

Patient Name	Komal Kumari	Date	10/8/2024
Age	26y.	UHID No	
Sex	female.	Ref By	
Occupation	Student.	Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	- Gen. Body aches. Lower back ache.		NONE
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MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No.	No.	No.	No.	No.
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No.	No.	No.	No.	No.
	Other History				
	NONE				

SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No.	No.	No.	No.	No.
	Other Surgical History				

GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		14y.	Yes.	3 days. 28-30 days.	
	Other Gynecological History				

BREAST EXAMINATION		RIGHT	LEFT
Skin			
Nodule			
Nipple			
Pain			
Other Remarks			

CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration
		Nil		

NAME	Komal kumar	Weight	67.6 kg
BP	100/70 mmHg	Height	168 cm
Pulse	84 b/min	SPO2	97% RA
Temperature	Afebrile	Peripheral Pulses	Present
Oedema	Absent	Breath Sound	AECG-
Heart Sound	S1S2		
B - SYSTEMIC EXAMINATION			
FILL YES/NO			
CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} lot less cut gra.	Frequency of urine	} NO
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		OBS/GYNE.	
Eye pain	} Disturb vision pres. lot	Nycturia	} NO
Spots before eyes		Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	
Vision changes		Vaginal Discharge	
Itchy eyes		Irrregular menses	
EAR/NOSE/THROAT		MUSCULOSKELETAL	
Earaches	} NO	Midcycle bleeding	} Lumb back ache
Nose bleeds		Joint swelling	
Sore throat		Joint pain	
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	} NO
Chest pain	} NO	Breast pain	
Heart rate is fast/slow		Change in mole	
Palpitations		Breast	
Leg swelling			NEUROLOGICAL
RESPIRATORY		Confused	} NO
Shortness of breath	} NO	Sensation in limbs	
Cough		Migraines	
Orthopnoea		Difficulty walking	
Wheezing			PSYCHIATRIC
Dyspnoea		Suicidal	} NO
Respiratory distress in sleep		Change in personality	
GASTROINTESTINAL		Anxiety	
Abdominal pain	} an Appetite	Sleep Disturbances	
Constipation		Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea			
Melena			



*Suo*  
**Dr Sandeep Deshpande**  
MD (CARDIOLOGIST)  
REG - 72944

*Komal Kumari*

**VRX HEALTHCARE PVT. LTD.**  
Shop No.34-38, Gayatri Satsang Building,  
Behind Vishnu Shivam Mall,  
Thakur Village, Kandivali East,  
Mumbai, Maharashtra - 400 101.  
Mobile No.: 7506155999 / 7045955999





# Report

VRX HEALTH CARE PVT. LTD

Name : MS. KOMAL KUMARI  
Age/Gender : 26 Years 7 Months /F  
Referred By : MEDIWHEEL

UHID : VRX-42949  
Registered On : 10/08/2024 09:43  
Collected On : 10/08/2024 10:07  
Reported On : 10/08/2024 15:37

Investigations Observed Value Bio. Ref. Interval METHOD

## CBC-COMplete BLOOD COUNT

Investigations	Observed Value	Bio. Ref. Interval	METHOD
HAEMOGLOBIN	10.1	12.0 - 15.0 gm/dl	
RBC COUNT	4.51	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	33.0	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	73.17	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	22.39	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	30.61	31.5 - 34.5 g/dl	
RDW	15.9	11.6 - 14.0 %	
WBC COUNT	5.5	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	56	40 - 80 %	
LYMPHOCYTES	33	20 - 40 %	
EOSINOPHILS	4	1 - 6 %	
MONOCYTES	7	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	123	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Reduced on Smear		
MPV	13.3	6.78 - 13.46 %	
PDW	15.3	9 - 17 %	
RBC MORPHOLOGY	HYPOCHROMIA(+) MICROCYTOSIS(+) ANISOCYTOSIS(+)/POIKILOCYTOSIS(+)		

**REMARKS**  
EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

### INTERPRETATION

--- End of the Report ---

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*N. Jain*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

ESR	14	< 20 mm at the end of 1Hr.	WESTERGREN
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#### INTERPRETATION

**ESR(Erythrocyte Sedimentation Rate)**-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.

**Increased ESR:** may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.

**Decreased ESR:** may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.

BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING
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Age/Gender	: 26 Years 7 Months /F	Registered On	: 10/08/2024 09:43
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 12:10
		Reported On	: 10/08/2024 15:37

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>FASTING BLOOD SUGAR</b>			
FBS	81.46	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

**INTERPRETATION**

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic :  $\geq$  126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic :  $\geq$  200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols

**PPBS**

PPBS	102.5	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

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UHID : AM10.24000000001  
Patient Name : MS. KOMAL KUMARI  
Age : 26 Yrs 7 Month  
Gender : FEMALE  
Ref. Doctor : SELF  
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065763  
Registered On : 10/08/2024,05:10 PM  
Collected On : 10/08/2024,05:20 PM  
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SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>HbA1c (Glycylated Haemoglobin) WB-EDTA</b>			
HbA1c (Glycylated Haemoglobin)	5.5	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 111.1 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Verified By

Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

  
Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

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## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

#### Interpretation :

- 1.The HbA1c levels corelate with the mean glucose concentration prevalling in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- 2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- 3.Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Investigations Observed Value Bio. Ref. Interval METHOD

## MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

### Lipid Test

Investigations	Observed Value	Bio. Ref. Interval	METHOD
TOTAL CHOLESTEROL	102.3	130 - 200 mg/dl	
TRIGLYCERIDES	100.8	25 - 160 mg/dl	
HDL CHOLESTEROL	39.45	35 - 80 mg/dl	
LDL CHOLESTEROL	42.69	< 100 mg/dl	
VLDL CHOLESTEROL	20.16	7 - 35 mg/dl	
LDL-HDL RATIO	1.08	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	2.59	2.5 - 4.0 mg/dl	

#### INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

\*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)



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### MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

URIC ACID	4.9	2.6 - 6.0 mg/dl	URICASE
<b>BUN</b>			
UREA	20.1	15 - 40 mg/dl	
BLOOD UREA NITROGEN	9.35	7.3 - 18.8 mg/dl	
CREATININE	0.61	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	6.88	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.40	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.48	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.77	1.0 - 2.0 g/dl	BIURET
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	9.35	7.3 - 18.8 mg/dL	
Creatinine	0.61	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	15.33	5.0 - 23.5	

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## MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

### LIVER FUNCTION TEST

Investigations	Observed Value	Bio. Ref. Interval	METHOD
SGOT	24.3	< 34 U/L	
SGPT	13.4	10 - 49 U/L	
TOTAL BILIRUBIN	0.66	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.16	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.5	< 1.2 mg/dl	
TOTAL PROTEINS	6.88	6.0 - 8.3 g/dl	
ALBUMIN	4.40	3.5 - 5.2 g/dl	
GLOBULIN	2.48	2.0 - 3.5 g/dl	
A/G RATIO	1.77	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	96.1	42 - 98 U/L	
GGT	21.7	< 38 U/L	

#### REMARKS

SAMPLE : SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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## MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

### URINE ROUTINE

Investigations	Observed Value	Bio. Ref. Interval	METHOD
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

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Collected On : 10/08/2024,05:20 PM  
Reported On : 10/08/2024,10:42 PM  
SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	92.0	ng/dL	58-159
Total T4 Method : ECLIA	7.5	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.516	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl  T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl  TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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### Immunology

Test Name	Result	Unit	Biological Reference Interval
<b>1.Total T3( Total Tri- ido- thyronine )</b>	is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.		
<b>2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)</b>	is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.		
<b>3.TSH (Thyroid stimulating hormone or Thyrotropin)</b>	is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone ) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hyperthyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.		

### VRX HEALTHCARE PVT. LTD.

Shop No.34-38, Gayatri Satsang Building,  
 Behind Vishnu Shivam Mall,  
 Thakur Village, Kandivali East,  
 Mumbai, Maharashtra - 400 101.  
 Mobile No.: 7506155999 / 7045955999

Scan to Validate



APARNA-JAIRAM  
 Entered By

APARNA-JAIRAM  
 Verified By

Dr Suvarna Deshpande  
 MD (Path)  
 Reg.No.83385

*Aparna*  
 Dr Aparna Jairam  
 MD (Path)  
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)







Patient Name: MS. KOMAL KUMARI

Age: 26 Yrs/ F.

Ref. by: MEDIWHEEL

Date: 10/08/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** Portal vein appears normal.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture.

**SPLEEN:** The spleen is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
12.3 x 5.2	11.4 x 5.3

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.  
Pre void: 330

.....Continue On Page 2



(MS. KOMAL KUMARI ..... PG2)

**PELVIS:**

The uterus is anteverted. It measures 6.7 x 5.2 x 3.1 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 3.6 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 3.1 x 2.4 cm.

Left ovary measures 3.1 x 2.6 cm.

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

**IMPRESSION:**

- No significant abnormality is seen in present scan.

*Thanks for the reference.*

*With regards,*

**DR. FORAM AJMERA**  
CONSULTANT RADIOLOGIST.

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Mumbai, Maharashtra - 400 101.  
Mobile No.: 7506155999 / 7045955999







---

<b>Patient Name:</b>	<b>MS.KOMAL KUMARI</b>	<b>F/ 26 YRS</b>
<b>Ref. by:</b>	<b>MEDI WHEEL</b>	<b>Date: 10/08/2024</b>

---

### XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

*Please correlate clinically.*

  
**DR. FORAM AJMERA**  
**CONSULTANT RADIOLOGIST.**

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14 KUMARI, KOMAL  
DOB 01/01/1998 26 Years Female

10/08/2024 12:36:58  
VRX HEALTHCARE PVT LTD

Rate 75 Sinus rhythm

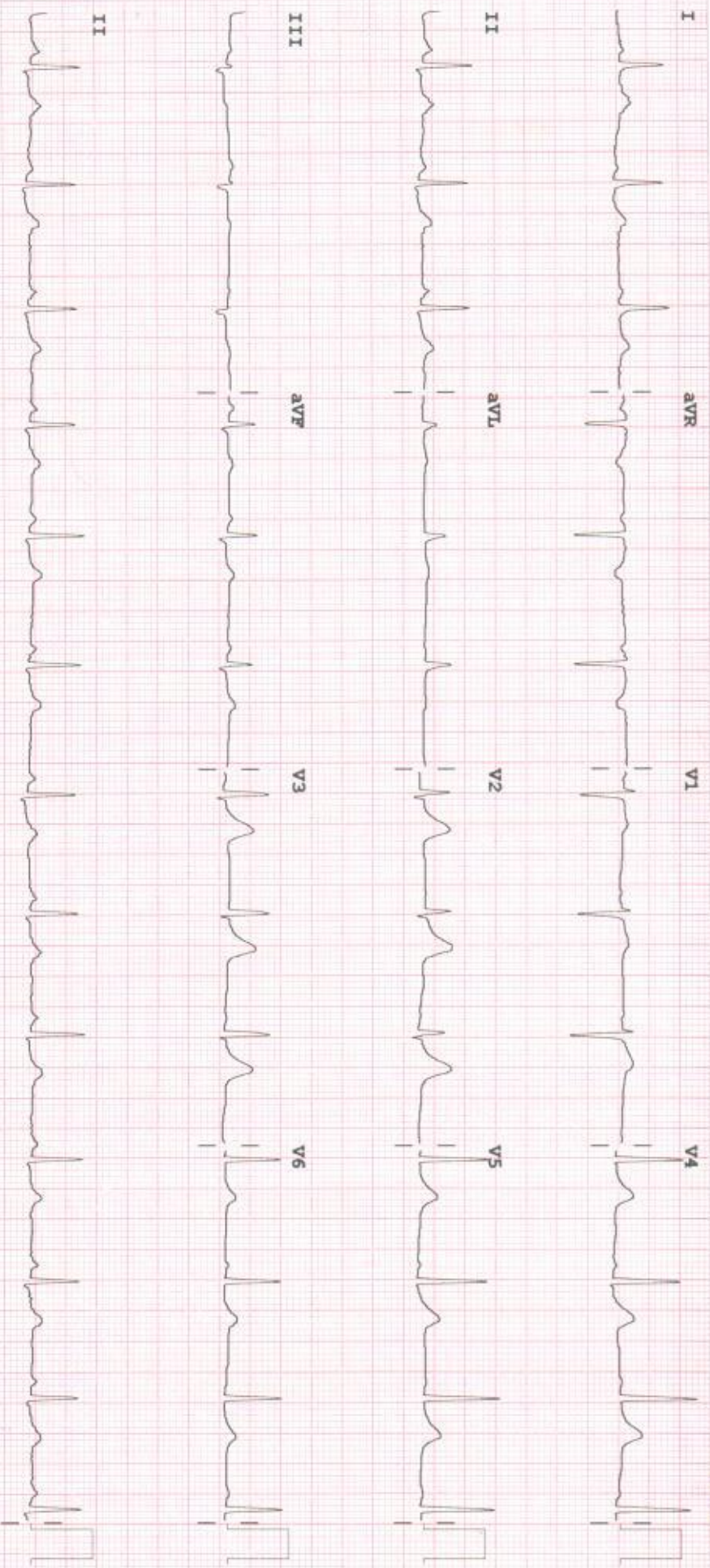
PR 124  
QRS 82  
QT 372  
QTc 416

--AXIS--  
P 51  
QRS 20  
T 32

12 Lead: standard Placement

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Mobile No.: 7506155999 / 7045955999

*N. S. N. M.*  
Dr. Sandeep Westipande  
MD (CARDIOLOGIST)  
REG-72944



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

F 50 ~ 0.50 - 40 Hz W

100B CL

P?

for PHILIPS

REORDER M02408



**VRX HEALTHCARE PVT. LTD**

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,  
KANDIVALI EAST, (400101)

**TREADMILL TEST REPORT**

**Patient Information**  
Name : MS. KOMAL KUMARI

AGE : 26  
REF. BY : MEDIWHEEL

ID : 316  
SEX : F

DATE : 10-08-2024  
Height : 168  
Weight : 68

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					79	100 / 70	79	0.5	0	0.6	
STANDING					75	100 / 70	75	0.5	0	0.6	
HYPERVENT					77	100 / 70	77	0.4	0.1	0.5	
Stage 1	2:55	2:55	2.7	10	130	100 / 70	130	-0.2	0	-0.1	4.67
Stage 2	5:55	2:55	4	12	151	120 / 70	181	-1	0.1	-1	7.04
PK-EXERCISE	7:28	1:28	5.4	14	166	140 / 70	232	-1.3	0.3	-0.8	8.52
RECOVERY	8:37	0:54			132	140 / 70	184	0.1	0.1	0.2	
RECOVERY	9:30	1:47			119	130 / 70	154	-0.4	0.2	-0.3	
RECOVERY	10:38	2:55			107	120 / 70	128	-0.7	0.3	-0.5	

CARDIO BEATS

Technician : DIKSHITA

**Dr Sandeep Deshpande**  
MD (CARDIOLOGIST)  
REG - 72944

DR. SANDEEP DESHPANDE ( M.D. )



# VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,

KANDIVALI EAST, (400101)

## TREADMILL TEST REPORT

### Patient Information

Name : MS. KOMAL KUMARI

AGE : 26

REF. BY : MEDIWHEEL

Medication  
NONE

DATE : 10-08-2024

Height : 168

Weight : 68

ID : 316  
SEX : F

### Indication

HEALTH CHECK UP

### Test Results

PROTOCOL : Bruce

Target H.R. : 194 bpm

H.R. Achieved: 168 bpm 86 %

ARRYTHMIA : None,

EXERCISE TIME : 7:28  
MAX B.P. : 140 / 70 mm Hg  
H.R. RESPONSE : Normal Chronotropic Response,

MAX WORK LOAD: 8.52 METS  
BP RESPONSE : Normal,

### REASON OF TERMINATION :

Achieved THR,

### HISTORY

Checkup/Physical fitness,

### IMPRESSIONS :

Negative for Provocable myocardial ischemia,

Technician : DIKSHITA

Dr Sandeep Deshpande  
MD (CARDIOLOGIST)  
REG - 2944



# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
I.D. 316  
Age 26/F  
Date 10-08-2024

RATE 79bpm  
B.P. 100/70

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

Rhythm: Filtered/20 Cycle/4Base Contracted, Avg. Complex: Filtered UNI-8K, Innoise: 791, +91-731-4030035, Fax: +91-731-4031160, E-Mail: info@vrxcare.com, Web: www.vrx-care.com, INT. Ver: 1.4.0.2







# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
I.D. 316  
Age 26/F  
Date 10-08-2024

RATE 77bpm  
B.P. 100/70

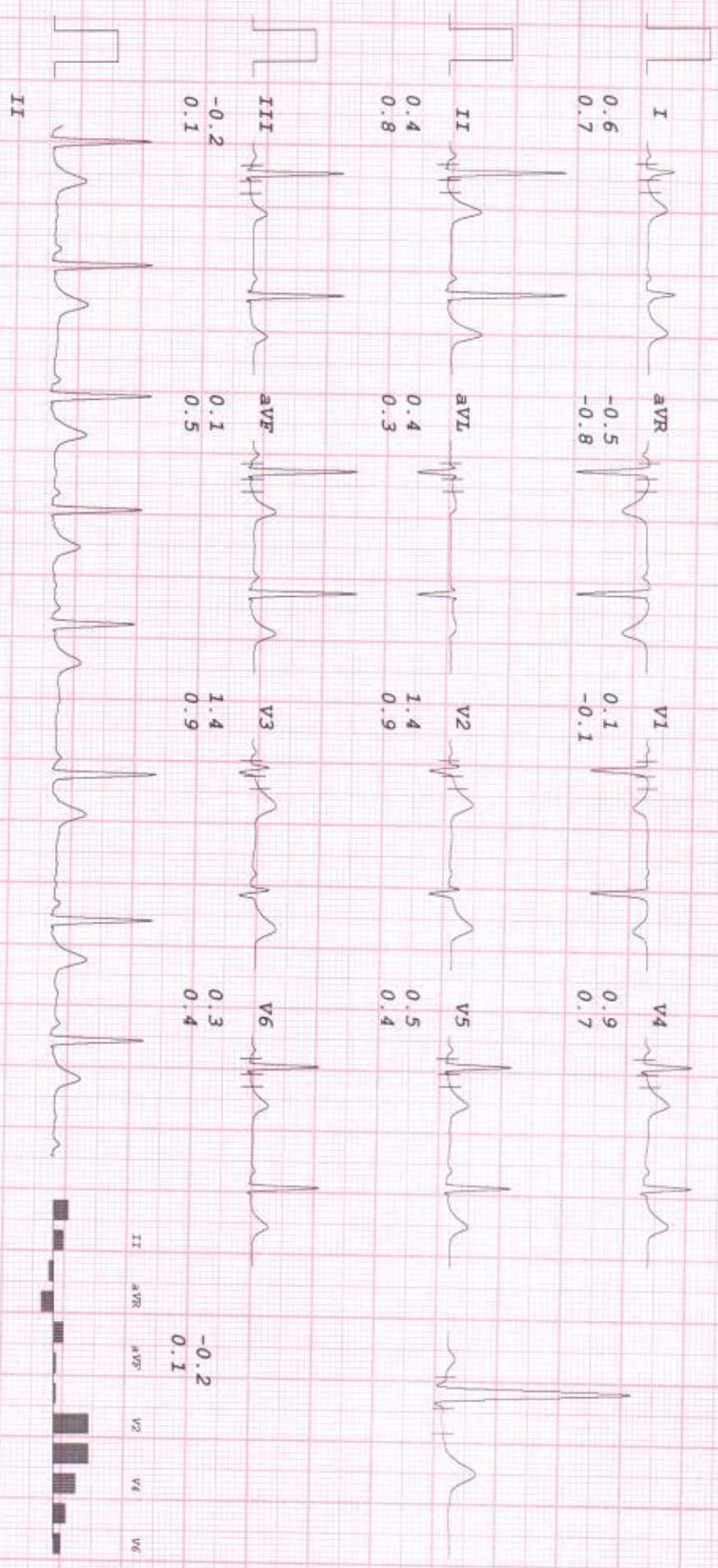
PRETEST  
HYPERVENT  
PHASE TIME 0:13

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

WARM UP

MS. KOMAL KUMARI  
I.D. 316  
Age 26/F  
Date 10-08-2024

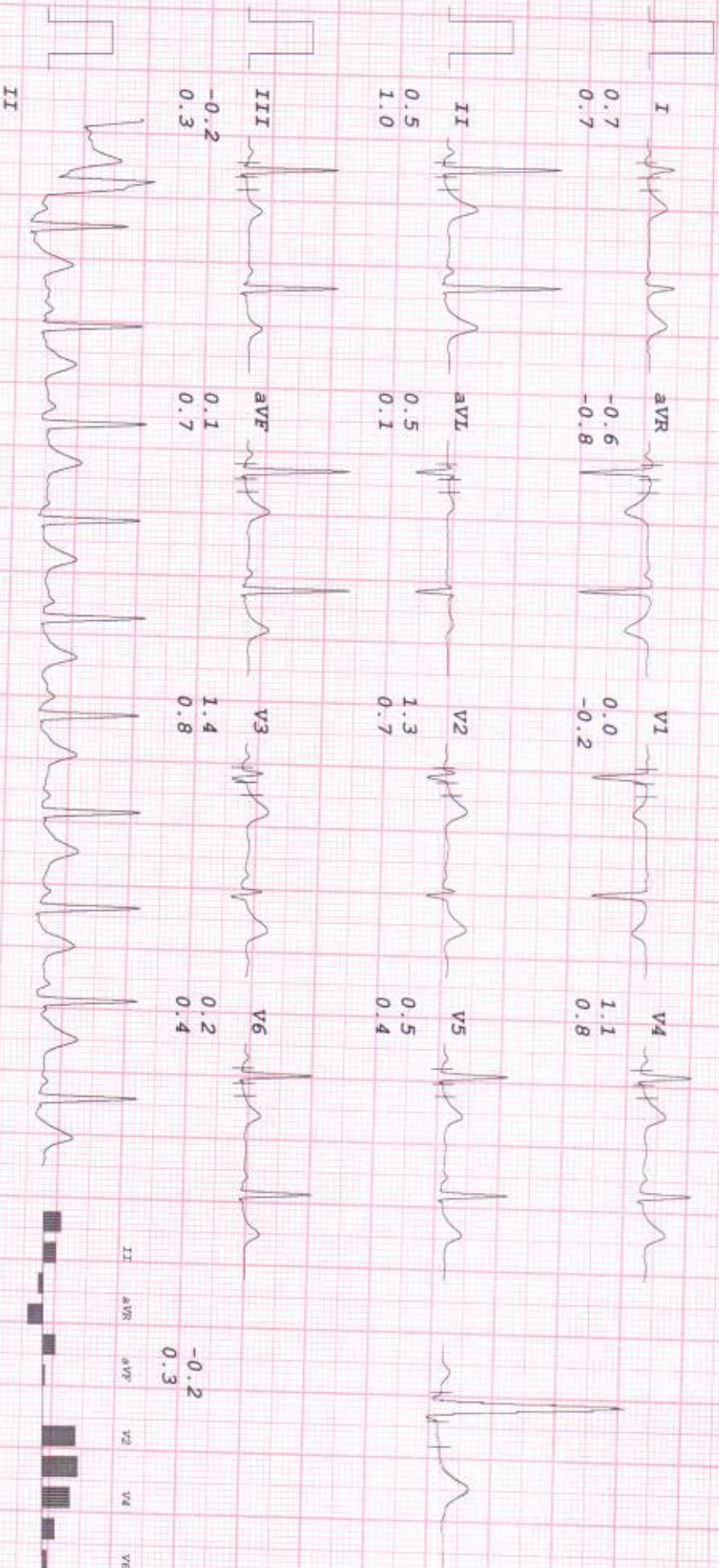
RATE 80bpm  
B.P. 100/70

ST @ 10mm/mV  
80ms Post J  
Speed 1.5 km/hr

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
 I.D. 316  
 Age 26/F  
 Date 10-08-2024

RATE 130bpm  
 B.P. 100/70

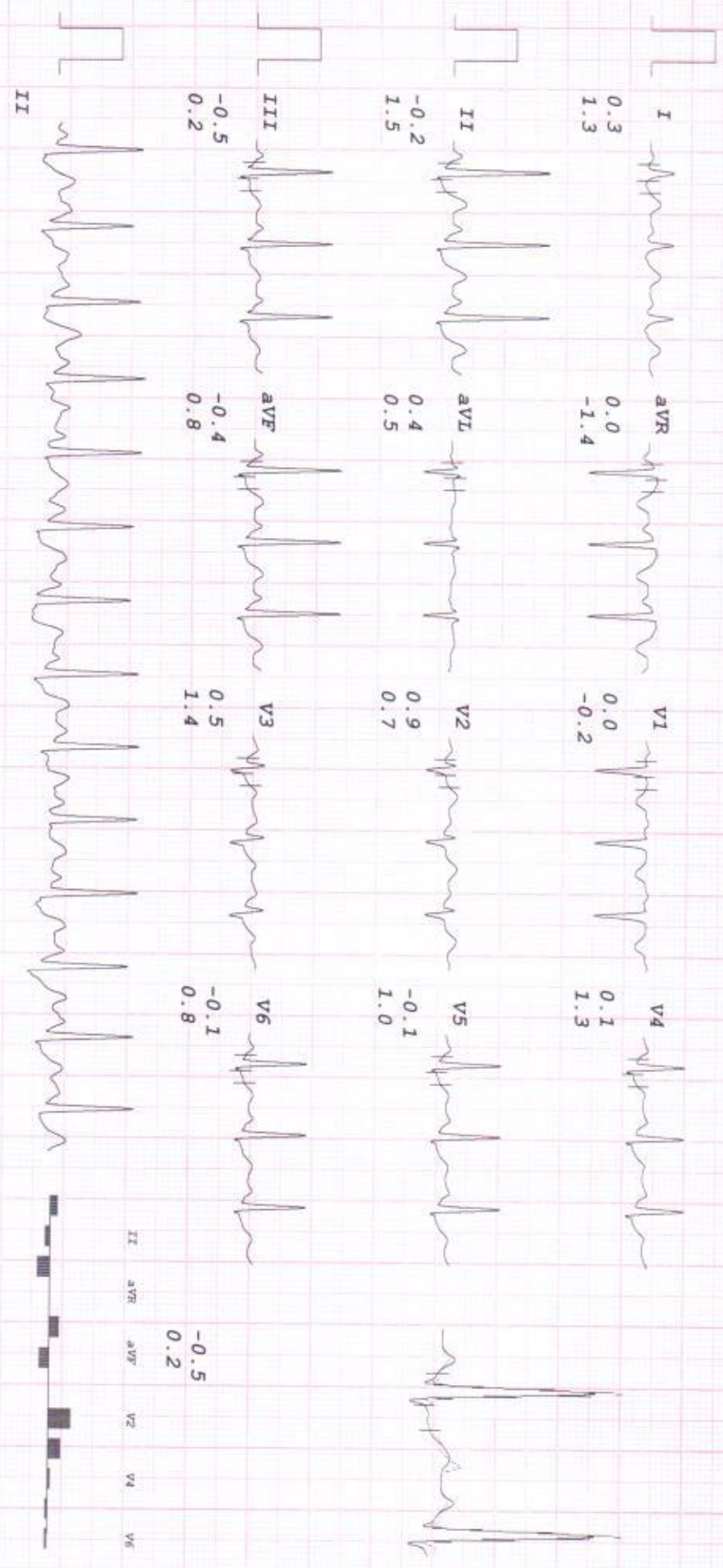
Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
 I.D. 316  
 Age 26/F  
 Date 10-08-2024

RATE 151bpm  
 B.P. 120/70

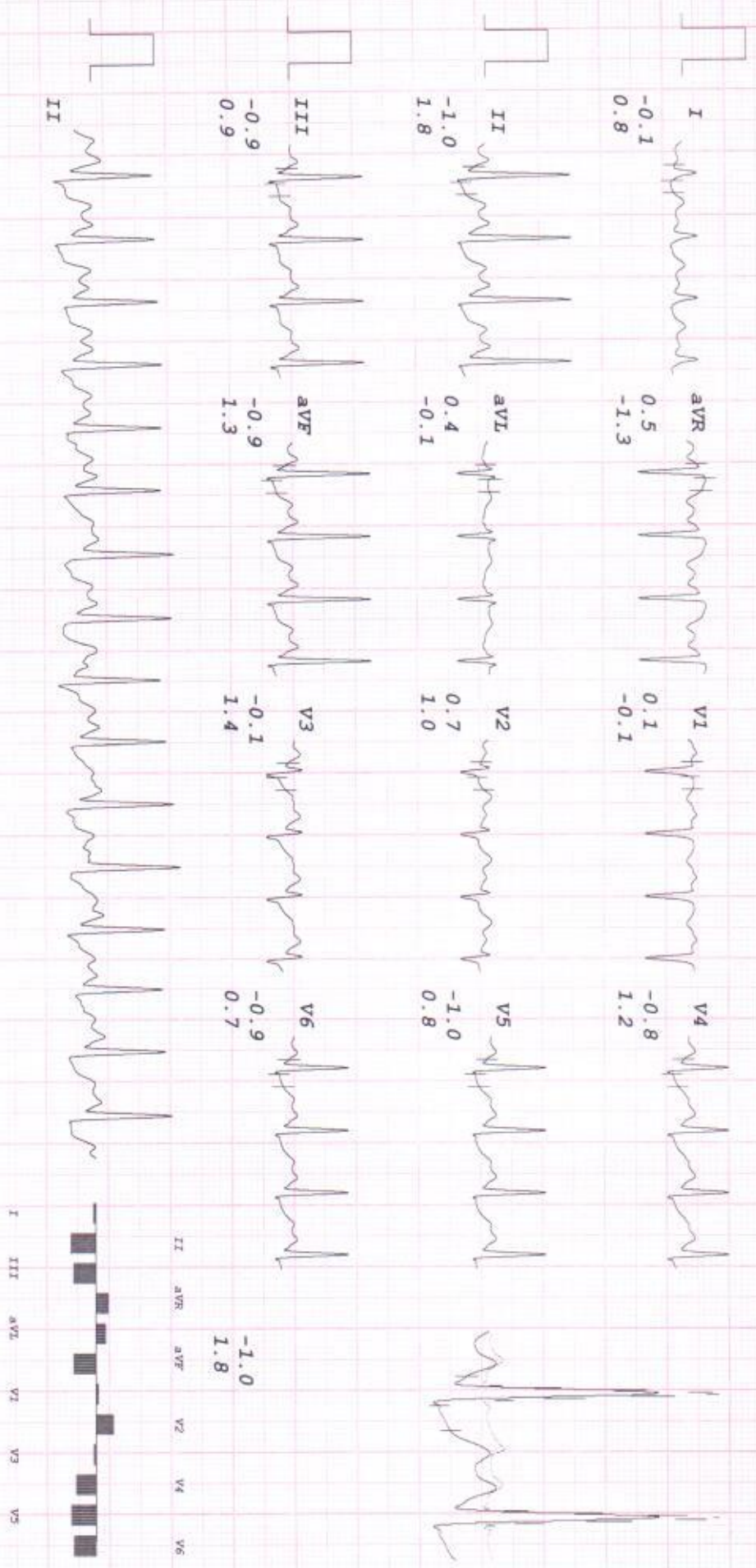
Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 &

LINKED MEDIAN

Mag. X 2

CARDIO BEATS





# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
 I.D. 316  
 Age 26/F  
 Date 10-08-2024

RATE 166bpm  
 B.P. 140/70

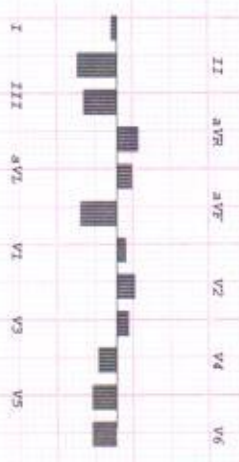
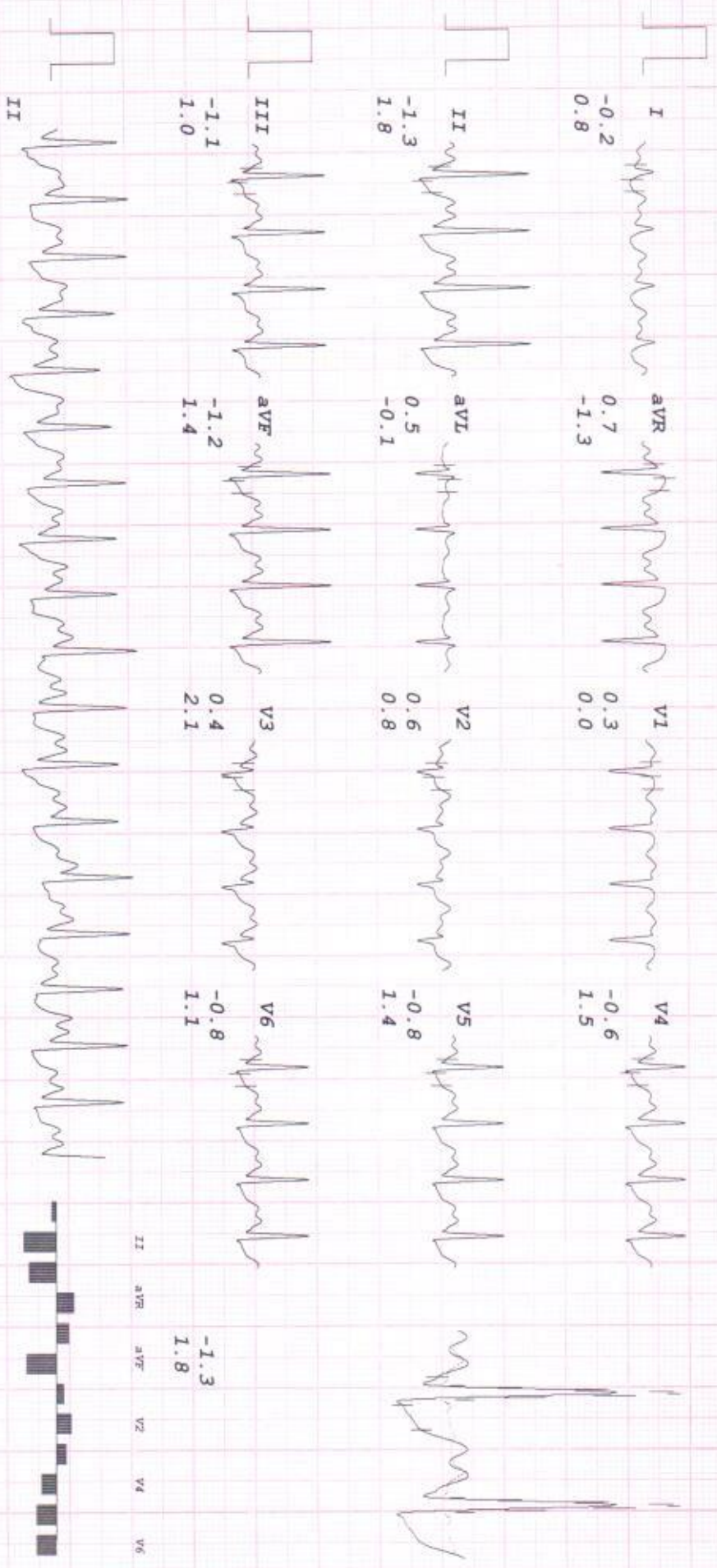
Bruce  
 PK-EXERCISE  
 TOTAL TIME 7:28  
 PHASE TIME 1:28

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

II



CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
 I.D. 316  
 Age 26/F  
 Date 10-08-2024

RATE 132bpm  
 B.P. 140/70

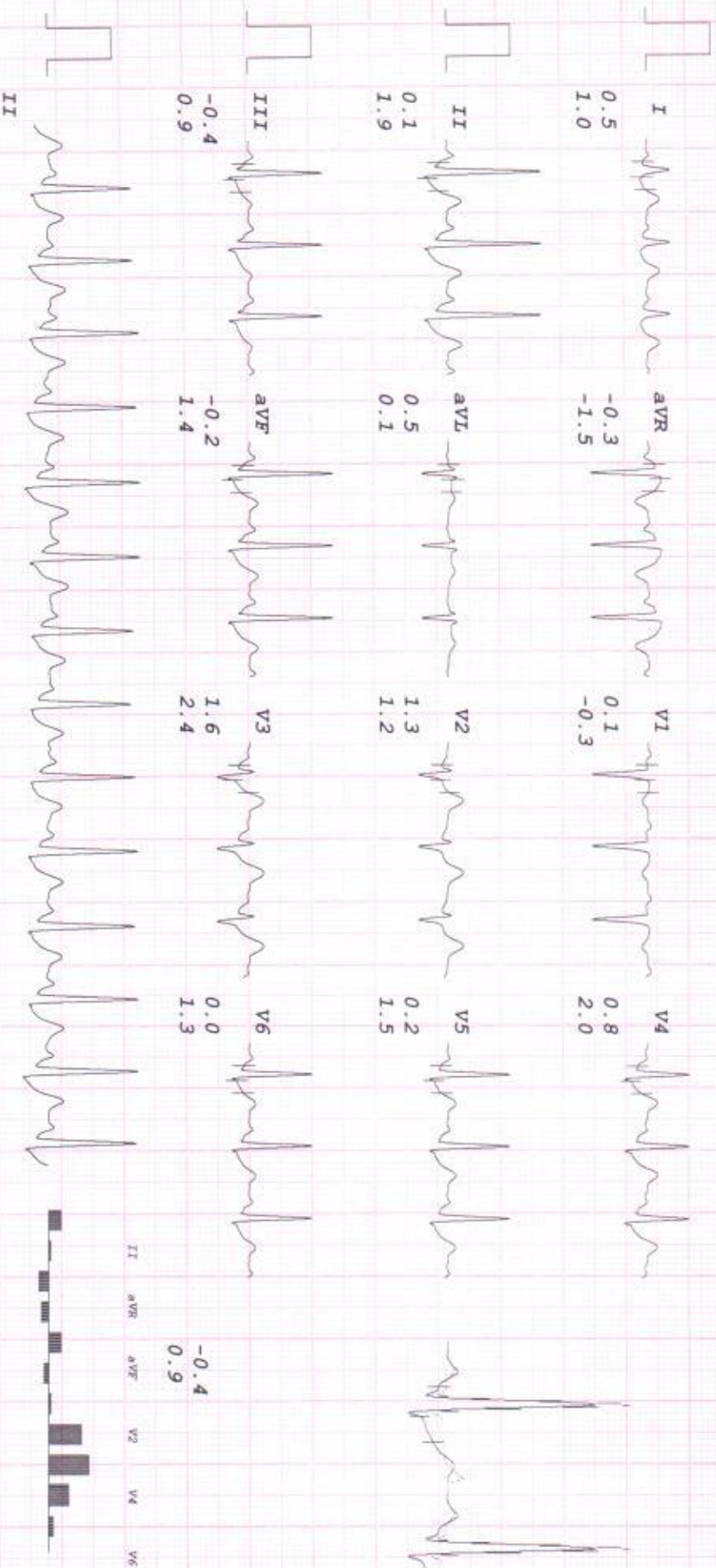
Bruce  
 RECOVERY  
 TOTAL TIME 8:37  
 PHASE TIME 0:54

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS







# VRX HEALTHCARE PVT. LTD

MS. KOMAL KUMARI  
 I.D. 316  
 Age 26/F  
 Date 10-08-2024

RATE 107bpm  
 B.P. 120/70

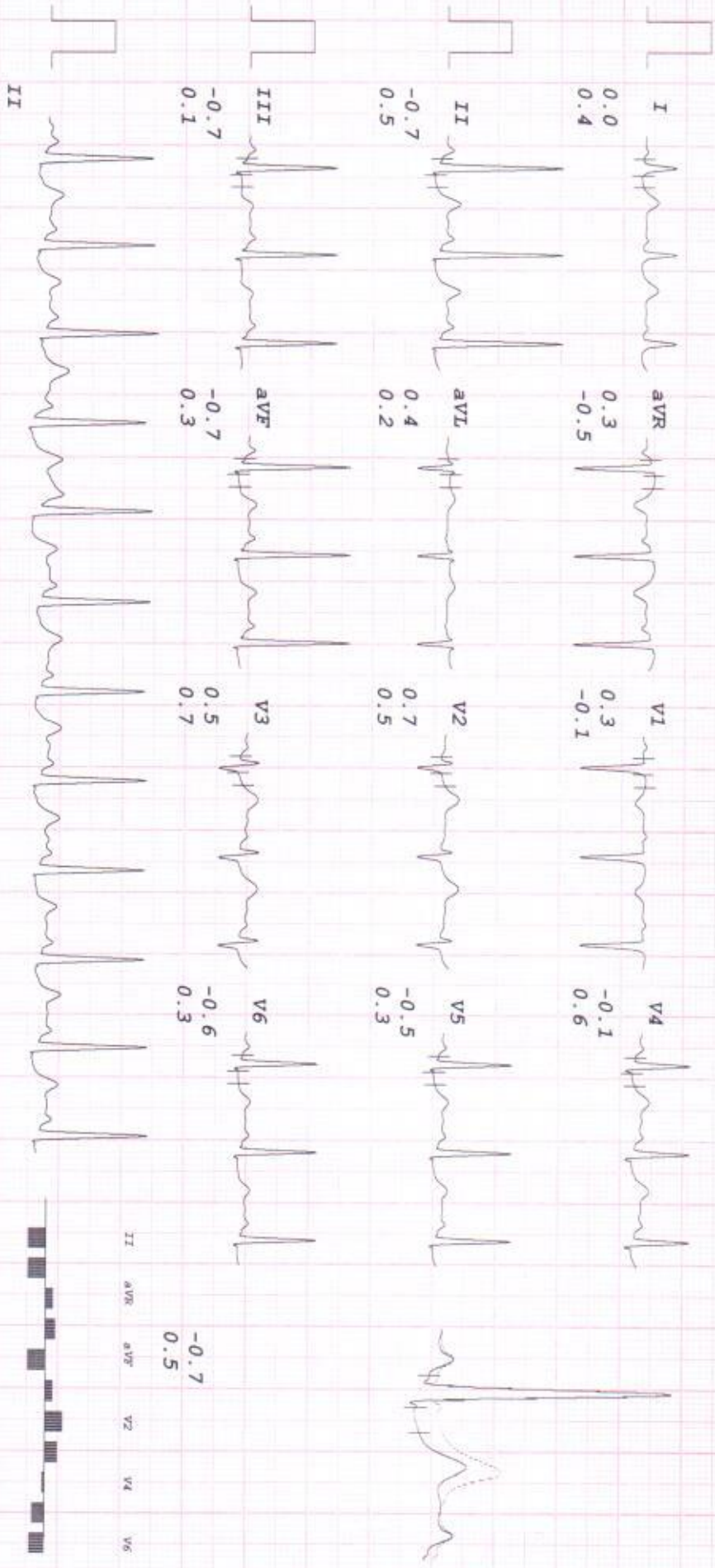
Bruce  
 RECOVERY  
 TOTAL TIME 10:38  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

MAG. X 2

II



CARDIO BEATS