

Dear **Advance Diagnostic & Research Centre**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR GULSHAN ARORA

Proposal No : 5603

Branch Code : 122

Contact Details : 9811592368

Location : Advance near Pratham ultrasound, pillar no 78 sec
badshahpur sohna road, Gurgaon

Appointment Date : 29-10-2024

Member Information		
Booked Member Name	Age	Gender
MR GULSHAN ARORA	47 year	Male

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above



To,
LIC of India
Branch Office

122

Date:

08/11/2024

Proposal No.

5603

Name of the Life to be assured

GULSHAN ARORA

The Life to be assured was identified on the basis of

IDENTITY CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. AMIT
MBBS, DNB
Reg. No. 22344

Signature of the Pathologist/ Doctor

Name:



I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	NO	MEDICAL EXAMINER'S REPORT	NO
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test	HBA1C, UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



 **GPS Map Camera**



Gurugram, Haryana, India
01, Badshahpur Sohna Rd Hwy, Sector 68,
Gurugram, Haryana 122101, India
Lat 28.39321° Long 77.047032°
08/11/24 09:21 AM GMT +05:30



सत्यमेव जयते

भारत निर्वाचन आयोग

पहचान पत्र

ELECTION COMMISSION OF INDIA
IDENTITY CARD

IQF0559914



निर्वाचक का नाम : गुलशन अरोरा

ELECTOR'S NAME: GULSHAN ARORA

पिता का नाम : परमानंद अरोरा

FATHER'S NAME : PERMANAND ARORA

लिंग / SEX : पुरुष/ MALE

जन्म तिथि /DATE OF BIRTH : 04/07/1977

GPS Map Camera



Google

Gurugram, Haryana, India

01, Badshahpur Sohna Rd Hwy, Sector 68,

Gurugram, Haryana 122101, India

Lat 28.39321° Long 77.047032°

08/11/24 09:20 AM GMT +05:30



MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 122
 Proposal/ Policy No: 5603
 MSP name/code :
 Date & Time of Examination: 08/11/2024
 Medical Diary No & Page No:

09:21 AM

Mobile No of the Proposer/Life to be assured: 9811592368
 Identity Proof verified: ID CARD ID Proof No. 1QF0559914
 (In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr Amit (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured
 (In case of Physical Examination)

1 Full name of the life to be assured: GULSHAN ARORA
 2 Date of Birth: 04/07/1999 Age: 42
 3 Height (In cms): 176 Weight (in kgs): 94 Gender: Male
 4 Required only in case of Physical MER

Pulse : 78/min regular
 Blood Pressure (2 readings):
 1. Systolic 123 Diastolic 86
 2. Systolic 128 Diastolic 86

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc ?	No
	b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?	No
	c. Whether visited the doctor any time in the last 5 years ?	No
	If answer to any of the questions 5(a) to (c)) is yes -	
	i. Date of surgery/accident/injury/hospitalisation	No
	ii. Nature and cause	No
	iii. Name of Medicine	No
	iv. Degree of impairment if any	No
	v. Whether unconscious due to accident, if yes, give duration	No
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date , reason ,advised by whom & findings.	No
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	No

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassaemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>No</p> <p>No</p>
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No

For Female Proponents only		
i.	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	N
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Healthy
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GULSHAN AROKA Declaration
 You Mr/Ms. GULSHAN AROKA declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Gulshan Aroka
 Signature/ Thumb impression of Life to be assured
 (In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 08 day of 11 20 24 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

DR. ANITA
 MBBS
 Reg. No. 23344

Place: CGN
 Date: 08/11/24
 Stamp:

Signature of Medical Examiner
 Name & Code No:



INSURANCE CORPORATION OF INDIA

ELECTROCARDIOGRAM

Proposal No.: 5603

Full Name of Life to be assured: GULSHAN - ARORA

Age/ Sex: 47/Male

Branch: 122

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated ___ given by me to LIC of India.

Witness

(Signature)
Signature of L.A.

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	94	128/86	78/min regular

(B)

Cardiovascular System

NAD

Rest ECG Report:

Position	<u>N</u>	P Wave	<u>N</u>
Standardisation Imv	<u>N</u>	PR Interval	<u>N</u>
Mechanism	<u>N</u>	QRS Complexes	<u>N</u>
Voltage	<u>N</u>	Q-T Duration	<u>N</u>
Electrical Axis	<u>N</u>	S-T Segment	<u>N</u>
Auricular Rate	<u>86/min</u>	T-wave	<u>N</u>
Ventricular Rate	<u>86/min</u>	Q-Wave	<u>N</u>
Rhythm	<u>Regular</u>		<u>N</u>
Additional findings, if any.			<u>N</u>

Dated at CAN on the 08 day of 11 2024 at 09:21 a.m./p.m.

Conclusion:

TWNC

DR. MAYANK
MBBS, PGDCC, FNIC

Signature: (Signature)
Reg. No. HN004429
Name & Address: Qualification:



COMPUTERISED TREADMILL TEST

Proposal No.: 5603 Branch: 122
 Full Name of Life to be assured: Gulshan Arora
 Age/ Sex: 47/m

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Note: *Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

- (a) Pre-test: Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING					79	128/86	101
	STANDING							
	HYPERVENTILATION	0:18				106	128/86	135
	WARM UP					103	128/86	131
EXERCISE	STAGE 1	2:59	2.70	10.00	4.80	112	128/86	143
	STAGE 2	2:59	4.00	12.00	7.10	120	130/86	156
	STAGE 3	2:59	5.40	14.00	10.00	128	134/86	171
	PEAK EXERCISE	1:27	1:27	-	-	11.94	150	136/86
RECOVERY	RECOVERY	2:57	0.00	0.00	-	97	136/86	131
	RECOVERY	5:57	0.00	0.00	-	101	130/86	131
	RECOVERY							

The protocol used - BRUCE -

Total Exercise Time - 10:27 minutes

Maximum Blood Pressure - 136/86 mmhg

Maximum Workload - 11.94 mets

Maximum heart rate - 150 bpm Maximum predicted heart rate 86 %

Reason for termination - HR achieved

Result:- TM7 is negative for inducible ischaemia

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)

Dated at 9/11 on the 08 day of 11 2024 at 09:21 a.m./p.m.



Signature & Seal of the Dr. Mayank
 M.D. (CC) D.D.C. (NIC)
 Reg. No. HNC 1429



ADVANCE DIAGNOSTIC & RESEARCH CENTRE



Name : Mr. Gulshan Arora
Age : 47 Yrs 4 Mon 7 Days
Sex : Male
Patient ID : 15241406

Panel : LIC
TPA : MEDSAVE
Received Date : 08/11/2024
Report Date : 08/11/2024

Test Name	Results	Units	Reference Range
SBT 13			
Blood Glucose Fasting	82.0	mg/dL	70.0 - 110.0
Total Cholesterol	184.0	mg/dL	<200.0
HDL Cholesterol	52.4	mg/dL	36.0 - 70.0
LDL Cholesterol	111.8	mg/dL	60.0 - 120.0
Serum Triglycerides	99.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.88	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	13.7	mg/dL	7.0 - 18.0
Serum Protein	7.94	g/dL	6.00 - 8.30
Serum Albumin	4.52	g/dL	3.50 - 5.00
Serum Globulin	3.42	g/dL	2.00 - 3.50
A:G Ratio	1.32		
Serum Bilirubin (Total)	0.77	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.17	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.60	mg/dL	0.10 - 1.00
SGOT (AST)	25.0	IU/L	0.0 - 37.0
SGPT (ALT)	34.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	45.3	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	106.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE
HAEMATOLOGY			
Haemoglobin	14.2	g/dL	13.0 - 17.0
HbA1C	5.4	%	4.5 - 6.0

INTERPRETATIONS :-

Non Diabetic	=	< 6 %
Good Control	=	6 - 7 %
Fair Control	=	7 - 8 %
Poor Control	=	> 8 %

URINE EXAMINATION ROUTINE

PHYSICAL EXAMINATION

Colour : Pale yellow
Appearance : Clear
PH : 5.5



Dr. GANDHI
MD Pathology
Reg. No. 16318
Dr. Gandhi Kranti Deepak
MD. Pathology



ADVANCE DIAGNOSTIC & RESEARCH CENTRE



Name : Mr. Gulshan Arora	Panel : LIC
Age : 47 Yrs 4 Mon 7 Days	TPA : MEDSAVE
Sex : Male	Received Date : 08/11/2024
Patient ID : 15241406	Report Date : 08/11/2024

Test Name	Results	Units	Reference Range
Specific Gravity	1.025		1.005 -1.030
CHEMICAL EXAMINATION			
Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Nil		Nil
Nitrite	Nil		Nil
Bile Pigments	Nil		Nil
Bile Salt	Nil		Nil
MICROSCOPIC EXAMINATION			
Pus Cells	0-1	/HPF	0-3
Epithelial Cells	0-1	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Urine Cotinine Qualitative	Negative		Negative

----- End of Report -----



Dr. GANDHI
MD Pathology
Reg. No. 16318
Dr. Gandhi Kranti Deepak
MD. Pathology

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUGRAM

Arora

Mr. GULSHAN ARORA

Age : 47/M

Ref. by : LIC

Indication1 :

Indication2 :

Indication3 :

COMMENTS : Old Septal Myocardial Infarct. To be Ruled Out. Sinus Rhythm.

ID : 180

H/Wt : /

Recorded : 8-11-2024 9:47

Medication1 :

Medication2 :

Medication3 :

BPM : 86

BP : /

P Axis : 69 deg

QRS Axis : -26 deg

T Axis : 51 deg

P duration : 100 msec

PR duration : 160 msec

QRS duration : 100 msec

QT interval : 343 msec

QTc interval : 388 msec

Raw E.C.G.

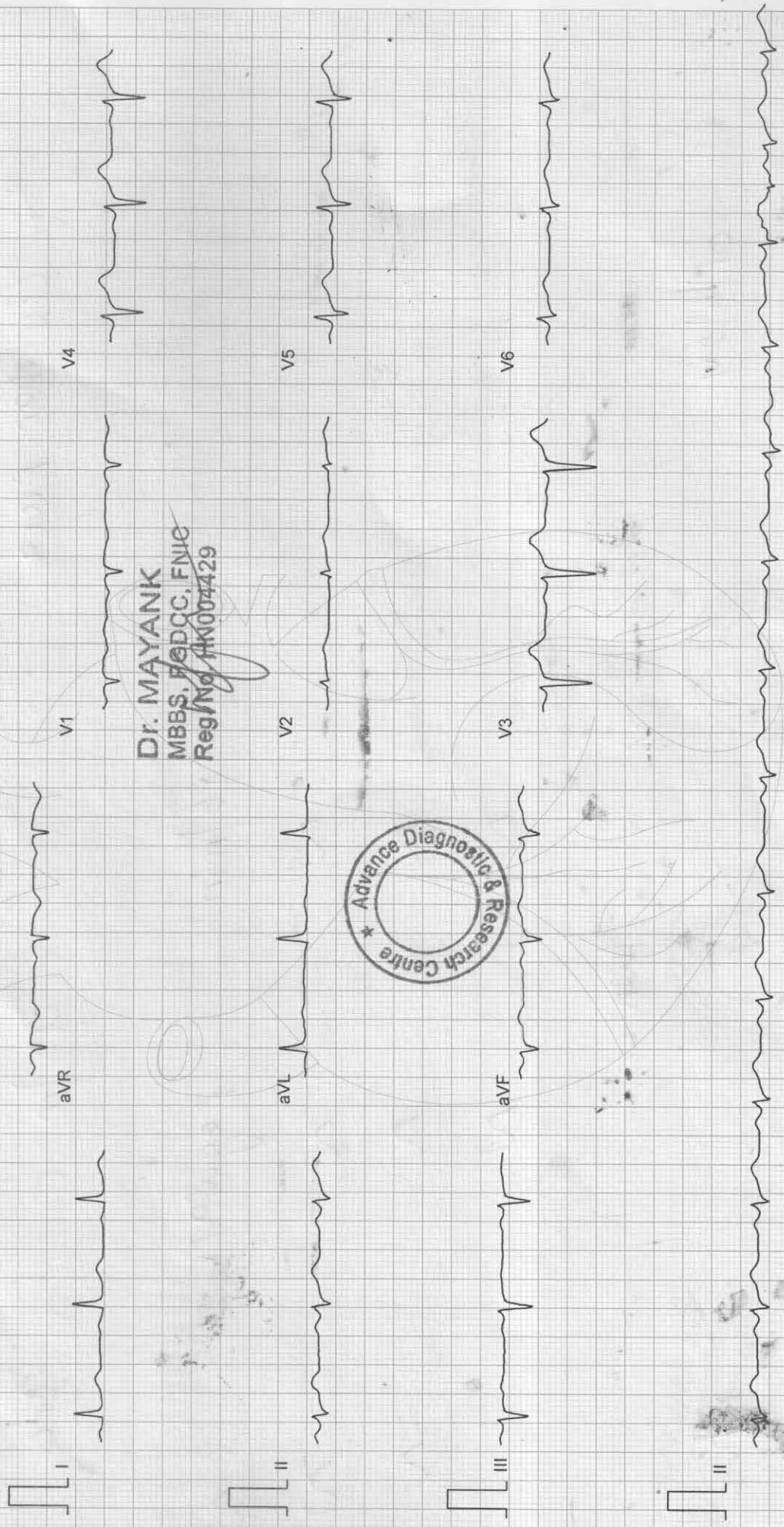
Unconfirmed Report Reviewed By:

Cardiologist

Dr. MAYANK

MBBS, MDCC, FNIC

Reg/Nd. HK007429



Filtered

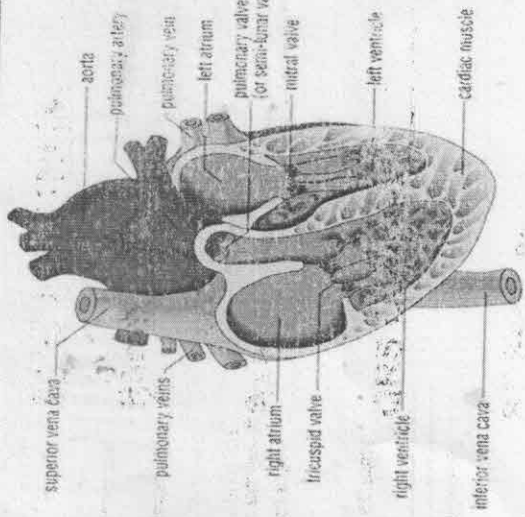
25mm/sec 10mm/mV

CardiCom, INDIA

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

ELECTROCARDIOGRAM

Name Gulshan Arora Age & sex 49/m Company UIC



ECG FINDINGS:

Rate 86/min Rhythm Regular Mechanism N

Axis N P Wave N PR Interval N

QRS Complex N QT interval N Q Wave N

ST Segment N T Wave N

JWLL

Conclusion _____

Date 08/11/24



Dr. MAYANK
MBBS, PGCC, FNIC
Reg. No. MVA004429
Doctors Signature _____

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUGRAM

Signature

Mr. GULSHAN ARORA
Age/Sex : 47/M

ID : 89
Ht/Wt : /

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE

Recorded : 8-11-2024 9:49

Ref. by : LIC
Indication1 :
Indication2 :
Indication3 :

History:
Medication1 :
Medication2 :
Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					79	128/86	101	0.1	0.2	0.3	
STANDING					106	128/86	135	0.4	0.2	0.6	
HYPERVENT	0:18	0:18			103	128/86	131	0.4	0.1	0.6	
STAGE 1	2:59	2:59	2.70	10.00	112	128/86	143	0.4	0.1	0.8	4.80
STAGE 2	5:59	2:59	4.00	12.00	120	130/86	156	0.9	0.2	0.7	7.10
STAGE 3	8:59	2:59	5.40	14.00	128	134/86	171	1.7	1.1	1.8	10.00
STAGE 4	10:14	1:14	6.70	16.00	143	136/86	194	0.0	0.0	0.7	11.65
PEAK EXER	10:27	1:27			150	136/86	204	1.0	0.8	-0.4	11.94
RECOVERY	2:59	2:59	0.00	0.00	97	136/86	131	0.3	0.0	0.2	
RECOVERY	5:59	5:59	0.00	0.00	101	130/86	131	0.4	0.1	0.2	

RESULTS

Exercise Duration : 10:27 Minutes
Max Heart Rate : 150 bpm 86% of target heart rate 173 bpm
Max Blood Pressure : 136/86 mmHg
Max Work Load : 11.94 METS
Reason of Termination :

IMPRESSIONS
TMT is negative for inducible ischemia.



Dr. MAYANK
MBBS, PGDCC, FMC
Reg. No. TN004429

Cardiologist

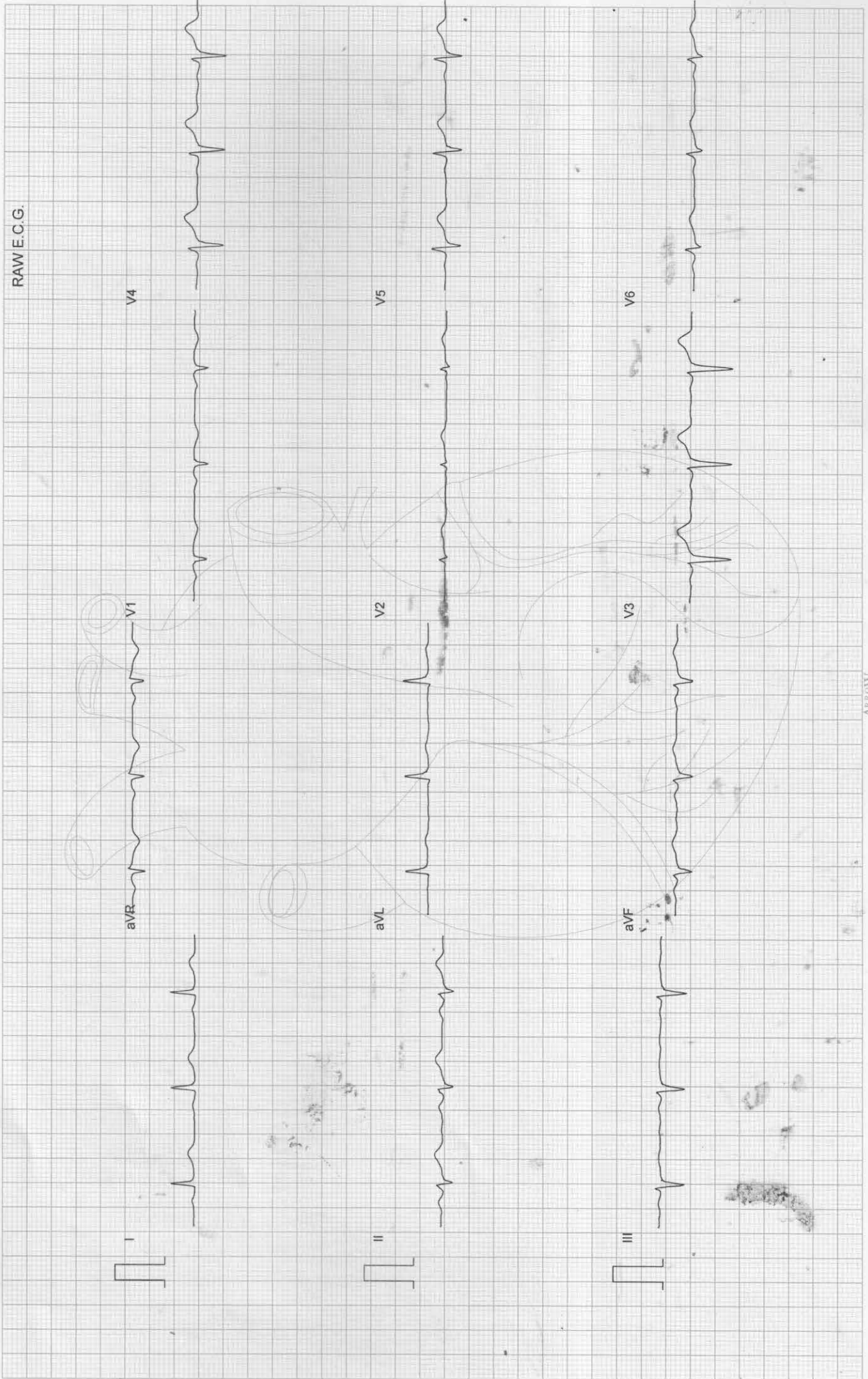
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 79 BPM
B.P. : 128/86 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ



RAW E.C.G.

Filtered

25mm/sec 10mm/mV

CardiCom, INDIA

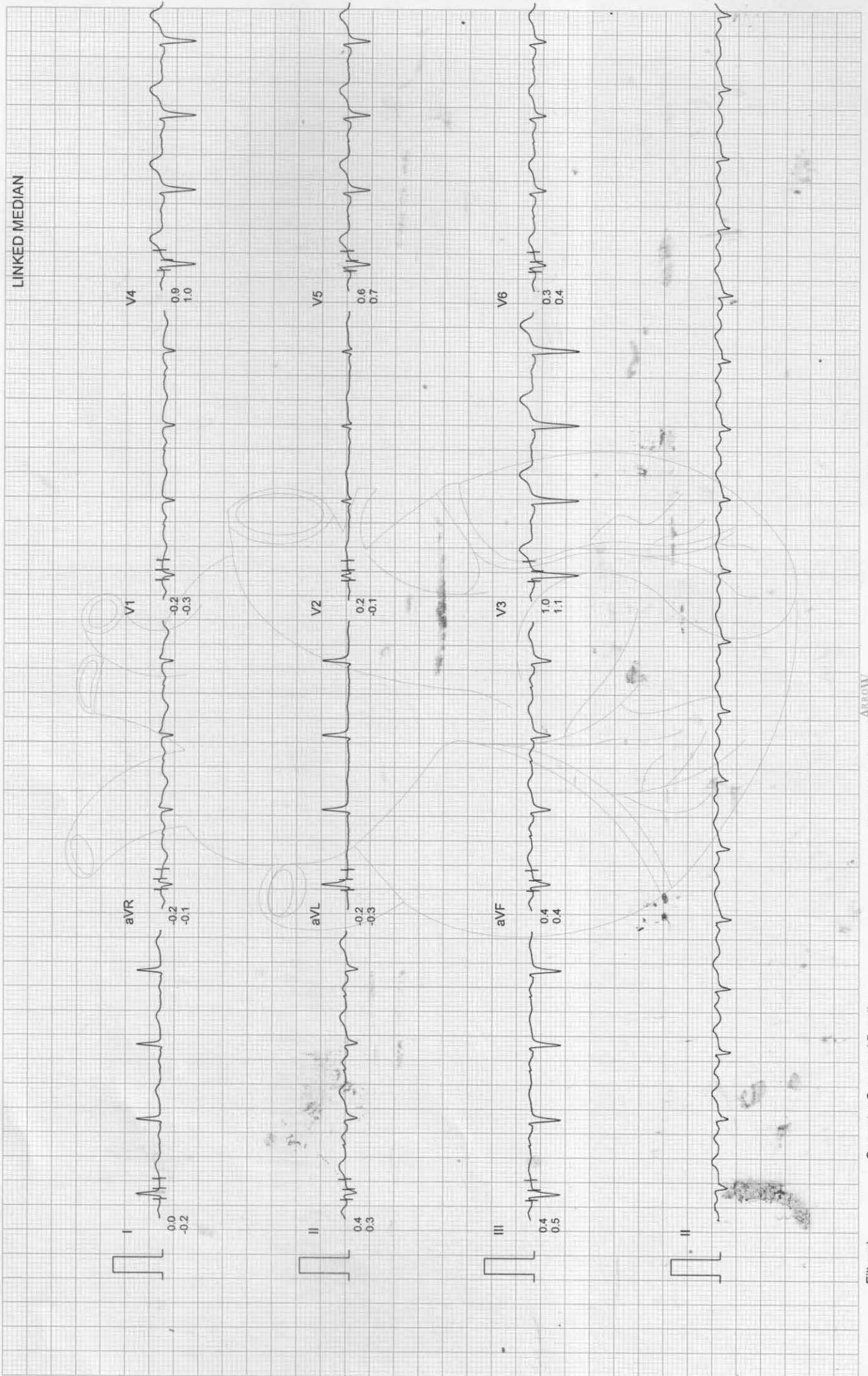
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 106 BPM
B.P. : 128/86 mmHg

ST @ 10mm/mV
80ms PostJ

STANDING
PRETEST



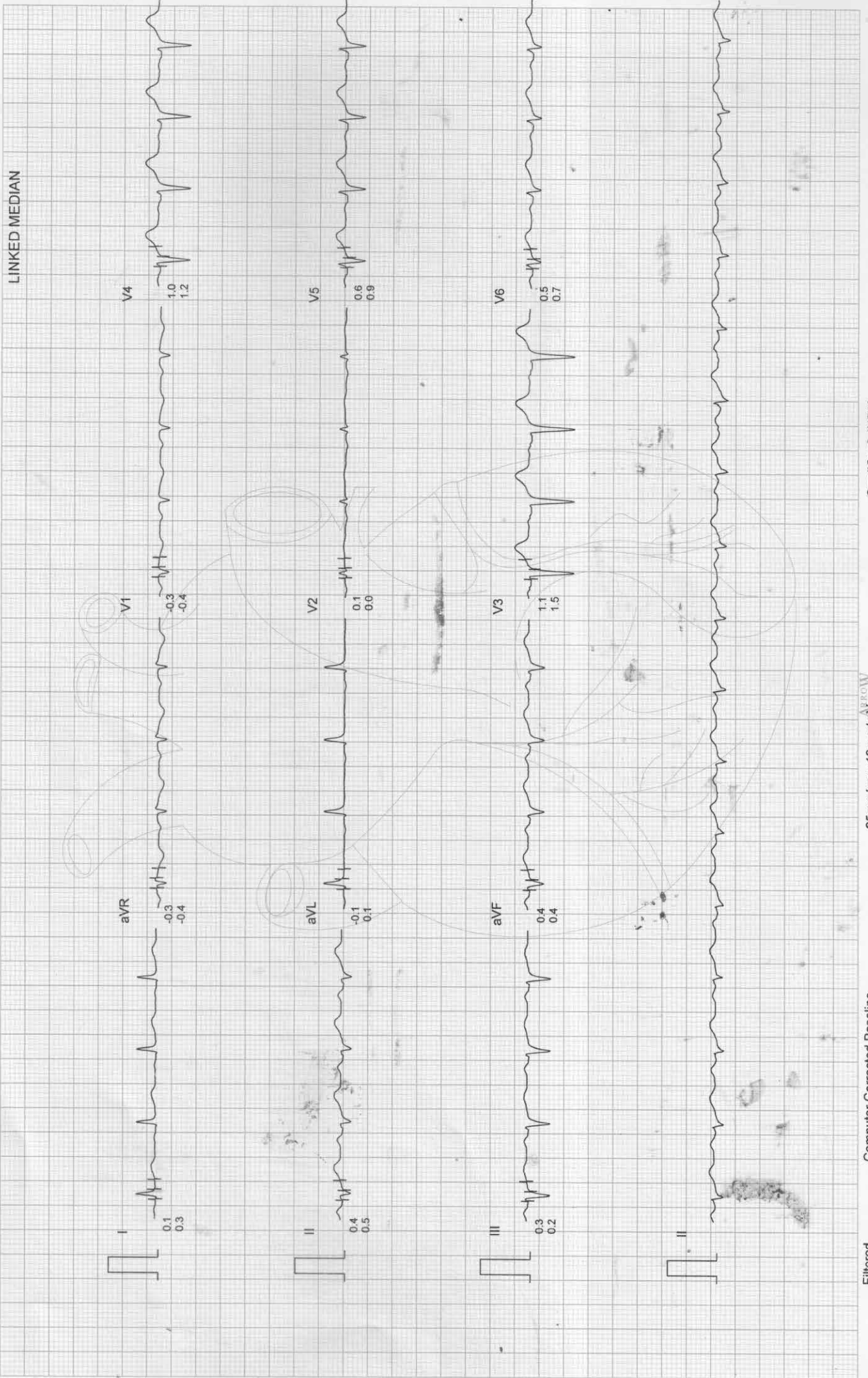
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 103 BPM
B.P. : 128/86 mmHg

HYPERVENTILATION
PRETEST
STAGE TIME : 0:18

ST @ 10mm/mV
80ms PostJ



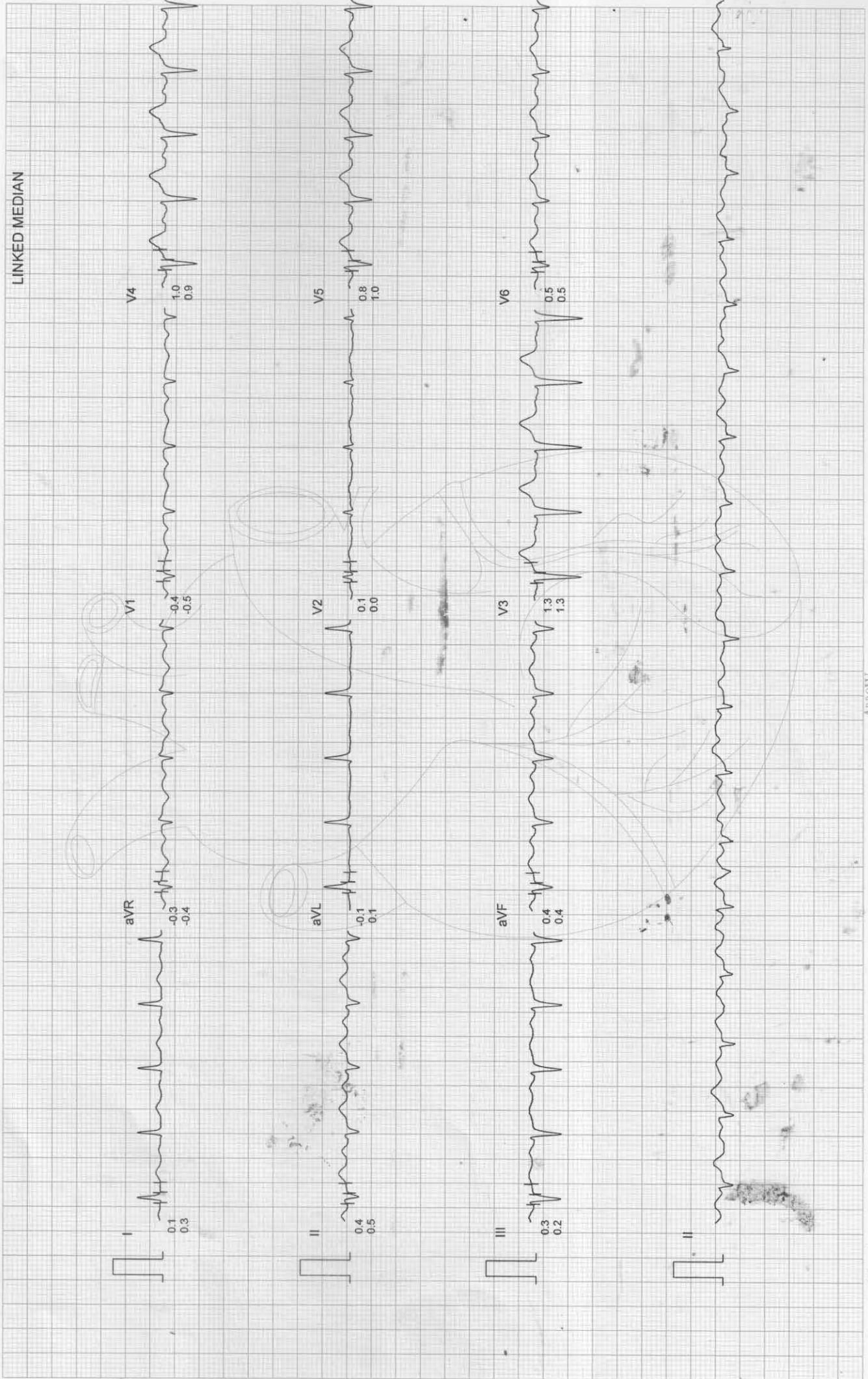
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 112 BPM
B.P. : 128/86 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %



ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 120 BPM
B.P. : 130/86 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %



LINKED MEDIAN

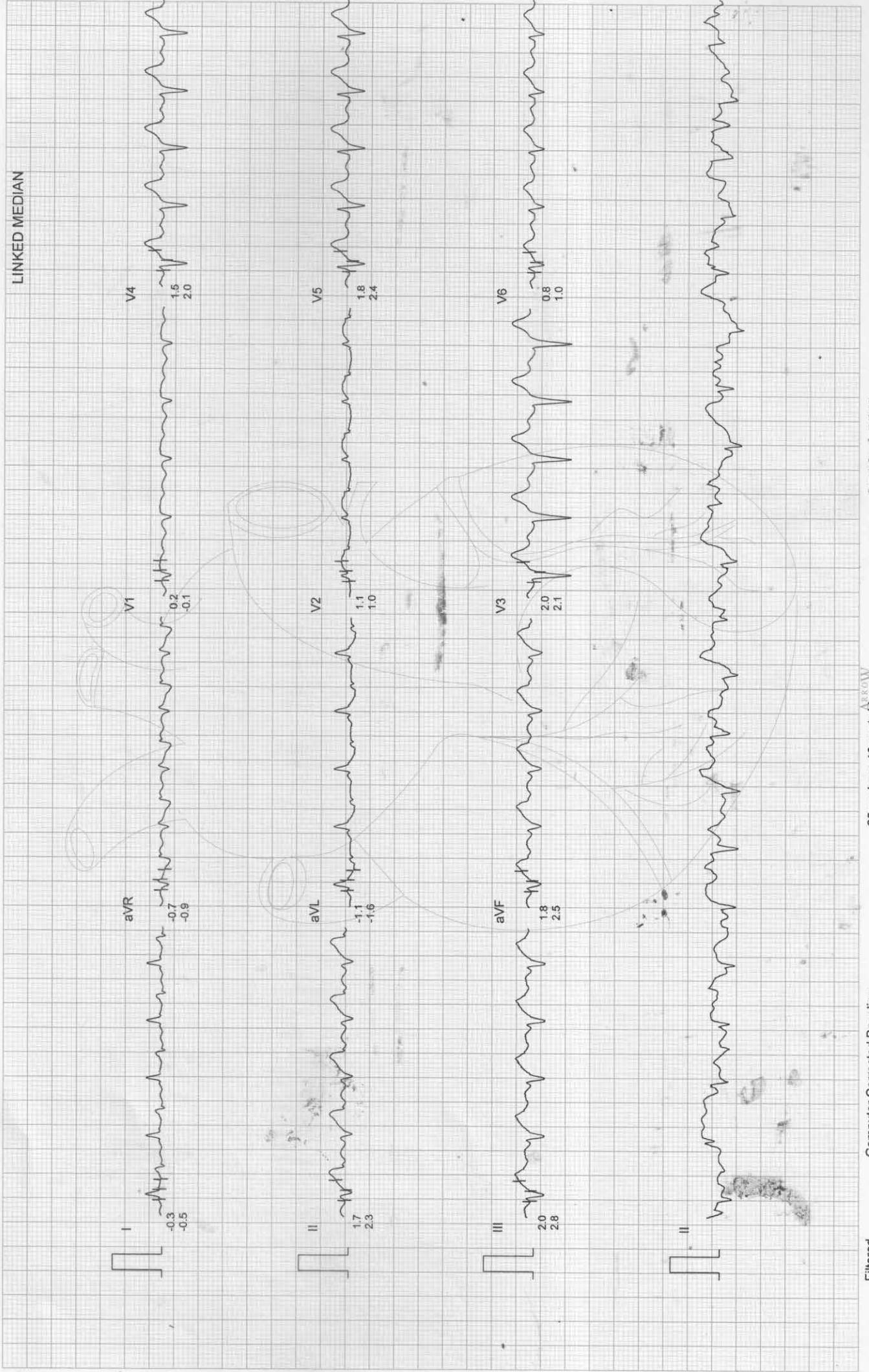
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 128 BPM
B.P. : 134/86 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA

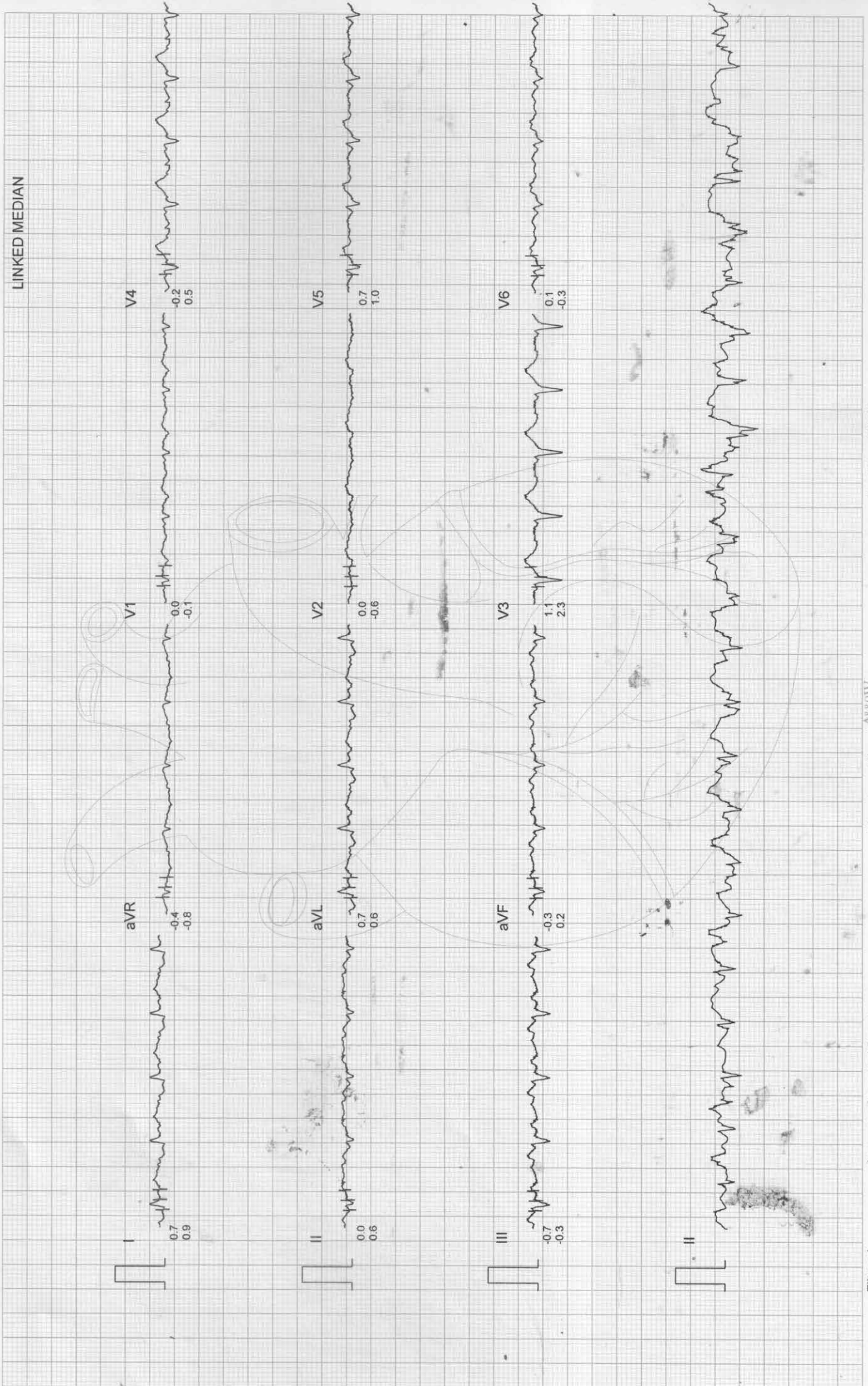
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 143 BPM
B.P. : 136/86 mmHg

BRUCE
EXERCISE 4
PHASE TIME : 10:14
STAGE TIME : 1:14

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA

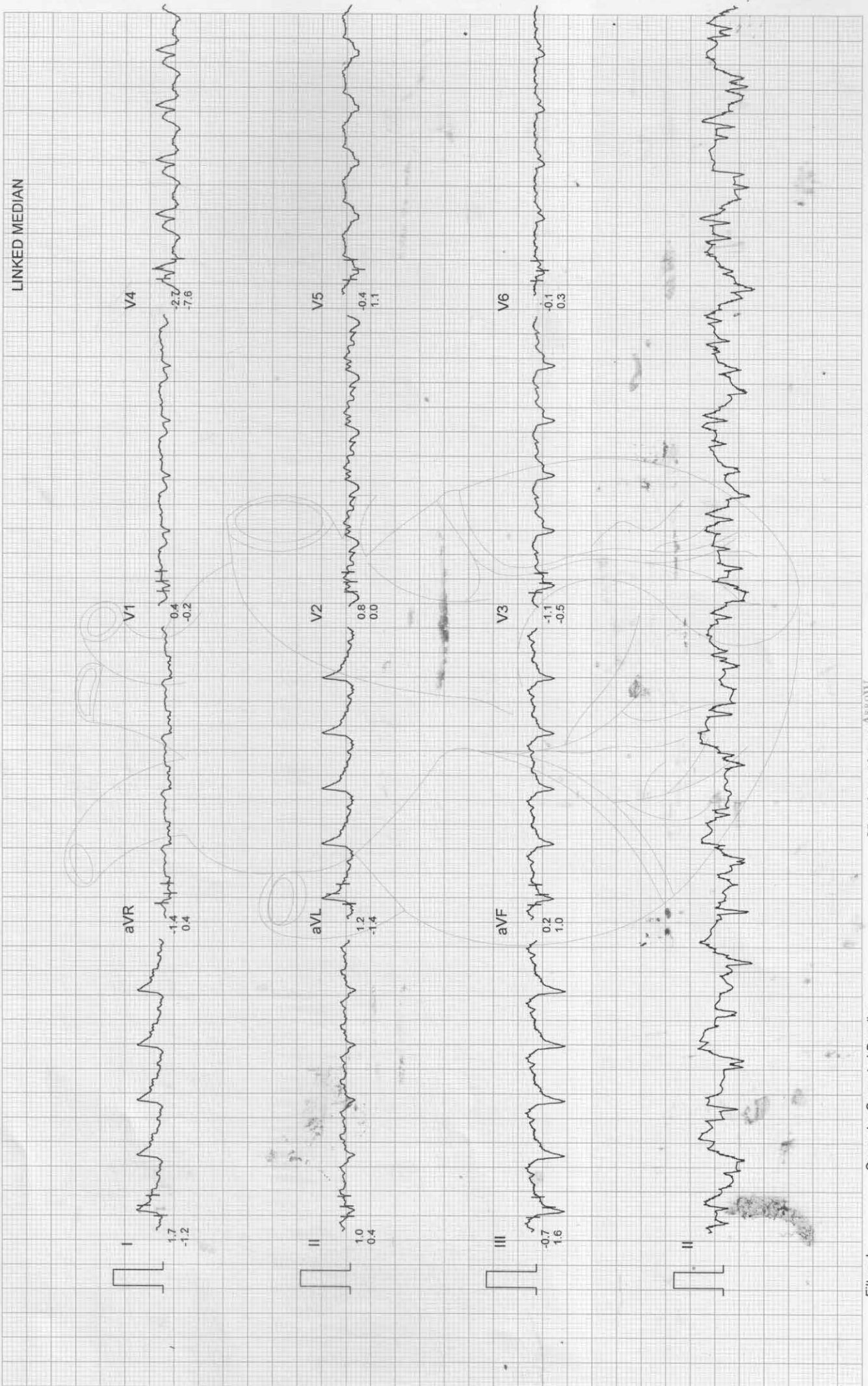
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 150 BPM
B.P. : 136/86 mmHg

BRUCE
PEAK EXERCISE
PHASE TIME : 10:27
STAGE TIME : 1:27

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %



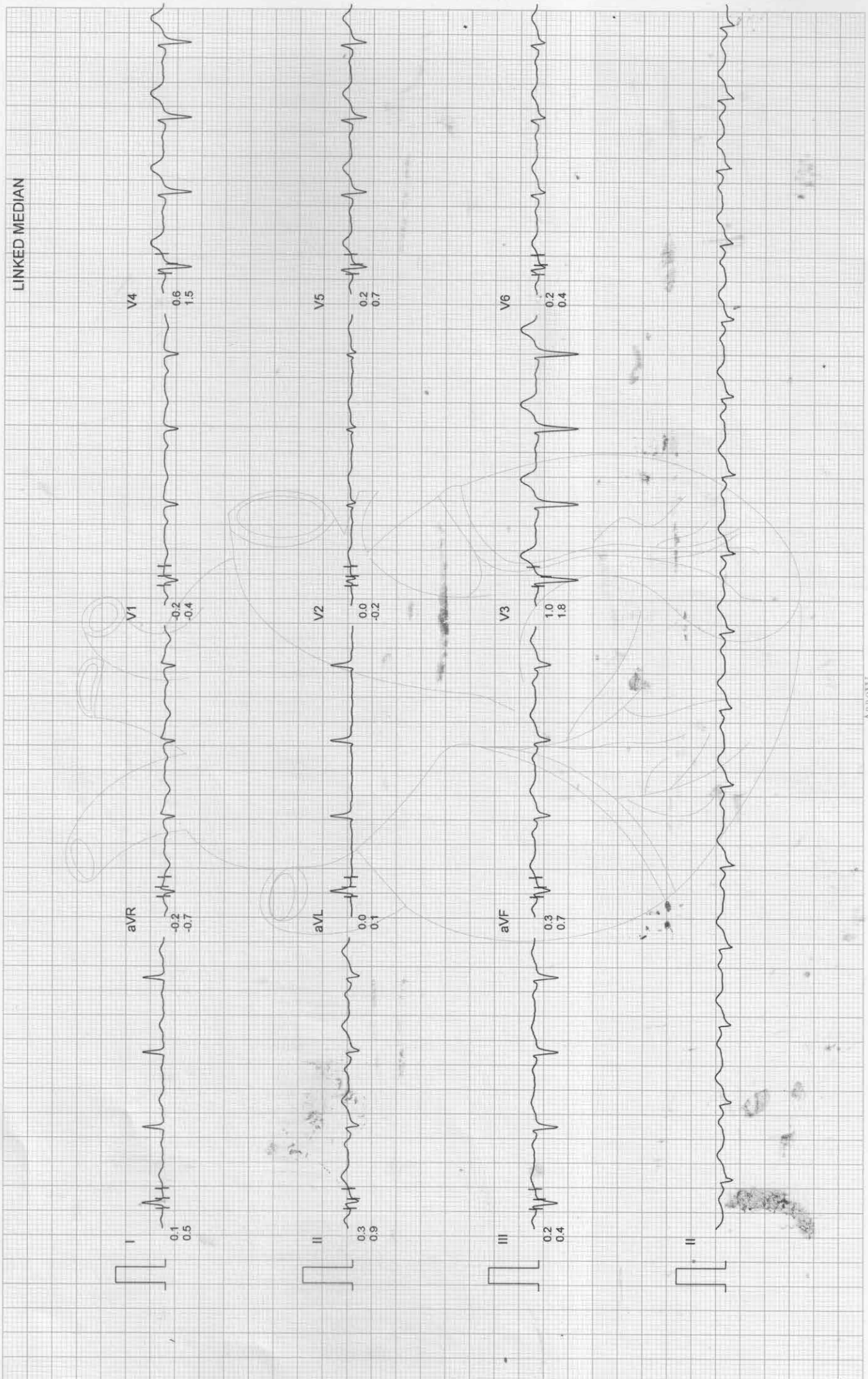
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 97 BPM
B.P. : 136/86 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %



ADVANCE DIAGNOSTIC & RESEARCH CENTRE

ST @ 10mm/mV
80ms Postd
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

BRUCE
RECOVERY
PHASE TIME : 5:59

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 101 BPM
B.P. : 130/86 mmHg

LINKED MEDIAN

