

CONCLUSION OF HEALTH CHECKUP

HCP Number : 11726
Age : 49 Years
Weight : 88.3 Kgs
Date : 11/05/2024

MR Number : 23238622
Sex : Male
Ideal Weight : 70

Patient Name: GHANSHYAM VYAS
Height : 175 Cms
BMI : 28.83

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

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Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINS AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO
Gen.Exam. : G.C.GOOD
B.P : 140/80 mm Hg
Pulse : 70/MIN REG
Others : SPO2 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



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Ophthalmic Check Up :	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	6/6 N.5	6/6 N.5
Vision With Glasses	-	-
Final Correction	READING OWN	NORMAL
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	
Orthopedic Check Up :		
Ortho Consultation		
Ortho Advice		
ENT Check Up :		
Ear		
Nose		
Throat		
Hearing Test		
ENT Advice		
General Surgery Check Up :		
General Surgery		
Abdominal Lump		
Hernia		
External Genitals		
PVR		
Proctoscopy		
Any Other		
Surgical Advice		





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Patient Name : Mr. GHANSHYAM VYAS
 Gender / Age : Male / 49 Years 7 Months 18 Days
 MR No / Bill No. : 23238622 / 251011561
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 227184
 Request Date : 11/05/2024 09:10 AM
 Collection Date : 11/05/2024 09:23 AM
 Approval Date : 11/05/2024 02:32 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin			
Haemoglobin	14.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.86	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	42.9	%	40 - 50
Mean Corpuscular Volume (MCV)	88.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.2	pg	27 - 32
MCH Concentration (MCHC)	33.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.5	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.24	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	68	%	40 - 80
Lymphocytes	25	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.21	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.56	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.06	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.36	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.8	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	344	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	17	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before an opinion is given.

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DEPARTMENT OF LABORATORY MEDICINE

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---



Dr. Ameer Soni
MD (Path)

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system,	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----



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Approval Date : 11/05/2024 03:18 PM

Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	83	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---



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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.1	%	
estimated Average Glucose (e AG) *	99.67	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated value for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
≤ 6	< 126	Nondiabetic level)

---- End of Report ----

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 Location : OPD Approval Date : 11/05/2024 03:16 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	115	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	189	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
239 mg/dL - High)			
HDL Cholesterol	37	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	152	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	148	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	23	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	4		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.11		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

Dr. Ameer Soni
MD (Path)



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.70	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect	0.53	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	29	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	28	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	74	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	15 - 85
<i>(Done by Multipoint Rate - L-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	6.52	gm/dL	6.4 - 8.2
Albumin	3.87	gm/dL	3.4 - 5
Globulin	2.65	gm/dL	3 - 3.2
A : G Ratio	1.46		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----



Dr. Ameet Soni
MD (Path)



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	23	mg/dL	10 - 45
BUN	10.75	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.74	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	6.2	mg/dL	3.4 - 7.2

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Dr. Ameer Soni
MD (Path)



Patient Name : Mr. GHANSHYAM VYAS Type : OPD
 Gender / Age : Male / 49 Years 7 Months 18 Days Request No. : 227186
 MR No / Bill No. : 23238622 / 251011564 Request Date : 11/05/2024 09:16 AM
 Consultant : Dr. BAGH Doctor Collection Date : 11/05/2024 09:25 AM
 Location : OPD Approval Date : 11/05/2024 02:59 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12			
Vitamin B12 Level	<159	pg/ml	200 - 900

(Done by CLIA based method on automated immunoassay Vitros 5600.

Interpretation :

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceeding days (Oral-3 days, Parentral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 32.6 ng/ml

Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by CLIA based method on automated immunoassay Vitros 5600

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

* Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

* Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

Dr. Ameer Soni
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PSA (Prostate Specific Antigen)

Test	Result	Units	Biological Ref. Range
Total PSA	0.692	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.)

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path), DCP.Dr. Ameer Soni
MD (Path)



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DEPARTMENT OF LABORATORY MEDICINE

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.78	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.47	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	3.93	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20-99 years)	: 0.4001 - 4.049		
Pregnancy :			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.0		4.6 - 8.0
Specific Gravity	1.006		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---



Dr. Ameet Soni
MD (Path)



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- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23238622 Report Date : 11/05/2024
Request No. : 190117434 11/05/2024 9.10 AM
Patient Name : Mr. GHANSHYAM VYAS
Gender / Age : Male / 49 Years 7 Months 18 Days

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Harsh Sanjay Vyas, D N
B
Consultant Radiologist



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23238622 Report Date : 11/05/2024
Request No. : 190117467 11/05/2024 9.10 AM
Patient Name : Mr. GHANSHYAM VYAS
Gender / Age : Male / 49 Years 7 Months 18 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
NOT VALID FOR MEDICO-LEGAL PURPOSES
CLINICAL CORRELATION RECOMMENDED

Liver is normal in size and increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent.

Gall bladder well distended shows no obvious abnormality. Common bile duct measures 4mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.

Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Grade- I Fatty liver.**

Kindly correlate clinically.

Dr. Harsh Sanjay Vyas,
Consultant Radiologist

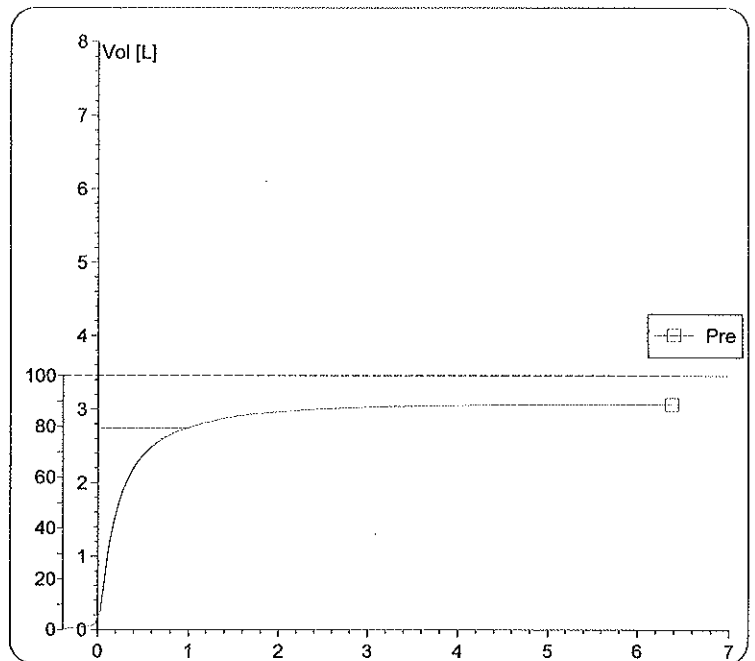
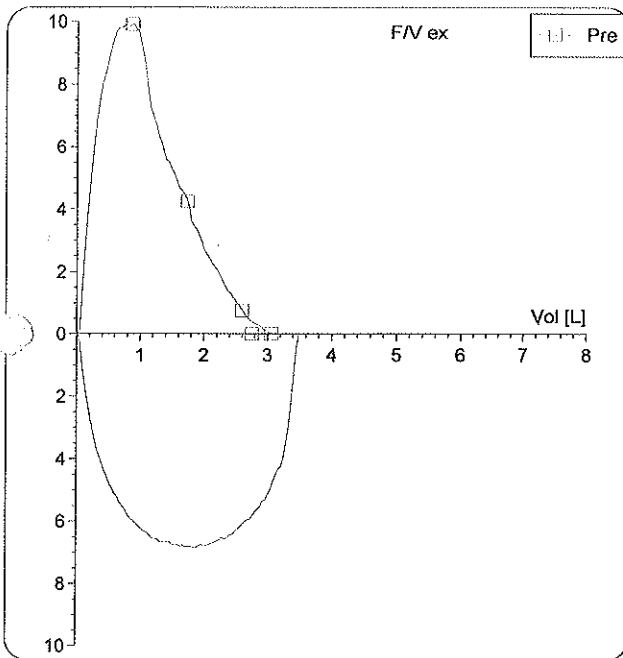


Identification:	23238622	Ref. Physician:	DR VIKAS DOSI
Last Name:	VYAS	First Name:	MR GHANSHYAM
Date of Birth:	24/09/1974	Smoker:	NEVER
Gender:	male	Operator:	Mr Solanki Bharat
Height:	175 cm	Weight:	88.0 kg
BMI:	29	Pred. Module:	NHANES 10% CORRE
Age:	49 Years	Device Used:	CareFusion Diffusion(G

PULMONARY FUNCTION ANALYSIS

Spirometry

		Ref	Pred LL	Pre	Pre%Ref
FVC	L	4.41	3.60	3.06	69.3
FEV 1	L	3.44	2.75	2.74	79.8
FEV 1 % FVC	%	70.15	61.44	89.78	128.0
MFEF 75/25	L/s	3.08	1.69	4.15	134.8
FEF 25	L/s	6.05	3.24	9.88	163.2
FEF 50	L/s	4.46	2.52	5.07	113.9
FEF 75	L/s	2.23	0.84	1.66	74.4
FEV 6	L	4.26	3.47	3.06	71.7
FET	sec			3.91	
PEF	L/s	8.66	6.64	9.91	114.4



Comment

Normal Spirometry

[Signature]

Dr. Vikas Dosi MD (Med)
 Consultant Internal Medicine
 Reg. No. G-17075

Name: Mr. Chanshyam Vyas
Patient ID: ECU/2338622

11.05.2024 09:31:18
Standard 12-Lead

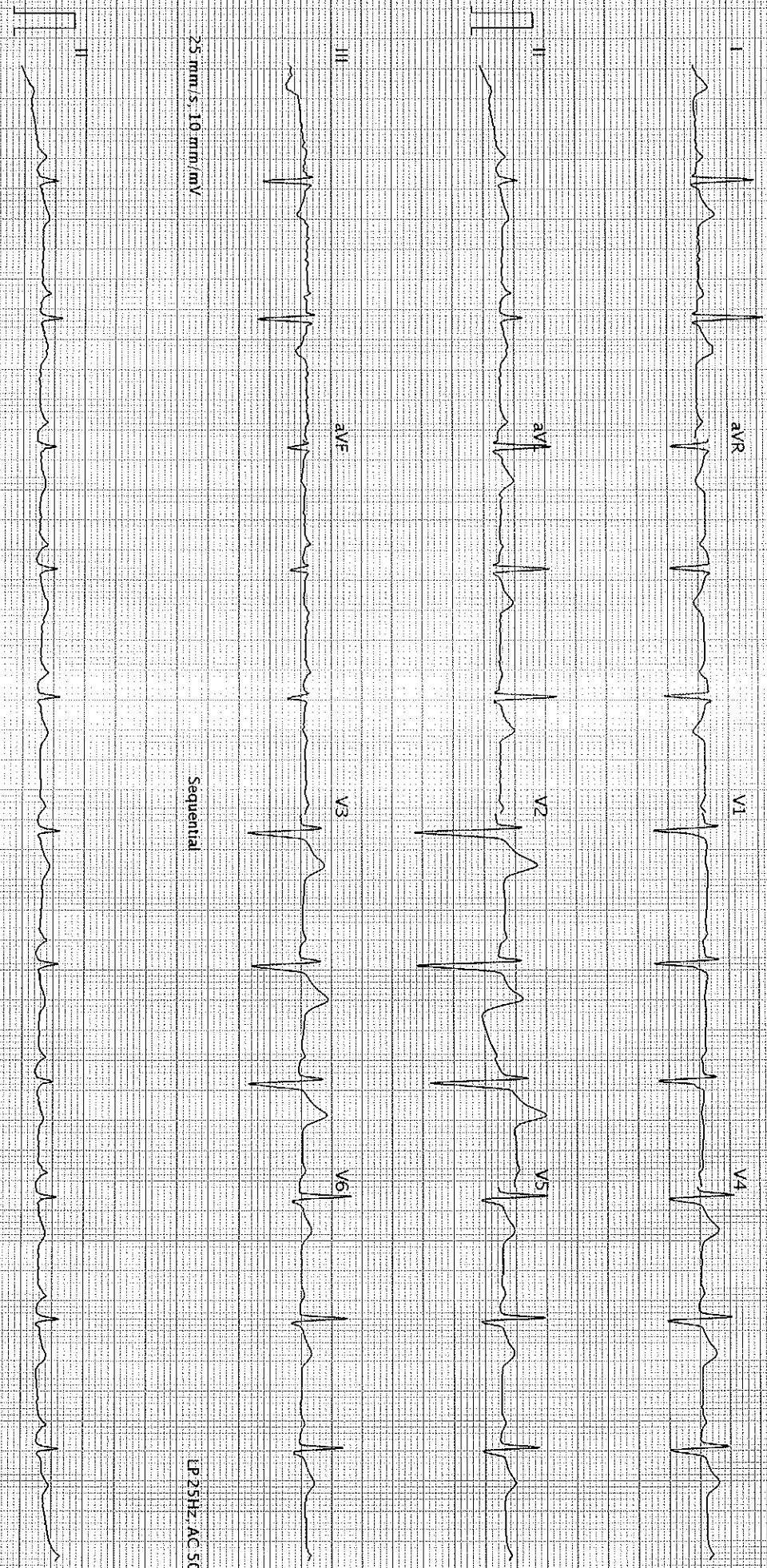
BHAITAL AMIN GENERAL HOSPITAL

Age: 049Y
Gender: Male
Ref. phys.:
Facemaker: Unknown

HR: 71 bpm
RR: 849 ms
P: 143 ms
PR: 187 ms
P axis: 43°
QRS axis: -10°
QT: 363 ms
T axis: 13°
QTcB: 394 ms

Unconfirmed report

Remark:



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

AT-102-G2.1.2.0 (1080.011030)

BHAITAL AMIN GENERAL HOSPITAL - Printed on 11.05.2024 09:30

SCHILLER

Part No. 2.157048M << 0123

S.B.D

BHAILAL AMIN GENERAL HOSPITAL
 BHAILAL AMIN MARG,
 VADODARA-3, PH-(0265) 3956222

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: GHANSHYAM VYAS,
 Patient ID: 3042
 Height: 175 cm
 Weight: 88 kg

DOB: 24.09.1974
 Age: 49yrs
 Gender: Male
 Race: Indian

Study Date: 11.05.2024
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

Referring Physician: ARCOFEMI HEALTHCARE
 Attending Physician: DR. KILLOL KANERIA
 Technician: POOJA GUPTA

Medications:

Medical History:

Reason for Exercise Test:
 Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:57	0.00	0.00	75	130/80	
	STANDING	00:01	0.00	0.00	76		
	WARM UP	00:13	1.00	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	115	140/80	
	STAGE 2	03:00	2.50	12.00	131	140/80	
	STAGE 3	01:42	3.40	14.00	146	150/80	
RECOVERY		03:53	0.00	0.00	76	200/90	

The patient exercised according to the BRUCE for 7:42 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 70 bpm rose to a maximal heart rate of 146 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 200/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance, Normal HR and BP response, No ANGINA & ARRYTHMIAS noted during test, No significant ST-T changes noted during peak exercise and recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA

