

Name : Mr. MIDDE AJAYA KUMAR

PID No. : MED122505963

Register On : 08/03/2024 11:29 AM

SID No. : 522403948

Collection On : 08/03/2024 2:42 PM

Age / Sex : 31 Year(s) / Male

Report On : 08/03/2024 6:53 PM

Type : OP

Printed On : 11/03/2024 2:21 PM

Ref. Dr : MediWheel

BLOOD GROUPING AND Rh
TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	49.1	%	42 - 52
RBC Count (EDTA Blood)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV	14.3	%	11.5 - 16.0
RDW-SD	45.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	60.4	%	40 - 75
Lymphocytes (Blood)	31.9	%	20 - 45
Eosinophils (Blood)	1.2	%	01 - 06
Monocytes (Blood)	5.9	%	01 - 10



APPROVED BY

The results pertain to sample tested.

Page 1 of 10

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE
PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.).Old No66 & New No 1. 2nd Main Road. Bashvam Circle

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Basophils (Blood)	0.6	%	00 - 02
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INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	4.5	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.4	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	299	$10^3 / \mu\text{l}$	150 - 450
MPV (Blood)	8.5	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.256	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	5	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	70.23	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	62.63	mg/dL	70 - 140



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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.92	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.97	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.81	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.28	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.53	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.70	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.82	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	12.07	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	54.4	U/L	53 - 128



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Total Protein (Serum/Biuret)	7.31	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.77	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.88		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	132.98	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	66.64	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	35.42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	84.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	13.3	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	97.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.8	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.9	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	102.54	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.42 ng/ml 0.7 - 2.04
(Serum/ECLIA)

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 9.92 µg/dl 4.2 - 12.0
(Serum/ECLIA)

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 15.27 µIU/mL 0.35 - 5.50
(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)



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Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.5	4.5 - 8.0
Specific Gravity (Urine)	1.021	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Leukocytes(CP) (Urine)	Negative	

MICROSCOPIC EXAMINATION (URINE COMPLETE)




DR SUHAS L M D
 Consultant Pathologist
 KMC No. 111687
 APPROVED BY

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Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL




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BUN / Creatinine Ratio

11.6

6.0 - 22.0



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URINE ROUTINE



-- End of Report --

Name	MR.MIDDE AJAYA KUMAR	ID	MED122505963
Age & Gender	31Y/MALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.5	1.6
Left Kidney	10.7	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

Patient Name	midde Djaq. Kumar	Date	08/05/2024
Age	31/11/88	Visit Number	529403948
Sex	Male	Corporate	Mediawheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 166 cms
 Weight : 84 kgs
 Pulse : 92 /minute
 Blood Pressure : 120/70 mm of Hg
 BMI : 30.48

BMI INTERPRETATION

Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9

Diase
 Chest : +

Expiration ; cms

Inspiration ; cms

Abdomen Measurement : cms

Eyes : Almost normal

Ears : clinically normal

Throat : normal

Neck nodes : Not palpable

RS : B/L + VBS ⊕


CVS : S₂ ⊕

PA : S₁ ⊕, BS ⊕

CNS : common faint

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO


 Signature

Dr. RITESH RAJ, MBBS
 General Physician & Diabetologist
 KMC Reg. No: 85875
 CI UMAX DIAGNOSTICS



MEDALL CLUMAX DIAGNOSTICS
 VYALIKAVAL
 BANGALORE

EXERCISE STRESS TEST REPORT

Patient Name: MR MIDDE AJAYA KUMAR, MEDIWHEEL DOB: 22.04.1992
 Patient ID: MED122505963 Age: 31yrs
 Height: Gender: Male
 Weight: Race:

Study Date: 09.03.2024

Test Type: --

Protocol: BRUCE

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	78	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	131	130/80	
	STAGE 2	03:00	2.50	12.00	142	150/90	
	STAGE 3	03:00	3.40	14.00	151	170/90	
	STAGE 4	00:19	4.20	16.00	162		
RECOVERY		04:09	0.00	0.00	90	140/80	

The patient exercised according to the BRUCE for 9:18 min:s, achieving a work level of Max. METS: 11.00. The resting heart rate of 96 bpm rose to a maximal heart rate of 162 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/90 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

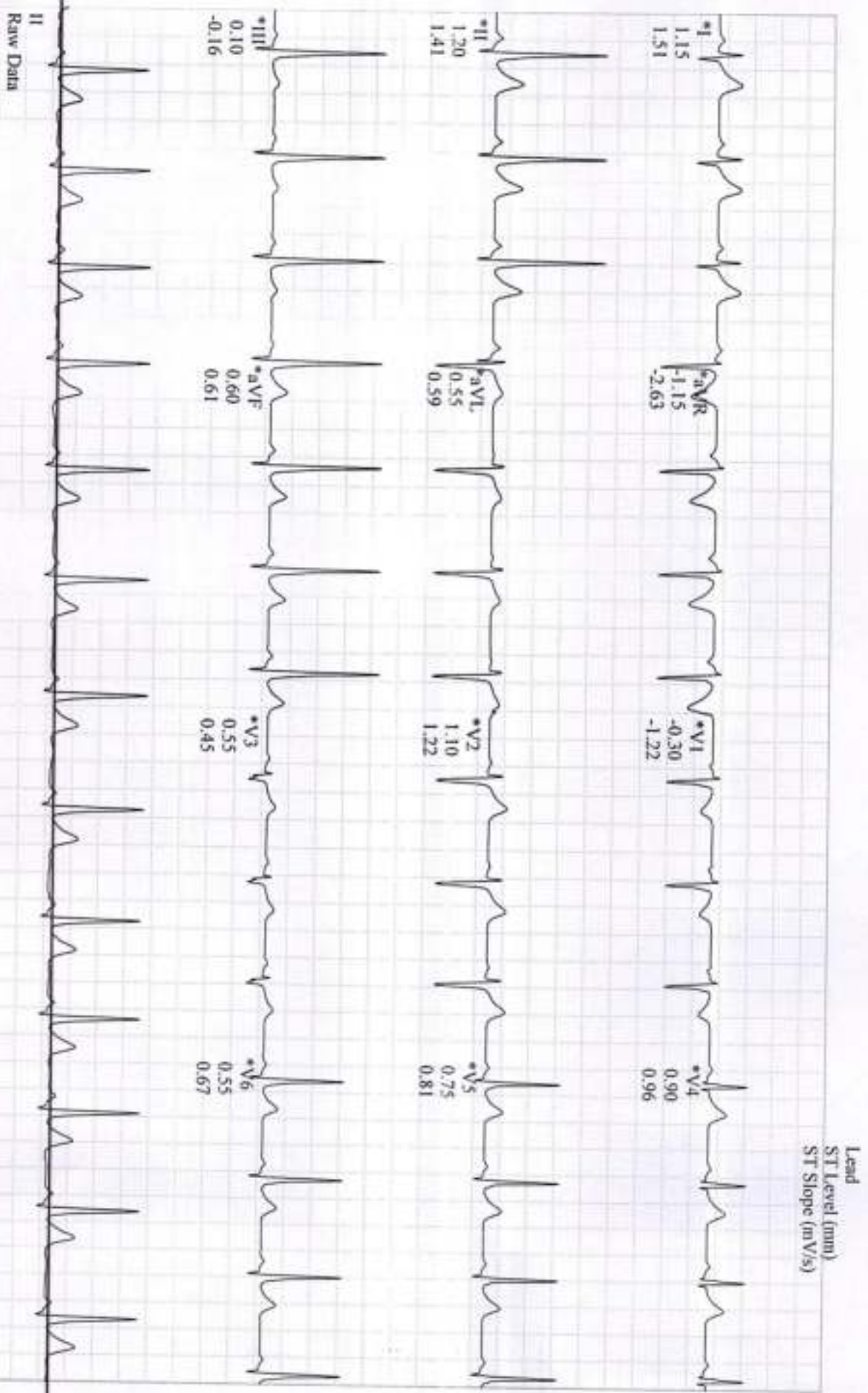
IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEAMIA

DR. YASHODHA RAVI
 CONSULTANT CARDIOLOGIST

Physician _____

Technician _____

BASELINE EXERCISE		MAX. ST EXERCISE		PEAK EXERCISE		TEST END RECOVERY		BASELINE EXERCISE		MAX. ST EXERCISE		PEAK EXERCISE		TEST END RECOVERY	
0:01		9:19		9:19		4:04		0:01		9:19		9:19		4:04	
78 bpm		162 bpm		162 bpm		90 bpm		78 bpm		162 bpm		162 bpm		90 bpm	
120/80 mmHg		120/80 mmHg		120/80 mmHg		120/80 mmHg		120/80 mmHg		120/80 mmHg		120/80 mmHg		120/80 mmHg	
I	1.10 mm 1.46 mV/s	0.30 1.60	0.30 1.60	0.30 1.60	0.25 0.94	-0.30 -1.25	-0.30 -1.25	0.75 0.20	0.75 0.20	0.75 0.20	0.75 0.20	0.25 0.94	-0.05 -0.84	-0.05 -0.84	-0.05 -0.84
II	1.15 1.44	-1.35 2.15	-1.35 2.15	-1.35 2.15	-0.10 1.03	1.10 1.16	1.10 1.16	1.25 1.75	1.25 1.75	1.25 1.75	1.25 1.75	-0.10 1.03	0.40 0.48	0.40 0.48	0.40 0.48
III	0.10 -0.14	-1.85 -0.08	-1.85 -0.08	-1.85 -0.08	-0.35 -0.02	0.55 0.36	0.55 0.36	0.65 1.25	0.65 1.25	0.65 1.25	0.65 1.25	-0.35 -0.02	0.25 0.21	0.25 0.21	0.25 0.21
aVR	-1.15 -2.62	0.55 -1.93	0.55 -1.93	0.55 -1.75	-0.10 -1.75	0.85 0.98	0.85 0.98	0.10 1.31	0.10 1.31	0.10 1.31	0.10 1.31	-0.10 -1.75	0.30 0.74	0.30 0.74	0.30 0.74
aVL	0.50 0.60	1.15 0.81	1.15 0.81	0.30 0.23	0.30 0.23	0.75 0.86	0.75 0.86	-0.90 0.46	-0.90 0.46	-0.90 0.46	-0.90 0.46	0.30 0.23	0.05 0.69	0.05 0.69	0.05 0.69
aVF	0.60 0.64	-1.65 1.08	-1.65 1.08	-0.20 0.48	-0.20 0.48	0.55 0.61	0.55 0.61	-1.10 0.34	-1.10 0.34	-1.10 0.34	-1.10 0.34	-0.20 0.48	-0.10 0.42	-0.10 0.42	-0.10 0.42



*Computer Synthesized Rhythms

MR MIDDE AJAYA KUMAR, MEDIWHEEL

Patient ID MED122505963

09.03.2024

1:44:55pm

Linked Medians

EXERCISE

STAGE 1

02:50

BRUCE

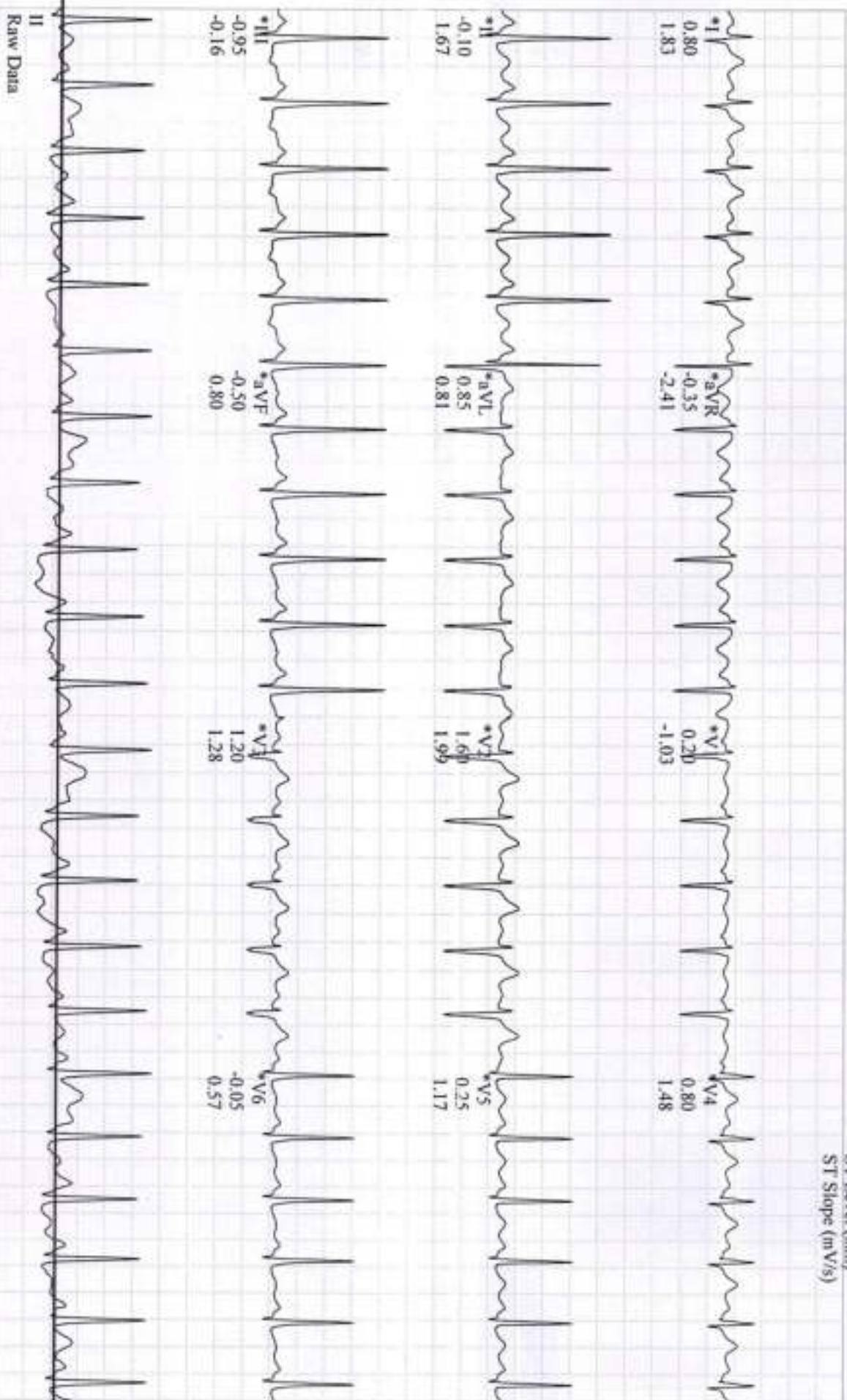
1.7 mph

10.0 %

MEDALL CLIMAX DIAGNOSTICS

129 bpm
130/80 mmHg

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II.VI)

Start of Test: 1:41:51pm

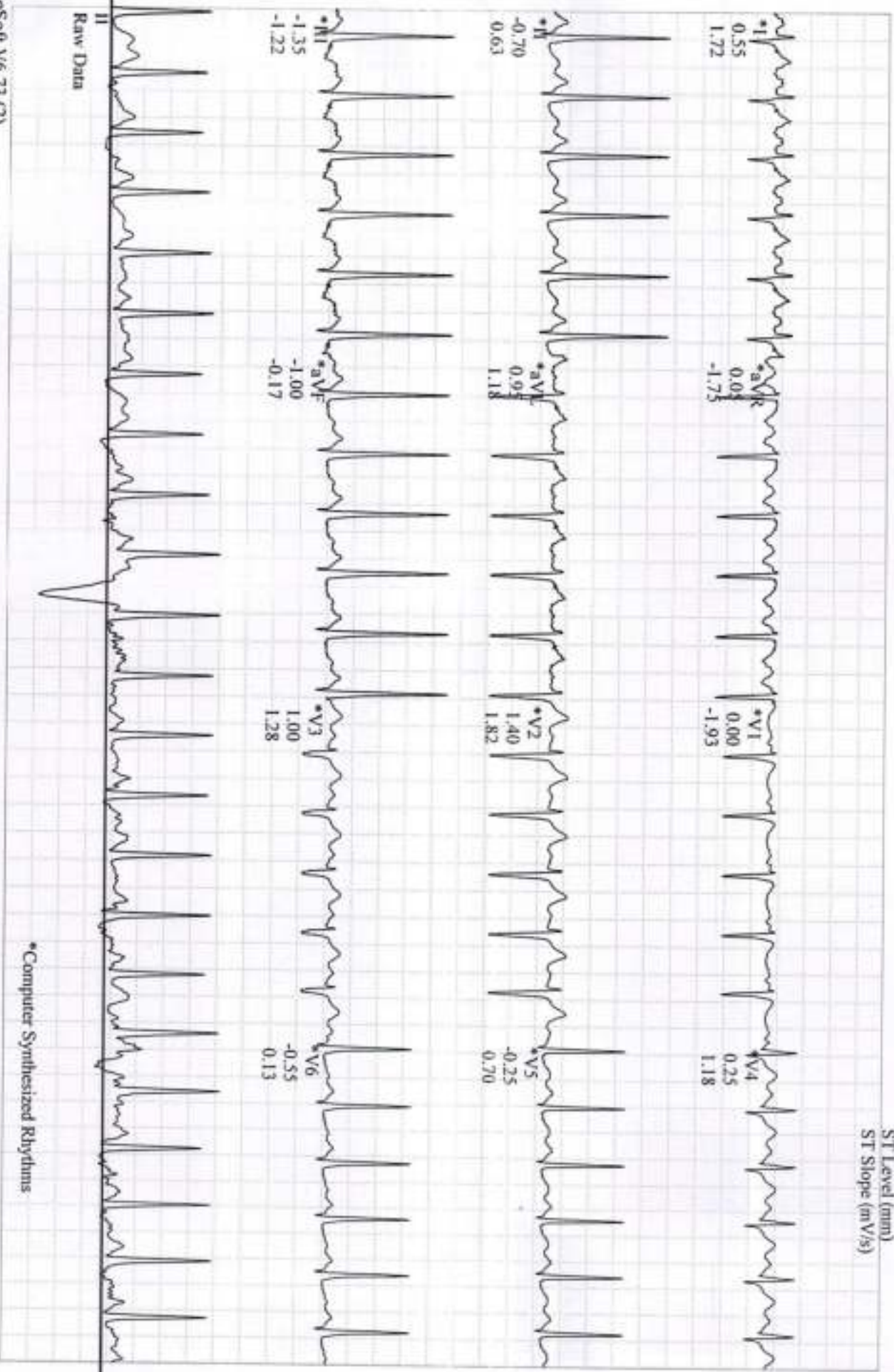
Page 2

Patient ID MED122505963
09.03.2024
1:47:55pm

137 bpm
150/90 mmHg

BRUCE
2.5 mph
12.0 %

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



Raw Data

*Computer Synthesized Rhythms

MIR MIDDLE AJAYVA KUMAR, MEDIWHEEL.

Patient ID MED122505963

09.03.2024

1:50:55pm

Linked Medians

EXERCISE

STAGE 3

08:50

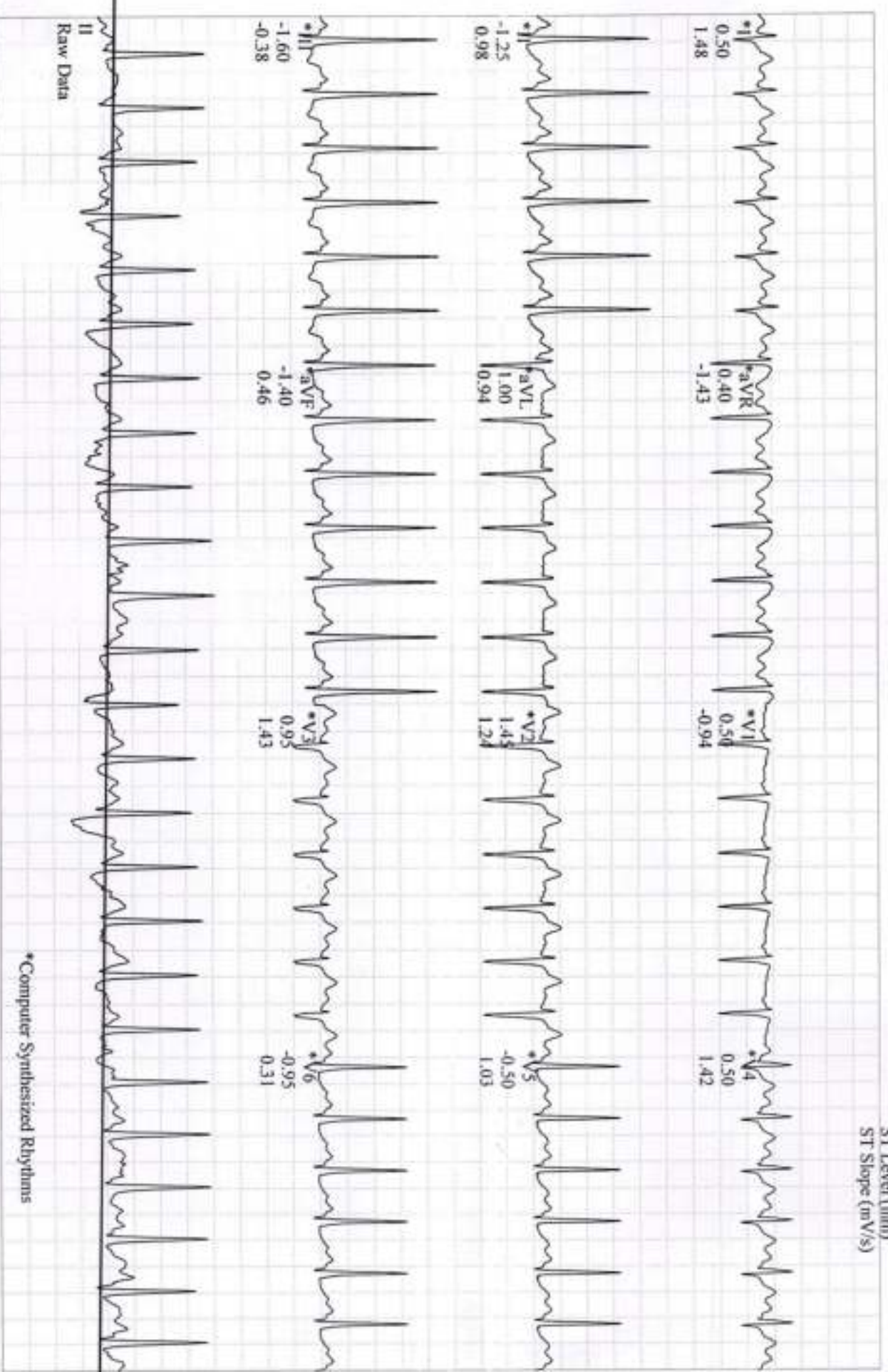
BRUCE

3.4 mph

14.0 %

MEDALL CLUMAX DIAGNOSTICS

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



*Computer Synthesized Rhythms

162 bpm

Linked Medians (PEAK EXERCISE)

EXERCISE

STAGE 4

09:19

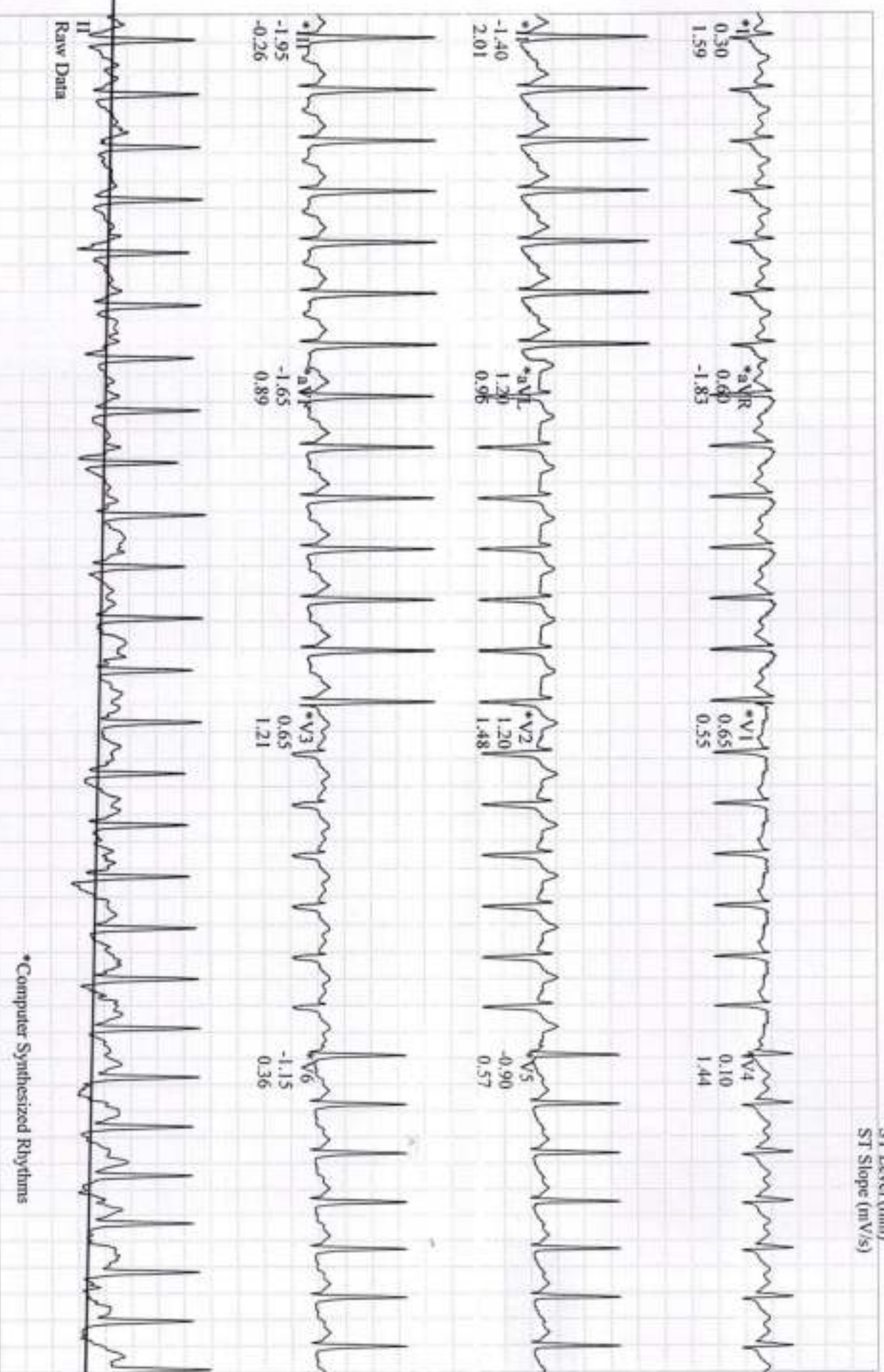
BRUCE

4.2 mph

16.0 %

MEDALL CLUMAX DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

MR MIDDE AJAYA KUMAR, MEDIWHEEL

Patient ID MED122505963

09.03.2024

1:52-23pm

Linked Medians

RECOVERY

#1

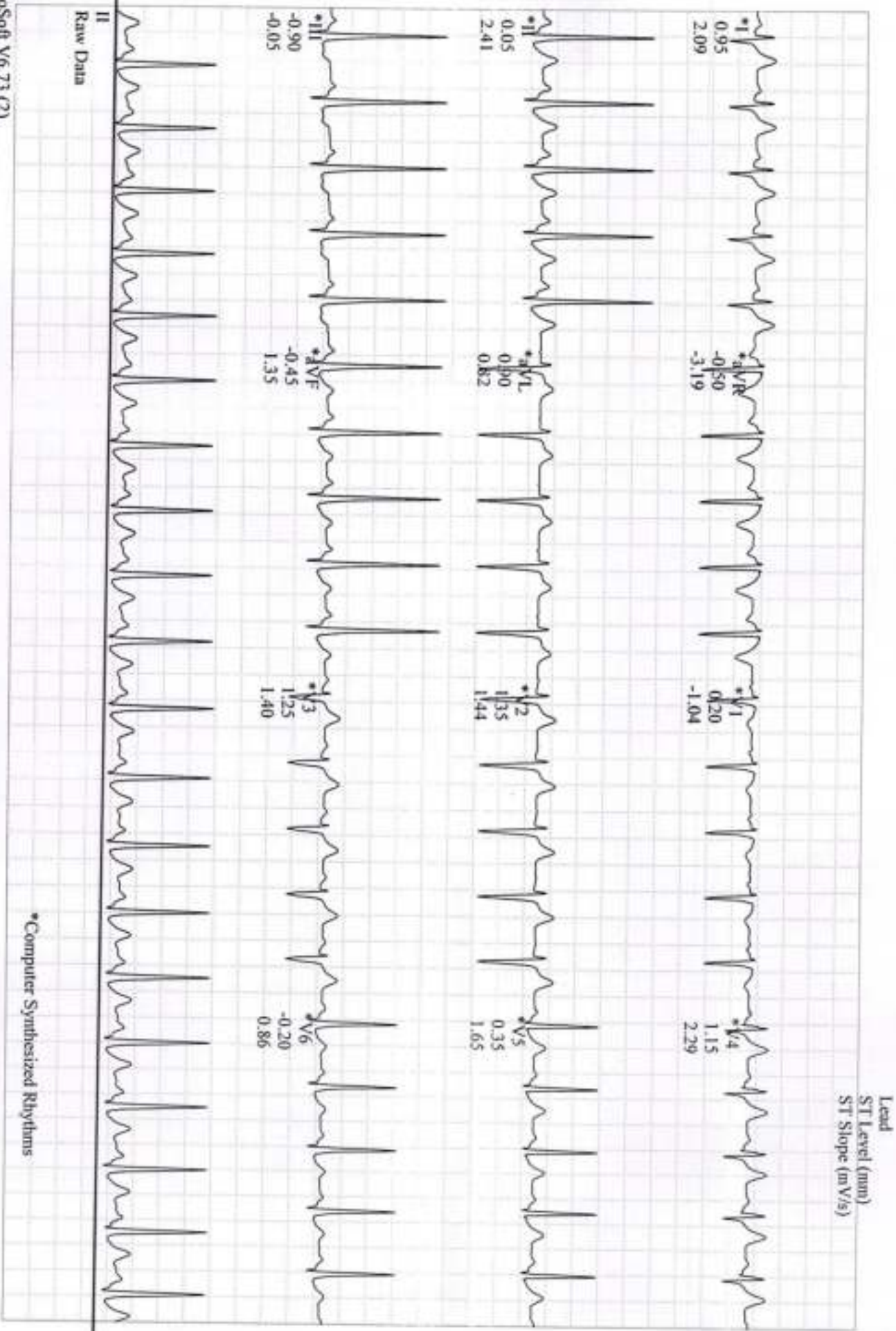
01:00

BRUCE

0.0 mph

0.0 %

MEDALL CLUMAX DIAGNOSTICS



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V1.II)

Start of Test: 1:41:51pm

MR MIDDE AJAYA KUMAR, MEDIWHEEL

Patient ID MED122505963

09.03.2024

1:54:23pm

Linked Medians

RECOVERY

#1

03:00

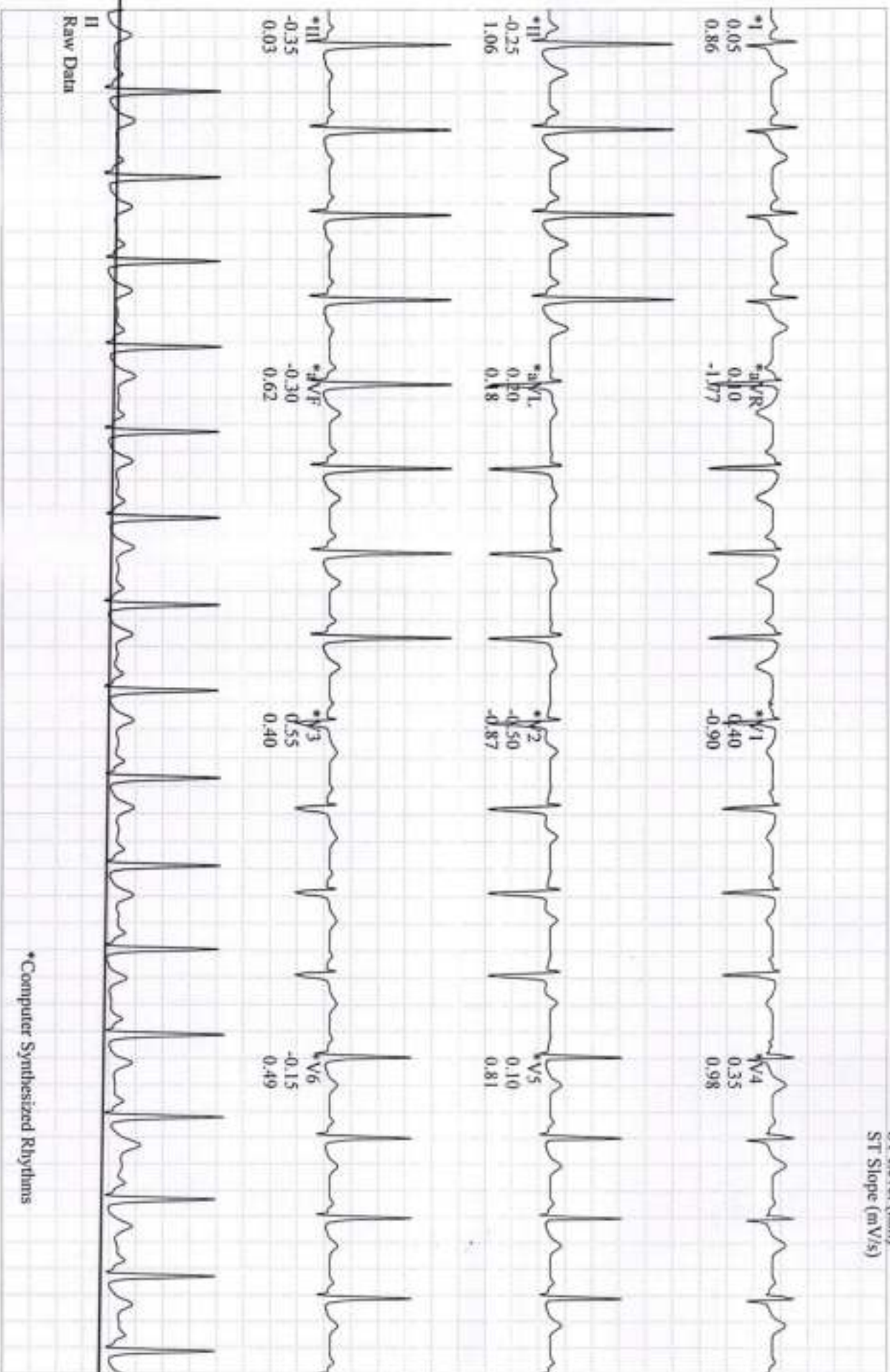
MEDALL CLUMAX DIAGNOSTICS

BRUCE

0.0 mph

0.0%

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



*Computer Synthesized Rhythms

Raw Data

MR MIDDE AJAYA KUMAR, MEDIWHEEL

Patient ID MED122505963

09.03.2024

1:55:27pm

90 bpm

Linked Medians

RECOVERY

#1

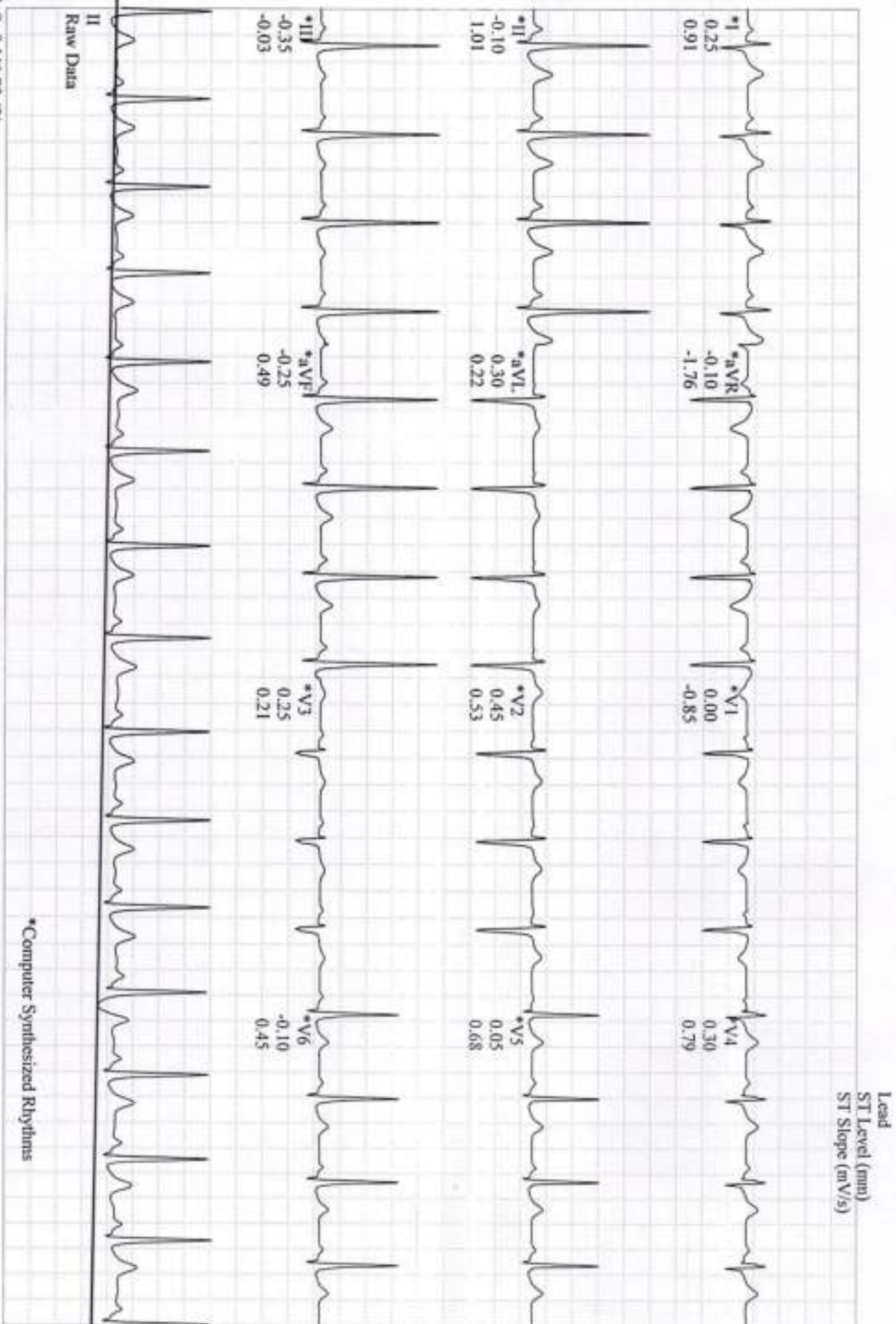
04:04

BRUCE

0.0 mph

0.0 %

MEDALL CLUMAX DIAGNOSTICS



*Computer Synthesized Rhythms

EXERCISE STRESS TEST REPORT

Patient Name: MR MIDDE AJAYA KUMAR, MEDIWHEEL DOB: 22.04.1992
 Patient ID: MED122505963
 Age: 31 yrs
 Gender: Male
 Race:

Study Date: 09.03.2024
 Referring Physician: --
 Attending Physician: --
 Technician: --
 Test Type: --
 Protocol: BRUCE
 Medications:
 Medical History:

Reason for Exercise Test:

Exercise Test Summary

Phase Name	Stage Name	Time	In Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	0.00	78	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	131	130/80		
	STAGE 2	03:00	2.50	12.00	142	150/90		
	STAGE 3	03:00	3.40	14.00	151	170/90		
	STAGE 4	00:19	4.20	16.00	162			
RECOVERY		04:09	0.00	0.00	90	140/80		

The patient exercised according to the BRUCE for 9:18 mins, achieving a work level of Max. METS: 11.00. The resting heart rate of 96 bpm rose to a maximal heart rate of 162 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/90 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

IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. YASHODHA RAVI
 CONSULTANT CARDIOLOGIST

Physician

Technician

Name	Mr. MIDDE AJAYA KUMAR	Customer ID	MED122505963
Age & Gender	31Y/M	Visit Date	Mar 8 2024 11:28AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.


Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression:

No significant abnormality detected.


Dr.Hemanandini
Consultant Radiologist