



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. VASWANI JYOTI HARESH
EC NO.	161347
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	GANDHINAGAR, VIDHAN SABHA
BIRTHDATE	29-06-1986
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M161347100087404E

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 **03-02-2024** 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))



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. VASWANI JYOTI HARESH
क.कू.संख्या	161347
पदनाम	SINGLE WINDOW OPERATOR B
कार्य का स्थान	GANDHINAGAR, VIDHAN SABHA
जन्म की तारीख	29-06-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	10-02-2024
बुकिंग संदर्भ सं.	23M161347100087404E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 03-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



**Health Check up Booking Confirmed Request(bobE7565),Package Code-PKG10000475,  
Beneficiary Code-299544**  
message

Mediwheel <wellness@mediwheel.in>  
o: jst290187@gmail.com  
c: customercare@mediwheel.in

Sat, 3 Feb, 2024 at 3:12 pm



**Mediwheel**  
...Your wellness partner

011-41195959

Dear **Jyoti vaswani**,

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 03-02-2024

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital

**Address of Diagnostic/Hospital-** : Between Sargassan & Reliance Cross Road, Gandhinagar -0382421

**City** : Gandhi Nagar

**State** :

**Pincode** : 382421

**Appointment Date** : 10-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information	
Booked Member Name	Age
MS. VASWANI JYOTI HARESH	37 year
	Gender
	Female

Note - Please note to not pay any amount .

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



Thanks,  
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. This email is recieved because you are register with us [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Bank of Baroda  
જાણી શ્રી શ્રી  
Name JYOTI HARESH VASWANI  
Employee Code No. 161347  
જાણી શ્રી શ્રી  
Issuing Authority  
જાણી શ્રી શ્રી  
Member of House





Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**aashka**  
H O S P I T A L



DR. TAPAS RAVAL  
MBBS . D.O  
(FELLOW IN PHACO & MEDICAL  
RATINA)  
REG.NO.G-21350


UHID:	OSP33243	Date:	10-2-24	Time:	
Patient Name:	Jyotiaben	Age / Sex:		Height:	
				Weight:	
History:					
Allergy History:	no				
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	BE SL - wml				
Diagnosis:	wml - summed				





Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

 **aashka**  
H O S P I T A L



DR. SEJAL J AMIN  
B.D.S, M.D.S (PERIODONTIST)  
IMPLANTOLOGIST  
REG NO: A-12942

UHID:	OSP 33243	Date:	10/2/24	Time:	
Patient Name:	Jyoti	Age / Sex:	34/F	Height:	
	harvest bhai	Weight:			
Chief Complain:					
History:	Routine dental check up.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral – Teeth Present :	→ Stein ++ anterior +				
Teeth Absent :					
Diagnosis:					

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①		Vontej toothpaste				
		(2 times a day)				

Other Advice:


→ Sewing

Follow-up:

Consultant's Sign:

*[Signature]*

Aashka Hospitals Ltd.  
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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

 **aashka**  
H O S P I T A L



DR. PRERAK TRIVEDI  
M.D., IDCCM  
CRITICAL CARE MEDICINE  
REG.NO.G-59493

UHID: <b>OSP 93243</b>	Date: <b>10/2/24</b>	Time: <b>3:20PM</b>
Patient Name: <b>Jyoti Vashwanari</b>	Height: <b>156</b>	
Age /Sex: <b>37y.f.</b>	LMP: <b></b>	Weight: <b>97.5</b>
History: C/C/O:	History:	
Allergy History:	Addiction:	
Nutritional Screening: <b>Well-Nourished / Malnourished / Obese</b>		
Vitals & Examination:		
Temperature: <b>Normal</b>		
Pulse: <b>98/min</b>		
BP: <b>140/88 mmHg</b>		
SPO2: <b>98% on RA</b>		
Provisional Diagnosis:		







Name: Jyoti Vaswani Age: 39 yrs

Complaints:

None

No of deliveries:

1st/2/88/9/08

Last Delivery:

7 yrs

History of abortion:

1st trimester  
spontaneous

H/O medical conditions associated:

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

Last abortions:

MH: 4-5/88-90 Reg:

LMP: 4/2/24

P/A:

P/S:

CR6 no lag / as per

P/N:

Sample:-

Vagina	<input checked="" type="checkbox"/>
Cervix	<input type="checkbox"/>

Thakur

Doctors Sign:- \_\_\_\_\_





10.02.2024 10:29:15 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

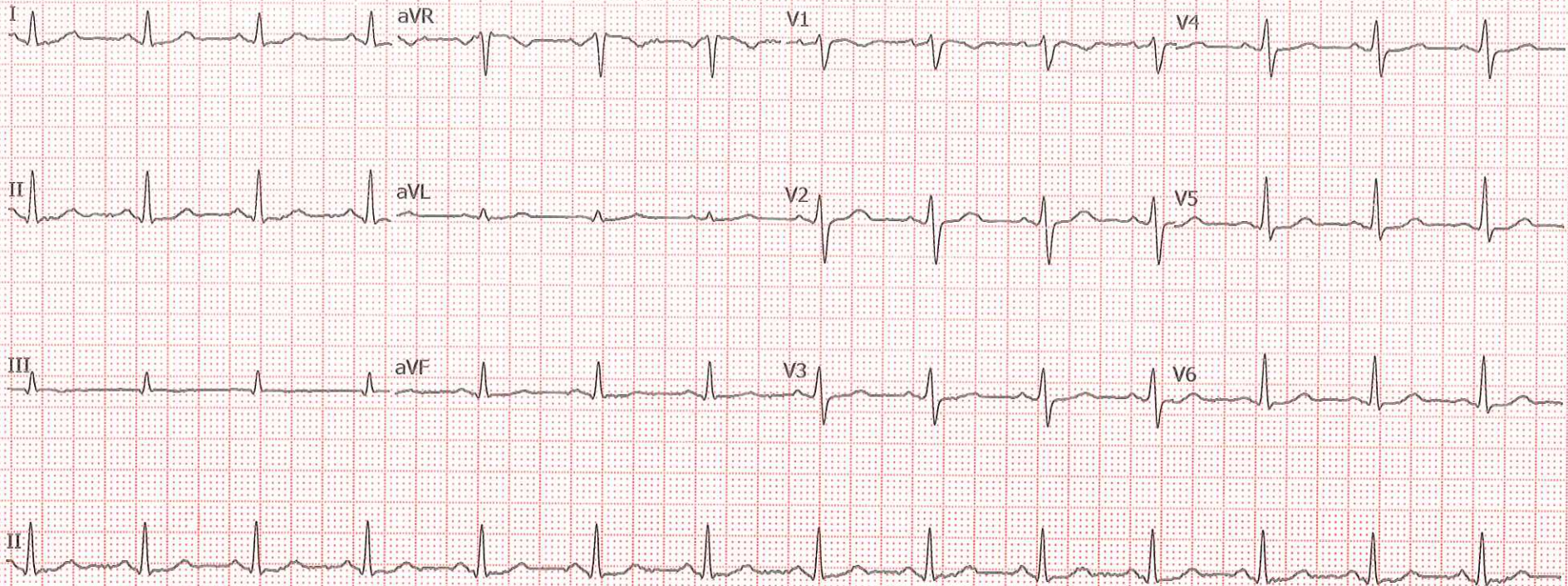
Room:

84 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 396 / 467 ms  
PR : 140 ms  
P : 114 ms  
RR / PP : 718 / 714 ms  
P / QRS / T : 35 / 56 / 22 degrees

Normal sinus rhythm  
Normal ECG











## LABORATORY REPORT



**Name :** JYOTI HARESH VASWANI      **Sex/Age :** Female/ 39 Years      **Case ID :** 40202200263  
**Ref.By :** HOSPITAL      **Dis. At :**      **Pt. ID :** 3340191  
**Bill. Loc. :** Aashka hospital      **Sample Type :**      **Mobile No. :**      **Pt. Loc. :**      **Ref Id1 :** OSP33243  
**Reg Date and Time :** 10-Feb-2024 09:11      **Sample Coll. By :**      **Ref Id2 :** O23249972  
**Sample Date and Time :** 10-Feb-2024 09:11      **Acc. Remarks :** Normal  
**Report Date and Time :**      **Reference Range**

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	109.42	mg/dL	70 - 100
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	5.84	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Eosinophil	8.0	%	1.00 - 6.00
<b>Lipid Profile</b>			
Cholesterol	248.92	mg/dL	110 - 200
HDL Cholesterol	39.3	mg/dL	48 - 77
Triglyceride	176.25	mg/dL	<150
Chol/HDL	6.33		0 - 4.1
LDL Cholesterol	174.37	mg/dL	0.00 - 100.00

### Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT

Name : **JYOTI HARESH VASWANI**

Sex/Age : **Female/ 39 Years**

Case ID : **40202200263**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3340191**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **10-Feb-2024 09:11**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **10-Feb-2024 09:11**

Sample Coll. By :

Ref Id1 : **OSP33243**

Report Date and Time : **10-Feb-2024 09:59**

Acc. Remarks : **Normal**

Ref Id2 : **O23249972**

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.0	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.79	millions/cumm	3.80 - 4.80	
PCV(Calc)	40.24	%	36.00 - 46.00	
MCV (RBC histogram)	84.0	fL	83.00 - 101.00	
MCH (Calc)	27.1	pg	27.00 - 32.00	
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.20	%	11.00 - 16.00	
<u>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</u>				
Total WBC Count	5940	/μL	4000.00 - 10000.00	[Abs] 3148 /μL 2000.00 - 7000.00
Neutrophil	[%] 53.0	%	40.00 - 70.00	
Lymphocyte	34.0	%	20.00 - 40.00	2020 /μL 1000.00 - 3000.00
Eosinophil	H 8.0	%	1.00 - 6.00	475 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	297 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	382000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.56		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

  
Dr. Shreya Shah

M.D. (Pathologist)

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## CONDITIONS OF REPORTING

1. The laboratory will report the results of the tests as requested by the referring doctor and will not be responsible for the interpretation of the results. The laboratory will not be responsible for the results of the tests if the specimen is not properly labeled, stored, or transported. The laboratory will not be responsible for the results of the tests if the specimen is not properly labeled, stored, or transported.

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8. The laboratory will not be responsible for the results of the tests if the specimen is not properly labeled, stored, or transported.

### Lab Reports & Advisory Services

	Contact Numbers
1. COVID-19 (RT-PCR)	079-40408120
2. COVID-19 (Antigen)	079-40408145
3. COVID-19 (Serology)	079-40408132
4. COVID-19 (Rapid)	079-40408114
5. COVID-19 (IgG/IgM)	079-40408117
6. COVID-19 (IgA)	079-40408161

### Lab Reports

	Contact Numbers
1. COVID-19 (RT-PCR)	7698009812
2. COVID-19 (Antigen)	9024002091
3. COVID-19 (Serology)	9024729005
4. COVID-19 (Rapid)	9024406721
5. COVID-19 (IgG/IgM)	7698009903

9. The laboratory will not be responsible for the results of the tests if the specimen is not properly labeled, stored, or transported.

### Neuberg Suprotech Branches in Ahmedabad

1. COVID-19 (RT-PCR) - 079-244207, Saprunagar - 635678001721.  
 2. COVID-19 (Antigen) - 079-244207, Saprunagar - 635678001721.  
 3. COVID-19 (Serology) - 079-244207, Saprunagar - 635678001721.  
 4. COVID-19 (Rapid) - 079-244207, Saprunagar - 635678001721.  
 5. COVID-19 (IgG/IgM) - 079-244207, Saprunagar - 635678001721.

### Neuberg Suprotech Collection Centers in Ahmedabad

1. COVID-19 (RT-PCR) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774

### Neuberg Suprotech Reference Laboratories Private Limited

1. COVID-19 (RT-PCR) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774  
 2. COVID-19 (Antigen) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774  
 3. COVID-19 (Serology) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774  
 4. COVID-19 (Rapid) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774  
 5. COVID-19 (IgG/IgM) - 079-26713-034, Paldi - 6359900406, Naroda - 079-22804774

### 1990, Office

Neuberg Suprotech Reference Laboratories Private Limited  
 Private Lab or Specialist Reference Laboratory & Reference Testing Pvt Ltd  
 Trivikram Saptagiri Bhawan, 15, IV Street  
 Abhinavapuram, Chennai - 600018, Tamil Nadu  
 CIN - U62195TN2013PTC131947





## LABORATORY REPORT

Name : **JYOTI HARESH VASWANI** Sex/Age : **Female/ 39 Years** Case ID : **40202200263**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340191**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **10-Feb-2024 09:11** Sample Type : **Whole Blood EDTA** Mobile No :  
Sample Date and Time : **10-Feb-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33243**  
Report Date and Time : **10-Feb-2024 10:40** Acc. Remarks : **Normal** Ref Id2 : **O23249972**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

10

mm after 1hr 3 - 20

**ESR**  
Westergren Method

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Case ID : 40202200263  
Pt. ID : 3340191  
Pt. Loc :

Sex/Age : Female/ 39 Years  
Dis. At :

Name : JYOTI HARESH VASWANI  
Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Mobile No :  
Ref Id1 : OSP33243  
Ref Id2 : O23249972

Sample Type : Whole Blood EDTA  
Sample Coll. By :  
Acc. Remarks : Normal

Reg Date and Time : 10-Feb-2024 09:11

Sample Date and Time : 10-Feb-2024 09:11

Report Date and Time : 10-Feb-2024 09:36

REMARKS

### RESULTS UNIT BIOLOGICAL REF RANGE

#### TEST

#### HAEMATOTOLOGY INVESTIGATIONS

### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type : B  
Rh Type : POSITIVE

Note: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT

**Name :** JYOTI HARESH VASWANI  
**Ref.By :** HOSPITAL  
**Bill. Loc. :** Aashka hospital  
**Sex/Age :** Female/ 39 Years  
**Dis. At :**  
**Pt. Loc. :**  
**Reg Date and Time :** 10-Feb-2024 09:11 **Sample Type :** Spot Urine  
**Sample Date and Time :** 10-Feb-2024 09:11 **Sample Coll. By :**  
**Report Date and Time :** 10-Feb-2024 09:45 **Acc. Remarks :** Normal  
**Case ID :** 40202200263  
**Pt. ID :** 3340191  
**Mobile No. :**  
**Ref Id1 :** OSP33243  
**Ref Id2 :** O23249972

### TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

#### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>			
Colour	Pale yellow		
Transparency	Clear		
<u>Chemical Examination By Sysmex UC-3500</u>			
Sp.Gravity	1.020		1.005 - 1.030
pH	<5.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative
<u>Flowcytometric Examination By Sysmex UF-5000</u>			
Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note:(LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : JYOTI HARESH VASWANI  
Ref.By : HOSPITAL

Sex/Age : Female/ 39 Years  
Dis. At :  
Pt. Loc :

Case ID : 40202200263  
Pt. ID : 3340191  
Pt. Loc :

Bill. Loc. : Aashka hospital

Mobile No :

Reg Date and Time : 10-Feb-2024 09:11 Sample Type : Spot Urine

Ref Id1 : OSP33243

Sample Date and Time : 10-Feb-2024 09:11 Sample Coll. By :

Ref Id2 : O23249972

Report Date and Time : 10-Feb-2024 09:45 Acc. Remarks : Normal

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.6-8.0				
SG	-	1.003-1.035				
Protein	mg/dL	Negative (<10)	10	25	75	150
Glucose	mg/dL	Negative (<30)	30	50	100	300
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6
Ketone	mg/dL	Negative (<5)	5	15	50	150
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite(Strip)	-	Negative	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

Note: (L-,VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : **JYOTI HARESH VASWANI** Sex/Age : **Female/ 39 Years** Case ID : **40202200263**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340191**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **10-Feb-2024 09:11** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :  
Sample Date and Time : **10-Feb-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33243**  
Report Date and Time : **10-Feb-2024 12:55** Acc. Remarks : **Normal** Ref Id2 : **O23249972**  
TEST UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	109.42	mg/dL	70 - 100
<b>Plasma Glucose - PP</b>		103.98	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level  
100-<126 mg/dL: Impaired fasting glucoseer guidelines  
>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathologist)









## LABORATORY REPORT

Name : **JYOTI HARESH VASWANI** Sex/Age : Female/ 39 Years Case ID : 40202200263  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3340191  
 Bill. Loc. : Aashka hospital Mobile No : Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:11 Sample Type : Serum Mobile No :  
 Sample Date and Time : 10-Feb-2024 09:11 Sample Coll. By : Ref Id1 : OSP33243  
 Report Date and Time : 10-Feb-2024 13:52 Acc. Remarks : Normal Ref Id2 : O23249972

REMARKS

### RESULTS UNIT BIOLOGICAL REF RANGE

#### BIOCHEMICAL INVESTIGATIONS

##### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	248.92	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	39.3	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	176.25	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		35.25	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	6.33		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	174.37	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : **JYOTI HARESH VASWANI** Sex/Age : **Female/ 39 Years** Case ID : **40202200263**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340191**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **10-Feb-2024 09:11** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **10-Feb-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33243**  
 Report Date and Time : **10-Feb-2024 14:04** Acc. Remarks : **Normal** Ref Id2 : **O23249972**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> UV with P5P	30.03	U/L	14 - 59
<b>S.G.O.T.</b> UV with P5P	23.34	U/L	15 - 37
<b>Alkaline Phosphatase</b> Enzymatic, PNPP-AMP	102.0	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	26.68	U/L	0 - 38
<b>Proteins (Total)</b> Colorimetric, Biuret	8.02	gm/dL	6.40 - 8.30
<b>Albumin</b> Bromocresol purple	4.76	gm/dL	3.4 - 5
<b>Globulin</b> Calculated	3.26	gm/dL	2 - 4.1
<b>A/G Ratio</b> Calculated	1.5		1.0 - 2.1
<b>Bilirubin Total</b> Photometry	0.69	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> Diazoitization reaction	0.50	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> Calculated	0.19	mg/dL	0 - 0.8

Note: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Case ID : 40202200263  
Sex/Age : Female/ 39 Years  
Pt. ID : 3340191  
Dis. At :  
Pt. Loc :

Name : JYOTI HARESH VASWANI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Feb-2024 09:11 Sample Type : Serum Mobile No :  
Sample Date and Time : 10-Feb-2024 09:11 Sample Coll. By : Ref Id1 : OSP33243  
Report Date and Time : 10-Feb-2024 13:52 Acc. Remarks : Normal Ref Id2 : O23249972

BIOLOGICAL REF RANGE REMARKS

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLDH	10.4	mg/dL	7.00 - 18.70	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid Uricase	5.39	mg/dL	2.6 - 6.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Case ID : 40202200263

Sex/Age : Female/ 39 Years

Pt. ID : 3340191

Dis. At : Pt. Loc :

Name : JYOTI HARESH VASWANI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Feb-2024 09:11

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 09:11

Sample Coll. By :

Ref Id1 : OSP33243

Report Date and Time : 10-Feb-2024 10:49

Acc. Remarks : Normal

Ref Id2 : O23249972

Report Date and Time : 10-Feb-2024 10:49

REMARKS

### TEST RESULTS UNIT BIOLOGICAL REF RANGE

#### Glycated Haemoglobin Estimation

HbA1C	H	5.84	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>		120.91	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes,

risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

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## CONDITIONS OF REPORTING

1. The laboratory will be held liable only in respect of the limits of sensitivity and specificity of the tests performed. The responsibility of the specimen received by the laboratory, isolated laboratory and the laboratory staff, cannot be denied, but only help in arriving at a diagnosis in conjunction with the clinical picture of the patient and the epidemiological

2. The laboratory will not be held liable for any delay in reporting.

3. All the reports of the laboratory will be issued only after the written approval of the Neuberg Supratech Reference Laboratory.

4. The laboratory will not be held liable during the concerned laboratory personnel as suggested in the table to the laboratory staff. In case of any delay in reporting, repeat sampling, reflex/confirmatory testing, etc.; Neuberg Supratech Reference Laboratory will not be held liable. The procedure of retaining & preserving samples after testing for a stipulated period, and the extent of period of the sample, a fresh specimen is requested.

5. The laboratory will not be held liable for the remaining doctor's only.

6. The laboratory will not be held liable for any delay in reporting received from non-Neuberg Supratech Reference Laboratory (MSRL) locations (within the laboratory staff) or any delay in reporting that the specimen belongs to the patient named or identified, such verification is requested. The laboratory will not be held liable for any delay in reporting of the specimen.

7. The laboratory will not be held liable for any delay in reporting RESULTS for various technical reasons and this response will appear in the laboratory report. The laboratory will not be held liable for any delay in reporting of the end of the report. It is expected that a fresh specimen will be submitted to the laboratory for reporting on the same parameters.

8. The laboratory will not be held liable for any delay in reporting of the results of the laboratory staff.

### Lab Reports & Advisory Services

Lab Reports & Advisory Services	Contact Numbers
Public Health Laboratory (PHL)	079-40408120
Public Health Laboratory (PHL)	079-40408145
Public Health Laboratory (PHL)	079-40408132
Public Health Laboratory (PHL)	079-40408114
Public Health Laboratory (PHL)	079-40408117
Public Health Laboratory (PHL)	079-40408161

### Lab Reports

Lab Reports	Contact Numbers
Public Health Laboratory (PHL)	7698009612
Public Health Laboratory (PHL)	9824002011
Public Health Laboratory (PHL)	9824728315
Public Health Laboratory (PHL)	9824400721
Public Health Laboratory (PHL)	7698009903

9. The laboratory will not be held liable for any delay in reporting of the results of the laboratory staff.

10. The laboratory will not be held liable for any delay in reporting of the results of the laboratory staff.

### Neuberg Supratech Branches in Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad - 079-244307, Bopunagar - 635678001/22.

Public Health Laboratory (PHL) - Ahmedabad - 079-244307, Bopal - 079-235561/62, Gota - 6357244303

Public Health Laboratory (PHL) - Ahmedabad - 9879524269

### Neuberg Supratech Collection Centers in Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad - 079-26743434, Paldi - 635900406, Naroda - 079-22804774

### Neuberg Supratech Reference Laboratories

Public Health Laboratory (PHL) - Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad

Public Health Laboratory (PHL) - Ahmedabad

Regd. Office

Neuberg Supratech Reference Laboratories Private Limited  
Public Health Laboratory (PHL) - Ahmedabad

Tytilon Sapthagiri Highway, 15, IV Street

Ahmednagar, Chennai - 600018, Tamil Nadu

PHL - 079-244307, Bopal - 079-235561/62, Gota - 6357244303

Public Health Laboratory (PHL) - Ahmedabad



## LABORATORY REPORT



Name : **JYOTI HARESH VASWANI** Sex/Age : Female/ 39 Years Case ID : 40202200263  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3340191  
 Bill. Loc. : Aashka hospital Mobile No :  
 Reg Date and Time : 10-Feb-2024 09:11 Sample Type : Serum Ref Id1 : OSP33243  
 Sample Date and Time : 10-Feb-2024 09:11 Sample Coll. By : Ref Id2 : O23249972  
 Report Date and Time : 10-Feb-2024 11:05 Acc. Remarks : Normal

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

### Thyroid Function Test

Triiodothyronine (T3)	115.12	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.04	ng/dL	4.87 - 11.72	
TSH CMA	1.99	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentrations (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

- First trimester
- Second trimester
- Third trimester

### Reference range (microIU/ml)

- 0.24 - 2.00
- 0.43-2.2
- 0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathologist)







## LABORATORY REPORT

Name : JYOTI HARESH VASWANI

Case ID : 40202200263

Sex/Age : Female/ 39 Years

Pt. ID : 3340191

Ref.By : HOSPITAL

Dis. At : Pt. Loc :

Bill. Loc. : Aashka hospital

Mobile No :

Reg Date and Time : 10-Feb-2024 09:11 Sample Type : Serum

Ref Id1 : OSP33243

Sample Date and Time : 10-Feb-2024 09:11 Sample Coll. By :

Ref Id2 : O23249972

Report Date and Time : 10-Feb-2024 11:05 Acc. Remarks : Normal

**Interpretation Note:** Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (on alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hypothyroid patients, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations. Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. Reference range (microIU/ml) TSH ref range in Pregnancy 0.24 - 2.00 First trimester 0.43-2.2 Second trimester 0.8-2.5 Third trimester

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

----- End Of Report -----

Pending Services  
Liquid Base Cytology

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 10-Feb-2024 14:36







**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

**aashka**  
HOSPITAL



**PATIENT NAME: JYOTI HARESH VASWANI**

**GENDER/AGE: Female / 38 Years**

**DATE: 10/02/24**

**DOCTOR:**

**OPDNO: OSP33243**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.3 cms in size.

Left kidney measures about 10.4 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 60 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.8 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

**COMMENT: Grade I fatty changes in liver.**

**Fecal loaded large bowel loops seen.**


Normal sonographic appearance of GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.

**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647

 **aashka**  
HOSPITAL



**PATIENT NAME: JYOTI HARESH VASWANI**

**GENDER/AGE: Female / 38 Years**

**DOCTOR:**

**OPDNO:OSP33243**

**DATE: 10/02/24**

### X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST







AASHKA HOSPITAL . LTD.  
SARGASAN  
GANDHINAGAR

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: VASWANL JYOTI HARESH

DOB: 29.06.1986

Patient ID: OSP33243

Age: 37yrs

Height: 156 cm

Gender: Female

Weight: 97.5 kg

Race: Indian

Study Date: 10.02.2024

Referring Physician: --

Test Type: --

Attending Physician: DR.SANKET MATHUKIYA

Protocol: BRUCE

Technician: --

Medications:

Medical History:

Reason for Exercise Test:

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:05	0.00	0.00	87	140/80	
	STANDING	00:02	0.00	0.00	87		
	HYPERV.	00:02	0.00	0.00	87		
EXERCISE	WARM-UP	02:53	1.00	0.00	100		
	STAGE 1	03:00	1.70	10.00	137	150/80	
	STAGE 2	03:00	2.50	12.00	157	170/86	
	STAGE 3	01:24	3.40	14.00	173		
RECOVERY		04:02	0.00	0.00	91	150/86	

The patient exercised according to the BRUCE for 7:23 min.s, achieving a work level of Max. METS: 10.10. The resting heart rate of 85 bpm rose to a maximal heart rate of 173 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/80 mmHg , rose to a maximum blood pressure of 170/86 mmHg. The exercise test was stopped due to Fatigue.

### Interpretation

Summary: Resting ECG: normal.

Functional Capacity: above average (>20%).

HR Response to Exercise: appropriate.

BP Response to Exercise: resting hypertension - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

### Conclusions

STRESS TEST FOR INDUCIBLE ISCHAEMIA IS NEGATIVE

Physician

Technician