PID No.
 : MED112036625
 Register On
 : 22/01/2024 7:54 AM

 SID No.
 : 1802402101
 Collection On
 : 22/01/2024 8:11 AM

 Age / Sex
 : 30 Year(s) / Male
 Report On
 : 22/01/2024 6:30 PM

Printed On



Type : OP

Ref. Dr : MediWheel

: 23/01/2024 2:53 PM

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'A' 'Positive'		
(EDTA Blood/Agglutination)			
INTERPRETATION: Reconfirm the Blood group	and Typing before	blood transfusion	
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.46	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	78.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.51	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	61.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.8	%	20 - 45







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The results pertain to sample tested.

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Ref. Dr

PCT

_			
Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automate	d Five Part cell count	ter. All abnormal results a	re reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.19	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.36	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.56	10^3 / μΙ	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	208	10^3 / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7

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(EDTA Blood/Automated Blood cell Counter)



%



0.18 - 0.28

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0.19

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 15
BUN / Creatinine Ratio	10.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	105.3	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.95	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid 6.7 mg/dL 3.5 - 7.2

(Serum/Enzymatic)

Liver Function Test







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The results pertain to sample tested.

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Ref. Dr

<u>Investigation</u>	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Bilirubin(Total) (Serum/DCA with ATCS)	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/ <i>Diazotized Sulfanilic Acid</i>)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/ <i>Derived)</i>	0.40	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	18.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	21.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) Serum/IFCC / Kinetic)	24.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.7	U/L	53 - 128
Total Protein (Serum/ <i>Biuret</i>)	7.24	gm/dl	6.0 - 8.0
Albumin (Serum/ <i>Bromocresol green</i>)	3.98	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived)</i>	3.26	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived)</i>	1.22		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total	205.0	mg/dL	Optimal: < 200

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(Serum/CHOD-PAP with ATCS)





Borderline: 200 - 239

High Risk: ≥ 240

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Type : OP

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Triglycerides (Serum/GPO-PAP with ATCS)	89.4	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

part of the day.			
HDL Cholesterol (Serum/Immunoinhibition)	32.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	154.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	17.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	172.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is ϵ co-primary target for cholesterol lowering therapy.







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: OP

Type

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interva</u> l
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

: 23/01/2024 2:53 PM

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 122.63 mg/dL

(Whole Blood)

INTERPRETATION: 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 glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbAlc.

THYROID PROFILE / TFT







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Report On

Ref. Dr : MediWheel

Age / Sex : 30 Year(s) / Male

Investigation

Observed Value

T3 (Triiodothyronine) - Total
(Serum/Chemiluminescent Immunometric Assay
(CLIA))

Observed Value

Unit Biological Reference Interval

0.7 - 2.04

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INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 7.55 $\mu g/dl$ 4.2 - 12.0

 $(Serum/Chemiluminescent\ Immunometric\ Assay$

(CLIA))

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 2.08 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR Pale Yellow Yellow to Amber

(Urine)

APPEARANCE Clear Clear

(Urine)







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 : 22/01/2024 6:30 PM

Printed On



Ref. Dr : MediWheel

: OP

Type

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated ⁻ Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

: 23/01/2024 2:53 PM

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic
Consistency (Stool)	Semi Solid	Semi Solid







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Type : OP

Ref. Dr : MediWheel

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

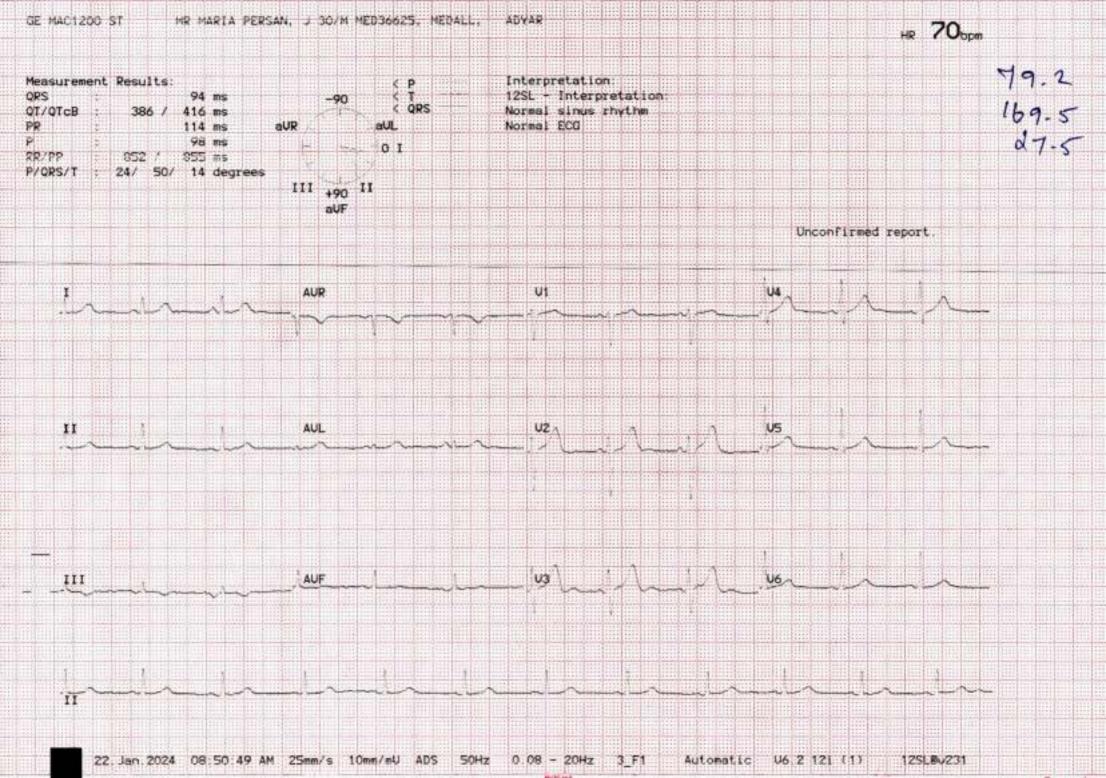






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-- End of Report --



Name	MARIA PRESAN J	ID	MED112036625
Age & Gender	30-Male	Visit Date	23-01-2024 09:01:35
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse mild fatty changes. No focal mass seen.

The gall bladder is normal sized and smooth walled and contains no calculus. **Multiple polyps of 3 to 7 mm are seen in the gall bladder.**

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.5 x 4.3 cms.

The left kidney measures 11.4 x 5.3 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass

REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3. Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- $10. \\ Reports are subject to interpretation in their entirety, partial or selective interpretation may lead to false opinion.$
- $11. Disputes, if any \ , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only. \\$

Name	MARIA PRESAN J	ID	MED112036625
Age & Gender	30-Male	Visit Date	23-01-2024 09:01:35
Ref Doctor Name	MediWheel		

or calculus.

The prostate measures 2.8 x 2.8 x 2.8 cms and is normal sized with a volume of 12 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- Mild fatty liver.
- Gall bladder polyps.

r CONSULTANT RADIOLOGIST DR. S.GNANAM MBBS.,DMRD.,

sr

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30 yrs

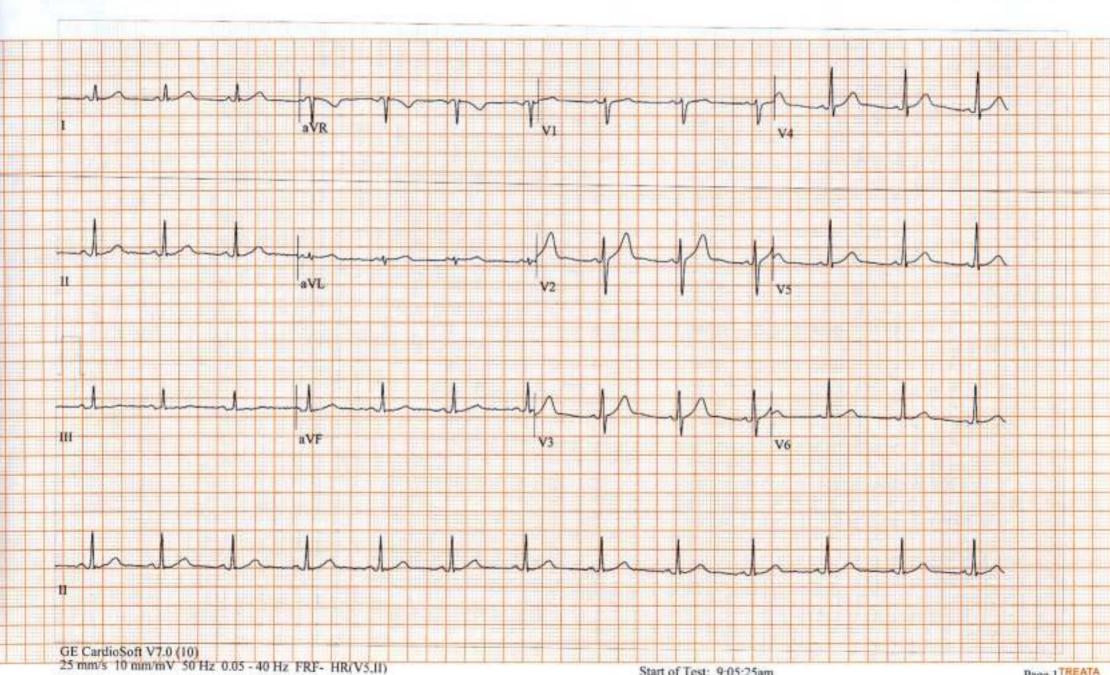
9:05:54am

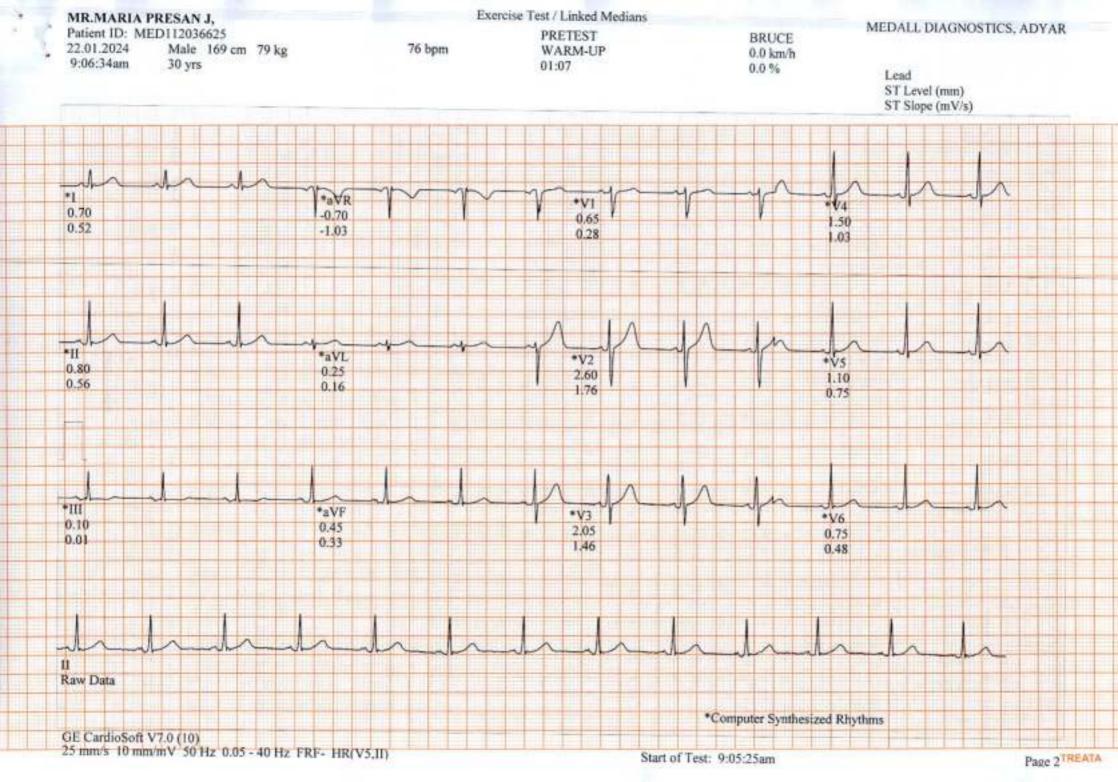
Exercise Test / 12-Lead Report

MEDALL DIAGNOSTICS, ADYAR

77 bpm 120/70 mmHg PRETEST STANDING 00:21

BRUCE 0.0 km/h 0.0 %





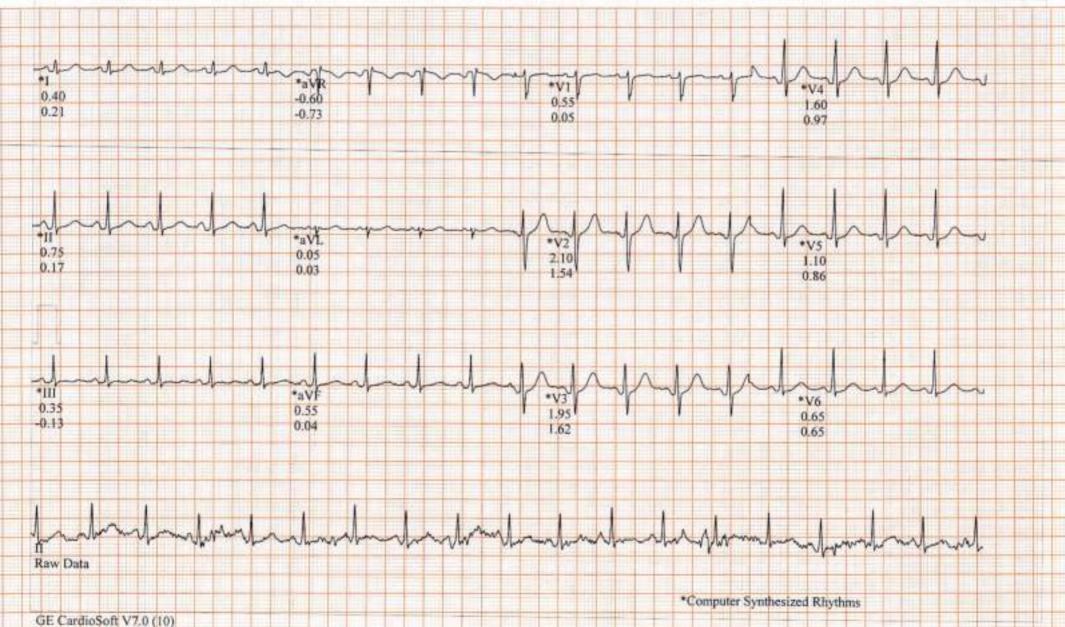
MR.MARIA PRESAN J, Patient ID: MED112036625 Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

22.01.2024 9:09:39am

Male 169 cm 79 kg 30 yrs 109 bpm 130/80 mmHg EXERCISE STAGE 1 02:50

BRUCE 2.7 km/h 10.0 %



Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625 22.01.2024 9:12:39am

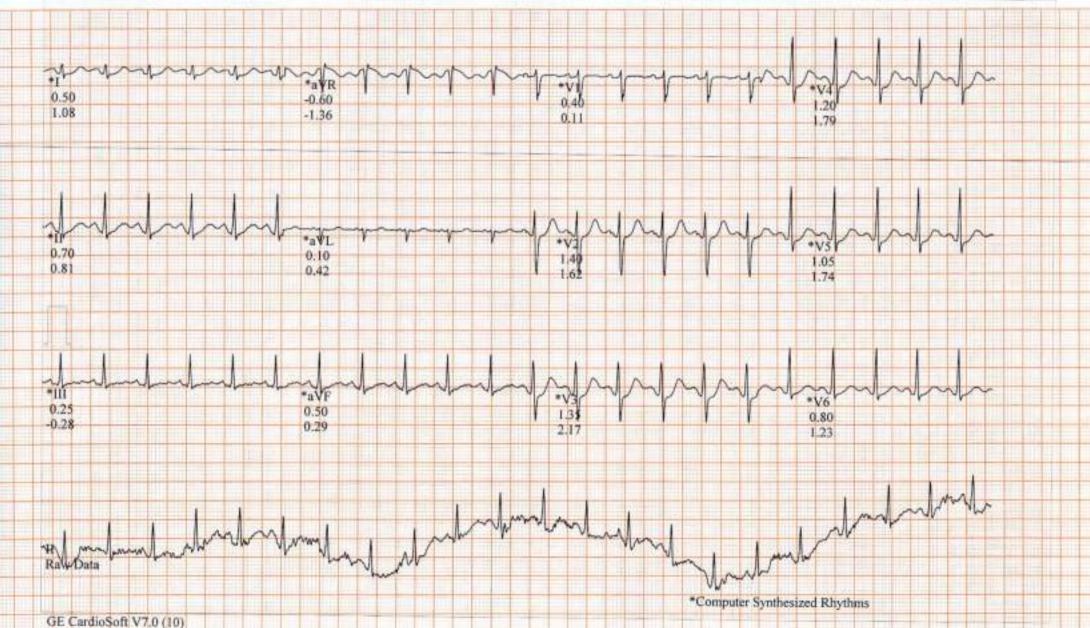
Male 169 cm 79 kg

30 yrs

133 bpm 140/90 mmHg

EXERCISE STAGE 2 05:50

BRUCE 4.0 km/h 12.0 %



Exercise Test / Linked Medians

Patient ID: MED112036625 22.01.2024

9:15:39am

Male 169 cm 79 kg

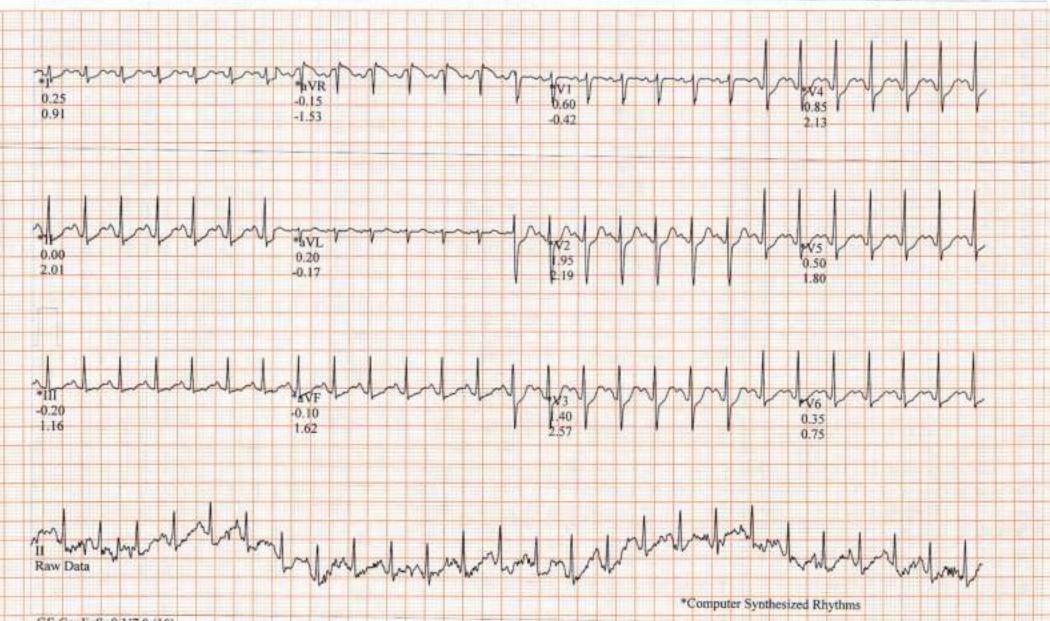
30 yrs.

160 bpm 150/100 mmHg

EXERCISE STAGE 3 08:50

BRUCE 5.4 km/h 14.0 %

MEDALL DIAGNOSTICS, ADYAR



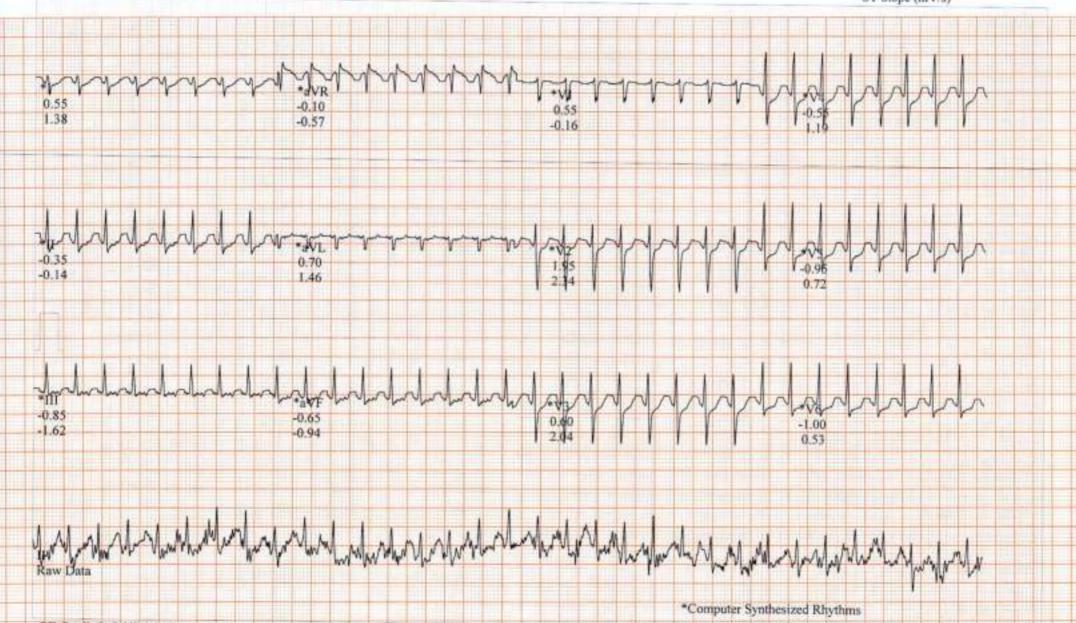
MR.MARIA PRESAN J, Patient ID: MED112036625

Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

22.01.2024 9:18:39am Male 169 cm 79 kg 30 yrs 200 bpm 160/110 mmHg EXERCISE STAGE 4 11:50

BRUCE 6.7 km/h 16.0 %



Exercise Test / Linked Medians (PEAK EXERCISE)

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625 22.01.2024

9:19:00am

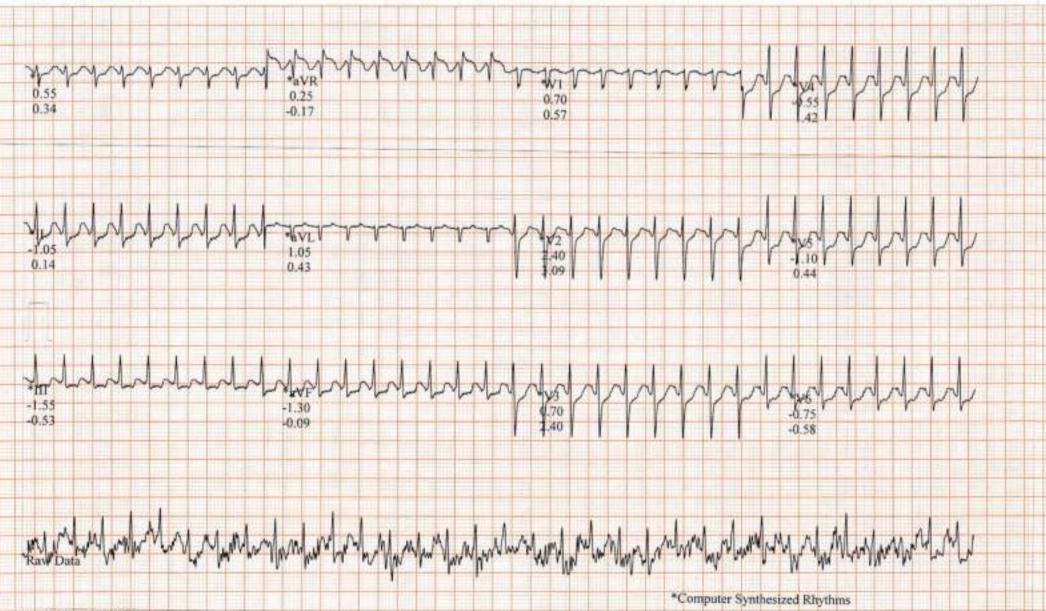
Male 169 cm 79 kg

30 vrs

203 bpm 160/110 mmHg

EXERCISE STAGE 5 12:11

BRUCE 8.0 km/h 18.0 %



Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625 22.01.2024 Male 169

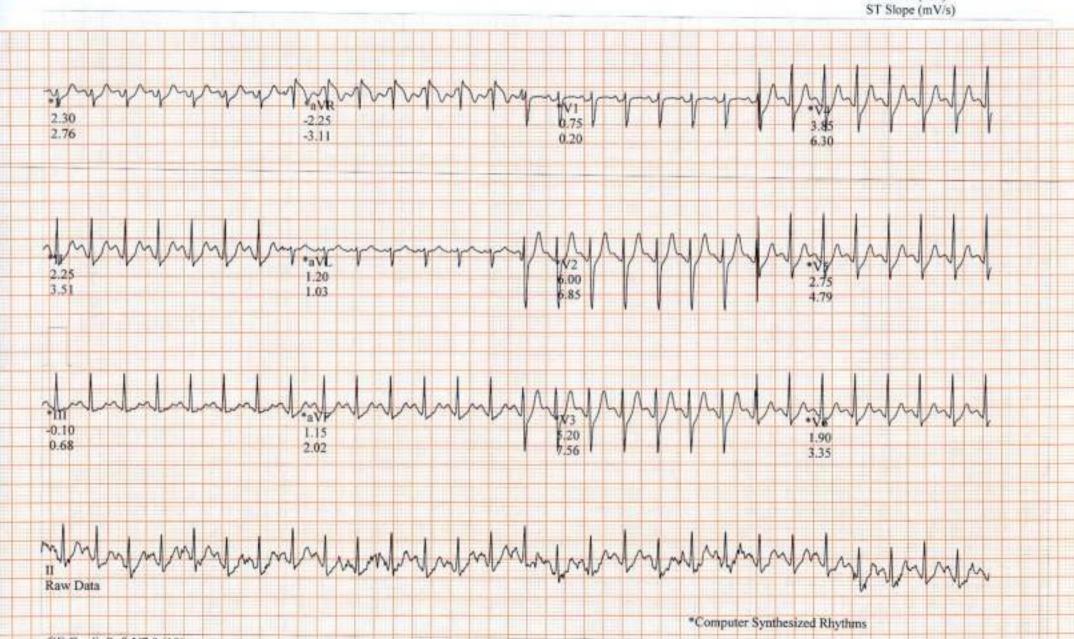
9:19:49am

Male 169 cm 79 kg 30 yrs 171 bpm

RECOVERY #1 00:50

BRUCE 2.4 km/h 0.0 %

Lead ST Level (mm)



Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625 22.01.2024

9:21:49am

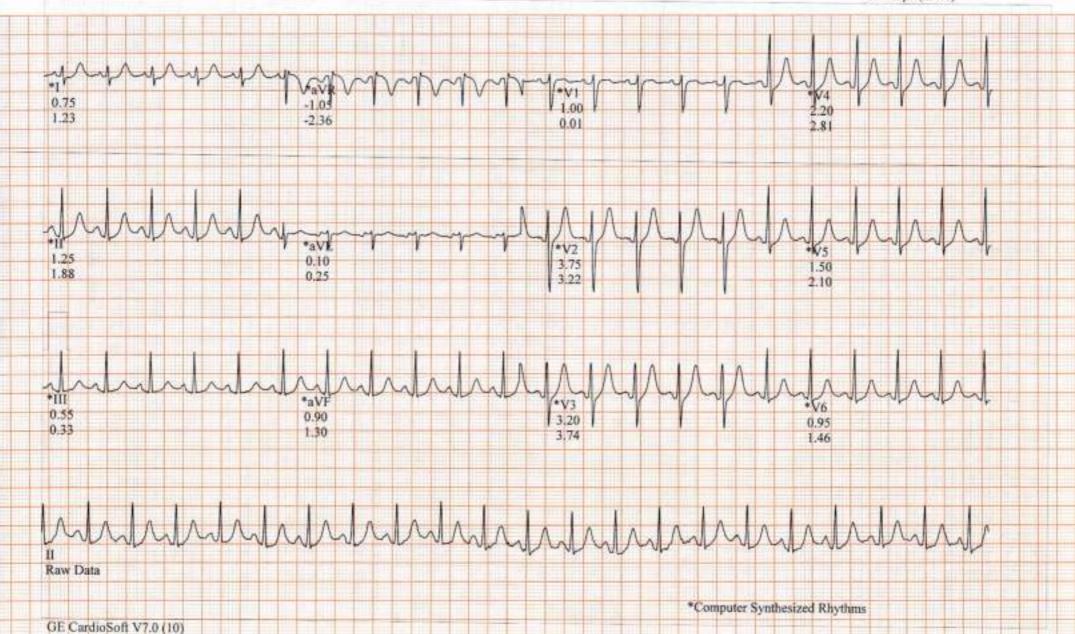
Male 169 cm 79 kg

30 yrs

130 bpm 140/100 mmHg #1 02:50

RECOVERY

BRUCE 0.0 km/h 0.0 %



Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625

22.01.2024

9:23:49am

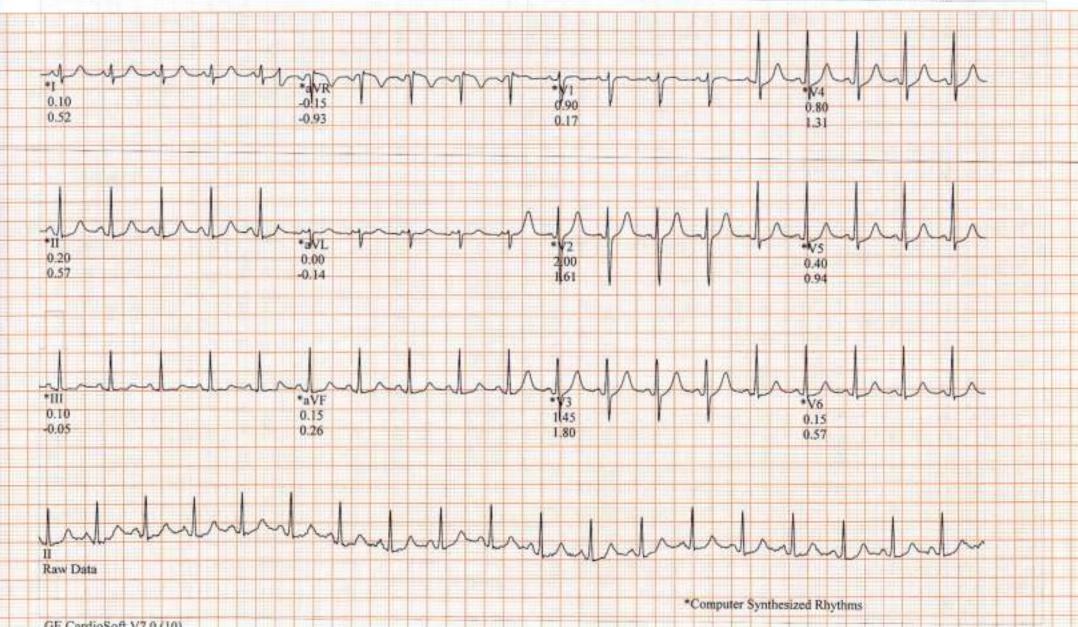
Male 169 cm 79 kg 30 yrs

115 bpm 130/90 mmHg

RECOVERY #1

04:50

BRUCE 0.0 km/h 0.0 %



Exercise Test / Linked Medians

MEDALL DIAGNOSTICS, ADYAR

Patient ID: MED112036625 22.01.2024

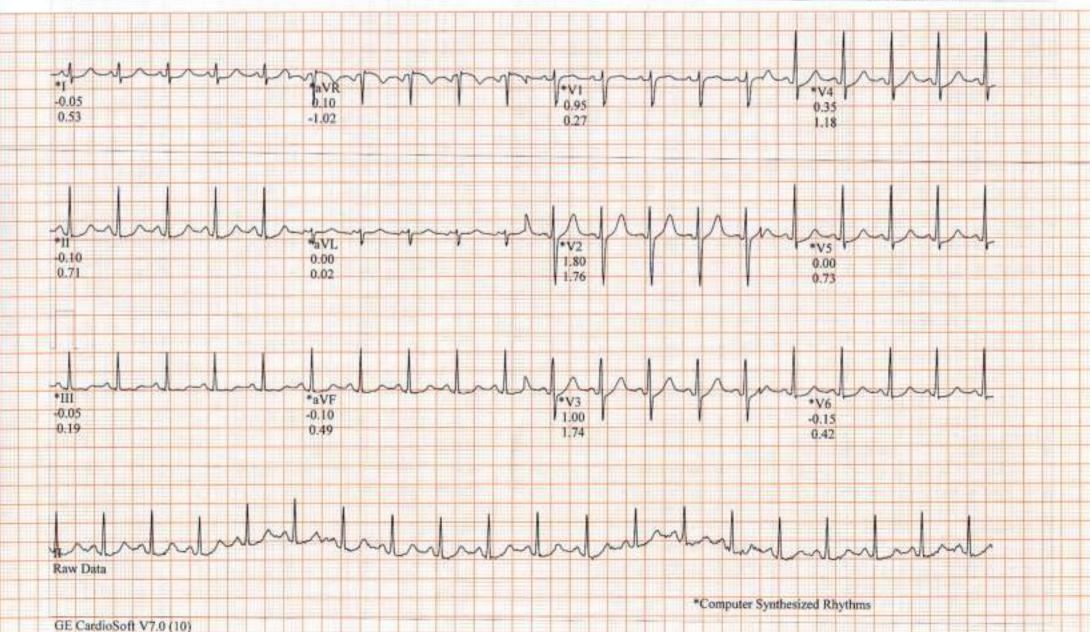
9:25:49am

Male 169 cm 79 kg

30 yrs

118 bpm 120/80 mmHg RECOVERY #1 06:50

BRUCE 0.0 km/h 0.0 %



Patient ID: MED112036625

9:05:25am

Male 169 cm 79 kg

30 yrs Meds:

Test Reason: Screening for CAD

Medical History; NIL

Ref. MD: SELF Ordering MD:

Technician: SANTHIYA.M Test Type: Treadmill Stress Test

Comment:

BRUCE: Exercise Time 12:10

Max HR: 203 bpm 106 % of max predicted 190 bpm HR at rest: 88

Max BP: 160/110 mmHg BP at rest: 120/70 Max RPP: 32480 mmHg*bpm

Comment

Maximum Workload: 13.90 METS

Max. ST: -1.70 mm, -1.07 mV/s in III; EXERCISE STAGE 5 12:11

Arrhythmia: PSVC:1

ST/HR index: 1.44 µV/bpm ST/HR slope: 0.74 µV/bpm (III)

HR reserve used: 112 % HR recovery: 37 bpm VE recovery: 0 VE/min

ST/HR hysteresis: -0.040 mV (III)

QRS duration: BASELINE: 82 ms, PEAK EX: 76 ms, REC: 80 ms

Reasons for Termination: Target heart rate achieved

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Street	Speed	Grade	Workload	HR	BP	RPP	VE	ST Level
District Control	The state of the s	in Stage	[km/h]	[96]	[METS]	[bpm]	[mmHg]	[mmHg*bp	[/min]	III [mm]
PRETEST	SUPINE	00:14	0.00	0.00	1.0	85	120/70	10200	0	0.05
	STANDING	00:21	0.00	0.00	1.0	77		9240	0	0.15
	HYPERV.	00:10	0.00	0.00	1.0	81		9720	0	0.05
	WARM-UP	00:42	1.60	0.00	1.4	86		10320	0	0.15
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	112	130/80	14560	0	0.35
100 000 000 000	STAGE 2	03:00	4.00	12.00	7.0	133	140/90	18620	0	0.35
	STAGE 3	03:00	5.40	14.00	10.0	160	150/100	24000	0	0.15
	STAGE 4	03:00	6.70	16.00	13.3	203	160/110	32480	0	-1.20
The second second	STAGE 5	00:11	8.00	18.00	13.9	203		32480	0	-1.70
RECOVERY		07:05	0.00	0.00	1.0	117	120/80	14040	0	-0.05

STANDING 00:21 0.00 0.00 77 HYPERV. 00:10 0.00 0.00 81 WARM-UP 00:42 1,60 0.00 86 EXERCISE STAGE 1 03:00 2.70 10.00 112 130/80 STAGE 2 03:00 12.00 4.00 140/90 133 STAGE 3 03:00 160 5:40 14.00 150/100 STAGE 4 03:00 6.70 15,00 203 160/110 STAGE 5 00:11 8.00 18.00 203 RECOVERY 07:05 0.00 0,00 117 120/80

The patient exercised according to the BRUCE for 12:10 min:s, achieving a work level of Max. METS: 13:90. The resting heart rate of 88 bpm rose to a maximal heart rate of 203 bpm. This value represents 106 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 160/110 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Conclusions

Physician

Talana Talana

Technician

Subramanian Reg. No. 14378



Name	Mr. MARIA PRESAN J	ID	MED112036625
Age & Gender	30Y/M	Visit Date	Jan 22 2024 7:54AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.

DR. MOHAN, B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST

VISION SCREENING

(Snellen's chart and Ishihara's card method)

Date:22/1/2024

Name:MR.MARIA PRESAN J Age & Sex: 30Y/MALE

		Right Eye	Left Eye	
DISTANT VISION	Without Glasses	6/6	6/6	
	With Glasses	3.5	*	
NEAR VISION	Without Glasses	N6	N6	
	With Glasses	-	-	
COLOUR VISION		NORMAL		
EXTERNAL EYE EXAMINATION		NORMAL		