

BP - 120/80
P - 88/4
H - 161 cm
WT - 59 kg

Mrs. Preeti
Age - 30 y/f

18/01/24

HbC - 12.2 / 4.46 / 6.96 / 101
HbA1c - 5.4
FBS - 80, PP - 88.0
Urea - 0.8
Creat - 0.84
Lipid - 136 / 110 / 45 / 69
LFT - 20 / 24 / 78

All reports are ^{sent} with in 24 hours
- Lab vitamin and - TET 2000 50
- renew after 1 month

Dr. Animesh

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



Purna Singh / 30yr / M

13/1/24

C/o:- White discharge P/V
foul smell

M/U - P.M.C - R/L V/S 2-3 days / 24-30 days
L.M.S - 26/12/23.

O/U - P/L - 19 months / Mch / V/S / day well.

P/S. O/A
Cp. inflammation
White Discharge (+)

pop sacra tele

Rx

per-14

No Wash.

Carsoft in Vag x 3 night

Cap Flonla 1 cap daily x 10 days
(Index)

- pelvic Murcha specum



96918 26363

0771 4033341/42

ID: 285

MRS PRERNA
Female 30Years

13-01-2024 11:52:10 AM

HR : 85 bpm
 P : 102 ms
 PR : 148 ms
 QRS : 88 ms
 QT/QTc : 348/414 ms
 P-QRST : 55/34/4 °
 RV5/SV1 : 0.995/0.711 mV

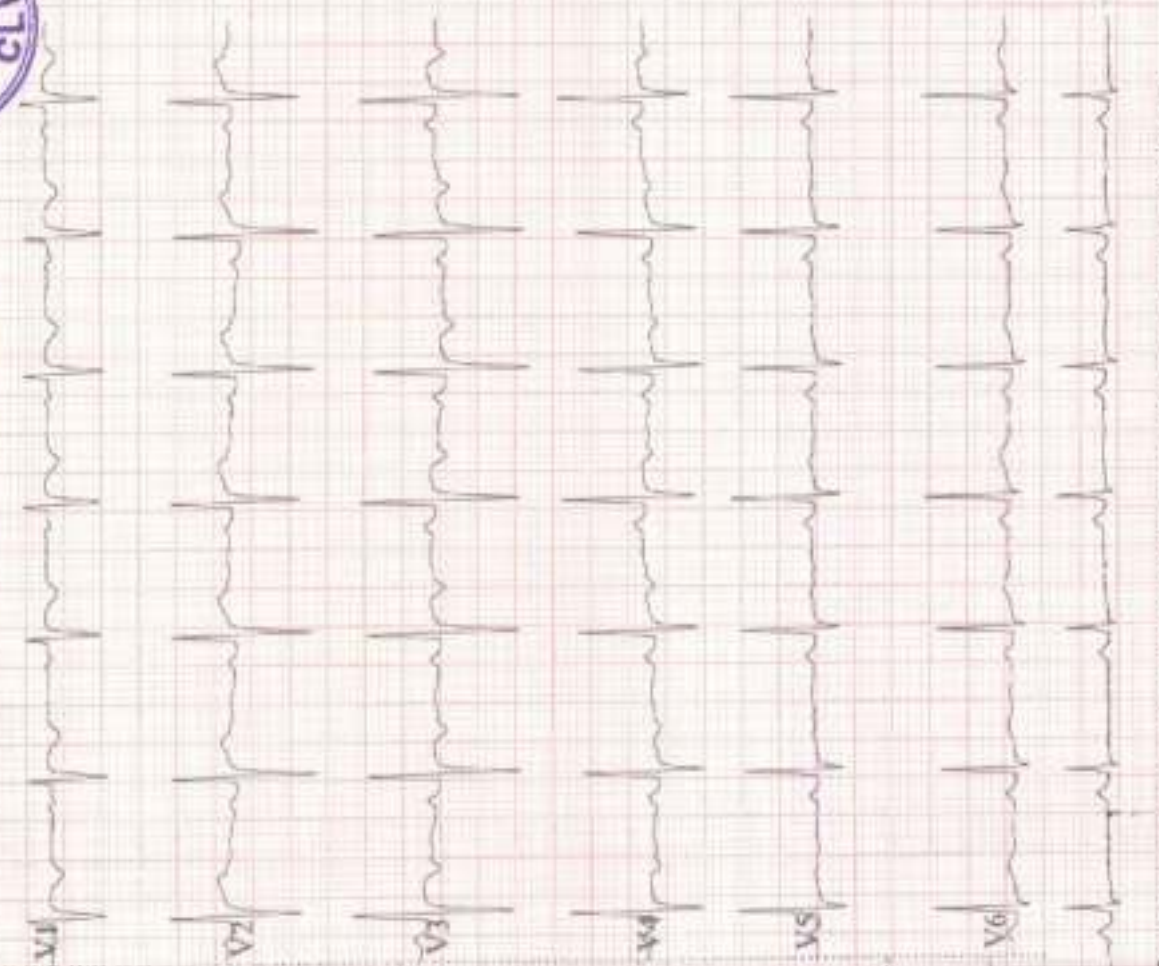
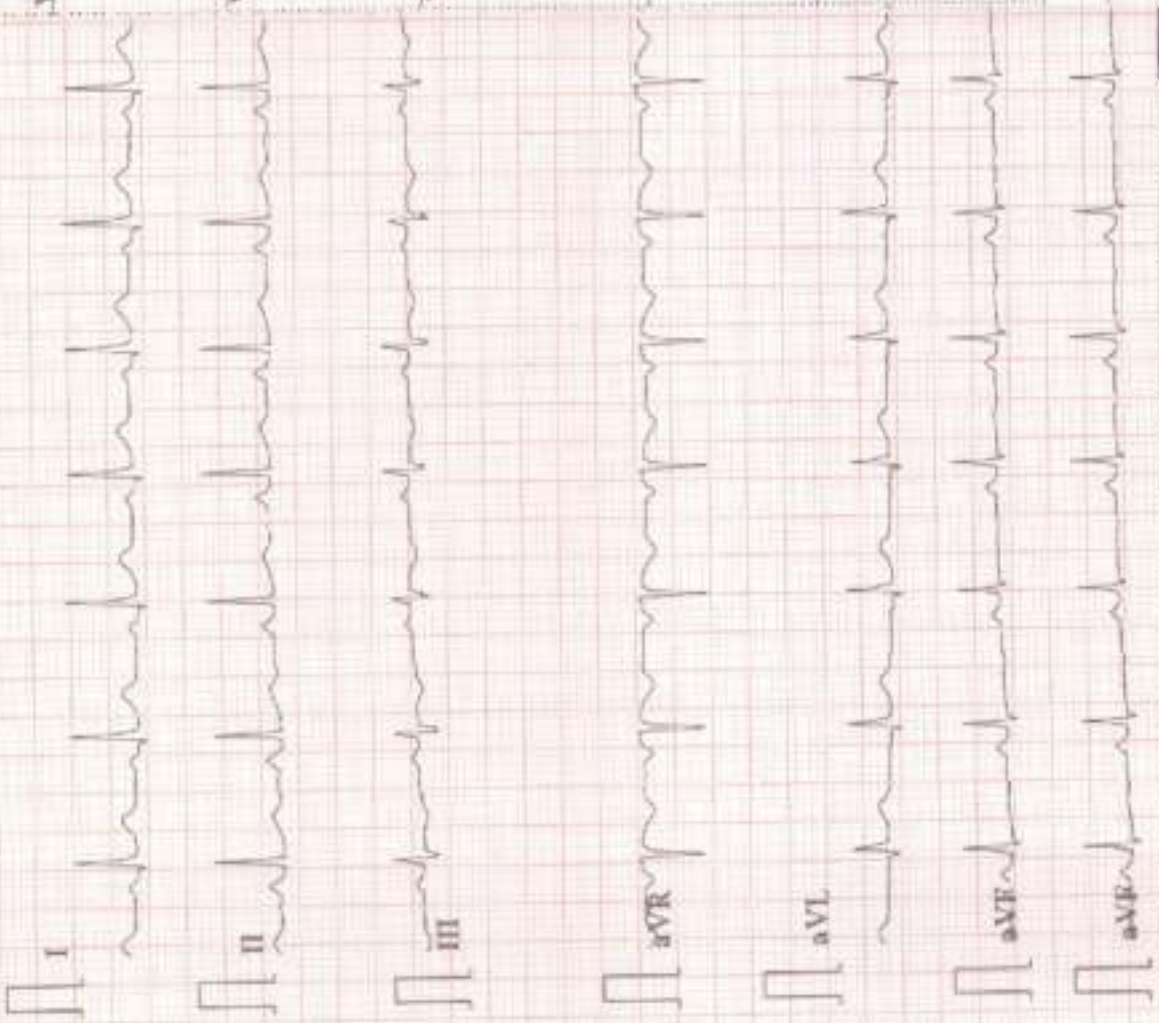
Diagnosis Information:

sinus rhythm
 Anterior T wave abnormality is borderline for age and gender
 Borderline ECG

Dr. Animesh Choudhary
 MD Medicine
 Reg. No. CGMC 3583/2011
 Apollo Clinic, Raipur



Report Confirmed by:



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)


Patient Name Mrs. Preetika

Date 13/01/24

Sex/Age F. / 26 yr

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
} <u>NID</u>				
NYSTAGMUS				
COLOUR VISION				
<u>NORMAL</u>				
FUNDUS: (RE):-		<u>WNL</u>	(LE):-	<u>WNL</u>
INDIVIDUAL COLOUR IDENTIFICATION				
<u>Good</u>				
DISTANT VISION: (RE):-		<u>6/6</u>	(LE):-	<u>6/6</u>
NEAR VISION: (RE):-		<u>N6</u>	(LE):-	<u>N6</u>
NIGHT BLINDNESS				
<u>NPD</u>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Dr. Vikas [Signature]</p> <p>MBBS, MS (Ophthalmologist)</p> <p>Reg. No. CGMC 624/2006</p> </div> <div style="text-align: center;">  </div> </div>				

PATIENT NAME: MRS. PRERNA
REF BY: BOB

AGE / SEX: 30YRS/F
DATE: 13.01.2024

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: - Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.30X4.49Cm	8.03x3.76Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is normal in size (7.13 x 4.68 x 3.76 cm, Vol. – 65.693 cc) and echotexture. Endometrial thickness 5.7 mm.

Right Ovary: Normal in size (3.56 x 2.71 cm), shape and echotexture.

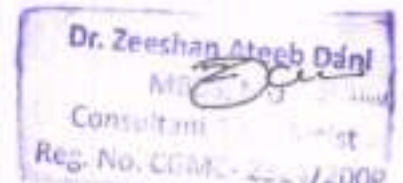
Left Ovary: Normal in size (3.96 x 1.83 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.



NAME OF PATIENT: MRS. PRERNA

AGE: 30YRS /FEMALE

REFERRED BY: BOB

DATE: 13/01/2024.

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

Patient Name : MRS PRERNA
 UHID/ MR No : 2506
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-5
 Reported On : 13/01/2024 06:18PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	12.2	g/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.46	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	36.60	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	82.1	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	27.4	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.7	%	11 - 15
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	6.96	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	57	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	37	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-8%
Method: CELL COUNTER			
Monocytes	05	%	4.0 - 12.0
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MRS PRERNA
 UHID/ MR No : 8608
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 13/01/2024 08:18PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	161	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	NEGATIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path:

Page 8 of 8

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PRERNA
 UHID/ MR No : 8606
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 13/01/2024 06:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.4	%	Non-diabetic <=5.6, Pre-Diabetic 5.7-6.4, Diabetic >=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammation and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dele

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 4 of 5

[Signature]
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PRERNA
 UHID/ MR No : 8606
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	88.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	80.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.84	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	2.9	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 6

Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PRERNA
 UHID/ MR No : 8606
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	136.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: ≥ 240
Triglycerides level	110.0	mg/dl	Normal: < 150 Borderline High: 150-199 Very High: ≥ 200
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: ≥ 60
Method: Spectrophotometric LDL Cholesterol	69	mg/dl	Optimal: < 100 Near Optimal: 100 – 129 Borderline High: 130-159 High: 160-189 Very HiOptimal: < 100 Near Optimal: 100 – 129 Borderline High: 130-159 High: 160-189 Very High : ≥ 190
Method: Spectrophotometric VLDL Cholesterol	22	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.02		3.5 - 5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 2 of 6

Sam
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PRERNA
 UHID/ MR No : 8606
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-4-1
 Reported On : 13/01/2024 05:16PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.72	%	1.1 - 2.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PRERNA
 UHID/ MR No : 8606
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:25PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 13/01/2024 09:18PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	25ML		Clear
Appearance	Slightly Turbid		Colourless
Colour	Pale Yellow		1.001 - 1.020
Specific Gravity	1.020		
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	8-10	/hpf	0 - 5
Epithelial Cell	10-12	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mrs.PRERNA	Collected : 13/Jan/2024 05:18PM
Age/Gender : 30 Y O M 0 D /F	Received : 13/Jan/2024 07:09PM
UHID/MR No : DSUS.0000006097	Reported : 13/Jan/2024 08:00PM
Visit ID : DSL/SOPV7103	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



Sandhya Verma

Dr. SANDHYA VERMA

MBBS, MD, (Pathology)

Consultant Pathologist

THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

APOLLO CLINIC PVT. LTD.

Complex A T, Classia Near Ashoka Rotan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments : www.aahapolo.com | Online reports : https://prn.apolloclinic.com



+91 96918 26363

0771 4033341/42

Patient Name : Mrs.PRERNA	Collected : 13/Jan/2024 05:18PM
Age/Gender : 30 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006097	Reported : 13/Jan/2024 07:29PM
Visit ID : DSUSOPV7103	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

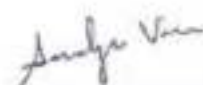
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.140	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Inadequate Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. SANDHYA VERMA

MBBS, MD, (Pathology)

Consultant Pathologist

APOLLO CLINIC PVT LTD.

ASIN No:IM05800186 Complex A, T. Class: Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email: raipur1@apolloclinic.com | Website: www.apolloclinic.com

Online appointments: www.askapolo.com | Online reports: https://prn.apolloclinic.com



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0771 4033341/42

Patient Name : Mrs.PRERNA	Collected : 13/Jan/2024 05:18PM
Age/Gender : 30 Y 0 M 0 D /F	Received : 13/Jan/2024 08:38PM
UHD/MR No : DSUS.0000006097	Reported : 13/Jan/2024 09:09PM
Visit ID : DSUSOPV7103	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IPI/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	4.82	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-dihydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



DR. MANIK KUJUR
M.B.B.S, M.D(Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



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0771 4033341/42

Patient Name : Mrs.PREERNA	Collected : 13/Jan/2024 05:18PM
Age/Gender : 30 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006097	Reported : 13/Jan/2024 08:44PM
Visit ID : DSUSOPV7103	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR.
IP/OP NO :	Patient location : Raipur,Raipur

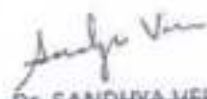
DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	185	pg/mL	180-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemia, Polycythemia vera, Liver disease etc.

*** End Of Report ***



Dr. SANDHYA VERMA

MBBS, MD, (Pathology)

Consultant Pathologist

ApSIN No: DSUS000166 Complex A.T. Classic Near Ashoka Rajan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments : www.apollo.com | Online reports : https://pdr.apolloclinic.com



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0771 4033341/42

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43 / MRS PRERNA / 30 Yrs / F / 161 Cms / 59 Kg
 Date: 13 / 01 / 2024

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:00	0:06	00.0	00.0	01.0	096	51%	110/70	105	00	
ExStart	00:14	0:05	02.7	10.0	01.1	097	51%	110/70	106	00	
BRUCE Stage 1	03:14	3:00	02.7	10.0	04.7	161	85%	118/78	189	00	
PeakEx	05:15	2:01	04.0	12.0	06.3	178	94%	122/82	217	00	
Recovery	05:45	0:30	00.8	00.0	01.7	169	89%	122/82	209	00	
Recovery	06:15	1:00	00.8	00.0	01.0	148	78%	122/82	160	00	
Recovery	06:52	1:36	00.0	00.0	01.0	128	67%	122/82	156	00	

FINDINGS :

Exercise Time : 06:01
 Max HR Attained : 178 bpm, 94% of Target 190
 Max BP Attained : 122/82 (mm/Hg)
 Max Workload Attained : 6.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved , Test Complete , Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

43 / MRS PRERNA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 96

Date: 13 / 01 / 2024

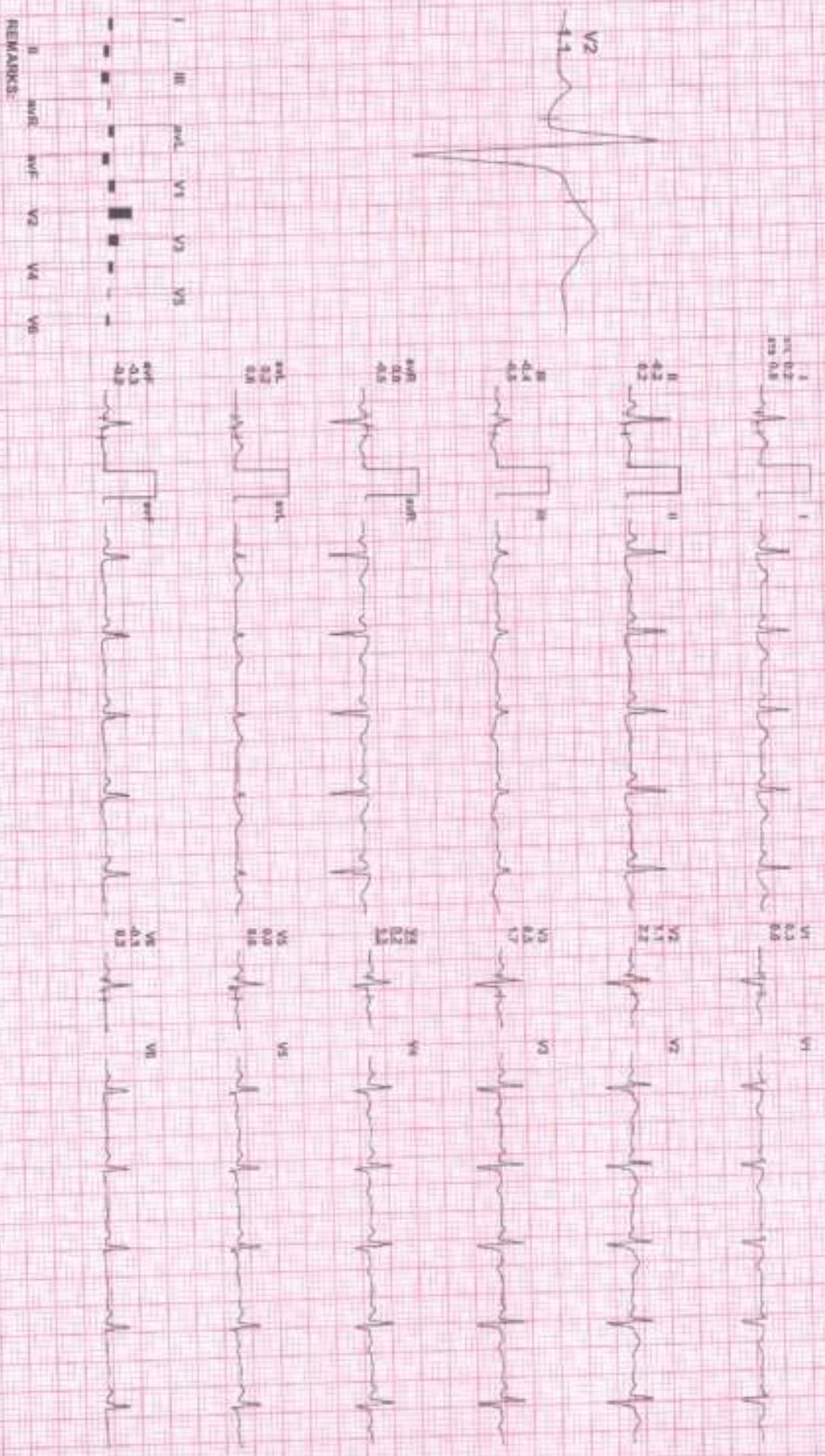
NETS: 1st 96 bpm 51% of THR BP: 110/70 mmHg

Combined Mediana/ BLC Cav Notch On/ 1st 0.05 HALF 96 Hz

EXTIME 00:00 0.0 KHz 0.0%

4X 30 ms Paper

BRUCE:Supine(0:10)



REMARKS:

43 / MRS PRERNA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 97

Date: 13 / 01 / 2024

NETS: 14/97 bpm 51% of T-R BP: 110/70 mmHg

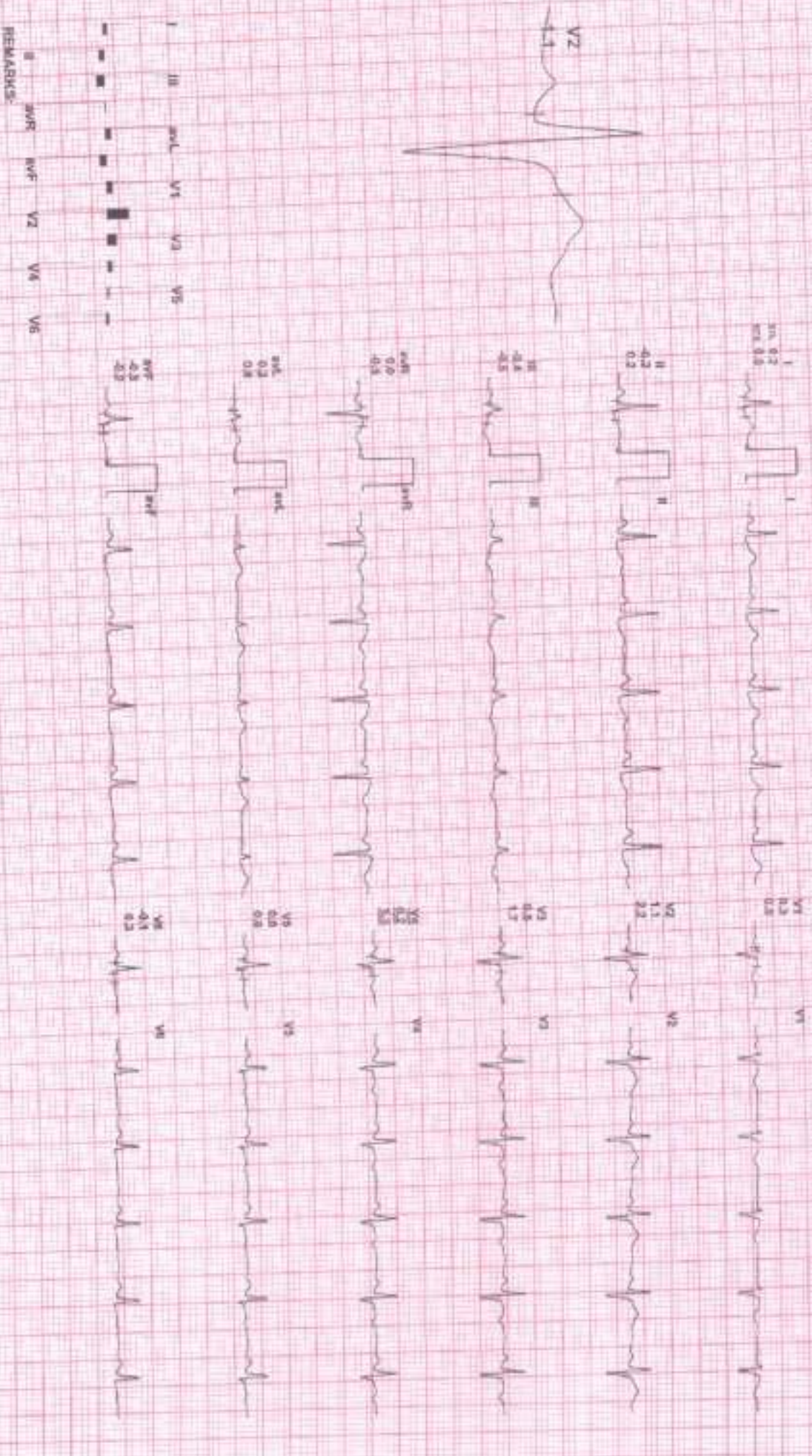
Continued Meds: BLOC OM 1000b OM HF 0.05 H2LF 30 1IC

ExTime: 00:08 2.7 Km/h 10.9%

28 mm/sec 1.5 Cm/mV

4X 80 mm Post 1

ExStart



REMARKS:



43 / MRS PREERNA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 161

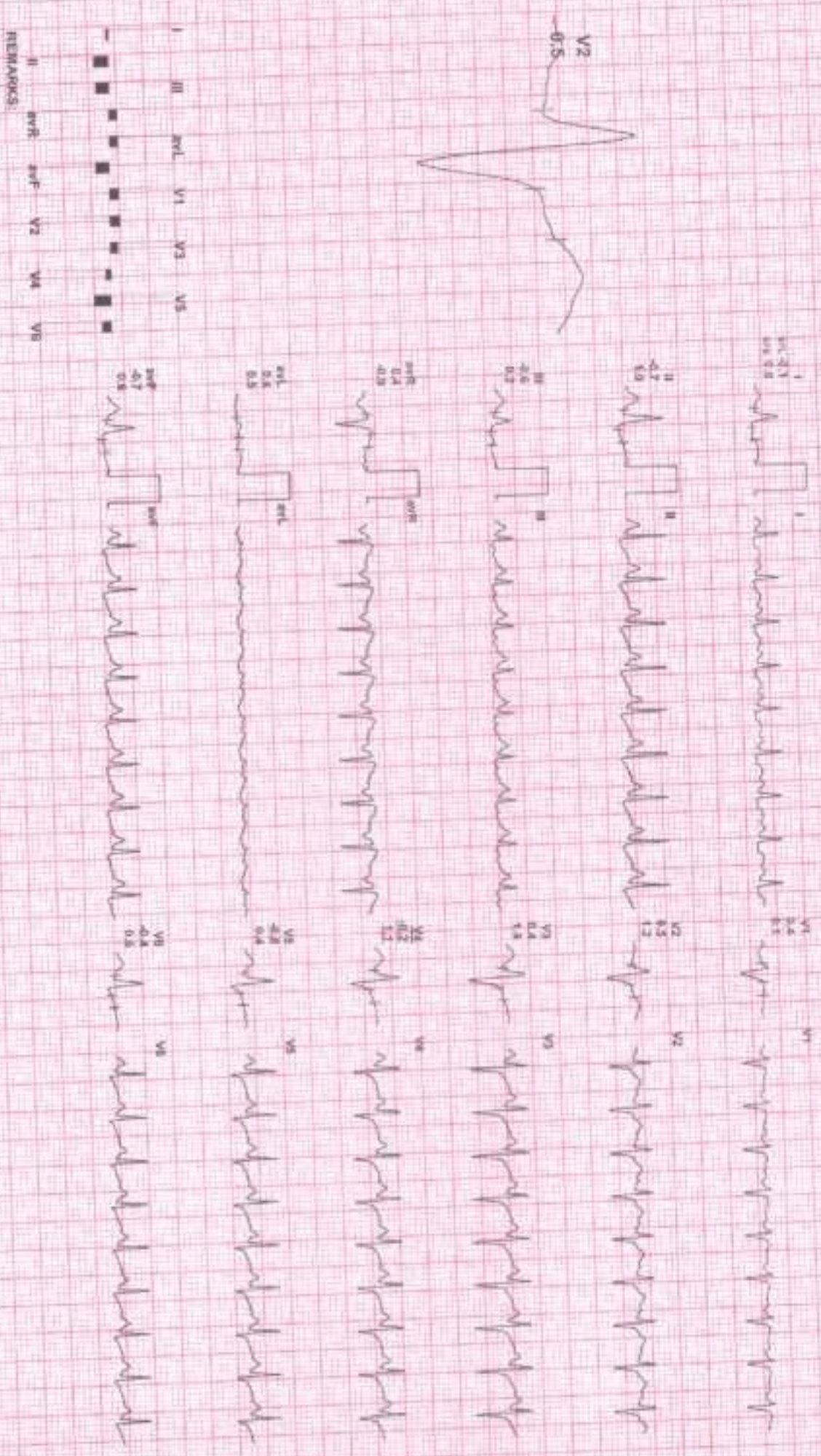
Date: 13 / 01 / 2024

METS: 4.71 161 bpm 85% of THR BP: 118/78 mmHg Combined Medicines' BLC Div Natch Div HF 0.05 HALF 36 102

ESTIME: 03:00 2.7 Km/h 10.0%

25 mV/Div 1.0 CM/Div

4X 10 mm Print



REMARKS:

43 / MRS PEREIRA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 178

Date: 13 / 01 / 2024

MEETS: 6.3M 178 bpm 94% of THIR 89- 122/82 mmHg

Continued Meds: BLOC CIV Maxon CIV HF 0.05 HALLS 35 MG

ExTime: 09:01 4.9 %SpO2 12.0%

23 mmHg, 1.0 Deviation

PeakEx

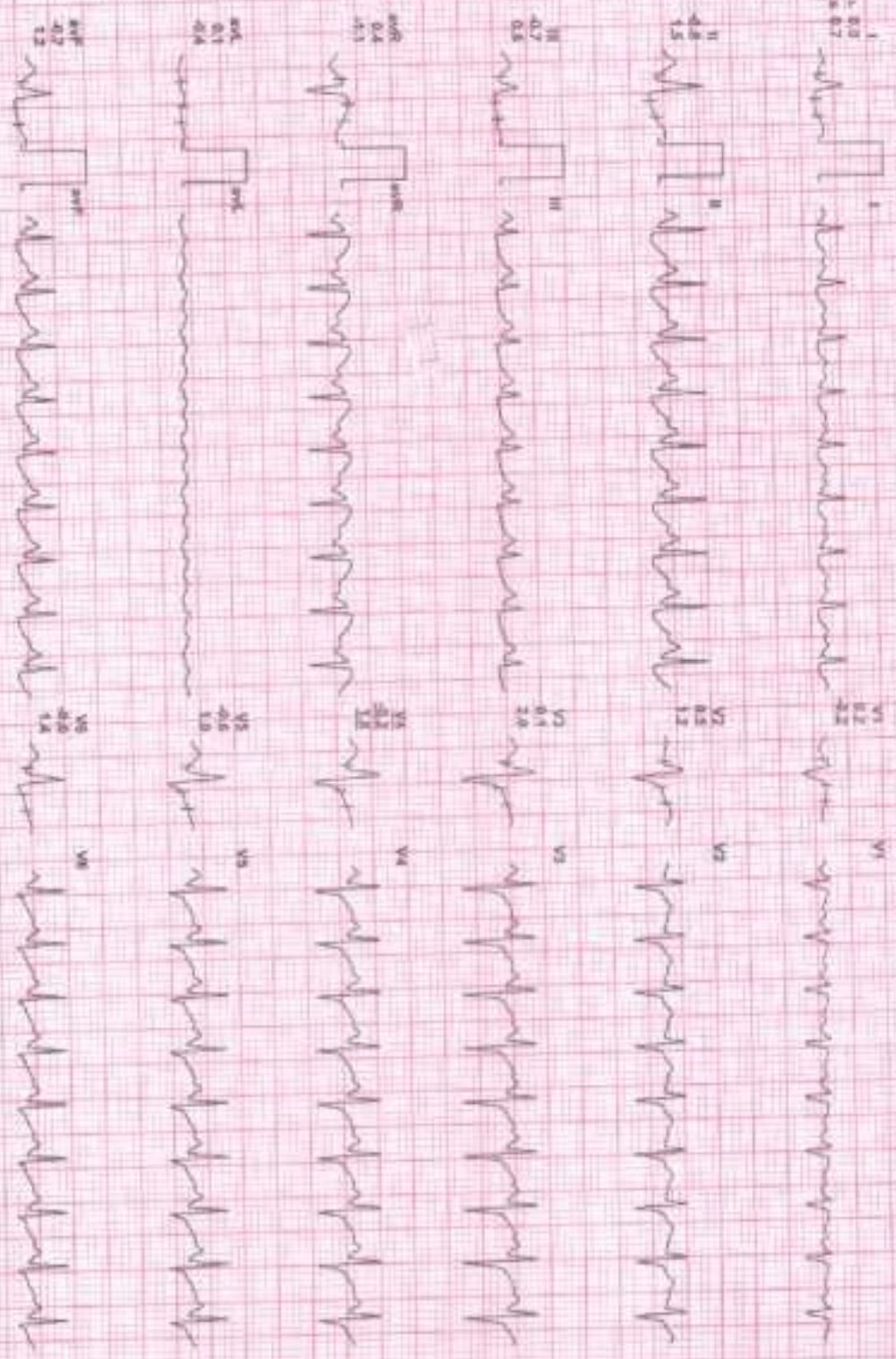


4X 100ms Print 1



I III aVL aVF V1 V2 V3 V4 V5 V6

REMARKS:



43 / MRS PREERNA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 169

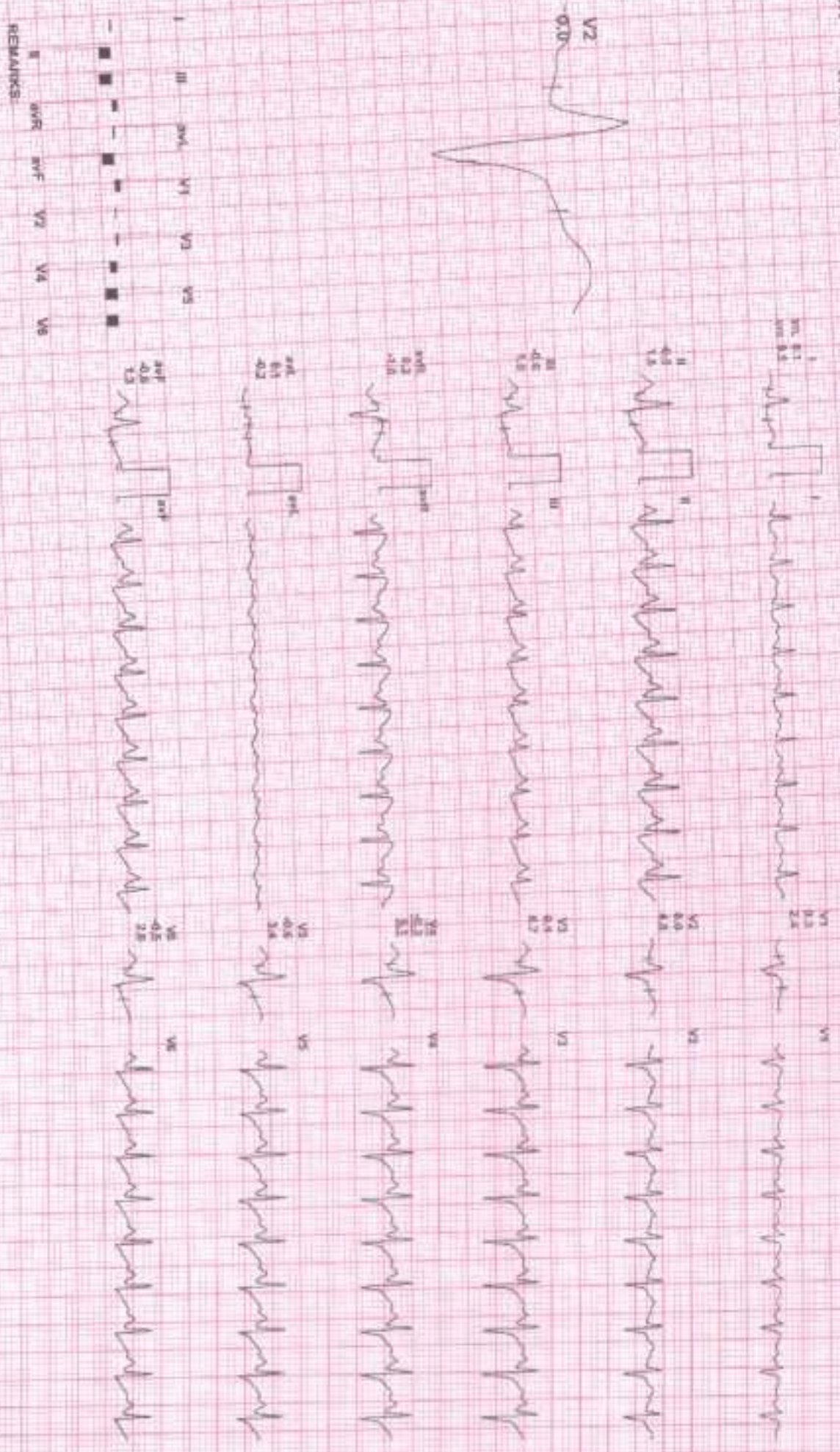
Date: 13 / 01 / 2024

MEETS: 1.7/169 bpm-89% of THIR BP: 122/82 mmHg Contd. Madam: SLC Gov Nookan Chev HF: 0.05 HOLF: 35 Hz

ExtTime: 05:01 0.8 Km/Ph: 0.0% 25 mm/Sec 1.0 Cm/Div

4X 03 mid Post J

Recovery(0:30)



REMARKS:



43 / MRS PRERNA / 30 Yrs / F / 161 Cms / 59 Kg / HR : 148

Date: 13/01/2024

NETS: 1.0L 148 bpm 78% of THIR SP: 122/82 mmHg Combined Malaria/ SLC OM N/A Chl. Div HR 0.05 Hz LF 35 Hz

EXTIME: 05:01 0.8 Kg/pt. 0.05 25 mm/Sec. 1.0 Cm/AV

4X 60 x 60 Paper J



REMARKS: