MANOJ JHA 52YRS
27/01/2024

भारत सरकार
Government of India

मनोज कुमार झा
Manoj Kumar Jha
जन्म तिथि/DOB: 01/04/1971
पुरुष/ MALE

Issue Date: 11/04/2012

4487 1974 3513

VID : 9174 9799 1960 2674

मेरा **आधार**, मेरी पहचान

Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India
Lat 19.135472°
Long 72.832428°
27/01/24 09:02 AM GMT +05:30

Google

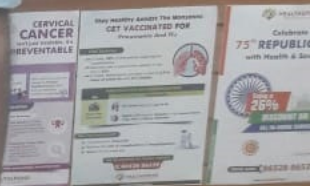DENTAL CARE   DIET & NUTRITION

PREVENTIVE VISITS   PHYSIOTHERAPY CAN H
CAN ELIMINATE THE NEED FOR   PAIN AND IMPROVE MOV
K DENTAL TREAT   Need Physiotherapy at Hom
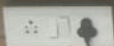
CERVICAL
CANCER   75 REPUBLIC

Mumbai, Maharashtra, India

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link road and fun cinemas lane, Veera Desai Industrial
Estate, Andheri West, Mumbai, Maharashtra 400053, India
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HEALTHSPRING
FAMILY HEALTH EXPERTS

PATIENT'S NAME - Manoj Kumar Jain   DATE -
AGE/GENDER -   52yr/M   27-1-2024.
DOCTOR'S NAME - Dr Gail

VISION SCREENING

	RE Glasses	RE UNAIDED	LE Glasses	LE UNAIDED
DISTANT	6/6		6/6	
NEAR	N6		N6	
COLOUR	normal			
Recommendations				

VITALS

Pulse - 80	B.P- 140/80	SpO2 98
Height - 165	Weight - 77.5	BMI-
Waist - 93	Hip - 98	Waist/Hip Ratio-
Chest - 99	Inspiration-	Expiration-

CENTRE NAME - Oshiwara

SIGN & STAMP-

Im : nil

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FAMILY HEALTH EXPERTS
Department of Pathology
Wellspring Healthcare Pvt. Ltd.
NABL Accredited

Certificate No. : MC-3200

Patient Name : **Mr. Manoj Kumar Jha**	**Reg.Date / Time** : 27/01/2024 / 13:13:51
Age / Gender : 52 Y / Male	**Report Date / Time** : 27/01/2024 / 17:58:09
Referred By : Dr. Gail Chaudhari	**MR No.** : **0848987**
SID No. : **40013077**	Page 1 of 17

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	14.7	gm%	13-17
	PCV (Electrical Impedance)	43.0	%	40 - 50
	MCV (Calculated)	90.8	fL	83-101
	MCH (Calculated)	31.2	pg	27.0 - 32.0
	MCHC (Calculated)	34.3	g/dl	31.5-34.5
	RDW-CV (Calculated)	13	%	11.6-14.0
	RDW-SD (Calculated)	**50**	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	4.73	Million/cmm	4.5-5.5
	TOTAL WBC COUNT (Electrical Impedance)	7780	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	61.5	%	40-80
	LYMPHOCYTES (Flow cell)	23.5	%	20-40
	EOSINOPHILS (Flow cell)	**6.5**	%	1-6
	MONOCYTES (Flow cell)	7.6	%	2-10
	BASOPHILS (Flow cell)	**0.9**	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	4750	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1820	/cumm	1000-3000

Contd ...

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*Tests not included in NABL accredited scope

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HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	**510**	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	590	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	257000	/cumm	150000-410000
	MPV (Calculated)	10.6	fL	6.78-13.46
	PDW (Calculated)	17.6	%	11-18
	PCT (Calculated)	0.270	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Normocytic Normochromic RBCs, Eosinophilia.		

Sample Collected at : Andheri West

Sample Collected on : 27 Jan 2024 13:27

Sample Received on : 27 Jan 2024 15:48

Barcode :

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

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HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP**			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	B		
	Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE		

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Sample Received on : 27 Jan 2024 15:48	**Dr.Rahul Jain**
Barcode :	**MD,PATHOLOGY**
	Consultant Pathologist

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HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	6	mm / 1 hr	0-20

Notes : The given result is measured at the end of first hour.

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
BLOOD GLUCOSE (F) + URINE SUGAR				
FLOURIDE PLASMA				
	URINE GLUCOSE FASTING (Urodip)	ABSENT		

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BIOCHEMISTRY				
BLOOD GLUCOSE (PP) + URINE SUGAR				
FLOURIDE PLASMA				
	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	0.65	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.31	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	0.34	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	21	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	29	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	111	U/L	40-129
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	26	U/L	<70
	TOTAL PROTEIN (Colorimetric)	6.90	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.50	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	2.40	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	1.9		1-2

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BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	7.5	mg/dl	6 - 20
	BUN/CREATININE RATIO (Calculation)	**9.4**		10 - 20
	URIC ACID (Uricase Enzyme)	6.4	mg/dl	3.7 - 7.7
	CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	2.6	mg/dl	2.5-4.5

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BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	198	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.
Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.
Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	132	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	40	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	**132**	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	26	mg/dl	15-40
SERUM	CHOL / HDL RATIO	5.0		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.0		0 - 3.5

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	92	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	103	mg/dl	70 - 140
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	5.6	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	114	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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MEDICAL REPORT

Lab Address:
Udyog Bhavan, Unit No. 15, Ground Floor,
Wadala (Dadar), Mumbai - 400031.
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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.54	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	6.89	ug/dl	4.6 - 10.5
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.390	uIU/ml	0.27 - 4.20

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low   FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4-   Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low   FT4- Primary hypothyroidism.
-High TSH, Normal FT4-   Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1.   Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2.   Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3.   Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1.   Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2.   "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3.   Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4.   Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

*Tests not included in NABL accredited scope

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Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

Patient Name : **Mr. Manoj Kumar Jha**

Age / Gender : 52 Y / Male

Referred By : Dr. Gail Chaudhari

SID No. : **40013077**

Reg.Date / Time : 27/01/2024 / 13:13:51

Report Date / Time : 27/01/2024 / 17:58:09

MR No. : **0848987**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval

Sample Collected at : Andheri West

Sample Collected on : 27 Jan 2024 13:27

Sample Received on : 27 Jan 2024 15:48

Barcode :

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

.

Contd ...

HEALTHSPRING
FAMILY HEALTH EXPERTS
Department of Pathology
Wellspring Healthcare Pvt. Ltd.
NABL Accredited

Certificate No. : MC-3200

Patient Name : **Mr. Manoj Kumar Jha**			**Reg.Date / Time**	: 27/01/2024 / 13:13:51
Age / Gender : 52 Y / Male			**Report Date / Time**	: 27/01/2024 / 17:58:09
Referred By : Dr. Gail Chaudhari			**MR No.**	: **0848987**
SID No. : **40013077**			Page 15 of 17	

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
SERUM	TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) (ECLIA)	0.712	ng/ml	0 - 4

Notes : This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older.(1)
Prostate biopsy is required for diagnosis of prostate cancer. The test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.
For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. (1)
Note: Benign conditions such as BPH, acute prostatitis, and infarction can also be correlated with elevated serum PSA levels. (2)

References:
1. Pim-eservices.roche.com. (2018). Roche Diagnostics Customer Self-Service Technical Documentation Portal.

2. Expertconsult.inkling.com. (2018). Expert Consult.

Sample Collected at :	Andheri West
Sample Collected on :	27 Jan 2024 13:27
Sample Received on :	27 Jan 2024 15:48
Barcode :	

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

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Certificate No. : MC-3200

Patient Name : **Mr. Manoj Kumar Jha**	**Reg.Date / Time** : 27/01/2024 / 13:13:51
Age / Gender : 52 Y / Male	**Report Date / Time** : 27/01/2024 / 17:58:09
Referred By : Dr. Gail Chaudhari	**MR No.** : **0848987**
SID No. : **40013077**	Page 16 of 17

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
STOOL	**STOOL ROUTINE EXAMINATION**			
	PHYSICAL EXAMINATION			
	COLOUR (Visual Examination)	Brown		
	CONSISTENCY (Visual Examination)	Semi solid		
	MUCUS (Visual Examination)	Absent		
	FRANK BLOOD (Visual Examination)	Absent		
	ADULT WORM (Microscopy)	Absent		
	CHEMICAL EXAMINATION			
	REACTION (Ph Paper)	Acidic		
	BILIRUBIN	Absent		
	OCCULT BLOOD (Peroxidase activity)	Absent		
	MICROSCOPIC EXAMINATION			
	PROTOZOA (Microscopy)	Absent		
	CYST (Microscopy)	Absent		
	OVA (Microscopy)	Absent		
	MACROPHAGES (Microscopy)	Absent		
	PUS CELLS (Microscopy)	2-3	/hpf	
	RED BLOOD CELLS (Microscopy)	Absent	/hpf	
	FAT GLOBULES (Microscopy)	Absent		
	UNDIGESTED MATERIAL (Microscopy)	Absent		
	ANY OTHER FINDINGS	Nil		
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	30		
	COLOR (Visual Examination)	PALE YELLOW		

Contd ...

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Certificate No. : MC-3200

Patient Name : **Mr. Manoj Kumar Jha**

Age / Gender : 52 Y / Male

Referred By : Dr. Gail Chaudhari

SID No. : **40013077**

Reg.Date / Time : 27/01/2024 / 13:13:51

Report Date / Time : 27/01/2024 / 17:58:09

MR No. : **0848987**

Page 17 of 17

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.005		1.005 - 1.030
	REACTION(pH) (Double indicator)	ALKALINE		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	3-4	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	0-1	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

— End of the Report —

The results given above are end product of controlled technical analysis of the sample submitted.
Interpretation with clinical correlation should be done by doctors using these results.

*Tests not included in NABL accredited scope

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Patient Name : **Mr. Manoj Kumar Jha**	**Reg.Date / Time**	: 27/01/2024 / 13:13:51
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SID No. : **40013077**	Page 18 of 17	

Final Test Report

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Contd ...

*Tests not included in NABL accredited scope

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Healthspring Andheri West

Age / Gender: 52/Male

Patient ID: 0848987

Patient Name: Manoj Kumar Jha

Date and Time: 27th Jan 24 11:06 AM

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV   0-20Hz, 50Hz

tricog
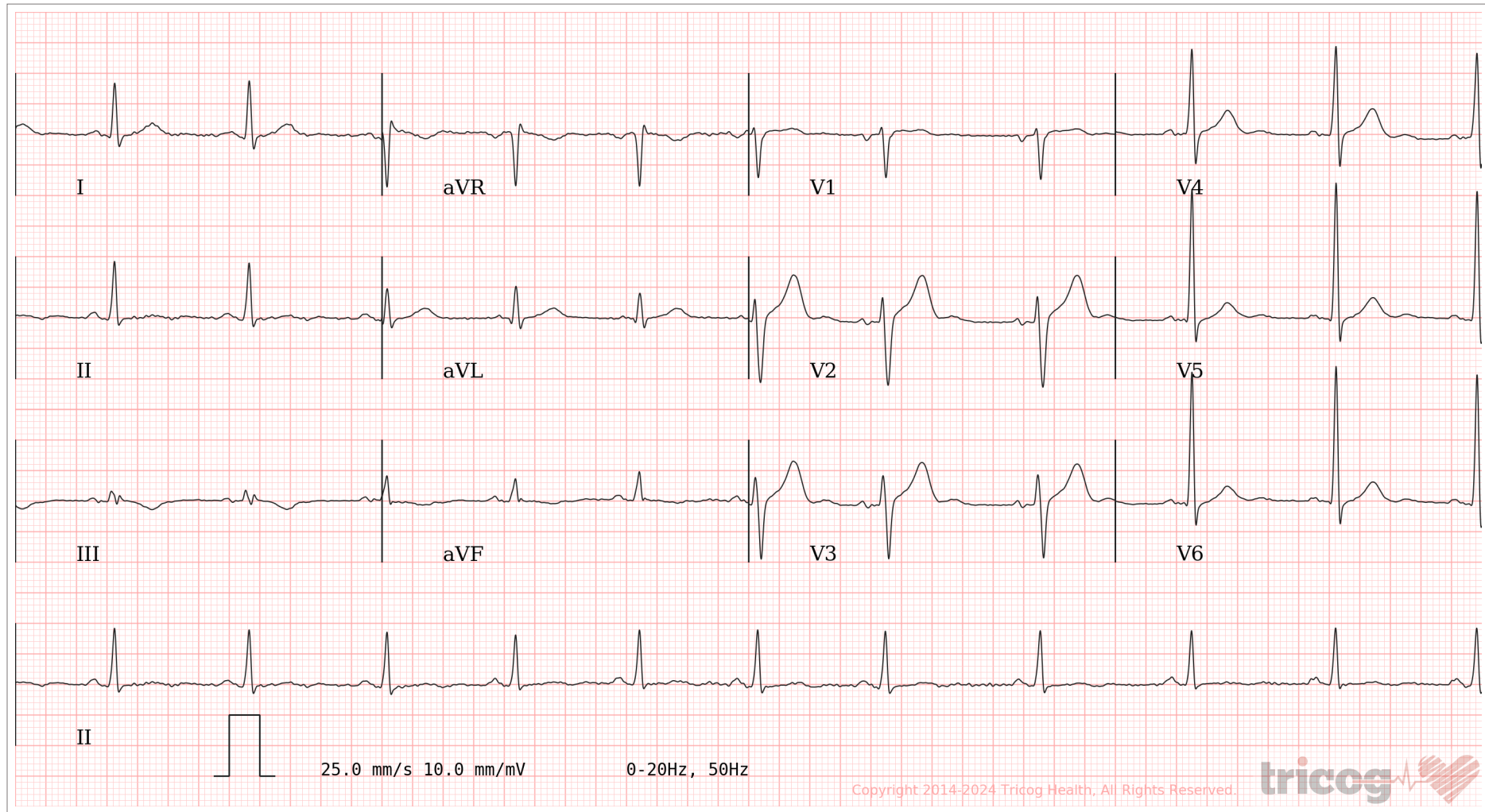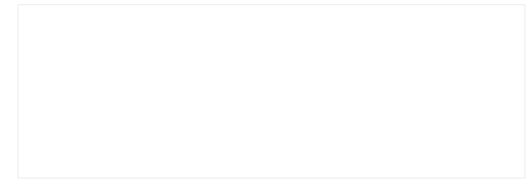
| AR: 67bpm | VR: 67bpm | QRSD: 100ms | QT: 388ms | QTcB: 410ms | PRI: 150ms | P-R-T: 56° 35° NA |

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Surekha B

63382

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 83bpm

B.P. 140/80

PRETEST

SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

Lead	Value 1	Value 2
I	1.0	1.7
aVR	-0.8	-1.2
V1	0.6	0.1
V4	0.8	1.0
II	0.5	0.7
aVL	0.8	1.4
V2	2.7	4.0
V5	0.3	0.7
III	-0.5	-1.0
aVF	0.0	-0.2
V3	1.4	2.5
V6	0.1	0.7

-0.5
-1.0

II   aVR   aVF   V2   V4   V6

I   III   aVL   V1   V3   V5

II
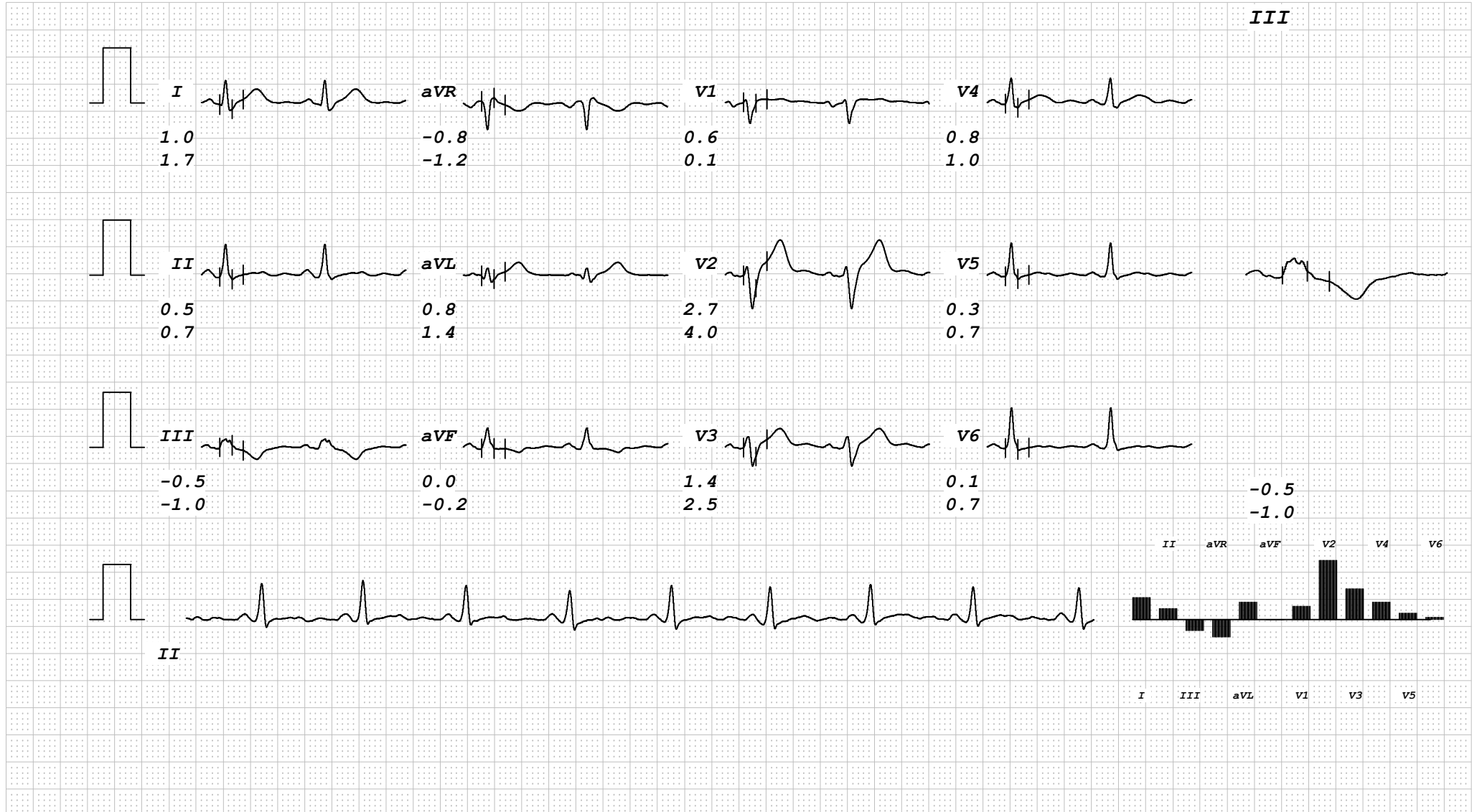
HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

RATE 79bpm
B.P. 140/80

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
1.1	-0.7	0.5	0.9
1.3	-1.0	-0.1	1.1

II	aVL	V2	V5
0.4	0.9	2.9	0.3
0.8	0.8	3.8	0.4

III	aVF	V3	V6
-0.7	-0.1	1.6	0.1
-0.4	0.2	2.2	0.3

-0.7
-0.4

II aVR aVF V2 V4 V6

II

I III aVL V1 V3 V5
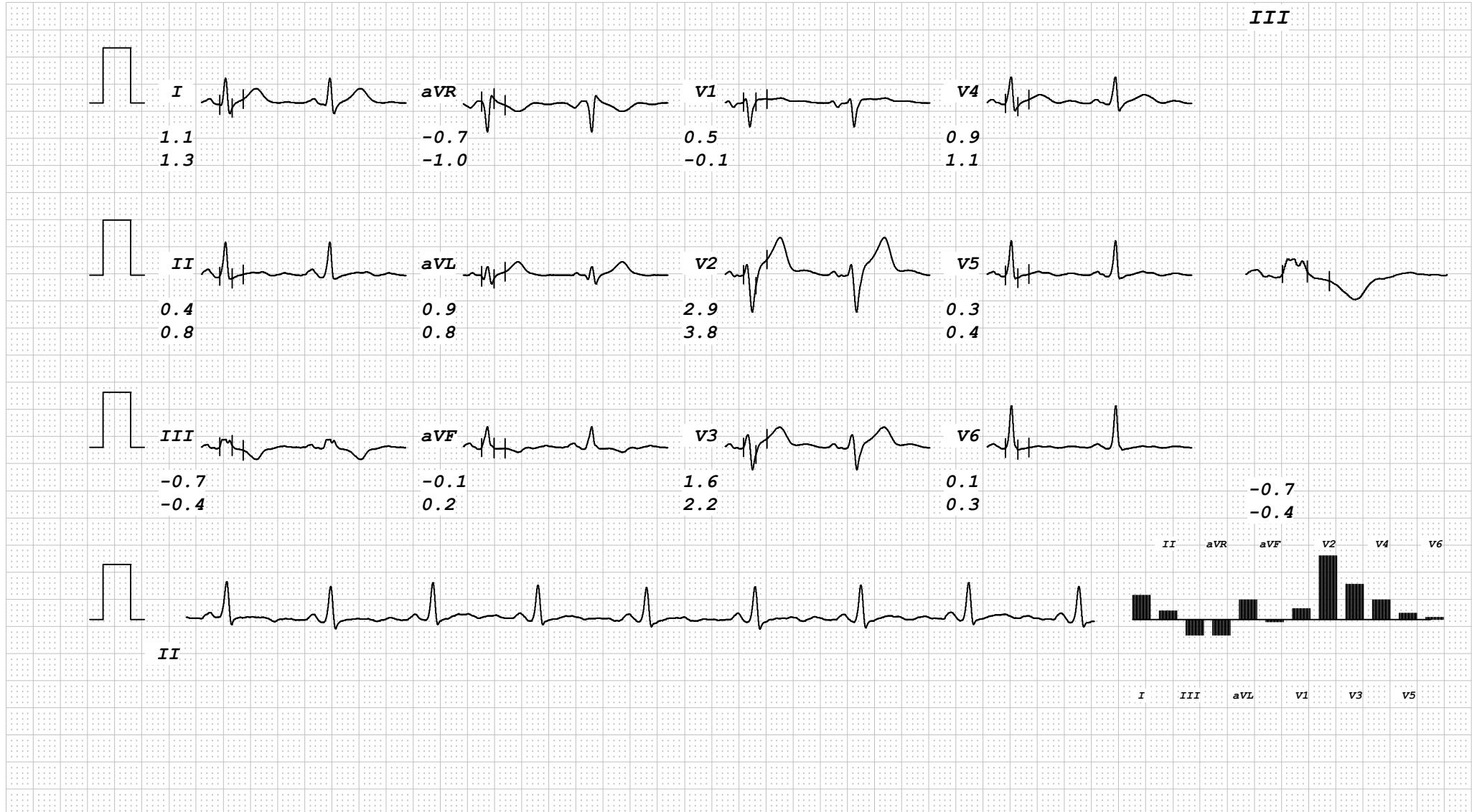
HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 82bpm

B.P. 140/80

PRETEST

HYPERVENT

PHASE TIME 0:02

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

Lead	Value 1	Value 2
I	1.6	1.4
aVR	-1.0	-0.9
V1	0.5	0.1
V4	1.0	0.9
II	0.5	0.5
aVL	1.4	1.2
V2	3.6	2.7
V5	0.4	0.7
III	-1.1	-0.9
aVF	-0.3	-0.2
V3	2.0	1.7
V6	0.2	0.4

-1.1
-0.9

II   aVR   aVF   V4   V6

I   III   aVL   V1   V3   V5

II
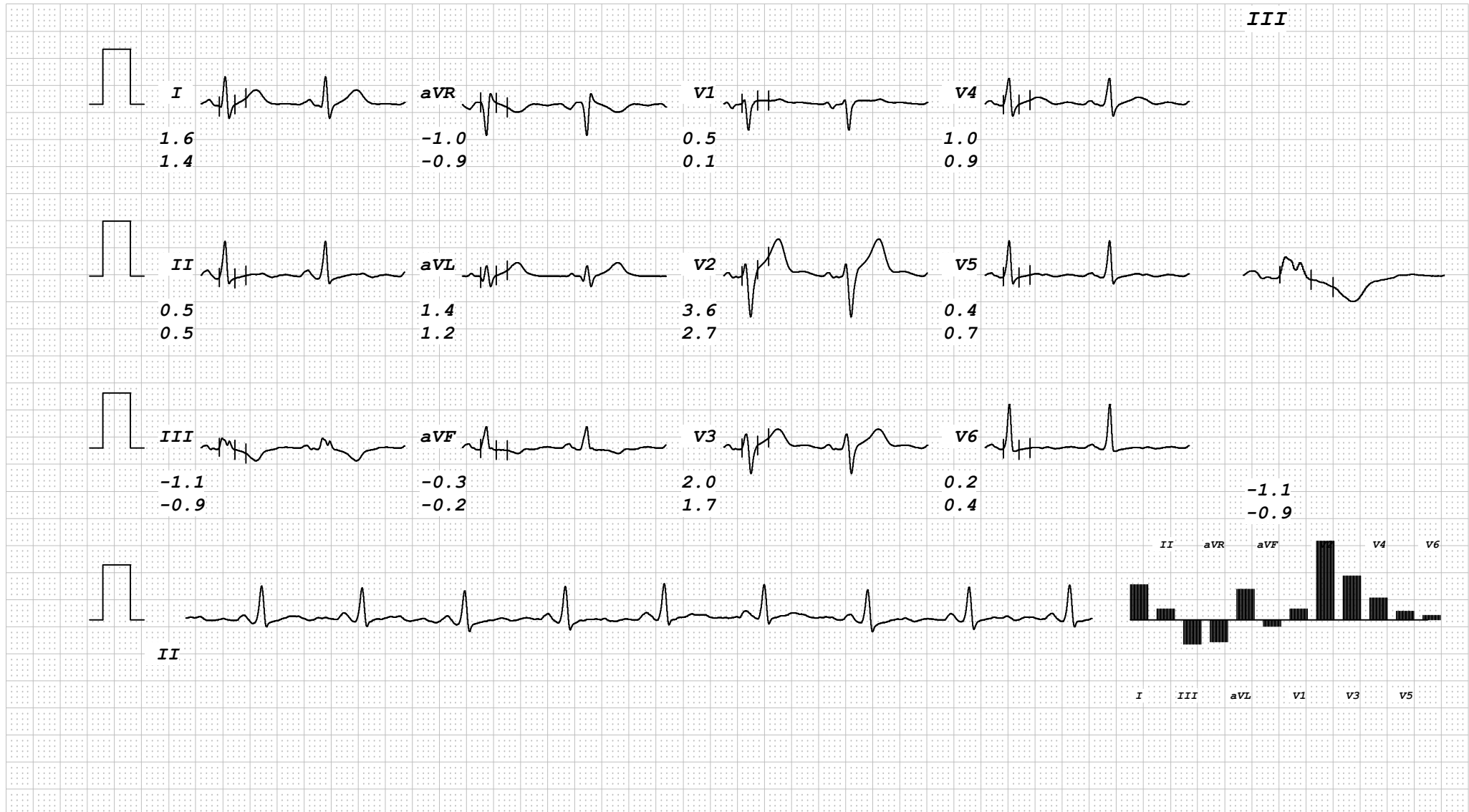
HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 86bpm

B.P. 140/80

PRETEST

VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
1.2	-0.8	0.4	0.8
1.1	-0.8	0.0	0.9

II	aVL	V2	V5
0.5	1.0	3.4	0.3
0.5	0.8	2.4	0.4

III	aVF	V3	V6
-0.8	-0.2	1.8	0.2
-0.6	-0.1	1.5	0.6

-0.8
-0.6

II
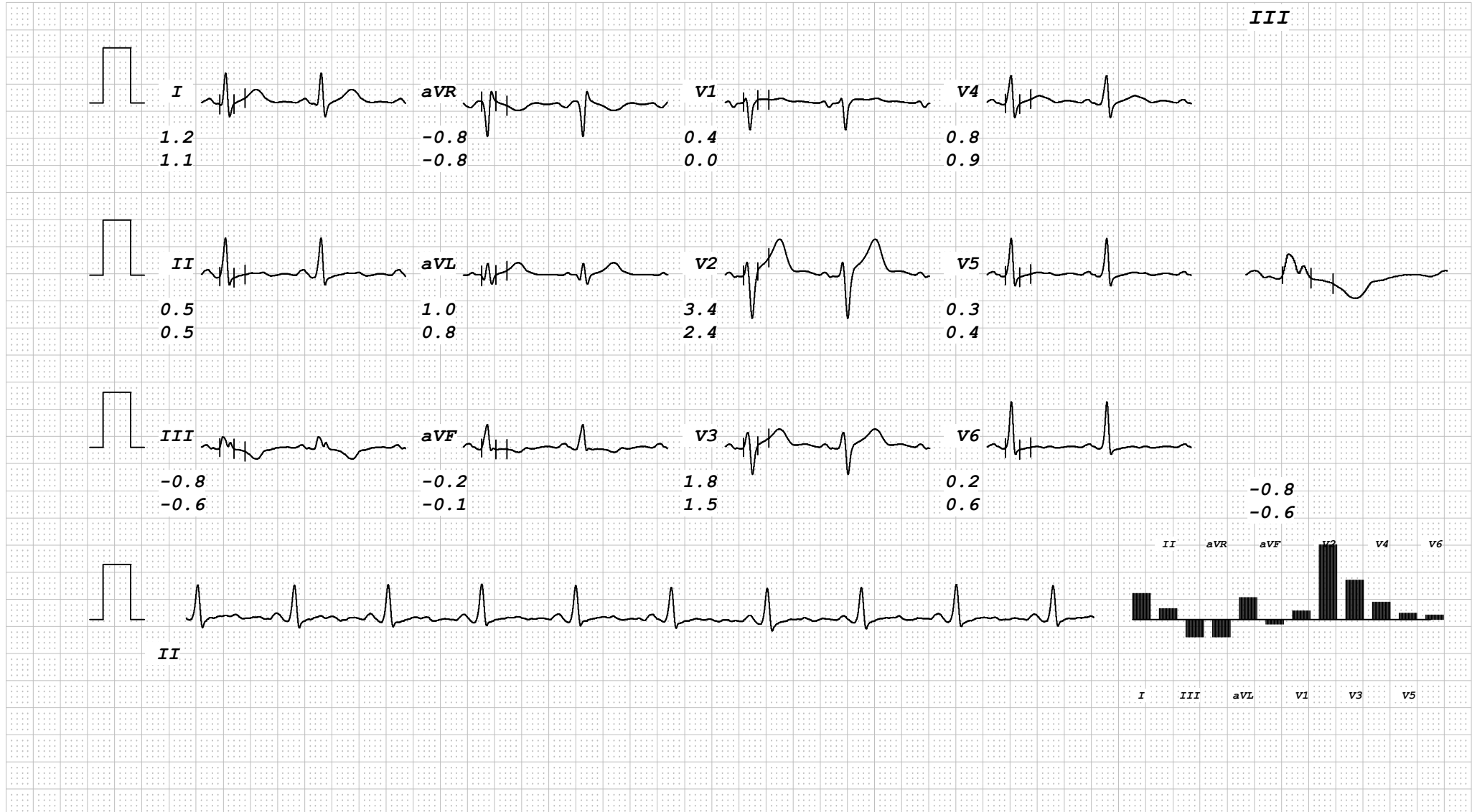
HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

RATE 128bpm
B.P. 150/90

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

Lead	Value 1	Value 2
I	1.6	2.1
aVR	-1.1	-1.8
V1	-0.1	-0.6
V4	0.9	1.2
II	0.6	1.5
aVL	1.3	1.3
V2	4.3	4.1
V5	0.2	0.8
III	-1.0	-0.6
aVF	-0.2	0.5
V3	2.5	2.5
V6	0.3	1.0

-1.0
-0.6

II   aVR   aVF   V2   V4   V6

I   III   aVL   V1   V3   V5

II

HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

RATE 142bpm
B.P. 160/100

Bruce
PK-EXERCISE
TOTAL TIME 4:43
PHASE TIME 1:43

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

LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
1.6	-1.1	0.0	0.7
2.0	-1.6	-0.8	1.9

II	aVL	V2	V5
0.5	1.4	4.6	0.0
1.3	1.3	5.0	1.4

III	aVF	V3	V6
-1.1	-0.3	2.3	-0.4
-0.7	0.3	3.4	1.1

-1.1
-0.7

II   aVR   aVF   V2   V4   V6

II

I   III   aVL   V1   V3   V5

HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

RATE 107bpm
B.P. 160/100

Bruce
RECOVERY
TOTAL TIME 5:43
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

Lead		Lead		Lead		Lead	
I	1.4 / 1.8	aVR	-1.2 / -1.7	V1	0.3 / 0.1	V4	1.3 / 2.3
II	1.0 / 1.6	aVL	0.9 / 1.0	V2	3.7 / 4.0	V5	0.6 / 1.5
III	-0.5 / -0.2	aVF	0.3 / 0.7	V3	2.5 / 3.3	V6	0.2 / 1.3

-0.5
-0.2

HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 104bpm

B.P. 150/100

Bruce

RECOVERY

TOTAL TIME 6:43

PHASE TIME 1:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

Lead	Values
I	0.6 / 0.8
aVR	-0.5 / -0.8
V1	0.3 / 0.1
V4	0.4 / 1.2
II	0.3 / 0.8
aVL	0.4 / 0.3
V2	3.0 / 3.2
V5	0.1 / 0.9
III	-0.3 / 0.0
aVF	0.0 / 0.4
V3	1.6 / 2.0
V6	-0.3 / 0.7

-0.3
0.0

II

II   aVR   aVF   V2   V4   V6

I   III   aVL   V1   V3   V5

HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 100bpm

B.P. 150/100

Bruce

RECOVERY

TOTAL TIME 7:43

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

Lead	Value 1	Value 2
I	0.6	0.7
aVR	-0.4	-0.6
V1	0.2	0.0
V4	0.2	0.9
II	0.2	0.5
aVL	0.4	0.4
V2	2.3	2.5
V5	-0.2	0.7
III	-0.3	-0.2
aVF	-0.1	0.1
V3	1.2	1.6
V6	-0.4	0.3

-0.3
-0.2

II   aVR   aVF   V2   V4   V6

I   III   aVL   V1   V3   V5

II
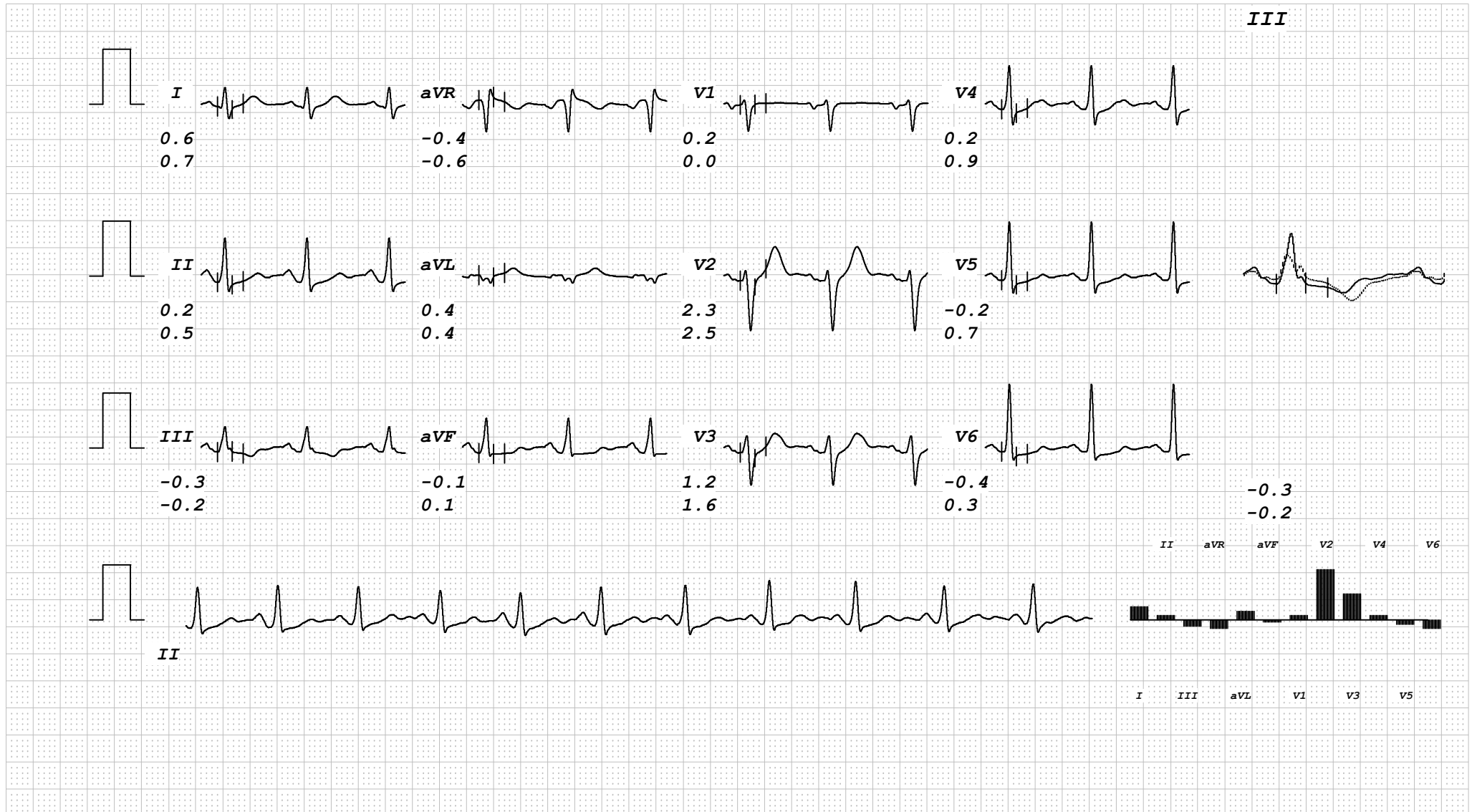
HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

RATE 96bpm

B.P. 160/100

Bruce

RECOVERY

TOTAL TIME 8:43

PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
0.6	-0.3	0.2	0.2
0.6	-0.6	0.1	0.7

II	aVL	V2	V5
0.1	0.6	2.2	-0.1
0.6	0.3	2.2	0.6

III	aVF	V3	V6
-0.5	-0.2	1.2	-0.2
0.0	0.3	1.4	0.5

-0.5
0.0

II aVR aVF V2 V4 V6

II

I III aVL V1 V3 V5
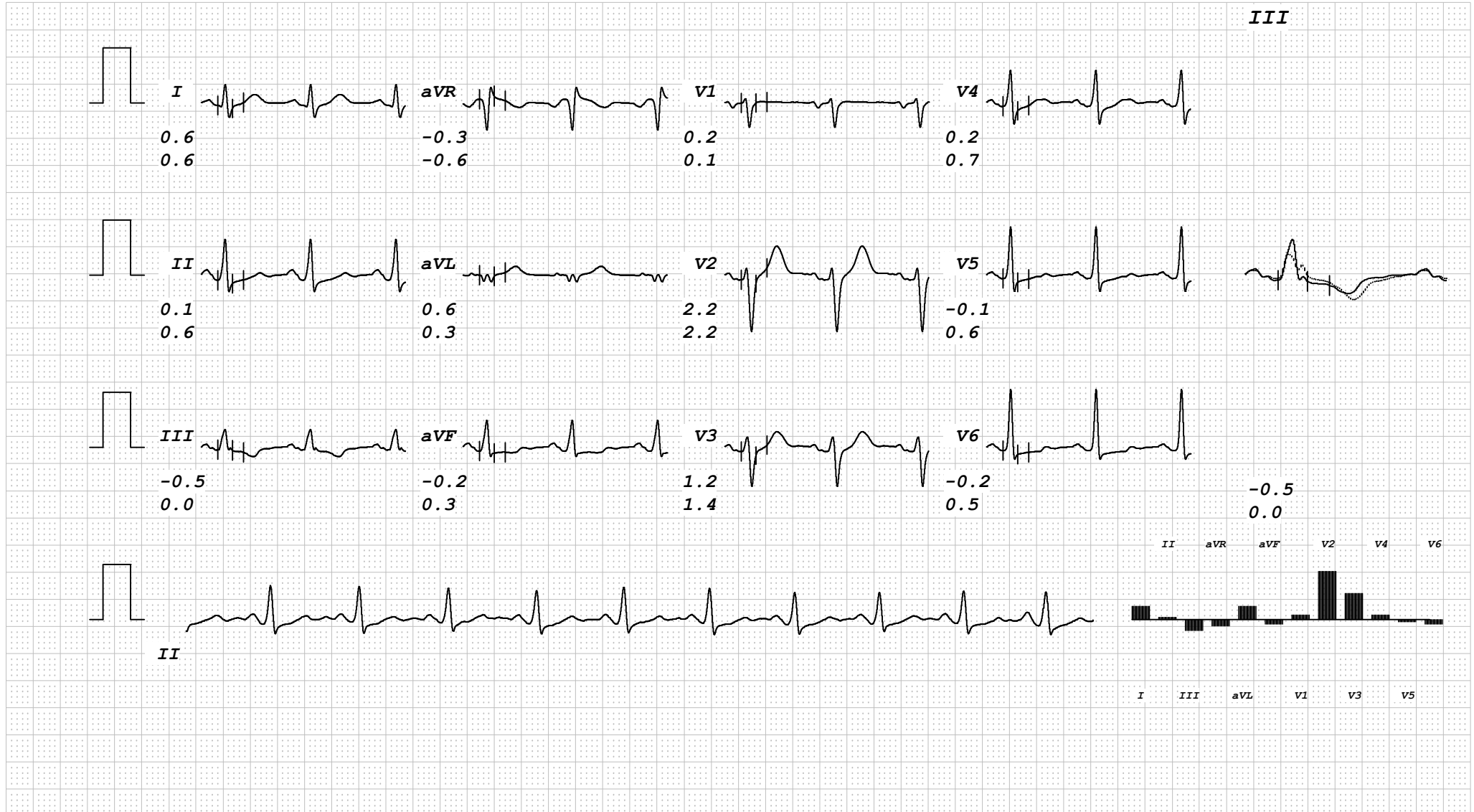
HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

RATE 91bpm
B.P. 160/100

Bruce
RECOVERY
TOTAL TIME 9:43
PHASE TIME 4:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

Lead	I	aVR	V1	V4
	0.7	-0.5	0.2	0.5
	1.1	-1.0	0.0	1.1

Lead	II	aVL	V2	V5
	0.3	0.6	2.2	0.0
	0.9	0.6	2.1	0.4

Lead	III	aVF	V3	V6
	-0.4	-0.1	1.3	-0.2
	-0.2	0.3	1.3	0.4

-0.4
-0.2

II   aVR   aVF   V2   V4   V6

II

I   III   aVL   V1   V3   V5
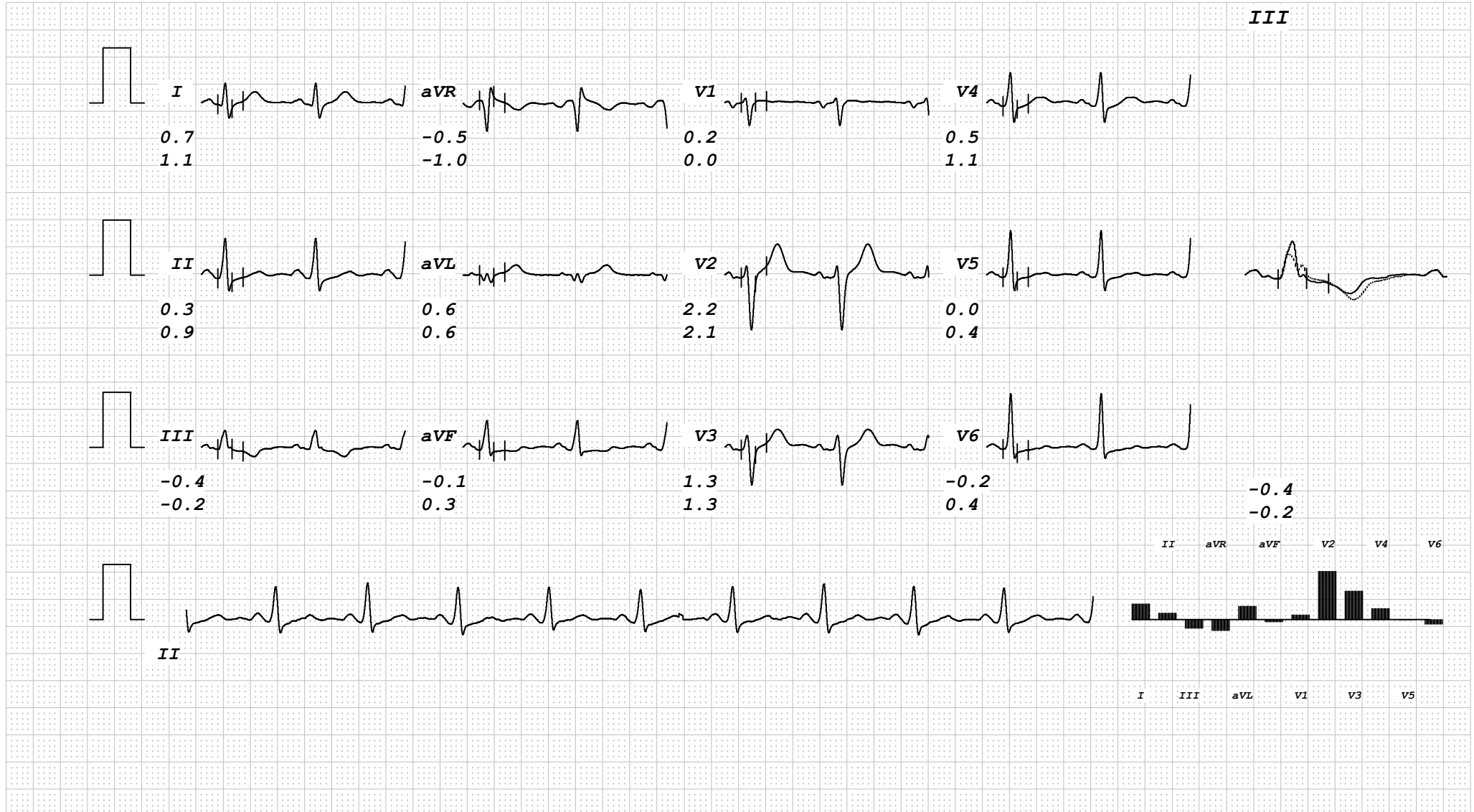
HEALTHSPRING OSHIWARA

MANOJ JHA

I.D. 456

Age 52/M

Date 27/01/2024

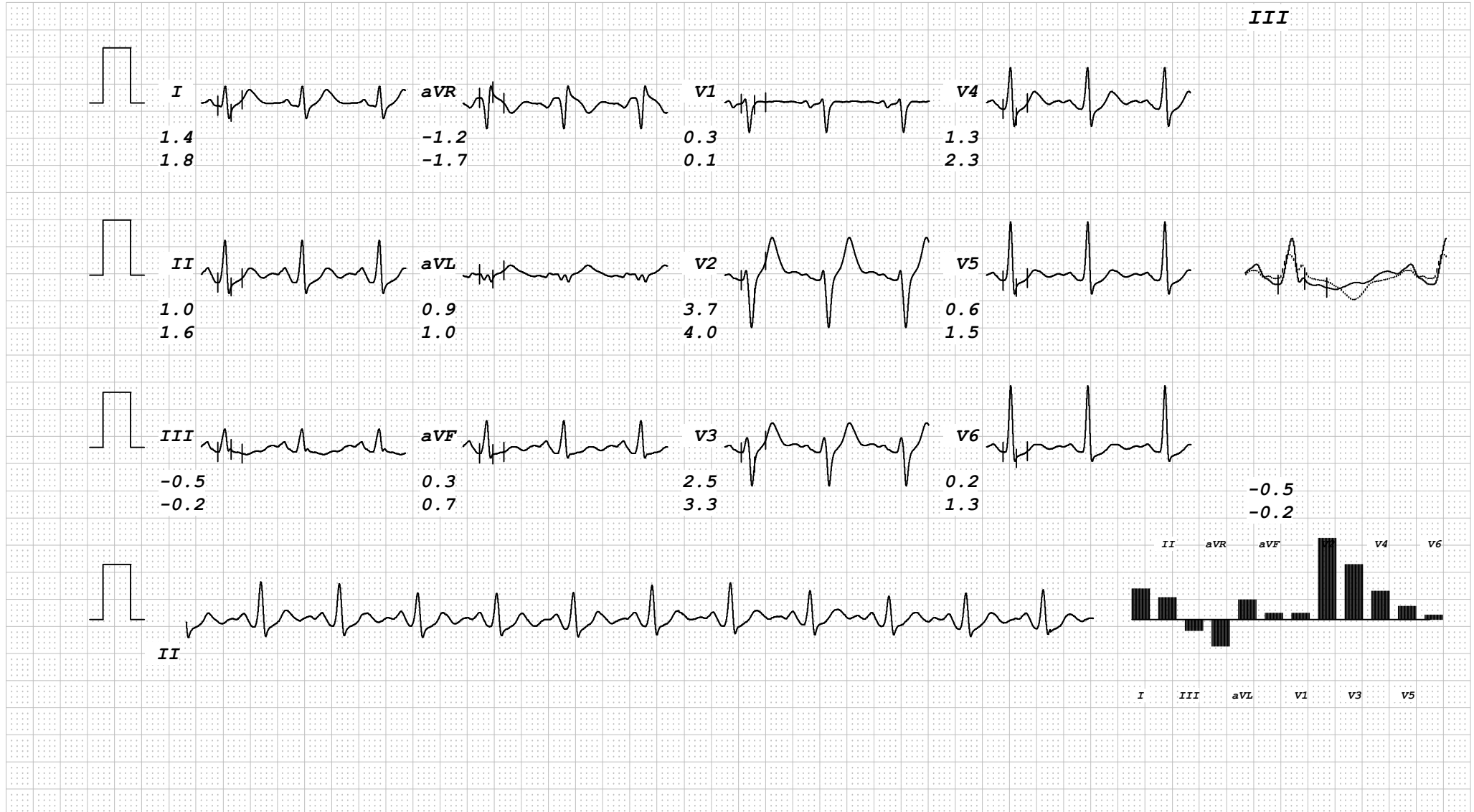RATE 95bpm

B.P. 160/100

Bruce

RECOVERY

TOTAL TIME 10:43
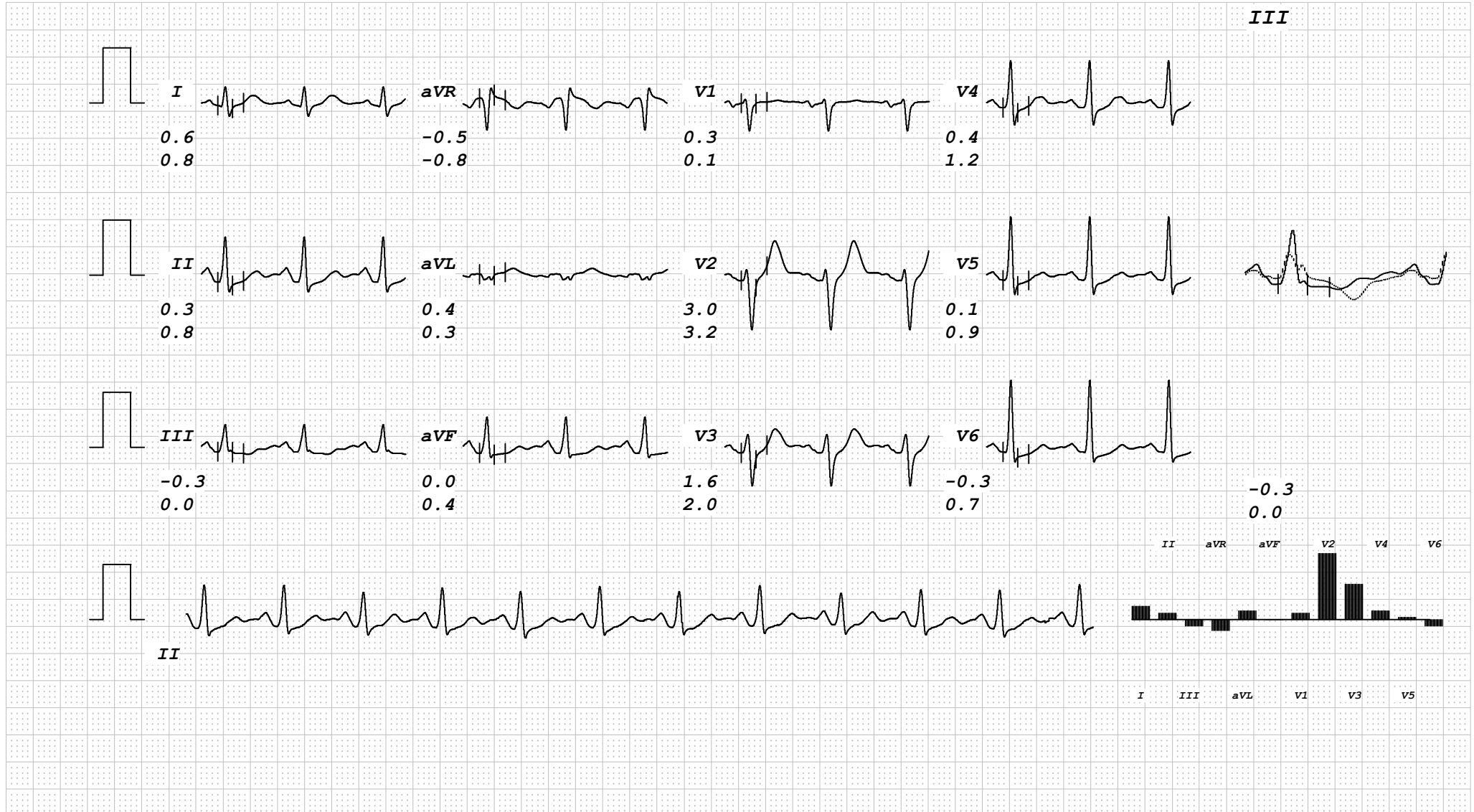
PHASE TIME 5:55

ST @ 10mm/mV

80ms PostJ
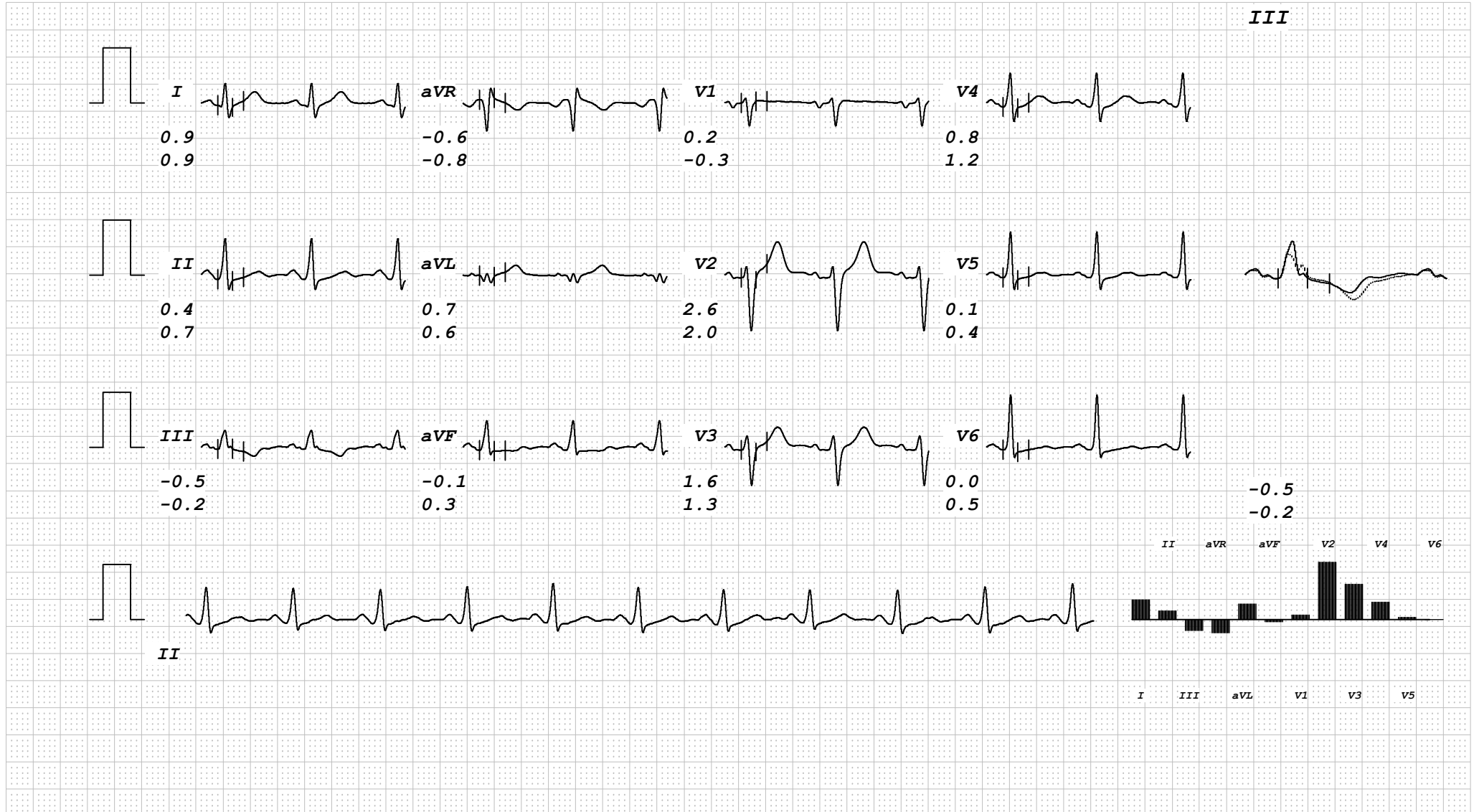
LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
0.9	-0.6	0.2	0.8
0.9	-0.8	-0.3	1.2

II	aVL	V2	V5
0.4	0.7	2.6	0.1
0.7	0.6	2.0	0.4

III	aVF	V3	V6
-0.5	-0.1	1.6	0.0
-0.2	0.3	1.3	0.5

-0.5
-0.2

II aVR aVF V2 V4 V6

II

I III aVL V1 V3 V5

HEALTHSPRING OSHIWARA

MANOJ JHA
I.D. 456
Age 52/M
Date 27/01/2024

Bruce
RECOVERY
TOTAL TIME 11:43
PHASE TIME 6:55

ST @ 10mm/mV
80ms PostJ

RATE 99bpm
B.P. 130/80

LINKED MEDIAN

Mag. X 2

III

I	aVR	V1	V4
0.9	-0.6	0.3	0.7
1.2	-0.9	-0.2	1.0

II	aVL	V2	V5
0.2	0.7	2.8	0.2
0.6	0.9	2.3	0.6

III	aVF	V3	V6
-0.6	-0.2	1.7	-0.1
-0.6	0.0	1.4	0.6

-0.6
-0.6

II   aVR   aVF   V2   V4   V6

I   III   aVL   V1   V3   V5

II

HEALTHSPRING OSHIWARA

ANDHERI WEST
MUMBAI

MANOJ JHA
ID   : 456
DATE   : 27/01/2024
AGE/SEX : 52 /M
HT/WT   : 165 / 77
REF.BY   :

TREADMILL TEST REPORT

PROTOCOL   : Bruce
HISTORY   : TELMA 40
INDICATION :
MEDICATION : TELMA 40

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					83	140 / 80	116	0.5	0.6	0.3	
STANDING					79	140 / 80	110	0.4	0.5	0.3	
HYPERVENT		0:2			82	140 / 80	114	0.5	0.5	0.4	
VALSALVA					86	140 / 80	120	0.5	0.4	0.3	
Stage 1	2:55	2:55	2.7	10	128	150 / 90	192	0.6	-0.1	0.2	4.67
PK-EXERCISE	4:43	1:43	4	12	142	160 / 100	227	0.5	0	0	6.12
RECOVERY	5:43	0:55			107	160 / 100	171	1	0.3	0.6	
RECOVERY	6:43	1:55			104	150 / 100	156	0.3	0.3	0.1	
RECOVERY	7:43	2:55			100	150 / 100	150	0.2	0.2	-0.2	
RECOVERY	8:43	3:55			96	160 / 100	153	0.1	0.2	-0.1	
RECOVERY	9:43	4:55			91	160 / 100	145	0.3	0.2	0	
RECOVERY	10:43	5:55			95	160 / 100	152	0.4	0.2	0.1	
RECOVERY	11:43	6:55			100	130 / 80	130	0.2	0.3	0.2	

RESULTS

EXERCISE DURATION   : 4:43   MAX WORK LOAD   : 6.12 METS
MAX HEART RATE   : 145 bpm 86 % of target heart rate 168 bpm
MAX BLOOD PRESSURE   : 160 / 100 mm Hg
REASON OF TERMINATION : Achieved THR,

BP RESPONSE   :
ARRYTHMIA   :
H.R. RESPONSE   :

IMPRESSIONS   :

Technician :