



PT. NAME	:- MR. BHUNESHWAR PRASAD	Sample Collected On	:- 15/11/2024
PT. AGE/SEX	:- 40 Y / M	Report Released On	:- 15/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10600
Company	:-	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	86.3	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	110.5	mg/dl	70 - 140
Cholesterol	149.6	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	120.4	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	80.32	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	24.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.31		0 - 5.0
LDL/HDL Ratio	1.77	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

CHECKED BY

सही जाँच ही सही ईलाज का आधार है...



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Bilirubin - Total	0.45	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.10	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.35	mg/dl	0 - 1.1
SGOT (AST)	26.7	U/L	17 - 59
SGPT (ALT)	24.3	U/L	21 - 72
Alkaline phosphatase (ALP)	89.5	U/L	38 - 126
Total Proteins	7.6	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	3.30	g/dl	2.3 - 3.6
A/G Ratio	1.30		1.1 - 2.0
Gamma GT	30.7	U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	23.7	mg/dL	10 - 50
Creatinine	0.86	mg/dL	0.66 - 1.25
Uric Acid	4.0	mg/dL	3.5 - 8.5
Sodium (Na)	139.7	mmol/L	137 - 145
Pottasium (K)	4.3	mmol/L	3.5 - 5.1

Clinical Significance :

SERUM UREA

Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.

CREATININE

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion. Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

URIC ACID

The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level. The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.

SODIUM

It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease.

POTASSIUM

If blood potassium levels are low due to insufficient intake, then urine concentrations will also be low. Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone. Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 (Triiodothyronine)	143.6	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	8.74	ug/dl	4.6 - 12.5
TSH	1.25	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	1-2	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

CHECKED BY

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PATHOLOGY (AIIMS, NEW DELHI)
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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" O"		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	7200	/cumm	4000 - 11000
NEUTROPHILS	71	%	40 - 70
LYMPHOCYTES	24	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	13.4	gm/dL	12.5 - 16.5
RBC COUNT	4.63	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	39.0	%	37.5 - 49.5
MCV	84.3	fL	80 - 95
MCH	29.1	pg	26 - 32
MCHC	34.36	g/dl	32 - 36
MPV	11.8	fl	7.0 - 11.0
RDW-CV	13.2	%	11.5 - 16.5
PDW	16.9	%	12 - 18

Platelet Indices

PLATELET COUNT	172000	/μL	150000-400000
P-LCR	40.3	%	13 - 43
Advice			Correlate Clinically
ESR	10	mm at 1hr	0 - 15

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HbA1C-Glycosylated Haemoglobin	5.2	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

SPECIAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
PSA (Total)	1.00	ng/ml	0.0 To 4.00

--- End Of Report ---

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. : CG MCI-2996/2010

सही जाँच ही सही ईलाज का आधार है...



GPS Map Camera

Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,
Chhattisgarh 492001, India
Lat 21.211102° Long 81.645673°
15/11/24 09:50 AM GMT +05:30

Google



भारत सरकार

Government of India



Issue Date: 23/10/2013



Bhuneshwar Prasad

DOB: 30/01/1984

Male

3020 7925 8029

मेरा **आधार**, मेरी पहचान



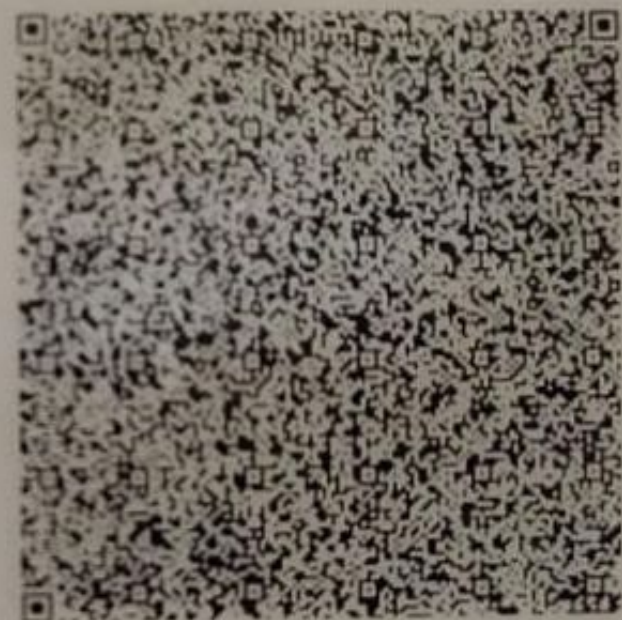
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Print Date: 27/10/2023

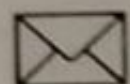
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Patora, Tehsil- Berla- Bemetara, Patora,
Bemetara, Chhattisgarh, 491332



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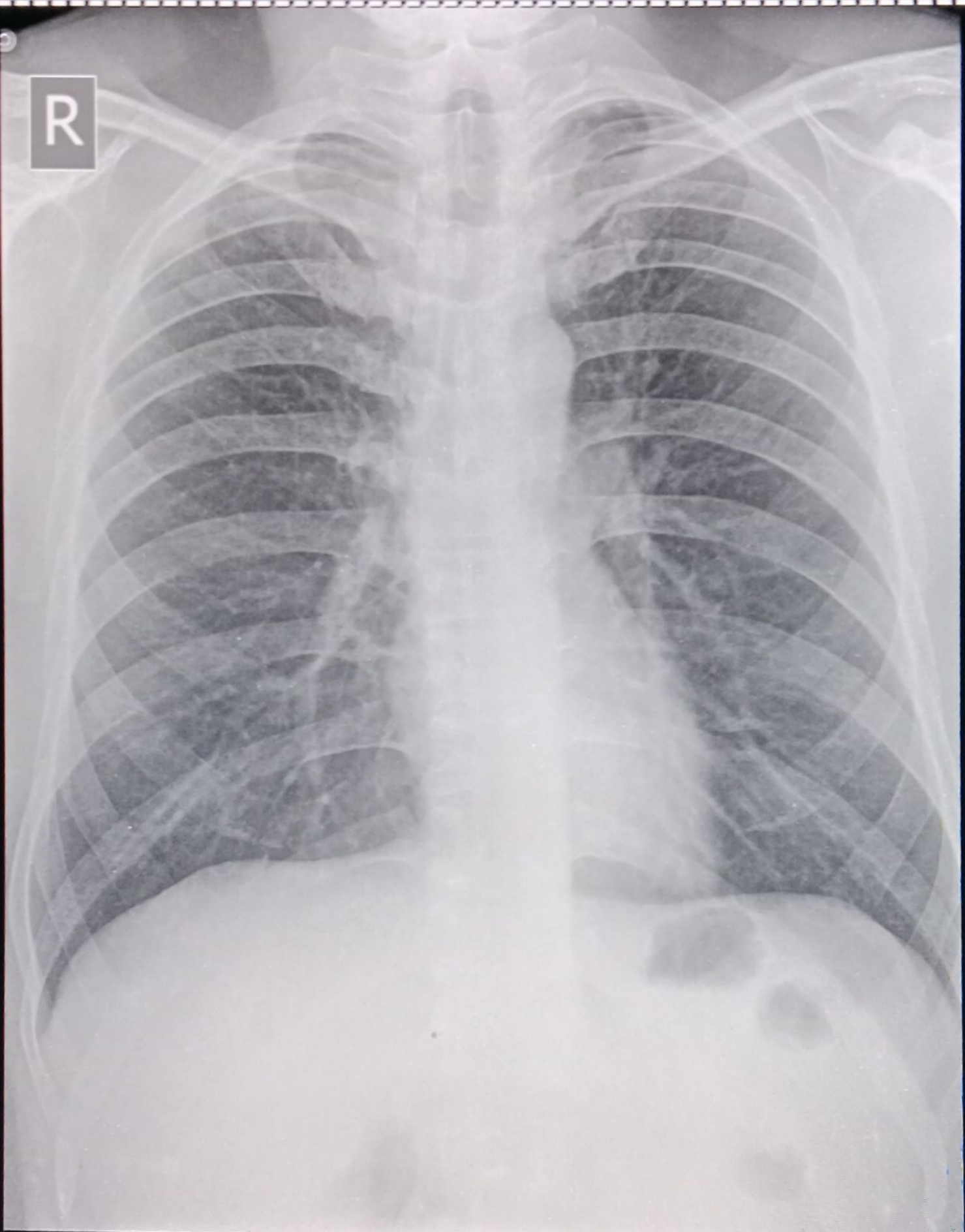
1947



help@uidai.gov.in



www.uidai.gov.in



R

MR. BHUNESHWAR PRASAD

Male / 40 year (Chest)

15/11/2024 10:39:49

MEDI WHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER



A Unit of Diagnostic Care with Trust

श्री साई एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE- 15-Nov-24

PATIENT NAME MR. BHUNESHWAR PRASAD
AGE/SEX 40 YEAR / MALE
REF. BY BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN

PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)

LIVER : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

GALL BLADDER : Appears normal distended. Wall thickness appear normal. No obvious intraluminal calculus is seen.

PANCREAS : It is normal echogenicities and size, shape. Pancreatic duct is normal.

SPLEEN : Spleen is normal size, shape and position. No focal lesion seen.

KIDNEY : Right kidney measures 10.6 x 4.4 cm.
Left kidney measures 11.1 x 4.0 cm.
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal.
No evidence of any calculus or pelvicalyceal dilation.

URINARY BLADDER: UB is well distended with normal wall thickness. No evidence of mass /calculus.

PROSTATE : It is normal in size, shape & smooth outlines.

RETRO PERITONEUM : No evidence of lymphadenopathy / mass.

FREE FLUID : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION:

❖ No significant abnormality detected,

Needs clinical correlation & other investigations.

Dr. Hulesh Mandle, MD
Consultant Radiologist

Kindly Note:-

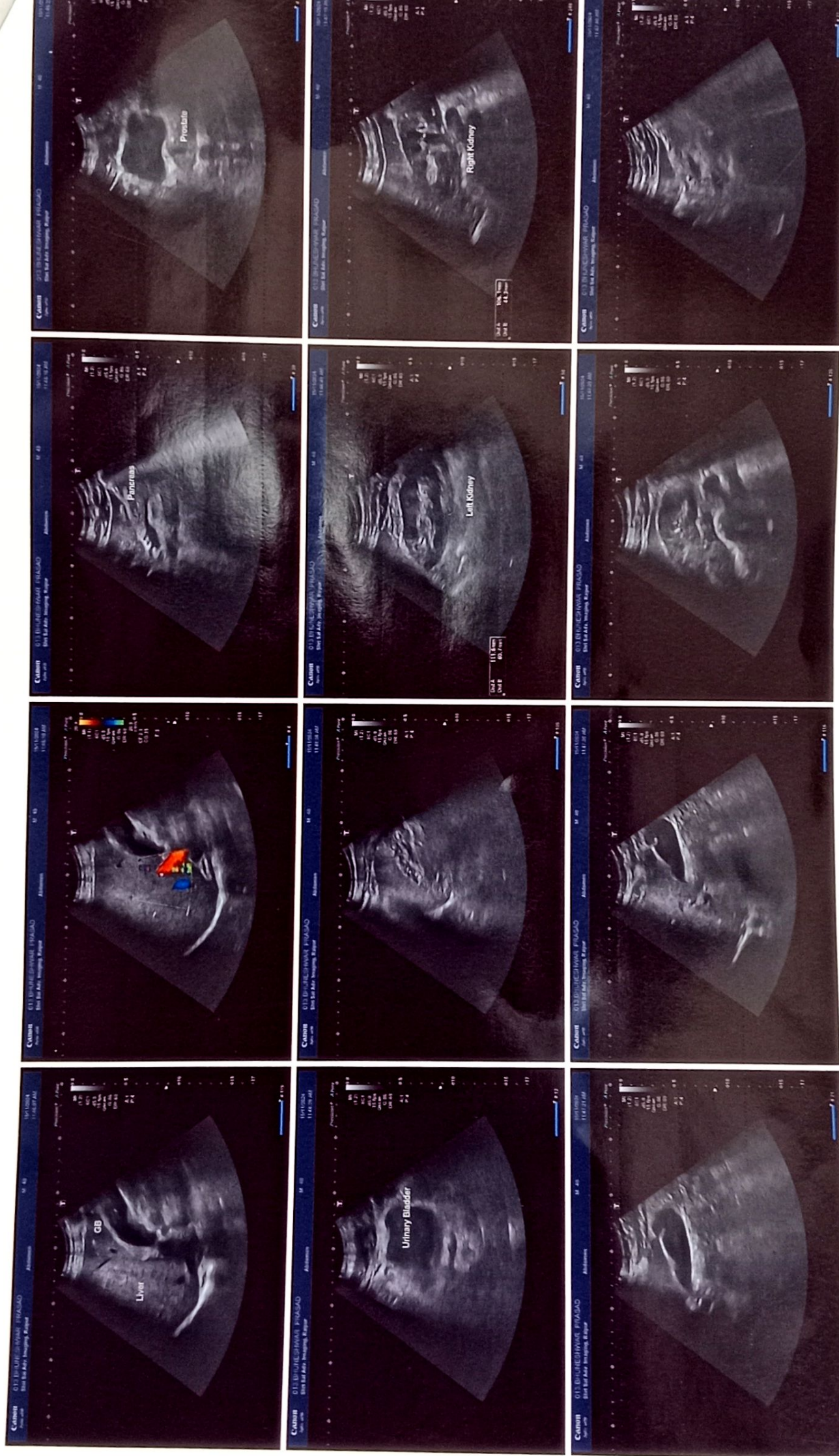
- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जाँच ही सही इलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

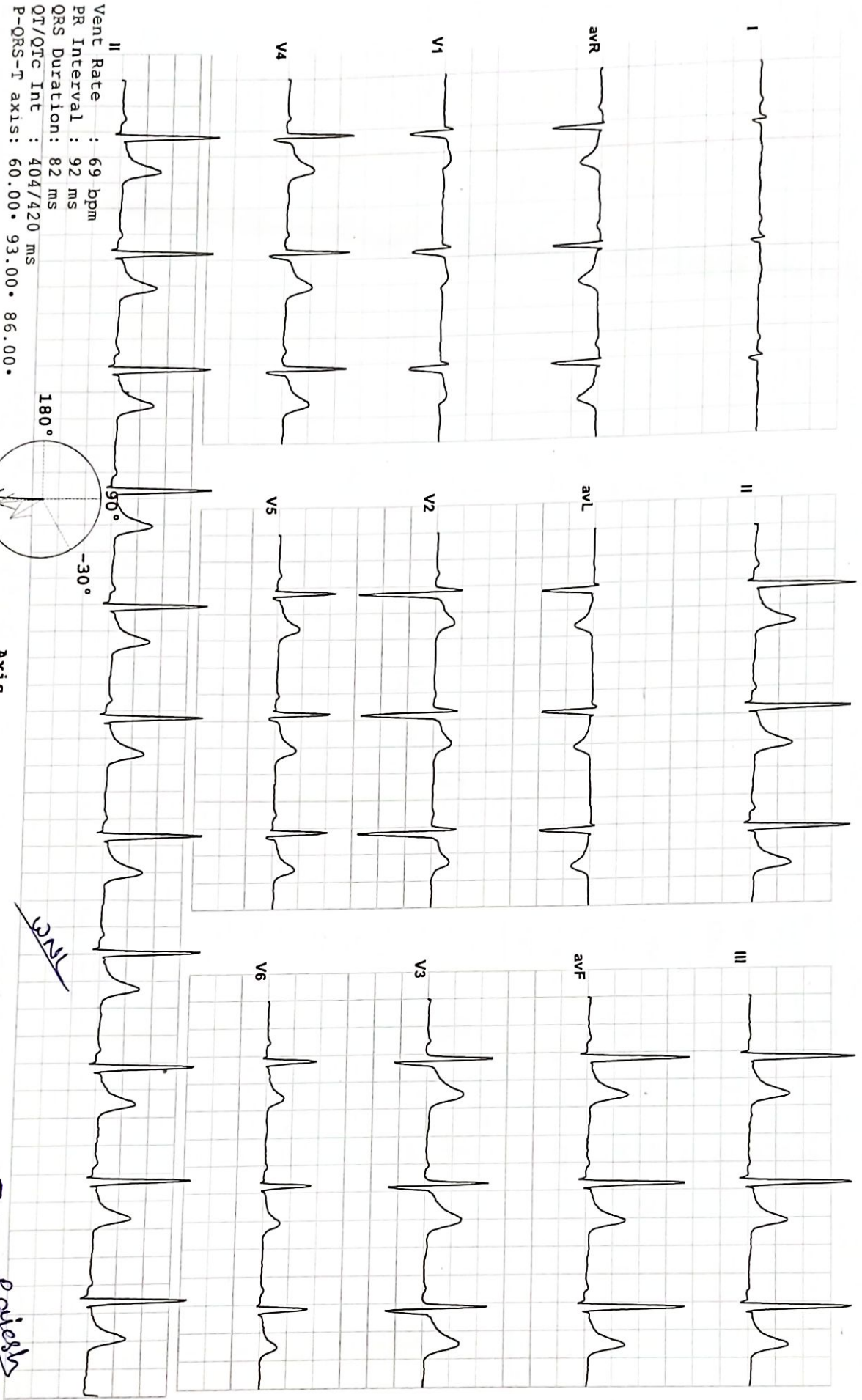
15 Nov 2024 Study : Abdomen
Name : BHUNESHWAR PRASAD 040Y / M



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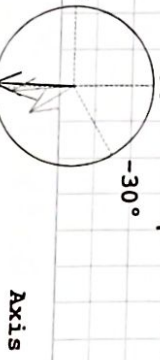
ECG

734 / MR. Bhuneshwar prasad / 40 Yrs / M / 162Cms. / 60Kgs. / Non Smoker
Heart Rate : 69 bpm / Tested On : 15-Nov-24 10:10:45 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Ref'd By: MEDIWHEEL



Allengers ECG (Piscas)(PISZ18210312)

Vent Rate : 69 bpm
PR Interval : 92 ms
QRS Duration: 82 ms
QT/QTc Int : 404/420 ms
P-QRS-T axis: 60.00° 93.00° 86.00°



Reported By:

DR. RAJESH SHARMA
MD, PGDCC (Cardiologist)
CGMC- 886/2007

रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियलिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

MR. BHUNESHWAR PRASAD

DATE - 15-11-20

AGE | SEX - 40 Y | M

NO Rash or ENT

WEIGHT -

Examination

ENT - Clinically all within Normal limits.

Good

Eardep @ forex
O O



Dr. Santosh Jaiswal
MS (ENT)
Rg. No. CGMC 4162/2012

शुभम के-मार्ट के बाजू, बैंक ऑफ बड़ौदा के सामने, बोरिया रोड़, संतोषी नगर, रायपुर (छ.ग.)

Mob. : 0771-4001080, 9755232202 | Email : ramkathahospital@gmail.com

MRD No **DJE11333**

Patient : MR.BHUNESHWAR PRASAD / male / 40Yr(s)

Date : 15-11-2024 01:40 PM

Address : DHAMTARI

Contact Number : 9754913506

Presenting Complaint: ROUTINE CHECK UP

Vision:

Eye	Distance vision			Near vision	
	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/6				
Left	6/6				

Final Prescription Spectacle Correction:

D.V	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
	0.00			6/6	0.00			6/6

Examination:

Eye Parts	Right Eye	Left Eye
ANTERIOR SEGMENT	NORMAL	NORMAL
POSTERIOR SEGMENT	NORMAL	NORMAL

agnosis:

Remarks : NORMAL



DR DINESH (CGMC/862/2007)



SHRT SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

Report



RADHAKRISHNA VIHAR SANTOSHI NAGAR EMail:

517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / NonSmoker

Date: 15 - 11 - 2024

Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RFP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	064	36 %	115/75	073	00	
Standing	00:57	0:48	00.0	00.0	01.0	077	43 %	115/75	088	00	
ExStart	01:05	0:08	00.0	00.0	01.0	082	46 %	115/75	094	00	
BRUCE Stage 1	04:05	3:00	01.7	10.0	04.7	122	68 %	120/80	146	00	
BRUCE Stage 2	07:05	3:00	02.5	12.0	07.1	149	83 %	128/88	190	00	
BRUCE Stage 3	10:05	3:00	03.4	14.0	10.2	163	91 %	135/95	220	00	
PeakEx	10:09	0:04	01.1	00.0	10.3	163	91 %	135/95	220	00	
Recovery	11:09	1:00	01.1	00.0	04.3	144	80 %	128/88	184	00	
Recovery	11:27	1:18	01.1	00.0	02.4	142	79 %	120/80	170	00	

FINDINGS :

Exercise Time : 09:04
 Max HR Attained : 163 bpm 91% of Target 180
 Max BP Attained : 135/95 (mm/Hg)
 Max WorkLoad Attained : 10.3 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : *Negative TMT*

Rajesh
DR. RAJESH SHARMA
 MD. PGDCC (Cardiologist)
 CGMC- 800/2007

Doctor : self

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BRUCE:Supine(0:09)



517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 64

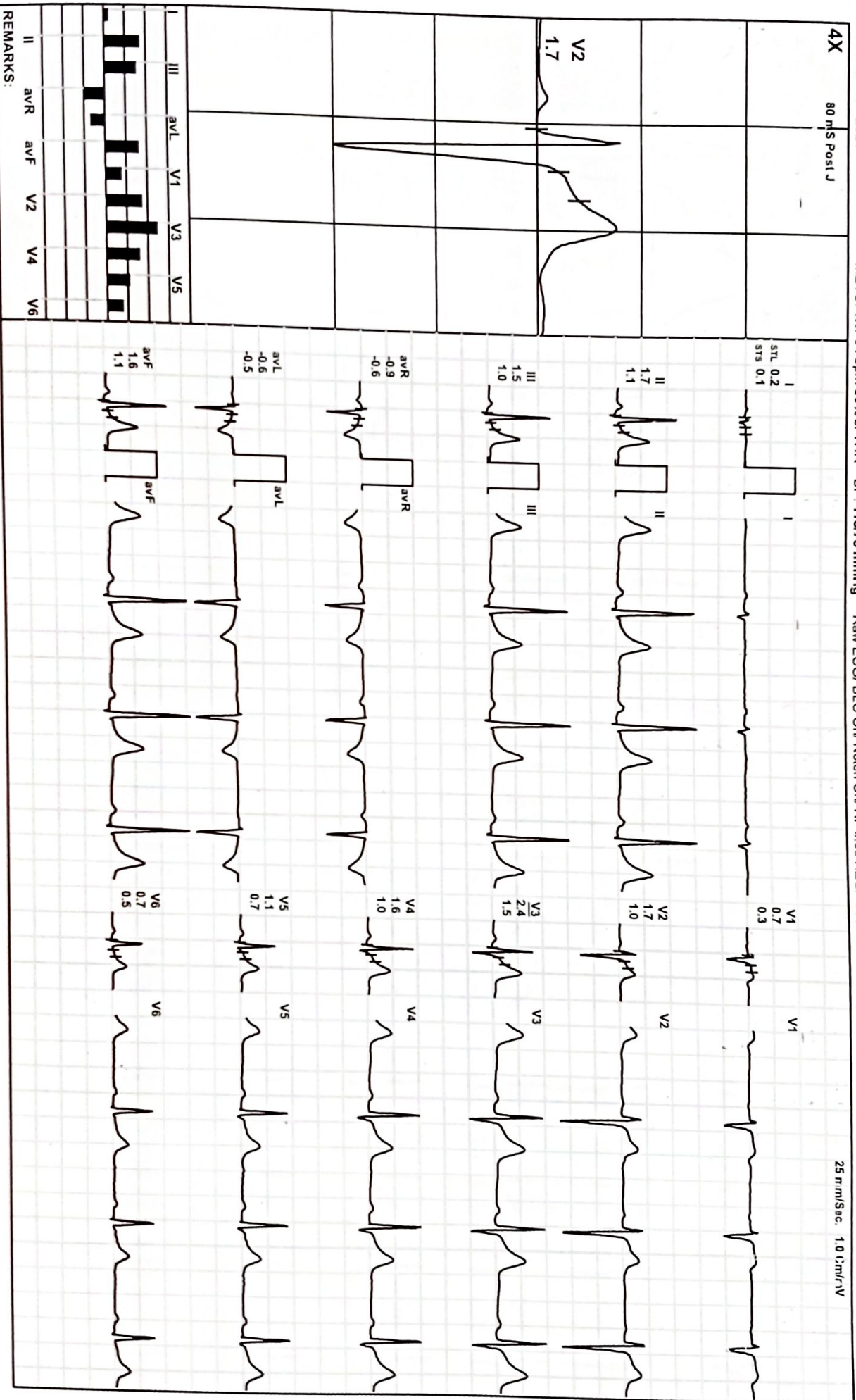
Date: 15 - 11 - 2024

METS: 1.0/ 64 bpm 36% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 cm/rV



REMARKS:

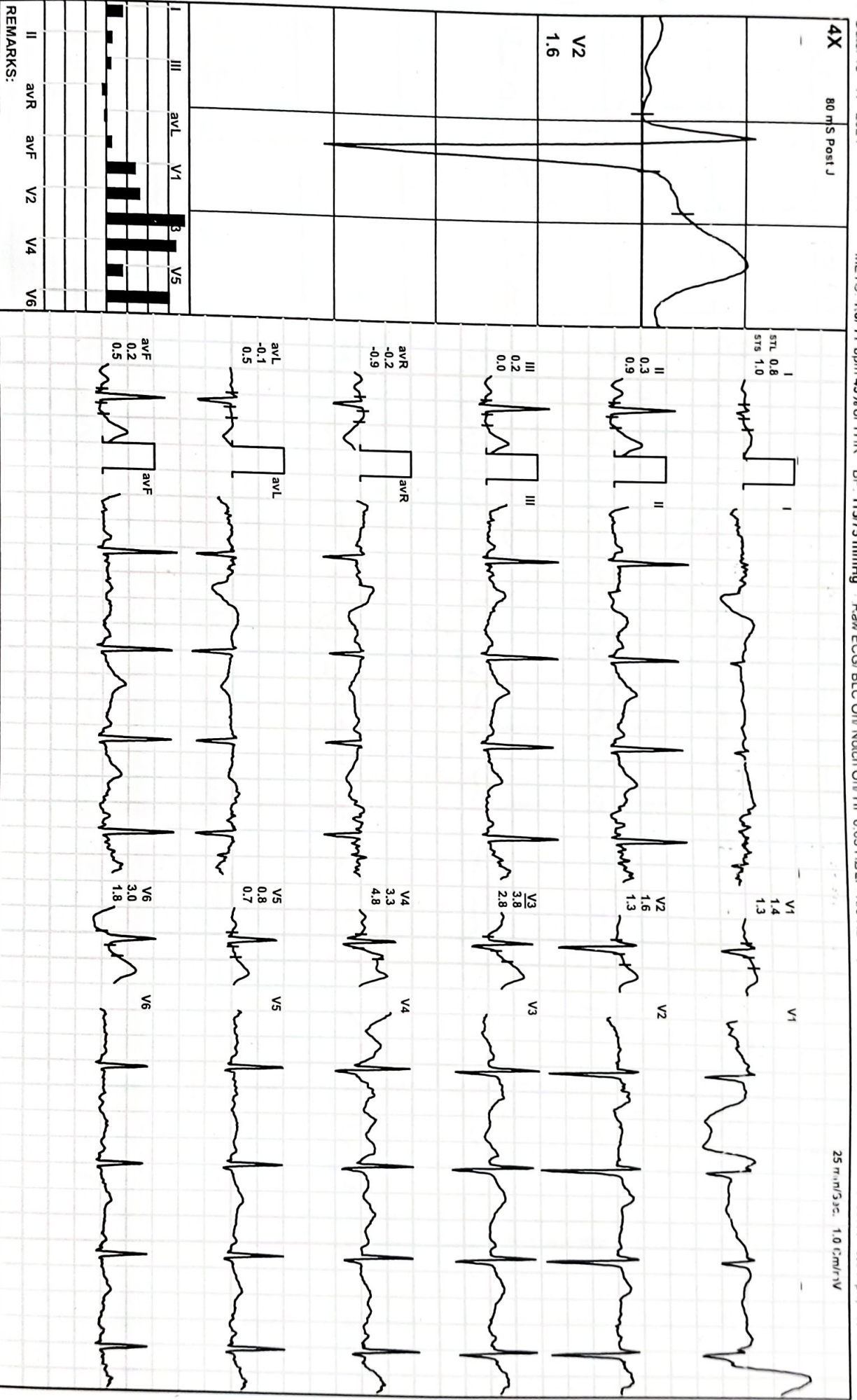
517 / MR. BHUNESHWAR PRASAD / 40 YRS / M / 186 Cms / 78 Kg / HR : 77

Date: 15 - 11 - 2024

METS: 1.0 / 77 bpm 43% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Naich On/ HF 0.05 HZ/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/3sec, 1.0 cm/mV



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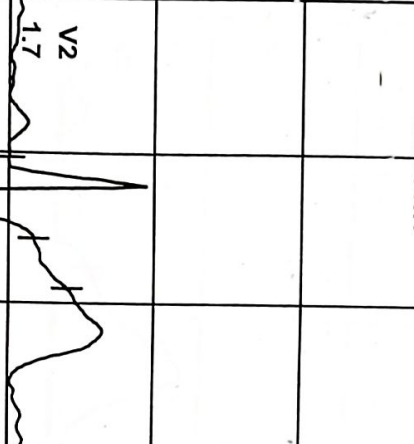
517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 82

Date: 15 - 11 - 2024

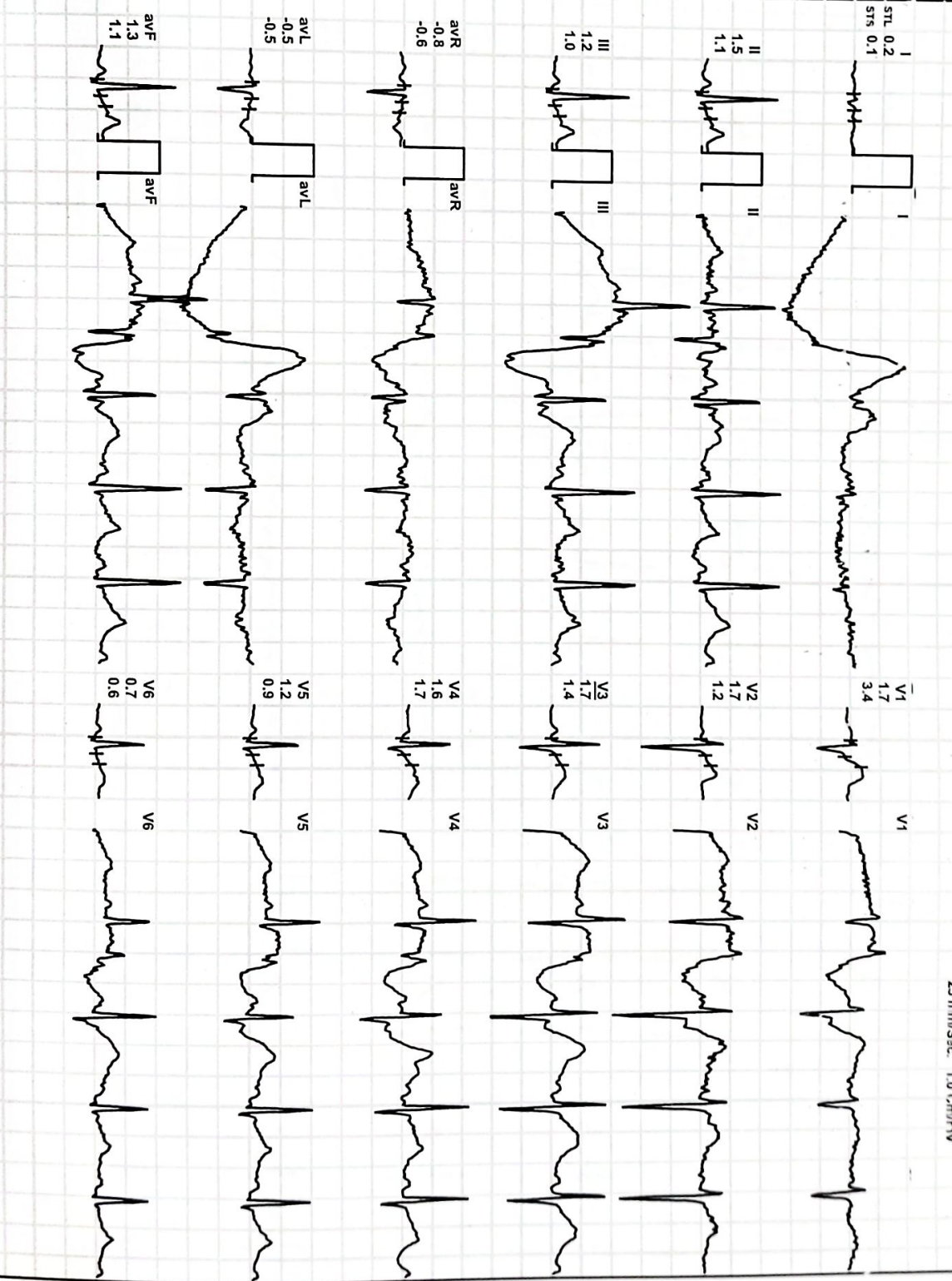
METS : 1.0/ 82 bpm 46% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%
25 m/Sec. 1.0 Cm/rV

4X 80 nS Post J



Lead	STL	ST5
I	0.2	0.1
II	1.5	1.1
III	1.2	1.0
avR	-0.8	-0.6
avL	-0.5	-0.5
avF	1.3	1.1
V1	1.7	1.7
V2	1.7	1.2
V3	1.7	1.4
V4	1.6	1.7
V5	1.2	0.9
V6	0.7	0.6



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 166 Cms / 78 Kg / HR : 122

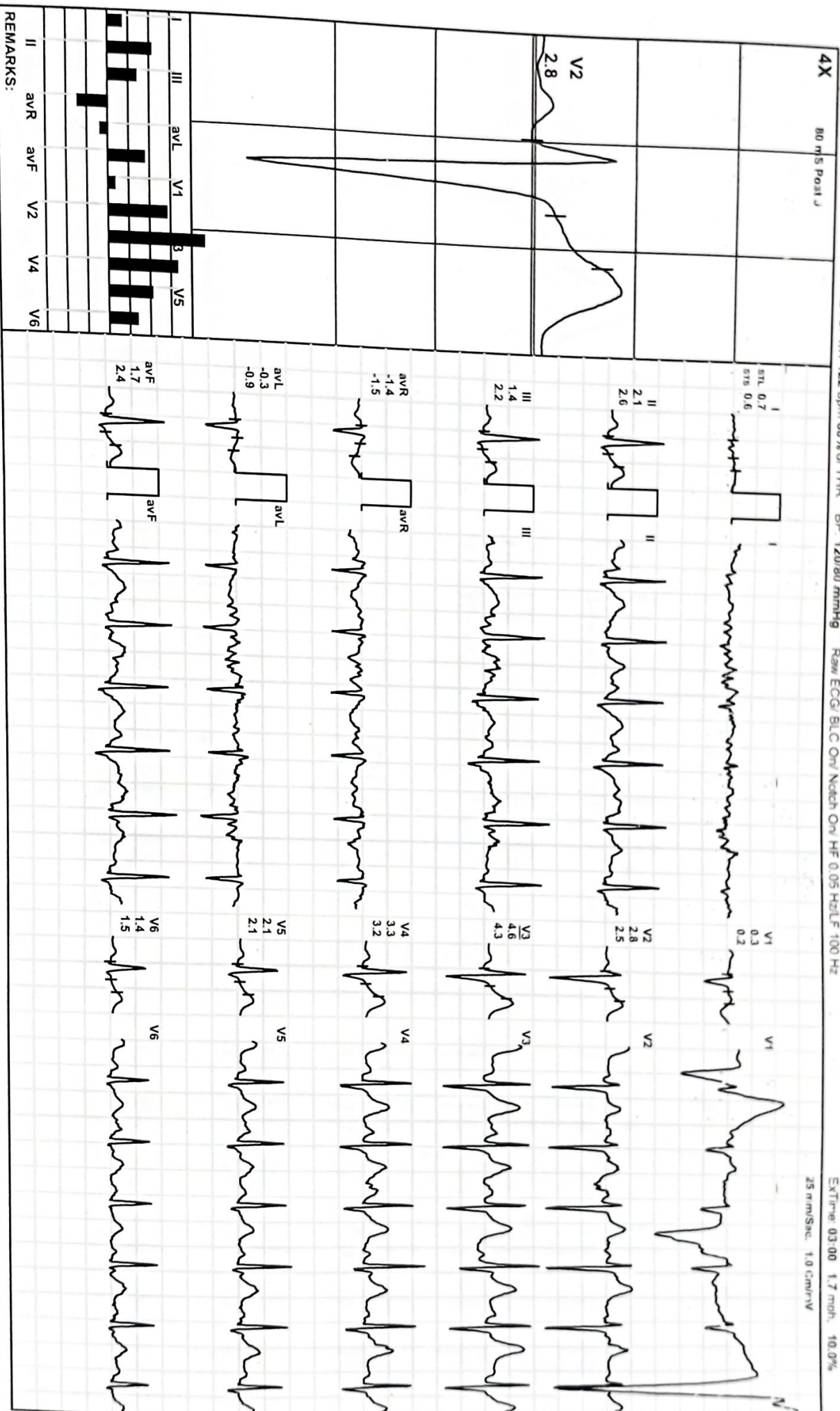
BRUCE: Stage 1(3:00)

ACIP

Date: 15 - 11 - 2024

METS: 4.71 122 bpm 68% of THR BP-120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTIME: 03:00 1.7 min, 10.0%



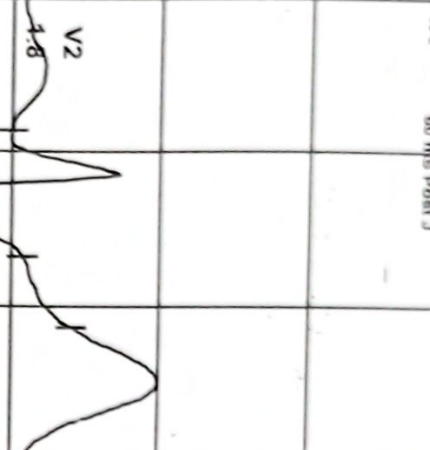
Date: 15-11-2024

METS: 7.1/149 bpm 83% of THP BP: 128/88 mmHg Raw ECG/BLC On March On HF 0.05 HSTLF 100 Hz

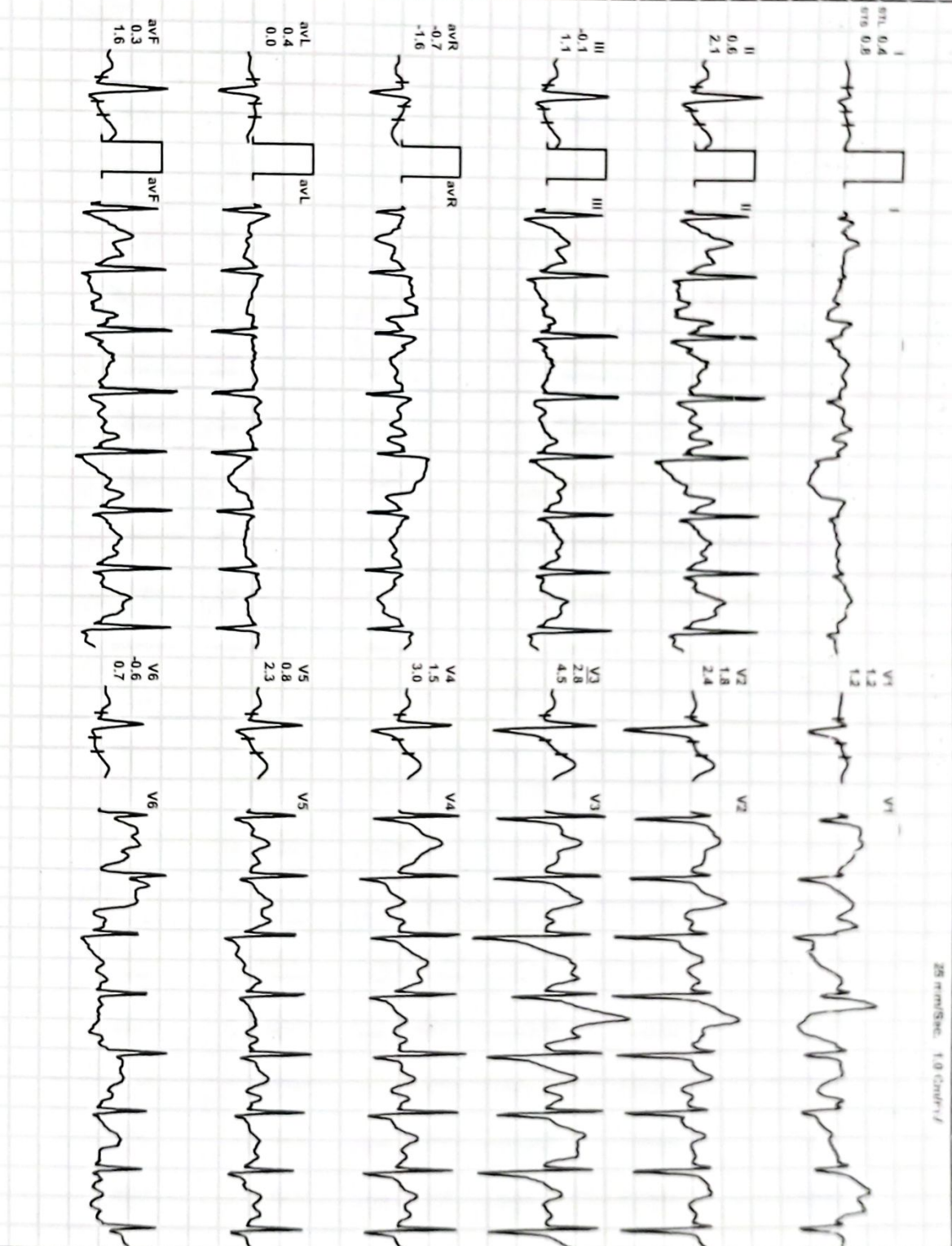
ExTime: 06:00 2.5 min 12.0%

25 mm/Sec 1.0 Cm/1.0

4X 60 ms Post J



I	II	III	AVL	AVR	AVF	V1	V2	V3	V4	V5	V6



REMARKS:

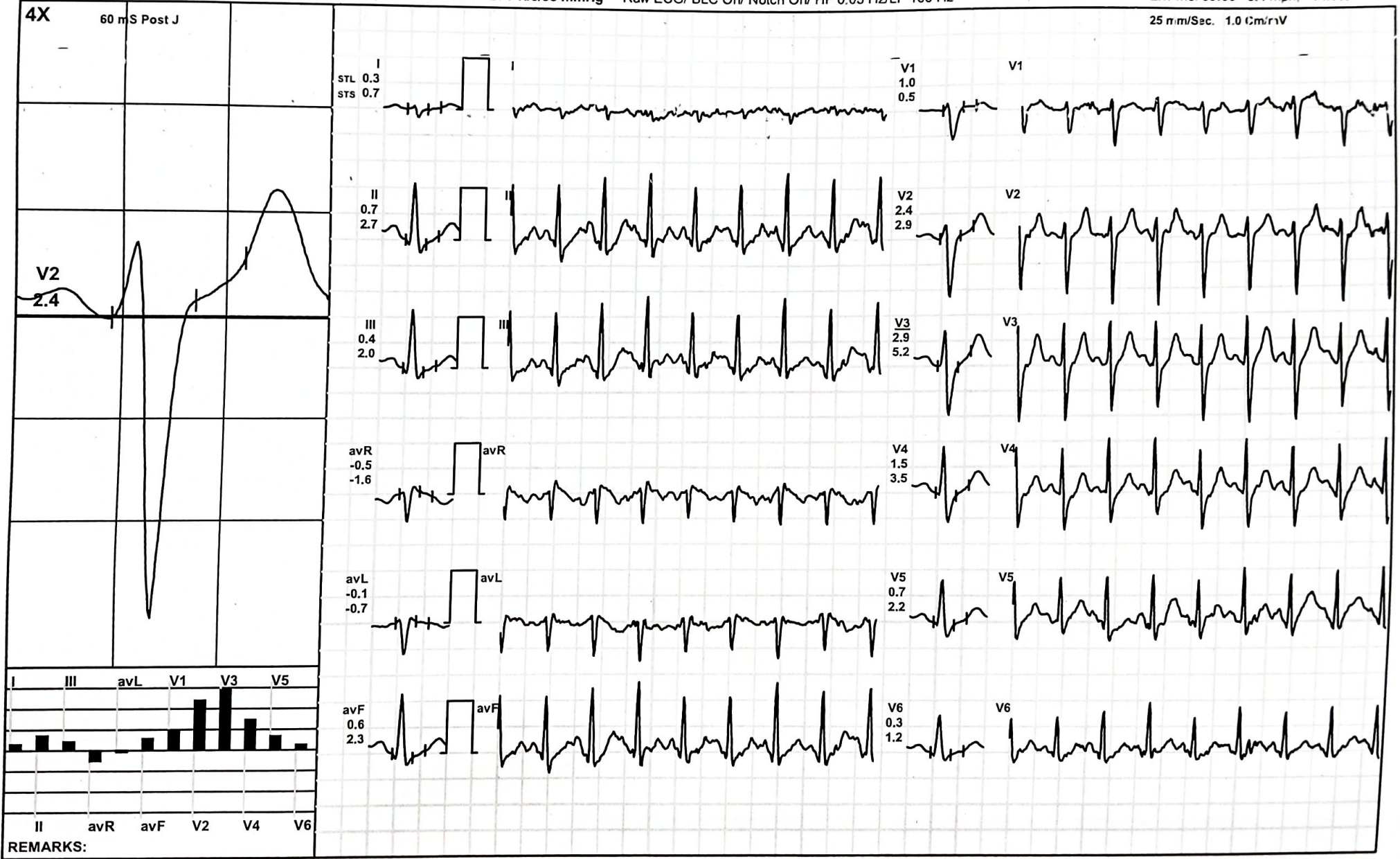


517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M. / 186 Cms / 78 Kg / HR : 163

Date: 15 - 11 - 2024

METS: 10.2/ 163 bpm 91% of THR BP: 135/95 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:00 3.4 mph, 14.0%





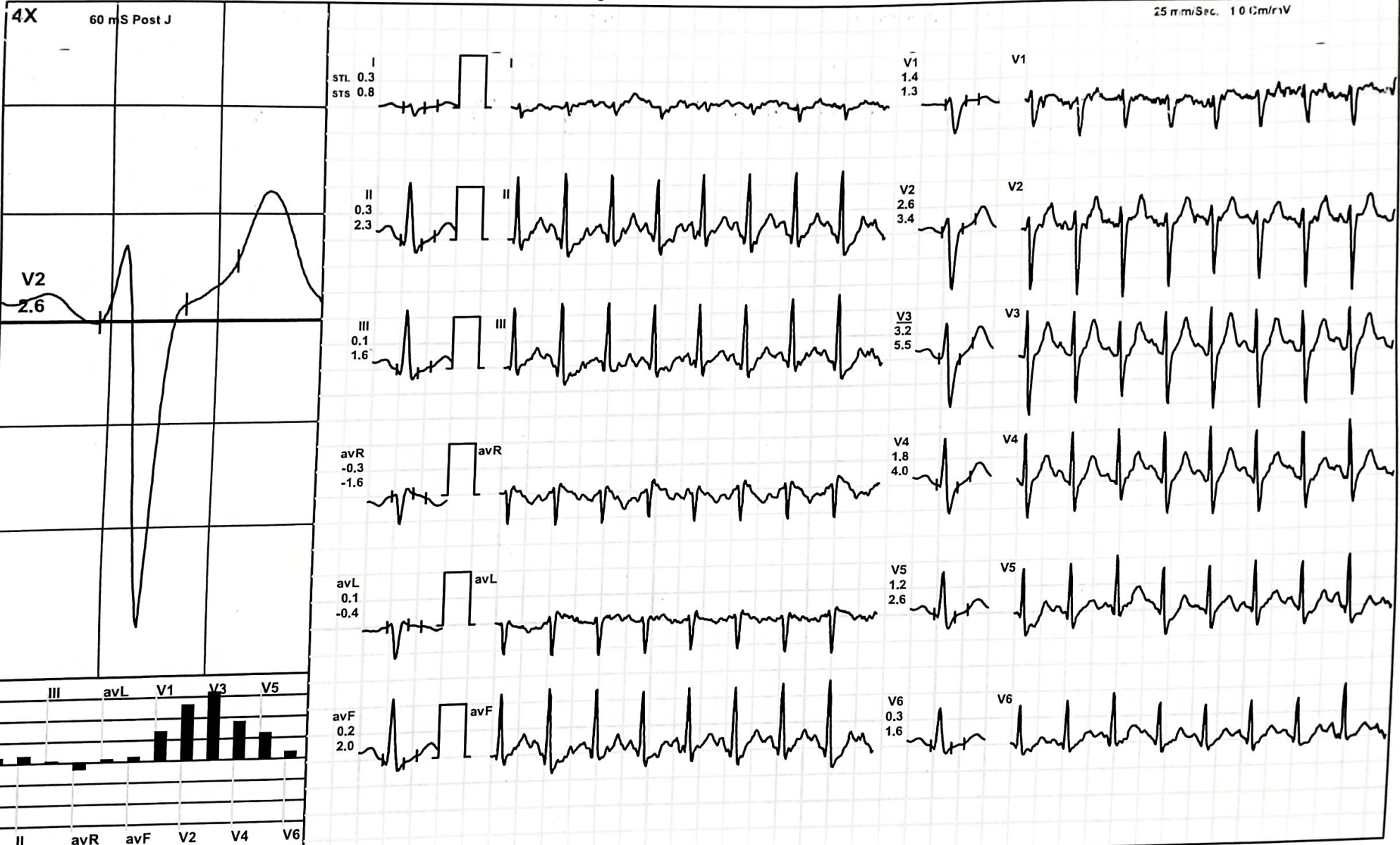
517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 163

Date: 15 - 11 - 2024

METS: 10.3/ 163 bpm 91% of THR BP: 135/95 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:05 1.1 mph, 0.0%

25 mm/Sec. 10 Cm/r1V



REMARKS:

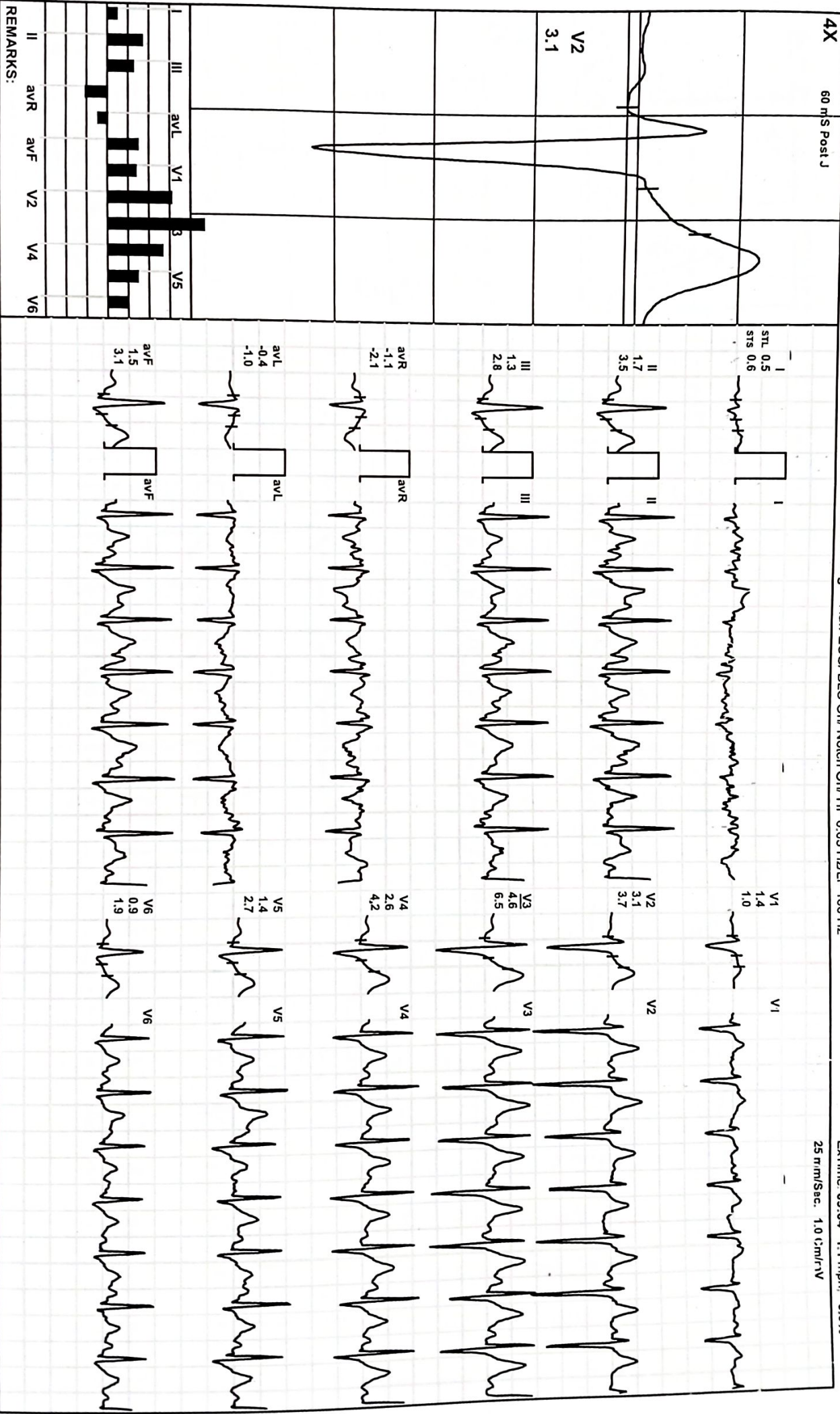
517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 144

Date: 15 - 11 - 2024

METS: 4.3 / 144 bpm 80% of THR BP: 128/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:04 1.1 mph, 0.0%

25 mm/Sec. 1.0 cm/IV



REMARKS:

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

II avR avF V2 V4 V6

III avL V1 V5

I V1 V5

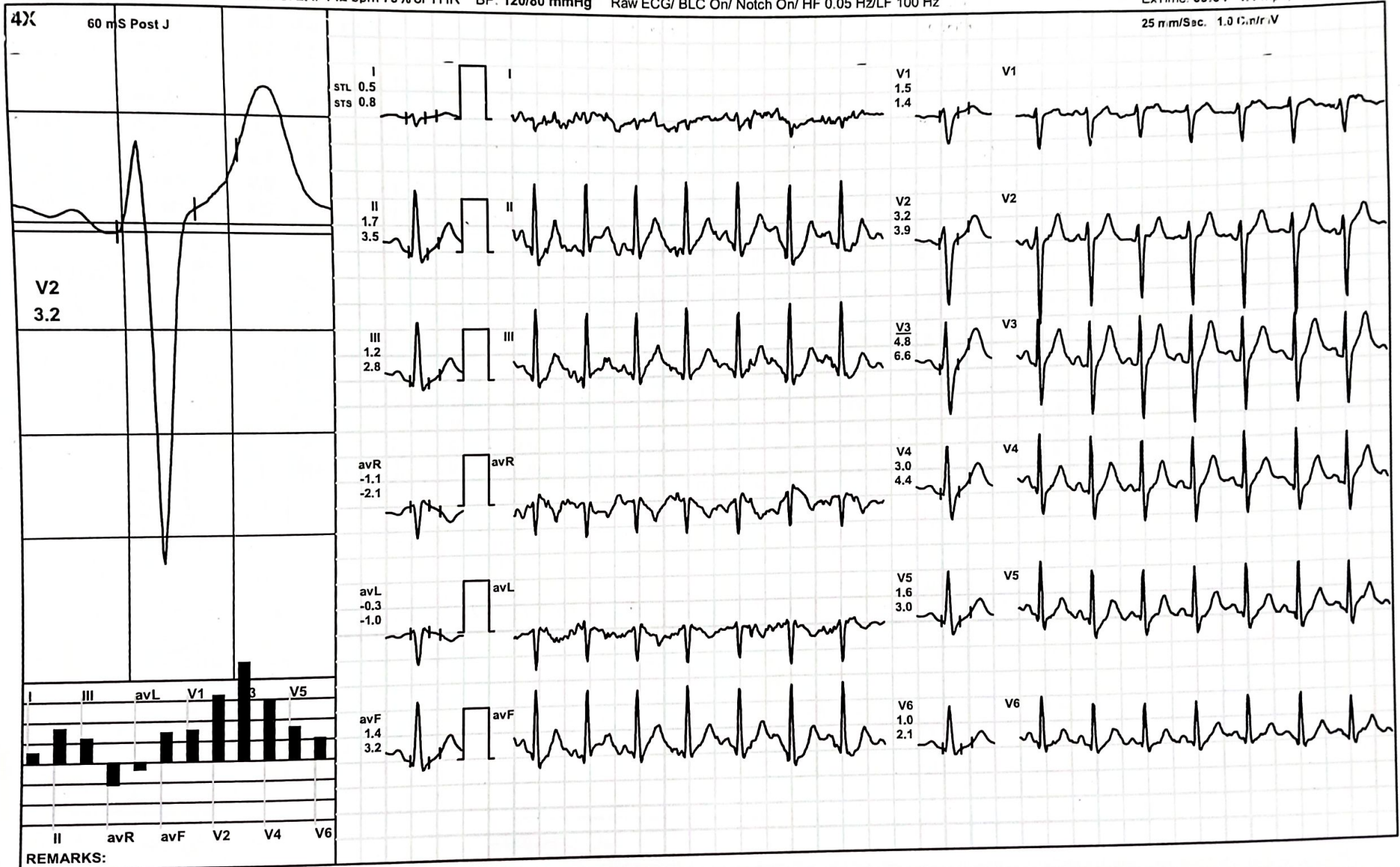


517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 142

Date: 15 - 11 - 2024

METS: 2.4/ 142 bpm 79% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:04 1.1 mph, 0.0%



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

517 / MR. BHJUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 122

Date: 15 - 11 - 2024

ST Measurements



Protocol : BRUCE

STL(mm)Supine	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(τ v/sec)
80 @ms Standing	0.2	1.7	1.5	-0.9	-0.6	1.6	0.7	1.7	2.4	1.6	1.1	0.7	0.1	1.1	1.0	-0.6	-0.5	1.1	0.3	1.0	1.5	1.0	0.7	0.5	
ExStart	0.8	0.3	0.2	-0.2	-0.1	0.2	1.4	1.6	3.8	3.3	0.8	3.0	1.0	0.9	0.0	-0.9	0.5	0.5	1.3	1.3	2.8	4.8	0.7	1.8	
Stage 1	0.2	1.5	1.2	-0.8	-0.5	1.3	1.7	1.7	1.7	1.6	1.2	0.7	0.1	1.1	1.0	-0.6	-0.5	1.1	3.4	1.2	1.4	1.7	0.9	0.6	
Stage 2	0.7	2.1	1.4	-1.4	-0.3	1.7	0.3	2.8	4.6	3.3	2.1	1.4	0.6	2.6	2.2	-1.5	-0.9	2.4	0.2	2.5	4.3	3.2	2.1	1.5	
Stage 3	0.4	0.6	-0.1	-0.7	0.4	0.3	1.2	1.8	2.8	1.5	0.8	-0.6	0.8	2.1	1.1	-1.6	0.0	1.6	1.2	2.4	4.5	3.0	2.3	0.7	
PeakEx	0.3	0.7	0.4	-0.5	-0.1	0.6	1.0	2.4	2.9	1.5	0.7	0.3	0.7	2.7	2.0	-1.6	-0.7	2.3	0.5	2.9	5.2	3.5	2.2	1.2	
Recovery	0.3	0.3	0.1	-0.3	0.1	0.2	1.4	2.6	3.2	1.8	1.2	0.3	0.8	2.3	1.6	-1.6	-0.4	2.0	1.3	3.4	5.5	4.0	2.6	1.6	
Recovery	0.5	1.7	1.3	-1.1	-0.4	1.5	1.4	3.1	4.6	2.6	1.4	0.9	0.6	3.5	2.8	-2.1	-1.0	3.1	1.0	3.7	6.5	4.2	2.7	1.9	
Recovery	0.5	1.7	1.2	-1.1	-0.3	1.4	1.5	3.2	4.8	3.0	1.6	1.0	0.8	3.5	2.8	-2.1	-1.0	3.2	1.4	3.9	6.6	4.4	3.0	2.1	

STL(μ Vs)

Supine	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	1.9	22.7	20.8	-12.2	-9.4	21.7	5.5	15.3	26.2	18.4	13.4	9.9
Standing	0.8	9.5	8.7	-5.1	-3.8	9.0	8.4	13.0	12.6	10.8	8.4	5.2
ExStart	0.8	9.5	8.7	-5.1	-3.8	9.0	8.4	13.0	12.6	10.8	8.4	5.2
Stage 1	3.6	10.6	6.2	-7.5	-0.8	8.3	2.6	15.8	25.9	18.2	11.4	7.3
Stage 2	0.5	-0.7	-2.5	-0.5	2.1	-1.7	4.7	5.6	8.8	3.2	0.5	-5.5
Stage 3	0.4	-0.6	-0.9	0.1	0.6	-0.7	4.6	7.7	7.4	2.3	0.1	-0.4
PeakEx	0.1	-1.5	-1.5	0.7	0.8	-1.5	4.9	8.2	8.2	3.2	2.7	-0.9
Recovery	0.8	4.8	4.1	-2.8	-1.7	4.4	6.2	10.7	15.8	8.8	3.0	1.8
Recovery	2.0	4.6	2.8	-3.3	-0.3	3.7	6.5	11.8	17.7	10.3	4.8	2.8

SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

517 / MR. BHUNESHWAR PRASAD / 40 Yrs / M / 186 Cms / 78 Kg / HR : 122

Date: 15 - 11 - 2024

ST Measurements



Protocol : BRUCE

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL(mm)Supine	0.2	1.7	1.5	-0.9	-0.6	1.6	0.7	1.7	2.4	1.6	1.1	0.7	0.1	1.1	1.0	-0.6	-0.5	1.1	0.3	1.0	1.5	1.0	0.7	0.5
80 @mS Standing	0.8	0.3	0.2	-0.2	-0.1	0.2	1.4	1.6	3.8	3.3	0.8	3.0	1.0	0.9	0.0	-0.9	0.5	0.5	1.3	1.3	2.8	4.8	0.7	1.8
ExStart	0.2	1.5	1.2	-0.8	-0.5	1.3	1.7	1.7	1.7	1.6	1.2	0.7	0.1	1.1	1.0	-0.6	-0.5	1.1	3.4	1.2	1.4	1.7	0.9	0.6
Stage 1	0.7	2.1	1.4	-1.4	-0.3	1.7	0.3	2.8	4.6	3.3	2.1	1.4	0.6	2.6	2.2	-1.5	-0.9	2.4	0.2	2.5	4.3	3.2	2.1	1.5
Stage 2	0.4	0.6	-0.1	-0.7	0.4	0.3	1.2	1.8	2.8	1.5	0.8	-0.6	0.8	2.1	1.1	-1.6	0.0	1.6	1.2	2.4	4.5	3.0	2.3	0.7
Stage 3	0.3	0.7	0.4	-0.5	-0.1	0.6	1.0	2.4	2.9	1.5	0.7	0.3	0.7	2.7	2.0	-1.6	-0.7	2.3	0.5	2.9	5.2	3.5	2.2	1.2
PeakEx	0.3	0.3	0.1	-0.3	0.1	0.2	1.4	2.6	3.2	1.8	1.2	0.3	0.8	2.3	1.6	-1.6	-0.4	2.0	1.3	3.4	5.5	4.0	2.6	1.6
Recovery	0.5	1.7	1.3	-1.1	-0.4	1.5	1.4	3.1	4.6	2.6	1.4	0.9	0.6	3.5	2.8	-2.1	-1.0	3.1	1.0	3.7	6.5	4.2	2.7	1.9
Recovery	0.5	1.7	1.2	-1.1	-0.3	1.4	1.5	3.2	4.8	3.0	1.6	1.0	0.8	3.5	2.8	-2.1	-1.0	3.2	1.4	3.9	6.6	4.4	3.0	2.1

STS($\mu V/sec$)

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(μV_s)												
Supine	1.9	22.7	20.8	-12.2	-9.4	21.7	5.5	15.3	26.2	18.4	13.4	9.9
Standing	0.8	9.5	8.7	-5.1	-3.8	9.0	8.4	13.0	12.6	10.8	8.4	5.2
ExStart	0.8	9.5	8.7	-5.1	-3.8	9.0	8.4	13.0	12.6	10.8	8.4	5.2
Stage 1	3.6	10.6	6.2	-7.5	-0.8	8.3	2.6	15.8	25.9	18.2	11.4	7.3
Stage 2	0.5	-0.7	-2.5	-0.5	2.1	-1.7	4.7	5.6	8.8	3.2	0.5	-5.5
Stage 3	0.4	-0.6	-0.9	0.1	0.6	-0.7	4.6	7.7	7.4	2.3	0.1	-0.4
PeakEx	0.1	-1.5	-1.5	0.7	0.8	-1.5	4.9	8.2	8.2	3.2	2.7	-0.9
Recovery	0.8	4.8	4.1	-2.8	-1.7	4.4	6.2	10.7	15.8	8.8	3.0	1.8
Recovery	2.0	4.6	2.8	-3.3	-0.3	3.7	6.5	11.8	17.7	10.3	4.8	2.8

AI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADIKRISHNA VIHAR SANTOSH NAGAR

617 / MR. BHUNE SHWAR PRASAD / 40 Yrs / Male / 186 Cm / 70 Kg / Non Smoker

Time	HR	PR Int	QRS Wid	QRS AXIS	QTC	P(qv)	R(qv)	S(qv)	T(qv)	Min. J Leads for (J & P)	Min. Post JRR Var	VE3	Missed Beats
(Min)	(bpm)	(ms)	(ms)	(Deg)	(ms)	(Max)	(Max)	(Min)	(Max)	(µV)	(%)	(Counts)	(Counts)
00:30	65	172	54	101	433	2208	1470	-1194	2000	110	V4	0	0
01:00	62	260	70	90	450	321	1267	-1307	719	1	aVL	0	0
01:30	101	216	54	90	153	506	1310	-1206	1007	-1191	V1	0	0
02:00	130	176	70	92	305	-895	1180	-1233	-1316	94	V1	0	0
02:30	123	180	54	92	434	-1090	1209	-1172	-1202	-258	V1	0	0
03:00	132	116	54	90	341	202	1111	-1116	525	7	aVL	0	0
03:30	126	156	56	98	444	-277	1261	-1204	603	-35	aVL	0	0
04:00	122	164	54	93	462	-427	1186	-1199	603	-25	V1	0	0
04:30	130	156	54	93	289	310	1144	-1207	-887	-326	V1	0	0
05:00	136	146	70	93	369	-821	1143	-1241	546	-61	V1	0	0
05:30	140	140	76	95	441	-327	1156	-1297	516	3	aVL	0	0
06:00	142	130	54	97	332	-431	1197	-1226	569	-261	V1	0	0
06:30	140	118	54	93	329	-248	1186	-1214	566	-95	III	0	0
07:00	149	118	54	100	342	300	1161	-1245	584	-149	V6	0	0
07:30	154	120	54	95	332	269	1185	-1242	533	-211	II	0	0
08:00	156	124	52	96	319	246	1112	-1231	566	-236	II	0	0
08:30	160	116	52	95	330	302	1187	-1203	569	-133	III	0	0
09:00	160	116	54	96	322	287	1146	-1242	597	-131	III	0	0
09:30	162	104	54	95	317	303	1193	-1213	632	-309	V5	0	0
10:00	163	112	54	95	307	314	1175	-1233	652	-116	III	0	0
10:30	155	102	54	93	317	282	1194	-1234	711	-121	III	0	0
11:00	144	66	52	97	313	256	1317	-1355	764	-4	aVL	0	0

ACAPL