

Patient Name : Mr. Prasanth Nannapaneni

Reg.Date / Time : 23/03/2024 / 14:30:08

Age / Gender : 37 Y / Male

Report Date / Time : 23/03/2024 / 18:34:28

Referred By : Dr. Amatullah Merchant

MR No. : 0849412

SID No. : 40013426

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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

| | | | |
|---|-------------|-------------|-------------|
| HAEMOGLOBIN (Spectrophotometry) | 12.1 | gm% | 13-17 |
| PCV (Electrical Impedance) | 35.7 | % | 40 - 50 |
| MCV (Calculated) | 83.7 | fL | 83-101 |
| MCH (Calculated) | 28.4 | pg | 27.0 - 32.0 |
| MCHC (Calculated) | 33.9 | g/dl | 31.5-34.5 |
| RDW-CV (Calculated) | 14 | % | 11.6-14.0 |
| RDW-SD (Calculated) | 48 | fL | 36 - 46 |
| TOTAL RBC COUNT (Electrical Impedance) | 4.27 | Million/cmm | 4.5-5.5 |
| TOTAL WBC COUNT (Electrical Impedance) | 6180 | /cumm | 4000-10000 |

DIFFERENTIAL WBC COUNT

| | | | |
|----------------------------|------|---|-------|
| NEUTROPHILS (Flow cell) | 66.8 | % | 40-80 |
| LYMPHOCYTES (Flow cell) | 21.9 | % | 20-40 |
| EOSINOPHILS (Flow cell) | 4.8 | % | 1-6 |
| MONOCYTES (Flow cell) | 5.4 | % | 2-10 |
| BASOPHILS (Flow cell) | 1.1 | % | 1-2 |

ABSOLUTE WBC COUNT

| | | | |
|--|------|-------|-----------|
| ABSOLUTE NEUTROPHIL COUNT (Calculated) | 4110 | /cumm | 2000-7000 |
| ABSOLUTE LYMPHOCYTE COUNT (Calculated) | 1350 | /cumm | 1000-3000 |

Contd ...

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HAEMATOLOGY

ABSOLUTE WBC COUNT

| | | | |
|---|---------------|-------|---------------|
| ABSOLUTE EOSINOPHIL COUNT (Calculated) | 300 | /cumm | 200-500 |
| ABSOLUTE MONOCYTE COUNT (Calculated) | 330 | /cumm | 200-1000 |
| ABSOLUTE BASOPHIL COUNT (Calculated) | 70 | /cumm | 0-220 |
| PLATELET COUNT (Electrical Impedance) | 117000 | /cumm | 150000-410000 |
| MPV (Calculated) | 11.1 | fL | 6.78-13.46 |
| PDW (Calculated) | 20.7 | % | 11-18 |
| PCT (Calculated) | 0.130 | % | 0.15-0.50 |

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs,
Few giant platelets seen,
Platelets reduced on Smear

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Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP**

BLOOD GROUP
(Erythrocyte-Magnetized
Technology) A

Rh TYPE
(Erythrocyte-Magnetized
Technology) POSITIVE

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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

| | | | |
|---|-----------|-----------|------|
| ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary) | 20 | mm / 1 hr | 0-15 |
|---|-----------|-----------|------|

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

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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

| | | | |
|---|-------------|-------|-----------|
| BILIRUBIN TOTAL (Diazotization) | 1.35 | mg/dl | 0.2 - 1.3 |
| BILIRUBIN DIRECT (Diazotization) | 0.19 | mg/dl | 0.1-0.4 |
| BILIRUBIN INDIRECT (Calculation) | 1.16 | mg/dl | 0.2 - 0.7 |
| ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC) | 65 | U/L | <40 |
| ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase) | 84 | U/L | <41 |
| ALKALINE PHOSPHATASE (Colorimetric IFCC) | 47 | U/L | 40-129 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC) | 32 | U/L | <70 |
| TOTAL PROTEIN (Colorimetric) | 6.80 | gm/dl | 6.6-8.7 |
| ALBUMIN (Bromocresol Green) | 4.10 | gm/dl | 3.5 - 5.2 |
| GLOBULIN (Calculation) | 2.70 | gm/dl | 2.0-3.5 |
| A/G RATIO (Calculation) | 1.5 | | 1-2 |

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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

| | | | |
|--|------------|-------|-----------|
| CREATININE (Jaffe Method) | 0.6 | mg/dl | 0.6 - 1.3 |
| BLOOD UREA NITROGEN (BUN) (Kinetic with Urease) | 10.0 | mg/dl | 6 - 20 |
| BUN/CREATININE RATIO (Calculation) | 16.7 | | 10 - 20 |
| URIC ACID (Uricase Enzyme) | 7.9 | mg/dl | 3.7 - 7.7 |
| CALCIUM (Bapta Method) | 9.0 | mg/dl | 8.6-10 |
| PHOSPHORUS (Phosphomolybdate) | 2.7 | mg/dl | 2.5-4.5 |

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BIOCHEMISTRY

LIPID PROFILE

| | | | | |
|-------|--|------------|-------|--|
| SERUM | TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD)) | 253 | 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.

| | | | | |
|-------|--|------------|-------|---|
| SERUM | TRIGLYCERIDES (Enzymatic Colorimetric GPO) | 291 | mg/dl | Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499 |
| SERUM | CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry) | 54 | mg/dl | Low:<40 High:>60 |
| SERUM | LDL CHOLESTEROL (Calculation) | 141 | mg/dl | Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190 |
| SERUM | VLDL (Calculation) | 58 | mg/dl | 15-40 |
| SERUM | CHOL / HDL RATIO | 4.7 | | 3-5 |
| SERUM | LDL /HDL RATIO (Calculation) | 2.6 | | 0 - 3.5 |

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BIOCHEMISTRY

| | | | | |
|-----------------|---------------------------------------|----|-------|----------|
| FLOURIDE PLASMA | BLOOD GLUCOSE FASTING (Hexokinase) | 97 | 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.

| | | | | |
|-----------------|---|-----|-------|----------|
| FLOURIDE PLASMA | BLOOD GLUCOSE POST PRANDIAL (Hexokinase) | 131 | mg/dl | 70 - 140 |
|-----------------|---|-----|-------|----------|

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BIOCHEMISTRY

EDTA WHOLE BLOOD **GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

| | | | |
|---|-----|---------|--|
| HbA1C (High Performance Liquid Chromatography) | 5.7 | %(NGSP) | Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5 |
| ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated) | 117 | 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.

| | | |
|-------|---|--------|
| Urine | URINE GLUCOSE FASTING (Urodip) | ABSENT |
| Urine | URINE GLUCOSE POST PRANDIAL (Urodip) | ABSENT |

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

| | | | |
|---|-------|--------|-------------|
| TOTAL TRIIODOTHYRONINE (T3) (ECLIA) | 0.99 | ng/ml | 0.7-2.04 |
| TOTAL THYROXINE (T4) (ECLIA) | 9.15 | ug/dl | 4.6 - 10.5 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 2.011 | 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 dysalbuminemic 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.

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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 | | |

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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

APPEARANCE (Visual Examination) SLIGHTLY HAZY

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System) 1.025 1.005 - 1.030

REACTION(pH) (Double indicator) ACIDIC

PROTEIN (Protein-error-of-Indicators) PRESENT(+)

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) 8-10 /hpf 0-5

EPITHELIAL CELLS (Microscopy) 4-5 /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.

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HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 23/03/2024

| | | | | | |
|-------|----------------------|-------------|----|------|---|
| NAME: | PRASANTH NANNAPANENI | AGE:(years) | 37 | SEX: | M |
|-------|----------------------|-------------|----|------|---|

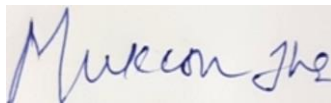
| PROTOCOL USED | BRUCE PROTOCOL | | |
|--|----------------|----------------------------|-----------------|
| ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting) | 0 | MAXIMUM ST DEPRESSION (mm) | 0 |
| WORKLOAD: MAXIMUM METS ACHIEVED (METS) | 7.39 | DOUBLE PRODUCT | 27360 mm Hg/Min |
| DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5) | 6 | | |

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY
FAIR EFFORT TOLERANCE AND FUNCTIONAL CAPACITY
TARGET HEART RATE ACHIEVED
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

IMPRESSION:

THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.



Patient Name: PRASANTH NANNAPANENI

M/ 37 Yrs.

Ref. by:

Date: 29/3/2024

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 increase in echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures normal in diameter.

GALL BLADDER: The gall bladder is well distended. Multiple small mobile gallstones are seen, each no more that 4-5 mm in size. There is no evidence of 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. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

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

KIDNEYS:

| Right kidney | Left kidney |
|---------------|---------------|
| 11.3 x 4.7 cm | 10.8 x 4.7 cm |

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.

PROSTATE: It measures about 3.5 x 3.3 x 3.0 cms; with a weight of 18 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- **Grade I fatty liver.**
- **Cholelithiasis in a normally distended gall bladder.**

Thanks for the reference.

With regards,

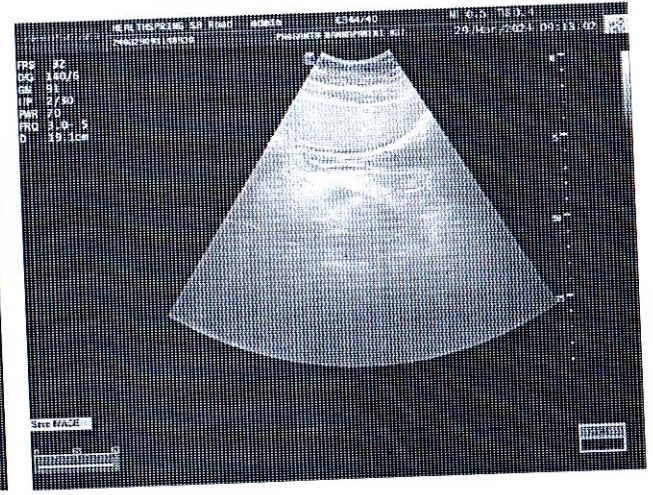
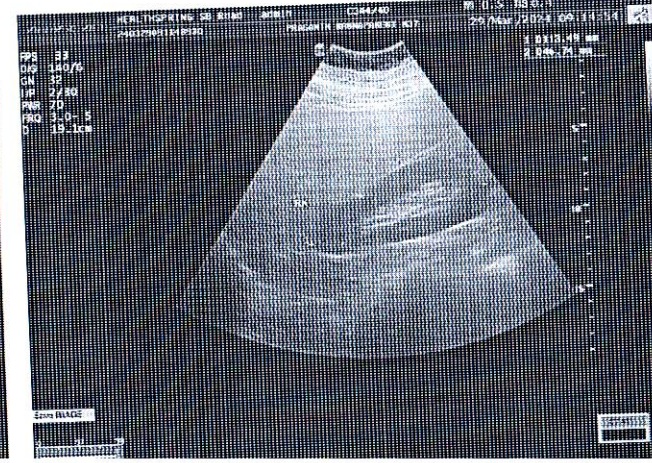
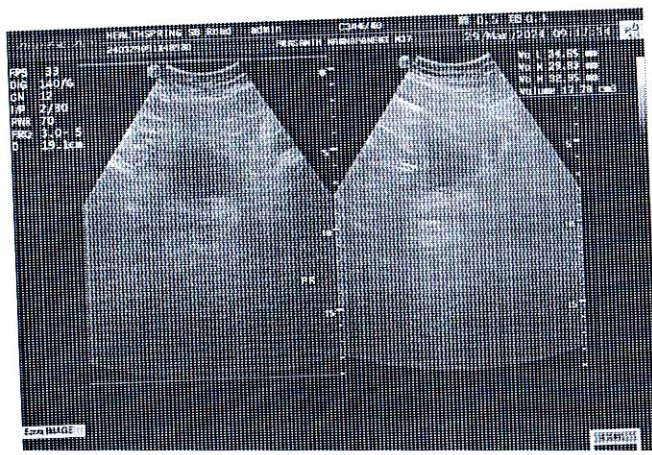
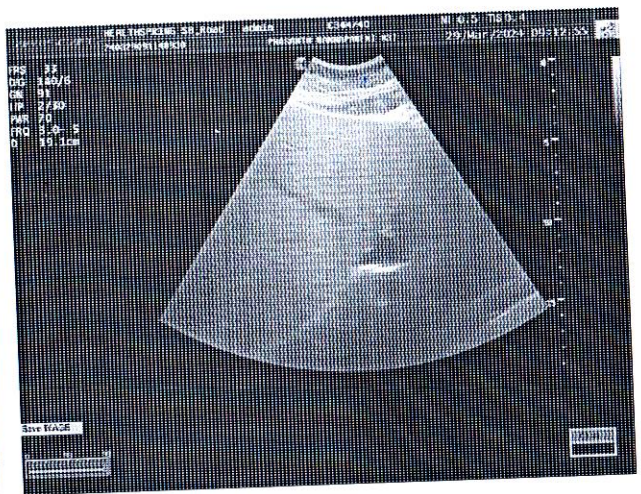
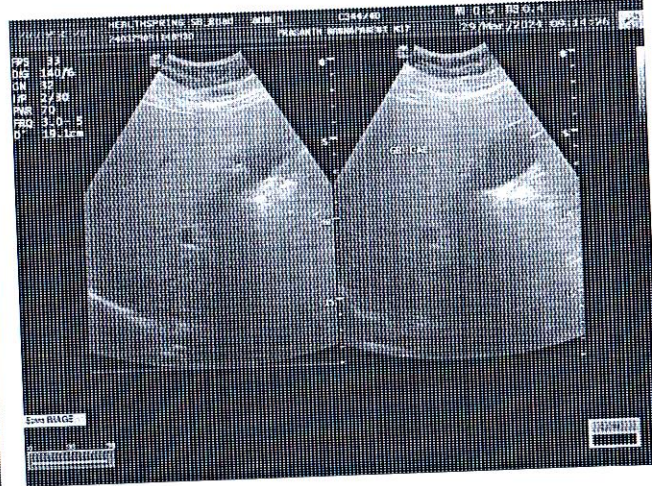
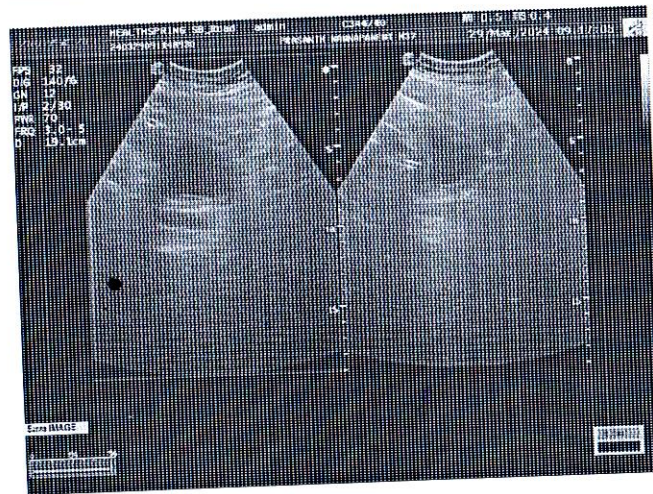
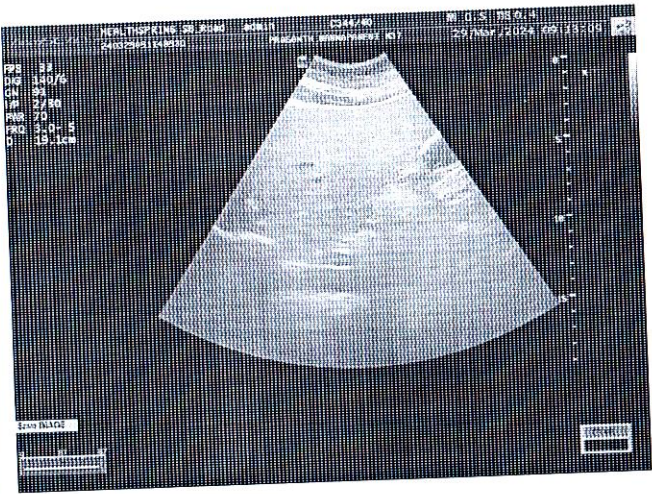
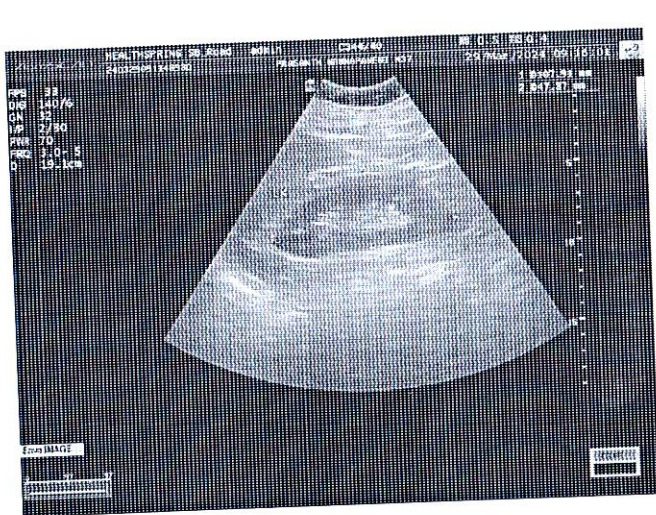


DR. Nitish Kotwal

CONSULTANT RADIOLOGIST

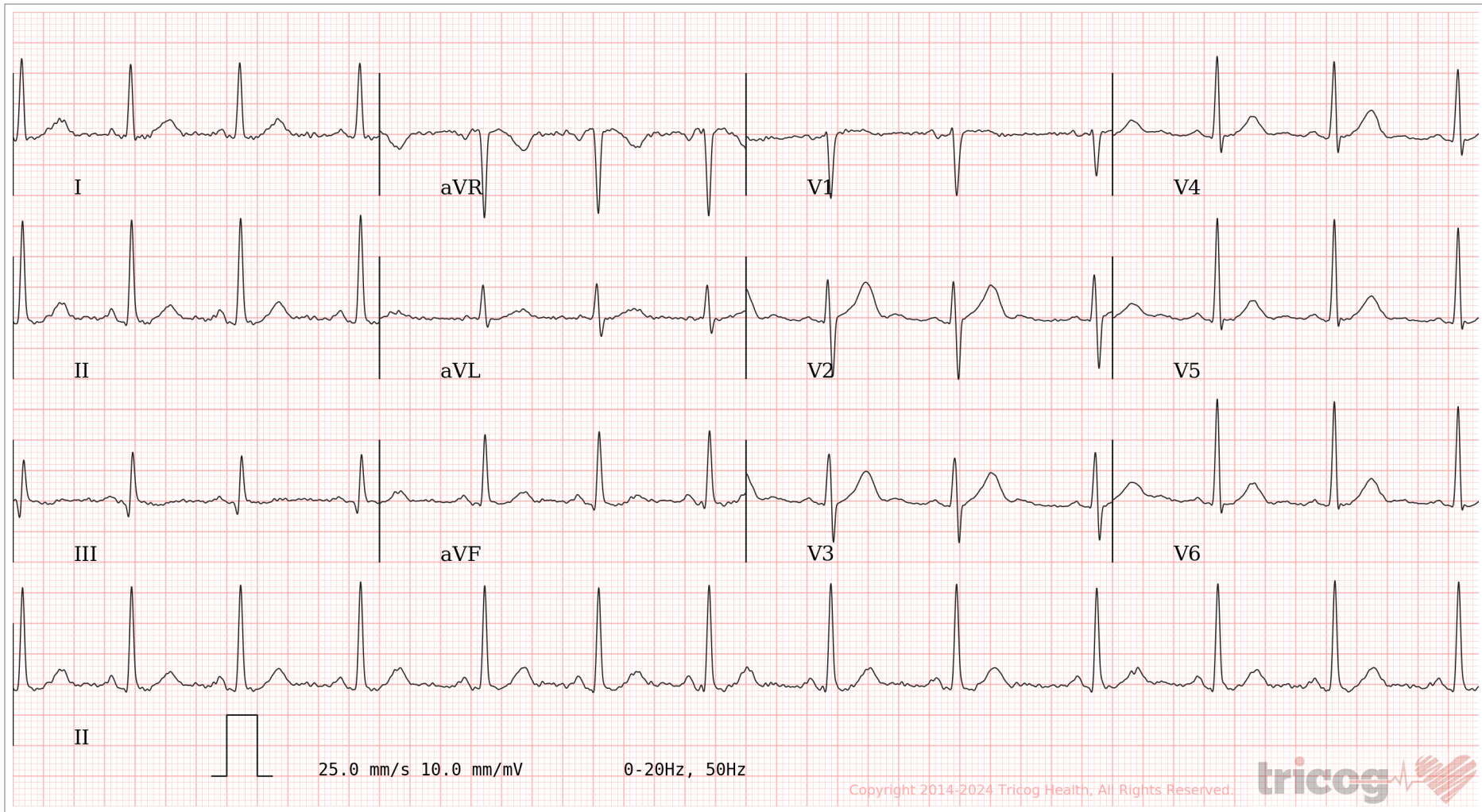
(MBBS, DMRD RADIOLOGY)

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Age / Gender: 37/Male
 Patient ID: 0849412
 Patient Name: Prasanth Nannapaneni

Date and Time: 23rd Mar 24 3:15 PM



AR: NA VR: 76bpm QRSD: 88ms QT: 378ms QTcB: 424ms PRI: 142ms P-R-T: 53° NA 40°

Sinus Rhythm, Sinus Arrhythmia Seen, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Aishwarya Yadav Venugopal

KMC 129058

HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 75bpm

B.P. 120/80

PRETEST

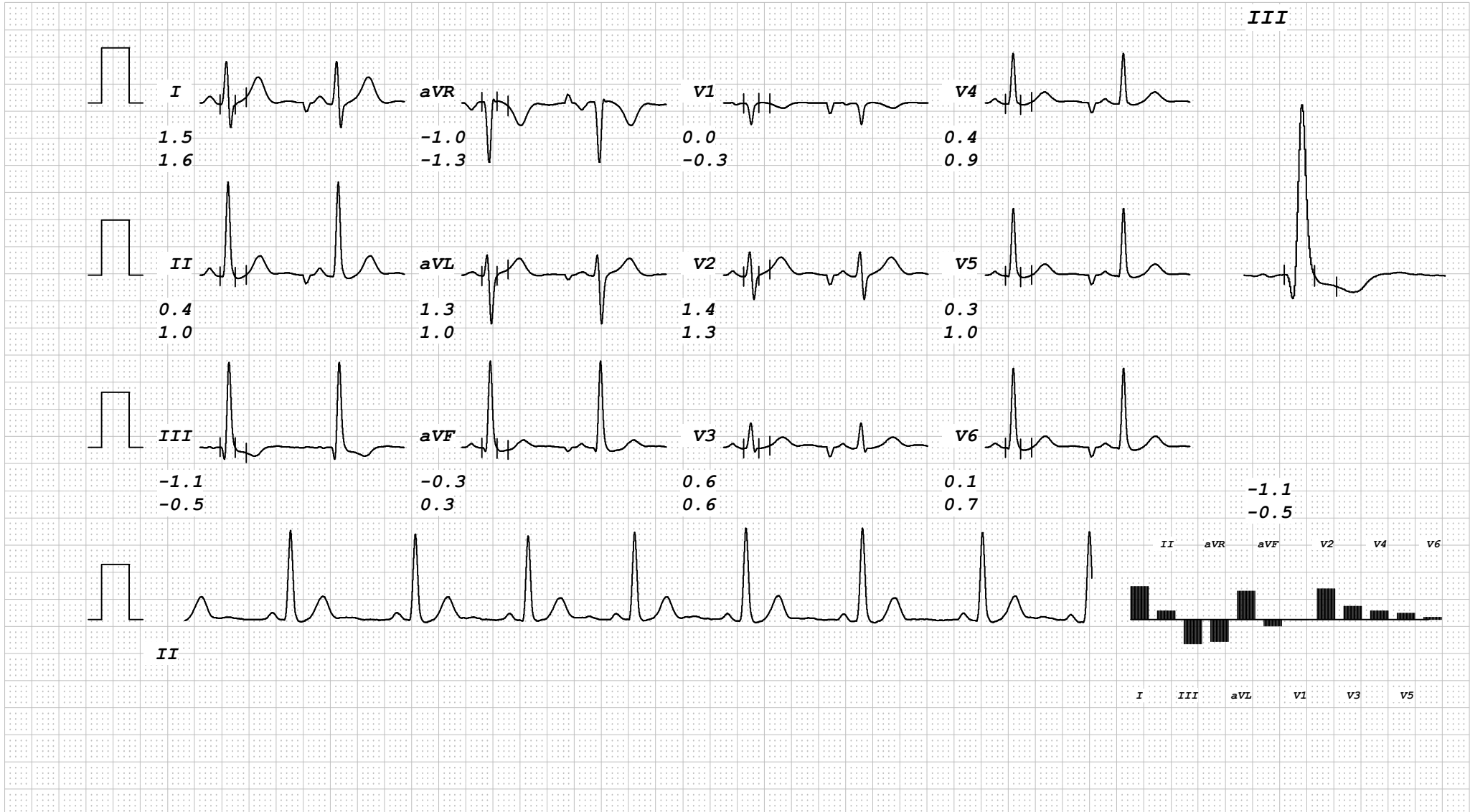
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 74bpm

B.P. 120/80

PRETEST

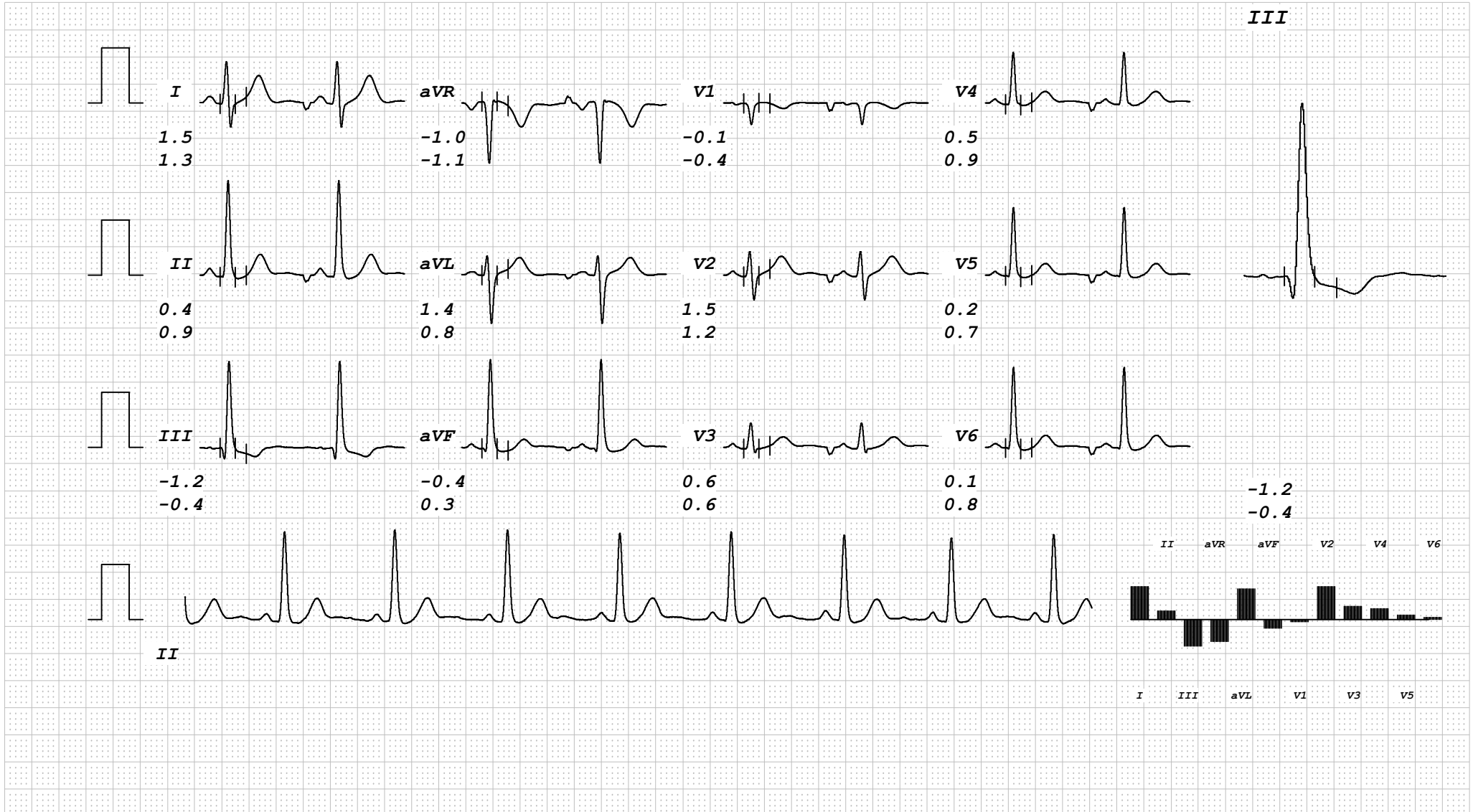
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 73bpm

B.P. 120/80

PRETEST

HYPERVENT

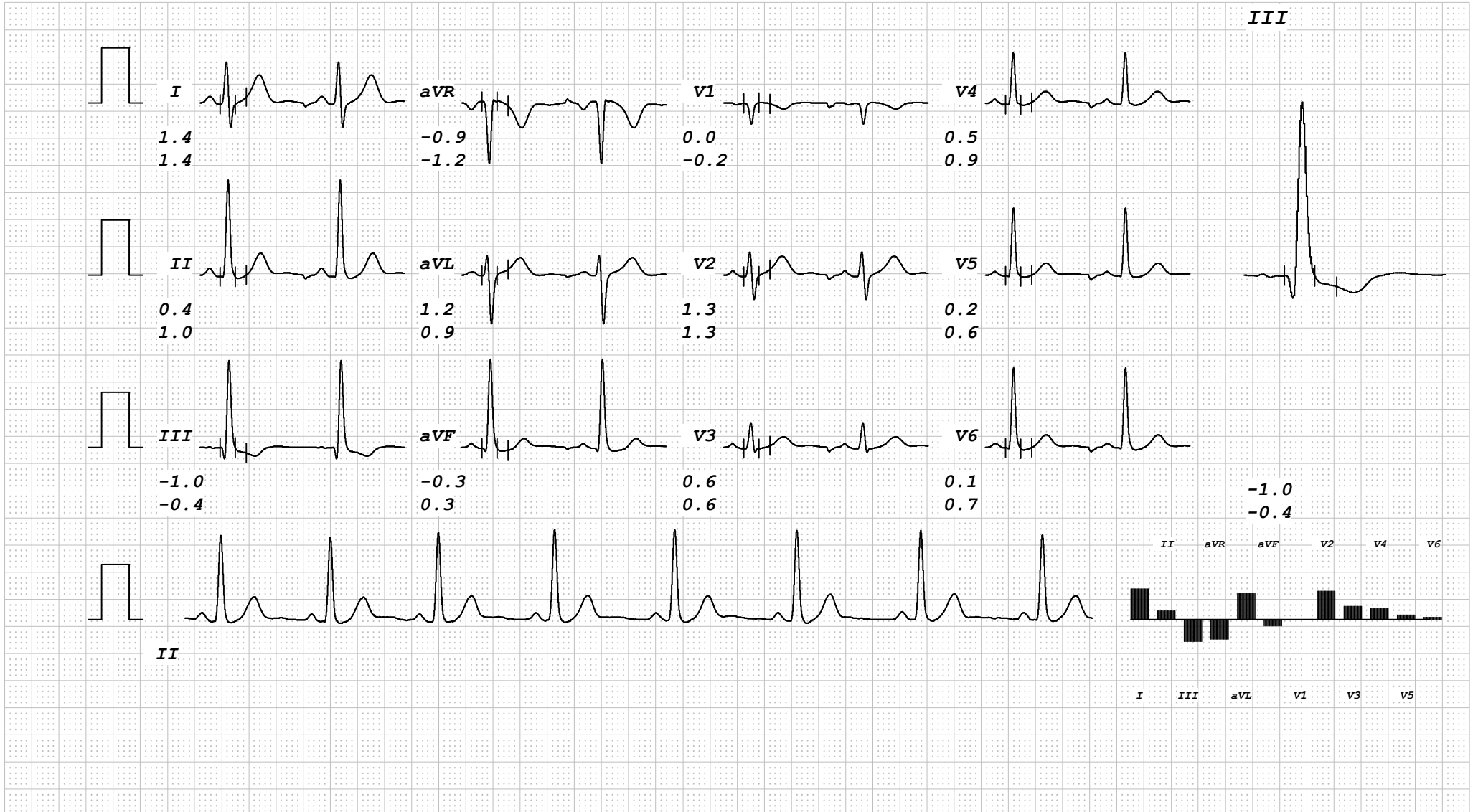
PHASE TIME 0:02

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 73bpm

B.P. 120/80

PRETEST

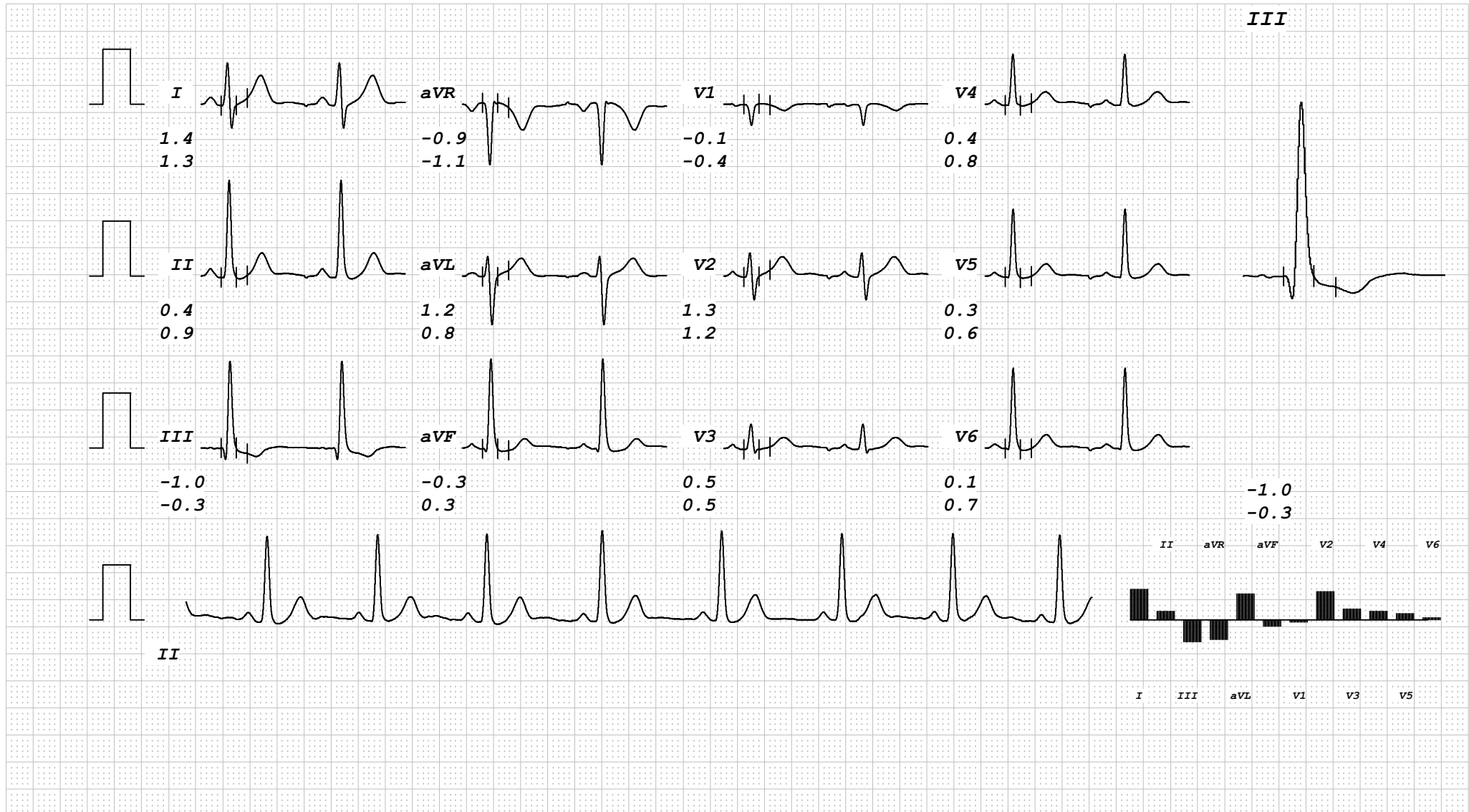
VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 140bpm

B.P. 130/80

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

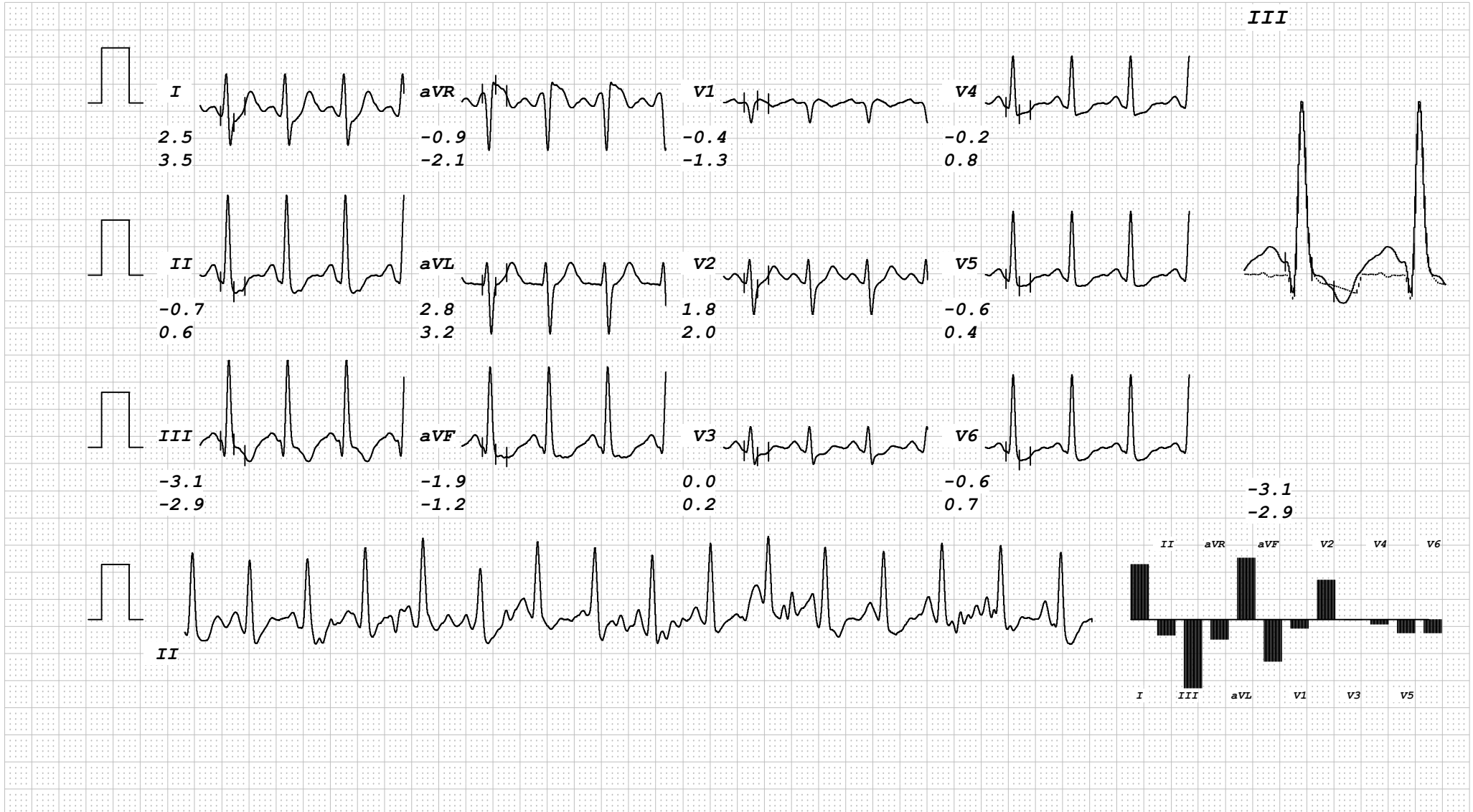
80ms PostJ

Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 166bpm

B.P. 150/100

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

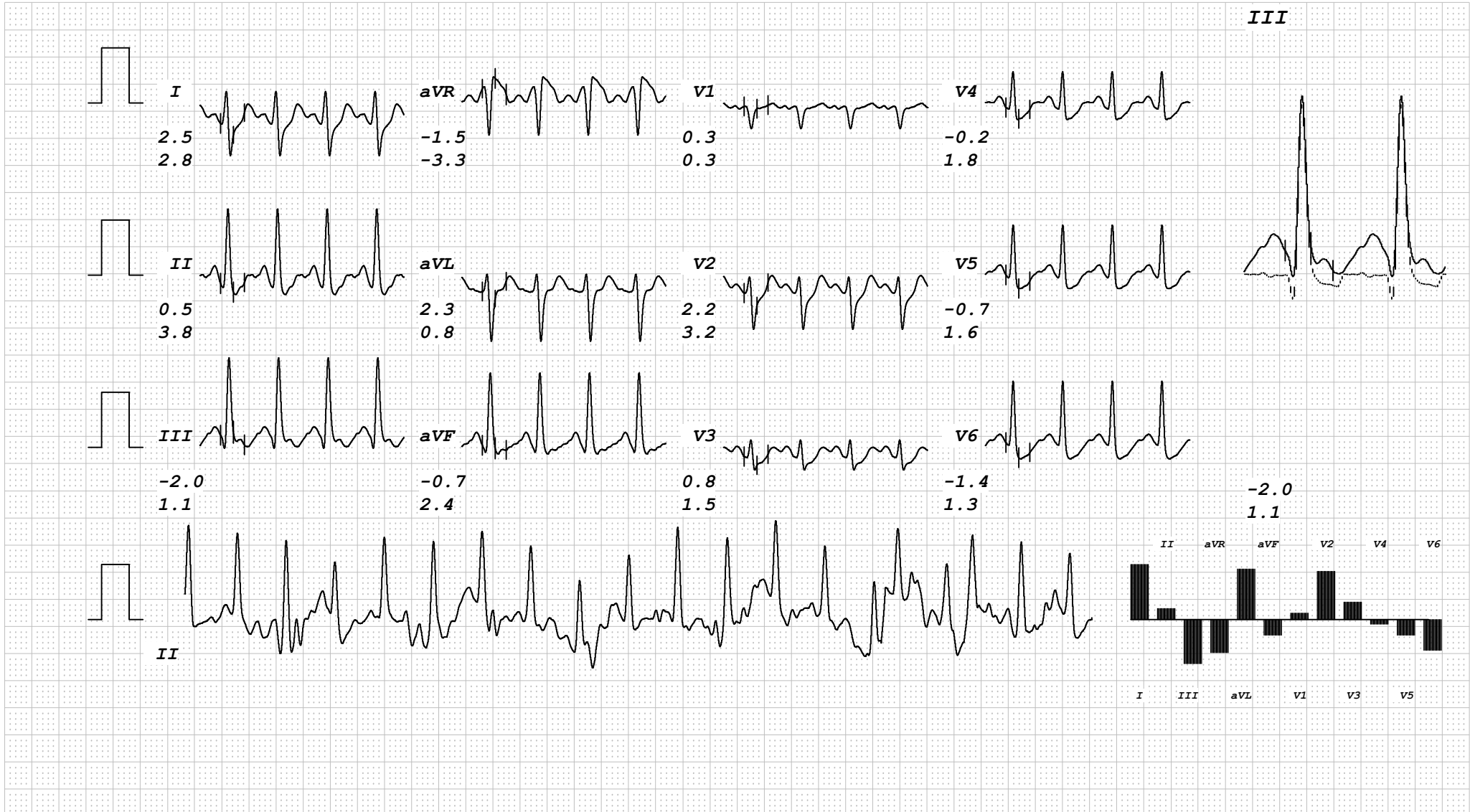
80ms PostJ

Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 171bpm

B.P. 160/110

Bruce

PK-EXERCISE

TOTAL TIME 6:18

PHASE TIME 0:18

ST @ 10mm/mV

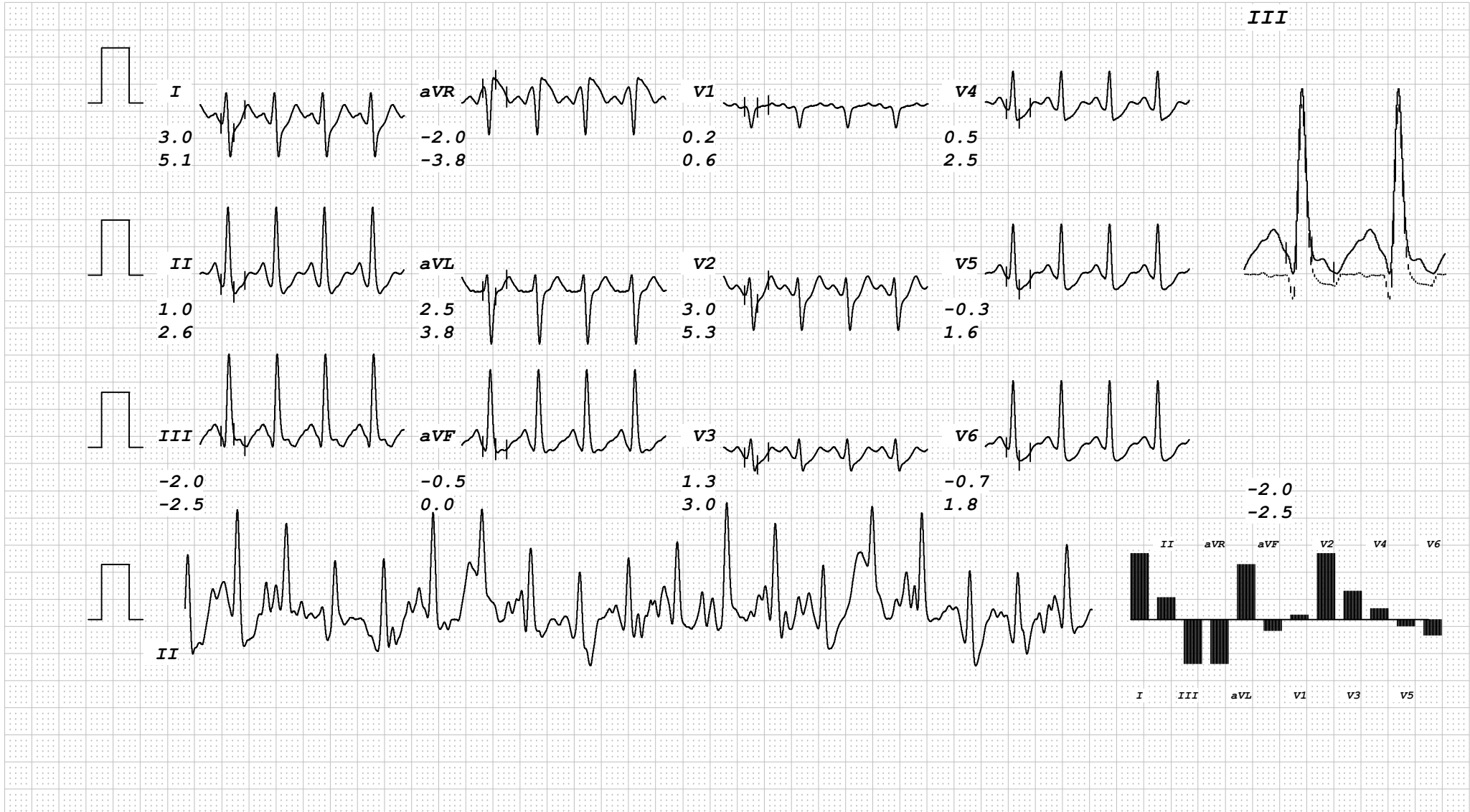
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 138bpm

B.P. 160/110

Bruce

RECOVERY

TOTAL TIME 7:21

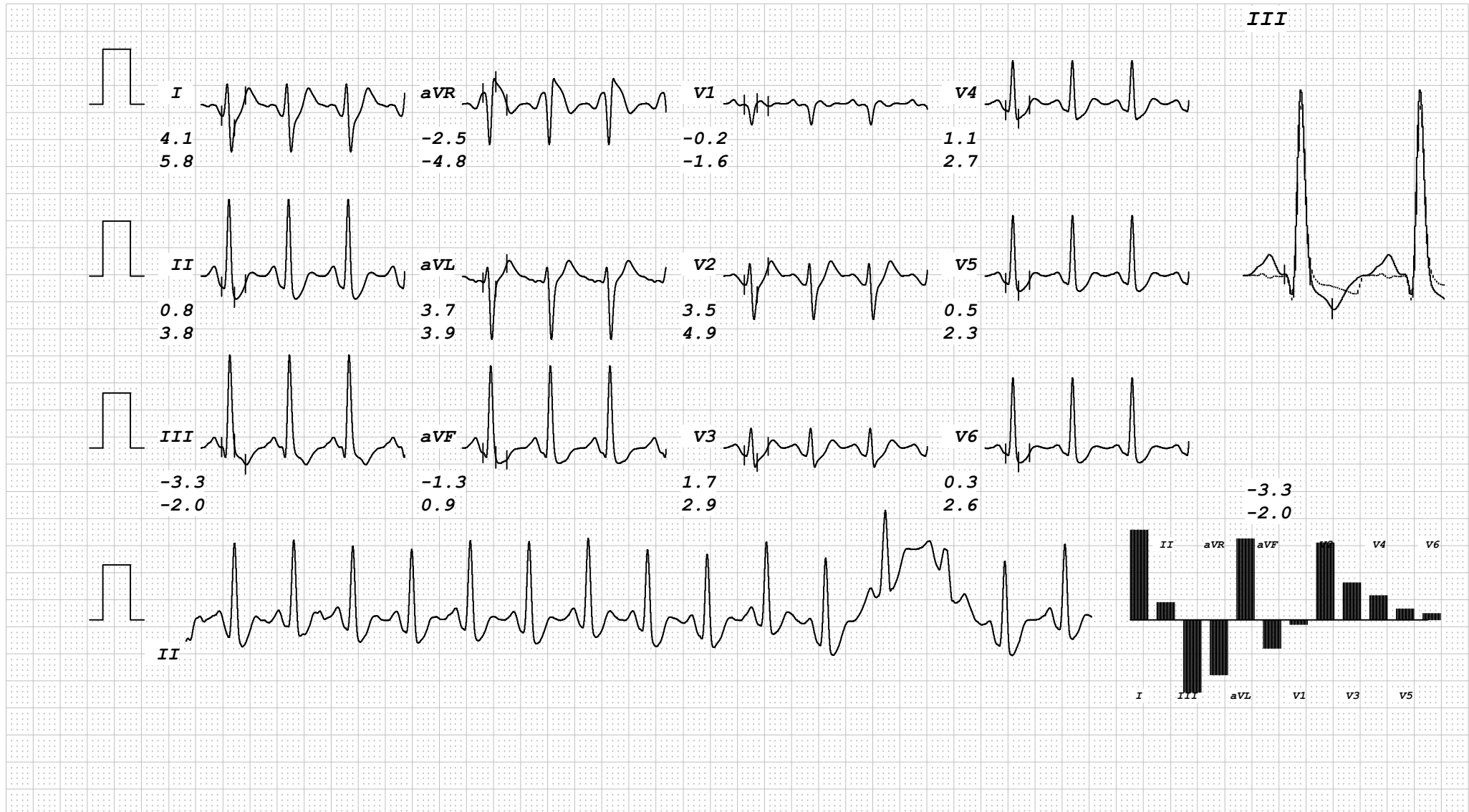
PHASE TIME 0:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 120bpm

B.P. 140/80

Bruce

RECOVERY

TOTAL TIME 8:21

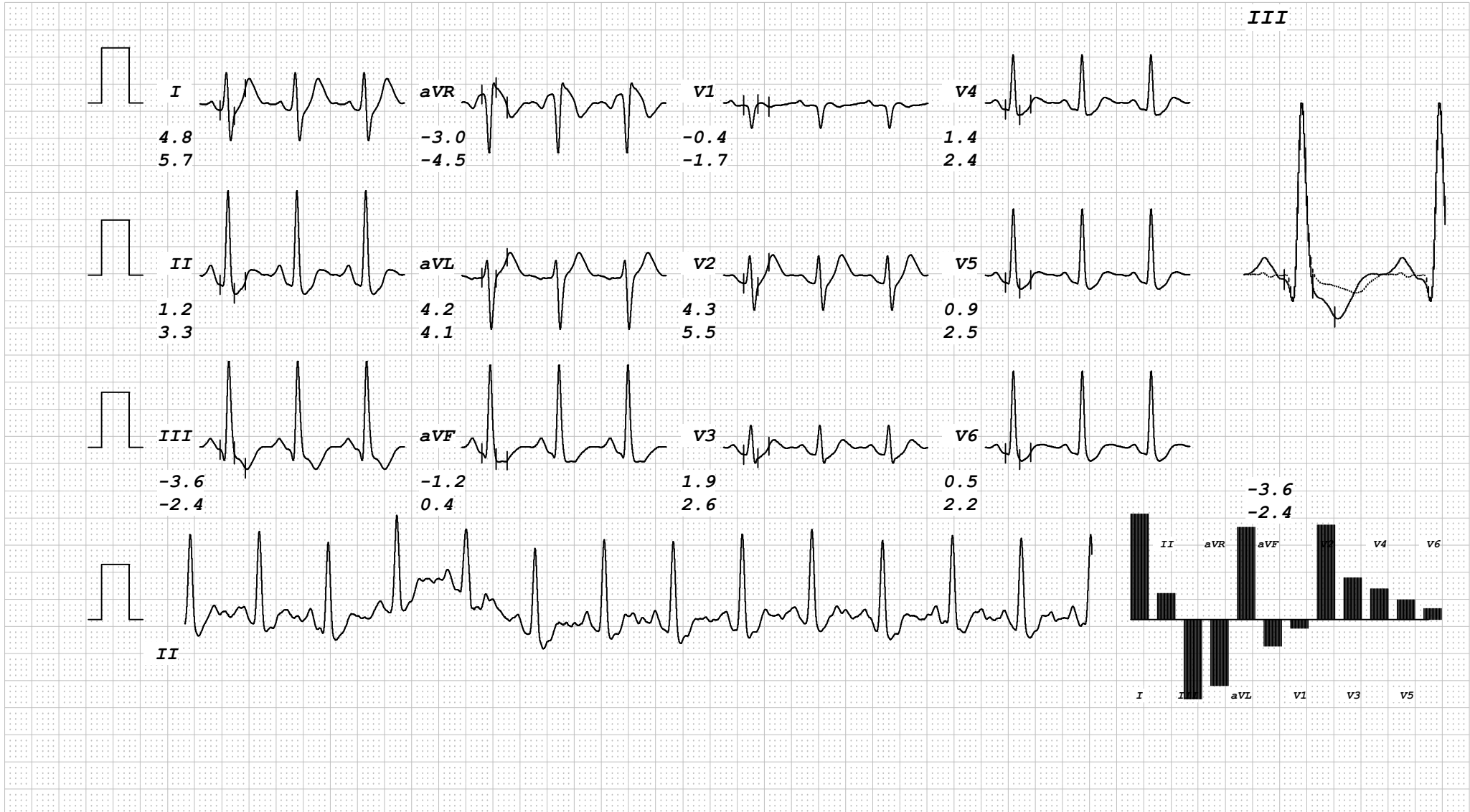
PHASE TIME 1:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 111bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 9:21

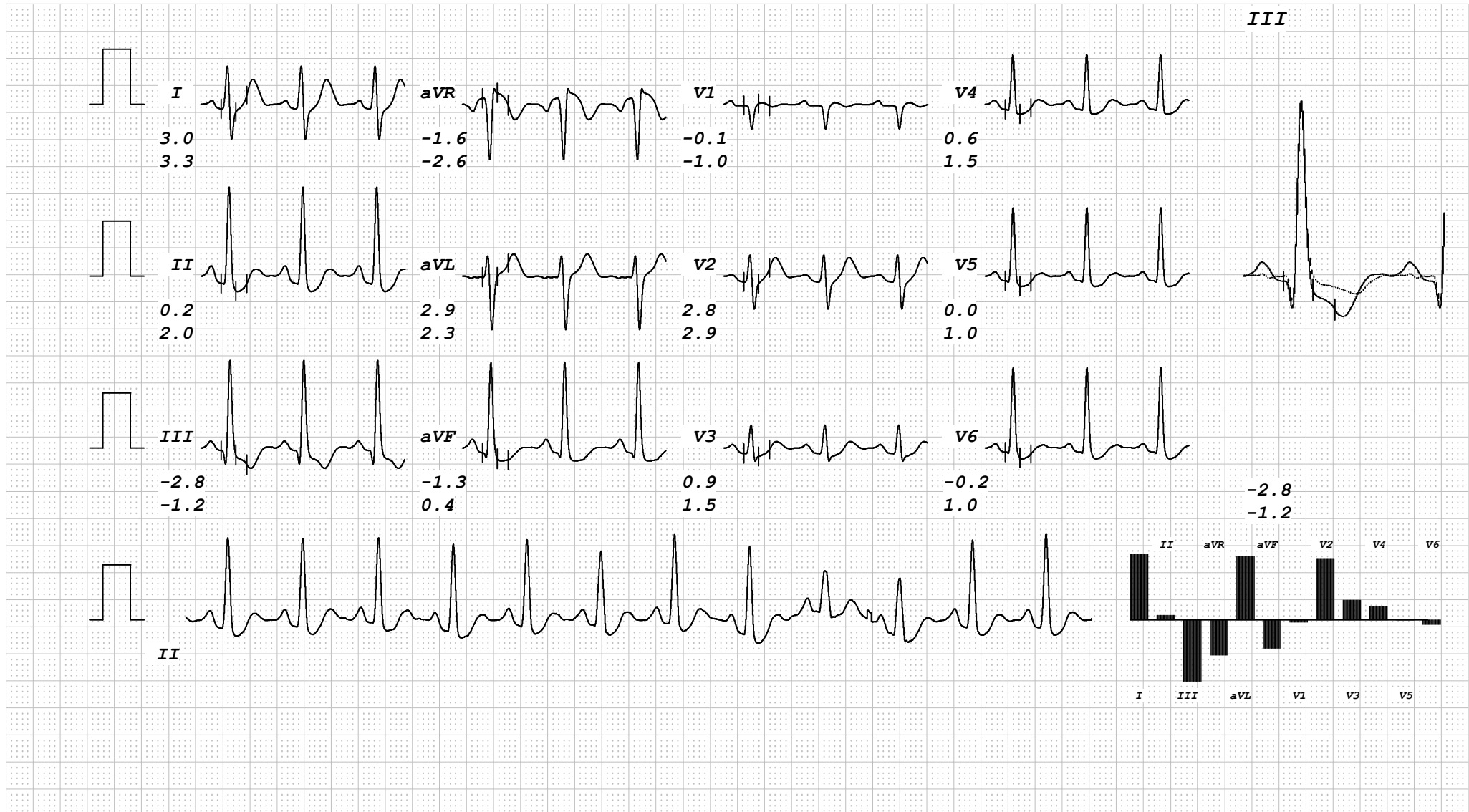
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 108bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 10:21

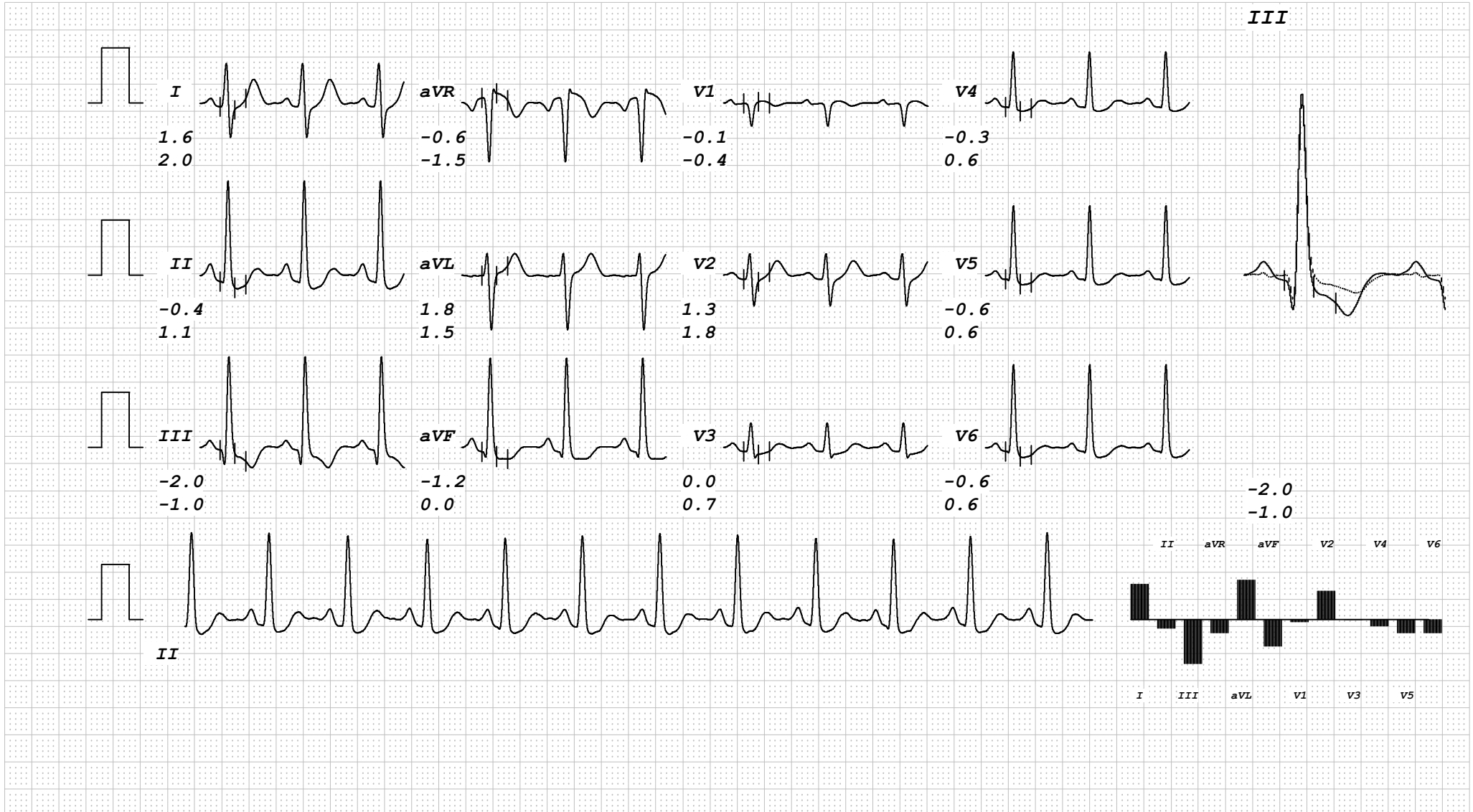
PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

PRASANTH NANNAPANENI

I.D. 522

Age 37/M

Date 23/03/2024

RATE 105bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 11:21

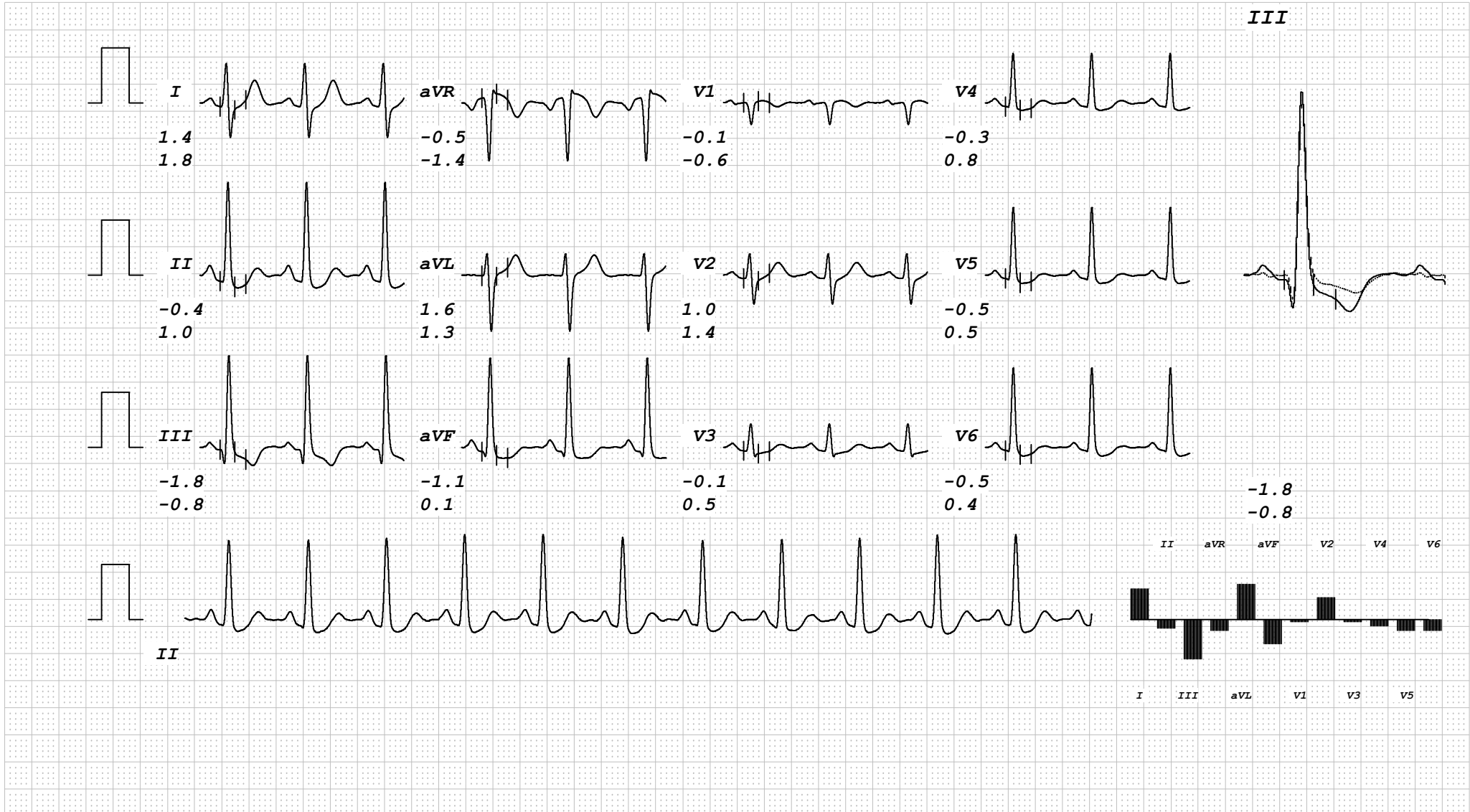
PHASE TIME 4:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





PATIENT'S NAME - Prashanth Nannapaneni DATE - 23/3/24.
AGE/GENDER - 37/M
DOCTOR'S NAME - Dr. Amatullah Merchant

VISION SCREENING

| | RE | RE | LE | LE |
|-----------------|---------|---------|---------|---------|
| | Glasses | UNAIDED | Glasses | UNAIDED |
| DISTANT | 6/6 | | 6/6 | |
| NEAR | N/10 | | N/6 | |
| COLOUR | (N) | | | |
| Recommendations | | | | |

VITALS

| | | |
|----------------|--------------|------------------|
| Pulse - 80 bpm | B.P- 130/80 | SpO2 99% RA |
| Height 179 | Weight - 123 | BMI- |
| Waist - 120 | Hip - 132 | Waist/Hip Ratio- |
| Chest - 122 | Inspiration- | Expiration- |

CENTRE NAME

SIGN & STAMP

