



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>LISHA</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <u>(R) arm</u>
3. Age/Date of Birth	:	<u>52, 4-01-1970</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>152</u> (cms)	b. Weight <u>54</u> (Kgs)	c. Girth of Abdomen <u>74</u> (cms)
d. Pulse Rate <u>76</u> (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<u>120</u> <u>70</u>
	2 nd Reading	<u>120</u> <u>70</u>

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			<u>75, Cancer stomach</u>
Mother	<u>75</u>	<u>Good</u>	
Brother(s) <u>(2)</u>	<u>54, 46</u>	<u>Good</u>	
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>No</u>	<u>No</u>	<u>No</u>

PERSONAL HISTORY

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <u>Y/N</u> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <u>Y/N</u> |
| b. Have you undergone/been advised any surgical procedure? <u>Hysterectomy - 6 years back</u> <u>Y/N</u> | d. Have you lost or gained weight in past 12 months? <u>Y/N</u> |

Have you ever suffered from any of the following?

- | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| • Psychological Disorders or any kind of disorders of the Nervous System? <u>Y/N</u> | • Any disorder of Gastrointestinal System? <u>Y/N</u> |
| • Any disorders of Respiratory system? <u>Y/N</u> | • Unexplained recurrent or persistent fever, and/or weight loss <u>Y/N</u> |
| • Any Cardiac or Circulatory Disorders? <u>Y/N</u> | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <u>Y/N</u> |
| • Enlarged glands or any form of Cancer/Tumour? <u>Y/N</u> | • Are you presently taking medication of any kind? <u>Y/N</u> |
| • Any Musculoskeletal disorder? <u>Y/N</u> | |

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N ✓

d. Do you have any history of miscarriage/abortion or MTP

Y/N ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries? *Hysterectomy done*

Y/N ✓

f. Are you now pregnant? If yes, how many months?

Y/N ✓

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative? Y/N ✓

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N ✓

➤ Are there any points on which you suggest further information be obtained? Y/N ✓

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Grade I fatty liver. Cardio count suggested.

HbA1c - Prediabetic, Dyslipidemia present. Lifestyle modification suggested.

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

Y/N

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Signature of Dr. Sindhu George

DR. SINDHU GEORGE
MBBS, MD (Biochemistry)
Reg. No: 28380
Consultant Biochemist

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :



Date & Time :

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Diagnostic Services



Patient Ref. No. 666000001214472

INDIA'S LEADING DIAGNOSTICS NETWORK

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
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Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : LISHA JOHNY

PATIENT ID : LISHF1308704177

ACCESSION NO : 4177VH001388 **AGE :** 52 Years **SEX :** Female

DRAWN :

RECEIVED : 13/08/2022 16:59

REPORTED : 15/08/2022 16:04

REFERRING DOCTOR : DR. SINDHU

CLIENT PATIENT ID :

Test Report Status

Results

Biological Reference Interval Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

TREADMILL TEST

TREADMILL TEST

COMPLETED

DENTAL CHECK UP

DENTAL CHECK UP

COMPLETED

OPHTHAL

OPHTHAL

ATTACHED



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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	10	6 - 20	mg/dL
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BUN/CREAT RATIO

BUN/CREAT RATIO	13.1	5.00 - 15.00	
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CREATININE, SERUM

CREATININE	0.76	0.60 - 1.1	mg/dL
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GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	109	Diabetes Mellitus : > or = 200 mg/dL Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	
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CORONARY RISK PROFILE (LIPID PROFILE), SERUM

CHOLESTEROL	249	High Desirable: <200 Borderline High: 200-239 High : > or = 240	mg/dL
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TRIGLYCERIDES	157	High Desirable: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High : > or = 500	mg/dL
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HDL CHOLESTEROL	49	< 40 Low > or = 60 High	mg/dL
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DIRECT LDL CHOLESTEROL	190	High Adult levels: Optimal < 100 Near optimal/above optimal: 100-129 Borderline high : 130-159 High : 160-189 Very high : = 190	mg/dL
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NON HDL CHOLESTEROL	200	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
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CHOL/HDL RATIO	5.1	High 3.30 - 4.40	
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LDL/HDL RATIO	3.9	High 0.5 - 3.0	
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VERY LOW DENSITY LIPOPROTEIN	31.4	High < or = 30.0	mg/dL
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GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

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GLYCOSYLATED HEMOGLOBIN (HBA1C)	6.1	High Normal : 4.0 - 5.6 %. Non-diabetic level : < 5.7%. More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.
MEAN PLASMA GLUCOSE	128.4	High < 116.0 mg/dL
LIVER FUNCTION TEST WITH GGT		
BILIRUBIN, TOTAL	0.37	0.0 - 1.2 mg/dL
BILIRUBIN, DIRECT	0.16	0.0 - 0.2 mg/dL
BILIRUBIN, INDIRECT	0.21	0.00 - 1.00 mg/dL
TOTAL PROTEIN	7.2	6.4 - 8.3 g/dL
ALBUMIN	4.8	3.50 - 5.20 g/dL
GLOBULIN	2.4	2.0 - 4.1 g/dL
ALBUMIN/GLOBULIN RATIO	2.0	1.0 - 2.0 RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20	UPTO 32 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	UPTO 34 U/L
ALKALINE PHOSPHATASE	78	35 - 104 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	28	5 - 36 U/L
TOTAL PROTEIN, SERUM		
TOTAL PROTEIN	7.2	6.4 - 8.3 g/dL
URIC ACID, SERUM		
URIC ACID	5.6	2.6 - 6.0 mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD		
ABO GROUP	TYPE AB	
RH TYPE	NEGATIVE	
BLOOD COUNTS		
HEMOGLOBIN	13.1	12.0 - 16.0 g/dL
RED BLOOD CELL COUNT	4.41	3.8 - 4.8 mil/ μ L
WHITE BLOOD CELL COUNT	5.07	4.0 - 10.0 thou/ μ L
PLATELET COUNT	321	150 - 410 thou/ μ L
RBC AND PLATELET INDICES		
HEMATOCRIT	38.1	36 - 46 %
MEAN CORPUSCULAR VOL	86.3	83 - 101 fL



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MEAN CORPUSCULAR HGB.	29.7	27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.4	31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH	12.7	11.6 - 14.0 %
MEAN PLATELET VOLUME	9.1	6.8 - 10.9 fL
WBC DIFFERENTIAL COUNT - NLR		
SEGMENTED NEUTROPHILS	57	40 - 80 %
ABSOLUTE NEUTROPHIL COUNT	2.89	2.0 - 7.0 thou/ μ L
LYMPHOCYTES	35	20 - 40 %
ABSOLUTE LYMPHOCYTE COUNT	1.77	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.6	
EOSINOPHILS	06	1 - 6 %
ABSOLUTE EOSINOPHIL COUNT	0.30	thou/ μ L
MONOCYTES	02	2 - 10 %
ABSOLUTE MONOCYTE COUNT	0.10	thou/ μ L
BASOPHILS	00	< 1 - 2 %
ERYTHRO SEDIMENTATION RATE, BLOOD		
SEDIMENTATION RATE (ESR)	30	High 0 - 20 mm at 1 hr
STOOL: OVA & PARASITE		
COLOUR	BROWN	
CONSISTENCY	SEMI FORMED	
ODOUR	FOUL	
MUCUS	NOT DETECTED	NOT DETECTED
VISIBLE BLOOD	ABSENT	ABSENT
POLYMPHONUCLEAR LEUKOCYTES	0-1	0 - 5 /HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED /HPF
CYSTS	NOT DETECTED	NOT DETECTED
OVA	NOT DETECTED	
SUGAR URINE - POST PRANDIAL		
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
URINALYSIS		
COLOR	PALE YELLOW	
APPEARANCE	CLEAR	
PH	5.0	4.7 - 7.5



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SPECIFIC GRAVITY		1.025	1.003 - 1.035
GLUCOSE		NOT DETECTED	NOT DETECTED
PROTEIN		DETECTED (TRACE)	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
WBC		1-2	0-5 /HPF
EPITHELIAL CELLS		0-1	0-5 /HPF
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
CASTS		NIL	
CRYSTALS		NIL	
BACTERIA		NOT DETECTED	NOT DETECTED

CYTOLOGY - CS (PAP SMEAR)

CYTOLOGY - CS (PAP SMEAR)

Cytology No: CY/3545/2022

Nature of specimen - Pap smear

Gross specimen- 3 Smears in fixative

Microscopy - Adequate satisfactory smear showing intermediate squamous, parabasal cells and endocervical cells. No atypia seen. Background show mild neutrophilic inflammation.

Impression - Negative for intraepithelial lesion or malignancy.

THYROID PANEL, SERUM

T3	104.10	60.0 - 181.0	ng/dL
T4	6.40	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	3.310	0.35 - 5.50	µIU/mL
SUGAR URINE - FASTING			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	



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Interpretation(s)**SERUM BLOOD UREA NITROGEN-****Causes of Increased levels****Pre renal**

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
- SIADH.

CREATININE, SERUM-

Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.

CORONARY RISK PROFILE (LIPID PROFILE), SERUM-

Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (Ghb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of Ghb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of Ghb is directly proportional to the concentration of glucose in the blood, the Ghb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the Ghb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia,



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increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.
 "Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
 2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
 3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
- TOTAL PROTEIN, SERUM-**
 Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
 Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.

URIC ACID, SERUM-
Causes of Increased levels

- Dietary
- High Protein Intake.
 - Prolonged Fasting,
 - Rapid weight loss.
- Gout
 Lesch nyhan syndrome.
 Type 2 DM.
 Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
- OCP's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.



Scan to View Details

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



Scan to View Report



CLIENT CODE : CA00010147
 CLIENT'S NAME AND ADDRESS :
 MEDIWHEEL ARCOFEM HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
 Capital City, 26/548/5,6, Ground Floor, Korappath Lane, Round
 North, Thrissur
 TRICHUR, 680020
 KERALA, INDIA
 Tel : 9446425900
 Email : thrissur.ddrc@srl.in

PATIENT NAME : LISHA JOHNY

PATIENT ID : LISHF1308704177

ACCESSION NO : 4177VH001388 AGE : 52 Years SEX : Female

DRAWN :

RECEIVED : 13/08/2022 16:59

REPORTED : 15/08/2022 16:04

REFERRING DOCTOR : DR. SINDHU

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

Reference :

- Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
 - Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
 - The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"
- SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
 URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders
 Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever
 Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
 Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
 Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
 Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
 Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
 pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
 Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
 Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
 Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia
 CYTOLOGY - CS (PAP SMEAR)-METHOD: STAINING- MICROSCOPY

Specimens sent for biopsy will be preserved in the Lab only for 30 days after despatch of reports. They will be discarded after this period. Slides/blocks of tissues will be issued only on written request from the concerned medical officer. Slides / Blocks and Reports will be preserved only for a period of 10 years. Generally Slides will be made available only a day after giving the request. Only two copies of the report will be given. Additional copies will be given only on production of a letter from the concerned doctor. Special stains & tests will be done wherever necessary to assist diagnosis and will be charged extra.

THYROID PANEL, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
Pregnancy			
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3 (ng/dL)	T4 (µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

- Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
 - Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
 - Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
- SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



Scan to View Details

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



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DDRC SRL
Diagnostic Services



Patient Ref. No. 666000001214472

INDIA'S LEADING DIAGNOSTICS NETWORK

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
Capital City, 26/548/5,6, Ground Floor, Korappath Lane, Round
North, Thrissur
TRICHUR, 680020
KERALA, INDIA
Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : LISHA JOHNY

PATIENT ID : LISHF1308704177

ACCESSION NO : 4177VH001388 **AGE :** 52 Years **SEX :** Female

DRAWN :

RECEIVED : 13/08/2022 16:59

REPORTED : 15/08/2022 16:04

REFERRING DOCTOR : DR. SINDHU

CLIENT PATIENT ID :

Test Report Status

Results

Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

MAMMOGRAPHY -BOTH

REPORT

PENDING

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

SYALMA P THOMAS
LAB TECHNICIAN

DR. SINDHU GEORGE
QUALITY MANAGER

MANJU SHAJI
RADIOGRAPHER



Scan to View Details

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



Scan to View Report

Patient Name: MRS. LISHA JOHNY	Age: 52 Y	Sex: Female
Ref. Consultant:	AC No: 4177VH000	Date: 13.08.2022
Clinical details:		

USG ABDOMEN

Liver measures 12.6 cm, normal in size and **shows mild diffuse increase in echogenicity**. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is distended and appears normal. No calculus or mass seen.

Spleen measures 8.1 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 9.1 x 3.3 cm and left kidney measures 8.6 x 3.6 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Uterus is not visualized - H/o surgery. Both ovaries are not seen distinctly.


No adnexal mass seen. No free fluid noted in POD.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

No evidence to suggest inguinal hernia on both sides.

IMPRESSION

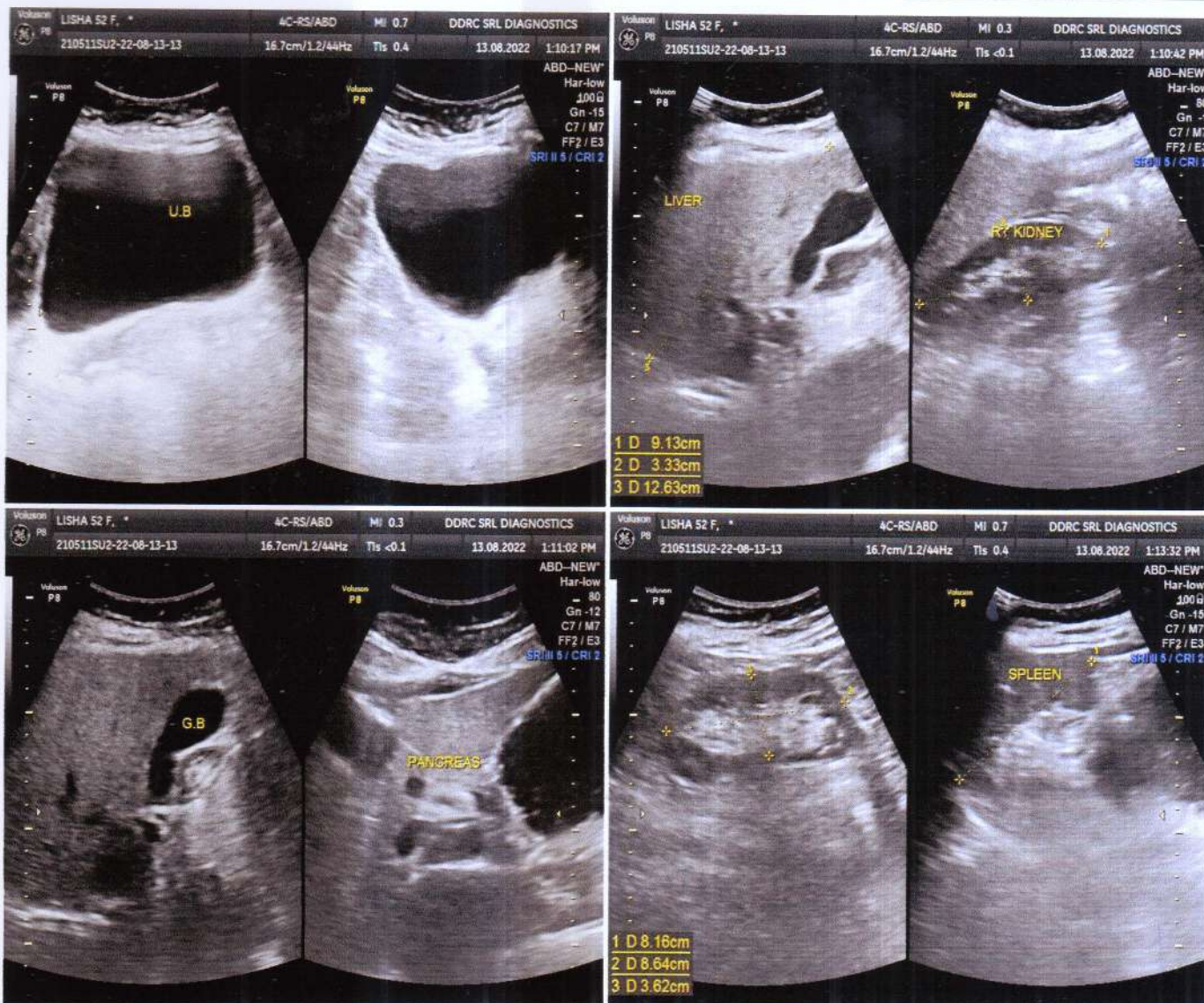
- **Grade I fatty infiltration of liver.**
- **Post hysterectomy status.**


DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

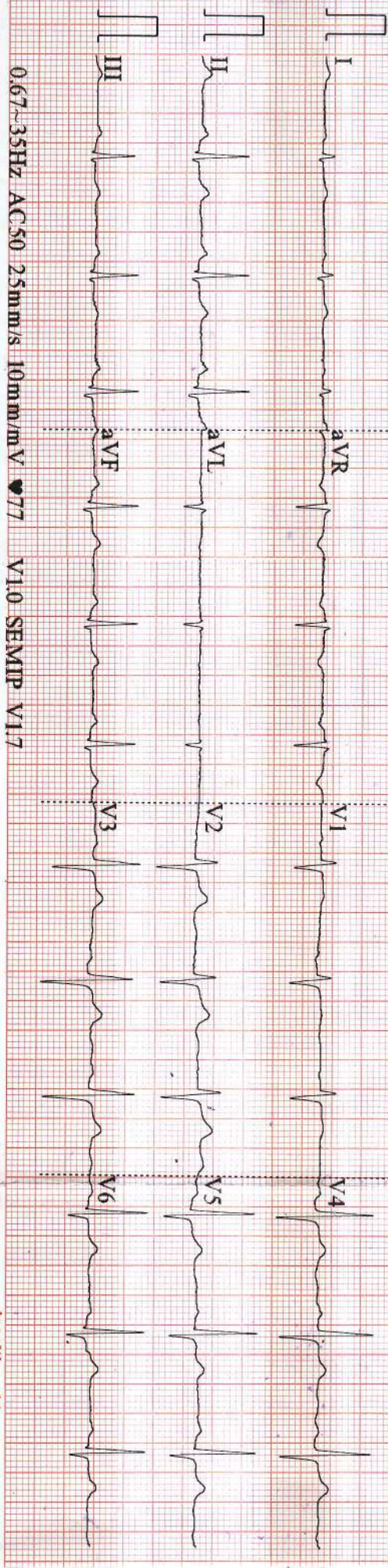
Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.

Reg. No. 43581
 Consultant Radiologist

Patient name	Mrs. LISHA 52 F	Age/Sex	52 Years / Female
Patient ID	210511SU2-22-08-13-13	Visit No	1
Referred by	Dr. SELF	Visit Date	13/08/2022



ID: 13-08-2022 09:54:52



0.67~35Hz AC/50 25mm/s 10mm/mV 77 V1.0 SEMIP V1.7

ID:

Female
52 Years
cm

eg wNL

mmHg

kg

Lisha Dohny

HR 76
P 117 ms
PR 178 ms
QRS 80 ms
QT/QTc 354/398 ms
P/QRS/T 74/79/64 °
RV5/SVI 1.062/0.496 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG



Report Confirmed by:



Name: LISHA JOHNY

Age/Sex: 52 Y/ F

Date: 13.08.2022

AC 1388

CHEST X-RAY (PA View):

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

➤ No significant abnormality detected.




DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

Dr. Jeswin Paulson MBBS, DMRD
Reg. No. 43581
Consultant Radiologist



Drishyam Eye Care Hospital LLP

See The World With Us



VISION CERTIFICATE

This is to certify that LISHA JOHNY, 52/F has been examined and results are as follows

	Right Eye	Left Eye
Distant vision	: <u>6/6 (with glass)</u>	<u>6/6</u>
Near vision	: <u>16 [with glass]</u>	<u>16</u>
IOP(Intra ocular pressure)	: <u>18 mmHg</u>	<u>20 mmHg</u>
Anterior segment	: <u>NORMAL</u>	<u>NORMAL</u>
Fundus	: <u>NORMAL</u>	<u>NORMAL</u>
Squint	: <u>NIL</u>	<u>NIL</u>
Colour vision	: <u>NORMAL</u>	<u>NORMAL</u>

Doctor's Signature

Place: THRISSUR

Date: 13/8/2022

Dr. SURYA SURENDRAN
MBBS/DO
Reg. No: 38632



Contact: 0487 22 222 99
www.drishyameye.com
info@drishyameye.com

Drishyam Eye Care Hospital LLP

Near Aswini Junction, Opp. BSNL Kovilakathumpadam,
Thrissur, Kerala -680022 | Mob: +91 7025 11 11 99

This is to certify that I have examined

MR/MS,

..... *Lisha Thonny*
aged..... *52* and his / her oral findings are as follows.

D – Decay

M – Missing

F – Filling

M									D					F	M
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	D	M												F	M

Oral hygiene Status : Good / Fair / Poor

Calculus / Stains : *+++ Grade II Supragingival*

Any other findings : *NA*



CROWN DENTAL CLINIC
FIRST FLOOR, SUN TOWER
EAST FORT, THRISSUR
PIN: 680 005
PH: 7736199456

DATE : *13/8/22*



ഭാരതീയ സവിശേഷ തിരിച്ചറിയൽ അതോറിറ്റി
ഭാരത സർക്കാർ
Unique Identification Authority of India
Government of India

പേരുചേർക്കൽ നമ്പർ / Enrollment No. : 2003/17002/09491

02/07/2012

To
Lisha Johny
 ലിഷ ജോണി
 W/O: Johny
 Chirayath house
 Valiyaparamb
 Kuttur
 Kuttoor
 Kuttur, Thrissur
 Kerala - 680013
 4872387953



UF388019767IN
 38801976



നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No. :

6025 0805 6633

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



ഭാരത സർക്കാർ
 GOVERNMENT OF INDIA



ലിഷ ജോണി
Lisha Johny

ജനന വർഷം / Year of Birth: 1970
 ലിംഗം / Female

6025 0805 6633



ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



Lisha Johny

S2

8547823653

LISHA JOHNV (52 F)

Protocol: Bruce

ID: 26030

Stage: Supine

DUKU SRL

Date: 13-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s HR: 85 bpm

Speed: 0 Km/h

Grade: 0 %

(THR: 151 bpm)

B.P: 110 / 70

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

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

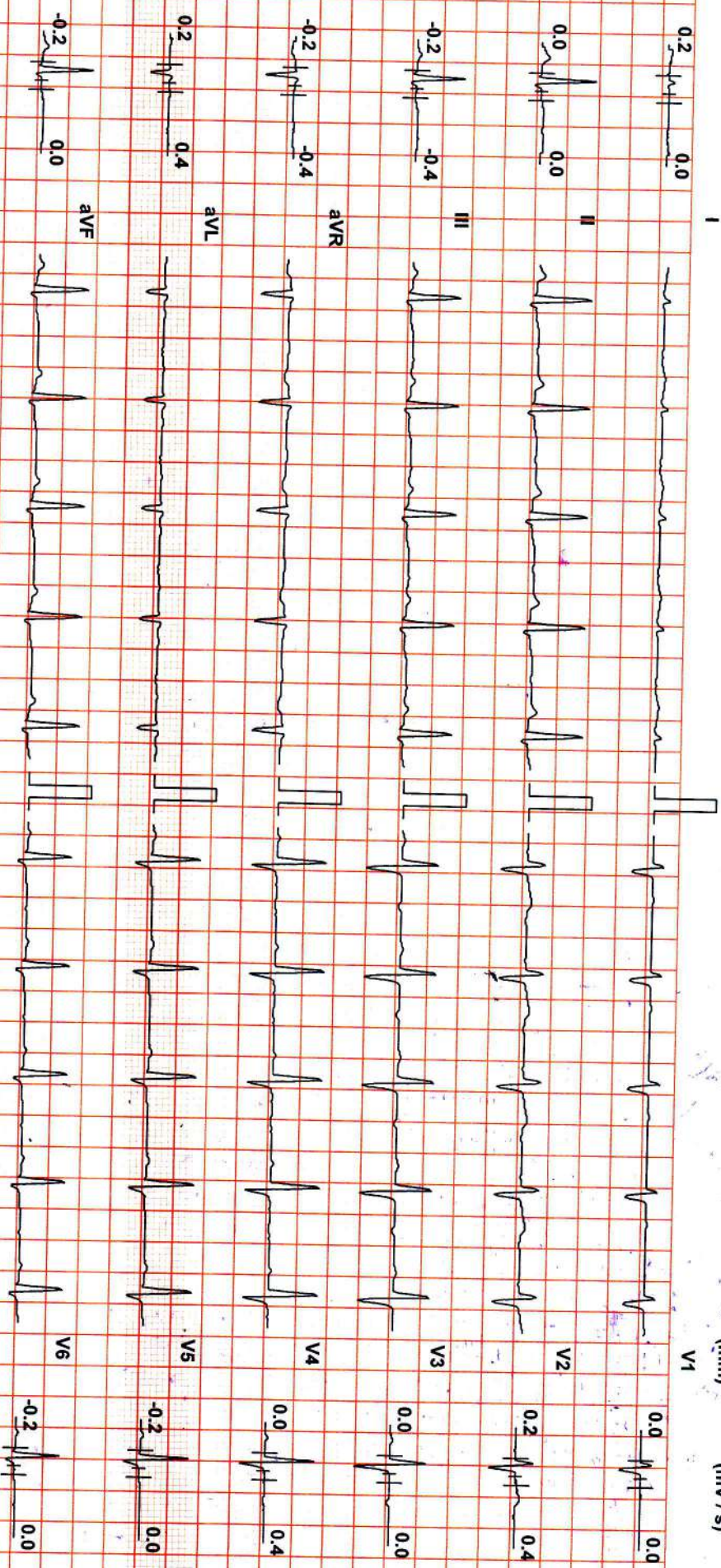


Chart Speed: 25 mm/sec
Schlier GS-20 V14

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LISHA JOHNNY (52 F)

ID: 26030

Date: 13-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 31 s

H.R.: 94 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 151 bpm)

B.P.: 110 / 70

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

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

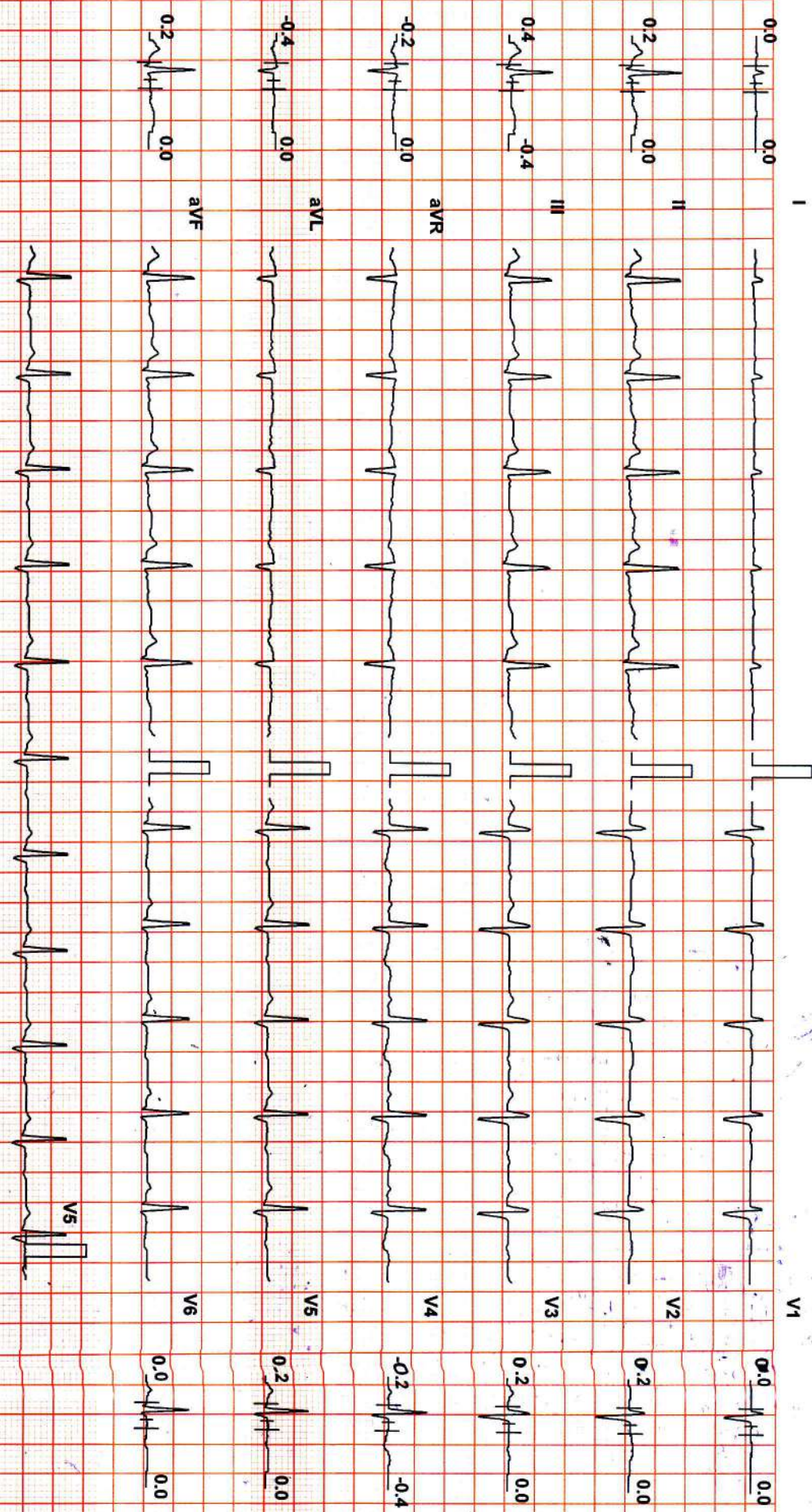


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

Isr = R - 60 ms

J = R + 60 ms

Psst J = J + 60 ms

LISHA JOHNY (52 F)

DJUK SKL

ID: 26030

Date: 13-Aug-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 137 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 151 bpm)

B.P: 110 / 70

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

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

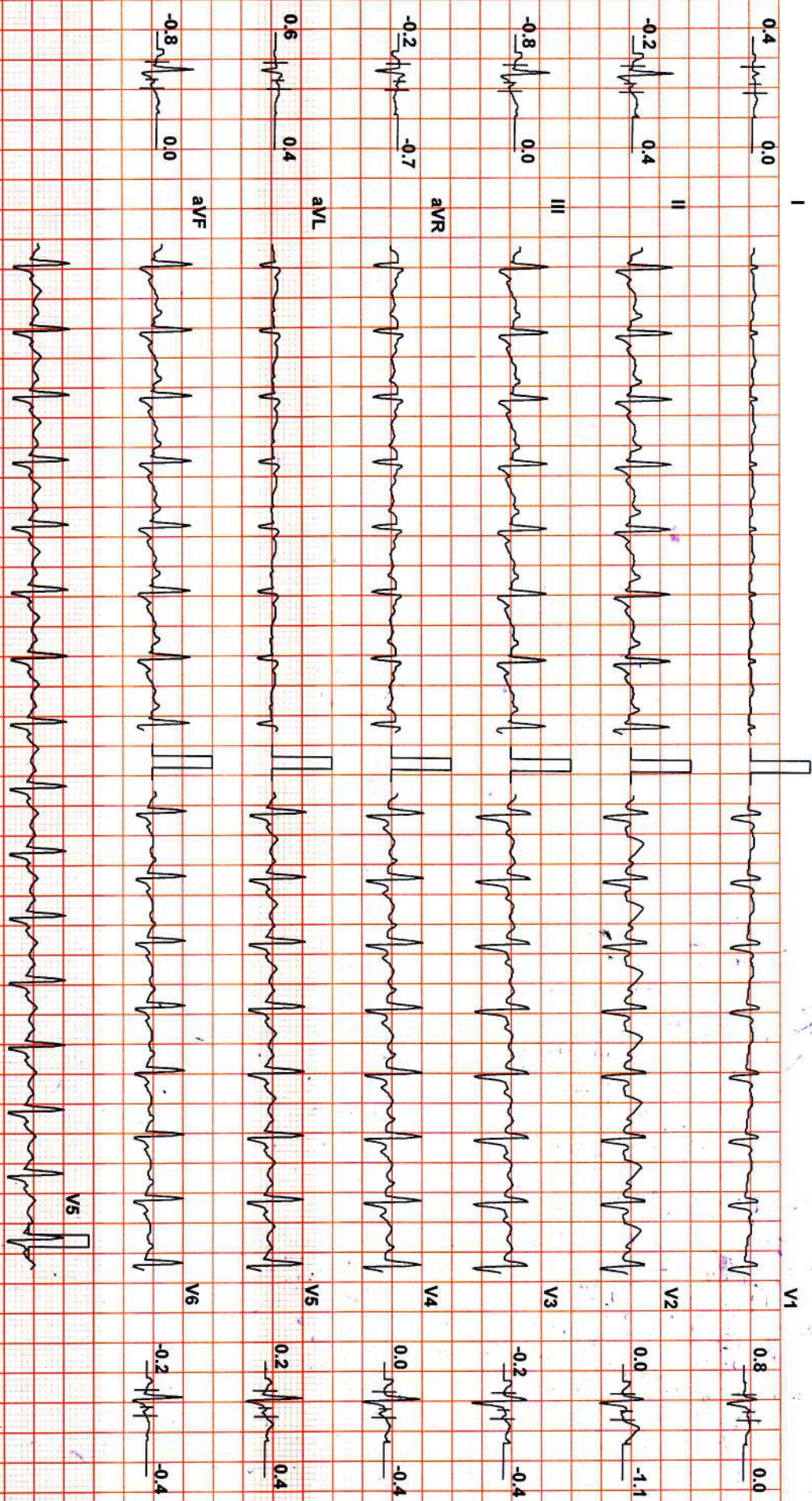


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

LISHA JOHNY (52 F)

ID: 26030

Date: 13-Aug-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 155 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 151 bpm)

B.P: 110 / 70

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

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

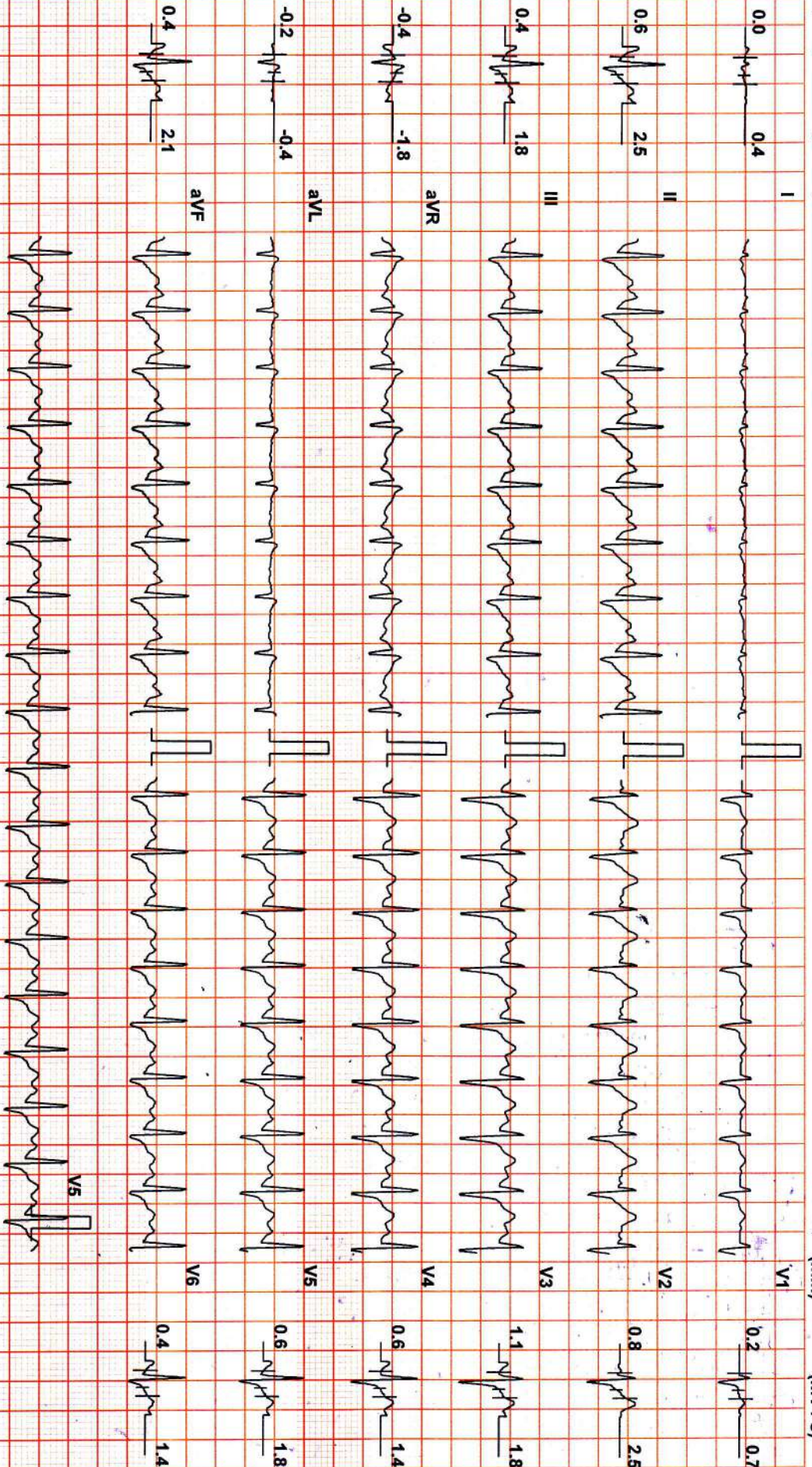


Chart Speed: 25 mm/sec
Schlifer Cs-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LISHA JOHNY (52 F)

DDRC SRL

Protocol: Bruce

ID: 26030

Date: 13-Aug-22

Exec Time : 6 m 12 s Stage Time : 0 m 12 s HR: 157 bpm

Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 151 bpm) B.P: 110 / 70

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

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

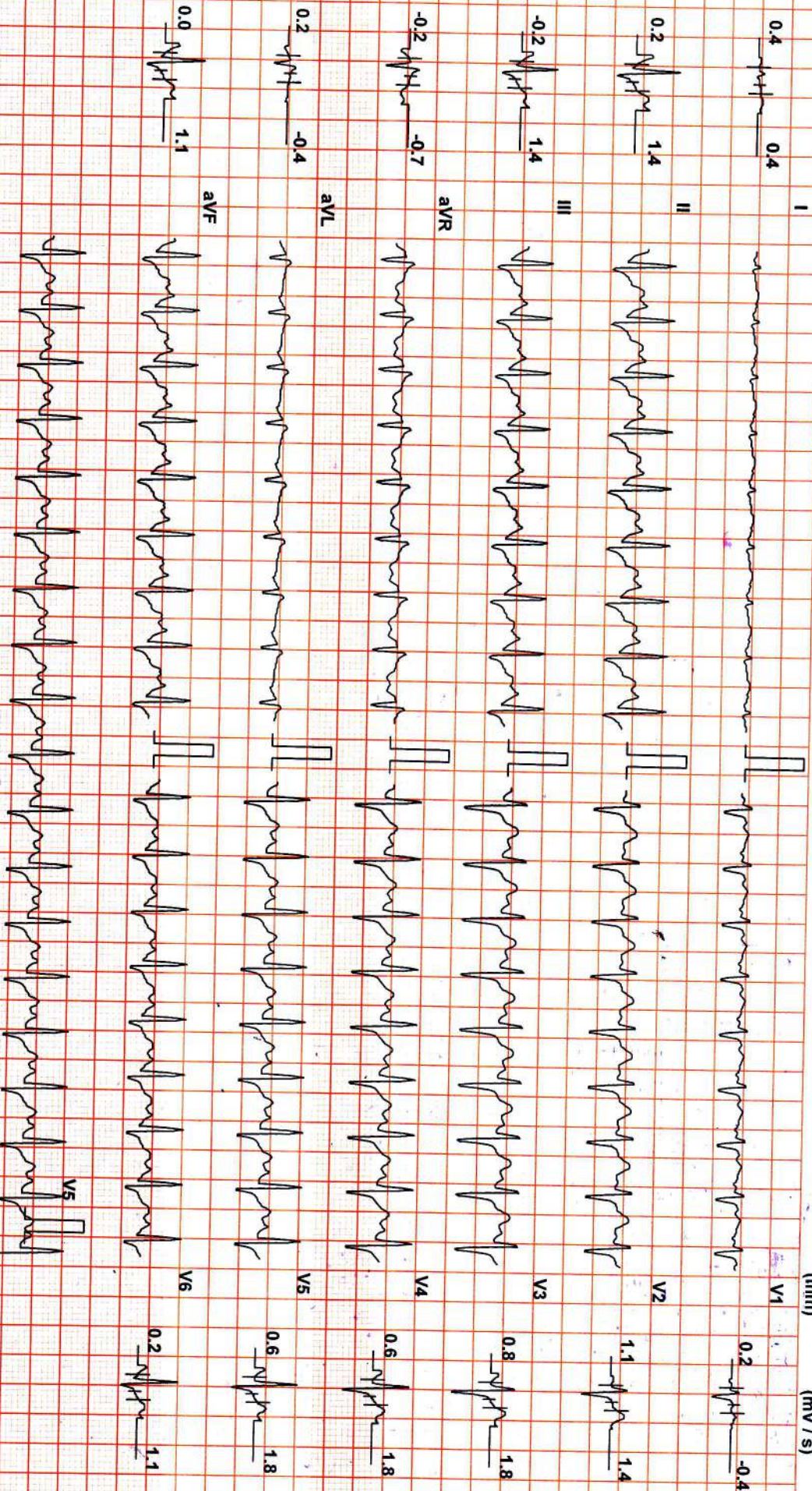


Chart Speed: 25 mm/sec
Schiller GS-20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LISHA JOHNY (52 F)

DDRC SRL

Protocol: Bruce

ID: 26030

Date: 13-Aug-22

Recovery : 2 m 0 s

Stage Time : 2 m 0 s

HR: 105 bpm

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

Stage: Recovery(1)

Speed: 0 Km/h

Grade: 0 %

(THR: 151 bpm)

B.P: 110 / 70

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

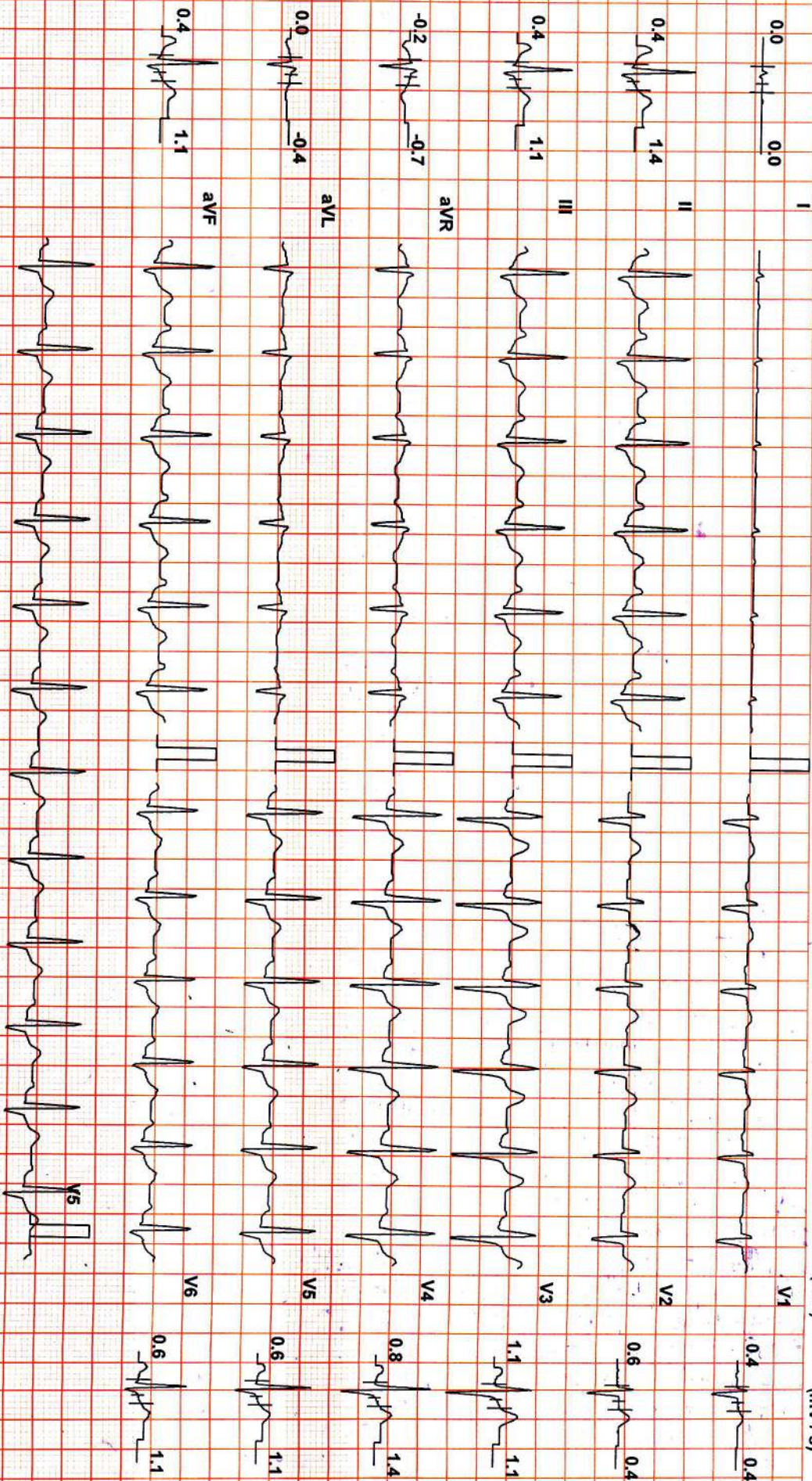


Chart Speed: 25 mm/sec
Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

LISHA JOHNY (52 F)

DDRC SRL

Protocol: Bruce

ID: 26030

Date: 13-Aug-22

Recovery : 4 m 0 s

Stage Time : 2 m 0 s

HR: 97 bpm

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0%

(THR: 151 bpm)

B.P: 110 / 70

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

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

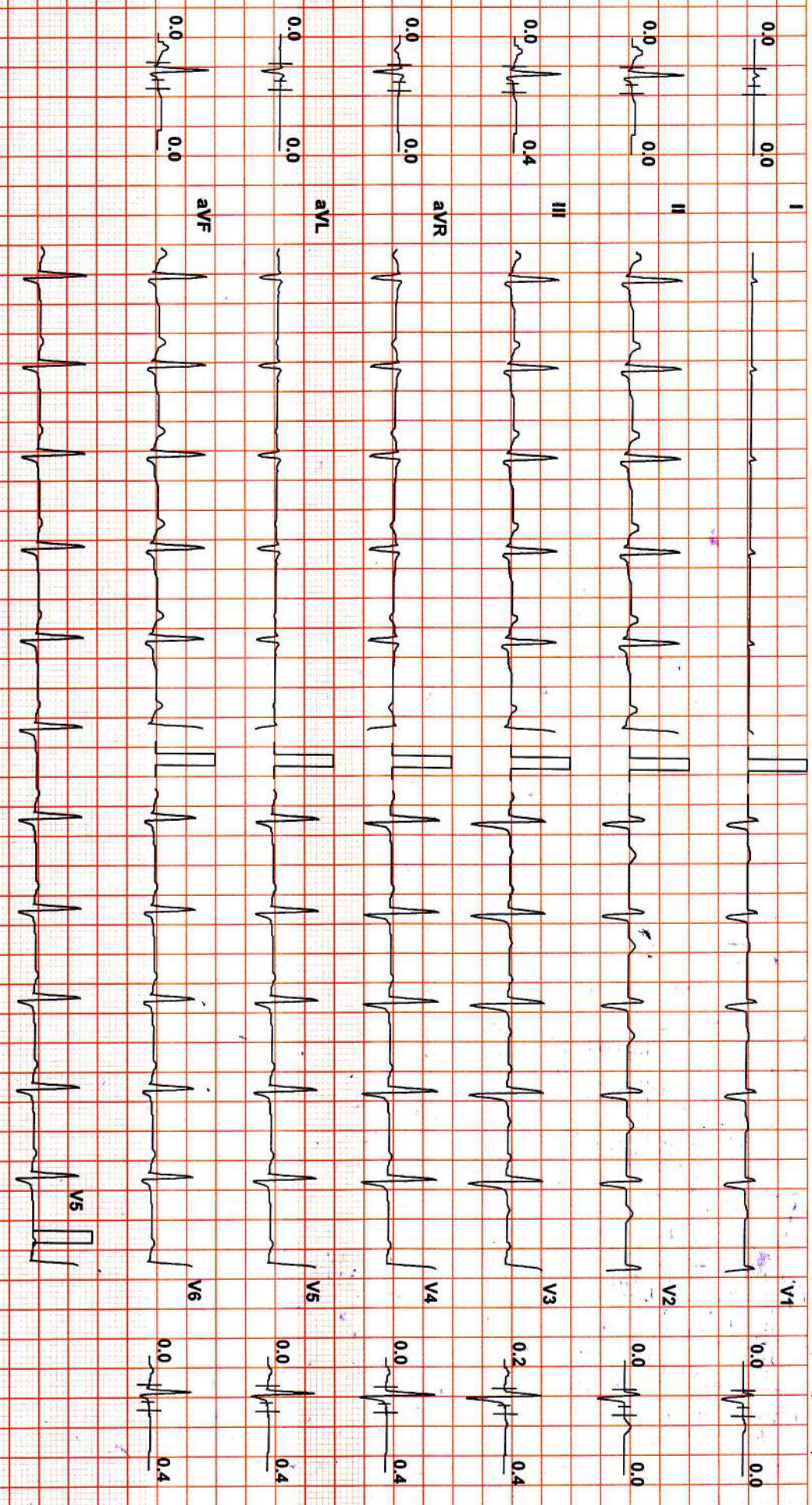


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LISHA JOHNY (52 F)

DDRC SRL

ID: 26030

Date: 13-Aug-22

Recovery : 6 m 0 s

Stage Time : 2 m 0 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 151 bpm)

B.P.: 110 / 70

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

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

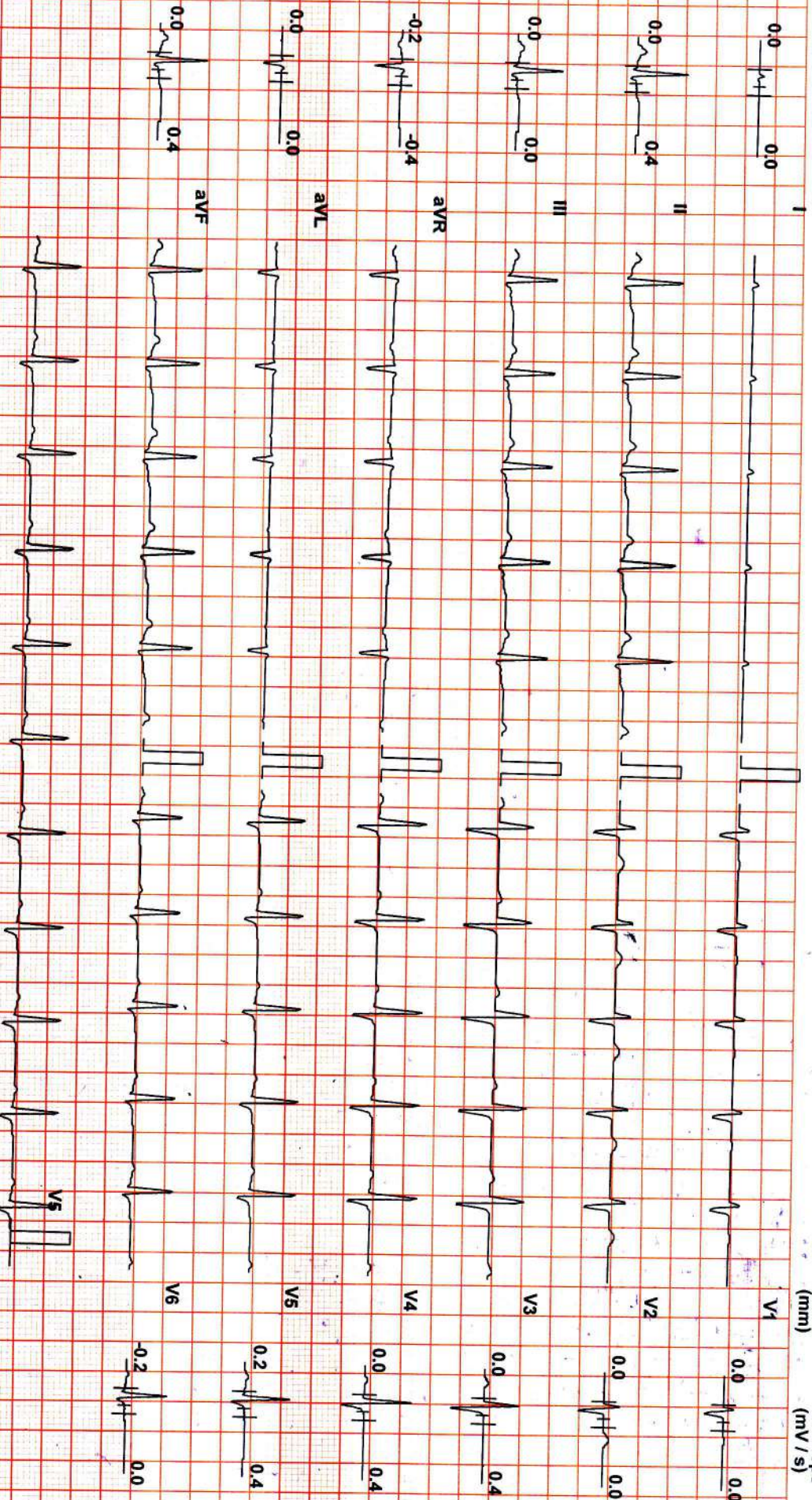


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

MICRO MED CHARTS

Patient Details

Name: LISHA JOHNY ID: 26030

Age: 52 y

Sex: F

Date: 13-Aug-22 Time: 11:26:31 AM

Height: 152 cms

Weight: 54 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 168 bpm

THR: 151 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 12 s

Max. HR: 157 (93% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 120 / 80 mmHg

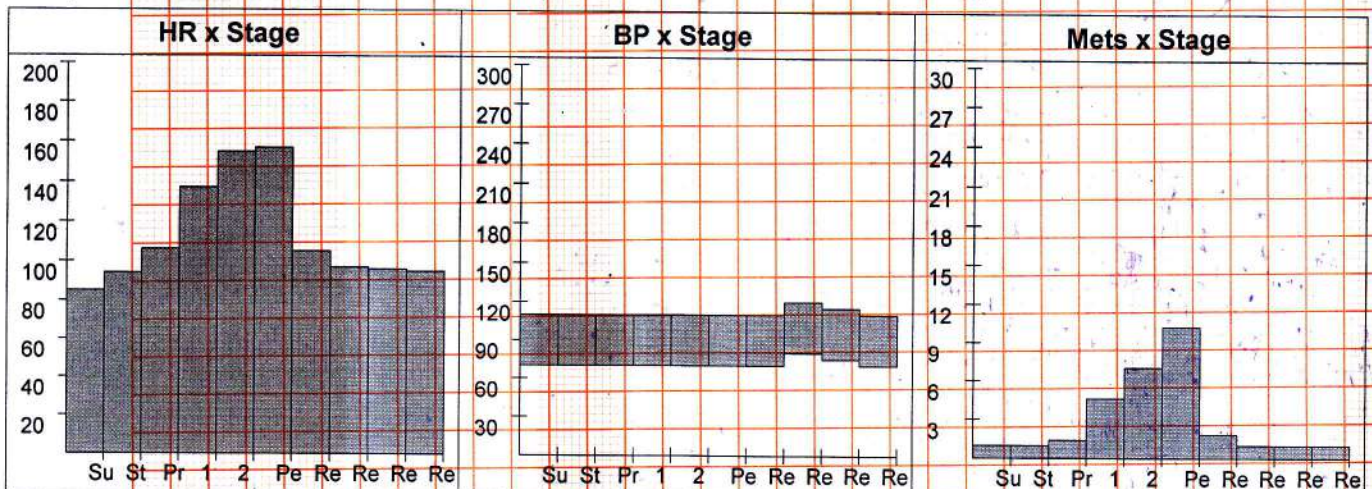
Max. BP x HR: 18840 mmHg/min

Min. BP x HR: 5950 mmHg/min

Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 30	1.0	0	0	85	110 / 70	-0.21 III	-0.35 III
Standing	0 : 31	1.0	0	0	94	110 / 70	-5.31 I	-5.66 aVR
1	3 : 0	4.6	2.7	10	137	110 / 70	-0.85 III	2.83 V4
2	3 : 0	7.0	4	12	155	110 / 70	-0.85 aVR	3.89 V2
Peak Ex	0 : 12	10.2	5.4	14	157	110 / 70	-0.42 aVR	2.48 II
Recovery(1)	2 : 0	1.8	1.6	0	105	110 / 70	-1.06 aVR	2.83 V2
Recovery(2)	2 : 0	1.0	0	0	97	120/80	-1.70 V5	1.42 II
Recovery(3)	2 : 0	1.0	0	0	96	115/75	-0.21 II	0.71 V4
Recovery(4)	0 : 13	1.0	0	0	95	110 / 70	-1.06 aVR	1.77 I



DDRC SRL

Patient Details

Date: 13-Aug-22 Time: 11:26:31 AM
Name: LISHA JOHNY ID: 26030
Age: 52 y Sex: F Height: 152 cms Weight: 54 Kgs

Interpretation

Exercised upto 6 minutes 12 sec
no angina
no arrhythmias
no ST depression
TMT negative for inducible ischemia

Dr. PRANOD. V. K.
MD(Medicine), DM(Card)
Reg. No: 27265
Commissioner of Health Services
Kerala
13/8/22



Lisha Johnny
Signature AD

Ref. Doctor: -----

Doctor: -----

(Summary Report edited by user)