

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. CHAUHAN MONICA
EC NO.	165768
DESIGNATION	RISK MANAGEMENT
PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
BIRTHDATE	17-08-1979
PROPOSED DATE OF HEALTH CHECKUP	19-02-2024
BOOKING REFERENCE NO.	23M165768100090048E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

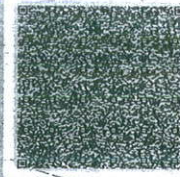
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BLUPS3309C



नाम / Name
MONICA CHAUHAN

पिता का नाम / Father's Name
ASHOK KUMAR

जन्म की तिथि /
Date of Birth
17/08/1979



29112018

DAN Application Digitally Signed, Card Not
Valid unless Physically Signed

*tax
attaching
for
medic
Mona P*



Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH011720300

OUTPATIENT RECORD

Hospital No:	MH011720300	Visit No:	O18000066844
Name:	MRS MONICA CHAUHAN	Age/Sex:	44 Yrs/Female
Doctor Name:	DR. ANANT VIR JAIN	Specialty:	OPHTHALMOLOGY MGD
Date:	22/02/2024 11:14AM		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -H/C
SYSTEMIC/OPHTHALMIC HISTORY -NIL

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION WITH GLASS	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	15	15
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
E/D AQUALINA 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmology)"
Reg. No.: 18126

**RADIOLOGY REPORT**

NAME	MRS Monica CHAUHAN	STUDY DATE	22/02/2024 10:33AM
AGE / SEX	44 y / F	HOSPITAL NO.	MH011720300
ACCESSION NO.	R6925771	MODALITY	US
REPORTED ON	22/02/2024 11:08AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 131 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 87 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls (~ 1.8 mm). Its lumen shows a single mobile calculus within measuring 19.4 mm. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 101 x 34 mm.

Left Kidney: measures 94 x 47 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal. Few low level echoes are seen in urinary bladder lumen. Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 59 x 56 x 43 mm), shape and shows mildly coarse echotexture. Tiny myometrial cyst measuring 5.6 mm is seen at anterior myometrium.

Endometrial thickness measures 5.6 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 32 x 29 x 17 mm with volume 8.5 cc), shape and echotexture. Rest normal.

Left ovary is obscured.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Cholelithiasis.

-Few low level echoes seen in urinary bladder lumen (ADV: Urine Routine and Microscopy for further evaluation).

Recommend clinical correlation.



Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST



RADIOLOGY REPORT

NAME	MRS Monica CHAUHAN	STUDY DATE	22/02/2024 10:33AM
AGE / SEX	44 y / F	HOSPITAL NO.	MH011720300
ACCESSION NO.	R6925771	MODALITY	US
REPORTED ON	22/02/2024 11:08AM	REFERRED BY	HEALTH CHECK MGD

*****End Of Report*****



RADIOLOGY REPORT

NAME	MRS Monica CHAUHAN	STUDY DATE	22/02/2024 10:13AM
AGE / SEX	44 y / F	HOSPITAL NO.	MH011720300
ACCESSION NO.	R6925770	MODALITY	CR
REPORTED ON	22/02/2024 10:24AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: A small radio opacity measuring 13 x 10mm is seen in right midzone, probably solitary pulmonary nodule.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

A small radio opacity measuring 13 x 10mm is seen in right midzone, probably solitary pulmonary nodule.

Further evaluation with HRCT chest is advisable, if clinically indicated.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****



LABORATORY REPORT

Name	: MRS MONICA CHAUHAN	Age	: 44 Yr(s) Sex :Female
Registration No	: MH011720300	Lab No	: 202402003706
Patient Episode	: H18000001820	Collection Date	: 22 Feb 2024 09:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Feb 2024 11:56
Receiving Date	: 22 Feb 2024 09:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.530 #	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.520	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.010	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name : MRS MONICA CHAUHAN Age : 44 Yr(s) Sex :Female
Registration No : MH011720300 Lab No : 202402003706
Patient Episode : H18000001820 Collection Date : 22 Feb 2024 09:58
Referred By : HEALTH CHECK MGD Reporting Date : 22 Feb 2024 13:14
Receiving Date : 22 Feb 2024 09:58

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 12:01

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.69	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.2	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.2	%	[36.0-46.0]
MCV (DERIVED)	87.8	fL	[83.0-101.0]
MCH (CALCULATED)	28.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	155	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.8		
WBC COUNT (TC) (IMPEDENCE)	6.35	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	67.0	%	[40.0-80.0]
Lymphocytes	20.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 10:56

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 10:56
Reporting Date : 22 Feb 2024 12:25

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	NORMAL	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 12:40

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.9	%	[0.0-5.6] As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 94 mg/dl

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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	151	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	75	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500 [35.0-65.0]
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	64.0	mg/dl	[0-35]
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[<120.0]
CHOLESTEROL, LDL, CALCULATED	72.0	mg/dl	Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 11:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	2.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.1		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA Method: GLDH, Kinatic assay	27.8	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	13.0	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.68 #	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	5.1	mg/dl	[4.0-8.5]

SODIUM, SERUM	133.40 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.25	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	101.7	mmol/L	[101.0-111.0]



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 11:26

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	106.7	ml/min/1.73sq.m	[>60.0]
<p>Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.93	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.73	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.58	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.68		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	33.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003706
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 11:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	27.20	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	67.0	IU/L	[32.0-91.0]
GGT	11.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 09:58

Age : 44 Yr(s) Sex :Female
Lab No : 202402003707
Collection Date : 22 Feb 2024 09:58
Reporting Date : 22 Feb 2024 11:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	86.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS MONICA CHAUHAN
Registration No : MH011720300
Patient Episode : H18000001820
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Feb 2024 14:36

Age : 44 Yr(s) Sex :Female
Lab No : 202402003708
Collection Date : 22 Feb 2024 14:36
Reporting Date : 23 Feb 2024 09:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	108.0	mg/dl	[80.0-140.0]

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

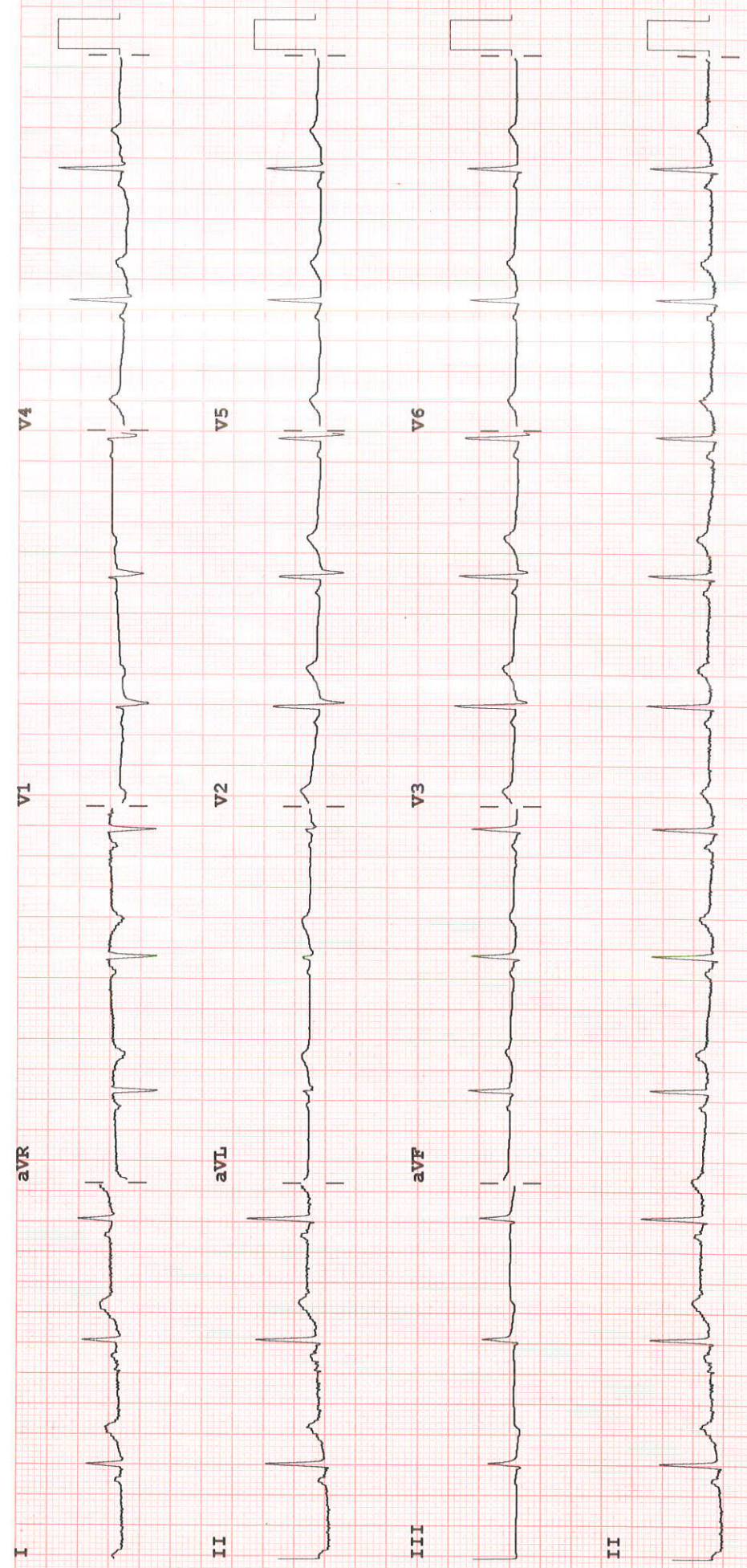
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Page 1 of 1

Dr. Charu Agarwal
Consultant Pathologist

(Monica Chauhan)

- BORDERLINE ECG -
Unconfirmed Diagnosis



Dev: F 60~ 0.15-100 Hz PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV



TMT INVESTIGATION REPORT

Patient Name	MRS MONICA CHAUHAN	Location	: Ghaziabad
Age/Sex	: 44Year(s)/Female	Visit No	: V000000001-GHZZ
MRN No	MH011720300	Order Date	: 22/02/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 22/02/2024

Protocol : Bruce **MPHR** : 180BPM
Duration of exercise : 9min 25sec **85% of MPHR** : 149BPM
Reason for termination : THR achieved **Peak HR Achieved** : 176BPM
Blood Pressure (mmHg) : Baseline BP : 122/78mmHg **% Target HR** : 102%
Peak BP : 150/90mmHg **METS** : 10.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	96	122/78	Nil	No ST changes seen	Nil
STAGE 1	3:00	119	130/80	Nil	No ST changes seen	Nil
STAGE 2	0:06+	129	130/80	Nil	No ST changes seen	Nil
STAGE 3	3:00	168	140/90	Nil	No ST changes seen	Nil
STAGE 4	0:25	180	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:51	100	136/88	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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