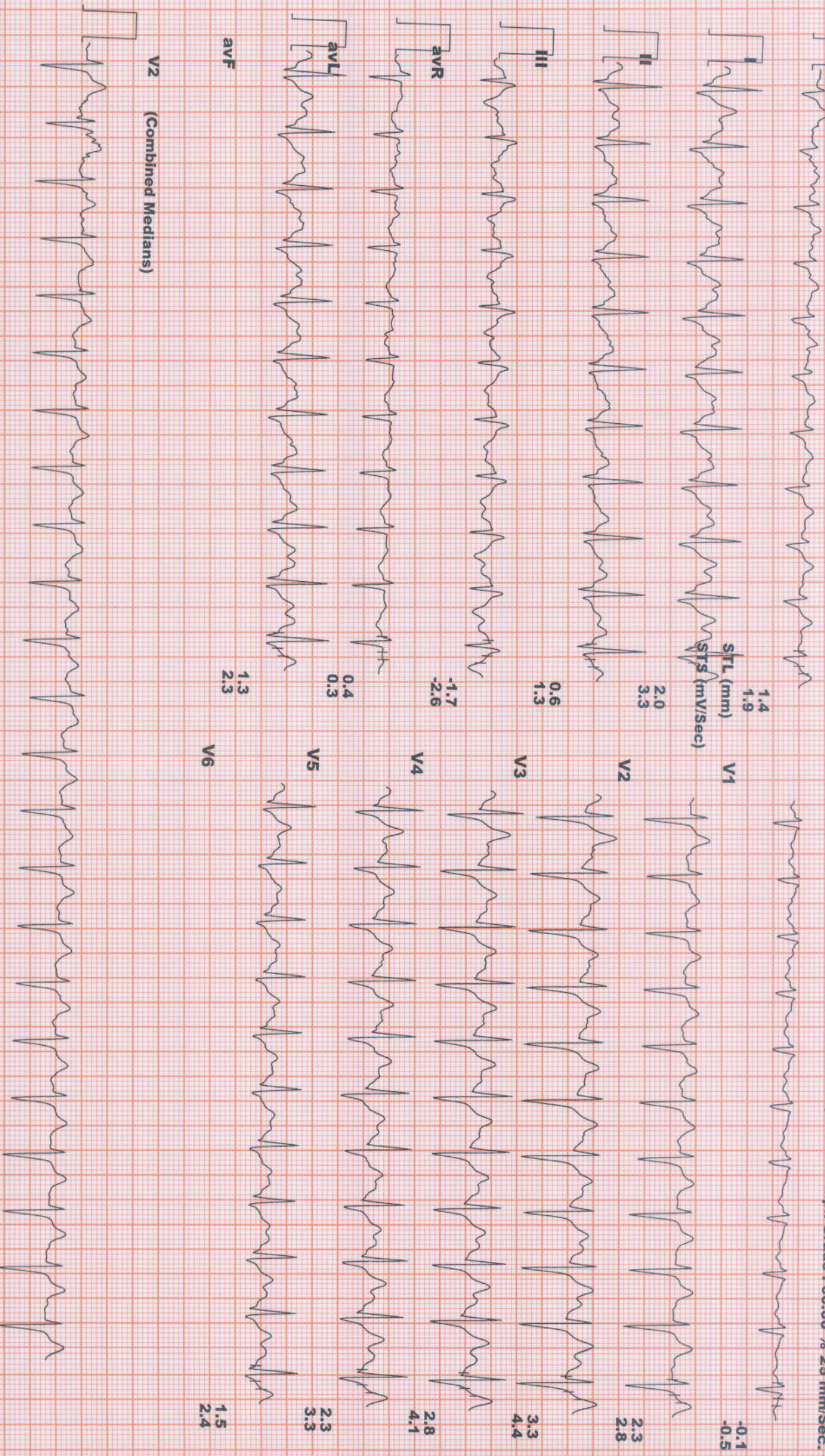


Date: 30 / 12 / 2022

METs : 1.0 HR : 137 Target HR : 77% of 179 BP : 150/80 Post J @60mSec

ExTime: 03:19

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0



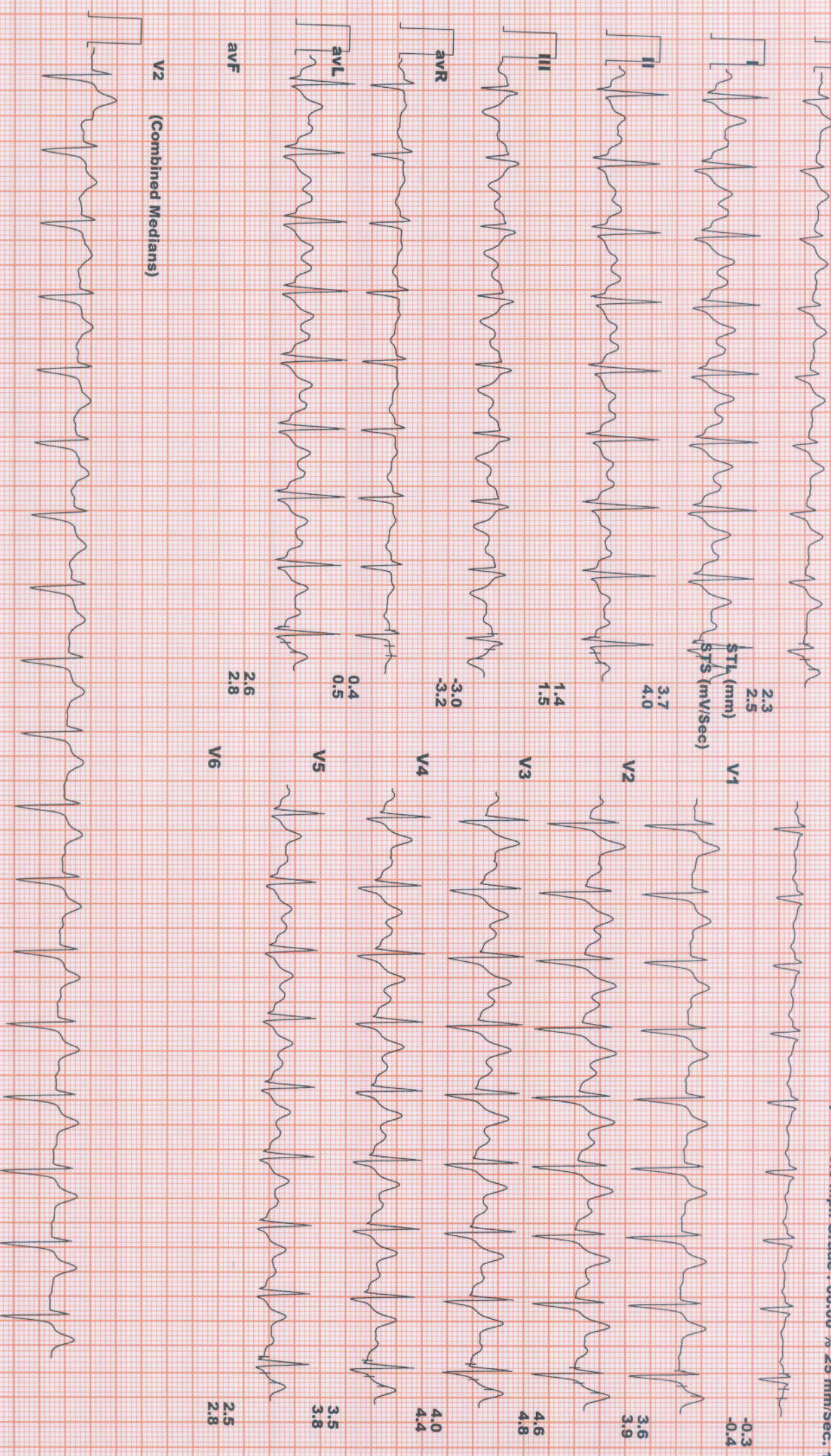


Date: 30 / 12 / 2022

METs : 1.0 HR : 109 Target HR : 61% of 179 BP : 150/80 Post J @80mSec

ExTime: 03:19

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0

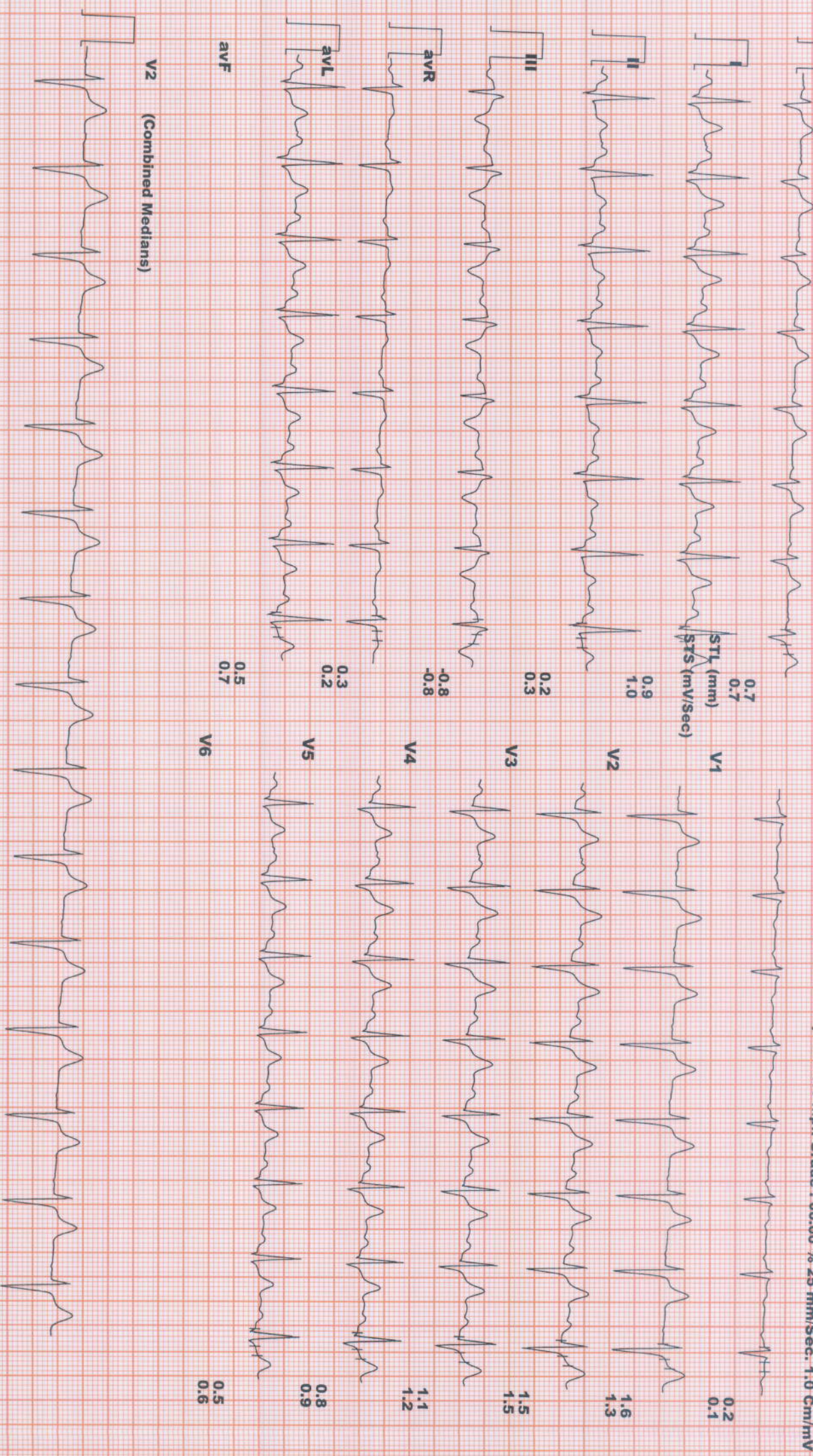




Date: 30 / 12 / 2022

METs : 1.0 HR : 91 Target HR : 51% of 179 BP : 130/80 Post J @80mSec

ExtTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

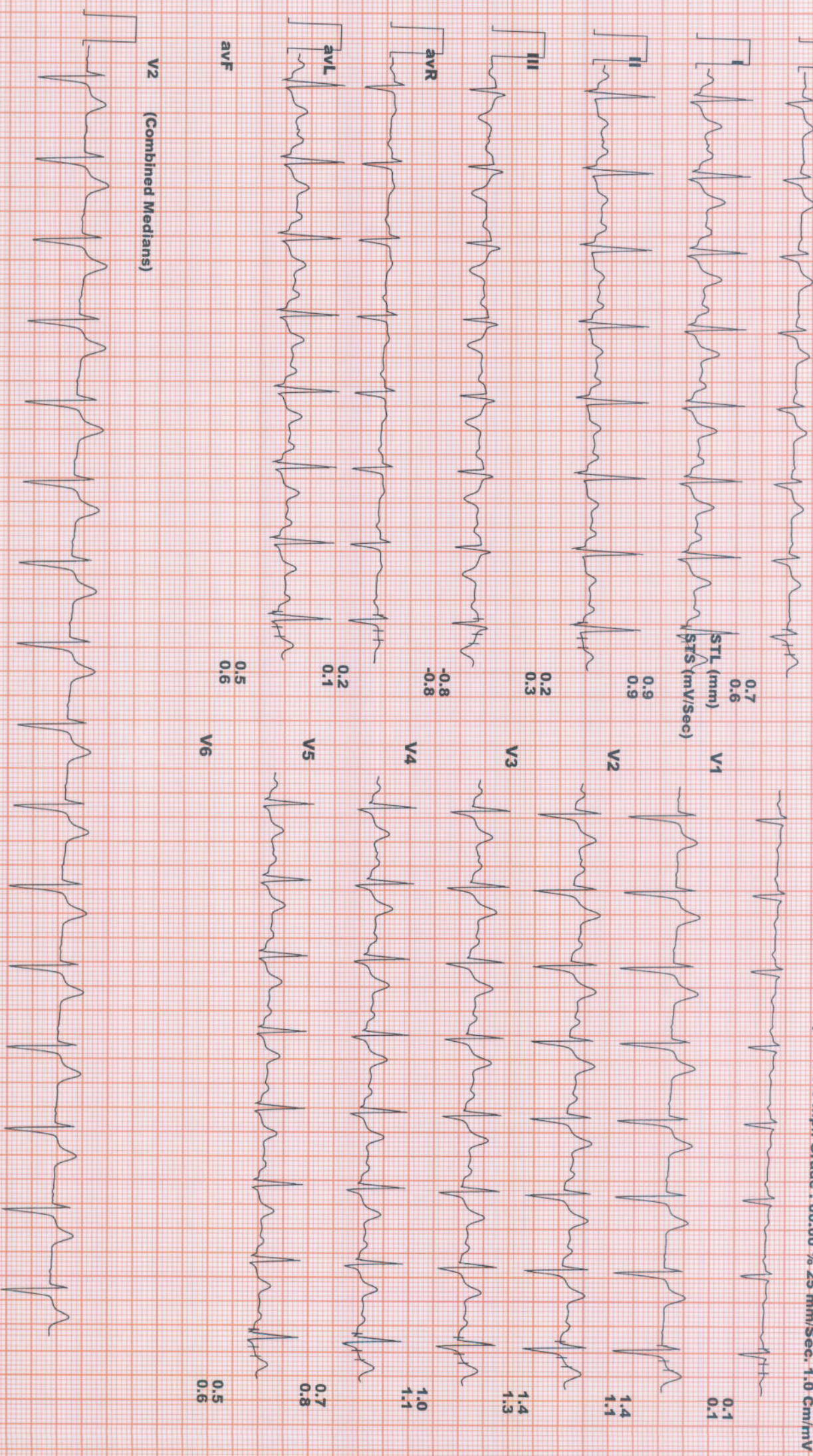




Date: 30 / 12 / 2022

METs : 1.0 HR : 96 Target HR : 54% of 179 BP : 130/80 Post J @80mSec

ExtTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



V2 (Combined Medians)

