

ID:2024090911332287

Name:

2024-09-09 12:24:50

HA. SYOTI KUHNHEI SHI Apt. 3071F

25 mm/s

10 mm/mV

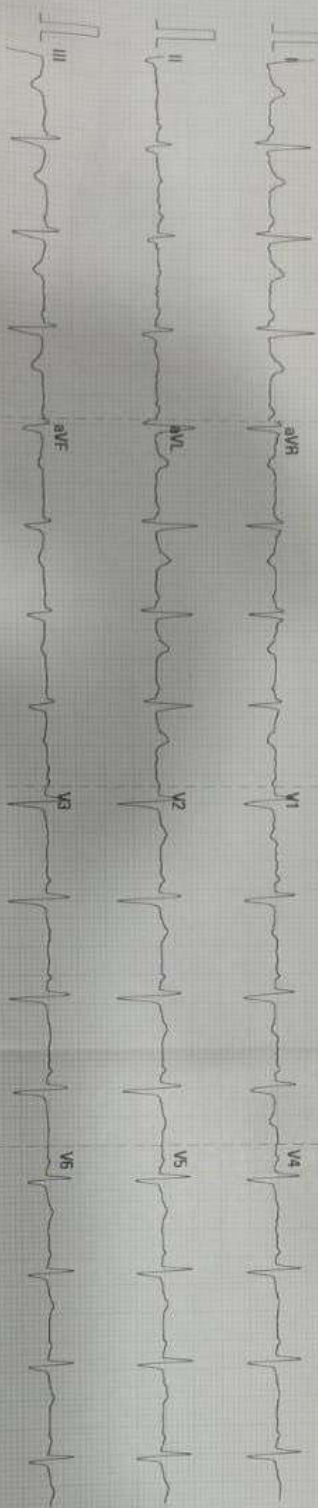
50 Hz

80PR 20 Hz

DTG-Hodges

QZ 09 00 VZ8 4 1

SN:FK-00025011



ID:2024090911332287

Name:

2024-09-09 12:24:50

Heart Rate (bpm)	93
PR Interval (ms)	118
QRS Duration (ms)	102
QT/QTc Interval (ms)	350/418
P/QRS/T Axes (deg)	5/-12/-19

Sinus rhythm

--- Interpretation made without knowing patient's gender/age ---
Inferior and anterior T wave abnormality is nonspecific

Borderline ECG

Unconfirmed Diagnosis.

CRP00001

INV. No. QLSR-INV-I-07364/(2024-2025)(7325)
 Patient Name **Miss. JYOTI KUMARI JHA**
 Age/Gen 30 Years | Female
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (5)

Patient ID 7364
 Invoice Generated 09/09/2024 02:38 PM
 Sample Received 09/09/2024 02:38 PM
 Report Generated 10/09/2024 11:14 AM



Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	0.96	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	10.6	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15)
Serum TSH Method (ECLIA)	5.95	µIU/mL	11-15 Years (5.5 - 12) Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~ End of report ~~~~~

Report ID:- 30109 | Page 1/1



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-I-07364/(2024-2025)(7325)  
 Patient Name **Miss. JYOTI KUMARI JHA**  
 Age/Gen 30 Years | Female  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (5)

Patient ID 7364  
 Invoice Generated 09/09/2024 02:38 PM  
 Sample Received 09/09/2024 02:38 PM  
 Report Generated 09/09/2024 03:53 PM



## Report Of Haematology Examination

| Investigation                                                                         | Result | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|--------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |        |              |                                                                                                                                                                |
| ESR<br><small>Method (Westergren &amp; Manual)</small>                                | 34     | mm           | < 20                                                                                                                                                           |
| <b>Note</b>                                                                           |        |              |                                                                                                                                                                |
| 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions. |        |              |                                                                                                                                                                |
| 2. Test conducted on EDTA whole blood at 37°C.                                        |        |              |                                                                                                                                                                |
| 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values           |        |              |                                                                                                                                                                |
| <b>COMPLETE BLOOD COUNT</b>                                                           |        |              |                                                                                                                                                                |
| Haemoglobin (Hb)%<br><small>Method (By Sahlis Method )</small>                        | 10.4   | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)                                                                                         |
| PCV                                                                                   | 35.8   | %            | Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)<br>35 - 45                                                                                           |
| Total Platelets Count (PC)                                                            | 2.2    | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 4.8    | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br><small>Method (Flow Cytometry)</small>                 | 10,000 | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                                                   | 74.0   | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 26.2   | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | 30.1   | g/dL         | 30 - 35                                                                                                                                                        |
| <b>Differential count of Leucocytes</b>                                               |        |              |                                                                                                                                                                |
| Neutrophils                                                                           | 63     | %            | 40 - 70                                                                                                                                                        |
| Lymphocytes                                                                           | 30     | %            | 15 - 40                                                                                                                                                        |
| Monocytes                                                                             | 01     | %            | 00 - 6                                                                                                                                                         |
| Eosinophils                                                                           | 06     | %            | 0.5 - 7                                                                                                                                                        |
| Basophils                                                                             | 00     | %            | 00 - 01                                                                                                                                                        |

**Comment :**

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

Report ID:- 29934 | Page 1/2



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-I-07364/(2024-2025)(7325)  
Patient Name **Miss. JYOTI KUMARI JHA**  
Age/Gen 30 Years | Female  
Referred By **Dr. Self**  
Source BERLIN DIAG INS CORP - (5)

Patient ID 7364  
Invoice Generated 09/09/2024 02:38 PM  
Sample Received 09/09/2024 02:38 PM  
Report Generated 09/09/2024 03:53 PM

## Report Of Haematology Examination

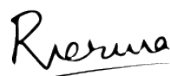
| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

~~~~~ End of report ~~~~~

Report ID:- 29934 | Page 2/2




Dr. R. Verma
MBBS, MD(Pathology)

INV. No. QLSR-INV-I-07364/(2024-2025)(7325)
 Patient Name **Miss. JYOTI KUMARI JHA**
 Age/Gen 30 Years | Female
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (5)

Patient ID 7364
 Invoice Generated 09/09/2024 02:38 PM
 Sample Received 09/09/2024 02:38 PM
 Report Generated 09/09/2024 04:37 PM



Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

GLUCOSE FASTING (FBS)

| | | | |
|--|------|-------|----------|
| Plasma Glucose(F)
Method (GOD-POD Method) | 99.6 | mg/dL | 65 - 110 |
|--|------|-------|----------|

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

GLYCOSYLATED HAEMOGLOBIN

| | | | |
|--|-----|-------|--|
| Whole blood HbA1c
Method (HPLC) | 5.0 | % | Non diabetic level(< 6.0)
Goal(< 7.0) |
| Whole blood eAG (Estimated AverageGlucose Level)
Method (CALCULATION) | 97 | mg/dl | - |

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_{1c}, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_{1c} value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamyated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_{1c} estimation. The target goal is <7%.

Besides HbA_{1c} serum fructosamine can be measured.

American diabetes association guideline

| | Reference range |
|-------------------------------|-----------------|
| Non diabetic adult > 18 years | : < 5.7% |
| Pediabetes | : 5.7% - 6.4% |
| Diagnosing diabetes | : > 6.5% |

Lipid Profile

| | | | |
|--|-----|-------|-------|
| Serum Triglyceride
Method (Enzymatic,end point) | 142 | mg/dL | < 150 |
|--|-----|-------|-------|

Report ID:- 29976 | Page 1/4



R. Verma
Dr. R. Verma
 MBBS, MD(Pathology)

| | | | |
|--------------|------------------------------------|-------------------|---------------------|
| INV. No. | QLSR-INV-I-07364/(2024-2025)(7325) | Patient ID | 7364 |
| Patient Name | Miss. JYOTI KUMARI JHA | Invoice Generated | 09/09/2024 02:38 PM |
| Age/Gen | 30 Years Female | Sample Received | 09/09/2024 02:38 PM |
| Referred By | Dr. Self | Report Generated | 09/09/2024 04:37 PM |
| Source | BERLIN DIAG INS CORP - (5) | | |

Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---|--------|---------|-----------------------------------|
| Serum Cholesterol
Method (Oxidase, Esterase, Peroxidase) | 189 | mg/dL | 125 - 200 |
| Serum HDL-Chol
Method (PTA/MgCl2, Reflectance photometry) | 47.2 | mg/dL | 30 - 65 |
| Serum LDL-Chol
Method (Direct Homogeneous, Spectrophotometry) | 113.8 | mg/dL | 85 - 150 |
| Serum VLDL-Chol | 28 | mg/dL | 5 - 40 |
| Serum LDL/HDL Cholesterol Ratio
Method (Calculated) | 2.41 | | 1.5 - 3.5 |
| Serum Cholesterol/ HDL Ratio
Method (Calculated) | 4.00 | | Low Risk(0 - 3) High Risk(5 - 10) |

Interpretation :

| NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014) | TOTAL CHOLESTEROL in mg/dL | TRIGLYCERIDE in mg/dL | LDL CHOLESTEROL in mg/dL | NON HDL CHOLESTEROL in mg/dL |
|---|----------------------------|-----------------------|--------------------------|------------------------------|
| Optimal | <200 | <150 | <100 | <130 |
| Above Optimal | - | - | 100- 129 | 130 - 159 |
| Borderline High | 200-239 | 150-199 | 130-159 | 160 - 189 |
| High | >=240 | 200-499 | 160-189 | 190 - 219 |
| Very High | - | >=500 | >=190 | >=220 |

Note :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment

Report ID:- 29976 | Page 2/4



R. Verma
Dr. R. Verma
 MBBS, MD(Pathology)

| | | | |
|--------------|------------------------------------|-------------------|---------------------|
| INV. No. | QLSR-INV-I-07364/(2024-2025)(7325) | Patient ID | 7364 |
| Patient Name | Miss. JYOTI KUMARI JHA | Invoice Generated | 09/09/2024 02:38 PM |
| Age/Gen | 30 Years Female | Sample Received | 09/09/2024 02:38 PM |
| Referred By | Dr. Self | Report Generated | 09/09/2024 04:37 PM |
| Source | BERLIN DIAG INS CORP - (5) | | |

Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

target.

6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.

7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Liver Function Test (LFT)

| | | | |
|---|------|-------|---|
| Serum Bilirubin (Total)
Method (By Diphylline, Diazonium Salt) | 0.48 | mg/dL | 0.2 - 1.3 |
| Serum Bilirubin (Direct)
Method (Diphylline, Diazonium Salt) | 0.16 | mg/dL | 0.1 - 0.4 |
| Serum Bilirubin (Indirect)
Method (Calculated) | 0.32 | mg/dL | 0.2 - 1.1 |
| Serum SGOT
Method (IFCC) | 25.2 | U/L | 17 - 59 |
| Serum SGPT
Method (IFCC) | 20.4 | U/L | 21 - 72 |
| Alkaline phosphatase (ALP)
Method (IFCC) | 98.6 | U/L | Adult (38 - 126) |
| Serum Total Protein
Method (Biuret Method) | 6.8 | g/dL | Adult(6.2 - 8.2)
Children(5.6 - 8.4) |
| Serum Albumin
Method (BCG) | 3.6 | gm/dL | Newborn Children(2.4 - 4.8)
Adult(3.5 - 5.0) |
| Serum Globulin
Method (Calculated) | 3.20 | g/dL | Adult(2.3 - 3.6) |
| Serum A/G Ratio
Method (BCG) | 1.13 | | 1.0 - 2.3 |

Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
- In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

Report ID:- 29976 | Page 3/4



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Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009

Contact :- +91- 9341529301/259, Email:- info@berlindiagnosics.com | Web :- www.berlindiagnosics.com

Toll Free No :- 18008913990

INV. No. QLSR-INV-I-07364/(2024-2025)(7325)
 Patient Name **Miss. JYOTI KUMARI JHA**
 Age/Gen 30 Years | Female
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (5)

Patient ID 7364
 Invoice Generated 09/09/2024 02:38 PM
 Sample Received 09/09/2024 02:38 PM
 Report Generated 09/09/2024 04:37 PM

Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test (KFT)

| | | | |
|---|-------|--------|---|
| Serum Urea
Method (GLDH,Kinetic Assay) | 26.4 | mg/dL | Adult (17 - 43)
New Born (8.4 - 25.8)
Infant (10.8 - 38.4) |
| Serum Creatinine
Method (Modified Jaffe, Kinetic) | 0.91 | mg/dL | Female: (0.72-1.18)
Neonate: (0.26 - 1.01)
Infant { 2months - less than 3yrs): (0.15-0.37)
Children { 3 yrs - less than 15 yrs): (0.24-0.73) |
| Serum Uric Acid
Method (uricase-Colorimetric) | 4.2 | mg/dL | 3.5 - 8.5 |
| Serum Sodium
Method (By Indirect ISE) | 137.4 | mmol/L | 136 - 145 |
| Serum Potassium
Method (By Indirect ISE) | 3.81 | mmol/L | 3.5 - 5.1 |
| Serum Chloride
Method (By Ion-selective Electrode) | 101.2 | mmol/L | 98 - 107 |

~~~~~ End of report ~~~~~

Report ID:- 29976 | Page 4/4

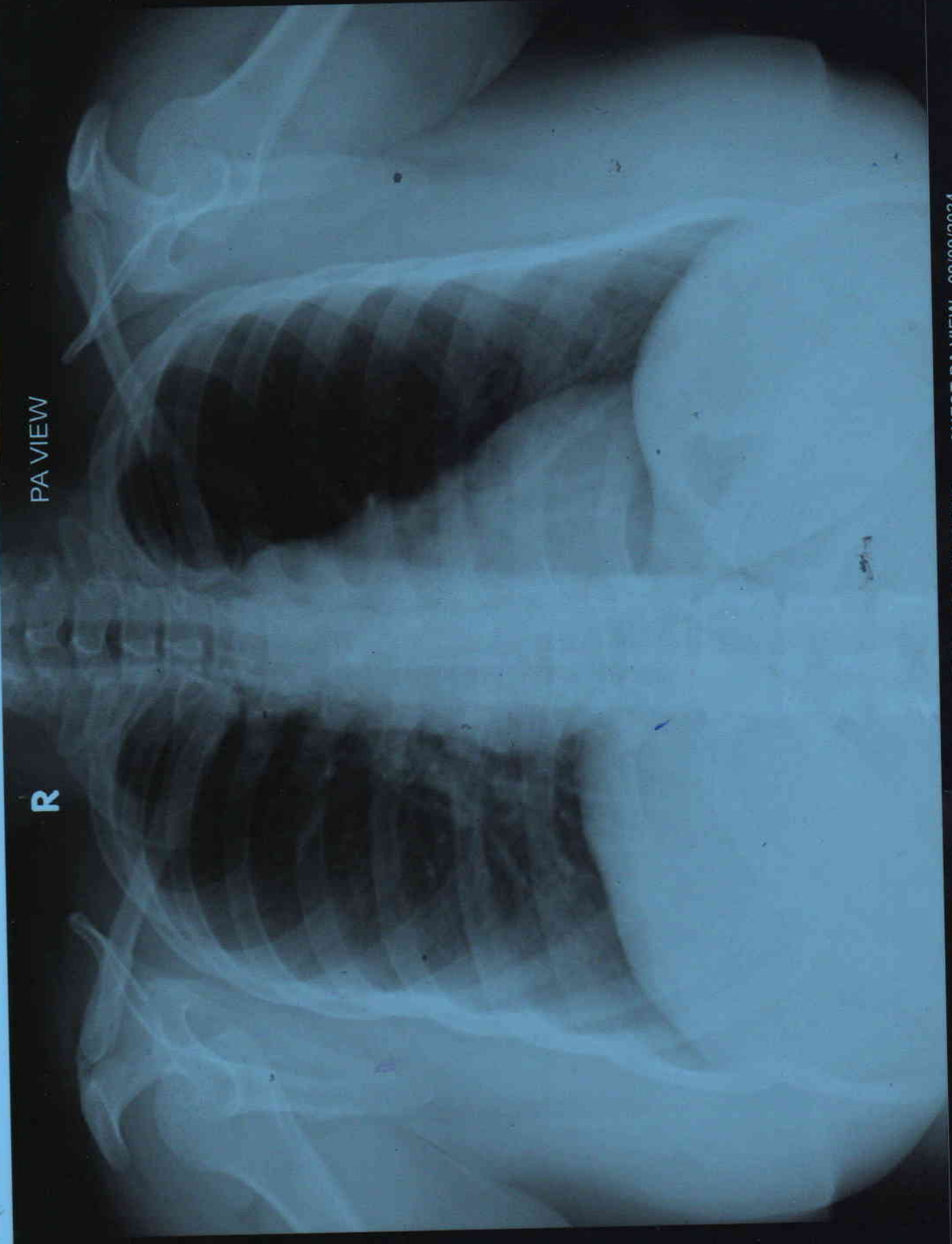


*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)



R

PA VIEW



JYOTI KUMARI JHA AGE 30Y/F MEDIWHEEL BER/202425240 CHEST PA VIEW 09/09/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



|              |                       |                |                                 |
|--------------|-----------------------|----------------|---------------------------------|
| Patient Name | MISS JYOTI KUMARI JHA | Requested By   | MEDIWHEEL                       |
| MRN          | BER/2024/OPD25240     | Procedure Date | 09.09.2024                      |
| Age/Sex      | 30Y/FEMALE            | Hospital       | BERLIN DIAGNOSTICS AND DAY CARE |

## X-RAY CHEST PA VIEW

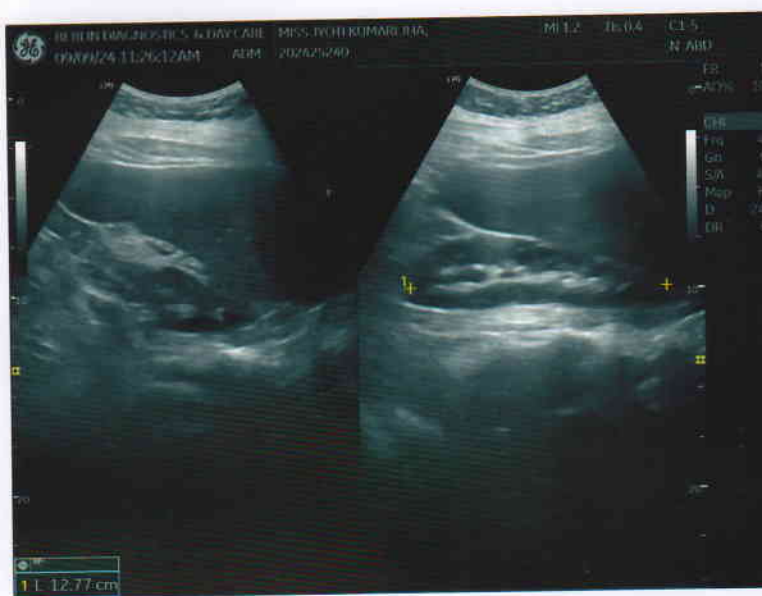
### FINDINGS:

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Both lungs fields are clear.
- Mediastinum appears to be normal.
- Trachea is in midline.
- Bilateral hilar shadow appears to be normal.
- Cardiac shadow is normal
- Both domes of diaphragm appear normal.
- Both costo-phrenic and cardio-phrenic angles appear to be clear and sharp.

### IMPRESSION:

- No Obvious Abnormality noted.

Dr. Ambuj Srivastav  
M.D. Consultant Radiologist.





|              |                           |                |                               |
|--------------|---------------------------|----------------|-------------------------------|
| Patient Name | Miss. JYOTI KUMARI<br>JHA | Requested By   | MEDIWHEEL                     |
| MRN          | BER/2024/OPD25240         | Procedure Date | 09.09.2024                    |
| Age/Sex      | 30Y/FEMALE                | Hospital       | BERLIN DIAGNOSTICS & DAY CARE |

## USG WHOLE ABDOMEN

**Liver :** The liver is normal in size (17.7 cm) and outline. **It reveals diffuse fatty infiltration.** No obvious focal lesion is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

**Gall bladder :** The gall bladder is not visualized (Post cholecystectomy status).

**CBD :** The CBD is of normal caliber.

**Pancreas :** The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

**Kidneys :** Both kidneys were normal in position:

Right kidney measures 11.0 cm

Left kidney measures 12.7 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

**Spleen :** The spleen is normal in size and echogenicity.

**Urinary Bladder :** The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

**Uterus :** The uterus is normal in size measuring 5.9 x 3.1 cm. Its outline is smooth. It shows normal endometrial echoes with no evidence of any mass lesion. No evidence of free fluid in the pouch of douglas. ET measures - 5.3 mm.

Right ovary measures :2.3 cm

Left ovary measures :2.0 cm

Both ovaries are normal in size and show uniform parenchymal echogenicity and smooth outline. There is no evidence of any mass lesion arising from or within either ovary.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

**IMPRESSION: GRADE - II FATTY LIVER.**

***Please correlate clinically.***

**Dr. Ambuj Srivastav**  
**M.D. Consultant Radiologist.**

**Jha, Jyoti Kumari**  
Patient ID 202425240  
09.09.2024  
10:26:44am

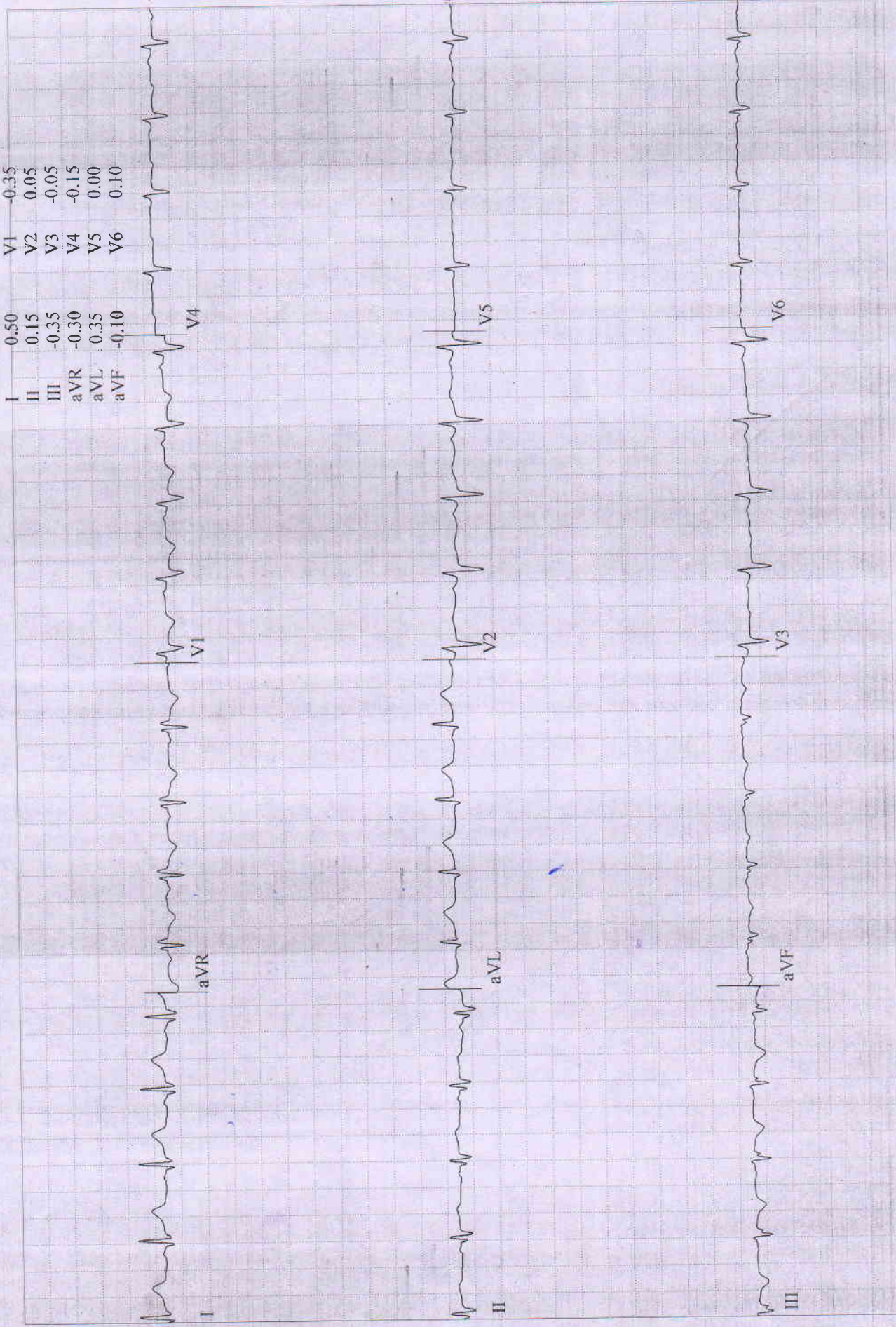
BRUCE  
0.0 km/h  
0.0 %

PRETEST  
SUPINE  
00:50

104 bpm  
130/90 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.50   | V1   | -0.35  |
| II   | 0.15   | V2   | 0.05   |
| III  | -0.35  | V3   | -0.05  |
| aVR  | -0.30  | V4   | -0.15  |
| aVL  | 0.35   | V5   | 0.00   |
| aVF  | -0.10  | V6   | 0.10   |



12-Lead Report

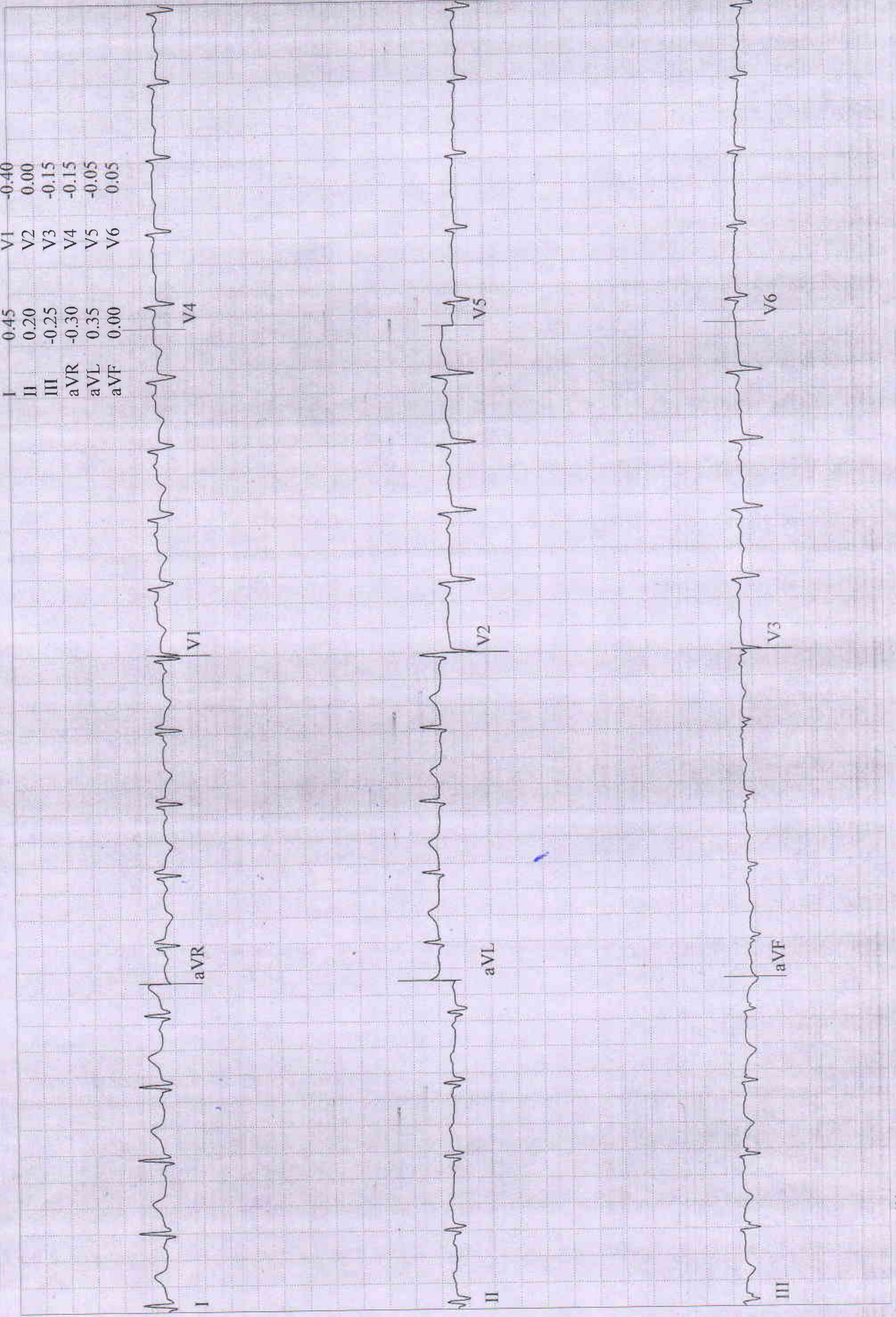
**Jha, Jyoti Kumari**  
Patient ID 202425240  
09.09.2024  
10:27:09am

**BRUCE**  
0.0 km/h  
0.0 %

**PRETEST**  
**STANDING**  
01:15  
  
110 bpm  
130/90 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.45   | V1   | -0.40  |
| II   | 0.20   | V2   | 0.00   |
| III  | -0.25  | V3   | -0.15  |
| aVR  | -0.30  | V4   | -0.15  |
| aVL  | 0.35   | V5   | -0.05  |
| aVF  | 0.00   | V6   | 0.05   |



Jha, Jyoti Kumari  
Patient ID- 202425240  
09.09.2024  
10:27:50am

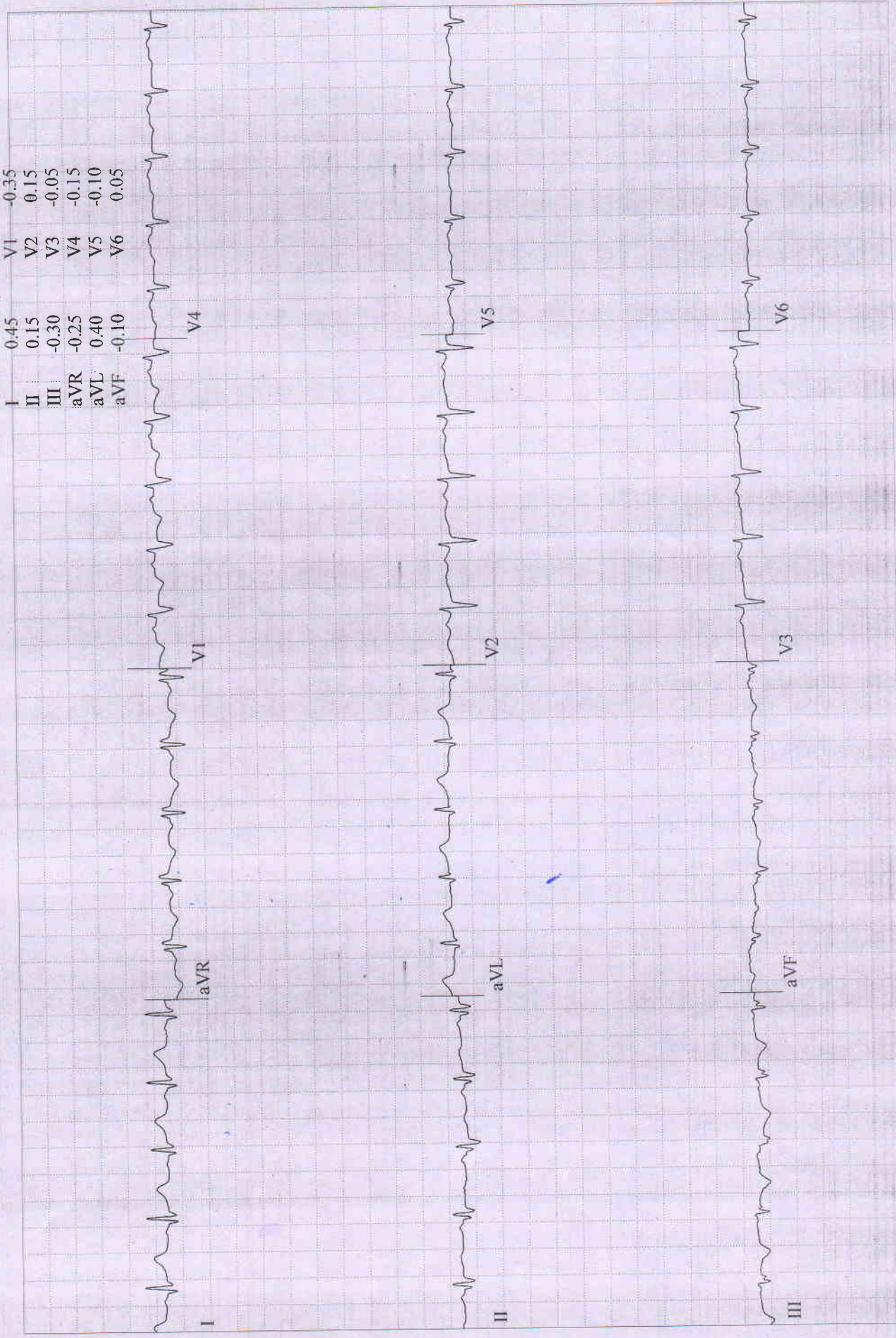
BRUCE  
0.0 km/h  
0.0 %

PRETEST  
HYPERV.  
01:56

111 bpm  
130/90 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.45   | V1   | -0.35  |
| II   | 0.15   | V2   | 0.15   |
| III  | -0.30  | V3   | -0.05  |
| aVR  | -0.25  | V4   | -0.15  |
| aVL  | 0.40   | V5   | -0.10  |
| aVF  | -0.10  | V6   | 0.05   |



12-Lead Report

**Jha, Jyoti Kumari**  
Patient ID 202425240  
09.09.2024  
10:28:07am

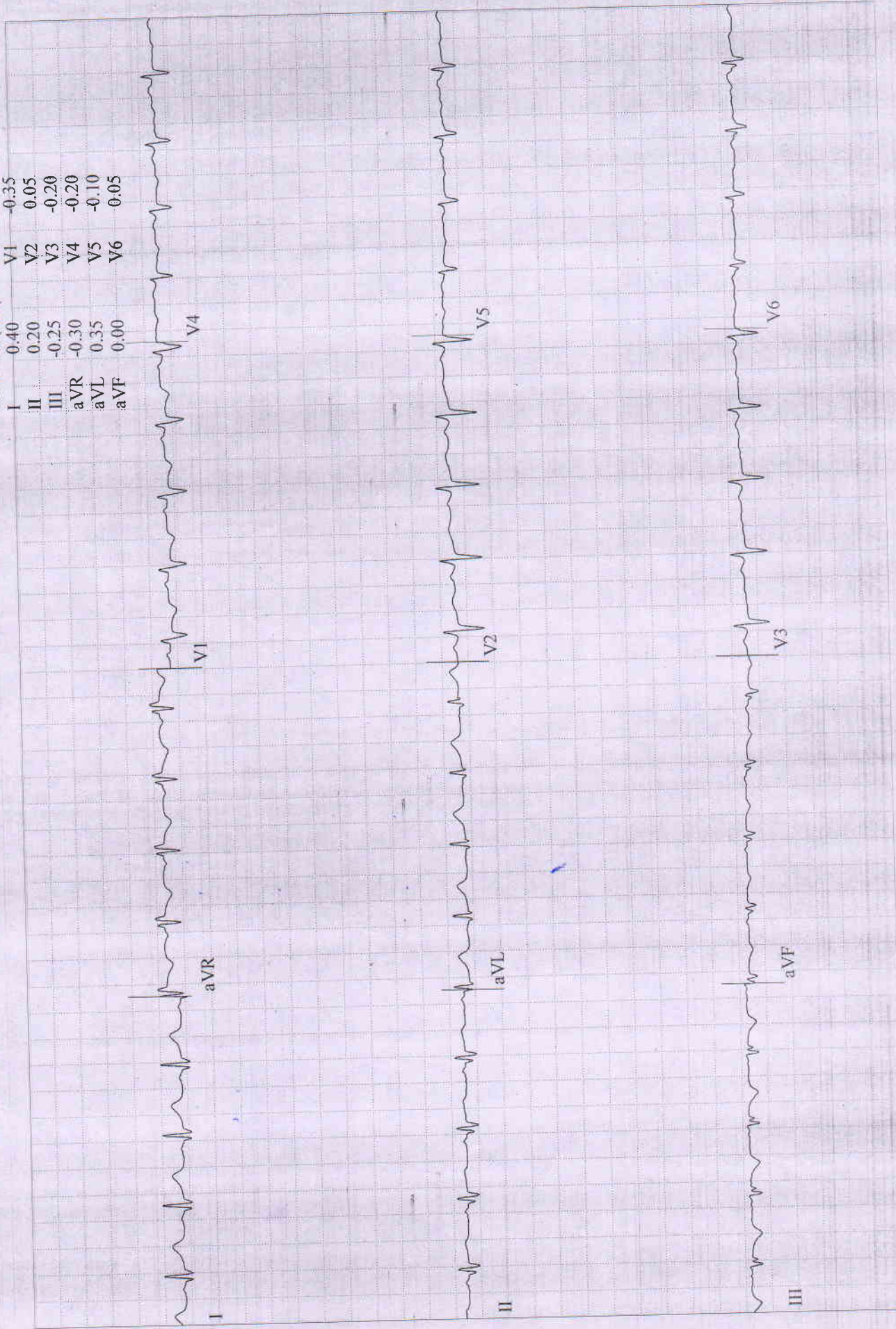
**BRUCE**  
0.0 km/h  
0.0 %

Measured at 60ms Post J (10mm/mV)  
Auto Points

117 bpm  
130/90 mmHg

PRETEST  
WARM-UP  
02:13

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.40   | V1   | -0.35  |
| II   | 0.20   | V2   | 0.05   |
| III  | -0.25  | V3   | -0.20  |
| aVR  | -0.30  | V4   | -0.20  |
| aVL  | 0.35   | V5   | -0.10  |
| aVF  | 0.00   | V6   | 0.05   |





**Jha, Jyoti Kumari**

Patient ID 202425240

09.09.2024

10:31:07am

164 bpm

136/96 mmHg

**Comparative Medians Report**

EXERCISE

STAGE 1

02:50

BRUCE

2.7 km/h

10.0 %

BERLIN DIAGNOSTICS AND DAY CARE

Lead

ST Level (mm)

ST Slope (mV/s)

| Lead | Baseline ST Level (mm) | Baseline ST Slope (mV/s) | Current ST Level (mm) | Current ST Slope (mV/s) |
|------|------------------------|--------------------------|-----------------------|-------------------------|
| I    | 0.40                   | 0.13                     | 0.20                  | 1.00                    |
| II   | 0.15                   | -0.06                    | -0.20                 | 0.22                    |
| III  | -0.25                  | -0.49                    | -0.35                 | -0.77                   |
| aVR  | -0.30                  | -0.27                    | 0.00                  | -0.63                   |
| aVL  | 0.35                   | 0.16                     | 0.30                  | 0.85                    |
| aVF  | 0.00                   | -0.20                    | -0.30                 | -0.23                   |
| V1   | -0.35                  | -0.34                    | -0.50                 | -0.19                   |
| V2   | 0.00                   | 0.20                     | -0.20                 | 1.08                    |
| V3   | -0.20                  | 0.06                     | -0.45                 | 0.97                    |
| V4   | -0.20                  | -0.14                    | -0.35                 | 0.88                    |
| V5   | -0.10                  | -0.11                    | -0.20                 | 0.94                    |
| V6   | 0.00                   | -0.10                    | -0.15                 | 0.93                    |

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRF- HR(V2,I)

Start of Test: 10:25:36am

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12-Lead Report ( PEAK EXERCISE )

Jha, Jyoti Kumari  
Patient ID 202425240  
09.09.2024  
10:33:24am

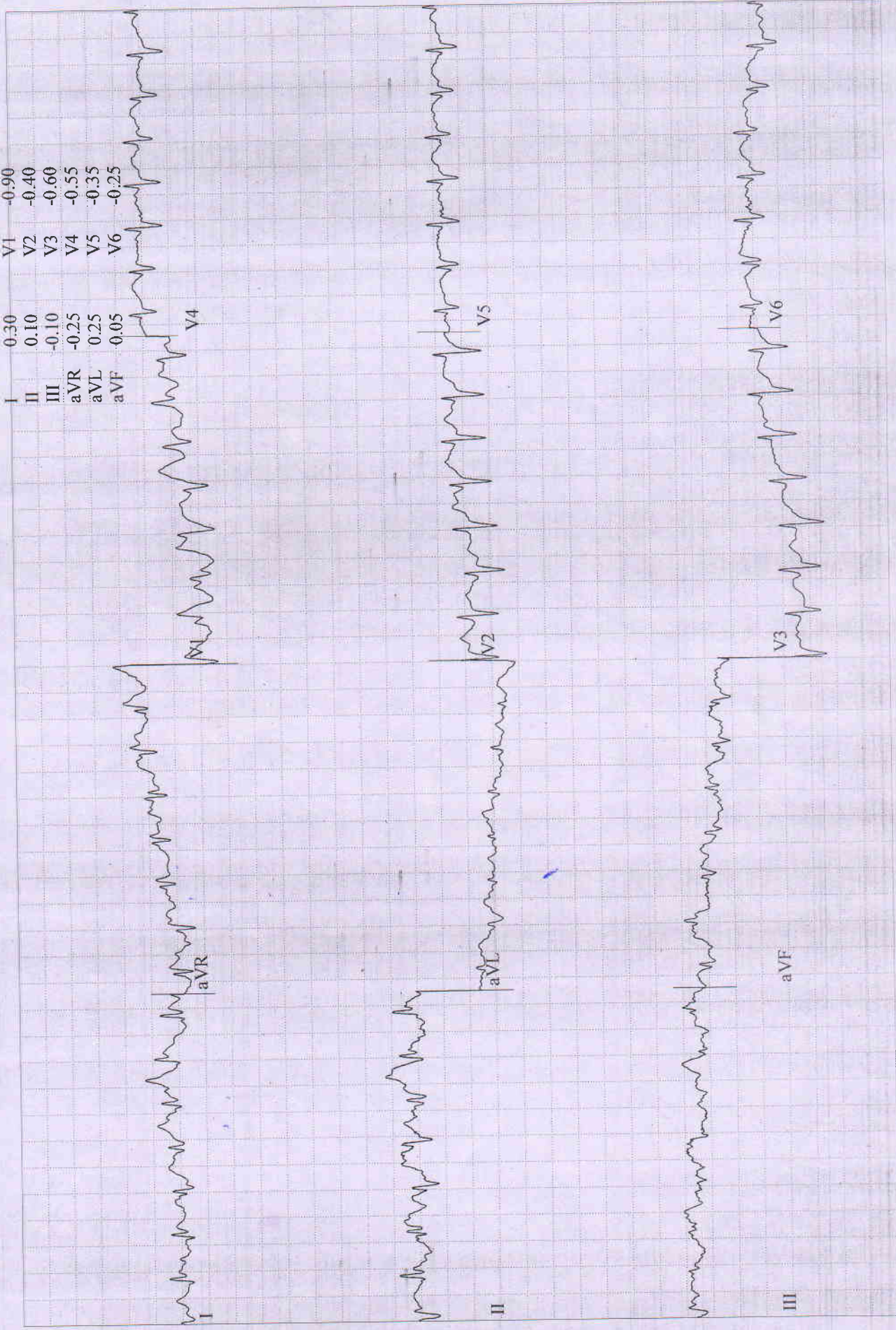
BRUCE  
4.0 km/h  
12.0 %

EXERCISE  
STAGE 2  
05:03

181 bpm  
140/100 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.30   | V1   | -0.90  |
| II   | 0.10   | V2   | -0.40  |
| III  | -0.10  | V3   | -0.60  |
| aVR  | -0.25  | V4   | -0.55  |
| aVL  | 0.25   | V5   | -0.35  |
| aVF  | 0.05   | V6   | -0.25  |



Comparative Medians Report

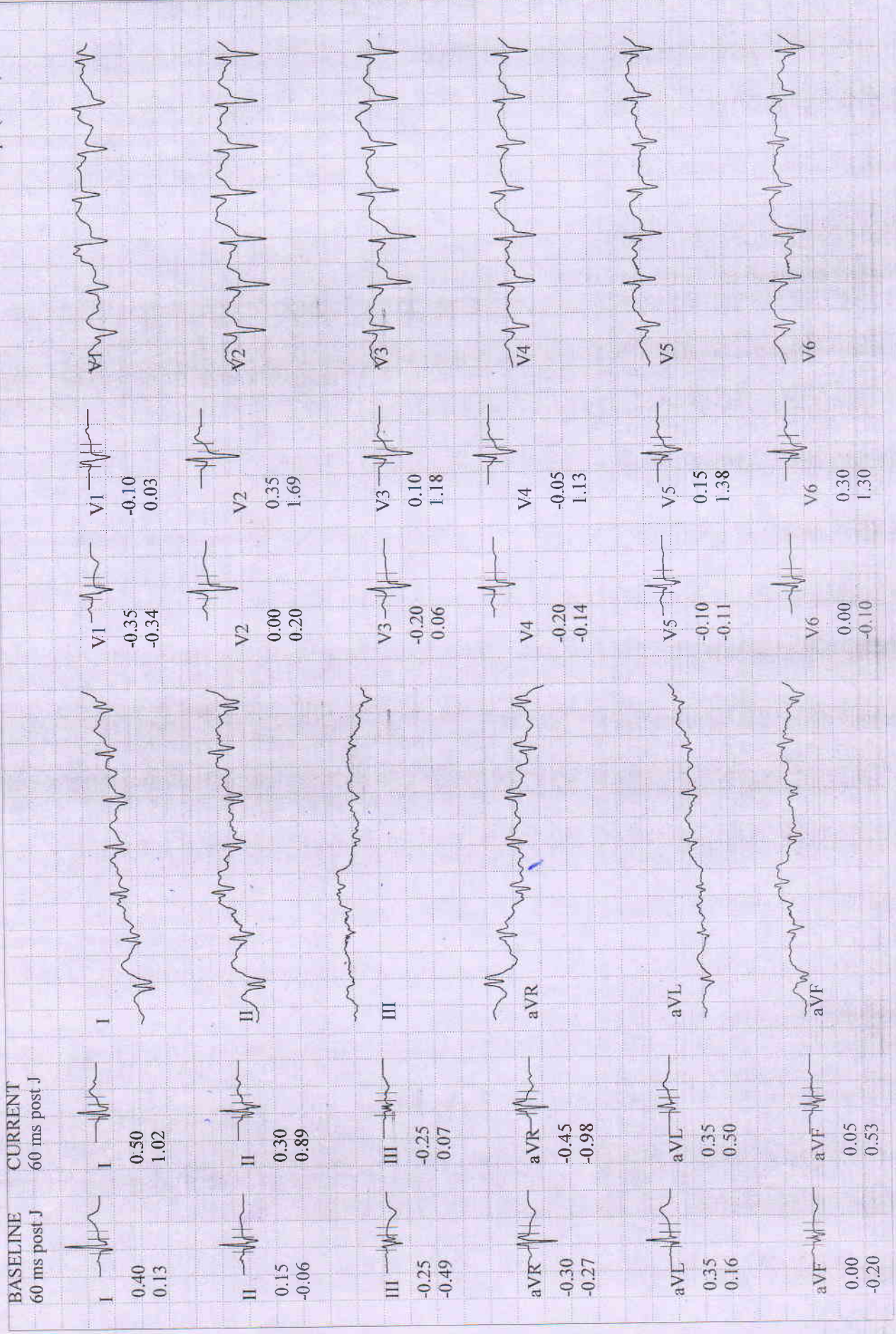
BRUCE  
2.4 km/h  
0.0 %

RECOVERY  
#1  
00:50

173 bpm  
138/98 mmHg

Jha, Jyoti Kumari  
Patient ID 202425240  
09.09.2024  
10:34:09am

Lead  
ST Level (mm)  
ST Slope (mV/s)



**Jha, Jyoti Kumari**  
 Patient ID 202425240  
 09.09.2024  
 10:35:10am

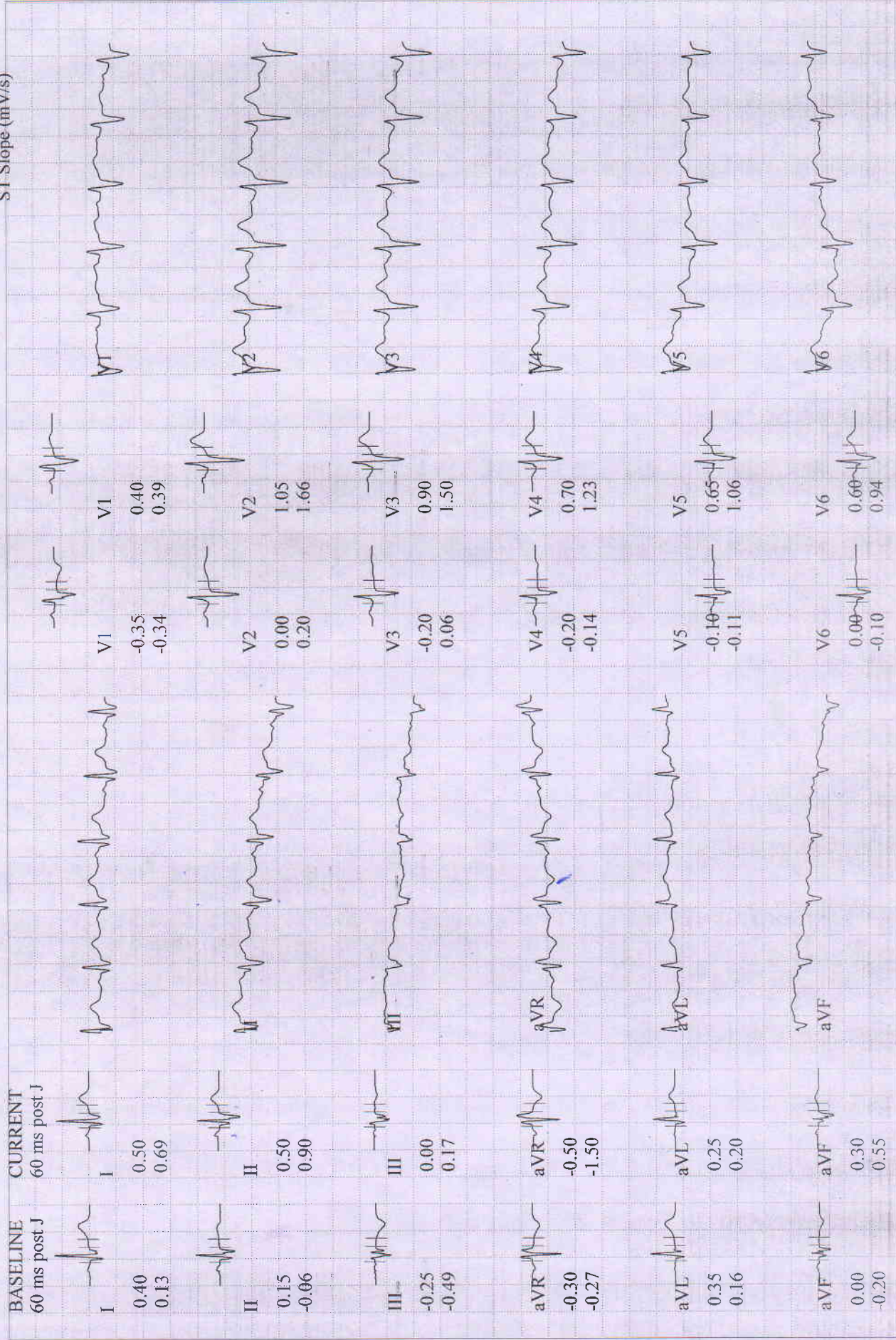
Comparative Medians Report

BRUCE  
 0.0 km/h  
 0.0 %

127 bpm  
 134/96 mmHg

RECOVERY  
 #1  
 01:50

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



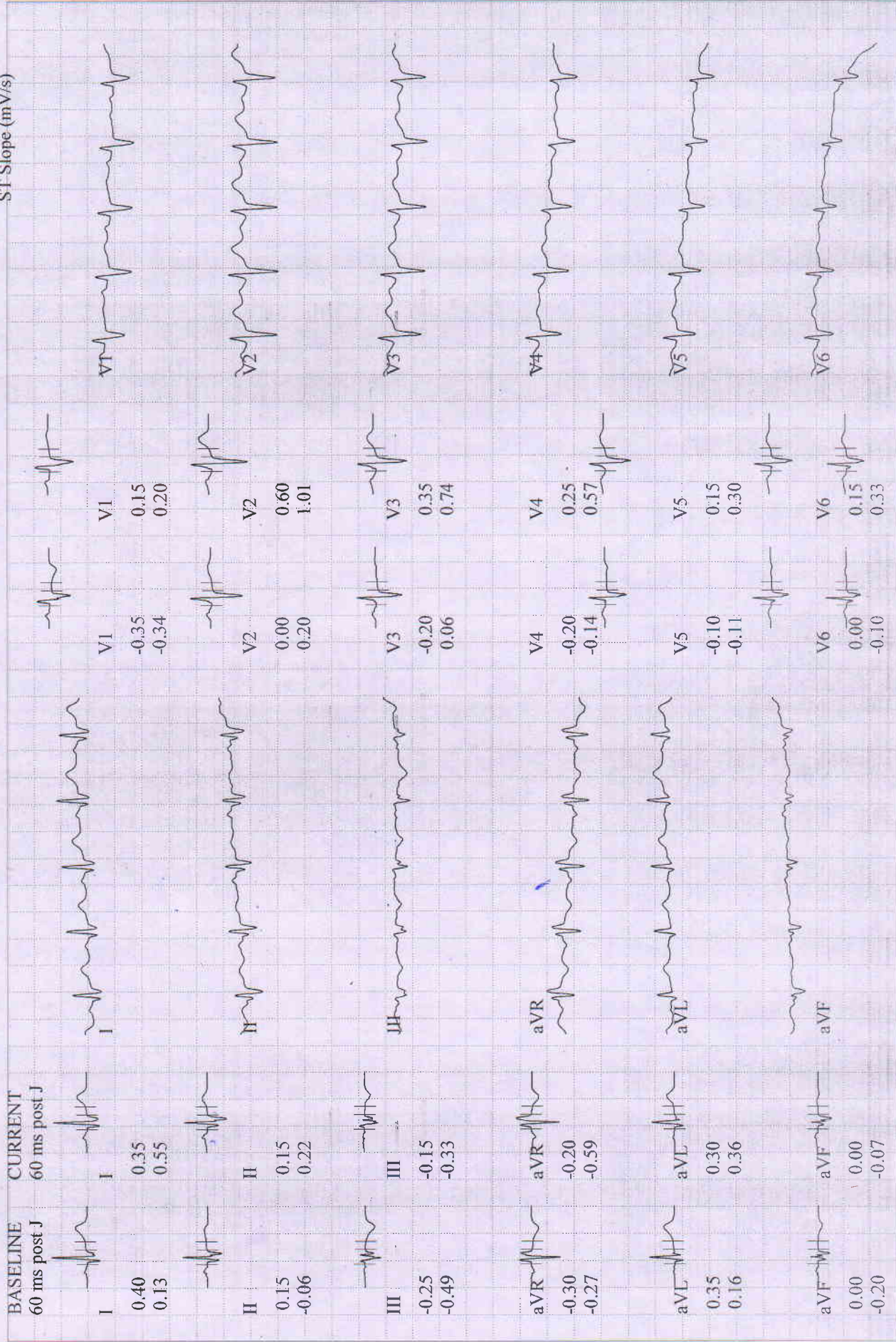
**Jha, Jyoti Kumari**  
 Patient ID 202425240  
 09.09.2024  
 10:35:59am

**Comparative Medians Report**  
 RECOVERY  
 #1  
 02:40

126 bpm  
 130/94 mmHg

BRUCE  
 0.0 km/h  
 0.0 %

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



Selected Medians Report

**Jha, Jyoti Kumari**  
 Patient ID 202425240  
 09.09.2024  
 10:25:36am

| BASELINE EXERCISE                | MAX. ST EXERCISE                | PEAK EXERCISE                   | TEST END RECOVERY              | BASELINE EXERCISE              | MAX. ST EXERCISE                | PEAK EXERCISE                   | TEST END RECOVERY              |
|----------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|
| 0:01<br>117 bpm<br>130/90 mmHg   | 5:03<br>181 bpm<br>140/100 mmHg | 5:03<br>181 bpm<br>140/100 mmHg | 2:27<br>122 bpm<br>130/94 mmHg | 0:01<br>117 bpm<br>130/90 mmHg | 5:03<br>181 bpm<br>140/100 mmHg | 5:03<br>181 bpm<br>140/100 mmHg | 2:27<br>122 bpm<br>130/94 mmHg |
| <b>I</b><br>0.40 mm<br>0.13 mV/s | <b>I</b><br>0.25<br>0.36        | <b>I</b><br>0.25<br>0.36        | <b>I</b><br>0.35<br>0.54       | <b>V1</b><br>-0.35<br>-0.34    | <b>V1</b><br>-0.90<br>0.11      | <b>V1</b><br>-0.90<br>0.11      | <b>V1</b><br>0.25<br>0.31      |
| <b>II</b><br>0.15<br>-0.06       | <b>II</b><br>-0.15<br>-0.36     | <b>II</b><br>-0.15<br>-0.36     | <b>II</b><br>0.15<br>0.42      | <b>V2</b><br>0.00<br>0.20      | <b>V2</b><br>-0.40<br>1.03      | <b>V2</b><br>-0.40<br>1.03      | <b>V2</b><br>0.75<br>1.19      |
| <b>III</b><br>-0.25<br>-0.49     | <b>III</b><br>-0.35<br>-0.76    | <b>III</b><br>-0.35<br>-0.76    | <b>III</b><br>-0.15<br>-0.05   | <b>V3</b><br>-0.20<br>0.06     | <b>V3</b><br>-0.40<br>0.76      | <b>V3</b><br>-0.40<br>0.76      | <b>V3</b><br>0.55<br>0.94      |
| <b>aVR</b><br>-0.30<br>-0.27     | <b>aVR</b><br>-0.05<br>0.07     | <b>aVR</b><br>-0.05<br>0.07     | <b>aVR</b><br>0.25<br>-0.86    | <b>V4</b><br>-0.20<br>-0.14    | <b>V4</b><br>-0.60<br>0.11      | <b>V4</b><br>-0.60<br>0.11      | <b>V4</b><br>0.35<br>0.83      |
| <b>aVL</b><br>0.35<br>0.16       | <b>aVL</b><br>0.30<br>0.52      | <b>aVL</b><br>0.30<br>0.52      | <b>aVL</b><br>0.25<br>0.33     | <b>V5</b><br>-0.10<br>-0.11    | <b>V5</b><br>-0.45<br>0.54      | <b>V5</b><br>-0.45<br>0.54      | <b>V5</b><br>0.30<br>0.66      |
| <b>aVF</b><br>0.00<br>-0.20      | <b>aVF</b><br>-0.25<br>-0.58    | <b>aVF</b><br>-0.25<br>-0.58    | <b>aVF</b><br>0.00<br>0.14     | <b>V6</b><br>0.00<br>-0.10     | <b>V6</b><br>-0.35<br>0.40      | <b>V6</b><br>-0.35<br>0.40      | <b>V6</b><br>0.30<br>0.65      |

Tabular Summary

BERLIN DIAGNOSTICS AND DAY CARE

**Jha, Jyoti Kumari**

Patient ID 202425240

09.09.2024 Female 153 cm 91 kg

10:25:36am 31yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 05:03

Max HR: 181 bpm 95% of max predicted 189 bpm HR at rest: 101

Max BP: 140/100 mmHg BP at rest: 130/90 Max RPP: 25340 mmHg\*bpm

Maximum Workload: 7.00 METS

Max. ST: -0.60 mm, 0.00 mV/s in V4; EXERCISE STAGE 2 05:03

ST/HR index: 0.60  $\mu$ V/bpm

**Reasons for Termination:** Target heart rate achieved

**Summary:** Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: appropriate response. Chest Pain: none. Arrhythmias: none.

**Conclusion:**

TMT TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

**Dr. Amar Kumar**  
 DR. AMAR KUMAR  
 FRCGS (DIP Card)  
 Dr. Amar Kumar, Cardiologist  
 CLINICAL ROOM 106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (min) | ST Level (V4 mm) | Comment |
|------------|------------|---------------|--------------|-----------|-----------------|----------|-----------|----------------|----------|------------------|---------|
| PRETEST    | SUPINE     | 01:04         | 0.00         | 0.00      | 1.0             | 106      | 130/90    | 13780          | 0        | -0.15            |         |
|            | STANDING   | 00:24         | 0.00         | 0.00      | 1.0             | 110      | 130/90    | 14300          | 0        | -0.10            |         |
|            | HYPERV.    | 00:38         | 0.00         | 0.00      | 1.0             | 121      | 130/90    | 15730          | 0        | -0.20            |         |
|            | WARM-UP    | 00:25         | 1.60         | 0.00      | 1.2             | 117      | 130/90    | 15210          | 0        | -0.20            |         |
| EXERCISE   | STAGE 1    | 03:00         | 2.70         | 10.00     | 4.6             | 164      | 136/96    | 22304          | 0        | -0.20            |         |
|            | STAGE 2    | 02:03         | 4.00         | 12.00     | 7.0             | 181      | 140/100   | 25340          | 0        | -0.60            |         |
| RECOVERY   |            | 02:42         | 0.00         | 0.00      | 1.0             | 126      | 130/94    | 16380          | 0        | 0.20             |         |