

Mediwheel <wellness@mediwheel.in>

Sat 3/30/2024 3:06 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

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

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

**Hospital**  
**Address** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links  
 Aparment

**Contact Details** : 7217771473

**Appointment**  
**Date** : 03-04-2024

**Confirmation**  
**Status** : Booking Confirmed

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
Roobi	36 year	Female



We request you to facilitate the employee on priority.


Thanks,  
Mediwheel Team  
Please Download Mediwheel App




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 Issue Date: 15/11/2013

రూబి  
 Roobi  
 పుట్టిన తేదీ / DOB : 08/07/1987  
 స్త్రీ / Female





**8108 3673 6061**

मेरा आधार, मेरी पहचान

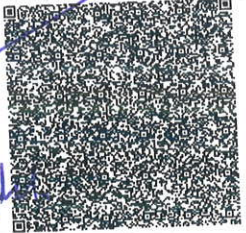
*For medical check*

*Roobi*

Address: W/O: Mukesh Kumar, E-125,  
 Sector -09, Near JKGS School, New Vijay  
 Nagar, Ghaziabad, Ghaziabad, Uttar  
 Pradesh, 201001

Print Date: 20/01/2022



**8108 3673 6061**

1947    help@uidai.gov.in    www.uidai.gov.in

*For medical check*



**LABORATORY REPORT**

<b>Name</b>	: MRS ROOBI	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010773021	<b>Lab No</b>	: 202404000422
<b>Patient Episode</b>	: H18000002051	<b>Collection Date</b>	: 03 Apr 2024 09:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 03 Apr 2024 13:05
<b>Receiving Date</b>	: 03 Apr 2024 09:09		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			<b>Specimen Type : Serum</b>
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.830	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.440	μIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

**The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.**



**LABORATORY REPORT**

Name : MRS ROOBI Age : 36 Yr(s) Sex :Female  
Registration No : MH010773021 Lab No : 202404000422  
Patient Episode : H18000002051 Collection Date : 03 Apr 2024 09:09  
Referred By : HEALTH CHECK MGD Reporting Date : 03 Apr 2024 13:36  
Receiving Date : 03 Apr 2024 09:09

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

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**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

<b>Name</b>	: MRS ROOBI	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010773021	<b>Lab No</b>	: 202404000422
<b>Patient Episode</b>	: H18000002051	<b>Collection Date</b>	: 03 Apr 2024 09:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 03 Apr 2024 10:45
<b>Receiving Date</b>	: 03 Apr 2024 09:09		

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.02	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.7 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method:cyanide free SLS-colorimetry			
<b>HEMATOCRIT (CALCULATED)</b>	<b>35.9 #</b>	<b>%</b>	<b>[36.0-46.0]</b>
MCV (DERIVED)	89.3	fL	[83.0-101.0]
MCH (CALCULATED)	29.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>14.3 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	161	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.90	fL	
WBC COUNT (TC) (IMPEDEANCE)	6.50	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	39.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>74.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



**LABORATORY REPORT**

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<b>Patient Episode</b>	: H18000002051	<b>Collection Date</b>	: 03 Apr 2024 09:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 03 Apr 2024 16:14
<b>Receiving Date</b>	: 03 Apr 2024 09:09		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk ) 5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	100	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

<b>Name</b>	: MRS ROOBI	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010773021	<b>Lab No</b>	: 202404000422
<b>Patient Episode</b>	: H18000002051	<b>Collection Date</b>	: 03 Apr 2024 09:58
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 03 Apr 2024 13:01
<b>Receiving Date</b>	: 03 Apr 2024 09:58		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

<b>Serum TOTAL CHOLESTEROL</b>	<b>205 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b>
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>126</b>	<b>mg/dl</b>	<b>[&lt;150]</b>
			Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b>	<b>54</b>	<b>mg/dl</b>	<b>[35-65]</b>
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>25</b>	<b>mg/dl</b>	<b>[0-35]</b>
<b>CHOLESTEROL, LDL, CALCULATED</b>	<b>126.0 #</b>	<b>mg/dl</b>	<b>[&lt;120.0]</b>
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
<b>T.Chol/HDL.Chol ratio(Calculated)</b>	<b>3.8</b>		<b>&lt;4.0 Optimal</b> <b>4.0-5.0 Borderline</b> <b>&gt;6 High Risk</b>
<b>LDL.CHOL/HDL.CHOL Ratio(Calculated)</b>	<b>2.3</b>		<b>&lt;3 Optimal</b> <b>3-4 Borderline</b> <b>&gt;6 High Risk</b>



**LABORATORY REPORT**

Name : MRS ROOBI Age : 36 Yr(s) Sex :Female  
 Registration No : MH010773021 Lab No : 202404000422  
 Patient Episode : H18000002051 Collection Date : 03 Apr 2024 09:09  
 Referred By : HEALTH CHECK MGD Reporting Date : 03 Apr 2024 11:55  
 Receiving Date : 03 Apr 2024 09:09

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	22.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.71	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
<b>URIC ACID</b>	<b>3.9 #</b>	<b>mg/dl</b>	<b>[4.0-8.5]</b>
Method:uricase PAP			

<b>SODIUM, SERUM</b>	<b>135.90 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
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POTASSIUM, SERUM	4.19	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	109.9	ml/min/1.73sq.m	[>60.0]
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Technical Note  
 eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.





**LABORATORY REPORT**

Name : MRS ROOBI  
Registration No : MH010773021  
Patient Episode : H1800002051  
Referred By : HEALTH CHECK MGD  
Receiving Date : 03 Apr 2024 09:09

Age : 36 Yr(s) Sex :Female  
Lab No : 202404000422  
Collection Date : 03 Apr 2024 09:09  
Reporting Date : 03 Apr 2024 11:55

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.95	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.80	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.25	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.31		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	25.60	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	51.0	IU/L	[32.0-91.0]
GGT	9.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

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<b>Patient Episode</b>	: H18000002051	<b>Collection Date</b>	: 03 Apr 2024 09:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 03 Apr 2024 11:55
<b>Receiving Date</b>	: 03 Apr 2024 09:09		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

CYTOLOGY No- PP/102/2024

GROSS- Received 2 fixed smears

Clinical details :PAP SMEARS ECTO CERVIX AND ENDO CERVIX

MICROSCOPIC - BETHESDA SYSTEM TERMINOLOGY -2014

1.SPECIMEN TYPE - CONVENTIONAL SMEAR (PAP SMEAR)

A) ADEQUACY - SATISFACTORY

B) MICROSCOPIC- SMEARS SHOW SUPERFICIAL AND INTERMEDIATE SQUAMOUS EPITHELIAL CELLS HEAVILY INFILTRATED BY POLYMORPHONUCLEAR INFILTRATION.

C) ENDOCERVICAL CELLS -SEEN

D) NON-NEOPLASTIC CELLULAR CHANGES-NOT SEEN

E) REACTIVE CELLULAR CHANGES -NOT SEEN

F) ORGANISMS - NOT SEEN

G) DYSPLASIA/MALIGNANCY- NOT SEEN



**LABORATORY REPORT**

Name	: MRS ROOBI	Age	: 36 Yr(s) Sex :Female
Registration No	: MH010773021	Lab No	: 202404000422
Patient Episode	: H18000002051	Collection Date	: 03 Apr 2024 13:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 17:33
Receiving Date	: 03 Apr 2024 13:55		

**CYTOPATHOLOGY**

GENERAL CATAGORY : BENIGN CELLULAR CHANGES

IMPRESSION -INFLAMMATORY SMEARS

ADVISED : REPEAT AFTER CONTROLLING THE INFECTION

Page 7 of 9

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS ROOBI  
Registration No : MH010773021  
Patient Episode : H1800002051  
Referred By : HEALTH CHECK MGD  
Receiving Date : 03 Apr 2024 09:09  
Age : 36 Yr(s) Sex :Female  
Lab No : 202404000423  
Collection Date : 03 Apr 2024 09:09  
Reporting Date : 03 Apr 2024 10:33

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	92.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS ROOBI  
Registration No : MH010773021  
Patient Episode : H1800002051  
Referred By : HEALTH CHECK MGD  
Receiving Date : 03 Apr 2024 13:16  
Age : 36 Yr(s) Sex :Female  
Lab No : 202404000424  
Collection Date : 03 Apr 2024 13:16  
Reporting Date : 03 Apr 2024 15:22

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase Note: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise	88.0	mg/dl	[80.0-140.0]

-----END OF REPORT-----

Dr. Alka Dixit Vats  
Consultant Pathologist



**RADIOLOGY REPORT**

NAME	MRS , ROOBI	STUDY DATE	03/04/2024 9:21AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010773021
ACCESSION NO.	R7171818	MODALITY	CR
REPORTED ON	03/04/2024 9:43AM	REFERRED BY	HEALTH CHECK MGD

**XR- CHEST PA VIEW**

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

No significant abnormality seen.

Recommend clinical correlation.

**Dr. Monica Shekhawat MBBS, DNB**  
**CONSULTANT RADIOLOGIST**

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

**RADIOLOGY REPORT**

NAME	MRS , ROOBI	STUDY DATE	03/04/2024 9:37AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010773021
ACCESSION NO.	R7171819	MODALITY	US
REPORTED ON	03/04/2024 10:33AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears normal in size (measures 143 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 90 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 102 x 38 mm.

Left Kidney: measures 98 x 42 mm. It shows a concretion measuring 2 mm at mid calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, bulky in size (measures 98 x 49 x 47 mm) but normal in shape and shows coarse myometrial echotexture. Endometrial thickness measures 6.5 mm. Cervix appears bulky and shows multiple nabothian cysts within with the largest one measuring 14 x 9 mm.

OVARIES: Right ovary is normal in size (measures 39 x 34 x 22 mm with volume 15.8 cc) and shows a small well-defined cyst within with few septations and reticulations within but with no calcification or abnormal vascularity within. It measures 24 x 22 x 15 mm with volume 4.0 cc, suggesting small hemorrhagic right ovarian cyst.

Left ovary is normal in size (measures 38 x 35 x 27 mm with volume 19.2 cc), shape and echotexture. Rest normal.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Left renal concretion.**

**-Bulky uterus with coarse myometrial echotexture.**

**-Bulky cervix with multiple nabothian cysts within (ADV: Pap Smear to rule out possibility of cervicitis).**

**-Small hemorrhagic right ovarian cyst.**

Recommend clinical correlation.

**RADIOLOGY REPORT**

NAME	MRS , ROOBI	STUDY DATE	03/04/2024 9:37AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010773021
ACCESSION NO.	R7171819	MODALITY	US
REPORTED ON	03/04/2024 10:33AM	REFERRED BY	HEALTH CHECK MGD



Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST

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



**RADIOLOGY REPORT**

NAME	MRS , ROOBI	STUDY DATE	03/04/2024 9:37AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010773021
ACCESSION NO.	R7171819	MODALITY	US
REPORTED ON	03/04/2024 10:33AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

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BILIARY SYSTEM: Normal.

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**-Small hemorrhagic right ovarian cyst.**

Recommend clinical correlation.



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AGE / SEX	36 y / F	HOSPITAL NO.	MH010773021
ACCESSION NO.	R7171819	MODALITY	US
REPORTED ON	03/04/2024 10:33AM	REFERRED BY	HEALTH CHECK MGD

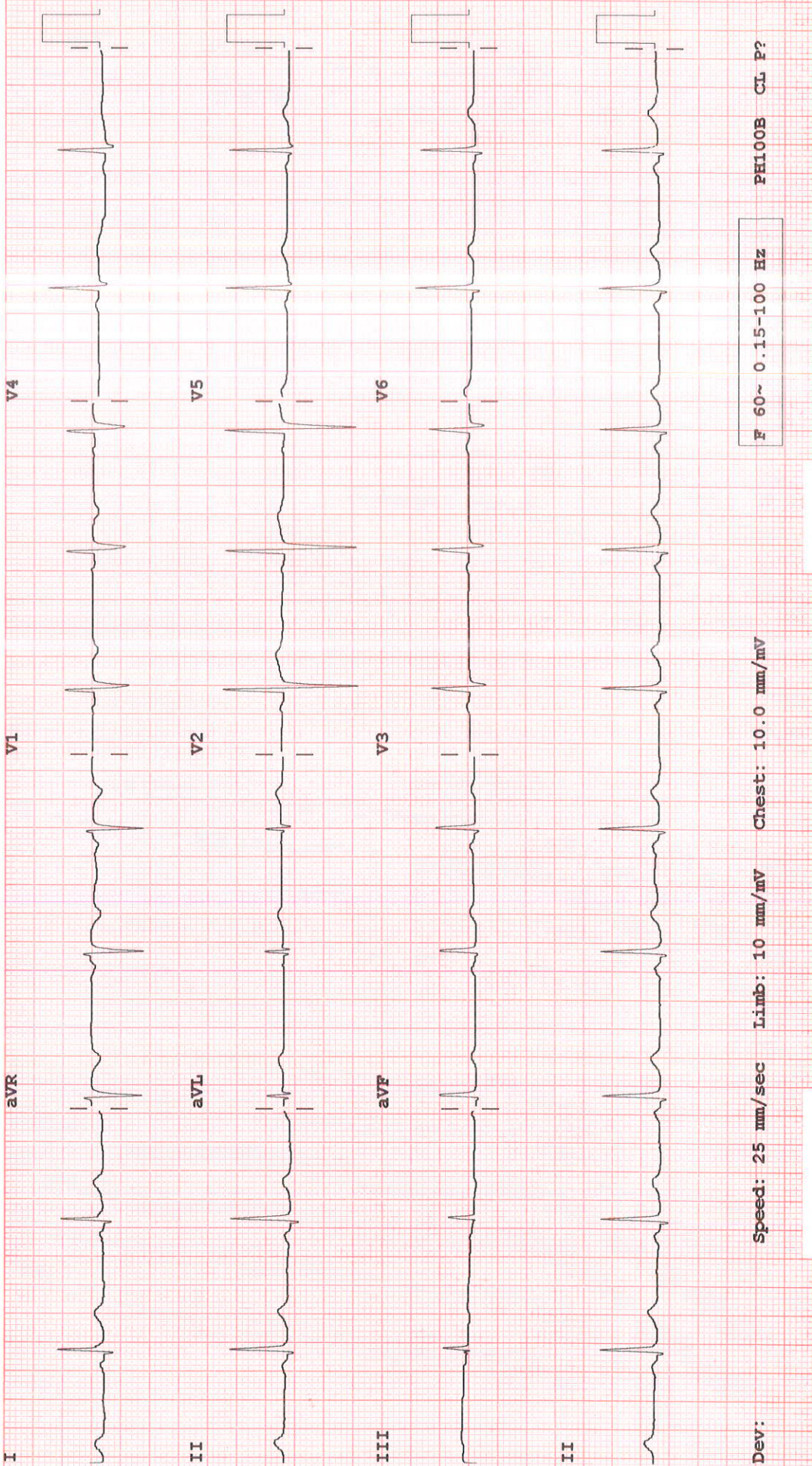
*Monica*

Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST

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

- NORMAL ECG -

Unconfirmed Diagnosis





Patient Name	MRS ROOBI	Location	: Ghaziabad
Age/Sex	: 36Year(s)/Female	Visit No	: V000000001-GHZZ
MRN No	MH010773021	Order Date	: 03/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 03/04/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 184BPM
<b>Duration of exercise</b>	: 7min 07sec	<b>85% of MPHR</b>	: 156BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 160BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 150/90mmHg	<b>% Target HR</b>	: 86%
		<b>METS</b>	: 8.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	88	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	122	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	141	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:07	160	150/90	Nil	No ST changes seen	Nil
RECOVERY	3:53	83	120/90	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY),FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY),MNAMS  
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