Issue Date: 15th July 2013
Rev. Date: 01 November 2022
Revision No. : 01

Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Name: (last, first, middle)						
RAHMAN	MOJIBUR					
Date of birth: (day/month/year)	15	03	1961	Gender: (male/female)	MALE	
Passport / Discharge book No:	A14498025			Nationality:	BANGLADESHI	
Rank:	ELECTRICAL TECHNICIAN			Place of Examination:	DHAKA	

DR. MIR MD. RAIHAN ★ REG. NO. A-55144 ★ RADICAL HOSPITALS LTD.

Signature of Examinee:

I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

		Yes	No
a.	Hearing meets the standards in STCW Code, section A-I/9:	✓	
b.	Unaided hearing is satisfactory;	✓	
c.	Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)	✓	
d.	Date of last color vision test:		
e	Fit for lookout duty	✓	
f	Is the seafarer free from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board :	✓	

This seafarer is ☑ **UNFIT FOR DUTY ** /** ☐ **FIT FOR DUTY with / without restriction *as mentioned below.**

*This Medical Certificate is issued with following restriction

**** Reasons for being unfit**

Date of examination: (Day/Month/Year)	18 MAR 2024
Expiry date of certificate: (Day/Month/Year)	
Name of Medical Examiner	DR. MIR MD. RAIHAN MBBS,(DU), DFM
Signature of Medical Examiner	
Official Stamp	

As ETT test positive for provocable myocendial ischemia he needs proper treatment. Right now he is unfit for ship

18/03/24

File No. : JAB (2nd O)

Retention : 3 Years / Frequency : As Required

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

04.2024.6159

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination of Seafarers

Examinee's Declaration

Name (last, first, middle):	RAHMAN MOJIBUR
Date of birth (day/month/year):	15-MAR-1961
Sex: Male / Female	MALE
Home address:	BILLA BARI, AIRPORT, GONPARA-8200
	BARISHAL, BANGLADESH
Passport No./Discharge book No.:	A14498025
Department (Deck/Engine/Radio/Food handling/other):	
Rank:	ELECTRICAL TECHNICIAN
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	
Trade area (coastal, tropical, worldwide):	

Seafarer's Personal Declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No		Condition	Yes	No
1	Eye/vision problem		✓	18	Sleep problem		✓
2	High blood pressure		✓	19	Do you smoke, use alcohol or drugs?		✓
3	Heart/vascular disease		✓	20	Operation/surgery		✓
4	Heart surgery		✓	21	Epilepsy/seizures		✓
5	Varicose veins/piles		✓	22	Dizziness/fainting		✓
6	Asthma/bronchitis		✓	23	Loss of consciousness		✓
7	Blood disorder		✓	24	Psychiatric problems		✓
8	Diabetes		✓	25	Depression/Hepatitis		✓
9	Thyroid problem		✓	26	Attempted suicide		✓
10	Digestive disorder		✓	27	Loss of memory		
11	Kidney problem		✓	28	Balance problem		✓
12	Skin problem		✓	29	Severe headaches		✓
13	Allergies			30	Ear (hearing, tinnitus)/nose/throat problem		✓
14	Infectious/contagious diseases		✓	31	Restricted mobility		✓
15	Hernia		✓	32	Back or joint problem		✓
16	Genital disorder		✓	33	Amputation		✓
17	Pregnancy	N/A		34	Fractures/dislocations		✓

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

If you answered "yes" to any of the above questions, please give details:

Additional questions

		Yes	No
35	Have you ever been signed off as sick or repatriated from a ship?		✓
36	Have you ever been hospitalized?		✓
37	Have you ever been declared unfit for sea duty?		✓
38	Has your medical certificate even been restricted or revoked?		✓
39	Are you aware that you have any medical problems, diseases or illnesses?		✓
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?		✓
41	Are you allergic to any medication?		✓

Comments:

42	Are you taking any non-prescription or prescription medications?		✓

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge

Signature of Examinee: _____ Day (day/month/year) 18 MAR 2024

Witnessed by: (signature _____ Name (Typed or Printed) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (the approved medical practitioner)

Signature of Examinee _____ Day (day/month/year) 18 MAR 2024

Witnessed by: (signature _____ Name (Typed or Printed) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
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Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination by Doctor

☐ Pre –sea ☑ Periodic ☐ Other

Sight

	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distance	6/9	6/9	✓	6/6	6/6	✓
Near	N5	N5	✓	N5	N5	✓

	Visual Fields	
	Normal	Defective
Right Eye	✓	
Left Eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right Ear	20	20	20			
Left Ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right Ear	4	4
Left Ear	4	4

Height (cm)		169		Weight: (kg)	64	
Pulse rate: (/minute)		78 b/min		Rhythm:		Regular
Blood pressure:		Systolic:(mm/Hg)	120	Diastolic: (mm/Hg)		80
Urinalysis:	Glucose:	Nil	Protein:	Nil	Blood:	Nil

	Normal	Abnormal		Normal	Abnormal
Head	✓		Skin	✓	
Sinuses, nose, throat	✓		Varicose veins	✓	
Mouth/teeth	✓		Vascular (inc. pedal pulses)	✓	
Ears (general)	✓		Abdomen and viscera	✓	
Tympanic membrane	✓		Hernia	✓	
Eyes	✓		Anus (not rectal exam)	✓	
Ophthalmoscopy	✓		G-U system	✓	
Pupils	✓		Upper and lower extremities	✓	
Eye movement	✓		Spine (C/S, T/S and L/S)	✓	
Lungs and chest	✓		Neurologic (full/brief)	✓	
Breast examination	✓		Psychiatric	✓	
Heart	✓		General appearance	✓	

Chest X-ray	Not performed	NORMAL	Performed on (day/month/year): ../../.... 18 MAR 2024	

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Other diagnostic test(s) and result(s):

Test	Results
BLOOD TEST	NORMAL
URINE TEST	NORMAL
ECG	NORMAL

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Vaccination status recorded: ☑ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ **Fit for look out duty** ☐ **Not fit for look out duty**

	Deck service	Engine service	Catering service	Other services
Fit				
Unfit				

☑ **Without Restriction** ☐ **With Restrictions**

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by Medical Examiner (e.g. referral):

Date of examination: (Day/Month/Year)	18 MAR 2024
Expiry date of certificate: (Day/Month/Year)	
Name of Medical Examiner	DR. MIR MD. RAIHAN MBBS,(DU), DFM
Signature of Medical Examiner	
Official Stamp	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Id No	: 0418	**Date :** 17-Mar-2024	**D.Date :**	17-Mar-2024
Patient's Name :	MOJIBUR RAHMAN	**Age :** 63Y 0M 2D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-P.P. No:A14498025			

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.0** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**09** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8,900** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**72** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**24** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**178** /cumm	50-450/cumm
Total RBC Count	**5.0** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41** %	M: 40-54%, F:37-47%
MCV	**79** fL	76 - 94 fL
MCH	**28** pg	27 - 32 pg
MCHC	**30** g/dL	29 - 34 g/dL
RDW	**12** %	11 - 16 %
PDW	**38** fL	35 - 56 fl
Total Platelete Count (PC)	**2,15,000** /cumm	150,000-450,000/cumm
MPV	**10.0** fL	7.0 - 11.0 fL
PCT	**0.1** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030418	Received Date	17/03/2024
Patient's Name	MOJIBUR RAHMAN		
Patient's Age	63Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P. No:	A14498025
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

RADICAL HOSPITAL LIMITED

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Bill No	DIA24030418	Received Date	17/03/2024
Patient's Name	MOJIBUR RAHMAN		
Patient's Age	63Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P. No:	A14498025
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

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RADICAL HOSPITAL LIMITED

Bill No	DIA24030418	Received Date	17/03/2024
Patient's Name	MOJIBUR RAHMAN		
Patient's Age	63Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P. No:	A14498025
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

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RADICAL HOSPITAL LIMITED

Bill No	DIA24030418	Received Date	17/03/2024
Patient's Name	MOJIBUR RAHMAN		
Patient's Age	63Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P. No:	A14498025
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030418	Receive:17/03/2024	Print: 17/03/2024
Patient's Name	:	**MOJIBUR RAHMAN**		
Age	:	63 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030418	Receive: Print: 17/03/2024		
Patient's Name	:	**MOJIBUR RAHMAN**			
Age	:	63 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	71 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MOTIBOR RAHMAN

This is to certify that JE Soussigne' (e) certifie que | date of birth no' (e) le 25/03/61 | Sex sexe MALE

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc iridiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	18 MAR 2024	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MOTIBUR RAHMAN

This is to certify that / JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 15/03/69 Sex / sexe MALE

Whose signature follows / don't la signature suit Raihan

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	18 MAR 2024 DR. MIR. MD. RAIHAN MBBS (DU), DPH, SCD (Bulgaria), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

Any amendment of this certificate, or erasure, of failure to complete any part of it, may render it invalid.

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

ID: 24020576

Mofibur Rahman.

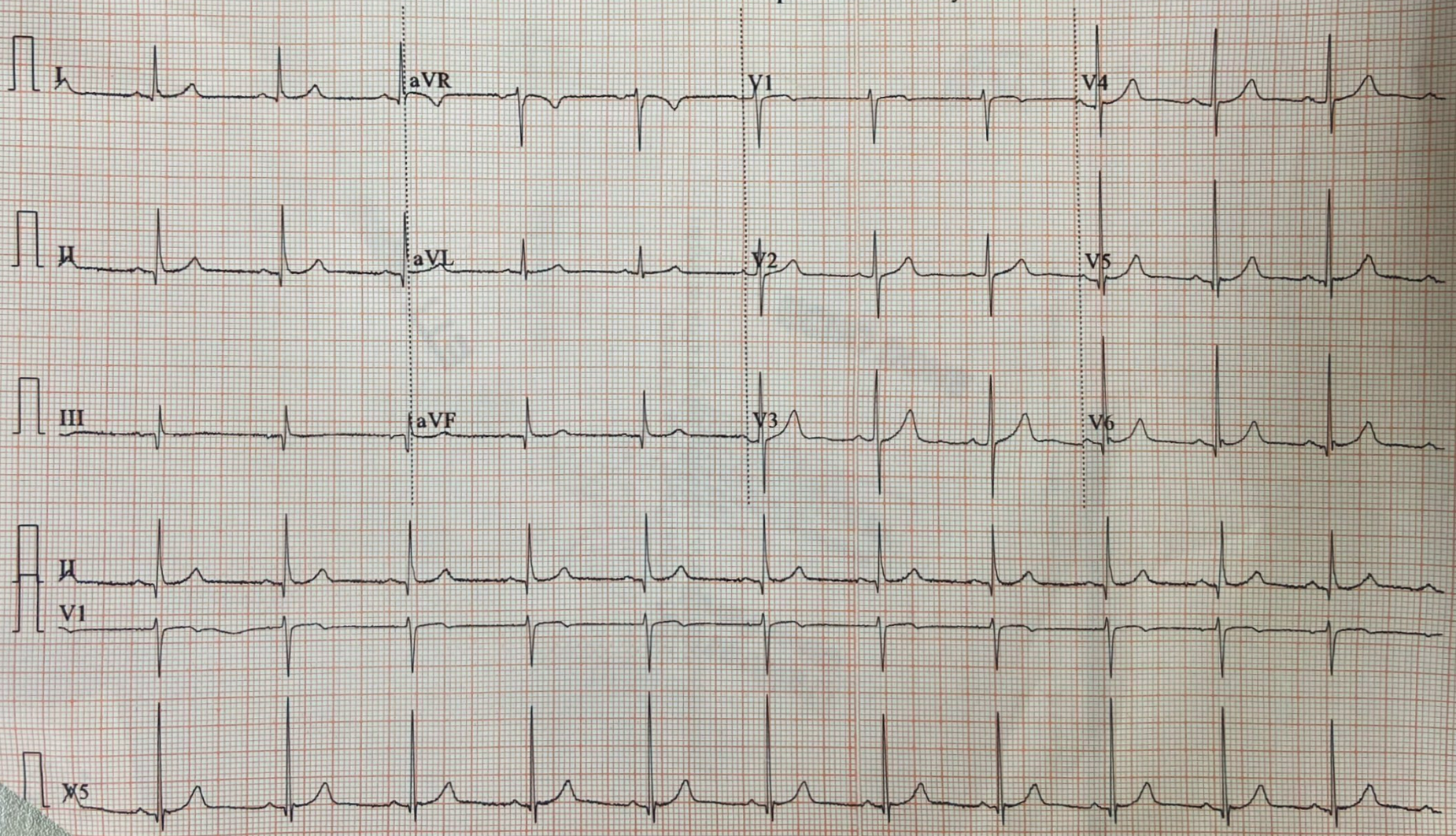
Male 63. Years

17-03-2024 14:59:12

HR	: 70	bpm
P	: 94	ms
PR	: 142	ms
QRS	: 80	ms
QT/QTc	: 380/410	ms
P/QRS/T	: 17/37/26	°
RV5/SV1	: 1.851/0.840	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.7-100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥70 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED | DIAGNOSTIC & CONSULTATION CENTRE

35, Shah Makhdum Avenue, Sector-12, Uttara, Dhaka. Phone : +8802550872812, Mobile: 01955567000-3

IBN SINA
Pioneer in Health Care

● HOUSE # 52, GARIB-E-NEWAZ AVENUE, SECTOR-13, UTTARA, DHAKA-1230
● Hotline: 09610009612
● Email: istuttara@gmail.com, Web: www.ibnsinatrust.com

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

ISO 9001:2015 Certified

ECHO-CARDIOGRAPHY REPORT

2-D & M-MODE, DOPPLER & COLOUR FLOW IMAGING

I.D. No	:	U112470	Received date : 17 Mar 2024	Printed date: 17 Mar 2024 03:41 PM
Name of Pt.	:	MOJIBUR RAHMAN	Age : 63 y(s)	Sex: Male
Exam	:	ECHO 2D		
Ref. By	:	RADICAL HOSPITAL LTD		

PROCEDURES: 2D & M-MODE STUDY

M-MODE & 2D FINDINGS:

AO	:	27	mm	**LVIDd**	:	56	mm	**RVIDd**	:		mm	**MVA**	:		cm2
LA	:	35	mm	**LVIDs**	:	36	mm	**RVOT**	:		mm	**MV annulus**	:		mm
IVST	:	08	mm	**EF**	:	64	%	**PA**	:		mm	**AV ring**	:		mm
PWT	:	08	mm	**FS**	:	35	%	**TAPSE**	:	20	mm	**ACS**	:	20	mm

DESCRIPTION:

CHAMBERS:

LA : Normal **LV** : **Basal and mid part of the septum is hypokinetic.**

RA : Normal **RV** : Normal in chamber dimension, morphology and motion. (TAPSE - 20 mm).

VALVES : All valves are normal.

IAS : Intact **IVS** : Intact

GREAT VESSEL : Great arteries are normal in size and relationship.

PERICARDIUM : No effusion seen.

THROMBUS/VEGETATION/OTHER MASS: Not seen.

IMPRESSION:

1. **Regional wall motion abnormality present.**
2. **Good LV & RV systolic function.**
3. **Grade-I LV diastolic dysfunction.**
4. **Mild AR.**

Dr. Ayesha Farah
MBBS (SSMC),D-Card (Cardilology-BSMMU)
Heart Disease & Medicine Specialist
Consultant,Dept. of Cardiology
Asuliya Women & Child Hospital, savar,Dhaka

Prepared by: Heera

IBN SINA
Pioneer in Health Care

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● Email: istuttara@gmail.com, Web: www.ibnsinatrust.com

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ISO 9001:2015 Certified

TREADMILL STRESS TEST

I.D. No	: U112470	Received date : 17 Mar 2024	Printed date: 17 Mar 2024 08:59PM	
Name of Pt.	: MOJIBUR RAHMAN		Age : 63 y(s)	Sex: Male
Ref. By	: RADICAL HOSPITAL LTD			
Ref. By	: ETT			

Total Exercise Time	: 08:12 Min	**Max.HR attained**	: 162 Bpm.
% of max. pred. HR	: 103 %	**Max. Pred HR**	: 157 Bpm.
Maximum BP	: 140/90 mmHg.	**Max. work load attained**	: 10.10 METS

Indication : Screening for IHD.

Risk Factors : Nil.

Reason for Termina. : Due to attainment of THR and ECG changes.

Test Profile : BRUCE

Symptoms : Nil.

Summary Result ⇒ **POSITIVE**

Comments:

- MOJIBUR RAHMAN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- ECG at rest was normal.
- Exercise capacity was good.
- Inotropic and chronotropic responses were appropriate to exercise.
- Stress test was terminated due to attainment of THR and ECG changes.
- Significant ST depression in leads II, III, aVF & V2-V6 during exercise stage 2.

Conclusion: Stress test is **POSITIVE** for ECG evidence of provocable myocardial ischemia.

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