

Customer Name	MRS.NIVEDHA	Customer ID	MED111391702
Age & Gender	27Y/FEMALE	Visit Date	24/11/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 165 cms  
Weight : 565 kg

BP: 120/70 mmhg  
Pulse: 76/ min, regular

Systemic Examination:

CVS: S1 S2 heard;  
RS : NVBS +.  
Abd : Soft.  
CNS : NAD

Blood report:

All blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

TMT – Normal study.

USG whole abdomen - Fatty liver

Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/9	6/9
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

USG whole abdomen - Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test – Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM  
MHC Physician Consultant

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Name : Mrs. NIVEDHA  
PID No. : MED111391702  
SID No. : 222020133  
Age / Sex : 27 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 24/11/2022 9:16 AM  
Collection On : 24/11/2022 10:21 AM  
Report On : 24/11/2022 5:37 PM  
Printed On : 25/11/2022 11:41 AM



**Investigation**

**BLOOD GROUPING AND Rh TYPING**

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

**Observed Value**      **Unit**      **Biological Reference Interval**

'A' 'Positive'

Haemoglobin (EDTA Blood/Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.0	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.42	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.4	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.41	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5750	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	56.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.5	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.6	%	01 - 06

**DR. GURUPRIYA J**  
PATHOLOGIST  
Reg No : 13-48036

VERIFIED BY

**Dr. E. Saravanan M D (Path)**  
Consultant Pathologist  
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.27	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.98	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.09	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	313	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	28	mm/hr	< 20
BUN / Creatinine Ratio	12.74		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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 Consultant Pathologist  
 Reg No : 75347

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**Investigation**

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

	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	95.5	mg/dL	70 - 140

**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)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.62	mg/dL	0.6 - 1.1

**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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.2	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.12	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.29	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.83	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.6	U/L	5 - 41

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.6	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	52.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.03	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.94	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	162.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	90.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
HDL Cholesterol (Serum/Immunoinhibition)	45.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

**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.

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	99.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	18.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	117.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 220
<b>INTERPRETATION:</b> 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)	3.6		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
<b>INTERPRETATION:</b> If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control $\geq$ 8.1 %			

  
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**Investigation**

Estimated Average Glucose  
 (Whole Blood)

**Observed Value**  
 99.67

**Unit**  
 mg/dL

**Biological Reference Interval**

**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 glycemc 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

(Serum/Chemiluminescent Immunometric Assay (CLIA))

1.02 ng/ml

0.7 - 2.04

**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

(Serum/Chemiluminescent Immunometric Assay (CLIA))

9.29 µg/dl

4.2 - 12.0

**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)

(Serum/Chemiluminescent Immunometric Assay (CLIA))

2.86 µIU/mL

0.35 - 5.50

**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 &lt; 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</u>			
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	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.

  
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-- End of Report --

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Age & Gender	27Y/F	Visit Date	Nov 24 2022 9:13AM
Ref Doctor	MediWheel		

**X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- *Chest x-ray shows no significant abnormality.*

*R. S. Ramakrishnan*  
Dr. Rama Krishnan. MD, DNB.,  
Consultant Radiologist,  
Medall Healthcare Pvt Ltd.



Customer Name	MRS.NIVEDHA	Customer ID	MED111391702
Age & Gender	27Y/FEMALE	Visit Date	24/11/2022
Ref Doctor	MediWheel		

## **SONOGRAM REPORT**

### **WHOLE ABDOMEN**

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.9 x 4.6 cm.

The left kidney measures 10.4 x 6.2 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 8.6 x 4.7 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 9.3 mm.



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The right ovary measures 3.9 x 2.1 cm.

The left ovary measures 2.9 x 1.9 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- Fatty liver.
- Normal study of other organs.



**DR. UMALAKSHMI**  
**SONOLOGIST**



Medall Healthcare Pvt Ltd

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

<b>Customer Name</b>	<b>MRS.NIVEDHA</b>	<b>Customer ID</b>	<b>MED111391702</b>
<b>Age &amp; Gender</b>	<b>27Y/FEMALE</b>	<b>Visit Date</b>	<b>24/11/2022</b>
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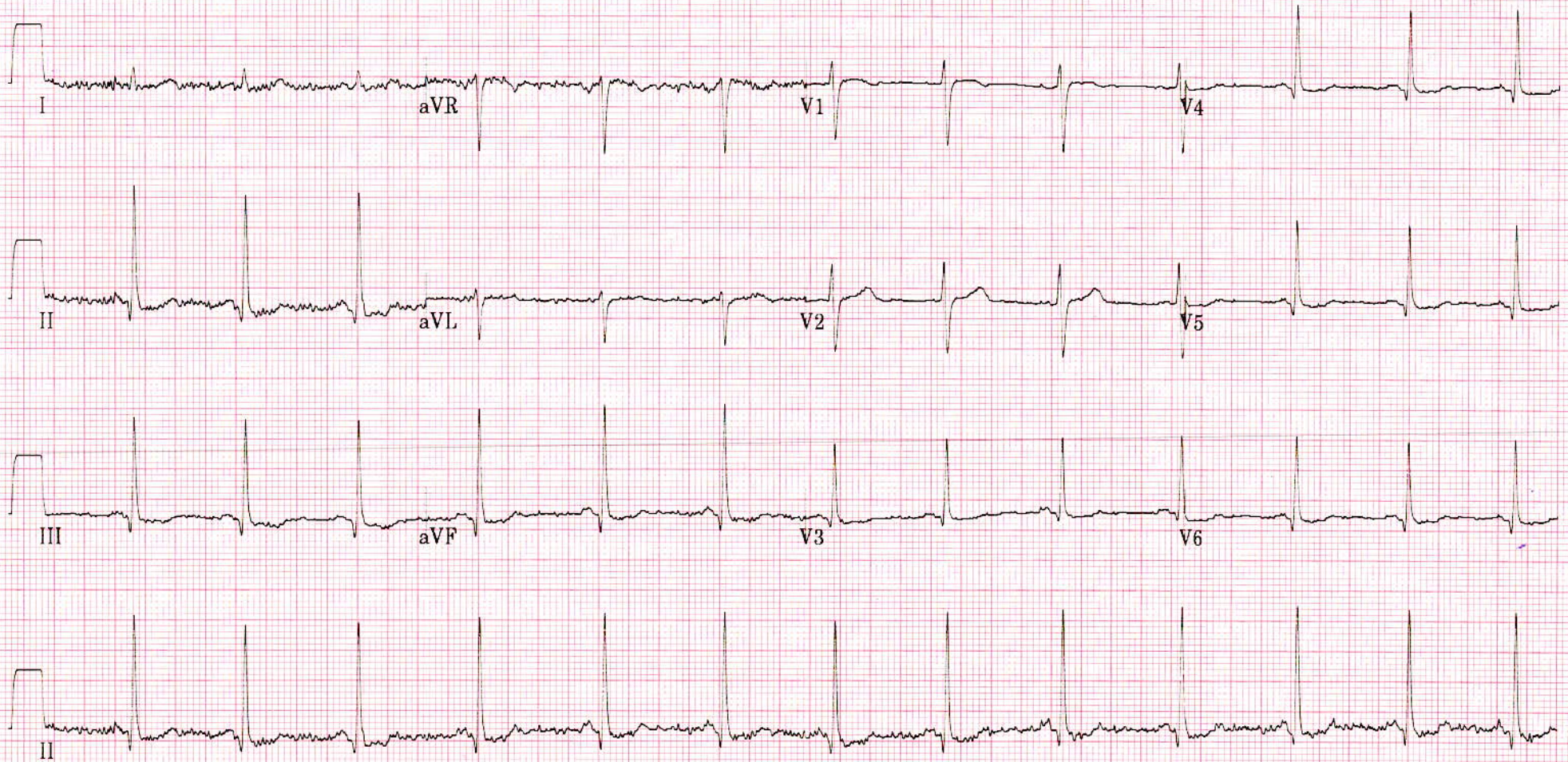
27years  
Female

Vent. rate 79 bpm  
PR interval 116 ms  
QRS duration 80 ms  
QT/QTc 348/399 ms  
P-R-T axes 61 82 4

\*\*\* Poor data quality, interpretation may be adversely affected  
Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

Test ind:

Unconfirmed



MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:35:21

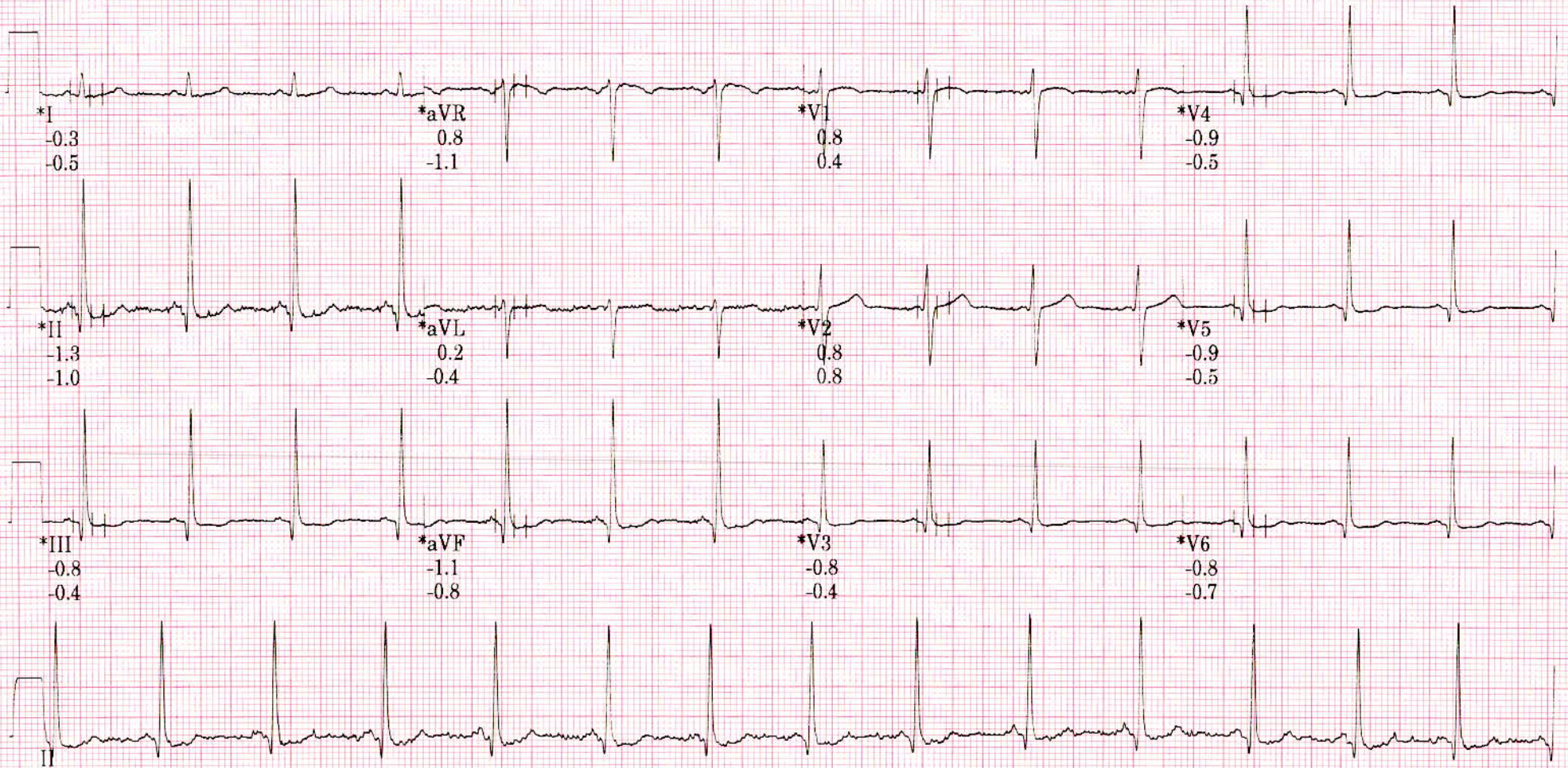
86bpm  
BP: 120/70

PRETEST  
SUPINE  
0:48

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

0

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:35:36

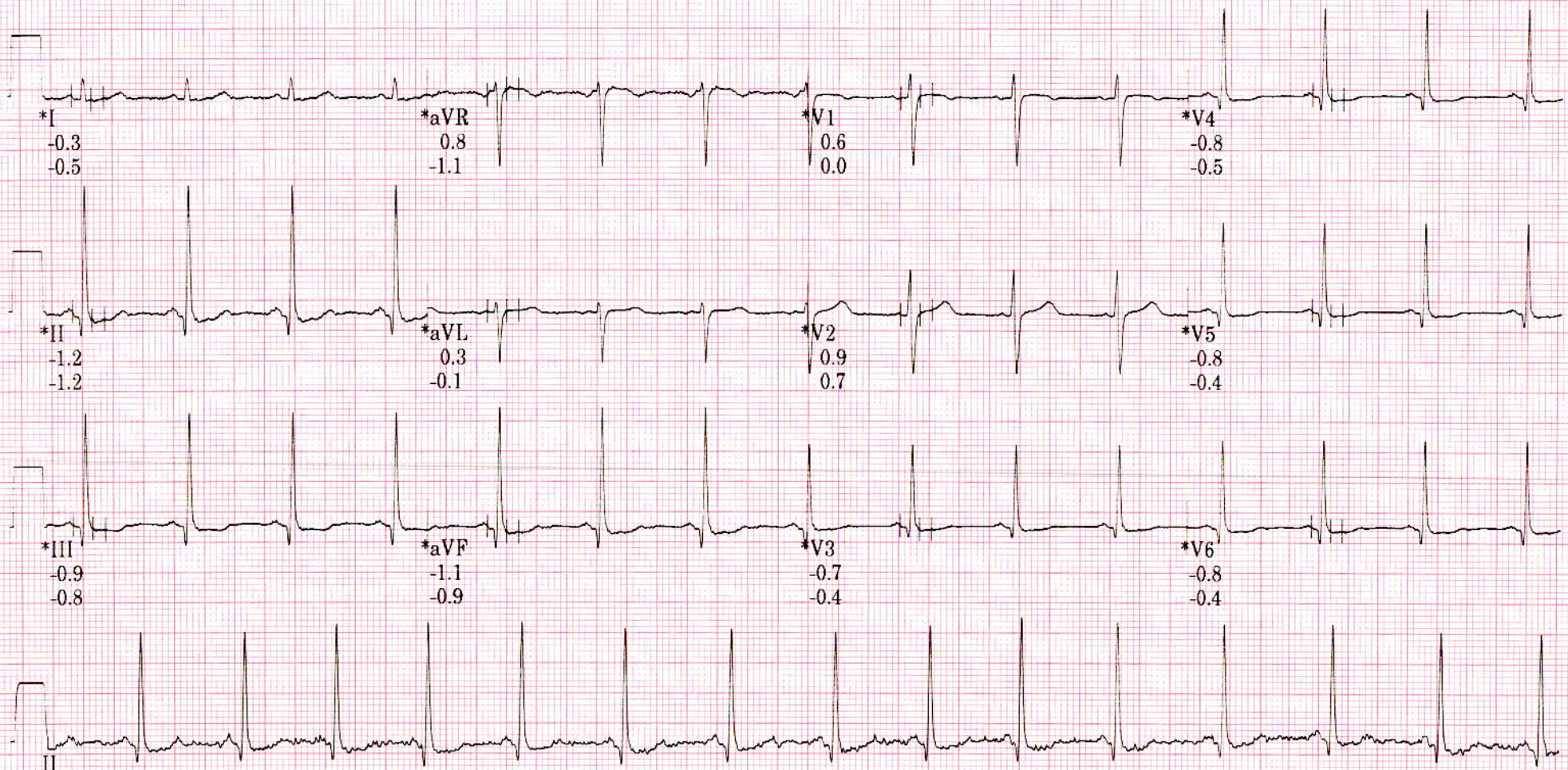
88bpm  
BP: 120/70

PRETEST  
STANDING  
1:03

BRUCE  
\*\* \*mph  
\*\* \*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

0



MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:35:51

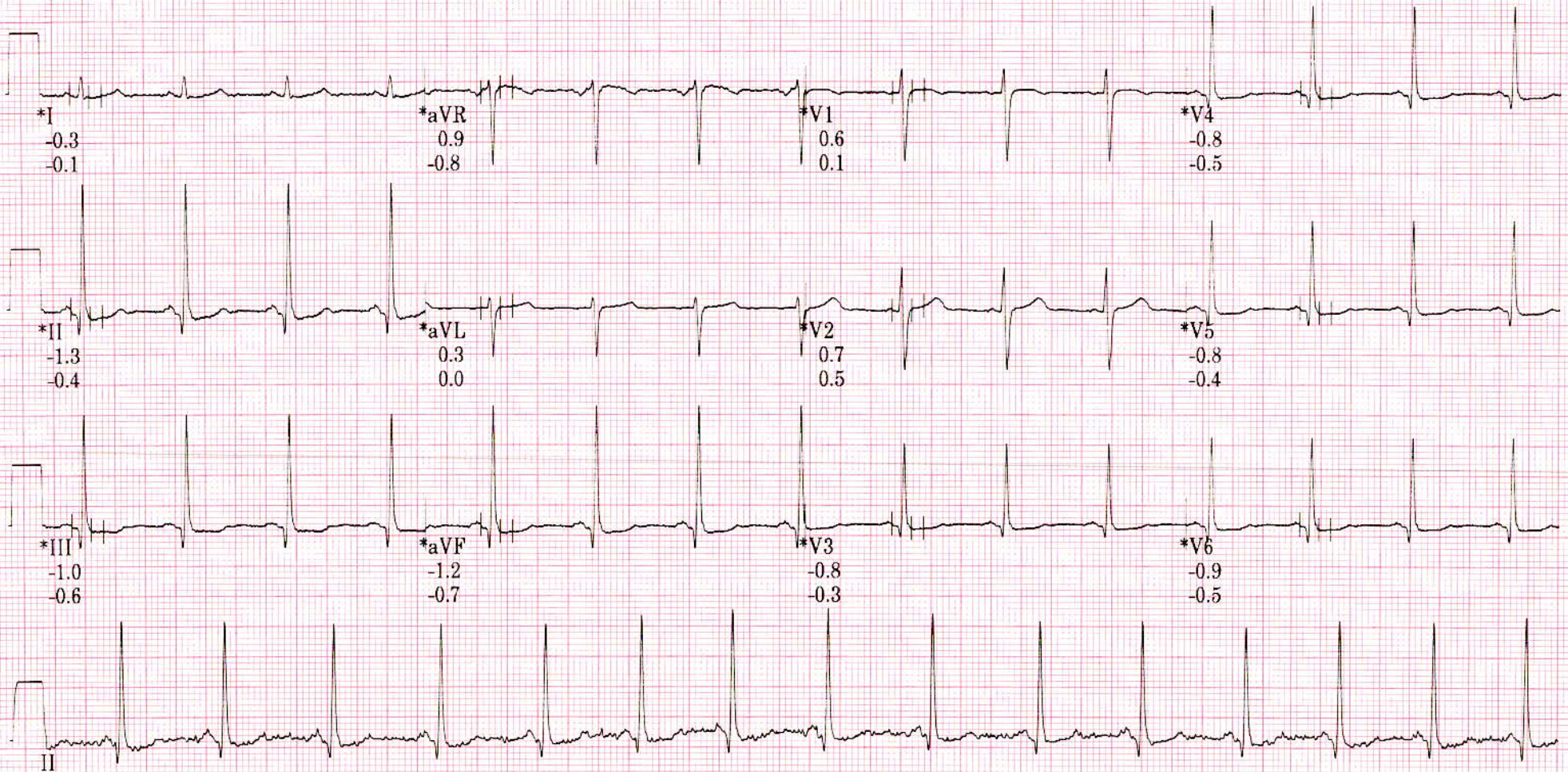
89bpm  
BP: 120/70

PRETEST  
HYPERVENT  
1:18

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:39:01

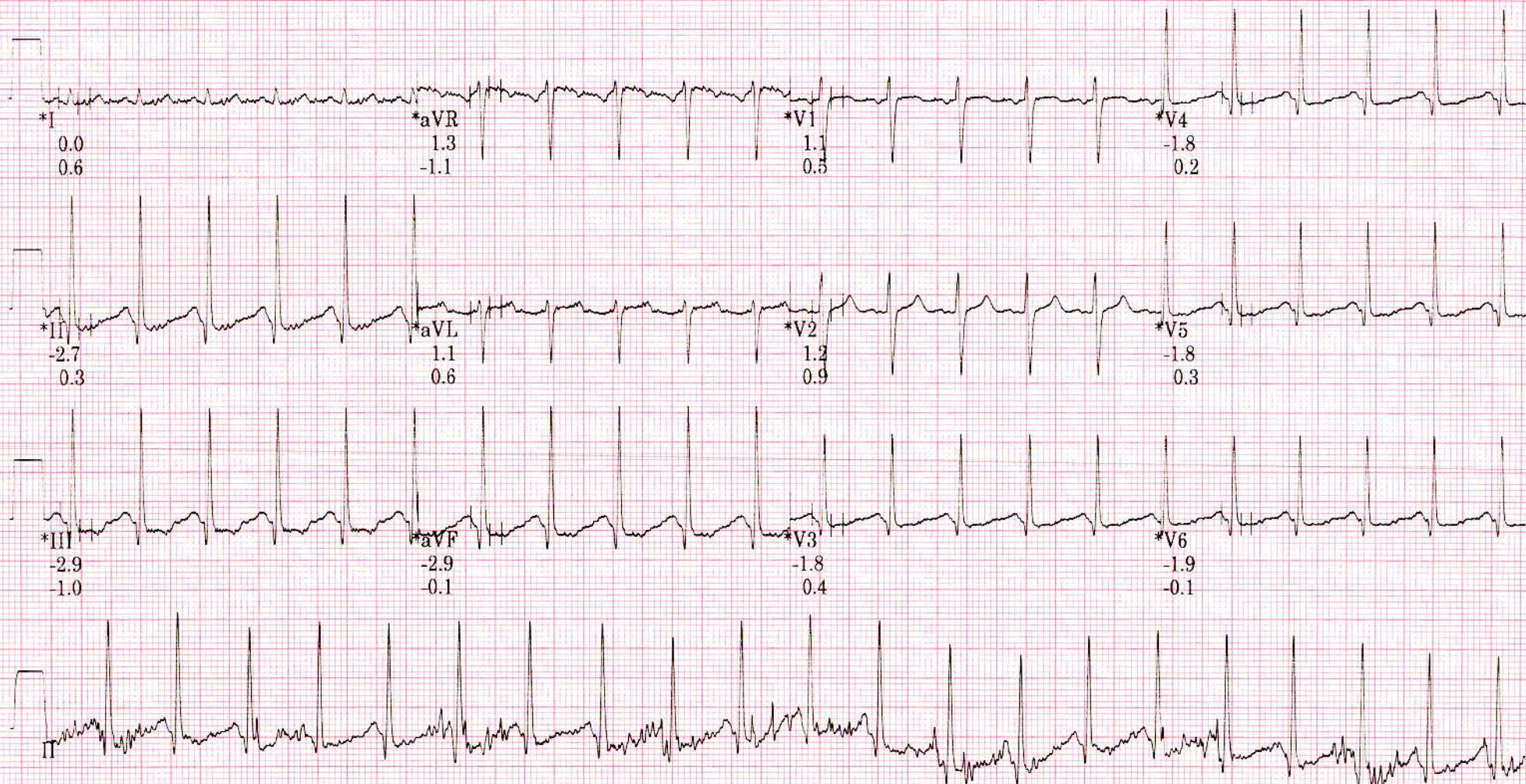
130bpm

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:42:01

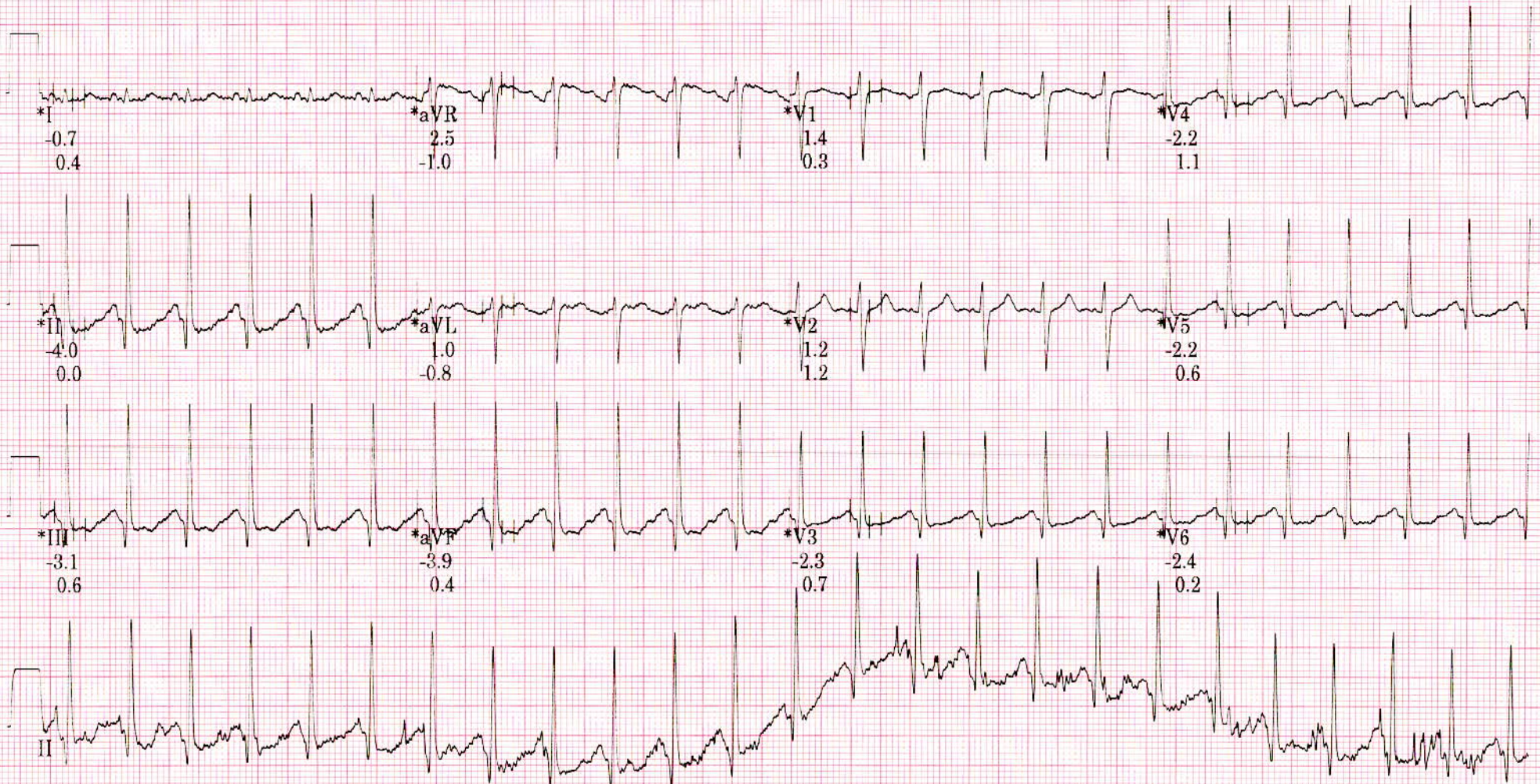
146bpm

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

0

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:43:06

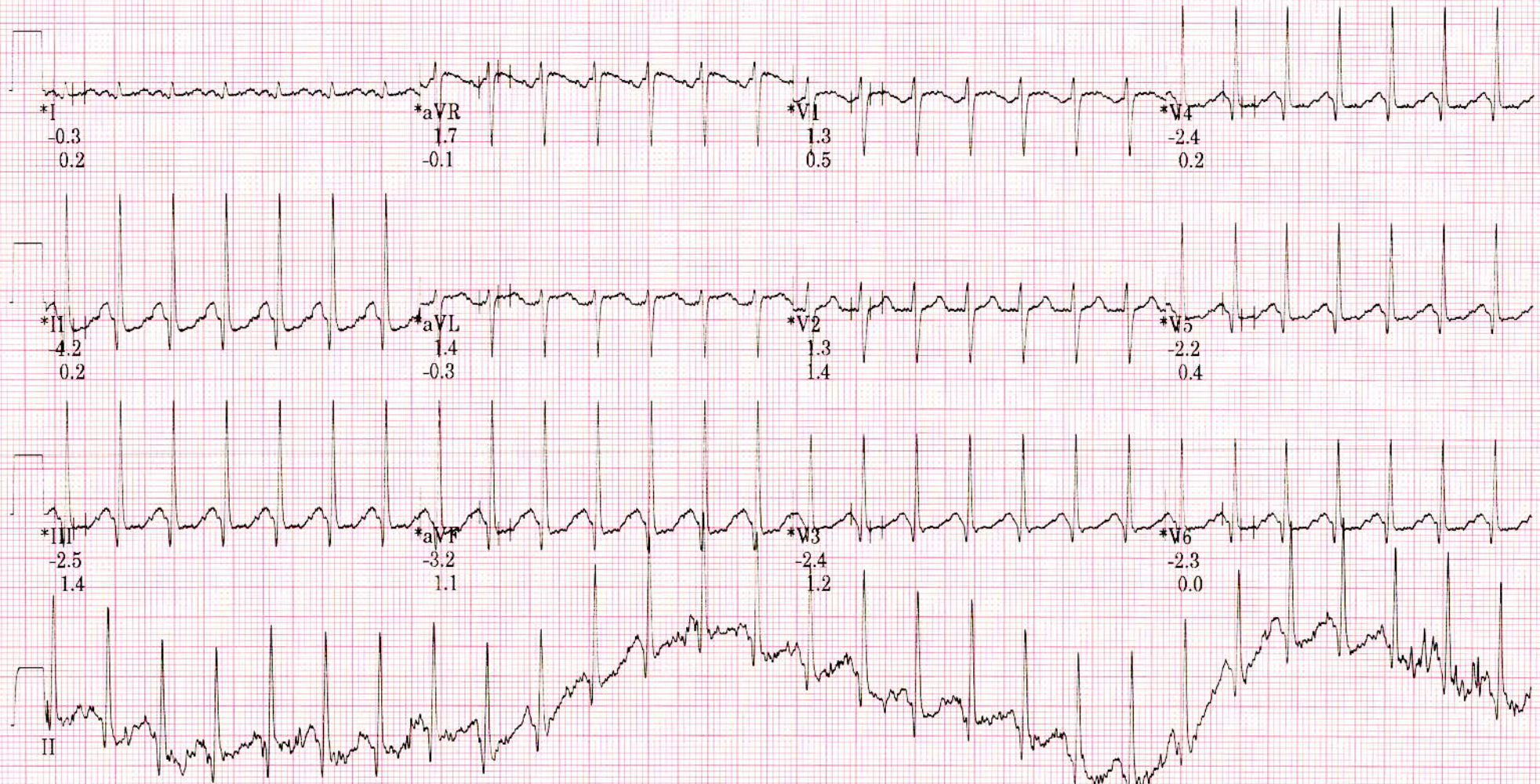
168bpm

EXERCISE  
STAGE 3  
6:55

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:44:06

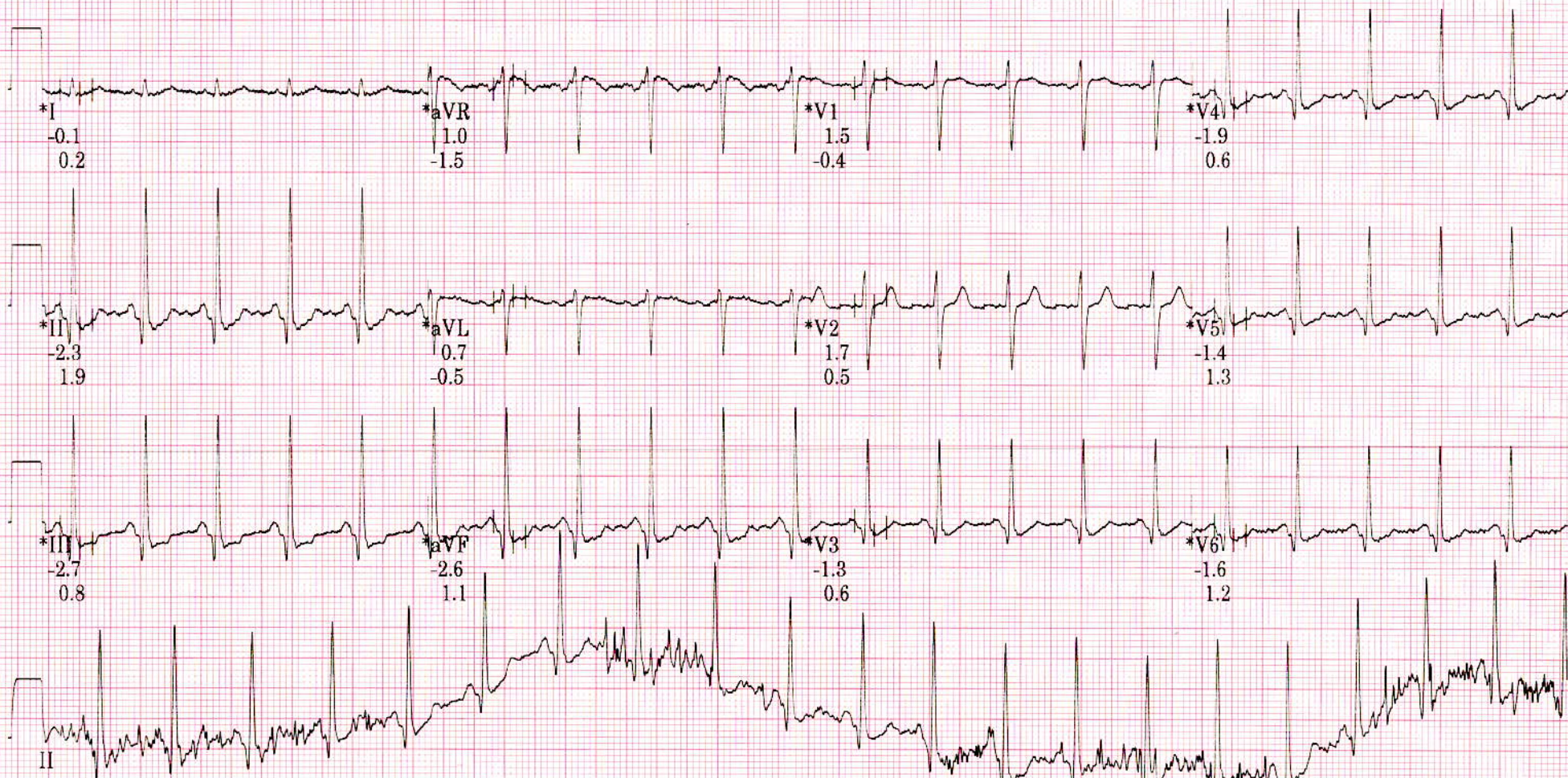
127bpm

RECOVERY  
RECOVERY  
1:00

BRUCE  
\*\*\*mph  
\*\*:%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:45:06

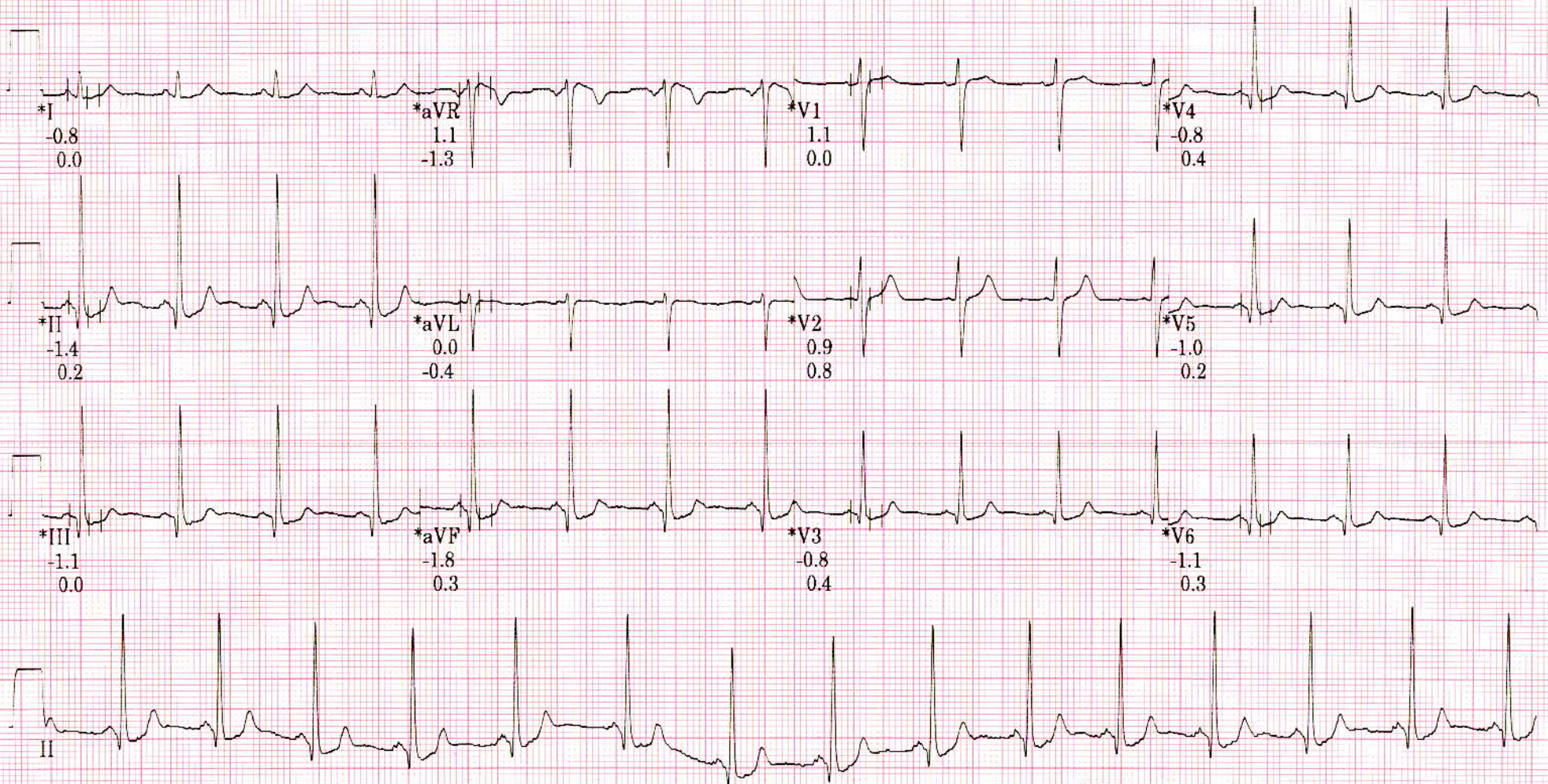
93bpm

RECOVERY  
RECOVERY  
2:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:46:06

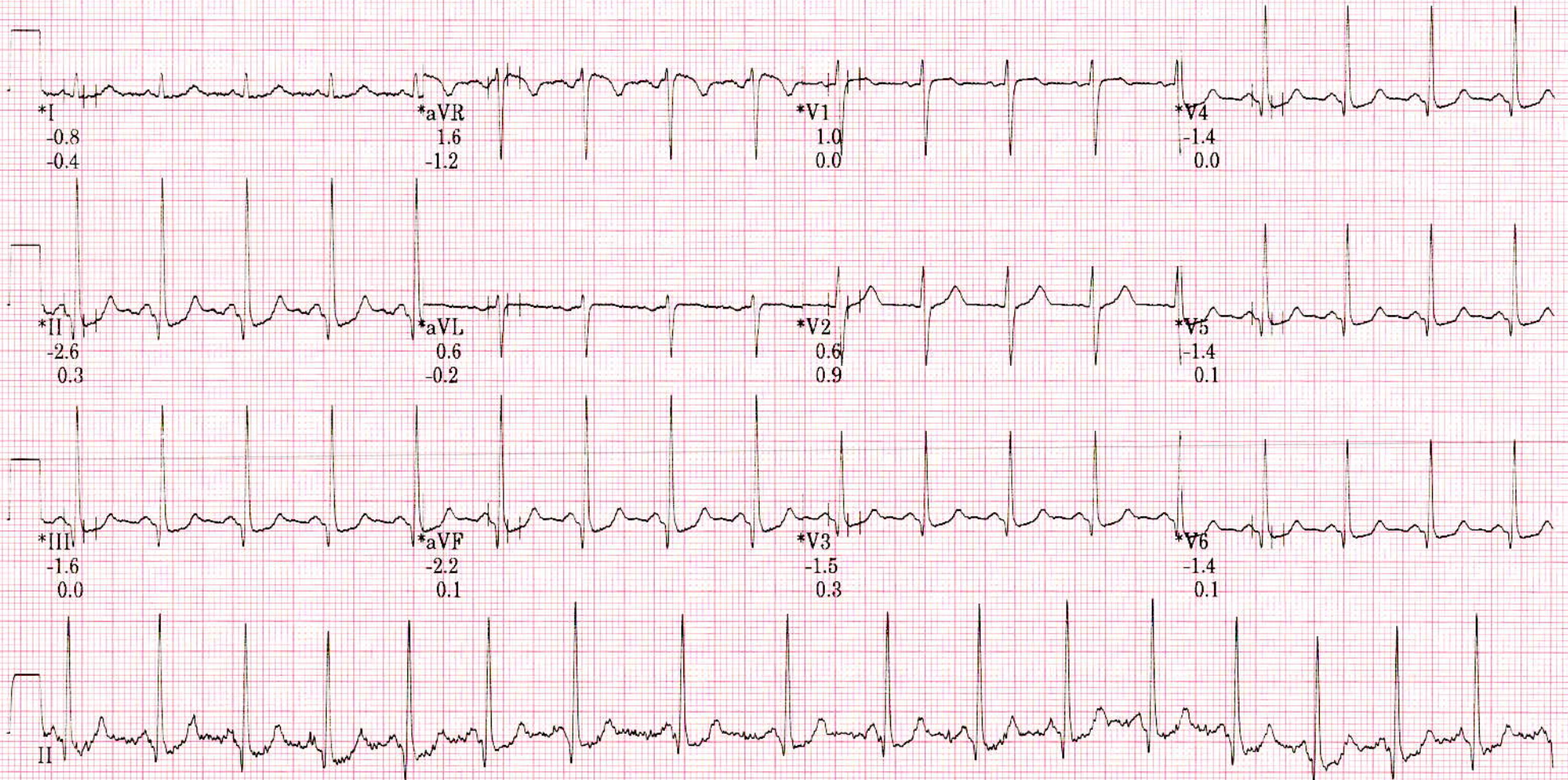
107bpm

RECOVERY  
RECOVERY  
3:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

0

MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:47:06

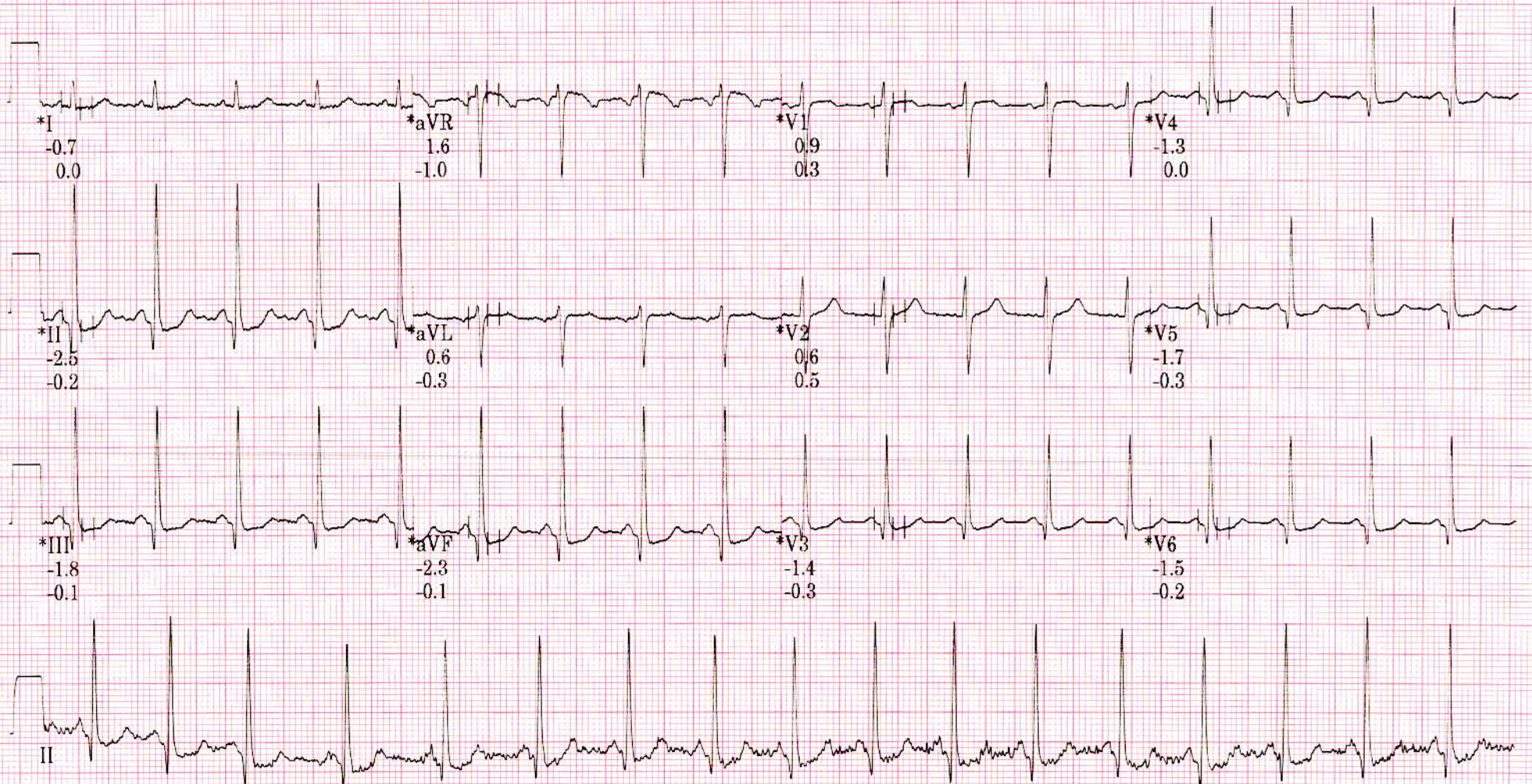
109bpm

RECOVERY  
RECOVERY  
4:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

0



MRS NIVEDHA, G  
ID: 111391702  
24-Nov-2022  
11:48:06

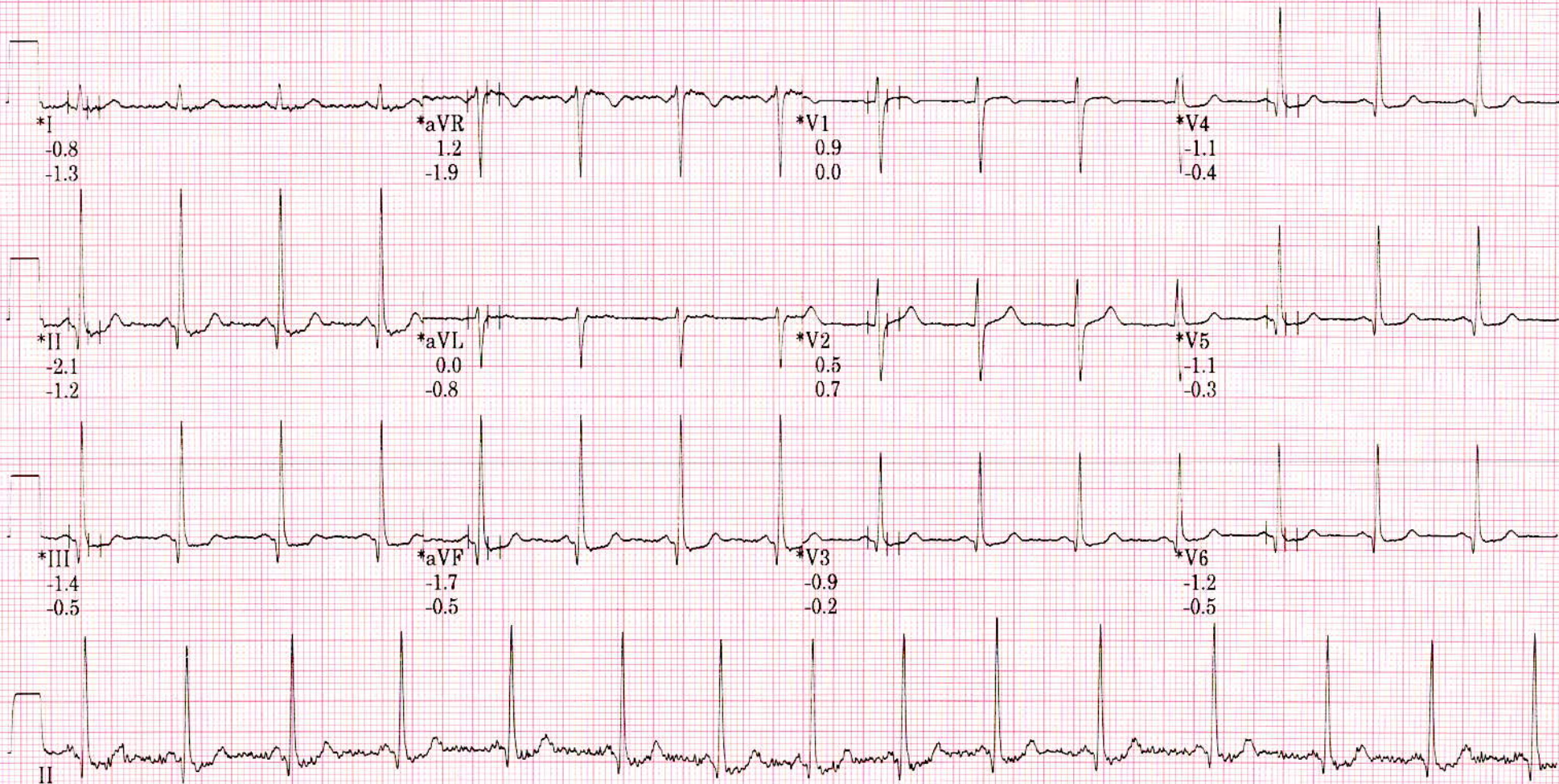
90bpm

RECOVERY  
RECOVERY  
5:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

0

SELECTED MEDIANS REPORT

MRS NIVEDHA, G  
ID: 111391702

27years

Female

BRUCE

Max HR: 168bpm 87% of max predicted 193bpm

Max BP: 120/80

Total Exercise time: 6:55

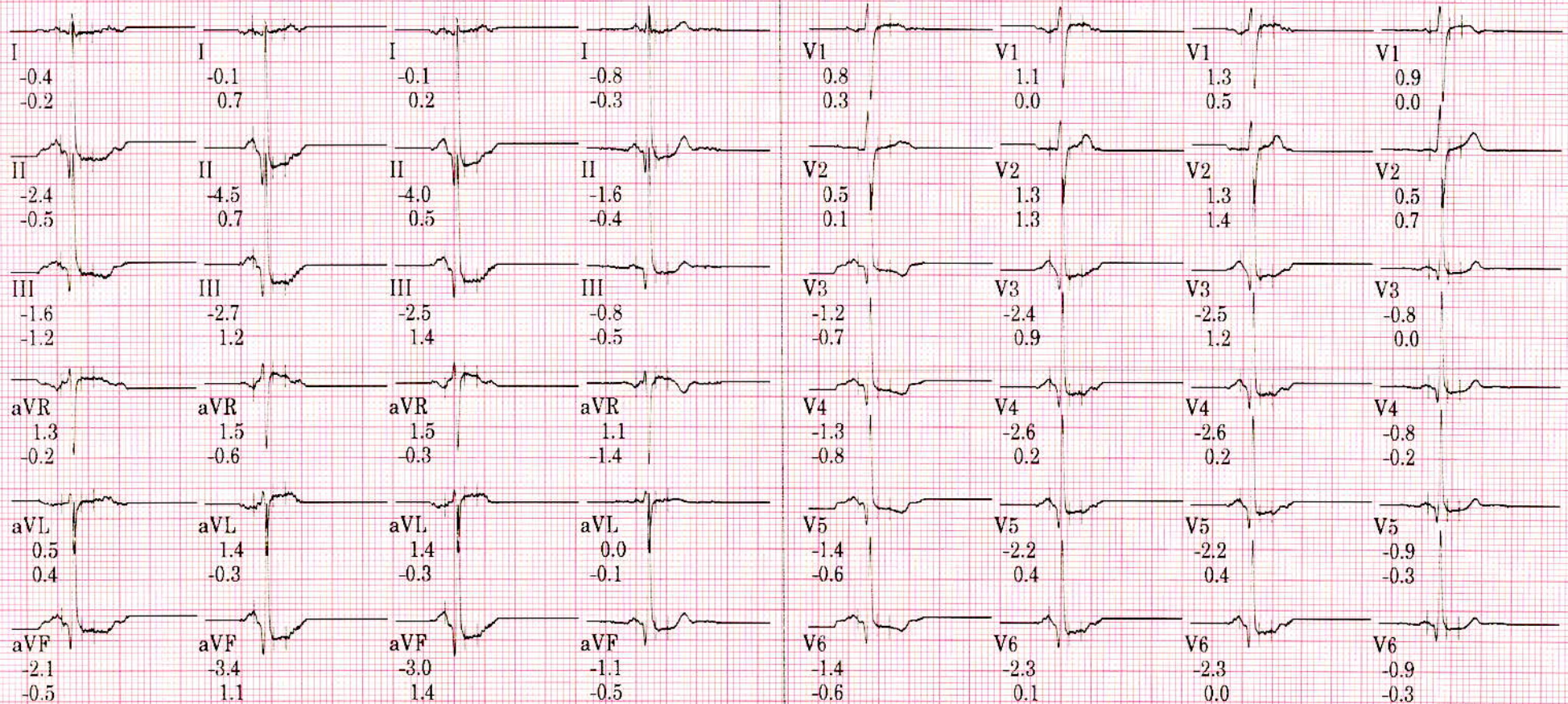
Maximum workload: 8.4METS

25.0 mm/s  
10.0 mm/mV  
100hz

24-Nov-2022  
11:34:34

Test ind:

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
0:00	0:04	6:55	5:15	0:00	0:04	6:55	5:15
117bpm	168bpm	168bpm	94bpm	117bpm	168bpm	168bpm	94bpm
BP: 120/70				BP: 120/70			



Unconfirmed

PRECISION DIAGNOSTIC CENTRE

MAC55 009C

Lead  
ST(mm)  
Slope(mV/s)

GRADED EXERCISE SUMMARY

MRS NIVEDHA, G

ID: 111391702

27years

Female

BRUCE

Max HR: 168bpm 87% of max predicted 193bpm

Max BP: 120/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 6:55

Maximum workload: 8.4METS

25.0 mm/s

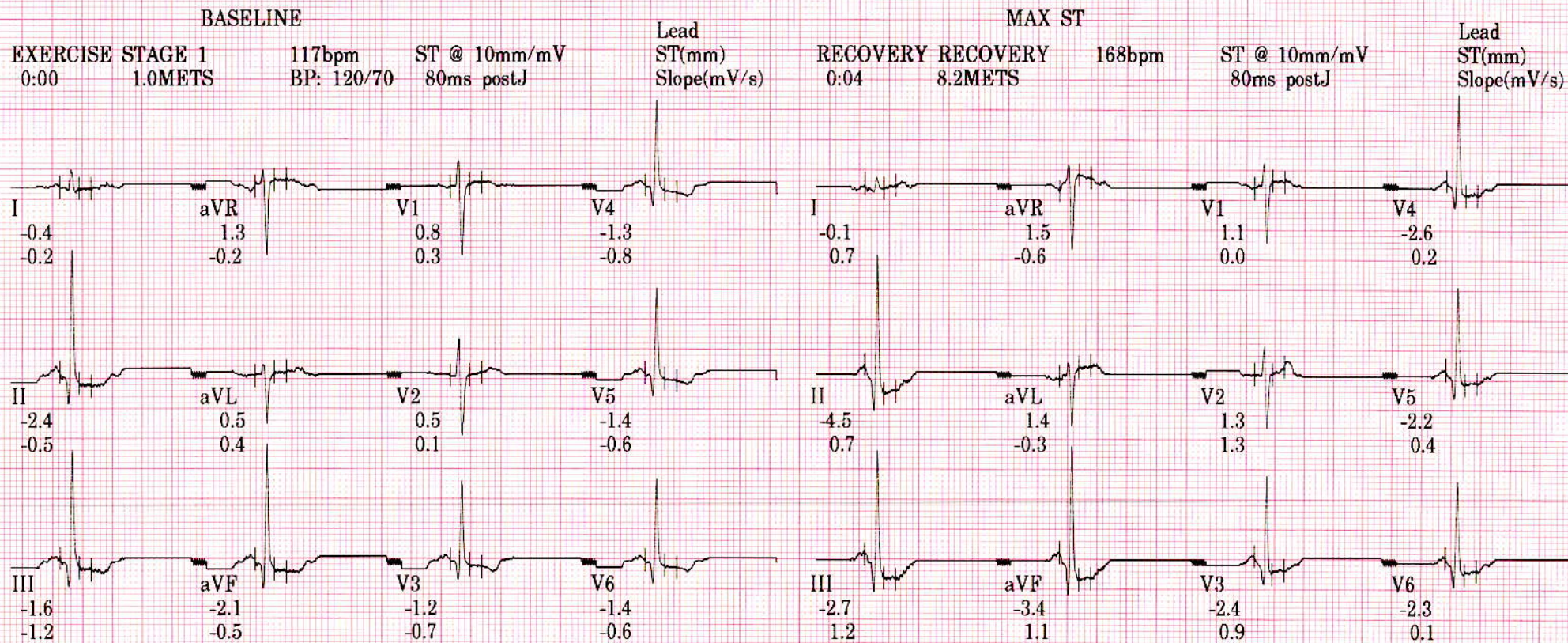
10.0 mm/mV

100hz

24-Nov-2022

11:34:34

Test ind:



TABULAR SUMMARY REPORT

MRS NIVEDHA, G  
ID: 111391702

27years

Female

24-Nov-2022  
11:34:34

BRUCE

Max HR: 168bpm 87% of max predicted 193bpm

Max BP: 120/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 6:55

Maximum workload: 8.4METS

25.0 mm/s  
10.0 mm/mV  
100hz

Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:01	***	***	1.0	89	120/70	107
	STANDING	0:15	***	***	1.0	92	120/70	110
	HYPERVENT	0:21	***	***	1.0	117	120/70	140
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	123		
	STAGE 2	3:00	2.5	12.0	7.0	148		
	STAGE 3	0:55	3.4	14.0	8.4	168		
RECOVERY	RECOVERY	5:15	***	***	1.0	94		

TMT: Negative for exercise inducible ischaemia.  
at 8.4 METS workload.

  
Dr. Anand Shanaraj  
Reg No: 51510

Unconfirmed

SELECTED MEDIANS REPORT

MRS NIVEDHA, G  
ID: 111391702

27years

Female

24-Nov-2022  
11:34:34

BRUCE

Max HR: 168bpm 87% of max predicted 193bpm

Max BP: 120/80

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 6:55

Maximum workload: 8.4METS

25.0 mm/s

10.0 mm/mV

100hz

Test ind:

