

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 22/01/2024

NAME:	CHINCHU S	AGE:(years)	30	SEX:	F
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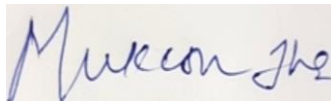
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7.4	DOUBLE PRODUCT	22820 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	6		

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: CHINCHU S

F/ 30 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 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. 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
9.6 x 3.7 cm	9.7 x 4.5 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.

UTERUS, OVARIES & ADNEXAE: The uterus is anteverted, normal in size and measures approx. 7.3 x 4.6 x 4.0 cms. Endometrial canal echocomplex is central and shows normal outline. ET is approx. 8 mm. Myometrium shows uniform homogenous echopattern. There is no focal lesion noted.

Both ovaries are bulky with features suggestive of polycystic change.

Right ovary measures approx. 4.4 x 4.0 x 2.6 cms., with a volume of approx. 24 cc.

Left ovary measures approx. 3.8 x 3.2 x 2.0 cms., with a volume of approx. 12 cc.

No solid or cystic mass lesion noted in the adnexae.

POUCH OF DOUGLAS : There is no fluid seen in the cul-de-sac.

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

IMPRESSION:

- **Grade I fatty liver.**
- **Bulky ovaries with polycystic change.**

Thanks for the reference.

With regards,

A handwritten signature in blue ink, appearing to read "Nitish Kotwal", is written above the printed name.

DR. Nitish Kotwal

CONSULTANT RADIOLOGIST

(MBBS, DMRD RADIOLOGY)

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

