

# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE: 22/01/2024

NAME:	AJITHKUMAR V P	AGE:(years)	33	SEX:	M
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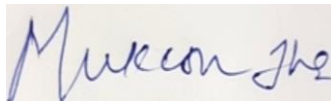
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7.8	DOUBLE PRODUCT	28620 mm Hg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	6		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS OR 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:** AJITHKUMAR V P

M/ 33 Yrs.

**Ref. by:**

**Date:** 24/2/2024

**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 normal homogeneous 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 polyps are seen, largest 12 mm in size. There is no evidence of calculus, 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
9.7 x 4.1 cm	9.8 x 6.5 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 3.5 x 3.2 cms; with a weight of 21 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:**

- **Multiple GB polyps.**
- **Suggest regular periodic follow-up.**

**Thanks for the reference.**

**With regards,**



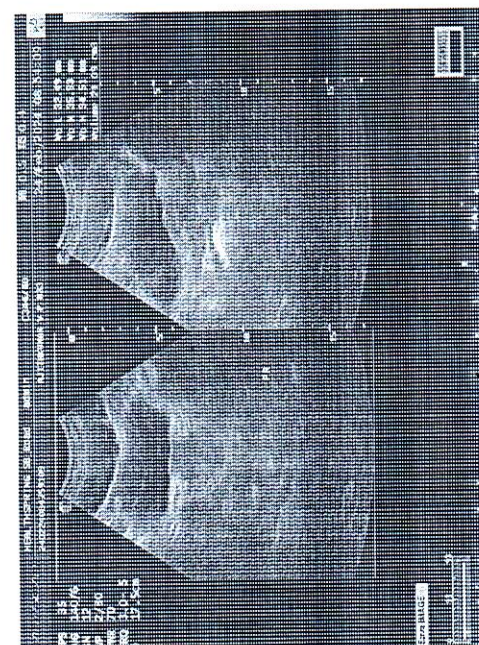
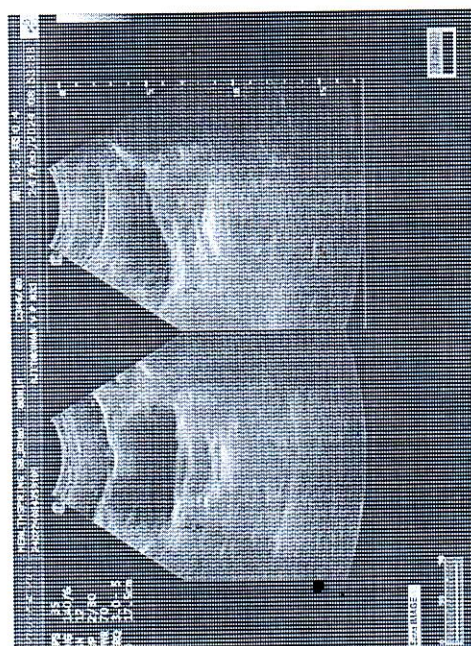
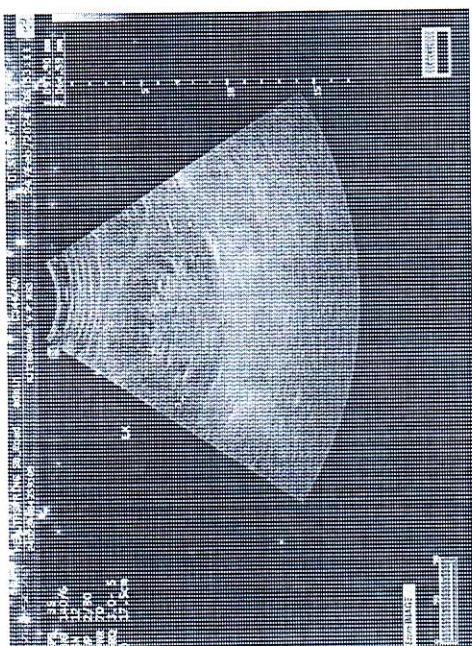
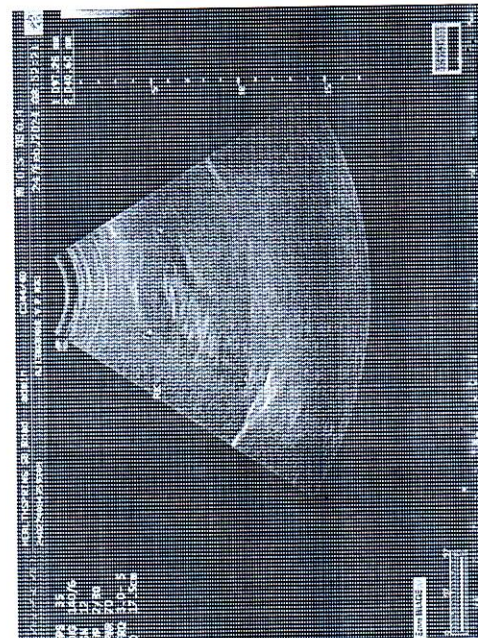
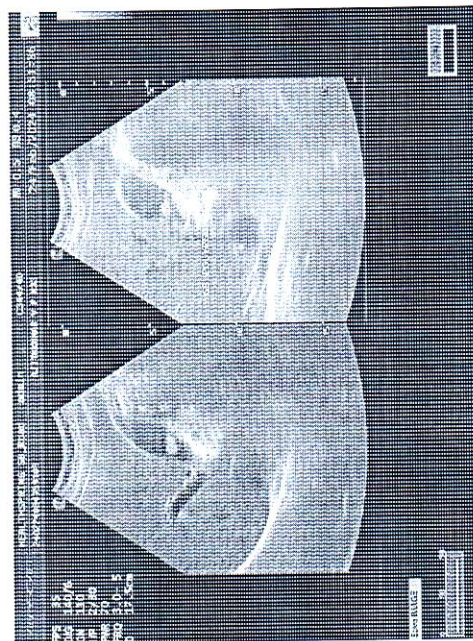
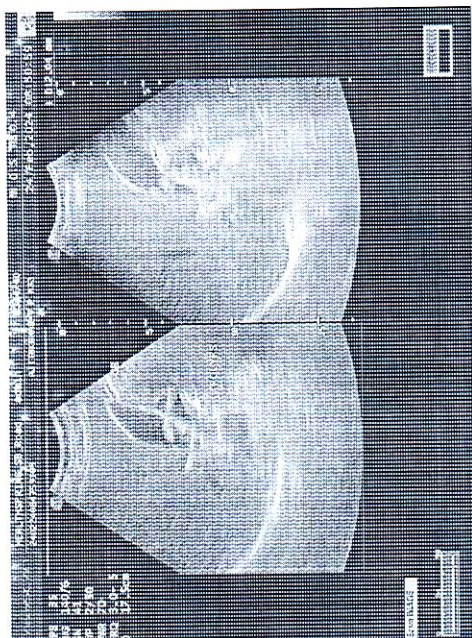
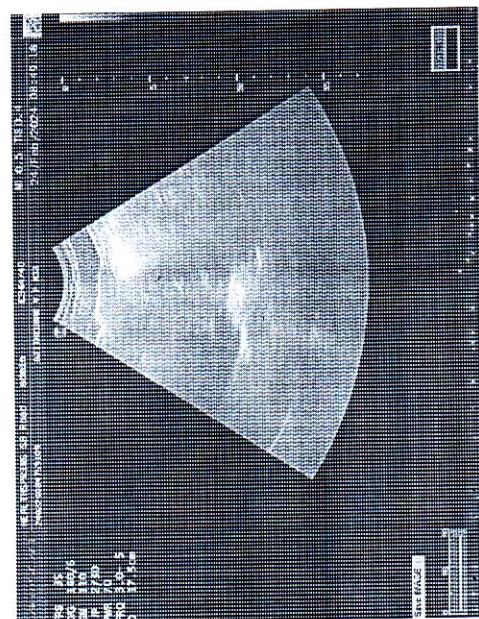
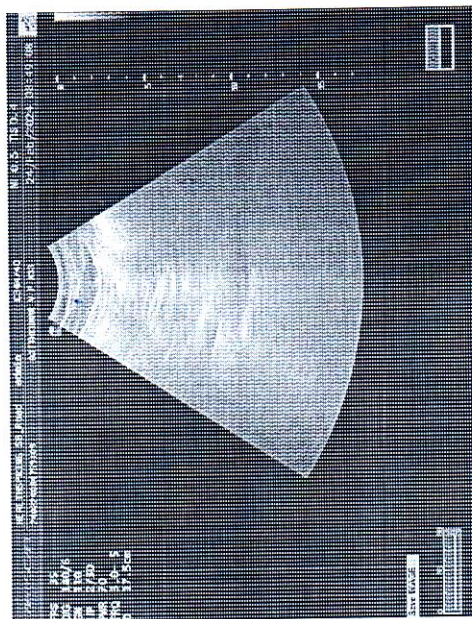
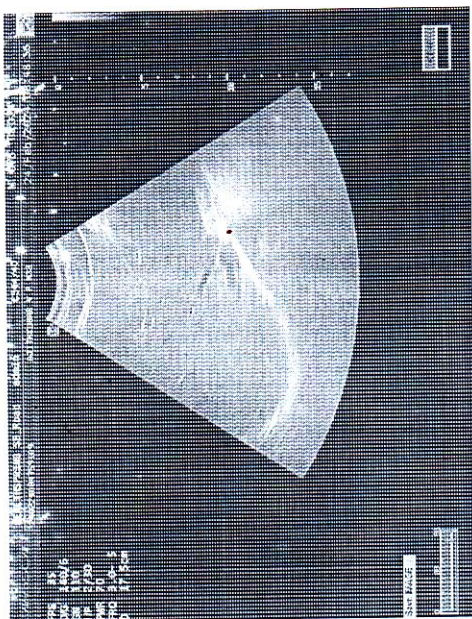
**DR. Nitish Kotwal**

**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.









<b>Name : AJITHKUMAR V P</b>	<b>Age : 33YRS</b>
<b>Gender : MALE</b>	<b>Date : 23/01/2024</b>

### **X-RAY CHEST PA VIEW**

X-ray of the chest in P.A. projection reveals that the bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

**IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.**

Dr. Nitish Kotwal  
MBBS, DMRD (Bom)  
**Consultant Radiologist And Sonologist..**  
**Online reporting done hence no signature**