



# OPD ASSESSMENT FORM



Name Mr. Bhavesh D. Patel. Age.Sex 40/M MR.No. 5151556  
 Doctor Dr. Krunal Gajjar Date 23/03/2024  
 Ht : 174cm Wt. : 75.7kg Temp : 97.6f Pulse : 68b/m BP : 125/79  
 SPO2 : 99% on Rn Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

NOT-Any,

**Drug / Food Allergy :**

NO

Prior Medication Reviewed : Yes  No

**On examination :**

RS | NAD  
CVS

**Past History :**

K140 HTN -  
- T. Promolet (50)  
1-0-0.

**Provisional Diagnosis :**

**Nutritional Assessment :**

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :  
(Write in Capital Letters)**

Rx

**Investigation advised :**

→ Tab. febutaz (40) 1-0-0 x (03) months.

Krunal  
**Dr. Krunal Gajjar**  
 M.B.B.S. (MEDICINE)  
 CONSULTANT PHYSICIAN

Reg. No. G-24123

Signature

SUNSHINE GLOBAL HOSPITAL  
SURAT.

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Mr. Bhavesh Patel Age.Sex ' \_\_\_\_\_ MR.No. \_\_\_\_\_

Doctor Dr. Shailaja Desai Date 23/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

**Drug / Food Allergy :**

- Routine Dental check up

Prior Medication Reviewed : Yes  No

**On examination :**

**Past History :**

- Asbain

**Provisional Diagnosis :**

**Nutritional Assessment :**

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :  
(Write in Capital Letters)**

**Investigation advised :**

Rx

1) scaling

Dr. Shailaja Desai  
 B.D.S. (Dental Surgeon)  
 4-9793  
 Dental Surgeon  
 Sunshine Global Hospital, Surat

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



**SPECTACLE CARD**



Ref. No. 5151556 Name: Mr. Bhawesh Patel Date: 23/3/2014

RIGHT				LEFT			
Sph.	Cyl.	Axis	V.A.	Sph.	Cyl.	Axis	V.A.
-3.25	-0.75	180°	6/6	-4.0	-0.75	160°	6/6
-2.25	-0.75	180°	N/6	-3.0	-0.75	160°	N/6

Remarks:

*Progressive*

**INSTRUCTIONS:**

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09:00 am to 11:00 am, Monday to Saturday  
Please obtain reporting time in advance & always bring OPD File

Consulting Eye Surgeon





# OPD ASSESSMENT FORM



Name Mr. Bhavesh D. Patel Age.Sex \_\_\_\_\_ MR.No. \_\_\_\_\_

Doctor Dr. Hardik Shah Date 23/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

*no complaints*

Prior Medication Reviewed : Yes  No

On examination :

*no floaters LG, no occupational eye*  
*RF Ant-seg MLD SER-3-25T-0.75+180-Tab*  
*Vn 5/6 6/6 R-6 Fundi (central) dig 2+*  
*est. 6/6*  
*Strain*  
*L-4-0 (-0.75+160-6/6*  
*RF MLD*

Provisional Diagnosis :

Nutritional Assessment :

*SE Myopia*

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :  
(Write in Capital Letters)

Investigation advised :

R<sub>x</sub>

*change of gl*

*Dr. Hardik Shah*  
DOMS, (Ophthalmology)  
Signature  
SUNSHINE GLOBAL HOSPITAL  
Piploa, SURAT.

Follow Up : SOC Date : \_\_\_\_\_



<b>PAT. NAME :</b> Bhavesh Patel	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 40 Yrs / M
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S151556

**Findings:**

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal in size and calibre.


Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appear normal. No e/o any lymphadenopathy. Urinary bladder appears well distended and normal. No e/o free fluid in abdomen.

**IMPRESSION:**

- **No significant abnormality seen.**

  
**Dr. Sneha Dumaswala**  
**MBBS, DNB-Radiodiagnosis**  
**Consultant Radiologist**  
**G-21796**

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 03/23/2024 – 11:48 AM

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<b>PAT. NAME :</b> Bhavesh Patel	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp Dr.	<b>AGE :</b> 40 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S151556

**Clinical Details:** HC

**Observation:**

- > Both the lung fields appears normal.
- > Both costophrenic angles appear clear.
- > Both the hila appears normal.
- > Trachea appears in midline.
- > Cardiac size and other mediastinal shadows appears normal.
- > Both domes of diaphragm appear normal.
- > Bony thorax appears normal.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 23/03/2024 – 11:16 AM

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<b>MR No.</b> : S151556	<b>Collection Date</b> : 23/03/2024 10:18AM
<b>Patient Name</b> : Mr. Bhavesh Dahyabhai Patel	<b>Age</b> : 40 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:27 PM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.1	gm/dl	13.0 - 17.0
PCV	39.4	%	40 - 50
RBC COUNT	4.63	mill/cmm	4.5 - 5.5
MCV	85.1	fl	76 - 96
MCH	28.3	pg	26 - 32
MCHC	33.2	%	32 - 36
RDW	13.0	%	11 - 15
PLATELET COUNT	1.83	lacs/cmm	1.5 - 4.5
WBC COUNT	4250	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	56	%	40 - 70
LYMPHOCYTES	35	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	07	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

\*\*\*\*\* End Report \*\*\*\*\*

*KS*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:23 PM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>		
SERUM URIC ACID (Uricase)	<b>7.4</b>	mg/dl
		3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>		
FASTING BLOOD GLUCOSE (Hexokinase)	99	mg/dl
		74 - 110
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
MD, DCP (Pathology)  
Reg. No.: G-9074

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:23 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.8	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	119.76	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay  
Note:- Criteria for the diagnosis of diabetes HbA1c >=6.5\*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
3. HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefor remains unaffected by short term fluctuations in blood glucose levels.
4. Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
5. Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:24 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	189	mg/dl	50 - 200
HDL CHOLESTEROL Direct	33	mg/dl	40 - 60
LDL CHOLESTEROL Direct	127.8	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	141	mg/dl	50 - 150
VLDL Calc	28.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.73		0 - 5
LDL / HDL RATIO	3.87		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

\*\*\*\*\* End Report \*\*\*\*\*

B

*SC*  
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MD, DCP (Pathology)

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:25 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	46	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.4	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.2	mg/dl	0.0 - 0.8
SGPT (IFCC)	22	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.7	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.04	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	1.1	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	<b>7.7</b>	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>4.2</b>	mg/L	
URINE CREATININE (JAFPE)	<b>102</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	<b>4.12</b>	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:25 PM

**CLINICAL CHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.11	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	5.84	ug/dl	5.1 - 14.0
TSH (CLIA)	1.50	uIU/ml	0.2 - 4.5

te:-  
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.  
Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

\*\*\*\*\* End Report \*\*\*\*\*

*[Signature]*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:26 PM

**CLINICAL CHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>PSA [PROSTATE SPECIFIC ANTIGEN]</b>			
PSA (CLIA)	0.621	ng/ml	0 - 4.0

**CHEMILUMINESCENCE**

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) and prostate cancer, this is especially true for the total PSA values between 4-8 ng/ml.  
 Percentage of Free PSA =  $\frac{\text{Free PSA}}{\text{Total PSA}} \times 100 = \text{Percent free PSA}$ .  
 Patient with prostate cancer generally have a lower percentage of free PSA compared to benign prostatic hyperplasia.  
 Percentage free PSA of less than 25% is a high likelihood of prostatic cancer.

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:28 PM

**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.030	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	1-2	/hpf
BC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
MD, DCP (Pathology)

**Reg. No.: G-9074**

**Surat:**  
Piplod  
23/03/2024 12:28PM  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
F: +91 265 2632400

**Vadodara :**  
Tilak Road  
Anant Apartment, B/s. Aradhna Cinema  
Tilak Road, Vadodara - 390 001.  
T: +91 265 2429282, 2429262  
F: +91 265 434073





MR No. : S151556  
Patient Name : Mr. Bhavesh Dahyabhai Patel  
Ref By : Dr. Hospital A Doctor  
Collection Date : 23/03/2024 10:18AM  
Age : 40 Y Sex : Male  
Report Date : 23/03/2024 12:44 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	121	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

\*\*\*\*\* End Report \*\*\*\*\*

**Surat:**  
**Piplod**  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
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**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
Reg. No.: G-9074



ID: S151556  
Visit:  
23-Mar-2024  
12:23:19

40years  
Caucasian  
Male  
Referred by:  
Test ind:

BRUCE  
Max HR: 167bpm  
Max BP: 175/102  
Reason for Termination:  
Comments:

25.0 mm/s  
10.0 mm/mV  
100hz

Tc+ Exercise time: 8:59  
Max HR: 167bpm  
Max BP: 175/102  
Maximum workload: 10.4METS

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:22	0.5	0.0	1.2	71	125/79	89
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	109	125/79	136
	STAGE 2	3:00	2.5	12.0	7.0	141	130/80	183
	STAGE 3	2:59	3.4	14.0	10.1	167	130/80	217
RECOVERY	RECOVERY	4:03	***x	***x	1.0	99	175/102	173

TMT is negative for inducible ischemia

Technician:

Unconfirmed

MAC55 010B



ID: S151556  
Visit:  
23-Mar-2024  
12:24:26

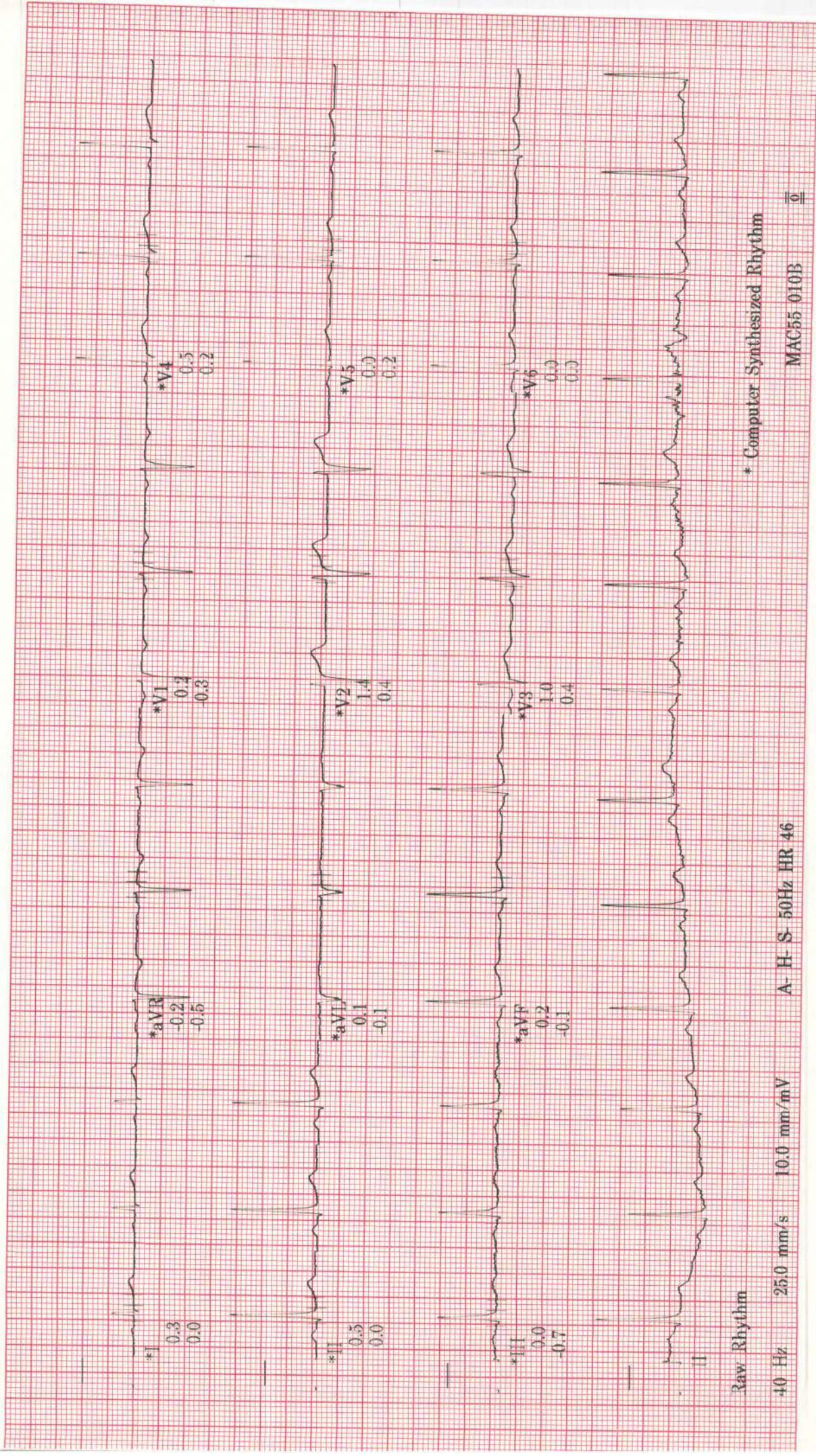
PRETEST  
SUPINE  
1:08

73bpm  
BP: 125/79

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

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



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

0



ID: S151556

Visit:

23-Mar-2024

12:27:40

EXERCISE  
STAGE 1

3:00

109bpm

BP: 125/79

ST @ 10mm/mV

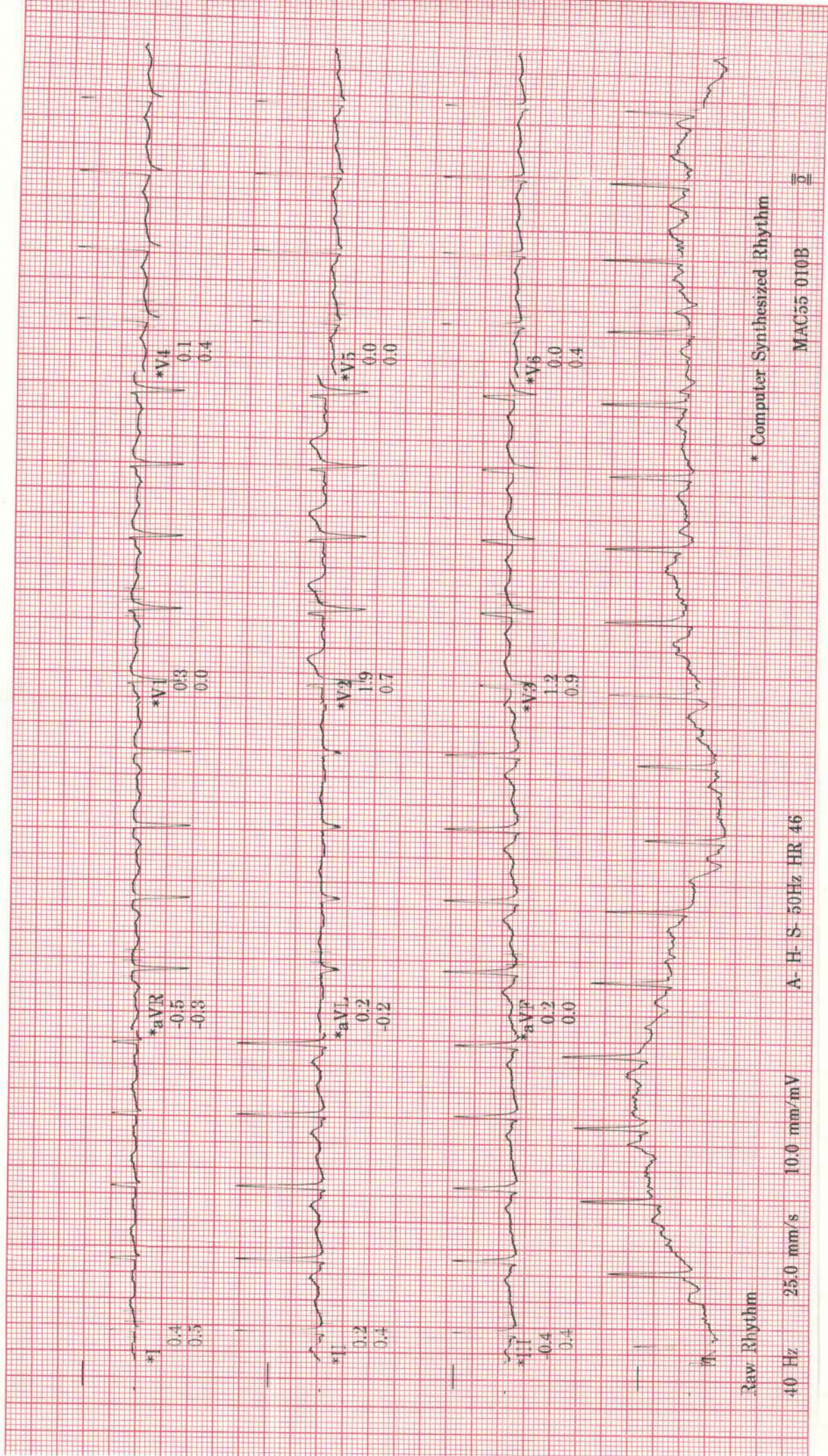
80ms postJ

BRUCE

1.7mph

10.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

00



ID: S151556  
Visit:  
23-Mar-2024  
12:30:40

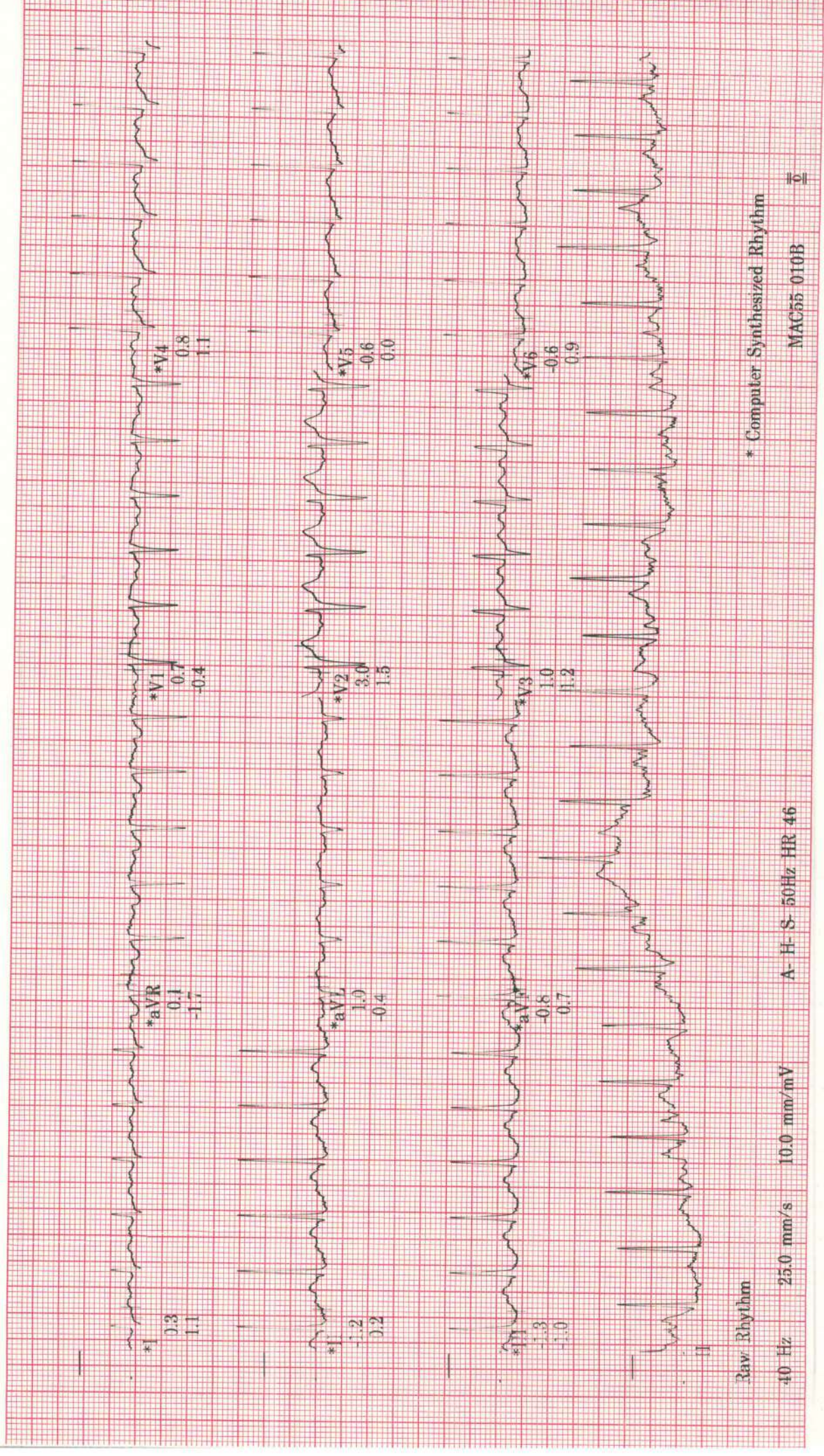
EXERCISE  
STAGE 2  
6:00

BRUCE  
2.5mph  
12.0%

141bpm  
BP: 130/80

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)





ID: S151556

Visit:

23-Mar-2024

12:33:40

167bpm

BP: 130/80

ST @ 10mm/mV

80ms postJ

BRUCE

EXERCISE

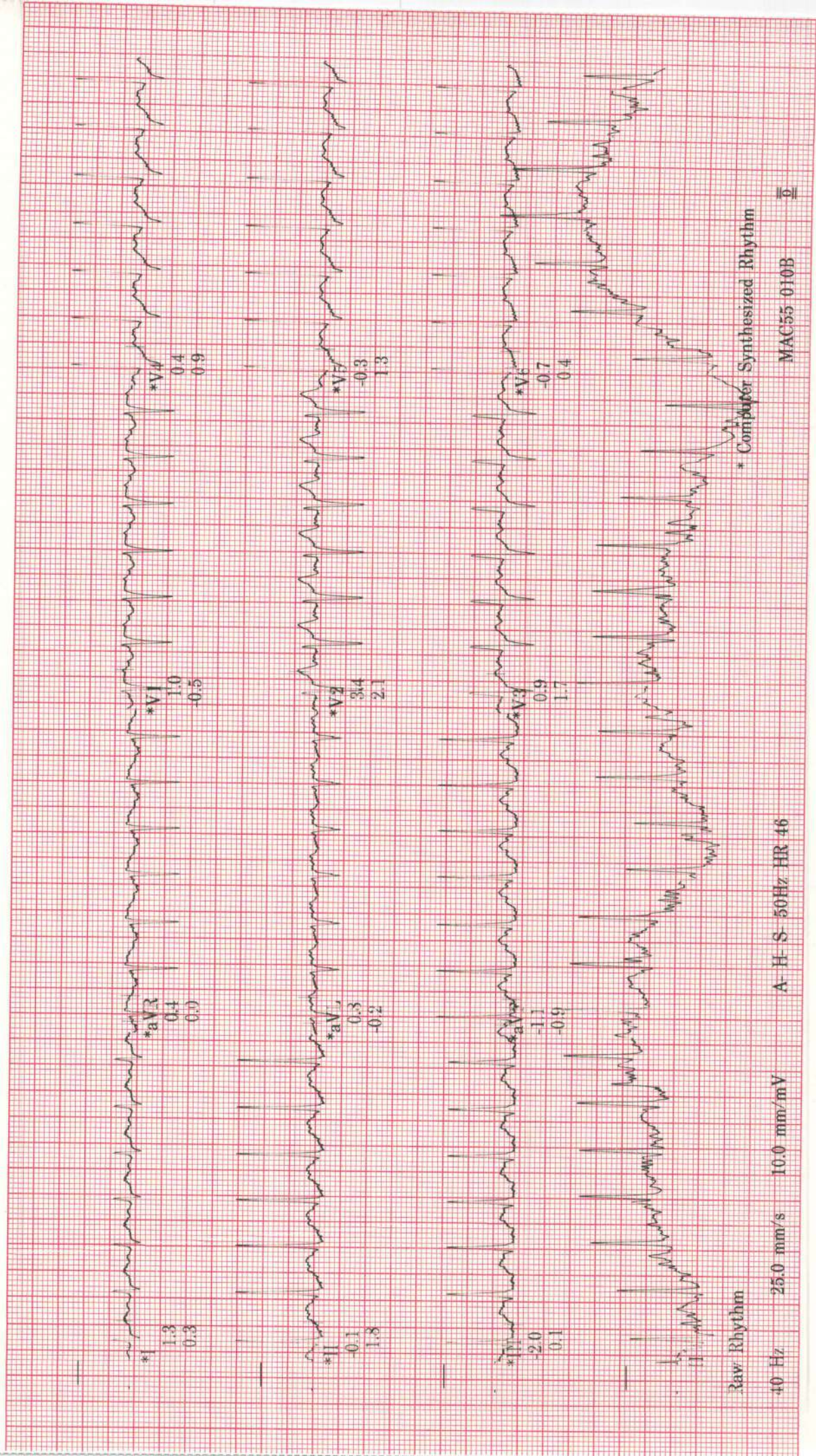
STAGE 3

9:00

3.3mph

14.0%

Lead  
ST(mm)  
Slope(mV/s)





ID: S151556

Visit:

23-Mar-2024

12:35:39

122bpm

BP: 174/94

ST @ 10mm/mV

80ms postJ

RECOVERY  
RECOVERY

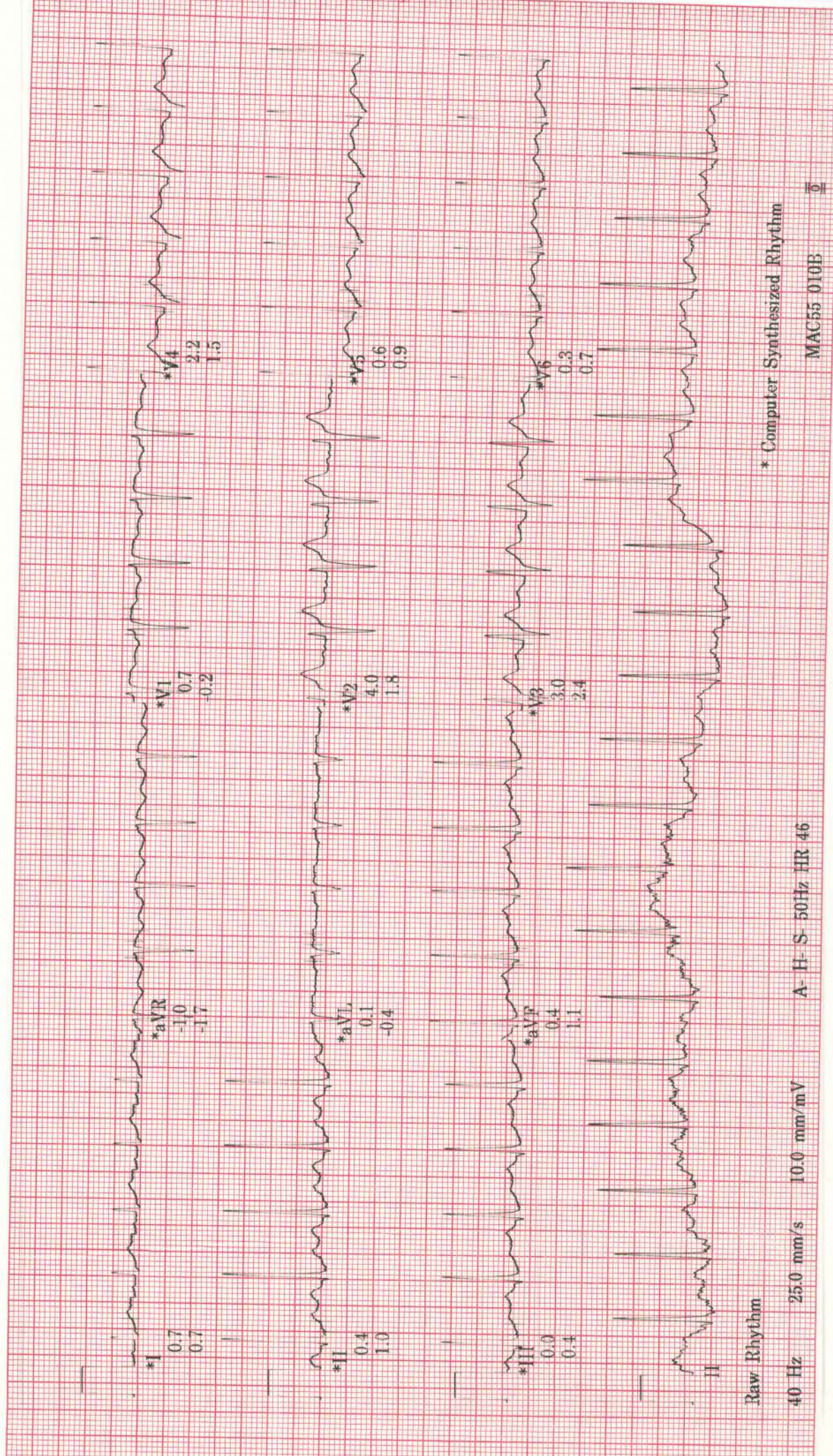
2:00

BRUCE

\*\*.\*mph

\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B





ID: S151556

Visit:

23-Mar-2024

12:37:39

RECOVERY  
RECOVERY

4:00

100bpm

BP: 175/102

ST @ 10mm/mV

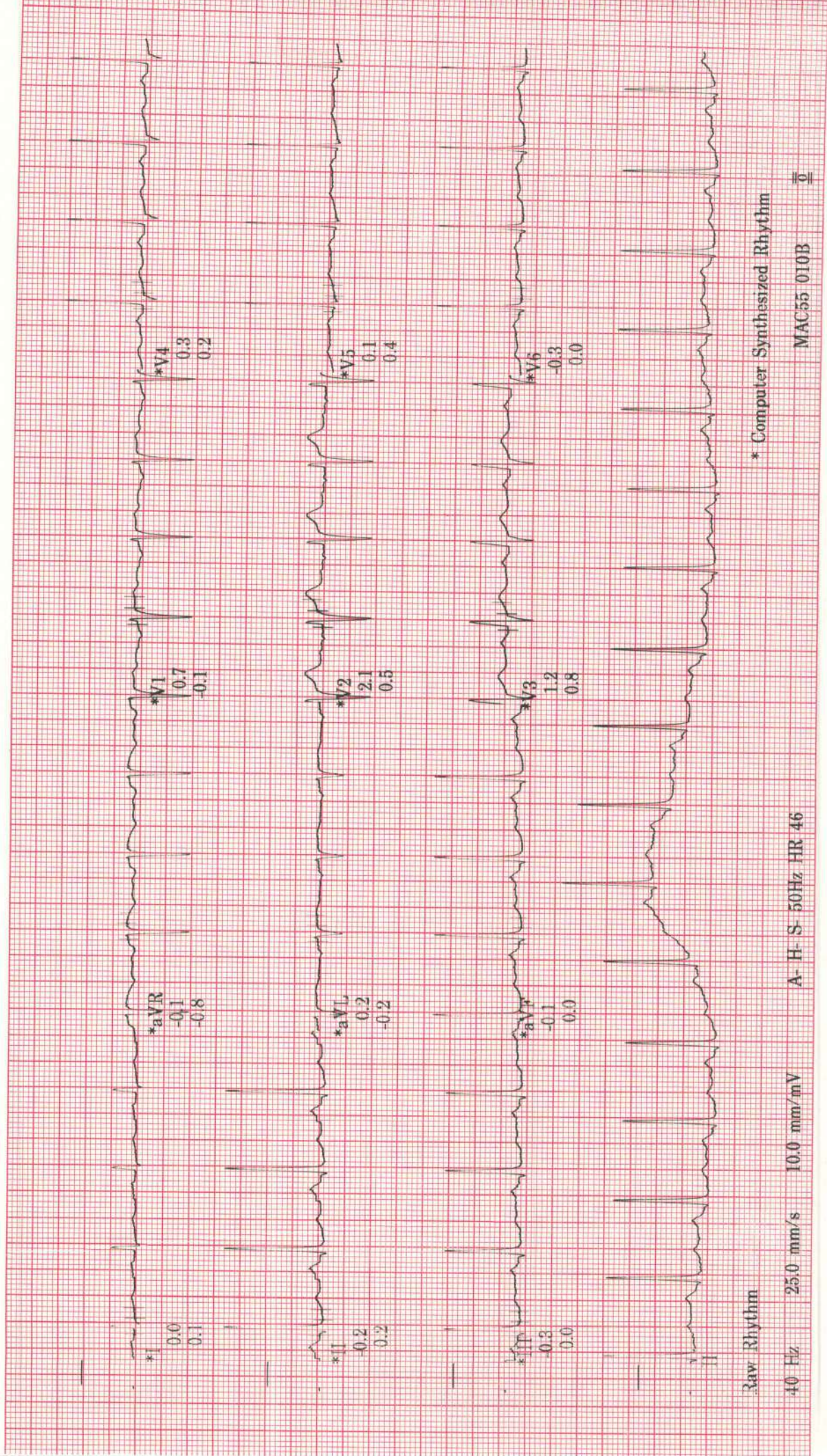
80ms postJ

BRUCE

\*\* \*mph

\*\* \*%

Lead  
STT(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

0



ID: S151556

Visit:

23-Mar-2024

12:23:19

4 years

Caucasian

Male

Referred by:

Test ind:

BRUC3

Max HR: 167bpm 92% of max predicted 180bpm

Max EP: 175/102

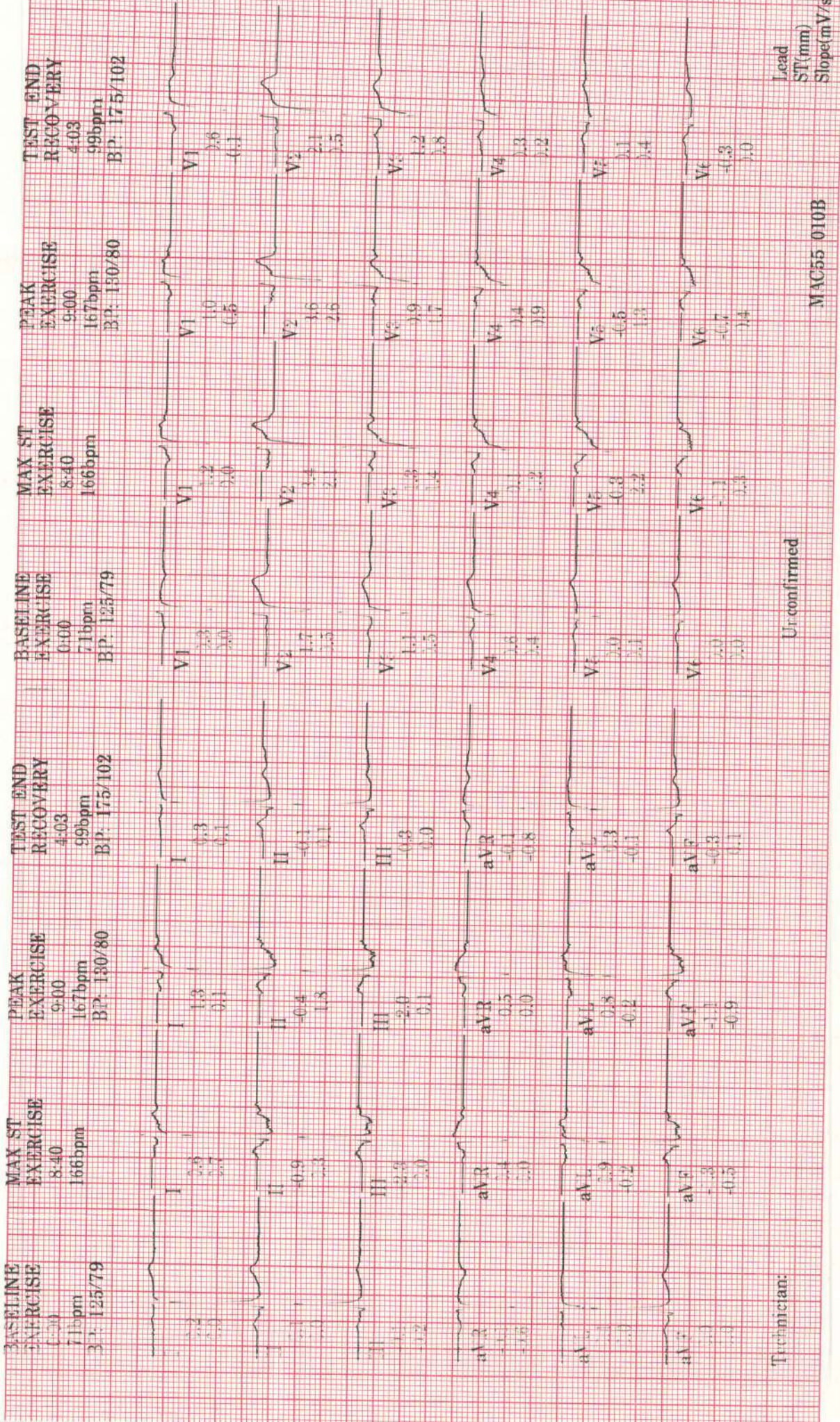
Reason for Termination:

Comments:

Total Exercise time: 8:59

Maximum workload: 10.4 METS

25.0 mm/s  
10.0 mm/mV  
100hz



Technician:

Ur. confirmed

MAC55 010B

Lead ST(mm) Slope(mV/s)



ID: S151556  
 Visit:  
 23-Mar-2024  
 12:23:19

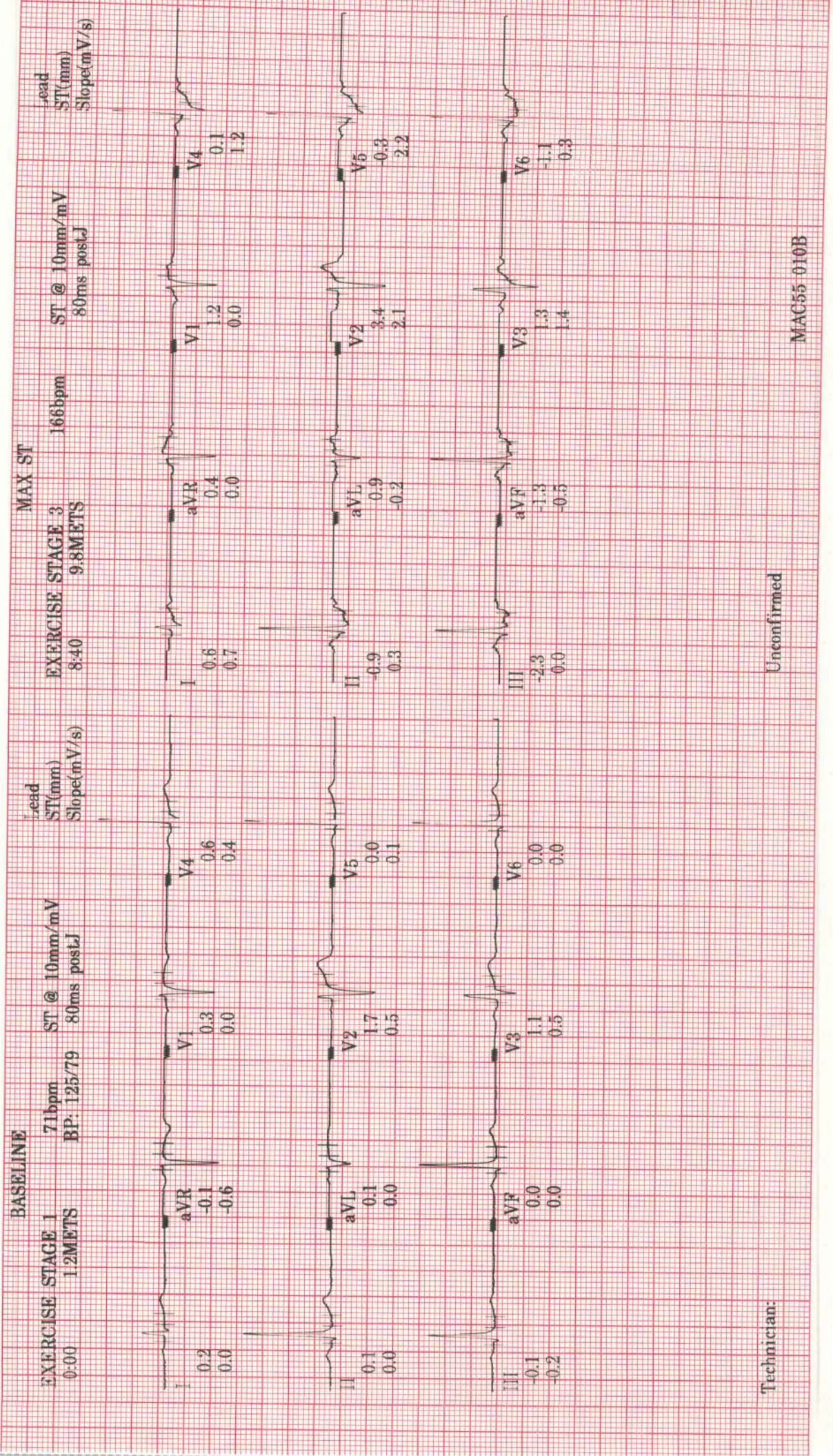
40years  
 Referred by:  
 Test ind:

Caucasian  
 Male

BRUCE  
 Max HR: 167bpm  
 Max BP: 175/102  
 Reason for Termination:  
 Comments:

Exercise time: 8:59  
 92% of max predicted 180bpm  
 Maximum workload: 10.4METS

25.0 mm/s  
 10.0 mm/mV  
 100hz



Technician:

Unconfirmed

MAC55 010B



23-Mar-2024  
12:23:19

PRETEST  
SUPINE  
1:08  
73bpm  
BP: 125/79  
1.0METS

EXERCISE  
STAGE 1  
0:00  
71bpm  
BP: 125/79  
1.2METS

EXERCISE  
STAGE 1  
1:00  
101bpm  
2.8METS

EXERCISE  
STAGE 1  
2:00  
106bpm  
BP: 125/79  
4.6METS

EXERCISE  
STAGE 1  
3:00  
109bpm  
BP: 125/79  
4.6METS

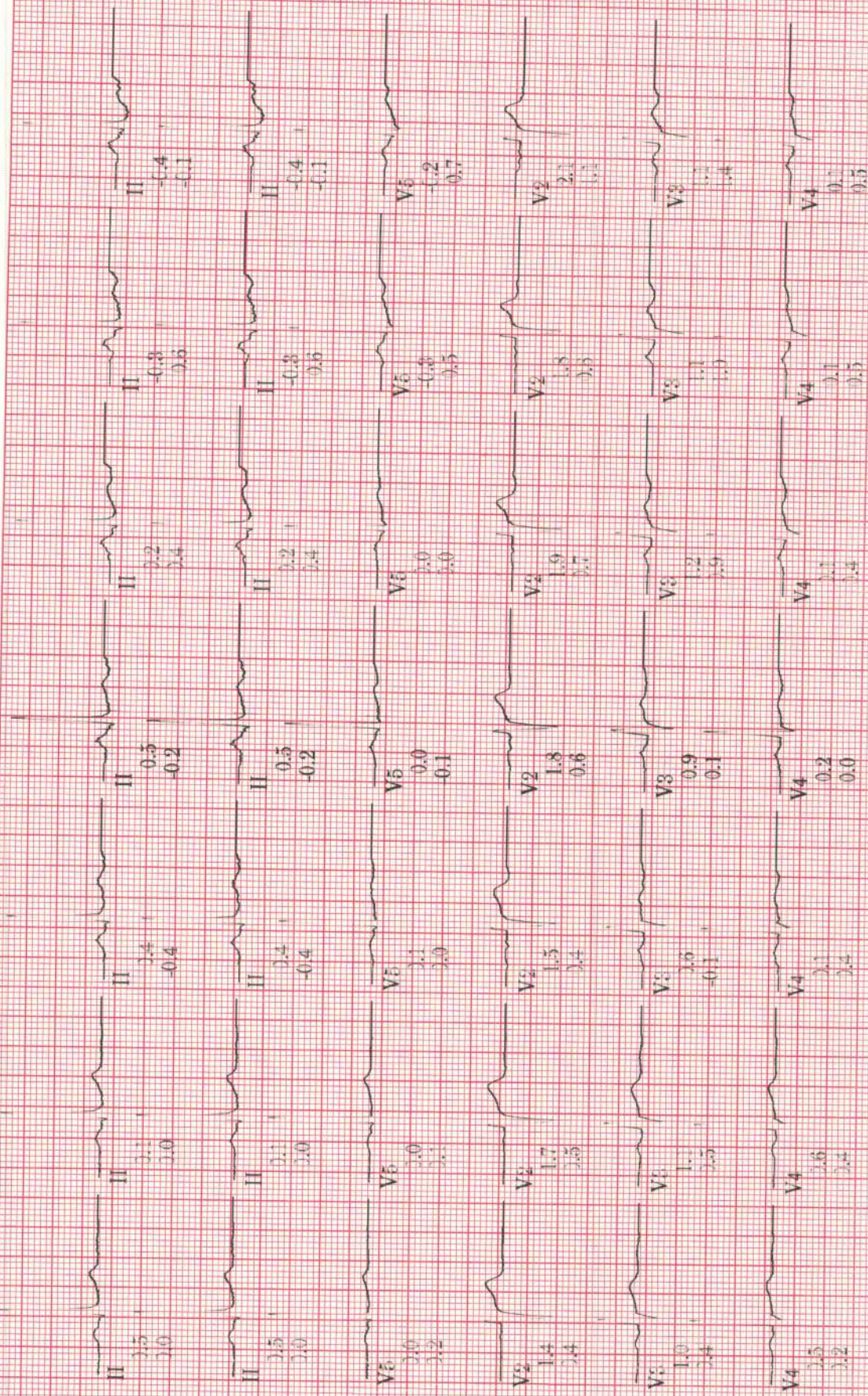
EXERCISE  
STAGE 2  
4:00  
122bpm  
BP: 130/80  
5.8METS

EXERCISE  
STAGE 2  
5:00  
135bpm  
BP: 130/80  
7.0METS

BASELINE

BRUCE

ST @ 10mm/mV  
80ms postJ  
25.0 mm/s  
10.0 mm/mV  
100hz





ID: S151556

EXERCISE STAGE 2  
6:00  
141bpm  
BP: 130/80  
7.0METS

EXERCISE STAGE 3  
7:00  
155bpm  
BP: 130/80  
8.5METS

EXERCISE STAGE 3  
8:00  
163bpm  
BP: 130/80  
10.4METS

EXERCISE STAGE 3  
8:40  
166bpm  
BP: 130/80  
9.8METS

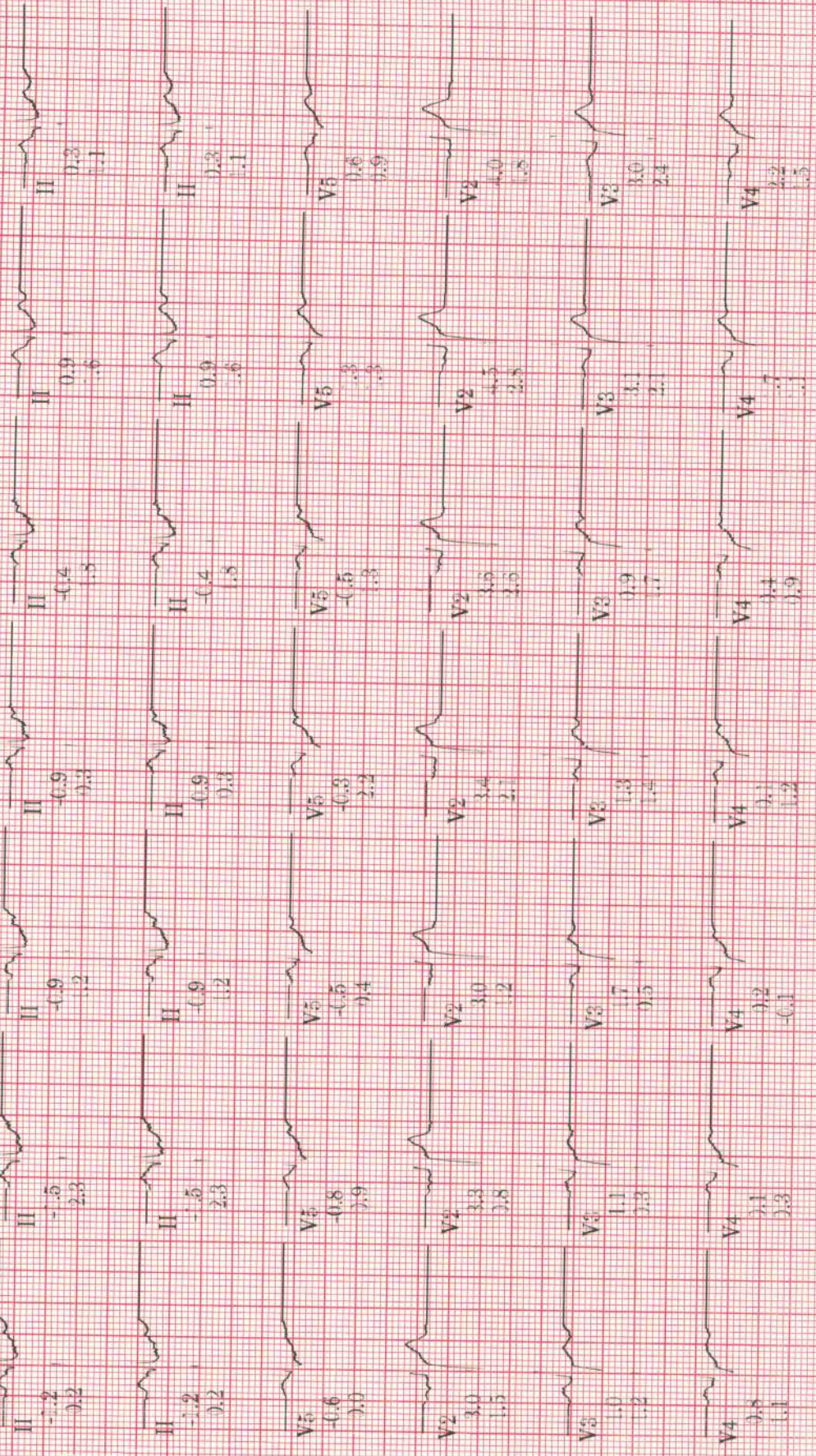
EXERCISE STAGE 3  
9:00  
167bpm  
BP: 130/80  
10.1METS

RECOVERY  
1:00  
135bpm  
5.4METS

RECOVERY  
2:00  
122bpm  
BP: 174/94  
1.0METS

BRUCE

ST @ 10mm/mV  
80ms post-J  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B



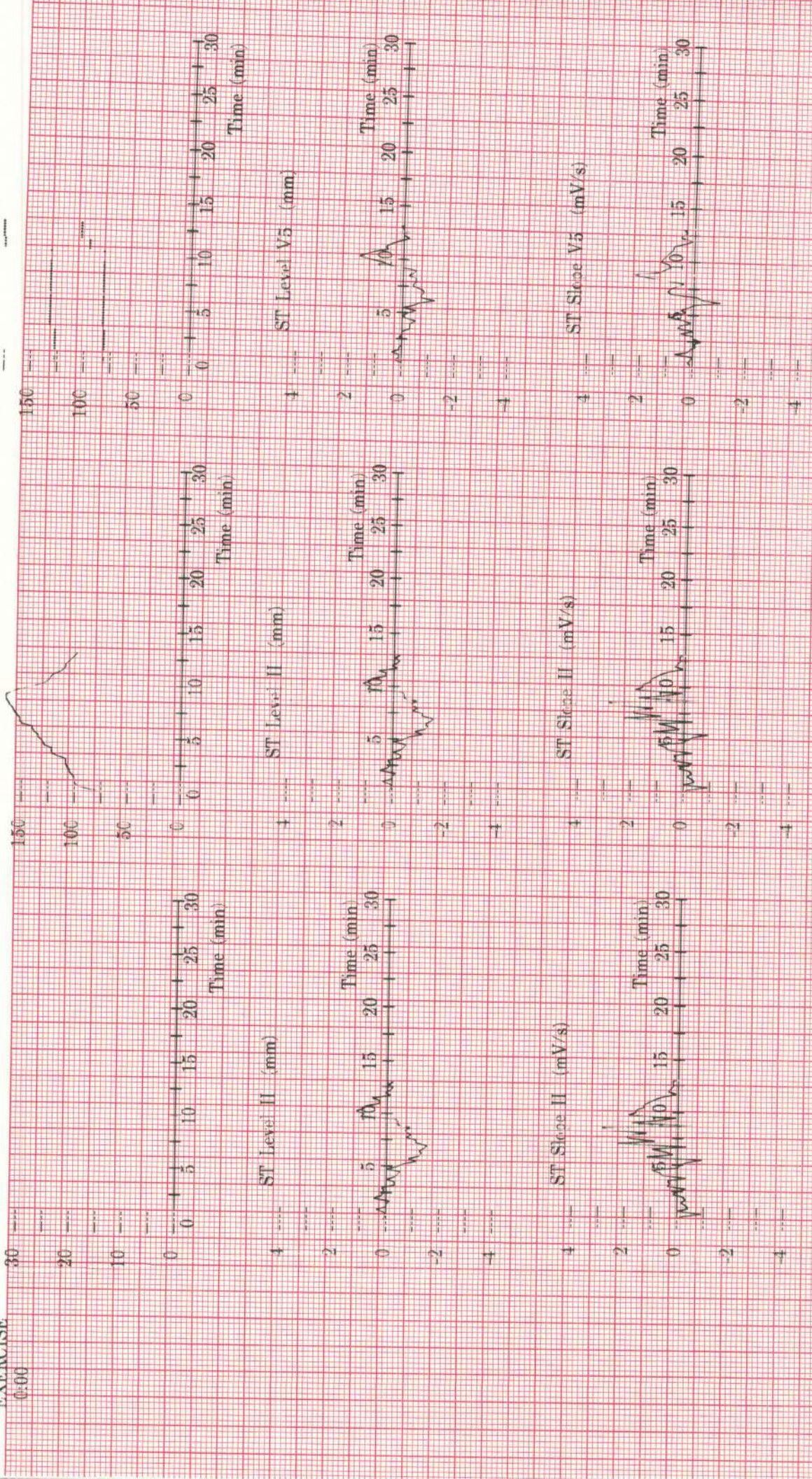
ID: S151556  
Visit:

23-Mar-2024  
12:23:19

BRUCE

Heart Rate (bpm) 250 ---  
BP (mmHg) 250 ---  
200 ---  
150 ---  
100 ---  
50 ---  
0

PVC's/rn  
ST @ 10mm/mV 40 ---  
80ms postJ ---  
EXERCISE



MAC55 010B



DOB:  
yr, MALE

Vent rate: 69 BPM  
PR int: 124 ms  
QRS dur: 87 ms  
QT/QTc: 371/391 ms  
P-R-T axes: 23 60 44

SINUS RHYTHM WITH OCCASIONAL VENTRICULAR PREMATURE COMPLEXES  
NONSPECIFIC T-WAVE ABNORMALITY  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Mr. Bhavesh D.  
Patel  
401m

MR NO: S151556

Reviewed by -----

