





Lab No. 012409280358 Age/Gender 40.7 YRS/FEMALE Coll. ON 28/Sep/2024 09:59AM NAME Mrs. ANITA MEENA 28/Sep/2024 Reg. ON

Ref. Dr. **MEDIWHEEL** BarcodeNo Approved ON 28/Sep/2024 12:48PM 01280358 Rpt. Centre undefined Printed ON 28/Sep/2024 05:07PM

Test Name	Value	Unit	Biological Reference Interval
Complete Haemogram, EDTA wh	ole blood		
Haemoglobin (Hb) Method : Colorimetry	8.80	gm/dl	12.0 - 15.0
RBC count Method : Electrical impedence	4.21	Millons/cmm	3.8 - 4.8
PCV / Haematocrit Method: Calculated	28.70	%	36.0 - 46.0
MCV Method : Calculated	68.20	fl	83.0 - 101.0
MCH Method : Calculated	21.00	picogram	27.0 - 32.0
MCHC Method: Calculated	30.80	%	31.5 - 34.5
RDW - CV Method : Calculated	20.00	%	11.6 - 14.0
Mentzer Index Method · Calculated	16.20		>= 13.0

The Mentzer index (MCV/RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) Method: Flowcytometry	5,320	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	62.40	%	35.0 - 75.0
Lymphocytes	28.90	%	25.0 - 45.0
Eosinophils	4.40	%	1.0 - 5.0
Monocytes	4.10	%	1.0 - 6.0
Basophils	0.20	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	3,319.68	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,537.48	/cmm	1000 - 3000
Absolute Eosinophil count	234.08	/cmm	20 - 500
Absolute Monocyte count	218.12	/cmm	200 - 1000
Absolute Basophil count	10.64	/cmm	0 - 100
Platelet count Method: Electrical impedence	1.51	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) Method: Westergren method	34	mm/1st hr	0 - 29

Red blood cells are predominantly microcytic and hypochromic and show anisopoikilocytosis.

Leucocytic series is numerically and morphologically within normal limits.

Platelets are adequate in number and are normal in morphology.

No atypical cells or haemoparasites seen.

Impression: Microcytic hypochromic anaemia.

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Dr. Smita Sadwani MD(Biochemistry) **Technical Director**

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist

Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Lab No. 012409280358 Age/Gender 40.7 YRS/FEMALE

BarcodeNo

Coll. ON 28/Sep/2024 09:59AM

Interval

Biological Reference

Mrs. ANITA MEENA

undefined

Reg. ON 28/Sep/2024

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Test Name

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Unit

01280358

Blood Group (ABO + RH)

AΒ

Blood Group , EDTA blood Method : Slide agglutination (Forward & Reverse grouping)

Rh type , EDTA blood Positive

Value

Method : Slide agglutination



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Lab No. 012409280358 Age/Gender 40.7 YRS/FEMALE Coll. ON 28/Sep/2024 09:59AM

NAME Mrs. ANITA MEENA 28/Sep/2024 Reg. ON

Ref. Dr. MEDIWHEEL BarcodeNo Approved ON 28/Sep/2024 12:29PM 01280358

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Test Name	Value	Unit	Biological Reference Interval
Glucose Fasting, plasma Method: GOD POD	87.60	mg/dL	60 - 100

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.

Glucose PP, plasma 90 - 140 Method : GOD POD

Interpretation (In accordance with the American diabetes association guidelines):

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- · A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.

Blood Urea Nitrogen (BUN), serum

Method : Calculated

Serum Creatinine Method : Jaffe kinetic

Serum Uric Acid Method: Uricase-Peroxidase 6.49 0.49

2.85

7.8 - 20.2

mg/dl

0.5 - 0.9

mg/dl 2.3 - 6.1

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Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Test Name Value Unit **Biological Reference** Interval

HbA1c (Glycosylated haemoglobin), EDTA whole blood 5.10 < 5.7

Estimated average plasma Glucose 99.67 mg/dL 65 - 136

Method : Calculated The test is approved by NGSP for patient sample testing.

Meta	abolically normal patients	%	< 5.7
Pre-	diabetic	%	5.7 - 6.4
Diab	petic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceeding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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Test Name	Value	Unit	Biological Reference Interval
_FT (Liver Function Test)			
Serum Bilirubin Total Method : Diazotized Sulfanilic Acid (DSA)	0.71	mg/dl	0.1 - 1.2
Serum Bilirubin Direct Method : Diazotized Sulfanilic Acid (DSA)	0.24	mg/dl	0.0 - 0.3
Serum Bilirubin Indirect Method : Calculated	0.47	mg/dl	0.1 - 1.1
Serum SGOT/AST Method : IFCC without P5P	23.40	U/I	<= 31.0
Serum SGPT/ALT Method : IFCC without P5P	12.90	U/I	<= 34.0
Serum Alkaline Phosphatase Method : PNP, AMP Buffer	102.00	U/I	30.0 - 120.0
Gerum GGT (Gamma Glutamyl Transpeptidase) Method: UV-assay according to Szasz	12.70	U/I	9.0 - 39.0
Serum total Protein Method : Biuret	7.48	g/dl	6.6 - 8.3
Serum Albumin Method : Bromo Cresol Green	4.80	g/dl	3.5 - 5.2
Serum Globulin Method : Calculated	2.68	g/dl	2.0 - 3.5
Albumin / Globulin ratio Method : Calculated	1.79		1.5 - 2.5

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Test Name	Value	Unit	Biological Reference Interval
Lipid Profile basic (direct HDL,calculated I	_DL)		
Total Cholesterol, , serum Method : CHOD-POD	144.60	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	58.80	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	47.20	mg/dl	> 50
VLDL Cholesterol , serum Method : Calculated	11.76	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	85.64	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	97.40	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.06		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	1.81		< 3.5
Interpretation:			
National Lipid Association Recommendation (NLA-2014)			
Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL Triglycerides Normal: <150 Borderline hig High: 200-499 Very high: > or	mg/dL h: 150-199 mg/dL mg/dL		
Rorderline high: 130-159 mg/dl	mg/dL 100-129 mg/dL h: 130-159 mg/dL mg/dL		
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL			

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Test Name	Value	Unit	Biological Reference Interval	
Urine Sugar fasting Urine Sugar PP Method: Hexokinase	Nil NIL		NiI NIL	



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Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Dr. Moushmi Mukherjee MD Pathology

Mousheei Mukkaezee

Consultant Pathologist

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Test Name	Value	Unit	Biological Reference Interval
Thyroid Profile Total (T3, T4, TSH)			
T3, (Triiodothyronine) , serum Method : ECLIA	1.14	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	9.58	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.26	uIU/ml	0.27 - 4.2

Interpretation:

- · Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Lab No. 012409280358 Age/Gender 40.7 YRS/FEMALE Coll. ON 28/Sep/2024 09:59AM

NAME Mrs. ANITA MEENA 28/Sep/2024 Reg. ON

Ref. Dr. MEDIWHEEL BarcodeNo 01280358 Approved ON 28/Sep/2024 01:24PM

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Test Name	Value	Unit	Biological Reference Interval
Urine Routine & Microscopic Exam	ination		
Physical examination			
Volume	40	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity Method: pKa change	1.030		1.003 - 1.035

Chemical examination

Protein Nil Method : error-of-indicator

Nil Nil Glucose Method: GOD-POD

Method: Double indicator

Bilirubin Negative Negative Method: Azo-coupling reaction

Urobilinogen Normal Normal Method: Azo- coupling reaction

Ketone Negative Negative

Method : Legals test Erythrocytes Absent Absent

Method: Peroxidase Negative Negative Nitrite Method: Griess reaction

Absent Leu/uL Negative Method: Esterase activity of granulocytes

Microscopic examination **WBC** 0 - 1 / HPF 0 - 5 **RBC** Nil / HPF 0 - 2/ HPF Casts Nil Nil

Nii / HPF Crystals Nil / HPF Epithelial cells 0 - 10 - 15Absent Absent Bacteria Others

Method : Light microscopy

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Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist Mousheir Mukkeezee

Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist

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Lab No. 012409280358 Age/Gender 40.7 YRS/FEMALE Coll. ON 28/Sep/2024 09:59AM

NAME Mrs. ANITA MEENA

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28/Sep/2024 Reg. ON

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MEDIWHEEL

BarcodeNo 01280358

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28/Sep/2024 05:07PM

ECG Electro-cardiography

Normal ECG.

TMT (Treadmill Test)

Negative for RML

	Eye Vision		
	Right Eye	Left Eye	
NEAR VISION	N/6	N/6	
DISTANCE VISION	6/6	6/6	
COLOR VISION	Normal	Normal	

MER

Mohile:9462869994

General	Fair, no pallor, no icterus, no anemia
Condition	observed
Height (cm)	150
Weight (kg)	47
Pulse (bpm)	80
BP (mm/hg)	99/45

Please note: Kindly review with clinician in view of abnormal reports (if any).

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Dr. Smita Sadwani MBBS. MD Director

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Dr. Deepak Sadwani Dr. Ashish Gautam MD(Pathology)

MD, PGDCC Consultant Cardiologist Consultant Pathologist

Dr. Moushmi Mukherjee MBBS,MD (Pathology)

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Lab No. 012409280358

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Age/Gender 40.7 YRS/FEMALE Coll. ON 28/Sep/2024 09:59AM

Mrs. ANITA MEENA

28/Sep/2024 Reg. ON

Ref. Dr. **MEDIWHEEL**

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X-Ray Chest PA view

Prominent bronchovascular markings are seen.

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Please correlate clinically

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NAME Mrs. ANITA MEENA Reg. ON 28/Sep/2024

MEDIWHEEL Ref. Dr. BarcodeNo 01280358 **Approved ON** 28/Sep/2024 12:31PM Rpt. Centre Courier Printed ON 28/Sep/2024 05:07PM

Ultrasound Scan of Both Breasts

Scan done with high frequency linear probe reveals normal breast parenchyma with fibro-glandular and fatty tissue.

There is evidence of two oval, circumscribed parallel lesions showing anechoic echopattern with posterior acoustic enhancement seen of right breast measuring 7 x 3.7 mm at 1 'O' clock position and 3.4 x 2.5 mm at 11 'O' clock position, suggestive of a simple cysts.

An similar characteristic lesion is also seen in left breast measuring 3.8 x 2.7 mm at 12 'O' clock position, suggestive of simple cyst.

No evidence of any calcification or ductal dilatation is seen.

Bilateral retroareolar regions appear normal.

Bilateral nipples appear normal.

Underlying muscles appear normal.

Few subcentimeteric lymph nodes with maintained fatty hilum are noted in both axillae with short axis diameter ranging between 3-7 mm? Reactive.

IMPRESSION:

- Simple cysts in both breasts as described (BIRADS II- benign)
- Few subcentimeteric lymph nodes with maintained fatty hilum in both axillae? Reactive (BIRADS II benign).

Please correlate clinically.

SONOGRAPHY OF ABDOMEN AND PELVIS

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The liver is normal in size (11.4 cm) and shape. It shows a normal parenchymal echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. There is no evidence of any calculi. There is no evidence of any wall thickening seen. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (9.3 cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 9.7 x 3.6 cm and the left kidney measures 9.6 x 3.7 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no evidence of any mesenteric or retroperitoneal lymph adenopathy. There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The uterus is retroflex, mildly bulky and measures 116 x 57 x 40 mm. The myometrial echoes appear normal. There is no evidence of any fibroid.

LSCS scar noted in lower uterine segment.

The endometrial echoes appear normal. The endometrial thickness is 8.3 mm. No evidence of intraluminal focal lesion seen.

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MBBS, DMRD. DNB (RADIO DIAGNOSIS)
Page 14 of 15 DMC No. 55709





Lab No. 012409280358

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Age/Gender 40.7 YRS/FEMALE 28/Sep/2024 09:59AM

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Reg. ON 28/Sep/2024

Ref. Dr.

NAME

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BarcodeNo 01280358 Approved ON 28/Sep/2024 12:31PM

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28/Sep/2024 05:07PM

Both ovaries are normal in size and echotexture.

The right ovary measures 24 x 12 mm and the left ovary measures 24 x 17 mm.

There is no adnexal mass or free fluid in the pouch of Douglas.

IMPRESSION

• No significant abnormality is seen on this examination.

Kindly correlate clinically



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*** Partial Report ***



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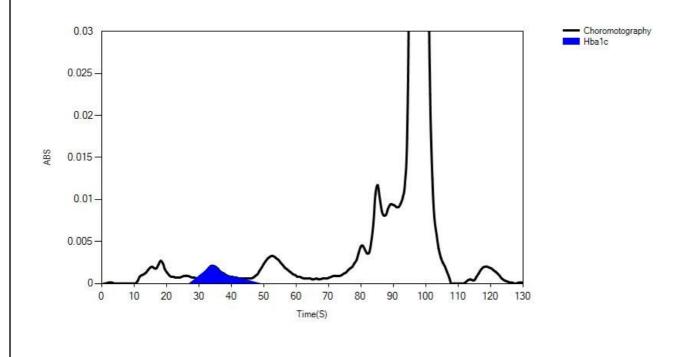


LIFOTRONIC Graph Report

Name: Case: Patient Type: Test Date: 28/09/2024 11:38:40

Age: Department: Sample Type: Whole Blood EDTA Sample Id: 01280358 Gender: Total Area: 7955

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	72	2274	7219	88.7
HbA1c	38	33	415	5.1
La1c	25	22	151	1.9
HbF	19	9	12	0.1
Hba1b	13	27	91	1.1
Hba1a	11	20	67	0.8



A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC19 NEW DELHI 110075

Ms. ANITA MEENA I.D.: 128 AGE/SEX: 40 Yr/F

HT/WT : / DATE : 28-09-2024 02:13:38 PM

DATE : 28-09-2024 02:13:38 PM REF.BY : Dr.MEDIWHEEL

MACHINE INTERPRETATION: Normal ECG.

RATE : 86 bpm P Duration : 102 ms
BP : N/A PR Duration : 129 ms

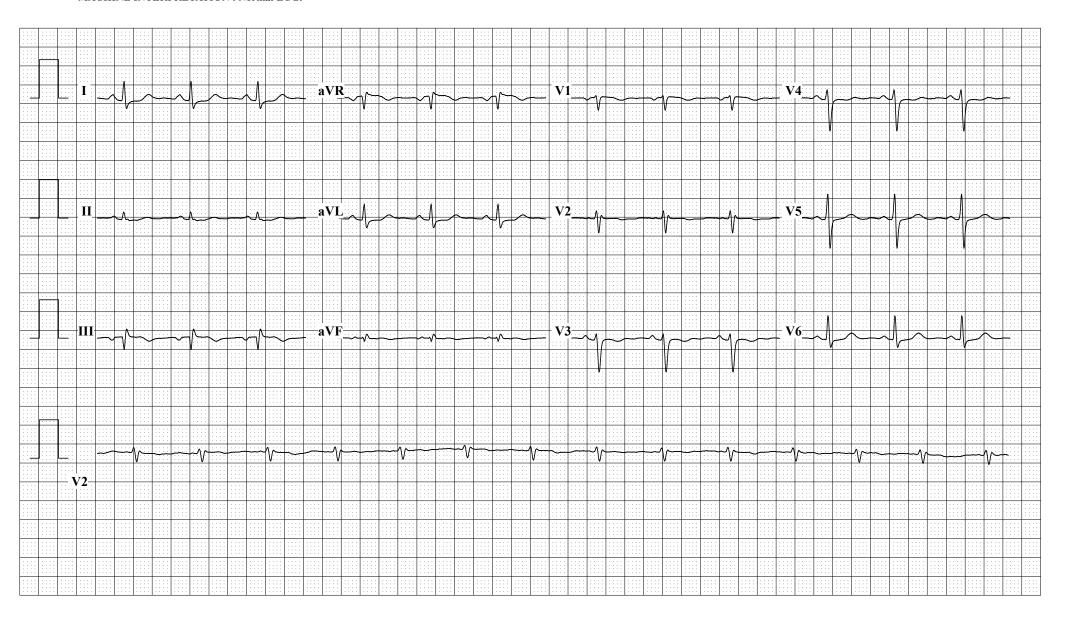
P Axis : 7 deg. QRS Duration : 79 ms QT Interval : 350 ms

T Axis : -14 deg. QTc Interval : 394 ms

Linked Median

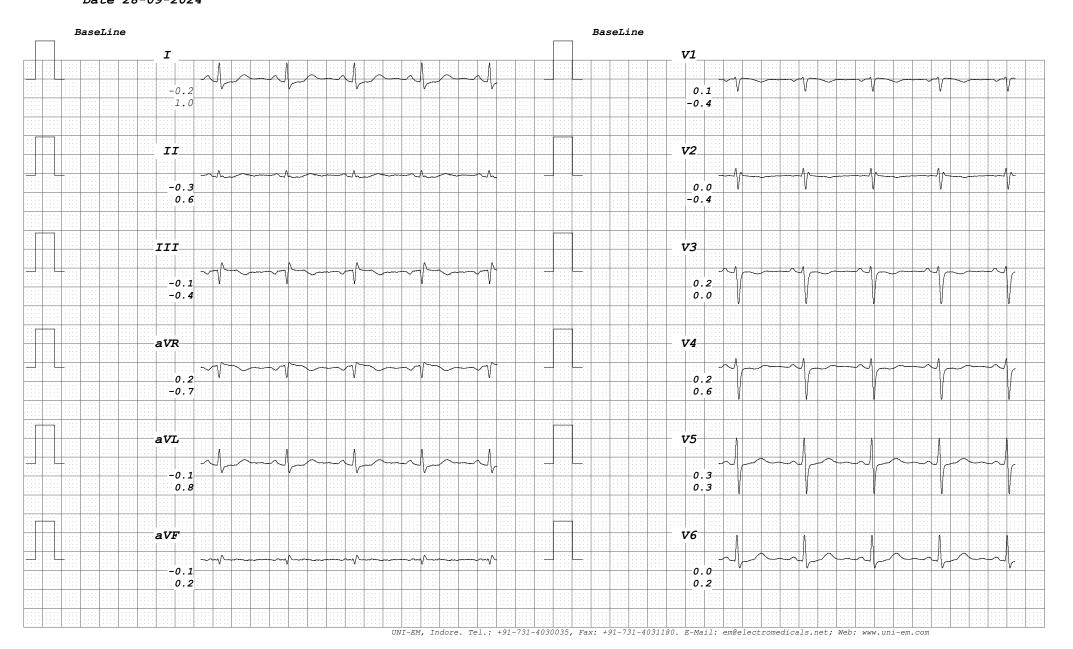
Speed : 25 mm/s

Sensitivity: 10 mm/mV



ANITA MEENA I.D. 459 Age 40/F Date 28-09-2024

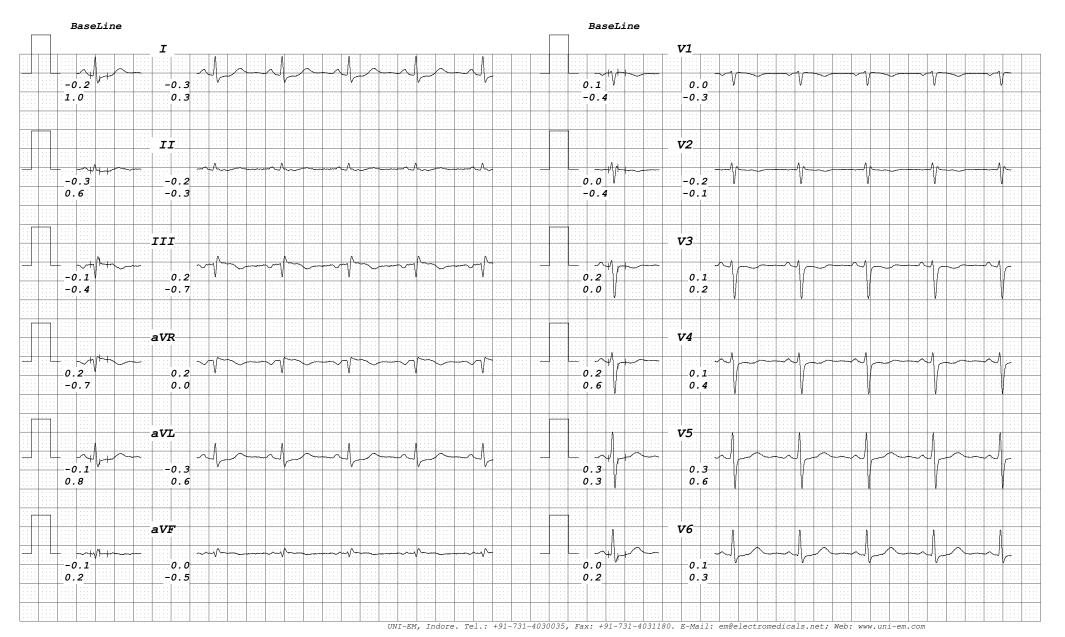
RATE 85bpm B.P. 100/60 PRETEST SUPINE ST @ 10mm/mV 80ms PostJ



ANITA MEENA I.D. 459 Age 40/F Date 28-09-2024

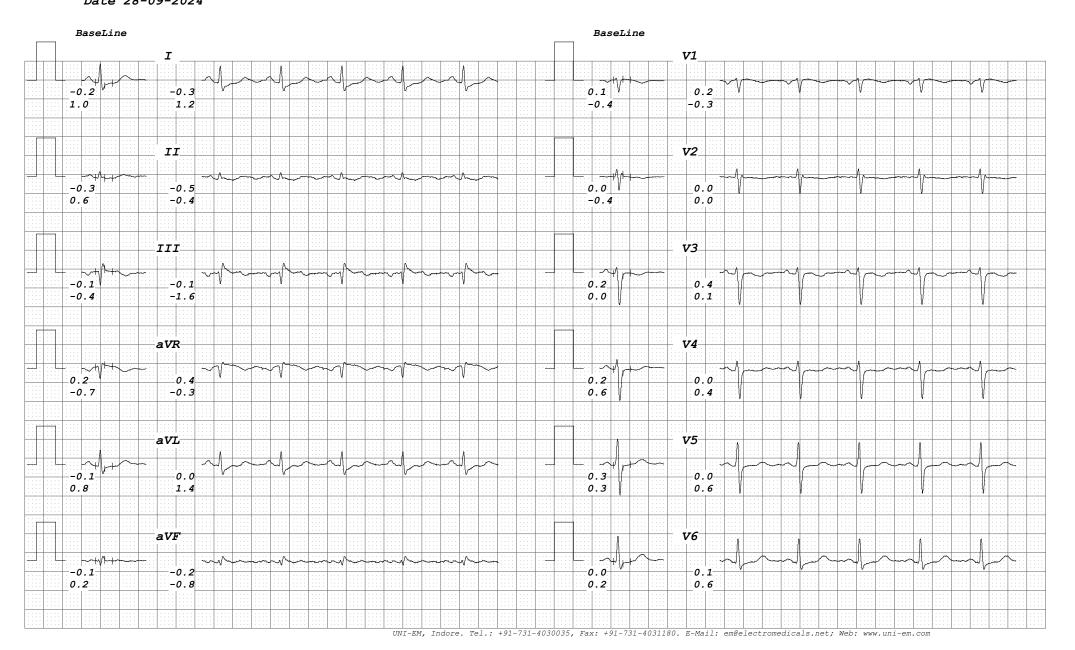
RATE 86bpm B.P. 100/60 PRETEST HYPERVENT ST @ 10mm/mV 80ms PostJ

PHASE TIME 0:10



ANITA MEENA I.D. 459 Age 40/F Date 28-09-2024

RATE 94bpm B.P. 100/60 PRETEST STANDING ST @ 10mm/mV 80ms PostJ



ANITA MEENA I.D. 459 Age 40/F

RATE 125bpm B.P. 106/66

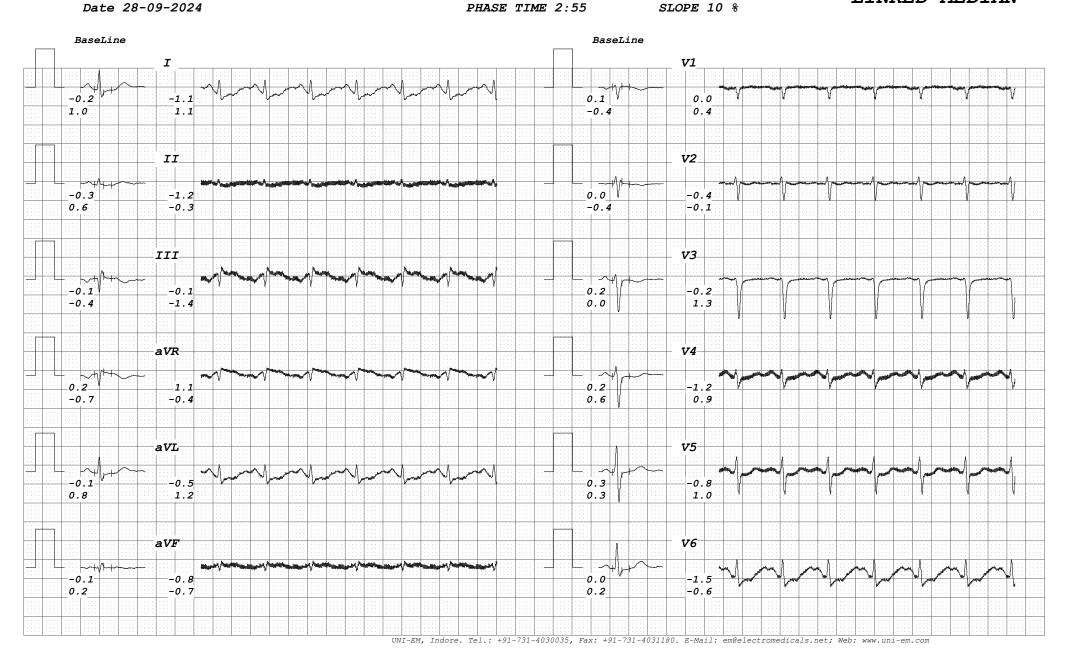
 Bruce
 ST @ 10mm/mV

 Stage 1
 80ms PostJ

 TOTAL TIME 2:55
 Speed 2.7 km/hr

 PHASE TIME 2:55
 SLOPE 10 %

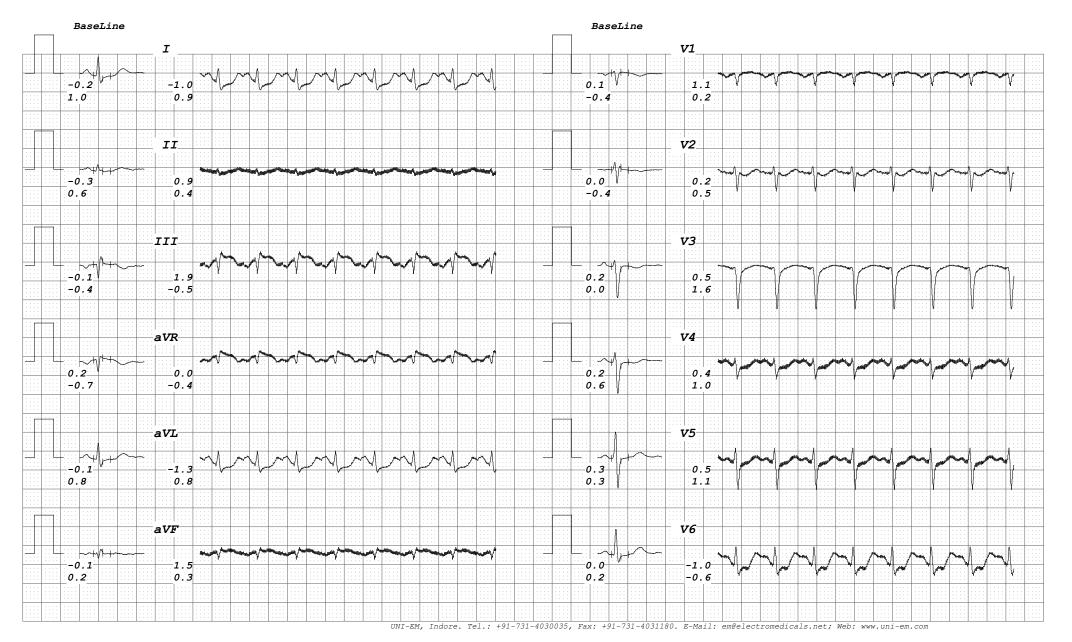
^r LINKED MEDIAN



ANITA MEENA I.D. 459 Age 40/F Date 28-09-2024

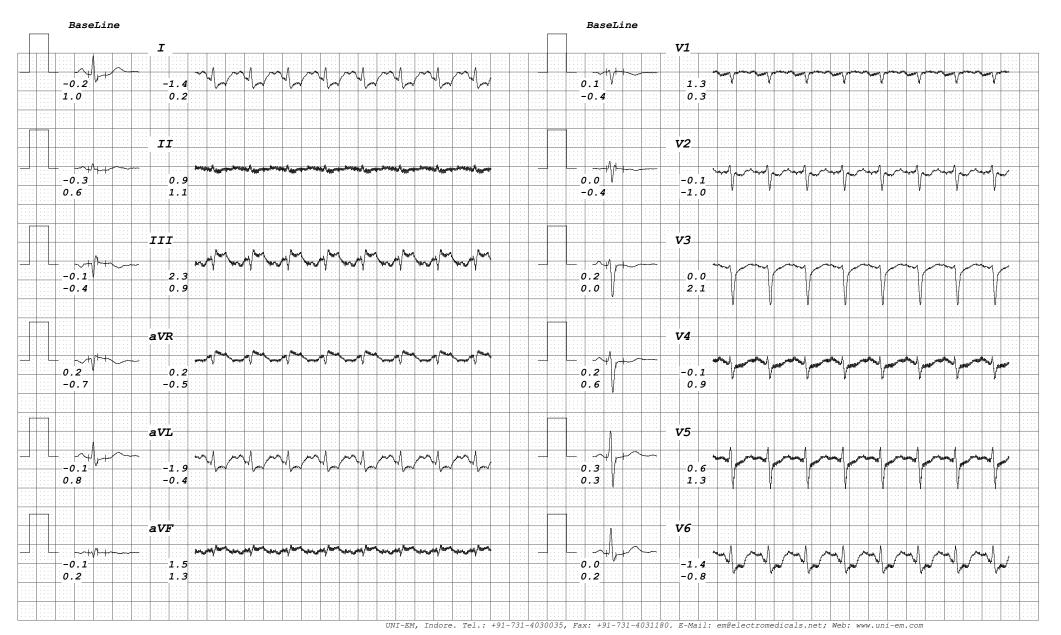
RATE 147bpm B.P. 112/72 Bruce Stage 2 TOTAL TIME 5:55 PHASE TIME 2:55

ST @ 10mm/mV 80ms PostJ Speed 4 km/hr SLOPE 12 %



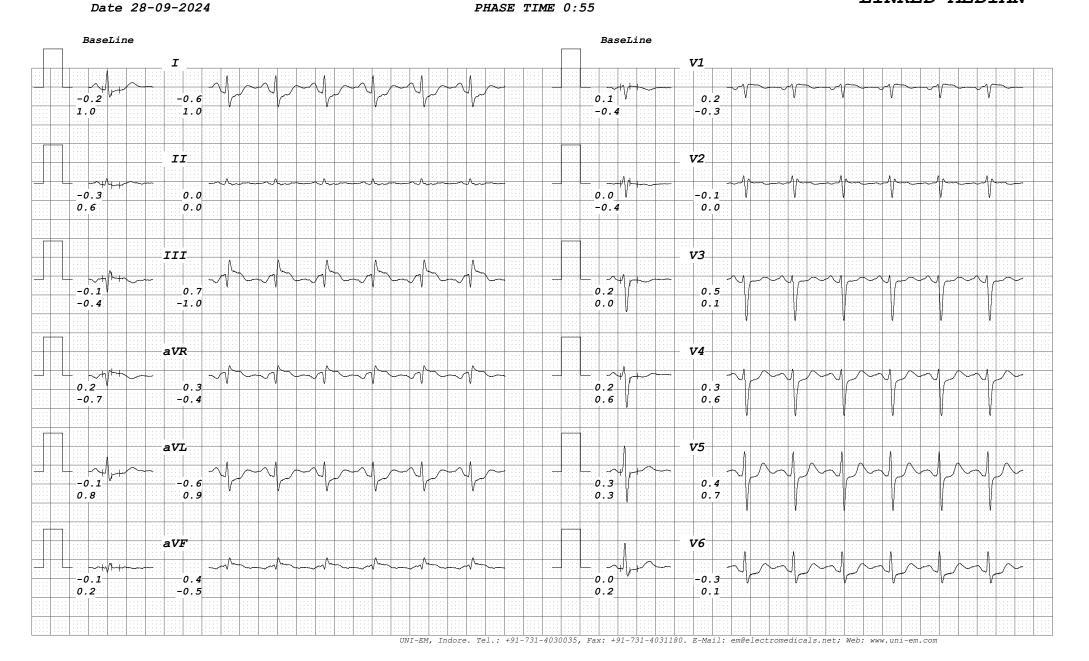
ANITA MEENA I.D. 459 Age 40/F Date 28-09-2024

RATE 153bpm B.P. 118/78 Bruce PK-EXERCISE TOTAL TIME 6:18 PHASE TIME 0:18 ST @ 10mm/mV 80ms PostJ Speed 5.4 km/hr SLOPE 14 %



ANITA MEENA I.D. 459 Age 40/F

RATE 118bpm B.P. 112/72 Bruce RECOVERY TOTAL TIME 7:28 ST @ 10mm/mV 80ms PostJ

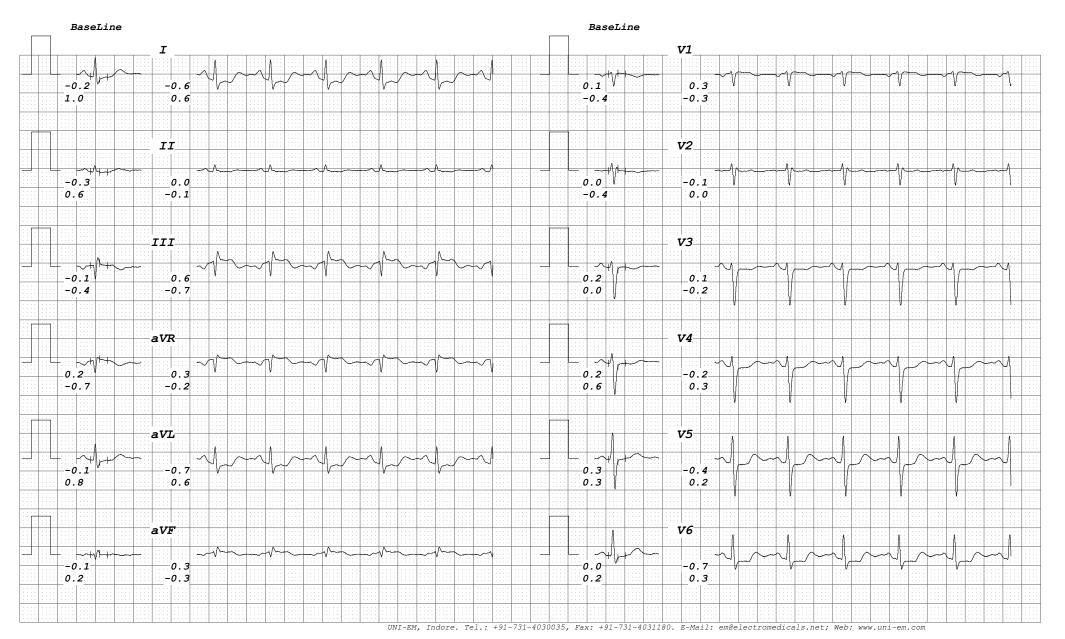


ANITA MEENA I.D. 459 Age 40/F

Date 28-09-2024

RATE 104bpm B.P. 100/60 Bruce RECOVERY TOTAL TIME 8:28 ST @ 10mm/mV 80ms PostJ

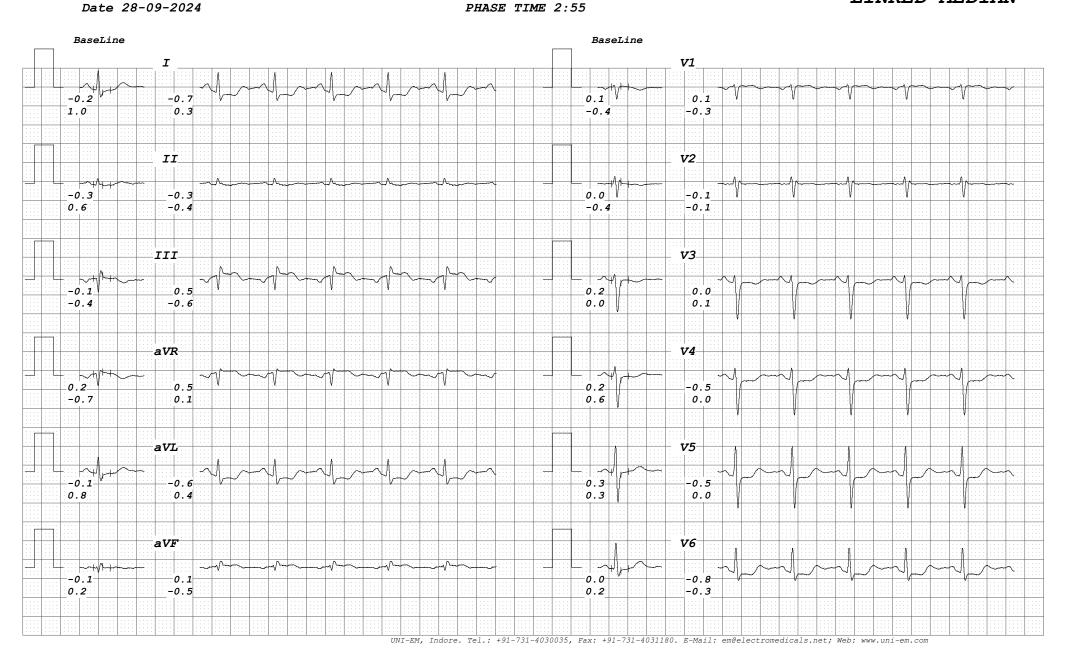
TOTAL TIME 8:28
PHASE TIME 1:55



ANITA MEENA I.D. 459 Age 40/F

RATE 101bpm B.P. 100/60 Bruce RECOVERY TOTAL TIME 9:28 ST @ 10mm/mV 80ms PostJ

PHASE TIME 2:55



A SUBSIDIARY OF MEDGENOME 515-516 DWARKA SEC 19 NEW DELHI 110075

ANITA MEENA

TREADMILL TEST REPORT

ID : 459

DATE : 28-09-2024 PROTOCOL : Bruce

AGE/SEX: 40 /F HISTORY
HT/WT: 0 / 0 INDICATION
REF.BY: MEDIWHEEL MEDICATION

PHASE	TOTAL STAGE		SPEED Km/Hr	GRADE %	H.R. bpm	B.P.	RPP x100	ST LEVEL(MM)			METS
	TIME	TIME	Mii/ III	-0	Бріп	numig	X100	II	V1	V5	
SUPINE	-		-	-	85	100 / 60	85	-0.3	0.1	0.3	
HYPERVENT		0:10			86	100 / 60	86	-0.2	0	0.3	
STANDING					94	100 / 60	94	-0.5	0.2	0	
Stage 1	2:55	2:55	2.7	10	125	106 / 66	132	-1.2	0	-0.8	4.67
Stage 2	5:55	2:55	4	12	147	112 / 72	164	0.9	1.1	0.5	7.04
PK-EXERCISE	6:18	0:18	5.4	14	153	118 / 78	180	0.9	1.3	0.6	7.39
RECOVERY	7:28	0:55			118	112 / 72	132	0	0.2	0.4	
RECOVERY	8:28	1:55			104	100 / 60	104	0	0.3	-0.4	
RECOVERY	9:28	2:55			101	100 / 60	101	-0.3	0.1	-0.5	

RESULTS

EXERCISE DURATION : 6:18 MAX WORK LOAD : 7.39 METS

MAX HEART RATE : 153 bpm 85 % of target heart rate 180 bpm

MAX BLOOD PRESSURE : 118 / 78 mm Hg REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal, ARRYTHMIA : None,

H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS :

Negative for Provocable myocardial ischemia,







unclu विशिष्ट पहचान आधिकरण Unique Identification Authority of India

पता:
अधींगिनी: धीरज कुमार मीना, एस-1
सेकेंड फ्लोर प्लाट न.66, श्रीश्याम
रेसिडेंसी, देवधरा कॉलोनी, मुरलीपुरा, जयपुर, मुरलीपुरा, राजस्थान, 302039

Address: W/O: Dheeraj Kumar Meena, S-1 2ND FLOOR PLOT NO.66, SHRISHYAM RESIDENCY, DEVDHARA COLONY, Murlipura, Jaipur, Murlipura, Rajasthan, 302039

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help@uidai.gov.in

WWW www.uidai.gov.in

आयकर विमाग मारत सरकार INCOMETAX DEPARTMENT GOVT. OF INDIA ANITA MEENA MURLI DHAR MEENA 23/02/1984 Permanent Account Number AYYPM6953A

In case this card is lost / found, kindly inform / return to : Income Tax PAN Services Unit, UTITSL Plot No. 3, Sector 11, CBD Belapur, Navi Mumbai - 400 614. इस कार्ड के खोने/पाने पर कृपया सूचित करें/लीटाएं :

इस काड के खान पान पर कृपया सूचित करे, आयकर पैन सेवा यूनीट, UTITSI, प्लाट नं: ३, सेक्टर ११, सी.बी.डी.बेलापूर, नवी मुंबई-४०० ६१४.