



Mr. N. Venkatesh 47 Yrs M 02/10/2021

Post Covid-19 Status. → May 2021

Mild Covid Related Changes. → Recovery Phase.

Pre-Diabetic Mild & Hypoglycaemia → Venic Sugar - Normal.

Chest X-Ray Normal.

Hyper Thyroidism → Normal TSH ↑ T₃ & T₄

Advice is After April 2021

Repeat.

1. FBS, PPBS, HbA1C, FUS, PPUS

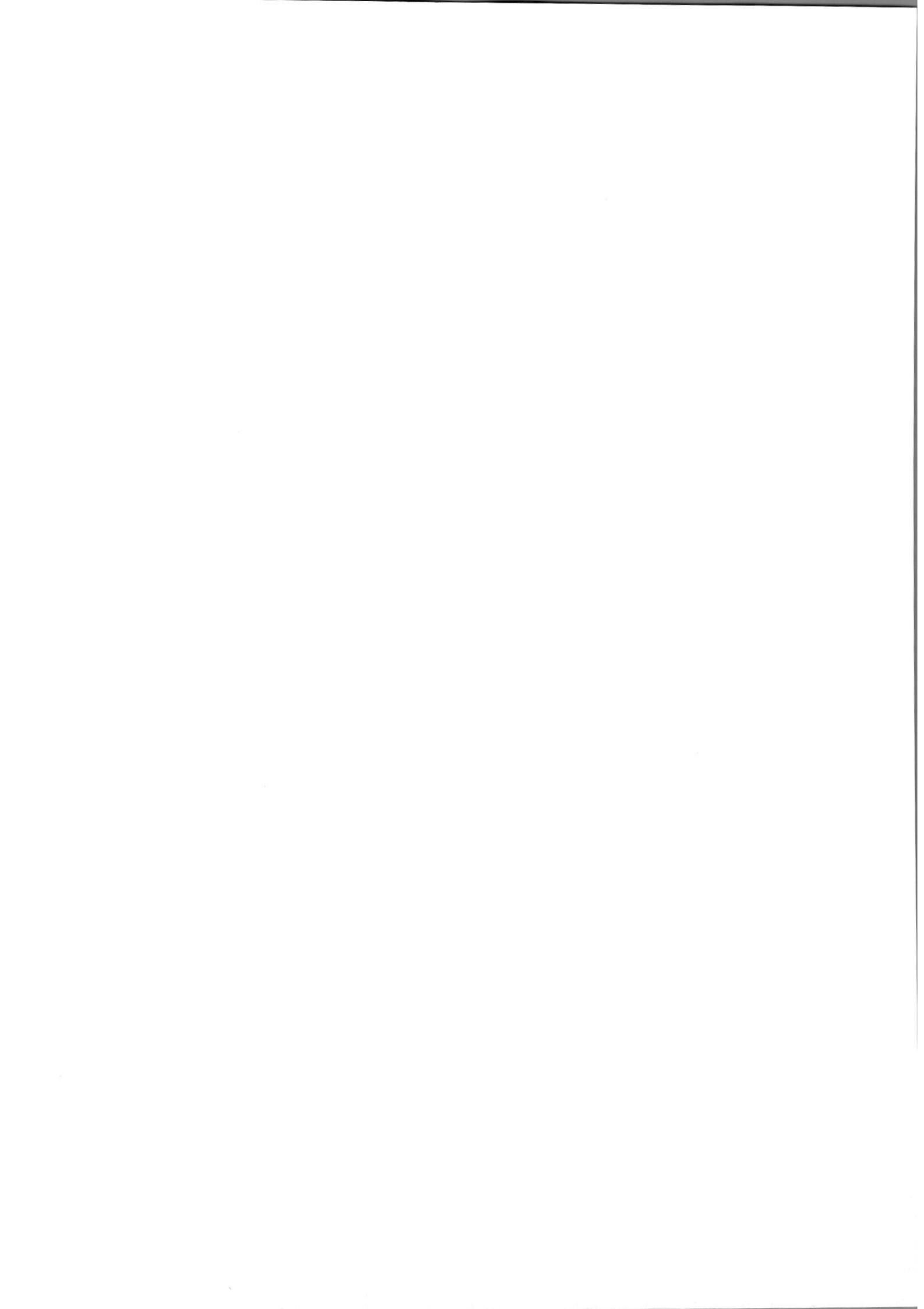
2. T₃, T₄, TSH.


3. Lipid Profile.

4. LFT.



Dr. Rashad



NAME : Mr. N VENKATESH	MR NO. : 21100061
AGE/SEX : 47 Yrs / Male	VISIT NO. : 141659
REFERRED BY :	DATE OF COLLECTION : 02-10-2021 at 09:06 AM
	DATE OF REPORT : 02-10-2021 at 01:49 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	14.3 gm/dL	13 - 18 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	45.4 %	40 - 54 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	7.2 million/cu.mm	4.5 - 5.9 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	2.4 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	62.6 fl	80 - 100 fl	
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	19.7 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	31.5 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	6290 cells/cumm	4000 - 11000 cells/cumm	

DIFFERENTIAL COUNT

NEUTROPHILS <i>VCS Technology/Microscopic</i>	59 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	33 %	25 - 40 %	
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	18 mm/hr	0 - 15 mm/hr	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	160.1 mg/dl	80 - 150 mg/dl	

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FACILITIES


- ❖ Siemens Silent MRI 1.5 Tesla ❖ Siemens Multislice CT Scan ❖ 4D / 3D Ultra Sound Scan
 - ❖ Siemens Digital Radiography X-Ray ❖ 2D-ECHO ❖ ECG ❖ EEG
- ❖ Allengers Mammogram / OPG ❖ GE BMD Analysis ❖ Hematology ❖ Biochemistry
 - ❖ Immunohistochemistry ❖ Pathology ❖ Microbiology ❖ Molecular Diagnostics



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnostics & Speciality Centre

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CREATININE <i>Jaffe Method</i>	0.86 mg/dL	0.8 - 1.4 mg/dL	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	13.6 mg/dL	15 - 50 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.4 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.6 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	105 mmol/L	97 - 111 mmol/L	

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<u>LIPID PROFILE TEST</u>			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	165 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	205.3 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	39.5 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	84.4 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	41.1 mg/dL	2 - 30 mg/dL	

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TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	4.2	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	2.1	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
<u>LIVER FUNCTION TEST (LFT)</u>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.21 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.57 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.64 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	15.2 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	18.8 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	120 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	17.8 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.93 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.18 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.8 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.5	1 - 1.5	

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FASTING BLOOD SUGAR <i>Hexokinase</i>	127.5 mg/dl	70 - 110 mg/dl	
<u>PROSTATIC SPECIFIC ANTIGEN (PSA)</u>			
PROSTATIC SPECIFIC ANTIGEN (PSA) <i>CMA</i>	0.34 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.	

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	1.94 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMA</small>	14.14 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	2.095 µIU/mL	0.38 - 5.33 µIU/mL	
		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	
		3rd Trimester: 0.41 - 5.18	

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

BLOOD GROUP & Rh TYPING
Tube Agglutination (Forward and Reverse)

"O" Positive

O+


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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

6.0 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : \geq 6.5%

Therapeutic goal for glycemic control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)

Calculation

125.50 mg/dL

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

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Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Clear	Clear/Transparent	
Specific Gravity <i>Strips Method</i>	1.020	1.005-1.035	
pH	6.0	4.6-8.5	
CHEMICAL EXAMINATION (DIPSTICK)			
Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Ketone Bodies <i>Strips Method</i>	Absent	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	
MICROSCOPY			
Pus Cells (WBC) <i>Light Microscopic</i>	2 - 3 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	0 - 1 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	

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- ❖ In the event of unforeseen circumstances or technical reasons, Performance and / or reporting Date and time of tests may be changed.
- ❖ Neither MEDICLU Diagnostics nor its directors / employees / representative assume any Liability, responsibility for any loss or damage that may be incurred by any person including the Patient, as a result of assuming the meaning or contents of the report.
- ❖ Claims if any, are subject to Bangalore, India jurisdiction.
- ❖ The report is not valid Medico legal purposes.

FACILITIES

- ❖ Siemens Silent MRI 1.5 Tesla ❖ Siemens Multislice CT Scan ❖ 4D / 3D Ultra Sound Scan
 - ❖ Siemens Digital Radiography X-Ray ❖ 2D-ECHO ❖ ECG ❖ EEG
- ❖ Allengers Mammogram / OPG ❖ GE BMD Analysis ❖ Hematology ❖ Biochemistry
 - ❖ Immunohistochemistry ❖ Pathology ❖ Microbiology ❖ Molecular Diagnostics



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnosics & Speciality Centre

NAME	: Mr. N VENKATESH	MR NO.	: 21100061
AGE/SEX	: 47 Yrs / Male	VISIT NO.	: 141659
REFERRED BY :		DATE OF COLLECTION	: 02-10-2021 at 09:06 AM
		DATE OF REPORT	: 02-10-2021 at 01:49 PM
REF CENTER	: MEDIWHEEL		



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
Crystal <i>Light Microscopic</i>	NIL	Nil	
FASTING URINE SUGAR (FUS)	NIL	NIL	FASTING URINE
POSTPRANDIAL URINE SUGAR	NIL	NIL	URINE

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Priyanka R on 02-10-2021 at 02:16 PM

The laboratory values And Normal values need to be interpreted based on patients clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.

TERMS AND CONDITIONS

- ❖ All Reports have to be correlated clinically.
- ❖ The findings and observations in the report pertain to the specimen submitted.
- ❖ All test results are dependent on the quality of the sample received by the laboratory
- ❖ All investigations have their limitation which are imposed by the limits of sensitivity and specificity of the individual assay procedures and the condition of the sample received by the laboratory.
- ❖ The specimens received are presumed to be of the patient's named on the samples.
- ❖ Laboratory investigations only help in arriving at a diagnosis and should be correlated with the Clinical presentation and other relevant investigations.
- ❖ Should the results indicate an unexpected abnormality, reconfirmation shall be sought. A repeat Investigation may be entertained within 72 hrs from the time of testing on request by the client.
- ❖ The specimens received are discarded after conducting the required tests unless otherwise prior Informed.
- ❖ Test repeat/Add on test requests will be accepted on request on the referring doctor up to 3 days or earlier depending on the stability of samples for the test performed, post reporting.
- ❖ In the event of unforeseen circumstances or technical reasons, Performance and / or reporting Date and time of tests may be changed.
- ❖ Neither MEDICLU Diagnostics nor its directors / employees / representative assume any Liability, responsibility for any loss or damage that may be incurred by any person including the Patient, as a result of assuming the meaning or contents of the report.
- ❖ Claims if any, are subject to Bangalore, India jurisdiction.
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FACILITIES

- ❖ Siemens Silent MRI 1.5 Tesla ❖ Siemens Multislice CT Scan ❖ 4D / 3D Ultra Sound Scan
 - ❖ Siemens Digital Radiography X-Ray ❖ 2D-ECHO ❖ ECG ❖ EEG
- ❖ Allengers Mammogram / OPG ❖ GE BMD Analysis ❖ Hematology ❖ Biochemistry
 - ❖ Immunohistochemistry ❖ Pathology ❖ Microbiology ❖ Molecular Diagnostics



Diagnostics & Speciality Centre

NAME:	Mr. N VENKATESH	DATE:	02-10-2021
AGE:	47 YEARS	ID. NO:	161547
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

X-RAY CHEST PA VIEW

- The lung fields are clear bilaterally.
- CP angles are clear.
- Both the hila appear normal.
- Cardiac diameter is within normal limits.
- Trachea appears in mid line.
- Visible bony thoracic cage is normal.
- Adjacent soft tissues appears normal.

IMPRESSION:

- **NORMAL STUDY.**

Dr. GIRISH. DMRD. DNB (RD)
CONSULTANT RADIOLOGIST





Diagnostics & Speciality Centre

NAME	: Mr. N VENKATESH	MR / VISIT NO	: 21100061 / 141659
AGE/SEX	: 47 Yrs / Male	BILLED TIME	: 141659
REFERRED BY	:	BILL NO.	: 161547
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 02-10-2021 at 11:23 AM

ULTRASOUND WHOLE ABDOMEN AND PELVIS

LIVER: Liver is normal in size and normal homogenous echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic veins are normal. CBD & Portal vein normal.

GALL BLADDER: Normal in distension. Lumen echo free. Wall thickness is normal.

SPLEEN: Normal in size with normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

PANCREAS: Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

RIGHT KIDNEY: Normal in size measuring 9.4 x 1.3 cm (Length x Parenchymal thickness) with normal echo pattern. Pelvi-calyceal system is not dilated. Corticomedullary differentiation is well maintained. No calculus seen. Cortical thickness is normal.

LEFT KIDNEY: Normal in size measuring 9.5 x 1.5 cm (Length x Parenchymal thickness) with normal echo pattern. Pelvi-calyceal system is not dilated. Corticomedullary differentiation is well maintained. No calculus seen. Cortical thickness is normal.

URETERS: Both ureters are not dilated.

URINARY BLADDER: Normal in distension with normal wall thickness. Lumen echo free.

PROSTATE: Normal in size (volume 10 cc) with normal echopattern. No focal lesion seen.

No evidence of free fluid in the pelvic or abdominal cavity.

IMPRESSION:

- **NO SONOLOGICAL ABNORMALITY DETECTED.**

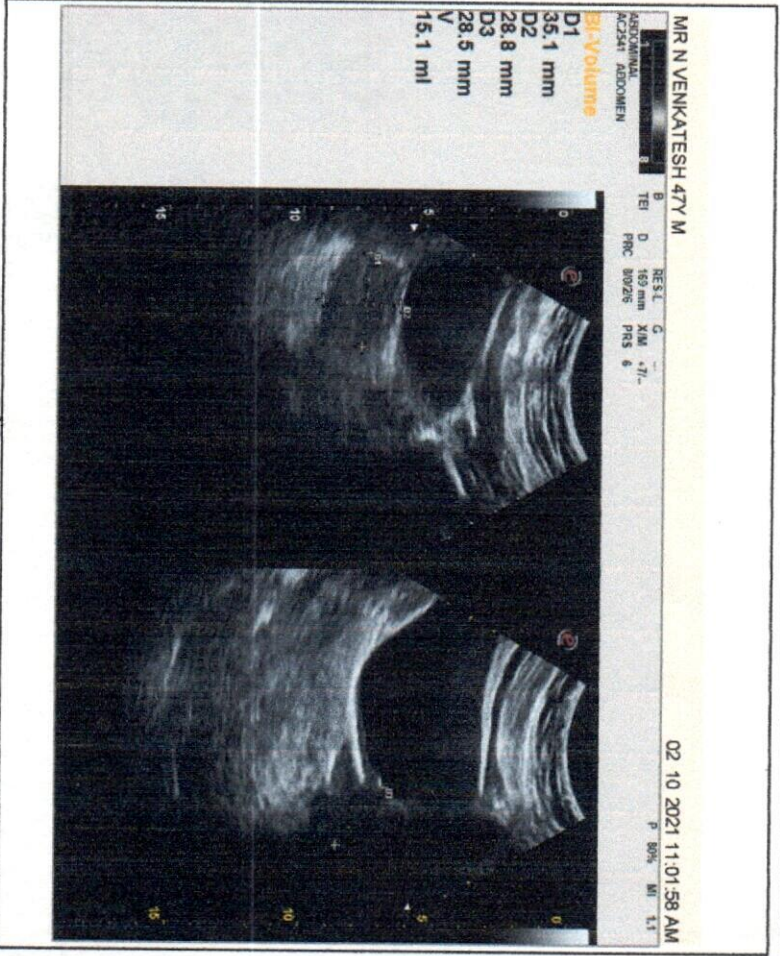
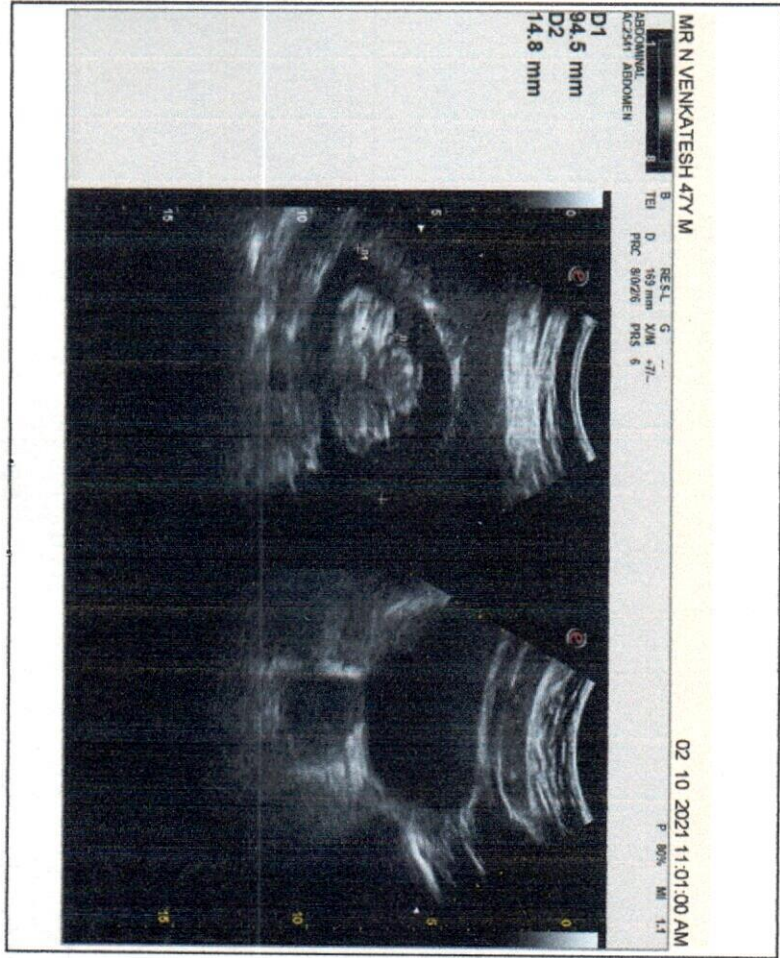
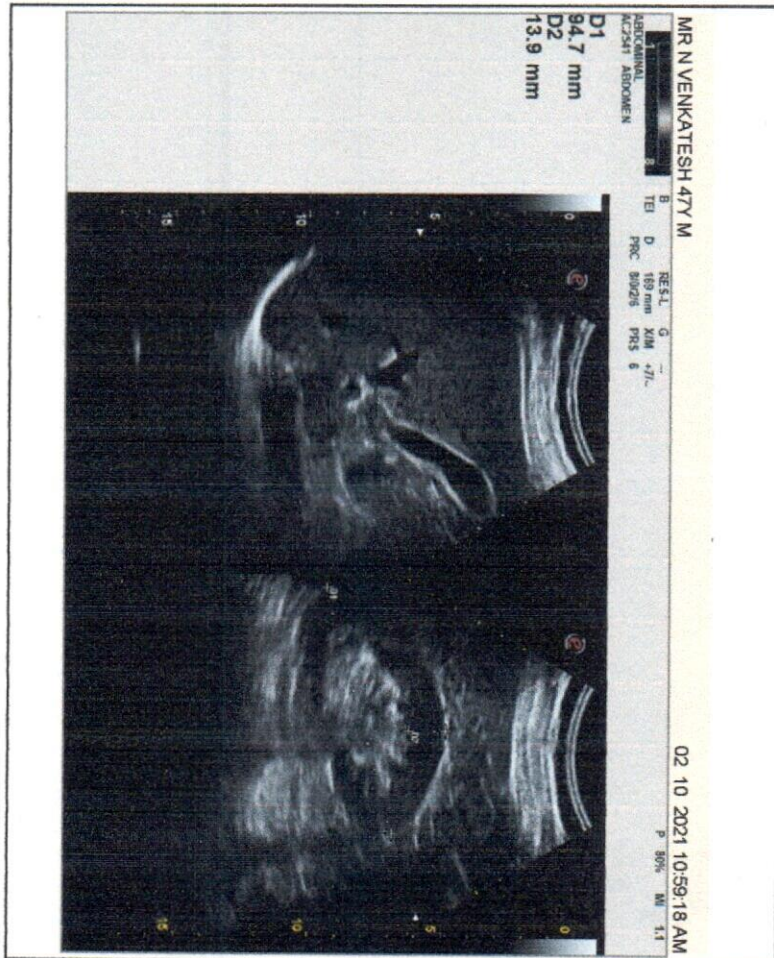


Dr. GIRISH

DMRD, DNB (RD)

CONSULTANT RADIOLOGIST





MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time: 0 m 0 s

Stage Time: 0 m 52 s

HR: 76 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130/80

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

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

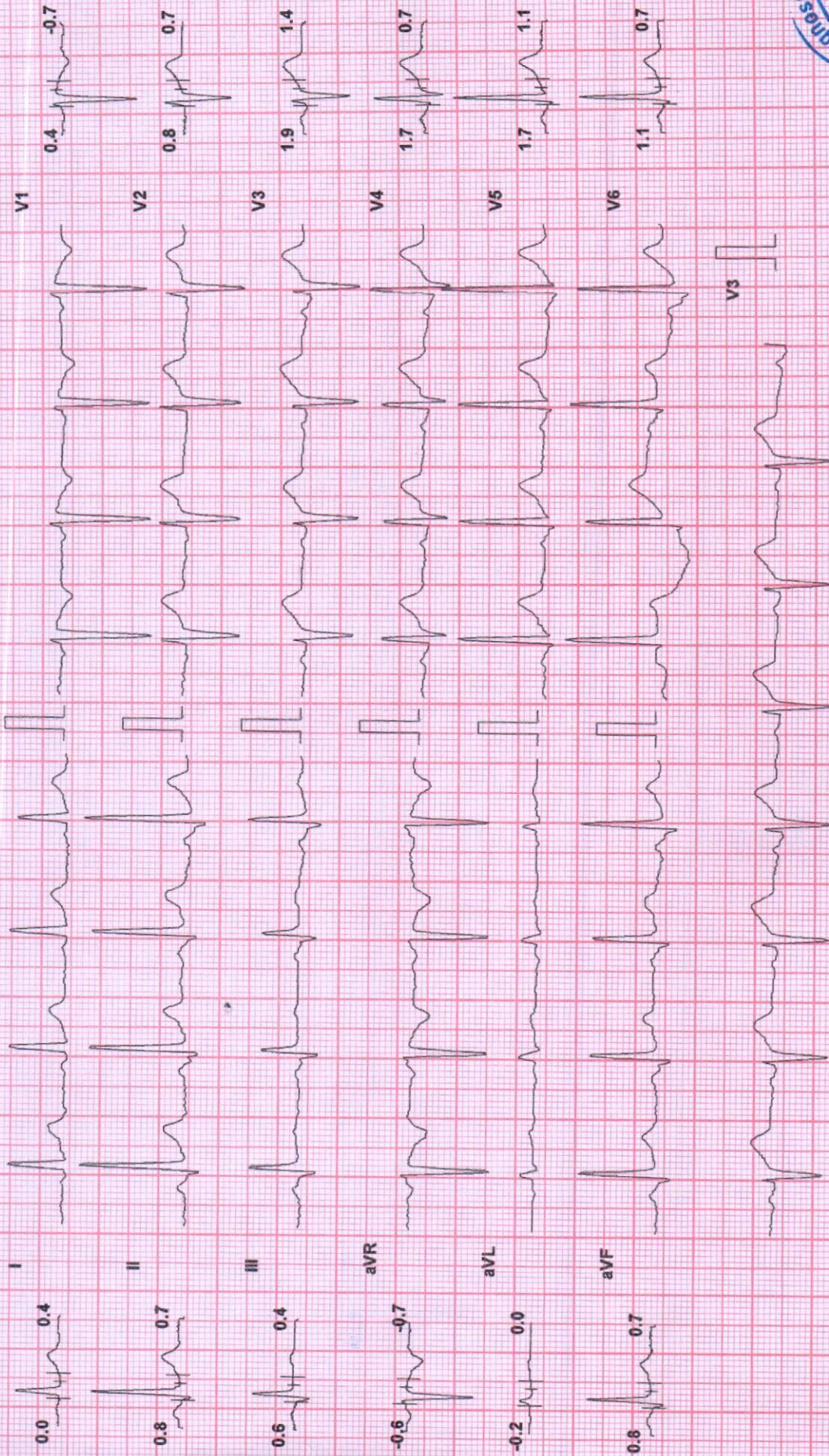


Chart Speed: 25 mm/sec
Schiller Spandani V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

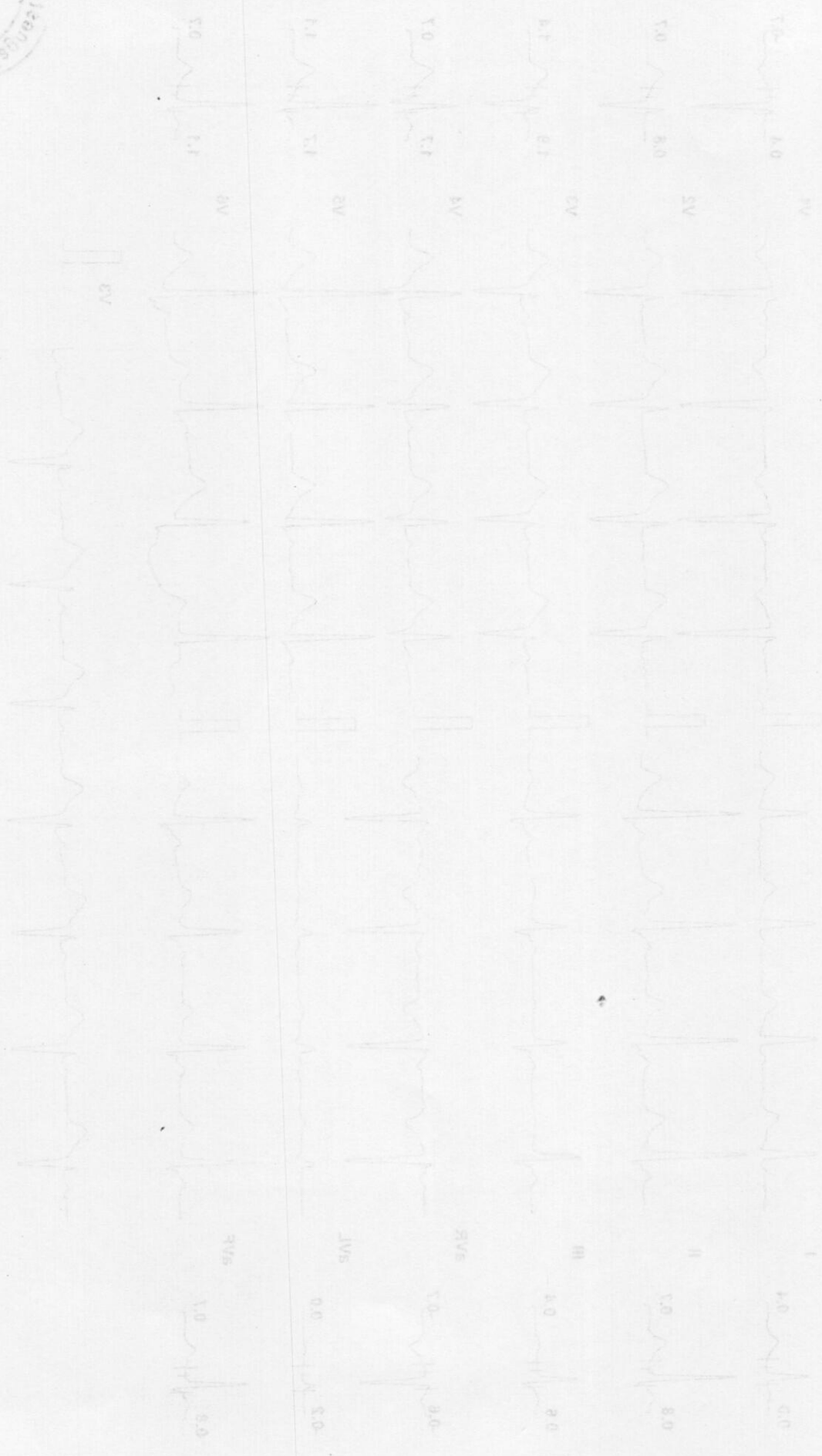
J = R + 60 ms

Post J = J + 60 ms





12-lead ECG recording. Calibration pulse 1.0 mV. Paper speed 25 mm/s.



(mm) 2.5 mm (mV) 1.0 mV
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 (mm) 2.5 mm (mV) 1.0 mV
 (mm) 2.5 mm (mV) 1.0 mV
 (mm) 2.5 mm (mV) 1.0 mV

I (M) 1.0 mV (2.5 mm)
 II (M) 1.0 mV (2.5 mm)
 III (M) 1.0 mV (2.5 mm)
 aVR (M) 1.0 mV (2.5 mm)
 aVL (M) 1.0 mV (2.5 mm)
 aVF (M) 1.0 mV (2.5 mm)
 V1 (M) 1.0 mV (2.5 mm)
 V2 (M) 1.0 mV (2.5 mm)
 V3 (M) 1.0 mV (2.5 mm)
 V4 (M) 1.0 mV (2.5 mm)
 V5 (M) 1.0 mV (2.5 mm)
 V6 (M) 1.0 mV (2.5 mm)

mediclu diagnostic

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s

HR: 71 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 130/80

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

0.6 1.1

1.3 1.4

0.6 0.4

-0.8 1.1

0.0 0.0

1.1 1.1

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

0.2 -0.7

1.1 1.1

1.9 1.4

1.7 0.7

1.5 1.1

0.8 0.7

V1

V2

V3

V4

V5

V6

V3

Chart Speed: 25 mm/sec

Schiller Spandau V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

/iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

BPL-DYNATRAC

mediclu diagnostic

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

HR: 76 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 130 / 80

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

0.6 1.1

0.8 0.7

0.4 0.0

-0.8 -1.1

0.0 0.0

0.6 0.4

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

0.0 -0.7

0.8 0.7

1.5 1.4

1.3 0.4

1.3 1.1

0.6 0.7

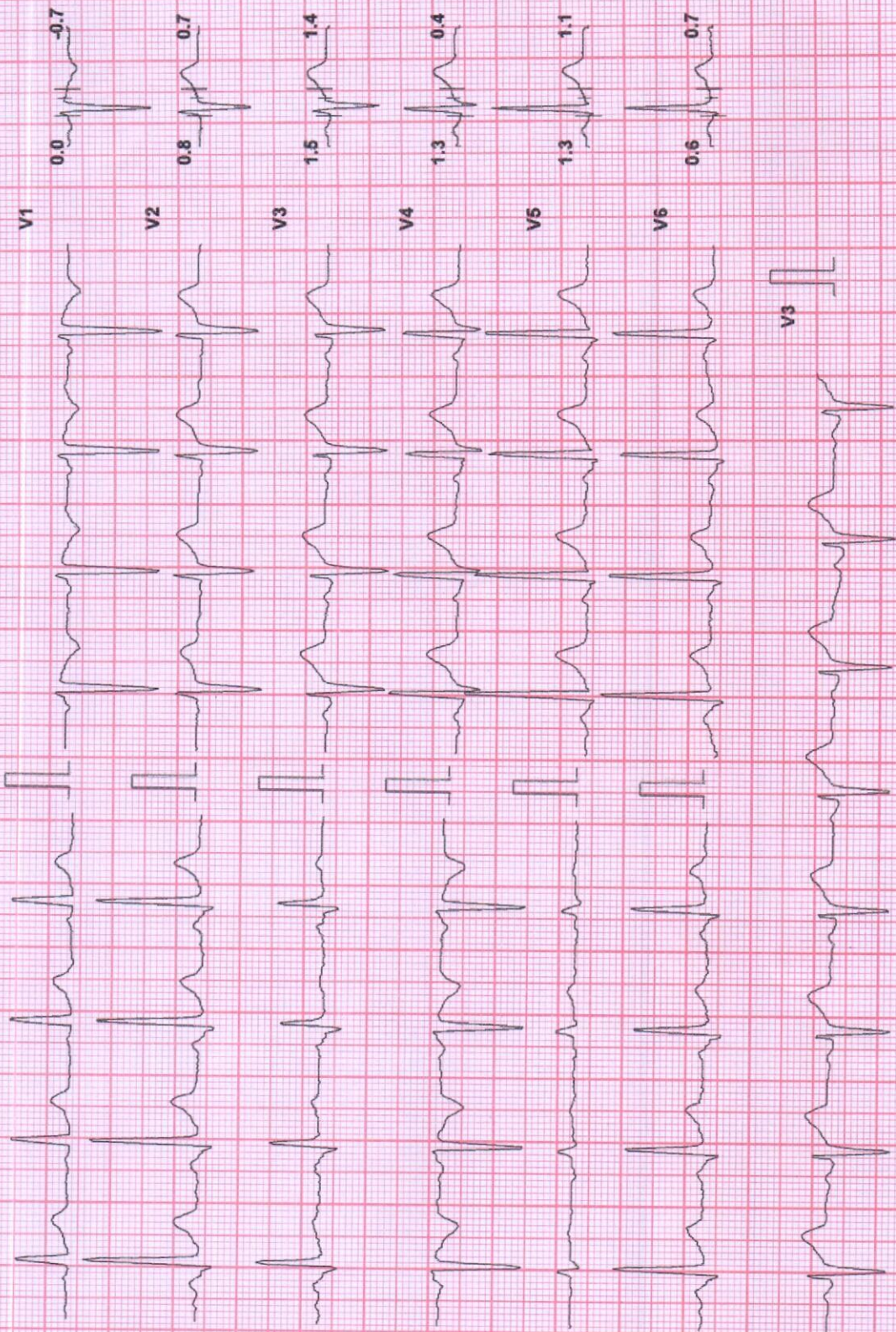


Chart Speed: 25 mm/sec
Schiller Spandun V 4.51

Filter: 35 Hz

Mains Filt: ON Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

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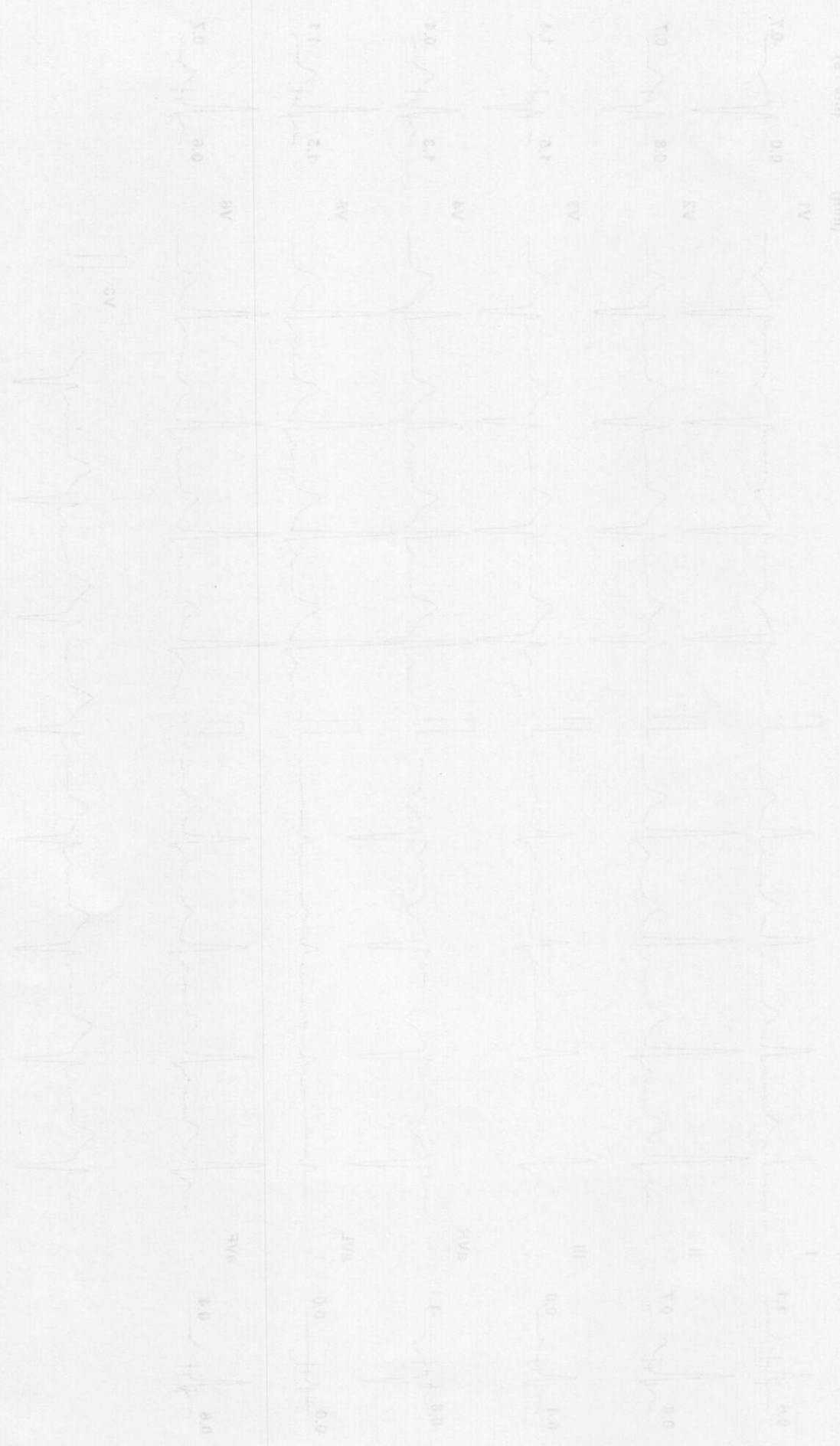
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mediclu diagnostic

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 100 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

B.P.: 130 / 80

ST Level (mm)

ST Slope (mV / s)

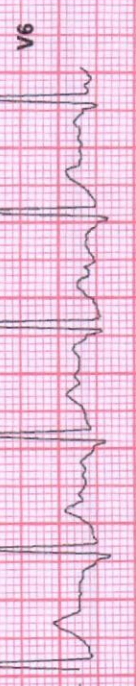
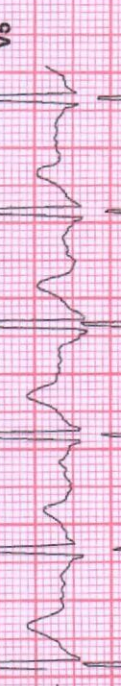
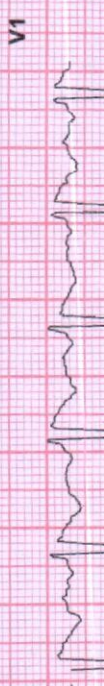
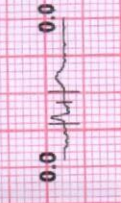
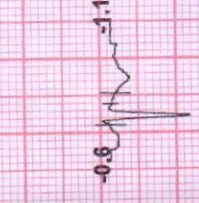
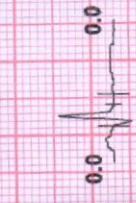
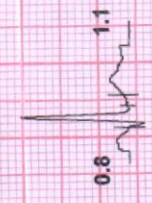


Chart Speed: 25 mm/sec

Schiller Spandau V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

0.5mV 100ms

12/12/00 10:30 AM

12/12/00 10:30 AM

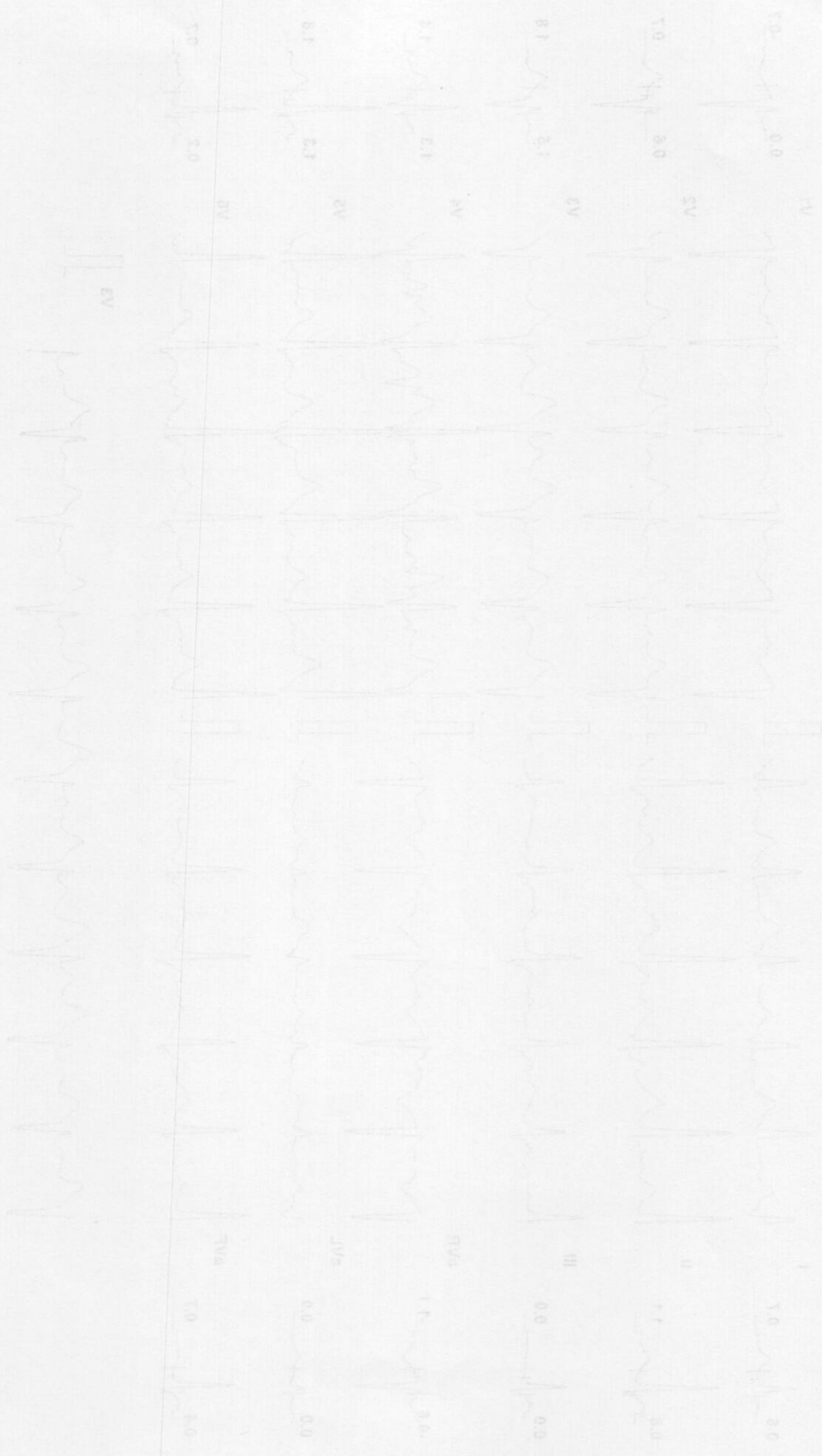
12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM



Lead (mV) 0.1mV
 Scale (mV) 0.1mV

Lead (mV) 0.1mV
 Scale (mV) 0.1mV

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

12/12/00 10:30 AM

medicallab.com

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 121 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 155 bpm)

B.P.: 130 / 80

ST Level (mm)

ST Slope (mV / s)

ST Level (mm)

ST Slope (mV / s)

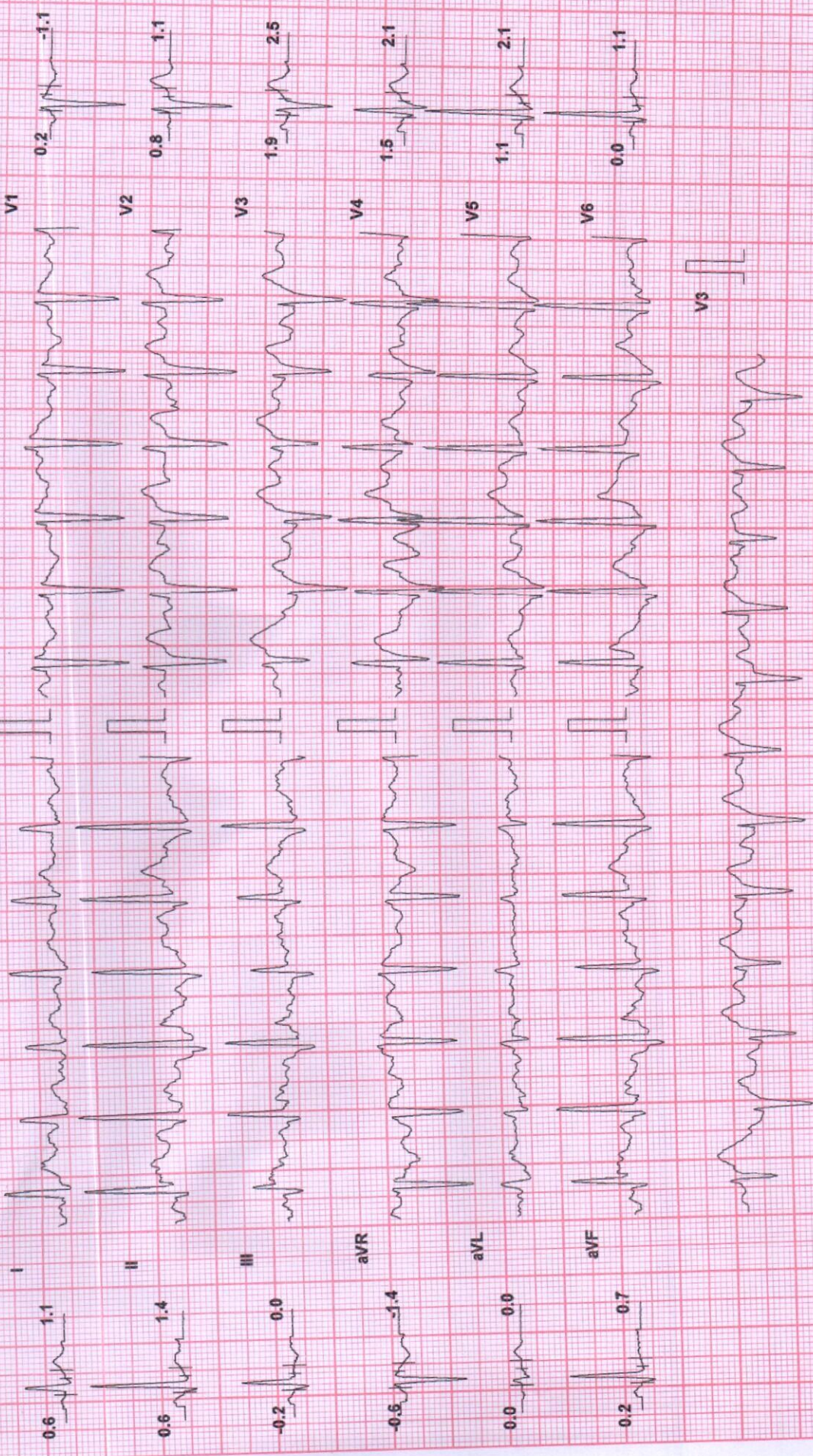


Chart Speed: 25 mm/sec

Schlier-Spannen V 4.5/

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

2000 Standard V 4 75

CRM 2000 32 MHz

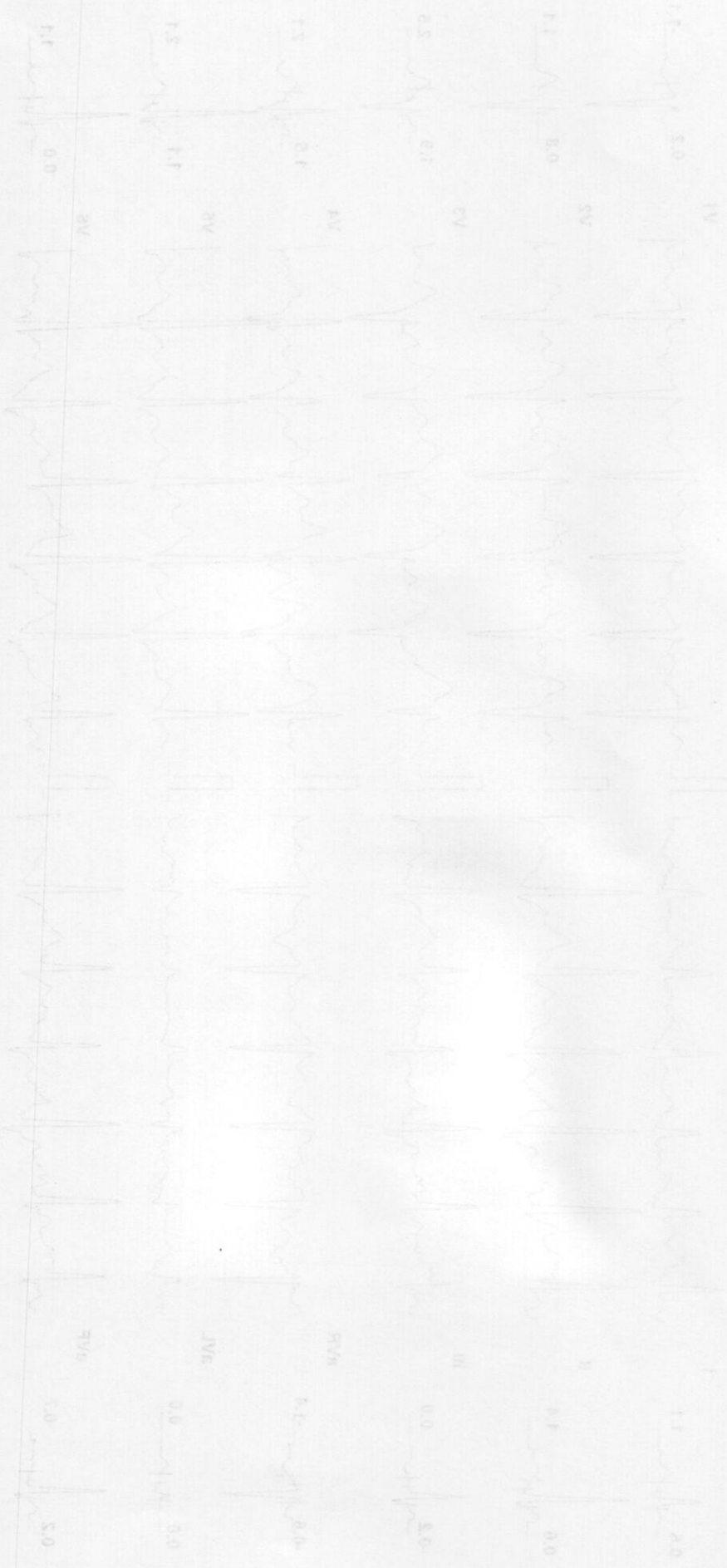
Lead 32 15

Wave ECG CM

Scale 10 mm

Rate 60 bpm

Time 14:30:00



Lead	Level (mm)	Scale (mV)
I	1.1	0.1
II	1.1	0.1
III	0.0	0.1
aVR	0.0	0.1
aVL	1.1	0.1
aVF	1.1	0.1
V1	0.0	0.1
V2	0.0	0.1
V3	0.0	0.1
V4	1.1	0.1
V5	1.1	0.1
V6	1.1	0.1

Rate: 60 bpm
 Scale: 10 mm
 Time: 14:30:00

MA 704 H231 A, MV 3V, SAM

Page 2

15:10:00

Rate 60 bpm

Scale 10 mm

Time 14:30:00

medtronic

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time: 9 m 0 s

Stage Time: 3 m 0 s

HR: 137 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14%

(THR: 155 bpm)

B.P.: 140/90

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

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

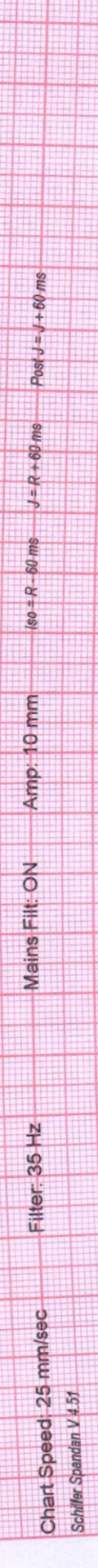
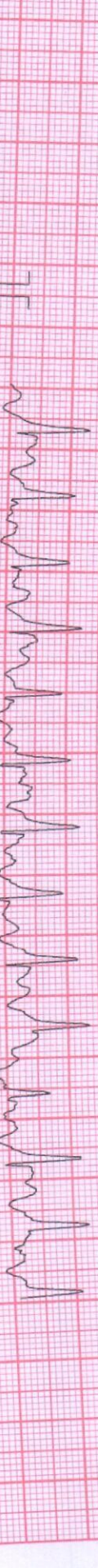
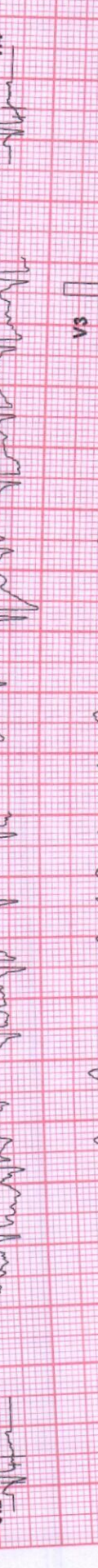
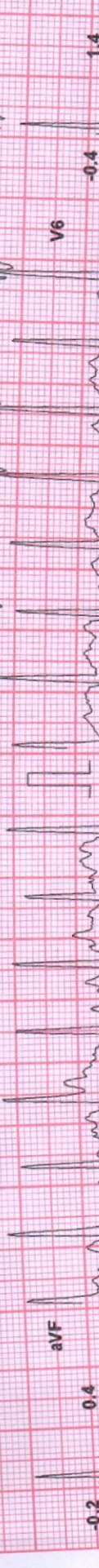
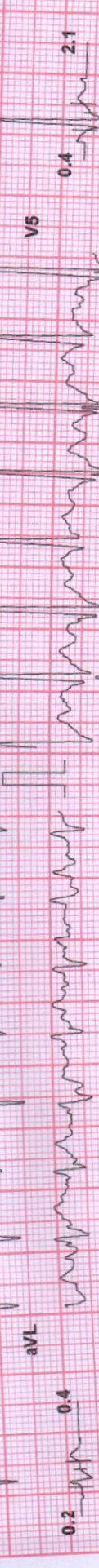
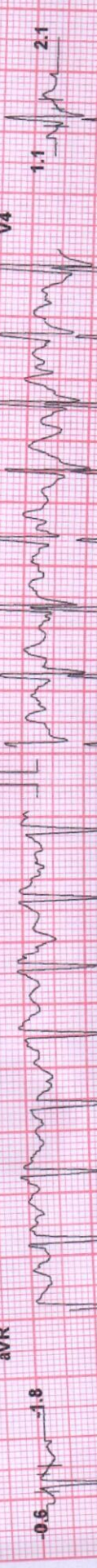
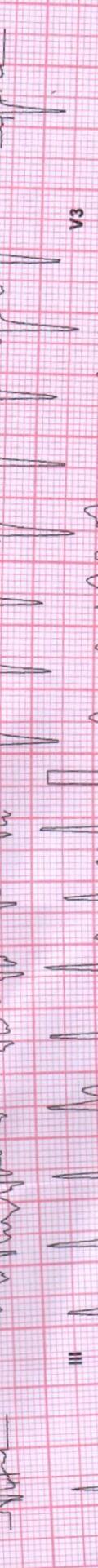
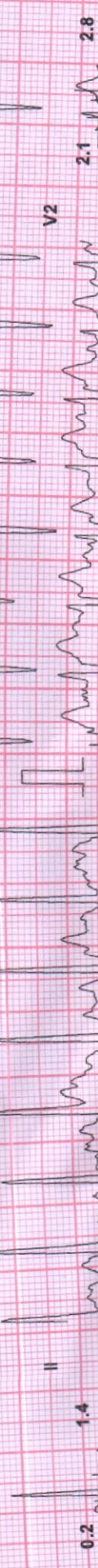


Chart Speed: 25 mm/sec
Schiller Spandau V 4.5f

Filter: 35-HZ

Mains Filt: ON Amp: 10 mm

(50 = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 9 m 15 s Stage Time : 0 m 15 s HR: 142 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph Grade: 16 %

(THR: 155 bpm) B.P: 140 / 90

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

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

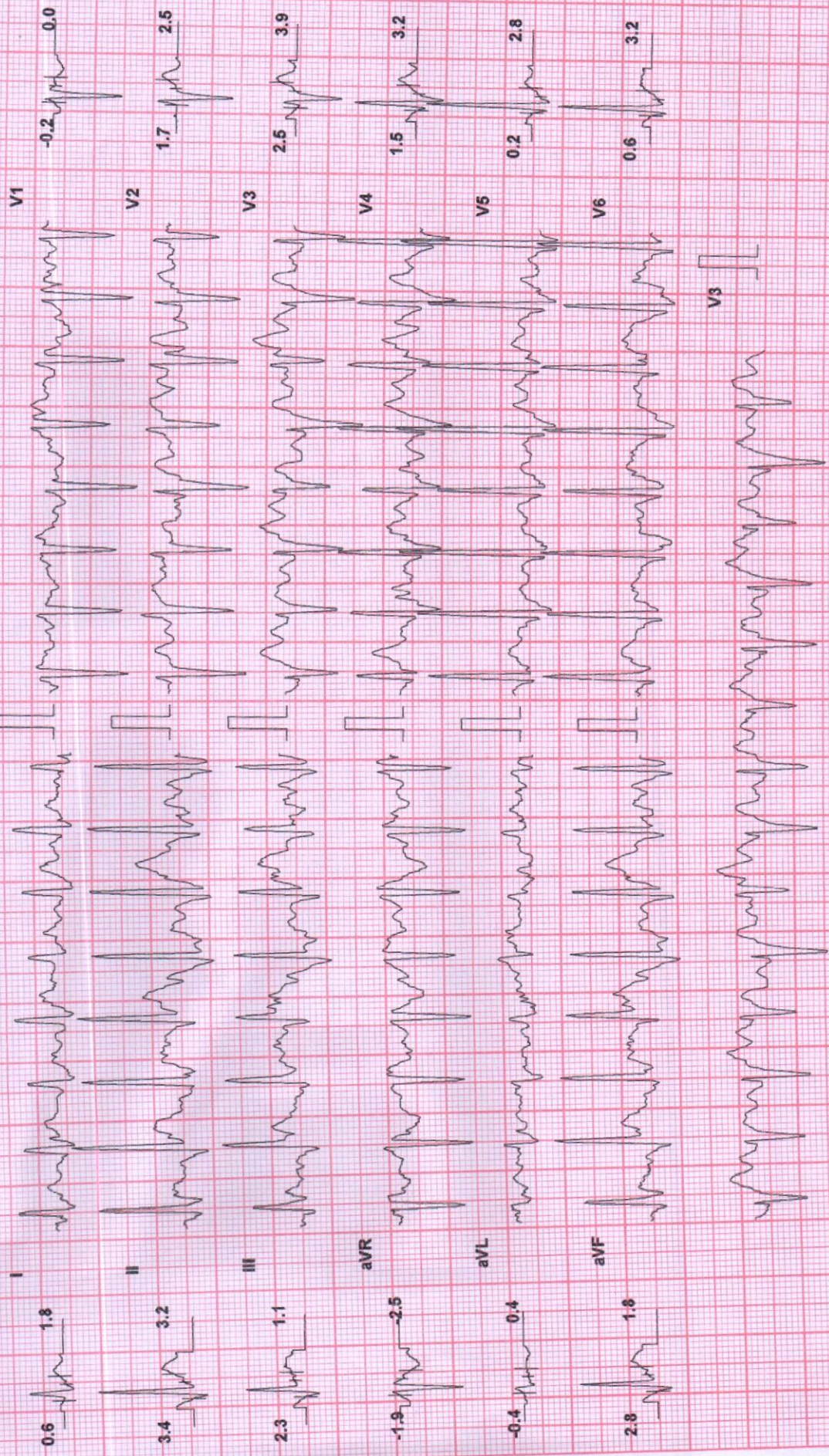


Chart Speed: 25 mm/sec

Schlier-Spandan V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

2000 200000 1.124

CP84 2be90 32 mV/sec

Filter: 30 Hz

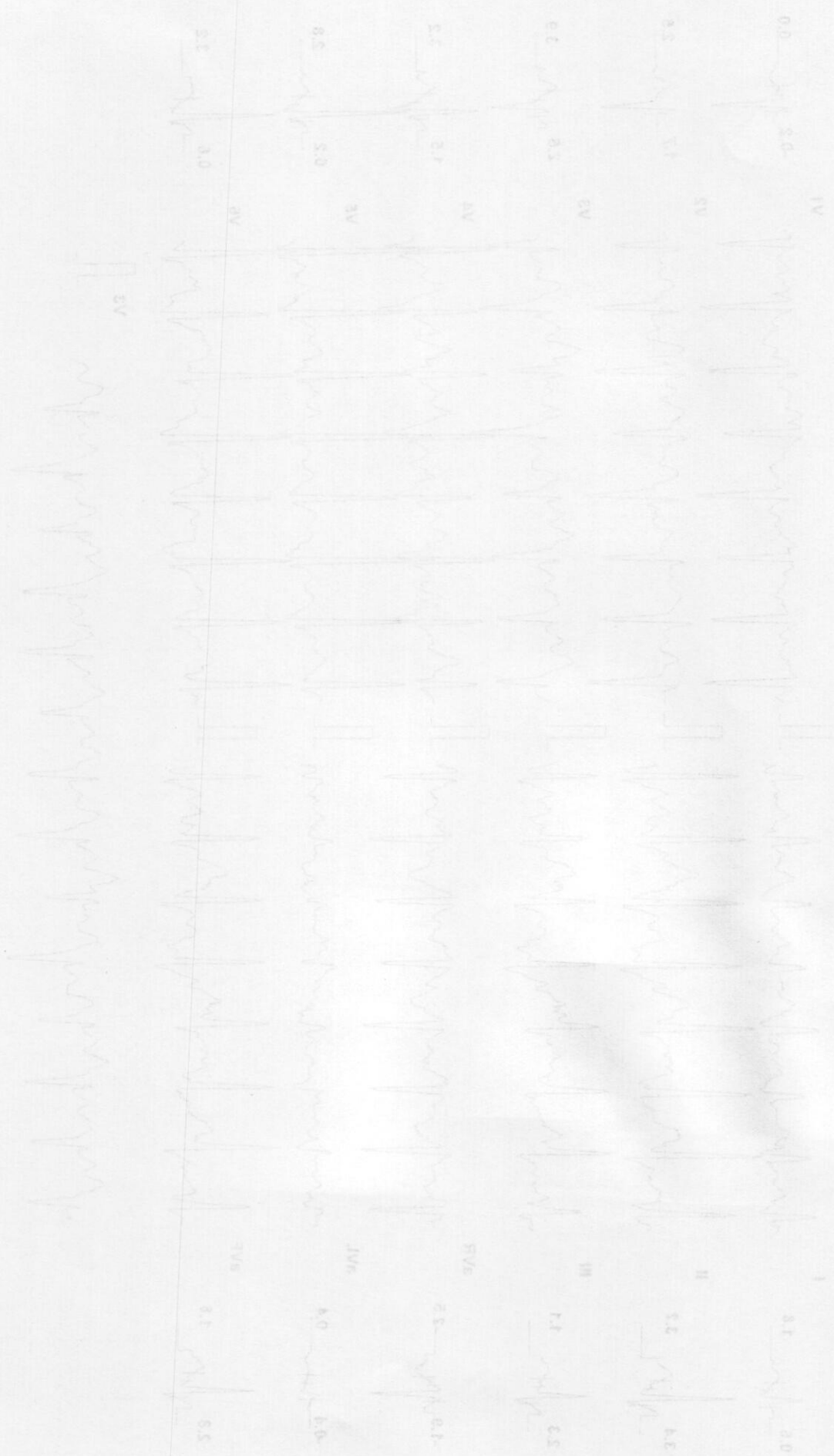
WAVE LIM ON

VAMP: 10 mV

100 - 50 4000

1 - 5 - 10000

6000 100000



Scale 10 (mV) 2.1 (sec)

Scale 10 (mV) 2.1 (sec)

Model: 6000

2000 200000

2be90 32 mV/sec

Filter: 30 Hz

WAVE LIM ON

VAMP: 10 mV

100 - 50 4000

1 - 5 - 10000

6000 100000

MS1221221 (A 14)

ID 12526

ExecTime: 16m 12s 2380ms 0.0 12.6 MB: 145.9KB

mission critical

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 9 m 15 s Stage Time : 1 m 0 s

HR: 118 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 140 / 90

ST Level (mm)

ST Slope (mV / s)

ST Level (mm)

ST Slope (mV / s)

I 0.6 1.8

V1 0.4 -1.1

II 0.6 2.1

V2 2.1 3.2

III 0.0 0.0

V3 3.2 3.9

aVR -0.8 2.1

V4 1.9 2.8

aVL 0.0 0.0

V5 1.3 2.8

aVF 0.4 1.1

V6 0.6 1.8

V3

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandau V 4.51

BPL-DYNATRAC

12/11/2012 11:11

CHINA SPEED 32 channels

11/26/2012 11:11

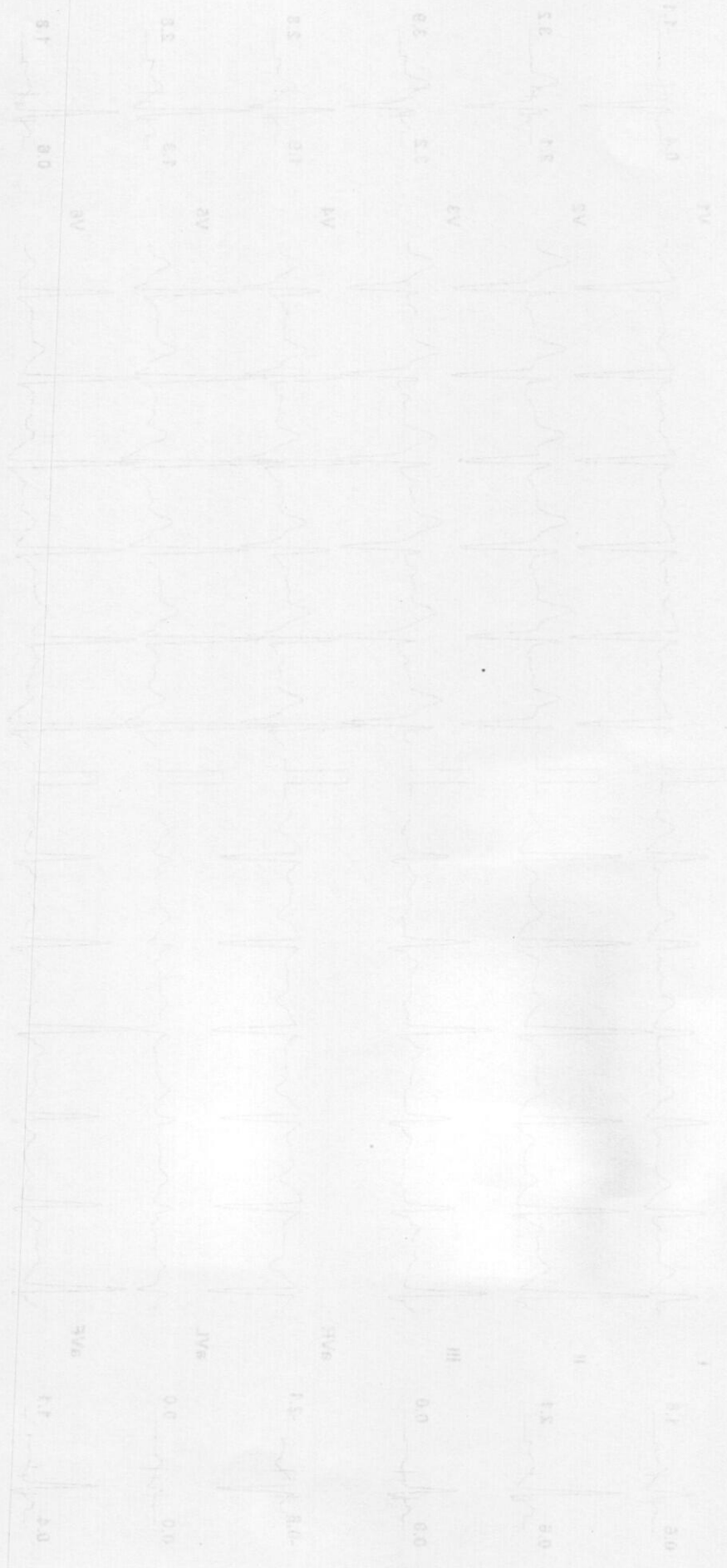
11/26/2012 11:11

11/26/2012 11:11

11/26/2012 11:11

11/26/2012 11:11

11/26/2012 11:11



Scale: 2.5 mV (1 cm)
 Paper: 25 mm/s (1 cm)

Rate: 75 bpm
 PR: 160 ms
 QRS: 80 ms
 QT: 340 ms
 QTc: 38 ms

WISCONSIN STATE UNIVERSITY
 MADISON, WI

medisch diagnostik

mediclu diagnostic

BPL-DYNATRAC

MR. VENKATESH (47 M)

ID: 75256

Date: 02-Oct-21

Exec Time : 9 m 15 s Stage Time : 1 m 0 s

HR: 93 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 140 / 90

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

0.0 1.1

0.4 1.8

0.2 0.7

-0.2 1.4

0.0 0.0

0.4 1.4

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

0.6 -0.4

0.8 1.1

1.9 1.8

1.3 2.1

0.8 2.5

0.4 1.4

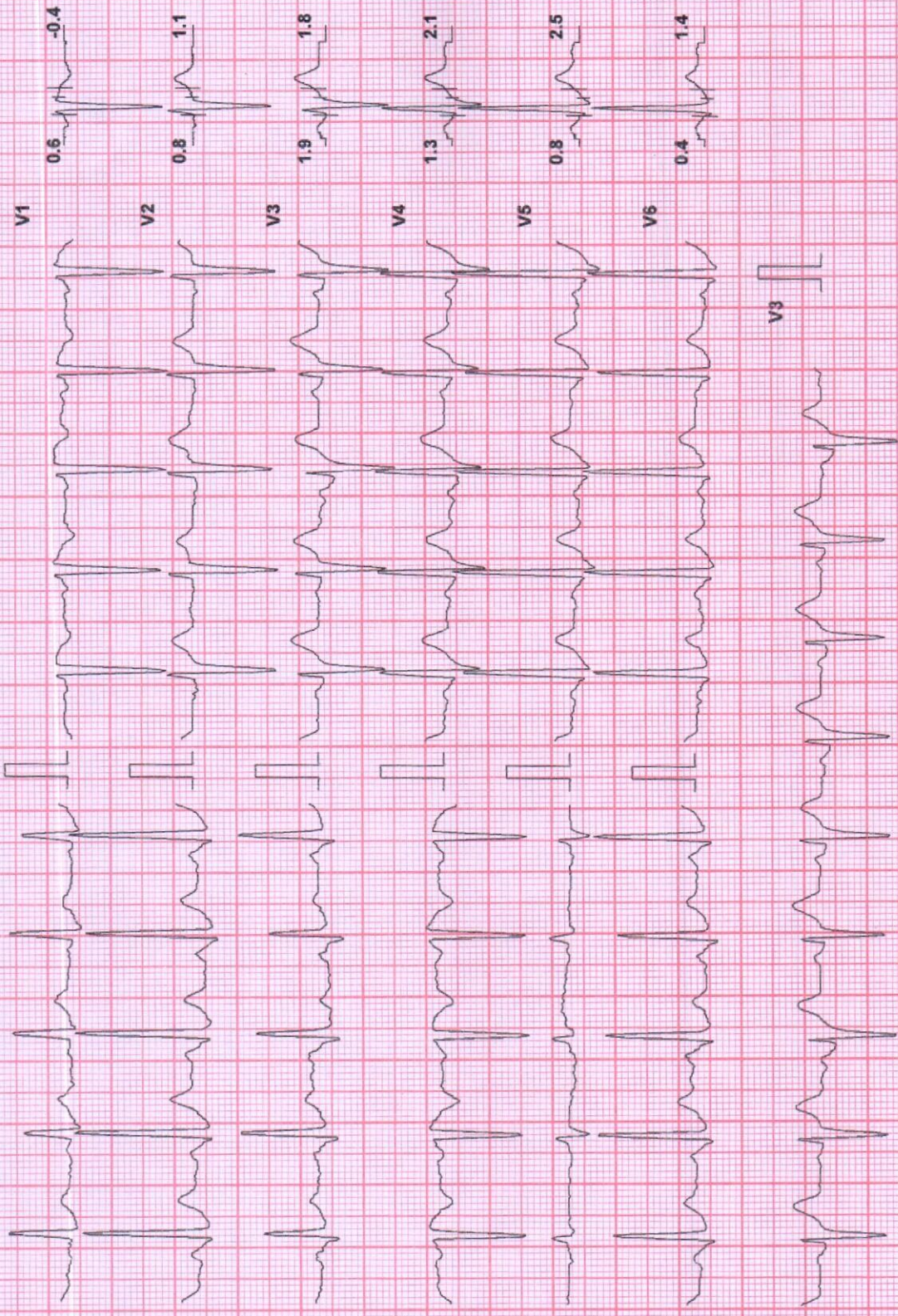


Chart Speed: 25 mm/sec

Filter: 35 Hz

Amp: 10 mm

Mains Filt: ON

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.51

MR. VENKATESH (47 M)

Protocol: Bruce

ID: 75256

Date: 02-Oct-21

Exec Time : 9 m 15 s Stage Time : 1 m 0 s

HR: 96 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 140 / 90

ST Level (mm)

ST Slope (mV / s)

0.0 0.7

0.4 1.4

0.2 0.7

-0.2 -1.4

0.0 0.0

0.2 0.7

ST Level (mm)

ST Slope (mV / s)

0.4 -0.7

0.6 0.7

1.3 1.4

1.1 2.1

0.6 2.1

0.2 1.1

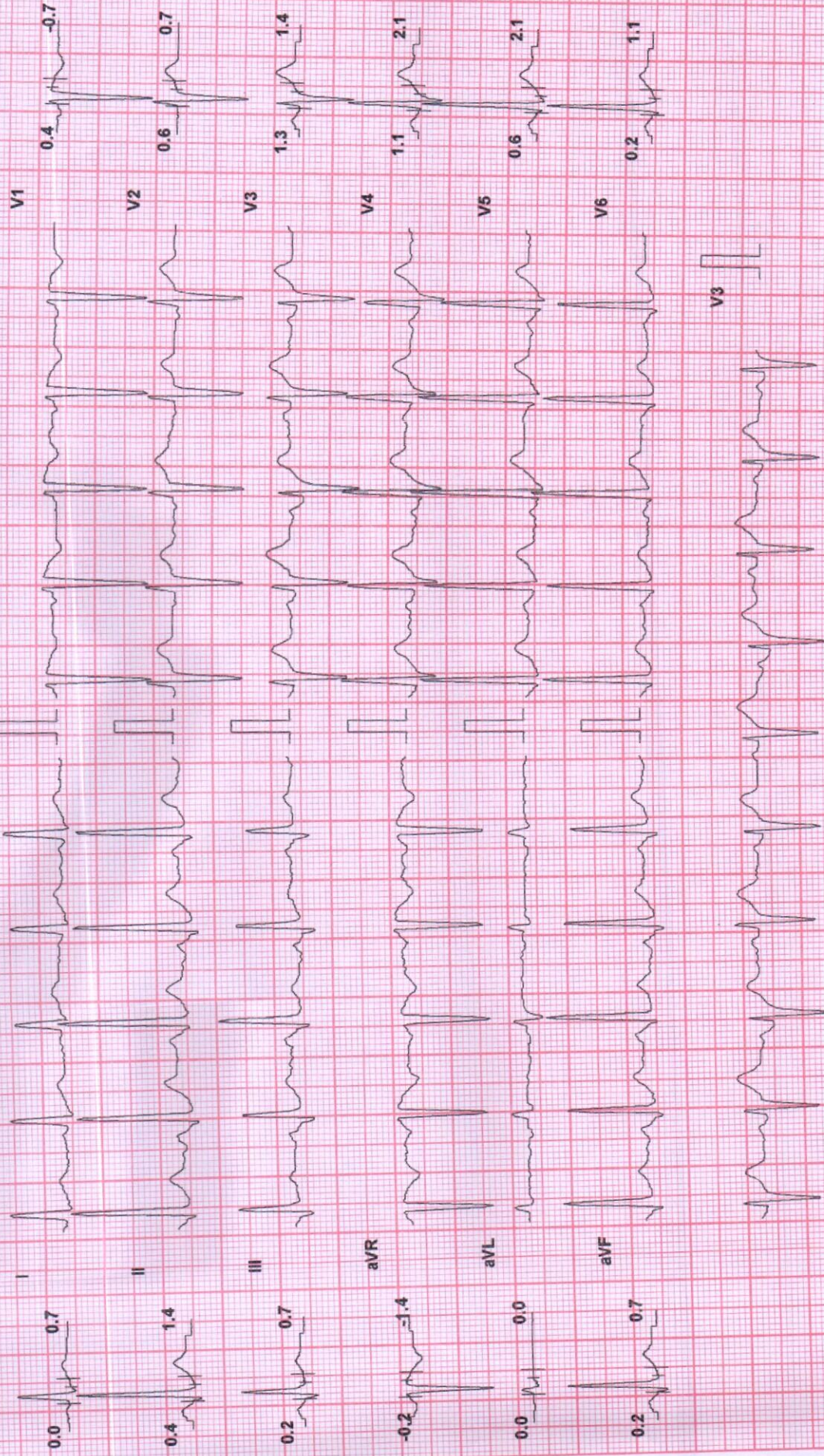


Chart Speed: 25 mm/sec
Schiller Spandorf V 4.5f

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 80 ms J = R + 80 ms

Post J = J + 60 ms

12-lead ECG

Standard 12-lead ECG

Lead II

Lead III

Lead aVR

Lead aVL

Lead aVF



Lead V1

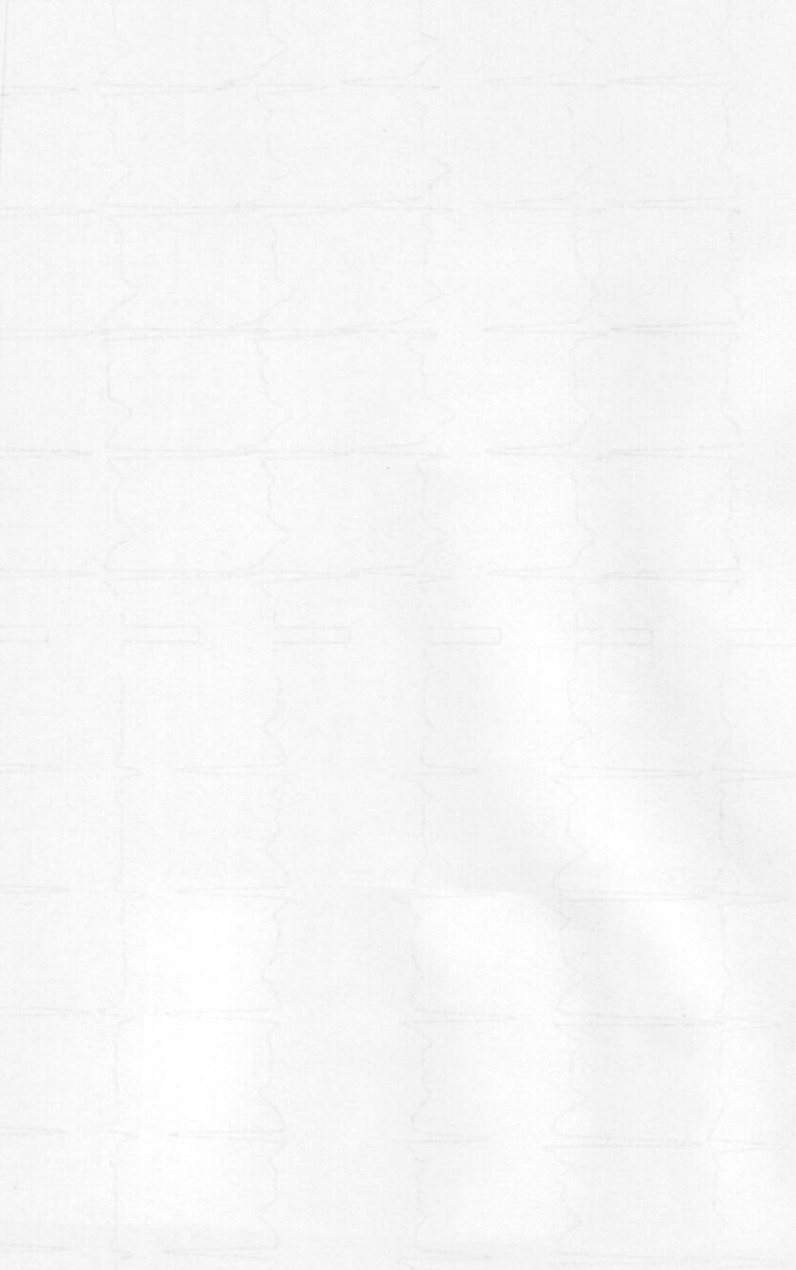
Lead V2

Lead V3

Lead V4

Lead V5

Lead V6



ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

ECG (mV) 2.1cm/10s

MR. VENKATESH (47 M)

Protocol: Bruce

ID: 75256

Stage: Recovery(5)

Date: 02-Oct-21
Speed: 0 mph

Exec Time : 9 m 15 s
Grade: 0 %

Stage Time : 1 m 0 s
(THR: 155 bpm)

HR: 93 bpm

B.P.: 140/90

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

0.2 0.7

0.4 1.1

0.2 0.4

-0.2 -0.7

0.0 0.0

0.2 0.7

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

0.4 -0.4

0.6 1.1

1.1 0.7

1.1 1.4

0.6 1.4

0.2 0.7

Chart Speed: 25 mm/sec

Schiller Spandau V 4-51

Filter: 35 Hz

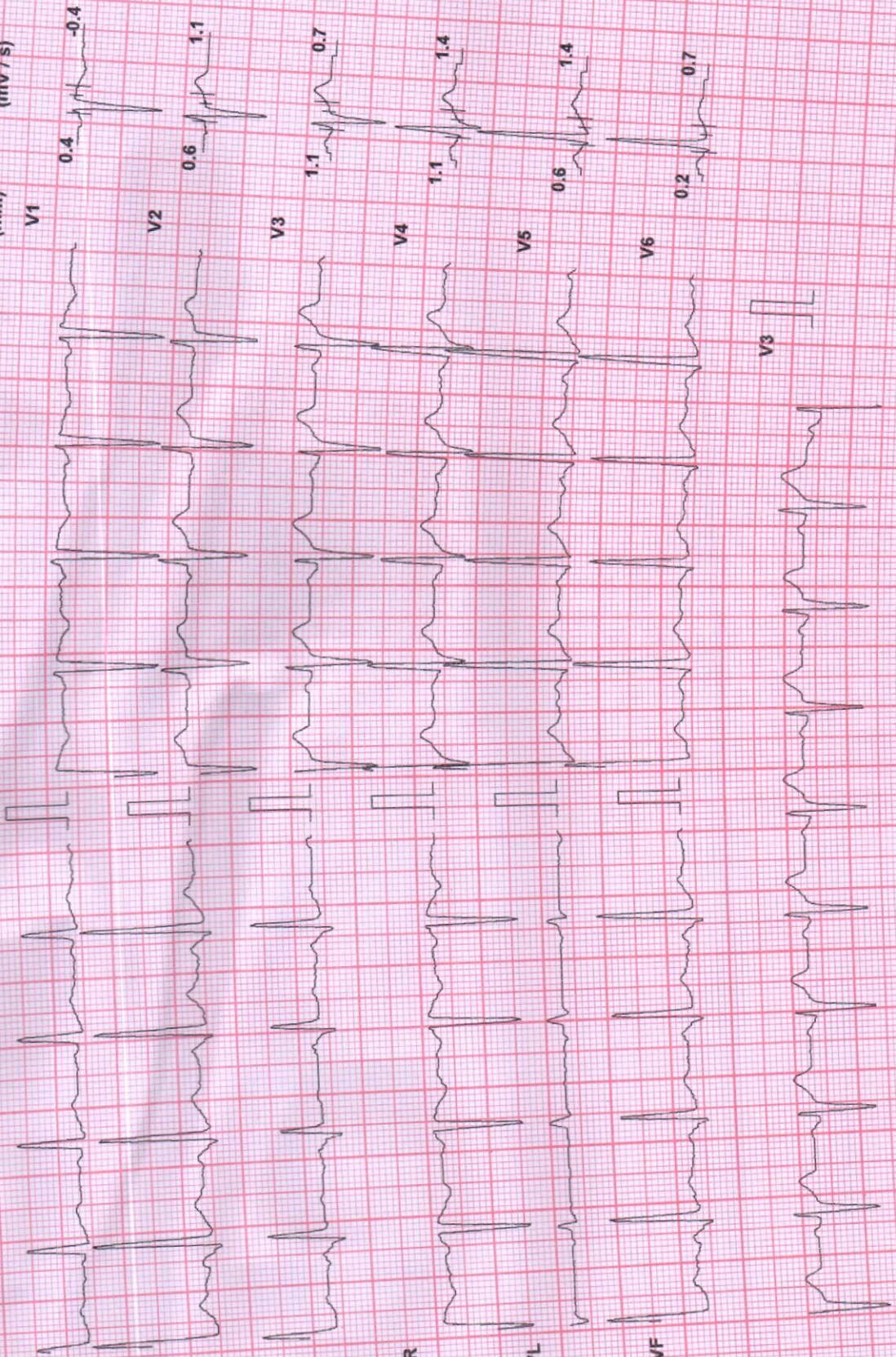
Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



BPL-DYNATRAC

mediclu diagnostic

Patient Details

Name: MR.VENKATESH ID: 75256
 Date: 02-Oct-21
 Time: 12:25:57

Clinical History:

Age: 47 y
 Sex: M

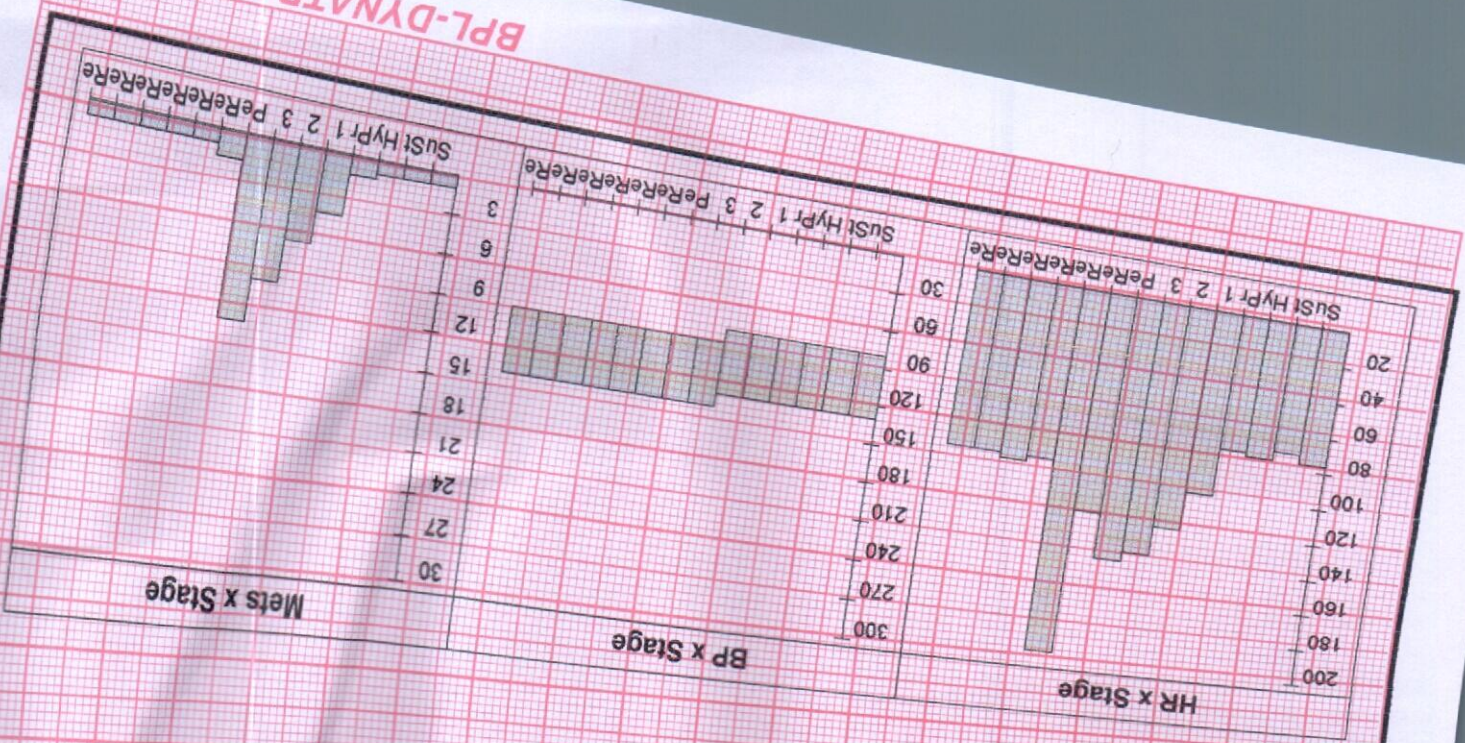
Medications:

Test Details

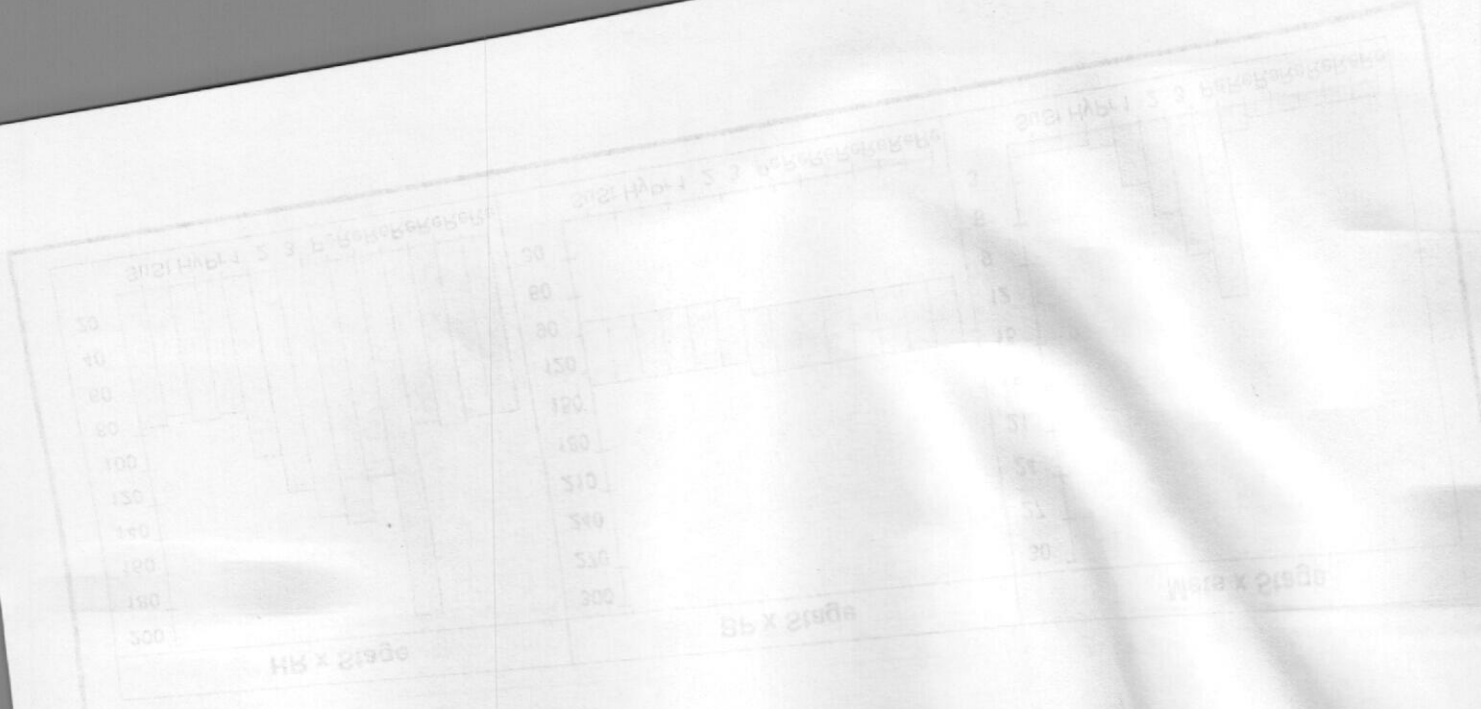
Protocol: Bruce
 Total Exec Time: 9 m 15 s
 Max. BP: 140 / 90 mmHg
 Max. HR: 195 (113% of Pr.MHR) bpm
 Max. BP x HR: 27300 mmHg/min
 Pr.MHR: 173 bpm
 THR: 155 (90 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 5680 mmHg/min
 Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 52	1.0	0	0	76	130 / 80	-0.85 aVR	1.77 V3
Standing	0 : 13	1.0	0	0	71	130 / 80	-0.85 aVR	1.77 V3
Hyperventilation	0 : 11	1.0	0	0	76	130 / 80	-0.85 aVR	1.42 II
1	3 : 0	4.6	1.7	10	100	130 / 80	-1.49 aVR	3.18 V4
2	3 : 0	7.0	2.5	12	121	130 / 80	-1.70 aVR	4.25 V4
3	3 : 0	10.2	3.4	14	137	140 / 90	-1.49 III	3.54 V3
Peak Ex	0 : 15	13.5	4.2	16	142	140 / 90	-1.91 aVR	3.89 V3
Recovery(1)	1 : 0	1.8	1	0	118	140 / 90	-1.91 aVR	4.60 II
Recovery(2)	1 : 0	1.0	0	0	195	140 / 90	-4.46 aVL	-4.25 I
Recovery(3)	1 : 0	1.0	0	0	93	140 / 90	-4.46 aVL	4.95 aVF
Recovery(4)	1 : 0	1.0	0	0	96	140 / 90	-0.42 aVR	2.48 V4
Recovery(5)	1 : 0	1.0	0	0	93	140 / 90	-0.42 aVR	2.12 V4
Recovery(6)	0 : 17	1.0	0	0	93	140 / 90	-0.42 aVR	1.77 V4



BPL-DYNATRAC



Stage Name	Stage	Time (min:sec)	Heart Rate (bpm)	BP (mmHg)	SpO2 (%)	Temp (mmHg)	Level (mm)	Stage
Stage 1	1	0:30	100	100	95	100	10	1
Stage 2	2	0:30	110	110	96	110	15	2
Stage 3	3	0:30	120	120	97	120	20	3
Stage 4	4	0:30	130	130	97	130	25	4
Stage 5	5	0:30	140	140	98	140	30	5

Protocol Details

Test Termination Criteria:
 Max BP: 140/90 mmHg
 Total Exec. Time: 3 m 30 s
 Protocol: Bruce
 Max HR: 180 (100% of RHR)
 Max Rate: 19.50
 THR: 165 (90% of RHR)

Indications:

Client History:
 Name: MR VEIKATESH ID: 10222
 Sex: M Height: 181 cm Weight: 75 Kg
 Date: 15-10-2024 Time: 12:25:27

cardiograph ulidiam

mediclu diagnostic

Patient Details

Date: 02-Oct-21

Time: 12:25:57

Name: MR.VENKATESH ID: 75256

Age: 47 y

Sex: M

Height: 167 cms

Weight: 75 Kgs

Interpretation

- Target heart rate achieved.
- Average effort tolerance, Normal HR & BP response.
- No significant ST-T changes during exercise and recovery.
- No angina / Arrhythmias.

IMPRESSION:

- TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

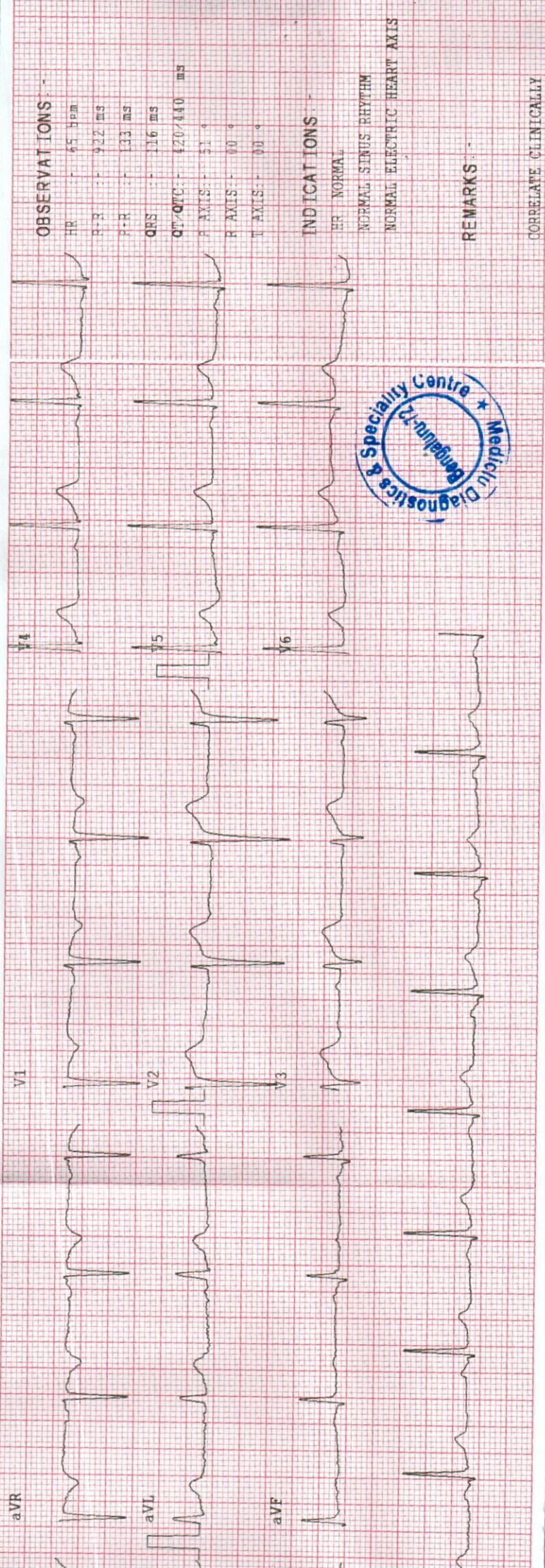
To correlate clinically.



Ref. Doctor: SELF

Doctor: DR LOKESH KM

(Summary Report edited by user)



OBSERVATIONS

HR : 65 bpm
 P-R : 133 ms
 P-R : 133 ms
 QRS : 116 ms
 QT/QTc : 420/440 ms
 P AXIS : 51 °
 R AXIS : 00 °
 T AXIS : 00 °

INDICATIONS

HR NORMAL
 NORMAL SINUS RHYTHM
 NORMAL ELECTRIC HEART AXIS

REMARKS

CORRELATE CLINICALLY



