

ADITYA DIAGNOSTIC & RESEARCH LABORATORIES
MIG 256-258 SR TOWERS, ROAD NO.4, KPHB COLONY, HYD, TELANGANA

0763/THUMU NOUNICA 28 Yrs/Female 67 Kg/146 Cms
 Date: 08-Mar-2024 10:46:05 AM
 Ref. By : MEDWEL
 Medication : NO
 Objective :

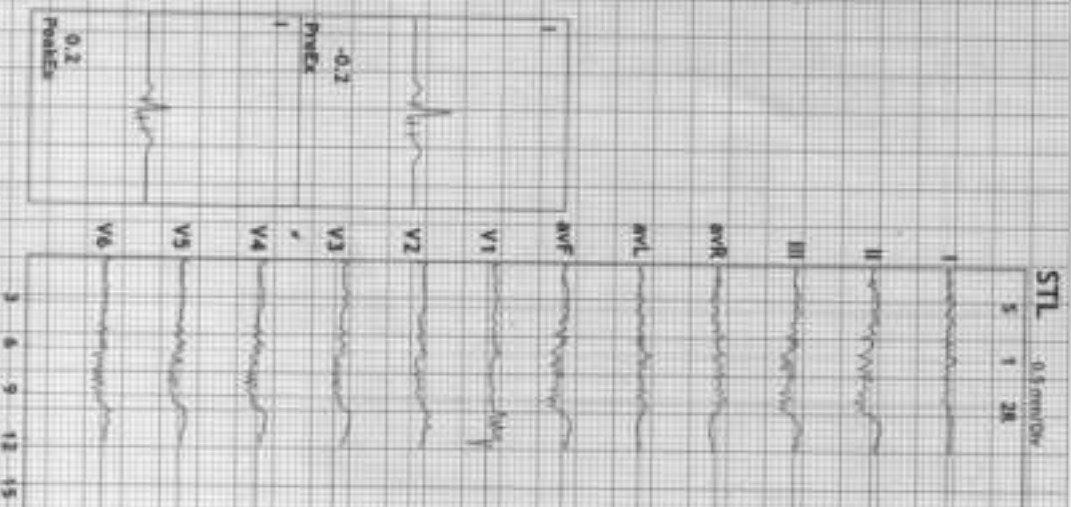
Protocol : BRUCE
 History :

Stage	StageTime (min:sec)	PhaseTime (min:sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (bpm)	PVC	Comments
Supine					1.0	123	110/70	135	-	
Standing					1.0	117	110/70	128	-	
HV					1.0	118	110/70	129	-	
ExStart					1.0	118	110/70	129	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	134	115/75	154	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	158	120/80	189	-	
PeakEx	0:03	6:04	3.4	14.0	7.2	158	120/80	189	-	
Recovery	1:00		1.1	0.0	1.2	138	120/80	165	-	
Recovery	2:00		0.0	0.0	1.0	129	115/75	148	-	
Recovery	3:00		0.0	0.0	1.0	117	110/70	128	-	

Findings :

Exercise Time : 6:03 minutes
 Max HR attained : 159 bpm 83% of Max Predictable HR 192
 Max BP : 120/80(mmHg)
 Workload attained : 7.2 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/SS/murmur
 Final Impression :
 Maximum Depression: 6:03

Advice/Comments:



HR: 123 bpm

MEETS: 1.0

BP: 110/70

BRUCE

(1.0-100)Hz

Ex Time 01:01

BLC :On

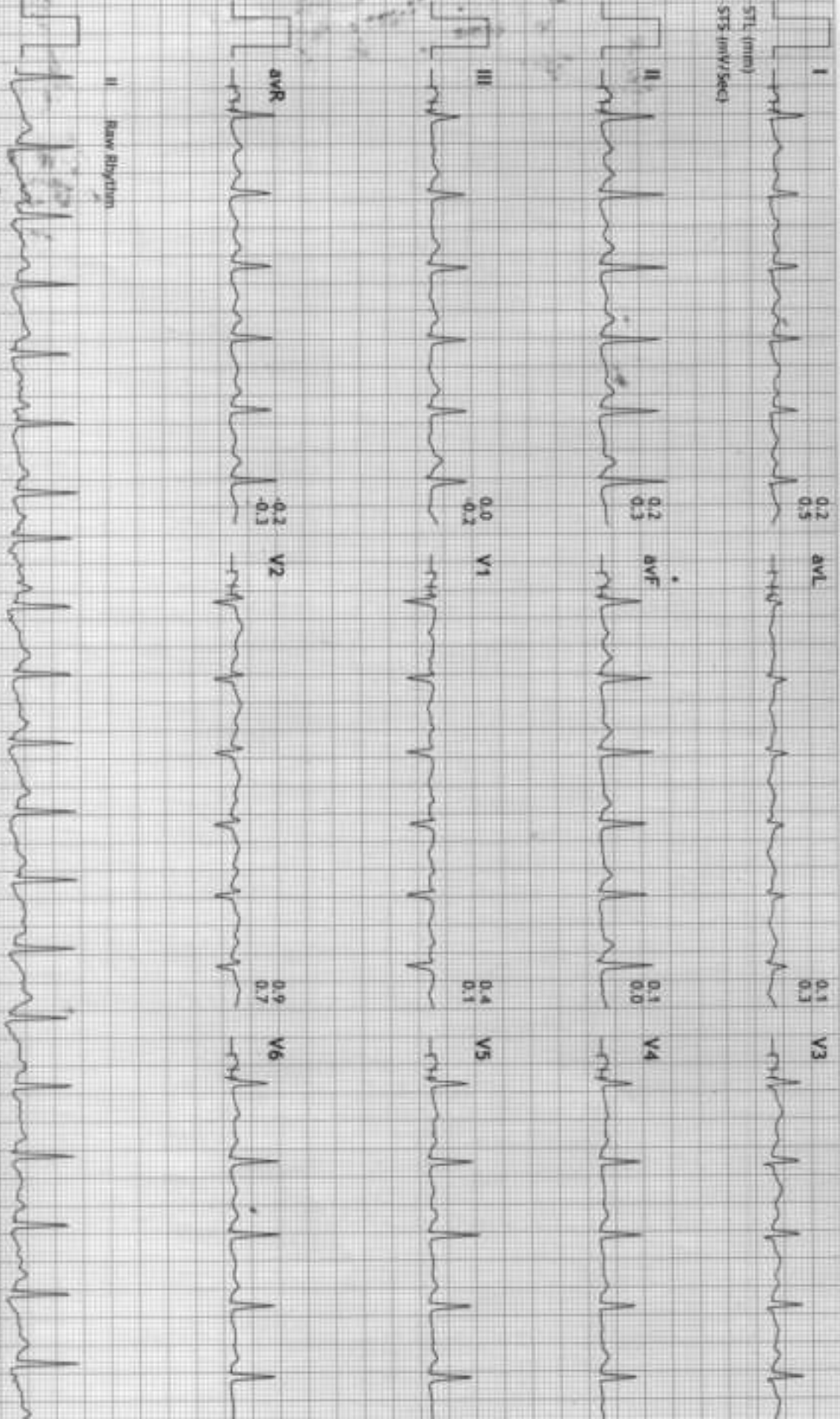
Notch :On

SUPINE

10.0 mm/mV

25 mm/Sec.

STL (mm)
STS (mV/Sec)



II
Raw Rhythm

ADITYA DIAGNOSTIC & RESEARCH LABORATORIES

Linked Medians Report

MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

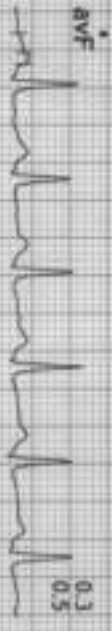
B763/THILUJ MOUNICA
28 Yrs/Female
67 Kg/146 Cms
Date: 08-Mar-2024 10:46:05 AM

HR: 117 bpm
METs: 1.0
BP: 110/70

BRUCE
(1.0-100)Hz

Ex Time 02:00
BLC :On
Watch :On

STANDING
10.0 mm/mV
25 mm/Sec.



II Row Polydata



MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

8763/THUMMA MOUNICA

28 Yrs/Female

67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

HR: 118 bpm

MCYS: 1.0

BP: 110/70

MPHR: 61% of 192

Speed: 1.1 mph

Grade: 0.0%

BRUCE

(1.0-100)Hz

Ex Time 03:01

BLC :On

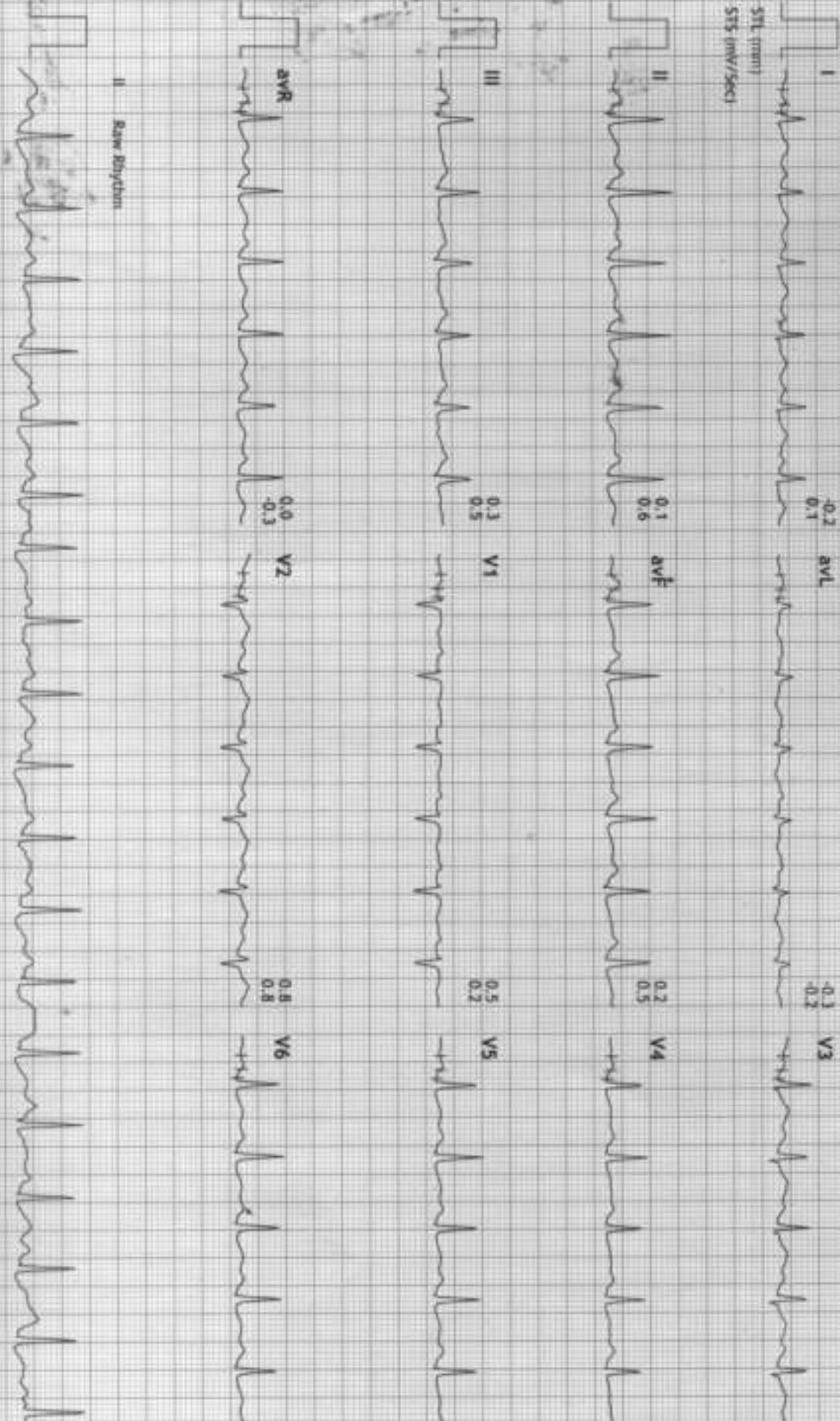
Notch :On

HV

10.0 mm/mV

25 mm/Sec

STL (mm)
ST5 (mV/Sec)



ADITYA DIAGNOSTIC & RESEARCH LABORATORIES

MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

B763/THILAKA MOJUNICA
28 Yrs./Female
67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

Linked Medians Report

Hr: 118 bpm
METTS: 1.0
BP: 110/70

APHR: 61% of 192
Speed: 1.1 mph
Grade: 0.0%

BRUCE
1.0-100/Hz

Ex Time 00:00
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.



II Raw Rhythm



MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

B763/THIRUJ MOUNICA

28 Yrs/Female

67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

HR: 134 bpm

METS: 4.7

BP: 115/75

APHR: 69% of 192

Speed: 1.7 mph

Grade: 10.0%

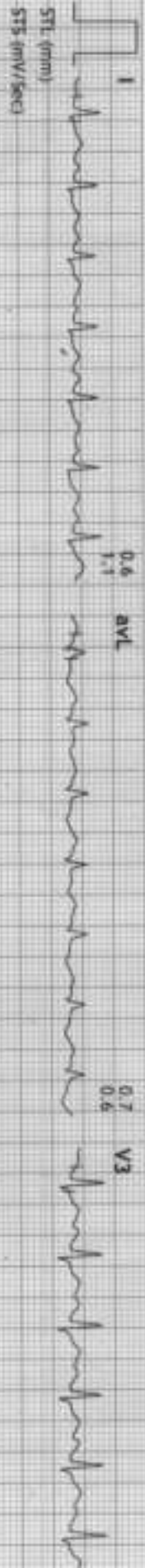
BRUCE (1.0-100)Hz

Ex Time 03:00

BLC :On

Notch :On

Stage 1 (03:00
10.0 mm/mV
25 mm/Sec.



II Raw Rhythm



Print Date: 08-Mar-2024

MICRO MEDICALS

ADITYA DIAGNOSTIC & RESEARCH LABORATORIES

Linked Medians Report

MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

B763/THUMU MOUNICA

28 Yrs/Female

67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

HR: 158 bpm

MEETS: 7.1

BP: 120/80

APHR: 82% of 192

Speed: 2.5 mph

Grade: 12.0%

BRUCE

(1.0-100)Hz

Ex Time 06:00

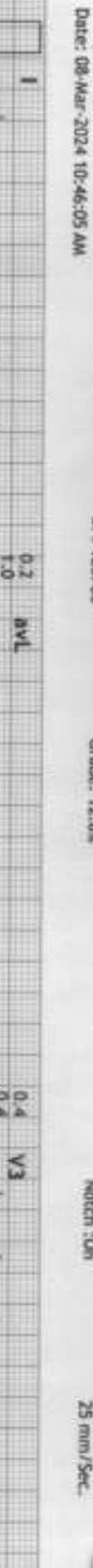
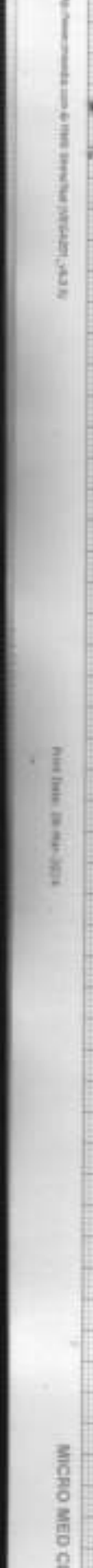
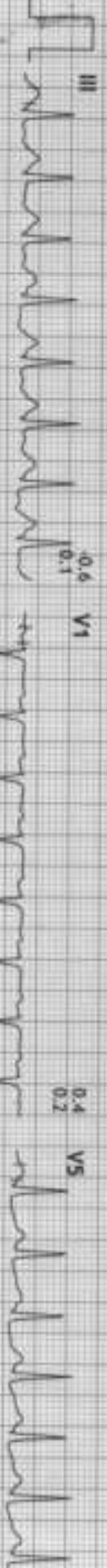
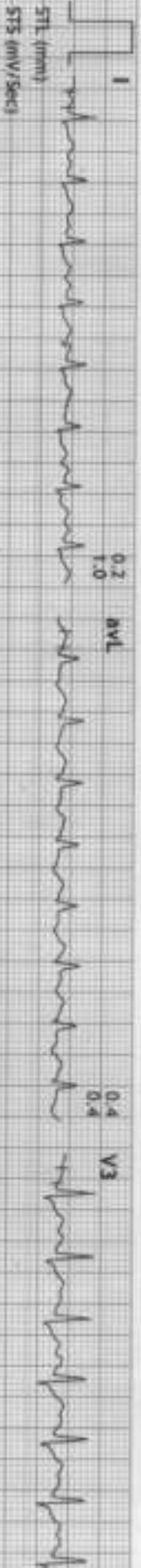
BLC :On

Notch :On

Stage 2 (03:0

10.0 mm/mV

25 mm/Sec.



II Raw Rhythm

ADITYA DIAGNOSTIC & RESEARCH LABORATORIES

Linked Medians Report

MIG 256-258 SR TOWERS, ROAD NO.4, KPHB COLONY, HYD, TELANGANA

8763/THUMU MOUNICA

28 Yrs/Female

67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

HR: 158 bpm

METS: 7.2

Rp: 120/80

M/FIB: 23% of 192

Speed: 3.4 mph

Grade: 14.0%

BRUCE

11.0-100Hz

Ex Time 06:02

SILC :On

Notch :On

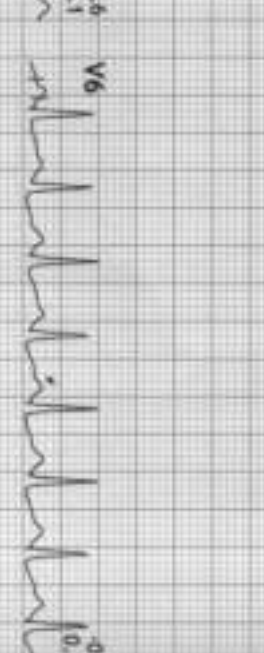
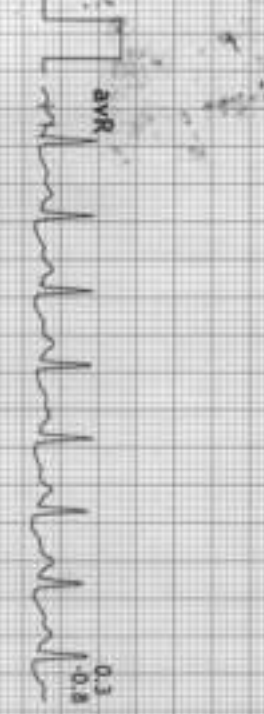
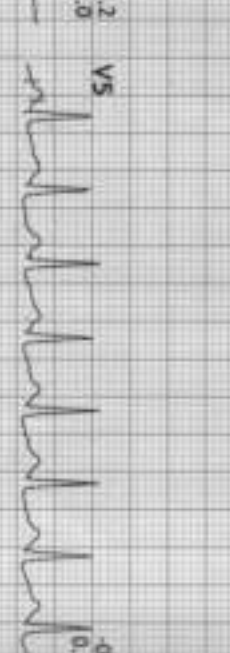
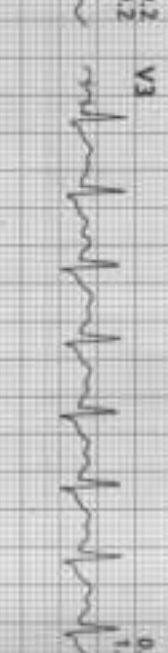
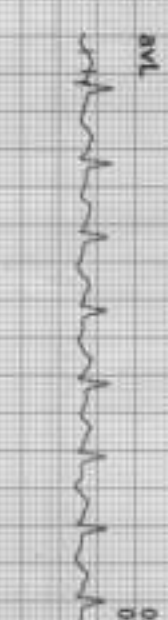
PeakEx

10.0 mm/mv

25 mm/Sec.



I
STL (mm)
ST5 (mV/Sec)



II Raw Rhythm



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B763/THUMU MOJUNICA

28 Yrs/Female

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Linked Medians Report

HR: 138 bpm

METS: 1.1

BP: 120/80

MHR: 71% of 192

Speed: 1.1 mph

Grade: 0.0%

BRUCE

(1.0-100)Hz

Ex Time 06:02

BLC :On

Notch :On

Recovery : (0

10.0 min/mV

25 mm/Sec.



Raw Rhythm

MIG 256-258 SR TOWERS, ROAD NO4, KPHB COLONY, HYD, TELANGANA

8763/THILAKA MOJUNICA

28 Yrs/Female

67 Kg/146 Cms

Date: 08-Mar-2024 10:46:05 AM

HR: 129 bpm

NETS: 1.0

BP: 115/75

MPHR: 67% of 192

Speed: 0.0 mph

Grade: 0.0%

BRUCE

(1.0-100)Hz

Ex Time 06:02

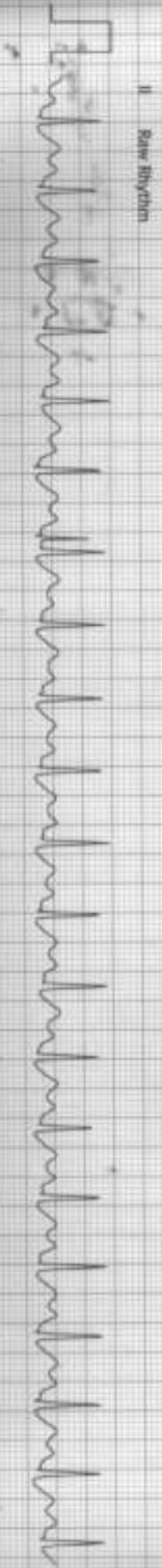
BLC :On

Notch :On

Recovery : 1 0

10.0 mm/mV

25 mm/Sec



II Rate Rhythm

ADITYA DIAGNOSTIC & RESEARCH LABORATORIES

Linked Medians Report

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B763/THUNU MOUNICA
28 Yrs/Female
67 Kg/146 Cms
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HR: 117 bpm
METS: 1.0
BP: 110/70

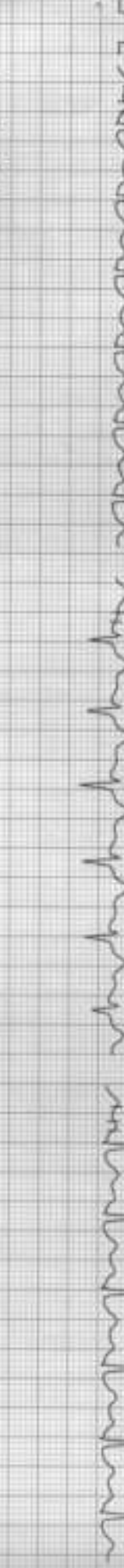
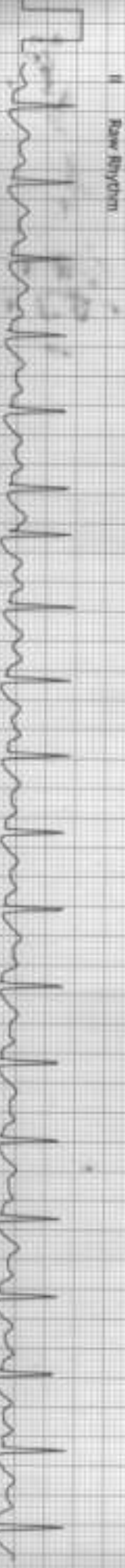
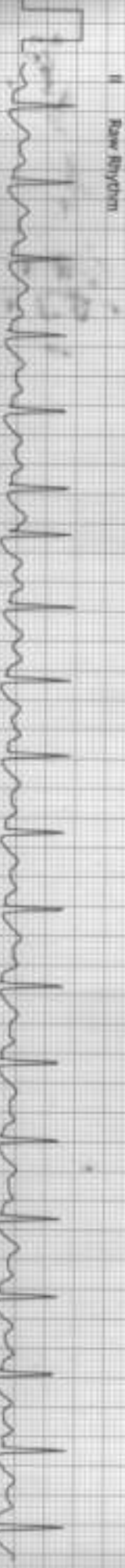
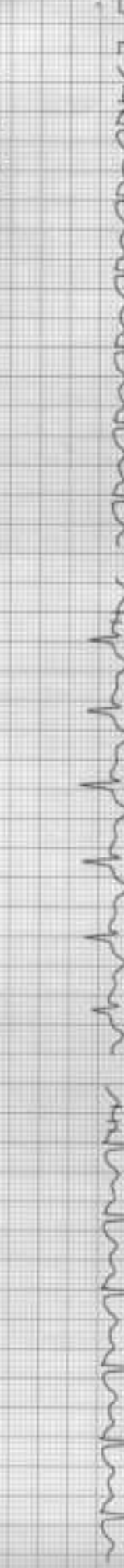
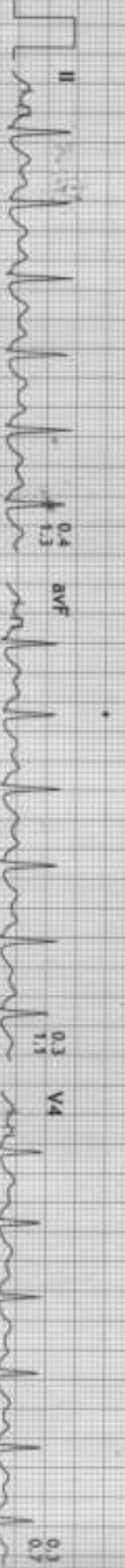
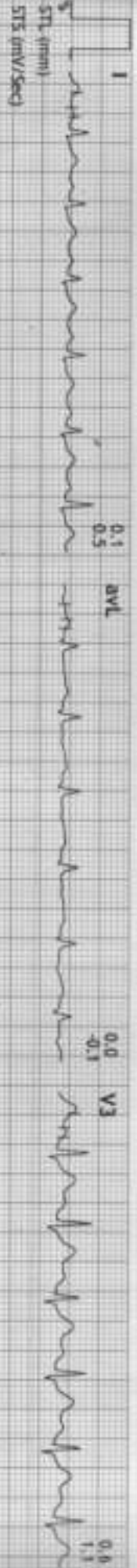
MPHR: 60% of 192
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 06:02
BLC :On
Notch :On



Recovery : (0
10.0 mm/mV
25 mm/Sec.



Raw Rhythm

Mr. Gunbura Anoop Roy (K-3388) /
 M / 31 Y
 24011300008088
 08/03/2024 09:17

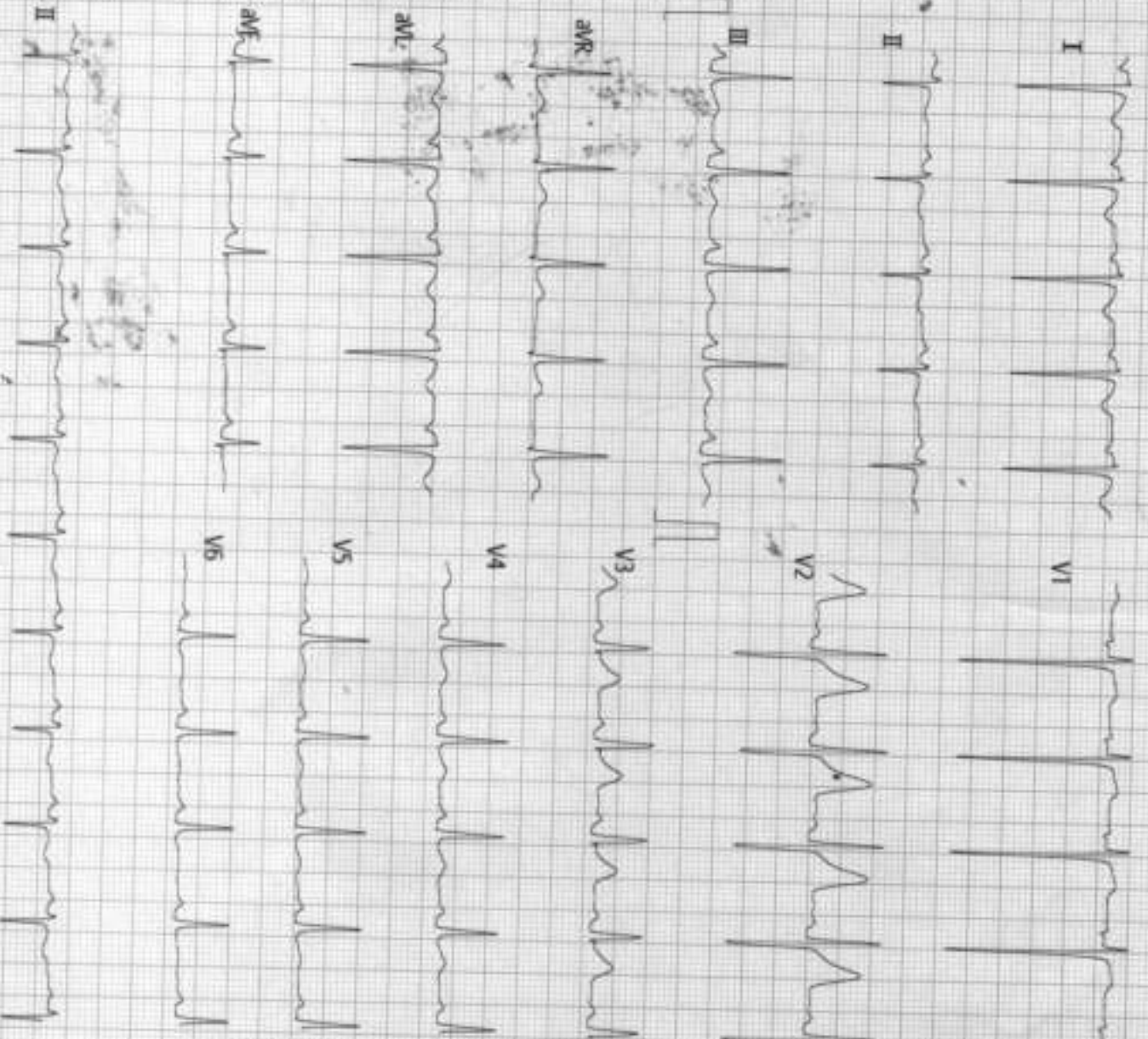


IDNO : 1553
 NAME :
 GENDER : M
 NATION :
 DATE : 2024-03-08 09:38:25
 CARDNO :
 DOCTOR :
 VERSION : V2.5.17

HR(BPM) : 100
 P-R(ms) : 125
 QRS(ms) : 95
 Axis(Deg) : 162
 P-T(ms) : 93 / 151
 QT/QTc(ms) : 315 / 409
 RV1/SV1(mV) : 0.38 / 0.01
 RV5/SV5(mV) : 1.05 / 2.40

— Interpretation —
 B22 Underfined Tachycardia
 310 High Voltage(Left Ventricular)
 601 T Abnormality
 *** Underfined Abnormal ECG ***

NOTE: Report needs clinician review.





భారత ప్రభుత్వం
Unique Identification Authority of India
Government of India

సంఖ్య / Enrollment No. 2017/78008/00048

To
 ఠామి మౌనికా
 Thumu Mounica
 D/O Thumu Madhusudhana Rao
 21-485-3 Lakshmana rao puram
 Machilipatnam
 Chilakalapudi (Rural)
 Chilakalapudi
 Machilipatnam Krishna
 Andhra Pradesh 521002
 9908009406

1301/2012
 373063887



MA730638874FT



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2158 7433 2419

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India

ఠామి మౌనికా
 Thumu Mounica
 పుట్టిన తేదీ / DOB : 28/11/1995
 స్త్రీ / Female

Thumu Mounica





Name	: MRS. THUMU MOUNICA	Vid	: OPI2324-8777
Id	: K-8389	Collected On	: 08/03/2024 09:29
Age/Gender	: 28 years /F	Reported On	: 08/03/2024 16:48
Referred By	: MEDIWHEEL	Barcode	: 

Parameter	Result	Blo. Ref. Interval
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DEPARTMENT OF HAEMATOLOGY

COMPLETE BLOOD COUNT - CBC (SAMPLE TYPE - BLOOD EDTA)

HAEMOGLOBIN-HB <i>(Method: Colorimetric Method)</i>	11.6 gm%	12.0 - 15.0
RBC <i>(Method: Electrical Impedance)</i>	3.8 Million/cmm	3.8 - 4.8
PCV <i>(Method: Cumulative Pulse Height)</i>	37 %	36 - 46
MCV <i>(Method: Automated Calculation)</i>	84 fl	83 - 101
MCH <i>(Method: Calculated)</i>	28 pg	27 - 32
MCHC <i>(Method: Calculated)</i>	32 %	31.5 - 34.5
TOTAL WBC COUNT - TC <i>(Method: Electrical Impedance)</i>	5800 Cells/cumm	4000 - 11000
DIFFERENTIAL COUNT <i>(Method: Flow cytometry/ Microscopy)</i>		
NEUTROPHIL	81 %	40 - 80
LYMPHOCYTES	35 %	20 - 40
EOSINOPHILS	02 %	1 - 6
MONOCYTES	02 %	2 - 10
BASOPHILS	00 %	< 2
PLATELET COUNT <i>(Method: Electrical Impedance)</i>	192000 cells/cmm	150000 - 410000
ERYTHROCYTE SEDIMENTATION RATE - ESR <i>(Method: Manual Modified Westergren method)</i>	14 mm/hr	1 - 20
RETICULOCYTE COUNT <i>(Method: Microscopic)</i>	0.7 %	0.0 - 2.5
ABSOLUTE NEUTROPHIL COUNT	3538 cells/micro L	2000 - 7000
ABSOLUTE LYMPHOCYTE COUNT	2030	1000 - 4000
ABSOLUTE EOSINOPHIL COUNT <i>(Method: Fluorescent Flow Cytometr)</i>	116 Cells/microL	40 - 440
ABSOLUTE MONOCYTE COUNT	116 cells/micro L	200 - 1000
ABSOLUTE BASOPHIL COUNT	0.0 cells/micro L	< 150
PERIPHERAL SMEAR STUDY <i>(Method: Microscopic)</i>		
RBC'S	Normocytic/ Normochromic	
WBC'S	Within Normal Limits	
PLATELETS	Adequate	
BLOOD GROUP AND RH TYPING <i>(Method: Hemagglutination)</i>		
Blood group	"O"	
Rh Type	POSITIVE	



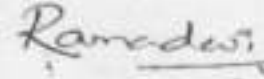
Name : MRS. THUMU MOUNICA
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 Collected On : 08/03/2024 09:29
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 Barcode :



Parameter	Result	Bio. Ref. Interval
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 VERIFIED BY



Dr. S RAMADEVI M.B.B.S
MD,PATHOLOGIST
 APPROVED BY



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Age/Gender : 28 years /F
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DEPARTMENT OF BIOCHEMISTRY

FASTING AND POST LUNCH BLOOD SUGAR WITH CORRESPONDING URINE

Glucose Fasting (Method: GOD-POD)	94 mg/dl	70 - 110
Urine Sugar	NIL	
Glucose - PP (Method: GOD-POD)	104 mg/dl	70 - 160
GLYCOSYLATED HAEMOGLOBIN - HbA1c (Method: HPLC)	5.4 %	Normal: < 5.7 Diabetic: > 6.5 Pre Diabetic: 5.7 - 6.4 Good Control: 6.5 - 7 Weak Control: > 7.8 Poor Control: > 8

INTERPRETATION

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

LIVER FUNCTION TEST (SAMPLE TYPE - SERUM)

BILIRUBIN TOTAL (Method: Diazo - Endpoint)	0.40 mg/dl	0.3 - 1.2
BILIRUBIN DIRECT (Method: Diazo - Endpoint)	0.12 mg/dl	0.0 - 0.20
BILIRUBIN INDIRECT (Method: Calculated)	0.28 mg/dl	0.25 - 1
SGOT - AST (Method: IFCC without PSP KINETIC)	11 U/L	Upto - 55
SGPT - ALT (Method: IFCC without PSP KINETIC)	9 U/L	Upto - 55
ALKALINE PHOSPHATASE (Method: AMP Optimized IFCC Kinetic)	55 U/L	42 - 98
TOTAL PROTEIN (Method: BIURET)	6.5 gm/dl	6.0 - 8.3
ALBUMIN (Method: Bromo Cresol Green)	4.0 gm/dl	3.5 - 5.2
GLOBULIN (Method: Calculated)	2.5 gm/dl	2.3 - 3.5



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Barcode :



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AVG RATIO (Method: Calculated)	1.6	1 - 2

RENAL FUNCTION TEST (SAMPLE TYPE- SERUM)

UREA (Method: Urease GLDH)	23 mg/dl	10 - 50
URIC ACID (Method: URICASE/PEROXIDASE)	3.9 mg/dl	2.6 - 6.0
SERUM CREATININE (Method: Enzymatic)	0.6 mg/dl	0.6 - 1.1


LIPID PROFILE (SAMPLE TYPE - SERUM)

TOTAL CHOLESTEROL (Method: CHOD-POD)	164 mg/dl	Normal < 200 Borderline High: 200 - 239 High: > 240
TRIGLYCERIDES (Method: GPO-POD End Point)	56 mg/dl	Normal < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL CHOLESTEROL (Method: DIRECT ENZYMATIC)	55 mg/dl	Low: < 40 High: > 60
LDL CHOLESTEROL (Method: CALCULATED)	97.8 mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL (Method: CALCULATED)	11.2 mg/dl	10 - 30
LDL / HDL RATIO (Method: Calculated)	1.78	1.5 - 3.5
CHOL / HDL RATIO	2.98	3.9 - 5
TGL / HDL RATIO	1.02	< 2

Dr. Rajani Gutta Ph.D
Chief Biochemist
APPROVED BY



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DEPARTMENT OF ENDOCRINOLOGY

THYROID FUNCTION TEST

TOTAL TRIIODOTHYRONINE - T3 (Method: CLIA)	1.03 ng/ml	Adult: 0.60 - 1.76 2weeks-4 months: 1.2 - 2.4 1-14 years: 1.05 - 2.45 New borns: 0.73 - 2.88 Pregnancy-1st trimester: 1.21 - 3.08 2nd & 3rd Trimester: 1.52 - 3.62
TOTAL THYROXINE - T4 (Method: CLIA)	7.17 ug/dl	Adult: 4.82 - 15.65 2 weeks-4 months: 7 - 15 1-14 years: 6.4 - 13.3 Pregnancy- 1st trimester: 7.8 - 16.2 2nd&3rd trimester: 9.1 - 18.3
THYROID STIMULATING HORMONE - TSH (Method: CLIA)	2.65 uIU/ml	Adult: 0.35 - 5.50 New borns: 0.70 - 15.2 2weeks-4 months: 1.7 - 9.1 <12 months: 1.36 - 8.8 1-6 years: 0.85 - 6.5 7-12 years: 0.28 - 4.3 Pregnancy- 1st trimester: 0.1 - 2.5 2nd &3rd Trimester: 0.2 - 3.0

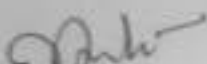
INTERPRETATION

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated and in primary hyperthyroidism, TSH levels will be low. In Hypothyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, dry skin, constipation, cold intolerance, and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism. If the thyroid releases inappropriately large amounts of T4 and T3, the affected person may experience symptoms associated with Hyperthyroidism, such as rapid heart rate, weight loss, nervousness, hand tremors, irritated eyes, and difficulty in sleeping. Graves disease is the most common cause of hyperthyroidism. Several medications including dopamine and glucocorticoids or excessive use of dietary supplements containing Biotin may affect TSH results. For diagnostic purpose a test result should always be assessed in conjunction with the individual's medical history, clinical examination and other findings.




Dr. Rajani Gutha Ph.D
Chief Biochemist

APPROVED BY


 VERIFIED BY



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Reported On : 08/03/2024 16:48
Barcode : 

Parameter Result Bio. Ref. Interval

DEPARTMENT OF CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

(Method: MANUAL)

PHYSICAL EXAMINATION

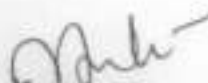
COLOUR PALE YELLOW
APPEARANCE CLEAR
REACTION ACIDIC
SPECIFIC GRAVITY 1.025

BIOCHEMICAL EXAMINATION

ALBUMIN NIL
GLUCOSE NIL

MICROSCOPIC EXAMINATION

PUS CELLS 1-2 /hpf
EPITHELIAL CELLS 2-4 /hpf
RBC NIL /hpf
CASTS NIL
CRYSTALS NIL


VERIFIED BY



Dr. S RAMADEVI M.B.B.S
MD PATHOLOGIST
APPROVED BY



NAME : MRS. THUMU MOUNICA
ID : K-8389
AGE/GENDER : 28 years / F
REFERRED BY : MEDIWHEEL

VID : OPI2324-8777
REPORTED ON : 08/03/2024 17:25

BARCODE



X-RAY - CHEST PA VIEW

- Soft tissues and bony cage - Normal
- Heart size normal.
- Both lung fields are normal.
- No evidence of paranchymal infiltrations
- Both domes of diaphragm and C.P angles free.

IMPRESSION : NORMAL FINDINGS

--- End of the Report ---

Dr. MD AZAM Radiologist

Approved By