

### TEST REPORT

**Reg. No. :** 411100353 **Reg. Date :** 16-Nov-2024 09:43 **Ref.No :** **Approved On :** 16-Nov-2024 11:19  
**Name :** Mrs. PRATIMA SINGH **Collected On :** 16-Nov-2024 10:08  
**Age :** 43 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count</b>			
Hemoglobin(SLS method)	12.3	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	4.58	X 10 <sup>12</sup> /L	3.8 - 4.8
Hematocrit (calculated)	37.4	%	36 - 46
MCV (Calculated)	L <b>81.7</b>	fL	83 - 101
MCH (Calculated)	L <b>26.9</b>	pg	27 - 32
MCHC (Calculated)	32.9	g/dL	31.5 - 34.5
RDW-SD(calculated)	42.30	fL	36 - 46
Total WBC count	6900	/μL	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>			
	[ % ]	EXPECTED VALUES	[ Abs ] EXPECTED VALUES
Neutrophils	50	38 - 70	3450 /cmm 1800 - 7700
Lymphocytes	40	21 - 49	2760 /cmm 1000 - 3900
Eosinophils	04	0 - 7	276 /cmm 20 - 500
Monocytes	06	3 - 11	414 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.25	Ratio	1.1 - 3.5
Platelet Count (Manual)	229000	/cmm	150000 - 410000
PCT	0.28	ng/mL	< 0.5
MPV	H <b>12.40</b>	fL	6.5 - 12.0
<b>Peripheral Smear</b>			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

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Test done from collected sample.



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Approved by: **Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
G- 22475

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For Appointment : 7567 000 750

www.conceptdiagnostics.com

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1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahlanagar, Ahmedabad-15.  
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Age : 43 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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<b>Name</b> : Mrs. PRATIMA SINGH			<b>Collected On</b> : 16-Nov-2024 10:08
<b>Age</b> : 43 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
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Test Name	Results	Units	Bio. Ref. Interval
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**FASTING PLASMA GLUCOSE**  
**Specimen: Fluoride plasma**

Fasting Plasma Glucose <i>Hexokinase</i>	H <b>121.81</b>	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
---	-----------------	-------	---

Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 \*

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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<b>Name</b> : Mrs. PRATIMA SINGH			<b>Collected On</b> : 16-Nov-2024 12:56
<b>Age</b> : 43 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b>			
<b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 113.77	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>BLOOD UREA NITROGEN</u></b>			
Urea	25.3	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>Calculated</i>	11.8	mg/dL	7 - 18.7
Serum			

Useful screening test for evaluation of kidney function.

Urea is the end product of protein and amino acid metabolism. It is synthesized in the liver from ammonia and carbon dioxide. Urea is synthesized to urea in the liver. Urea is then transported to the kidneys where it is excreted in the urine. (BUN) may be due to prerenal causes (hypovolemia, dehydration, low protein diet), renal causes (renal failure), or postrenal causes (obstruction of the urinary tract). This test is used to evaluate kidney function. A high level of urea in the blood appears to indicate kidney failure, renal and postrenal causes.

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Test Name	Results	Units	Bio. Ref. Interval
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GGT	23.30	U/L	6 - 42
-----	-------	-----	--------

*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	237.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	132.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	26	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	H <b>144.29</b>	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	66.71	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H <b>3.55</b>		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.16		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	698.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

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Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN	7.25	g/dL	6.6 - 8.8
ALBUMIN	4.22	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.03	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.39		1.2 - 2.2
SGOT	36.20	U/L	<31
SGPT	54.30	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	129.50	U/L	40 - 130
TOTAL BILIRUBIN	0.73	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.60	mg/dL	0.0 - 1.00
Serum			

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Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	H <b>6.30</b>	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose ( <i>Calculated</i> )	134	mg/dL	
EDTA Whole Blood			

### Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 \* Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1c, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1c reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.15	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	5.50	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H <b>26.424</b>	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.015		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	2-3		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			

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Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.85	mg/dL	0.51 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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<b>Age</b> : 43 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	25.3	mg/dL	17 - 43

**Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.




**Approved by: Dr. Keyur Patel**

**Generated On :** 16-Nov-2024 13:48  
 For Appointment : 7567 000 750  
 www.conceptdiagnostics.com  
 conceptdiaghealthcare@gmail.com

M.B.B.S,D.C.P(Patho)  
 G- 22475  
**Approved On:** 16-Nov-2024 12:05  
 1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

## TEST REPORT

<b>Reg. No.</b> : 411100353	<b>Reg. Date</b> : 16-Nov-2024 09:43	<b>Ref.No</b> :	<b>Approved On</b> : 16-Nov-2024 13:22
<b>Name</b> : Mrs. PRATIMA SINGH			<b>Collected On</b> : 16-Nov-2024 10:08
<b>Age</b> : 43 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	139.8	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.0	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	102	mmol/L	98 - 107
Serum			

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.


Report To Follow:  
LBC PAP SMEAR (Cytology)

----- End Of Report -----

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.



  
**Approved by: Dr. Keyur Patel**

Female Radiologist - time is 8:30 to 9:30 am. &  
I arrived here at 9:40 am, hence,  
As Per unavailability of Female doc am  
not comfortable to do my Mammography.



PS  
Mrs Pratima Singh,  
16/11/24.





## MER- MEDICAL EXAMINATION REPORT

Date of Examination	16-11-2024		
NAME	PRATIMA SINGH		
AGE	43	Gender	FEMALE
HEIGHT(cm)	162	WEIGHT (kg)	82
B.P.	128/76/78		
BMI	31.2		
ECG	NORMAL		
X RAY	NORMAL		
EYE CHECKUP	COLOUR VISION: NORMAL NEAR: N/6 FAR: 6/6		
Present Ailments	N/A		
Details of Past ailments (If Any)	N/A		
Comments / Advice : She /He is Physically Fit	PHYSICALLY FIT		

*Dr. Vipul Ghavda*  
MD (Internal Medicine)  
Reg.No. G- 18004

Signature with Stamp of Medical Examiner



NAME :	PRATIMA SINGH	AGE/SEX:	43Y/F
REF. BY:	HEALTH CHECK UP	DATE :	16-Nov-24

### X-RAY CHEST - PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



**Dr. TEJAS PATEL**  
DNB RADIODIAGNOSIS



NAME :	PRATIMA SINGH	AGE/SEX:	43 Y/F
REF. BY:	HEALTH CHECK UP	DATE :	16-Nov-24

## USG ABDOMEN & PELVIS

**LIVER:** enlarged in size (18cm) & shows increased echogenicity. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein normal.

**GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.

**PANCREAS:** normal in size & echotexture, No e/o peri-pancreatic fluid collection.

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Both kidneys appear normal in size & echotexture. Right kidney measures 115x41mm. Left kidney measures 99x59mm. No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER:** shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

**UTERUS:** poorly seen, normal in size, echopattern and shows a **single circumscribed hypoechoic oval shaped intramural fibroid (20x17mm) in posterior wall of uterine body.** No e/o adnexal mass seen on either side.

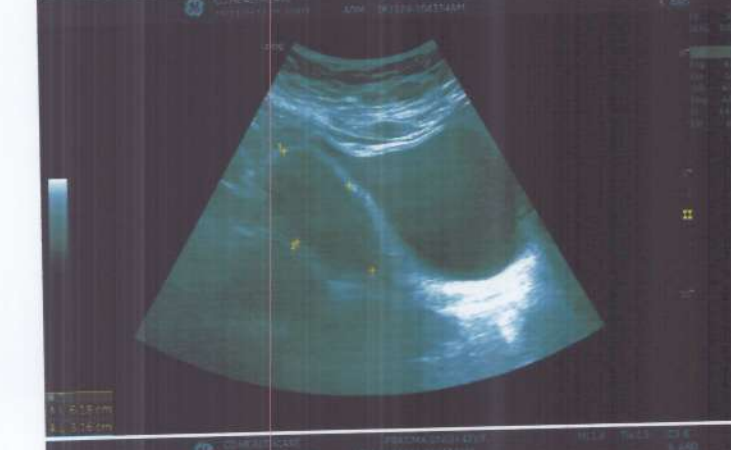
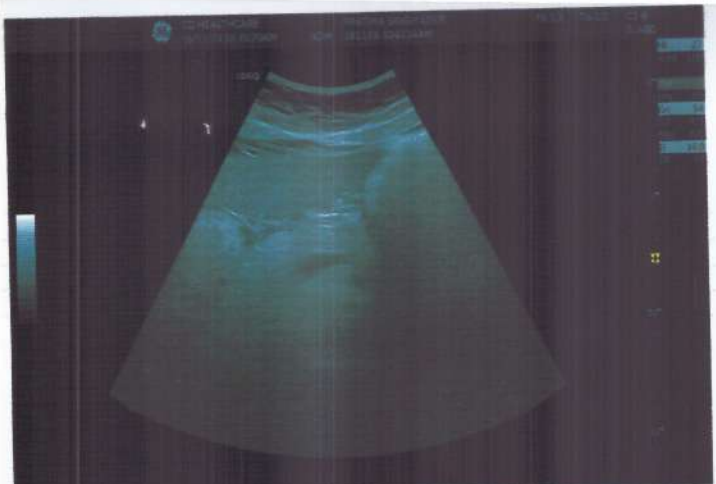
### **USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:**

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No e/o Ascites. No e/o significant lymphadenopathy.

### **IMPRESSION:**

- Hepatomegaly with Grade-I fatty liver.
- Small hypoechoic intramural uterine fibroid (20x17mm).

**Dr. TEJAS PATEL**  
DNB RADIODIAGNOSIS



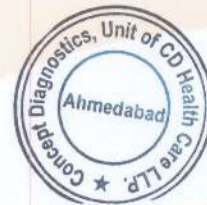


Pratima Singh,

→ Glaucoma + + +  
requires clearing

→ oral hypotensive therapy.

*[Handwritten signature]*



16/11/24

Mrs Parvina Singh. 43yrs

Clomif

OH:

2 FTLSCS - 2<sup>o</sup> live well

LD - 2017

Mh. LMP: 4 months back

Pamh: H/O Irregular cycle x 7yrs

fat

AdH. Kldo Hypothyroidism x 7yrs  
on T. Thyroxin 75mcg 100

BIA - 50h  
- 25h

Ms. CX healthy  
Pap test, taken  
BV - ND

Adx  
Pap smear

- HU & report

# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahladnagar, Ahmedabad Email:

1898 / PRATIMA SINGH / 43 Yrs / F / 162 Cms / 82 Kg / NonSmoker  
Date: 16 / 11 / 2024 01:18:27 PM

## Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	077	44 %	132/84	101	00	
Standing	00:14	0:07	00.0	00.0	01.0	078	44 %	132/84	102	00	
HV	00:21	0:07	00.0	00.0	01.0	078	44 %	132/84	102	00	
ExStart	00:28	0:07	00.0	00.0	01.0	077	44 %	132/84	101	00	
BRUCE Stage 1	03:28	3:00	01.7	10.0	04.7	170	96 %	140/92	238	00	
PeakEx	03:34	0:06	01.1	00.0	04.8	166	94 %	140/92	232	00	
Recovery	04:04	0:30	01.1	00.0	01.8	164	93 %	140/92	229	00	
Recovery	04:34	1:00	01.1	00.0	01.0	160	90 %	140/92	224	00	
Recovery	05:34	2:00	00.0	00.0	01.0	103	58 %	158/94	162	00	
Recovery	06:34	3:00	00.0	00.0	01.0	096	54 %	150/90	144	00	
Recovery	06:40	3:06	00.0	00.0	01.0	096	54 %	150/90	144	00	

### FINDINGS :

Exercise Time : 03:06  
 Initial HR (ExStrt) : 77 bpm 44% of Target 177  
 Initial BP (ExStrt) : 132/84 (mm/Hg)  
 Max Workload Attained : 4.8 Poor response to induced stress  
 Duke Treadmill Score : 03.1  
 Test End Reasons : Test Complete, Heart Rate Achieved

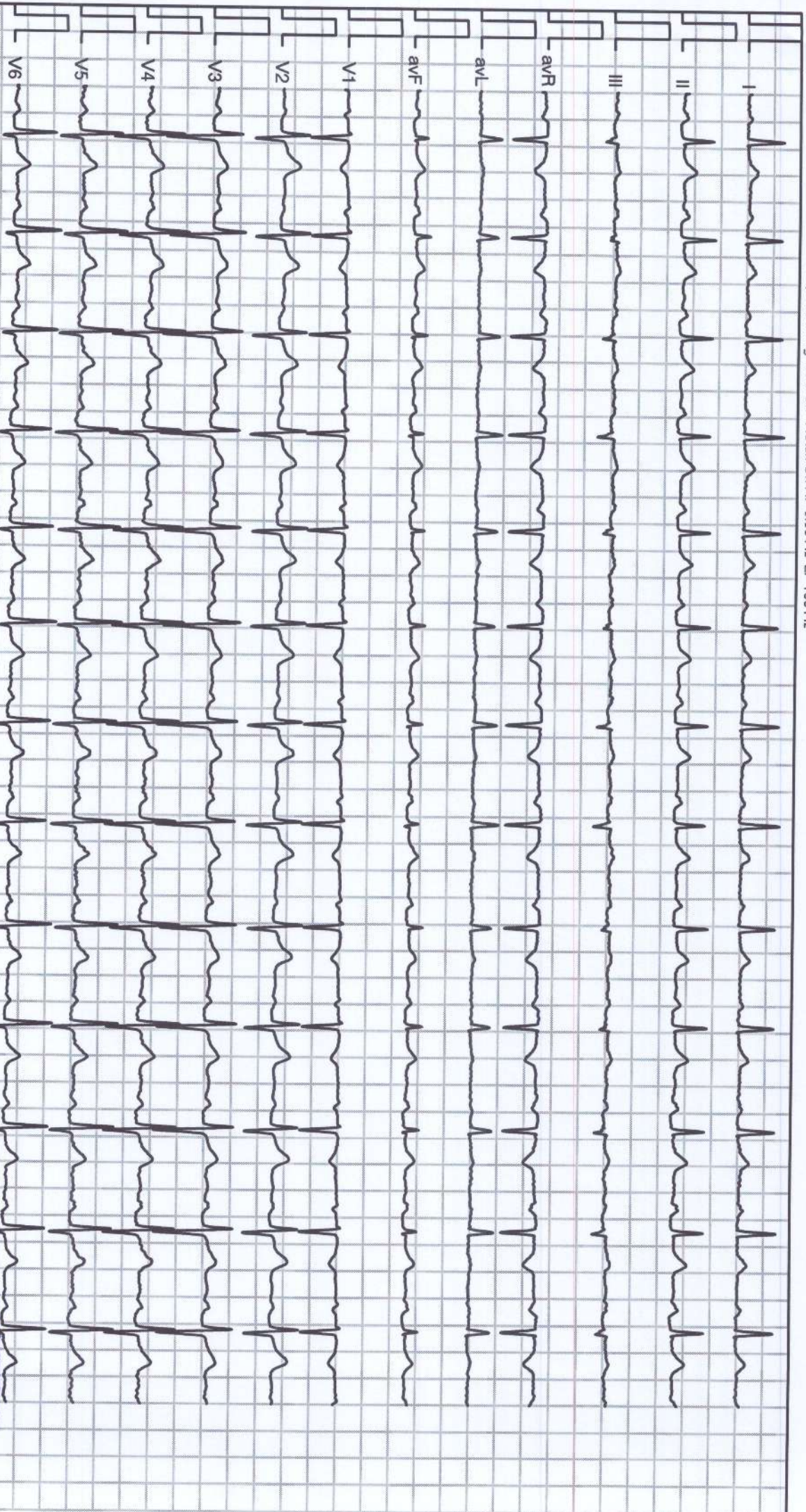
Max HR Attained 170 bpm 96% of Target 177  
 Max BP Attained 158/94 (mm/Hg)  
 VO2Max : 16.8 ml/Kg/min (Very Poor)

### REPORT :

TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

**DR. PARTH THAKKAR**  
 MD (Med.) DNB (Cardiology)  
 Interventional cardiologist  
 Doctor **DR. PARTH THAKKAR**

Date: 16/11/2024 01:18:27 PM BP: 132/84 mmHg BLC On Notch On HF 0.05 Hz LF 100 Hz



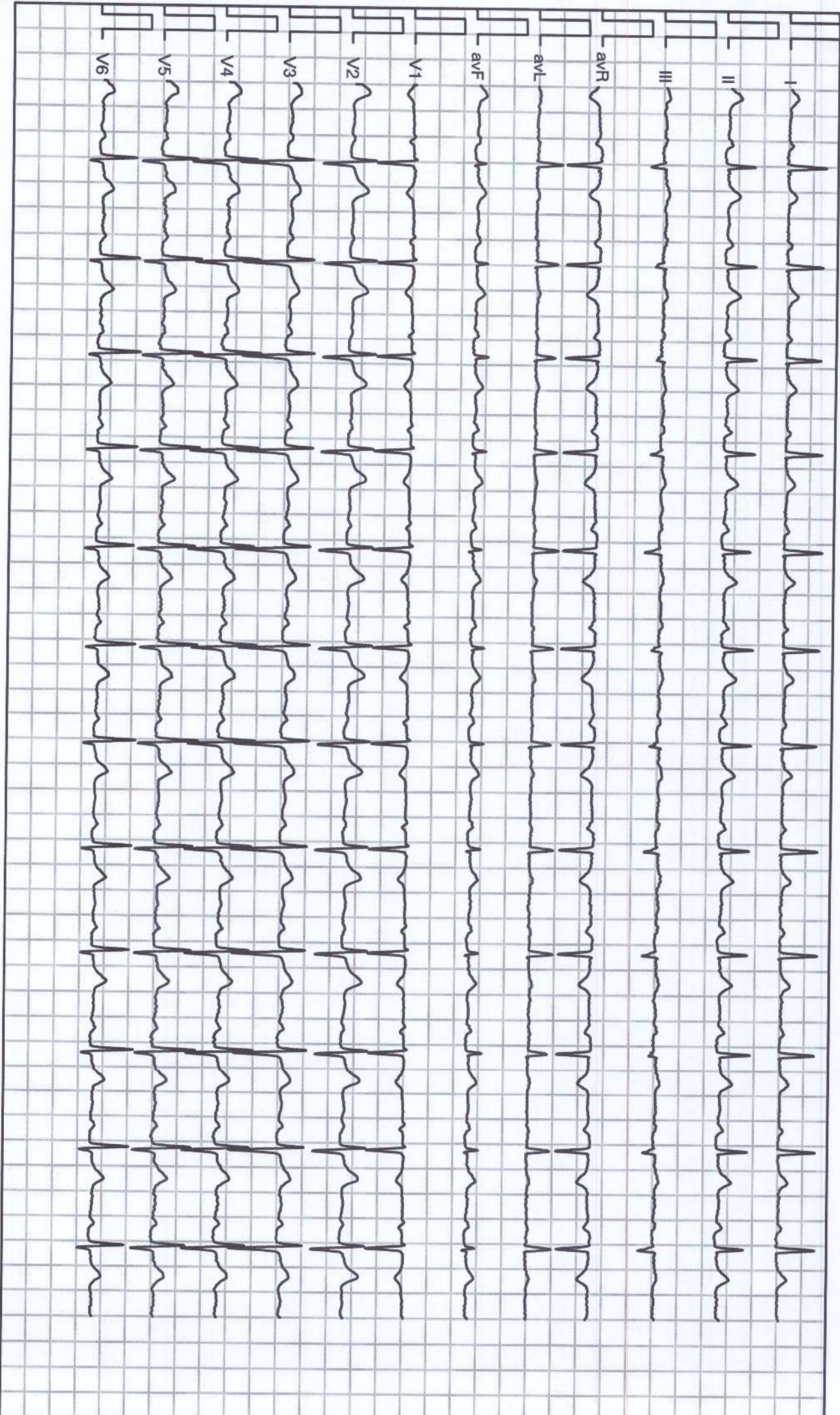
NSR/WNL.

**DR. PARTI THAKKAR**  
MD (D)NB (Cardiology)  
Interventional cardiologist





Date: 16 / 11 / 2024 01:18:27 PM BP: 132/84 mmHg BLC On Notch On HF 0.05 Hz LF 100 Hz



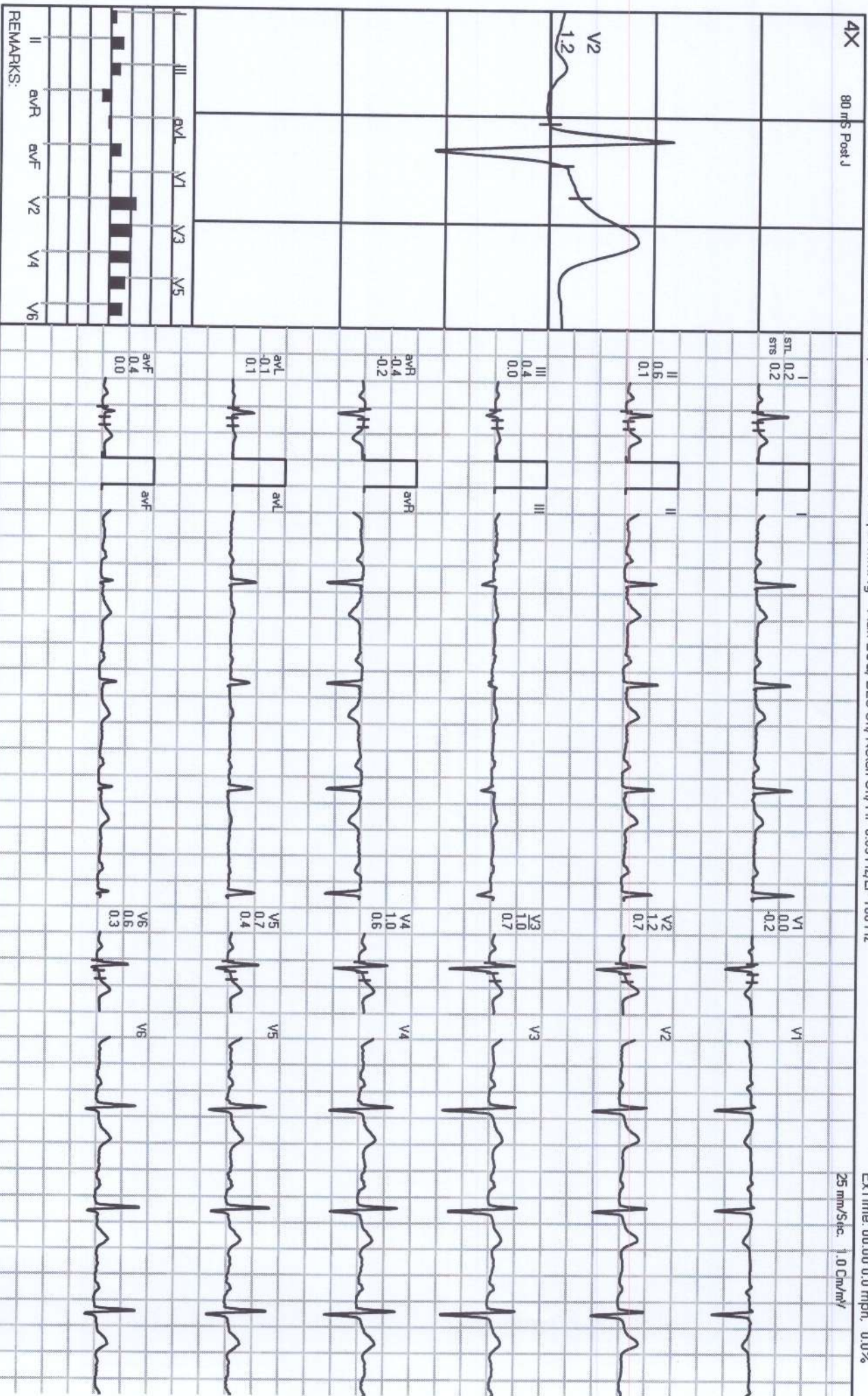


Date: 16 / 11 / 2024 01:18:27 PM

METS: 1.0/77 bpm 44% of THR BP: 132/84 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

# Concept Diagnostics

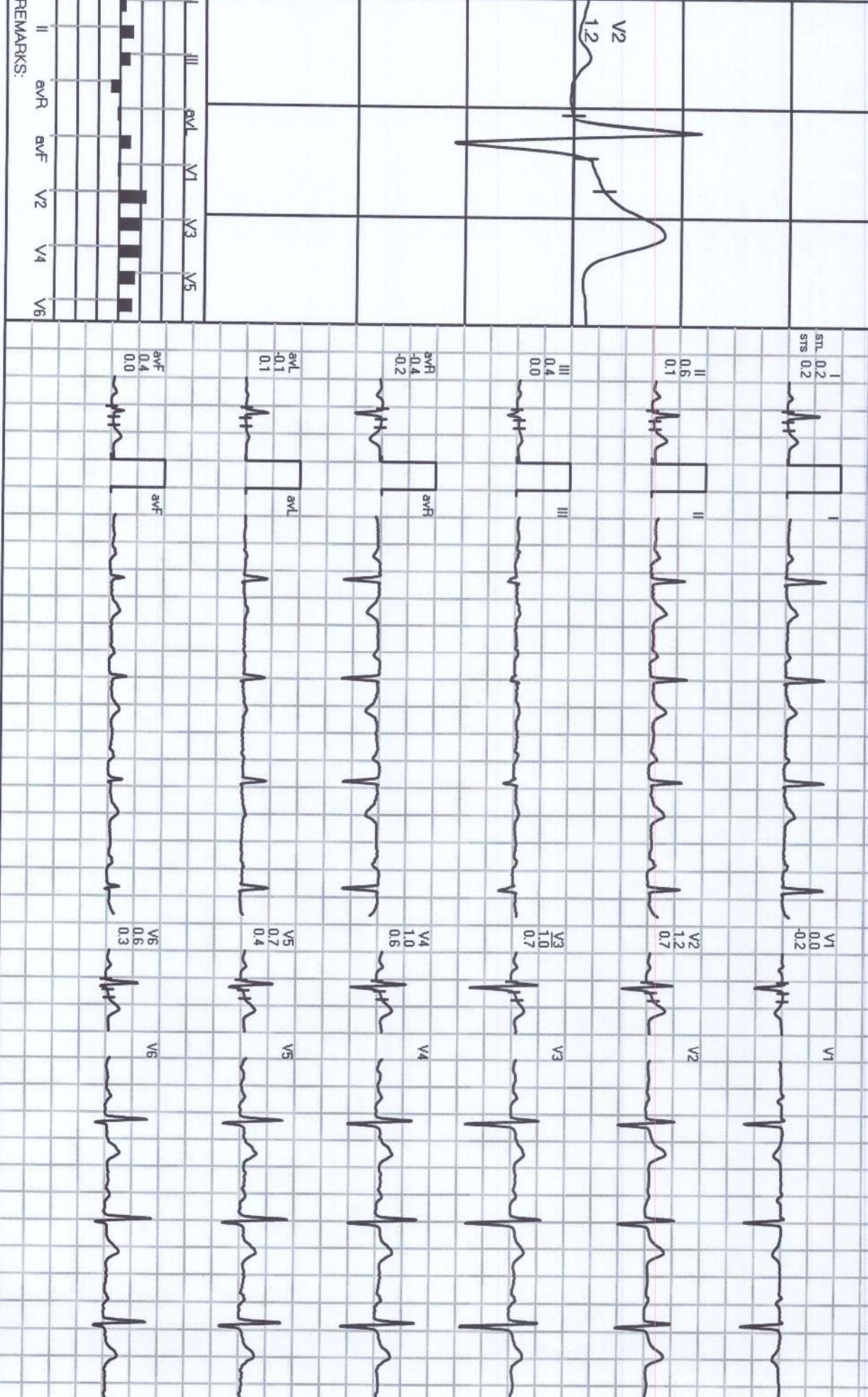
1898 / PRATIMA SINGH / 43 Yrs / F / 162 Cms / 82 Kg / HR : 78

STANDING ( 00:07 )



Date: 16 / 11 / 2024 01:18:27 PM METS: 1.0/ 78 bpm 44% of THR BP: 132/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz EXTime: 00:00 0.0 mph, 0.0%

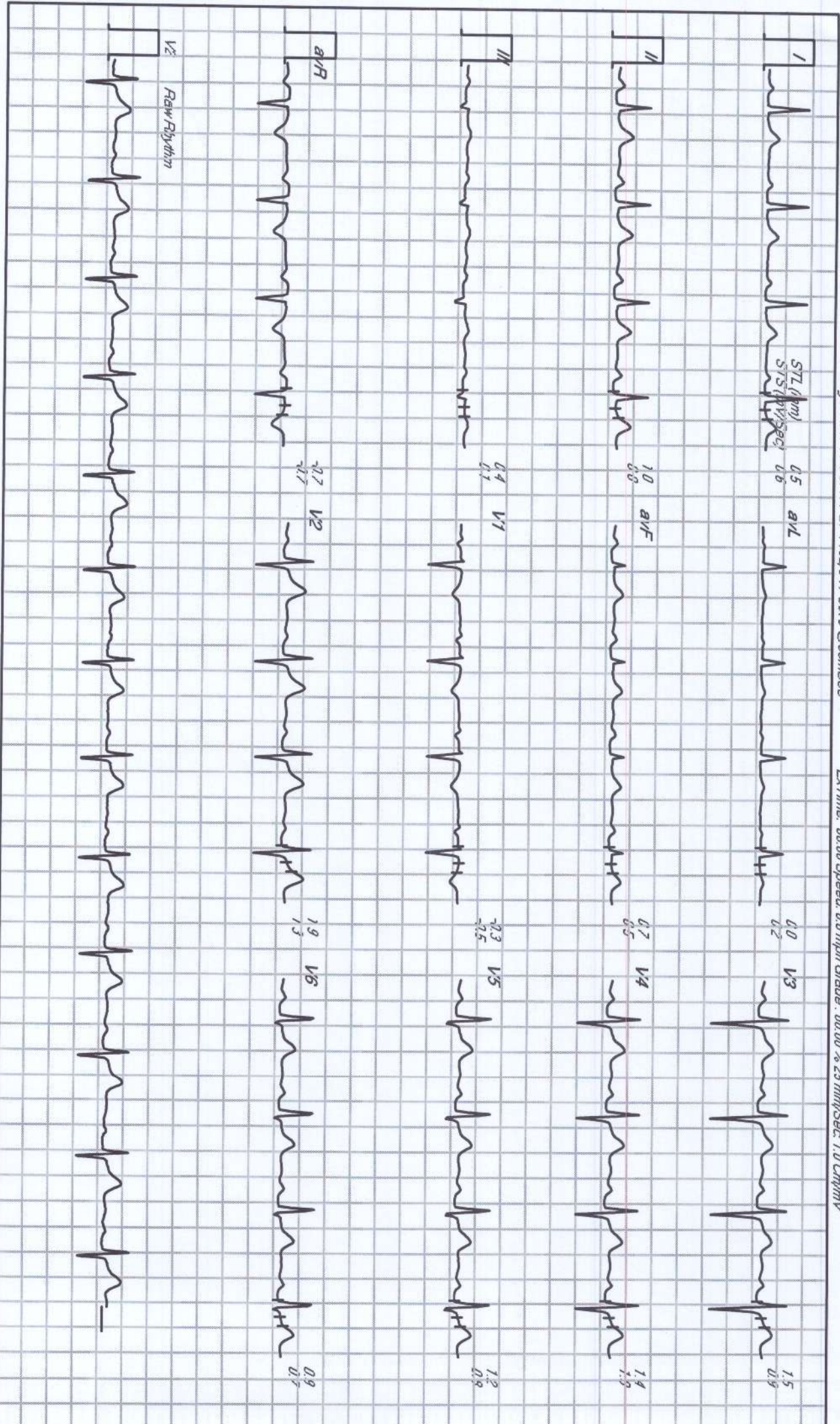
4X 80 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 16/11/2024 01:18:27 PM METs: 1.0 HR: 78 Target HR: 44% of 177 BP: 132/84 Post J @80mSec  
 EXTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/hv



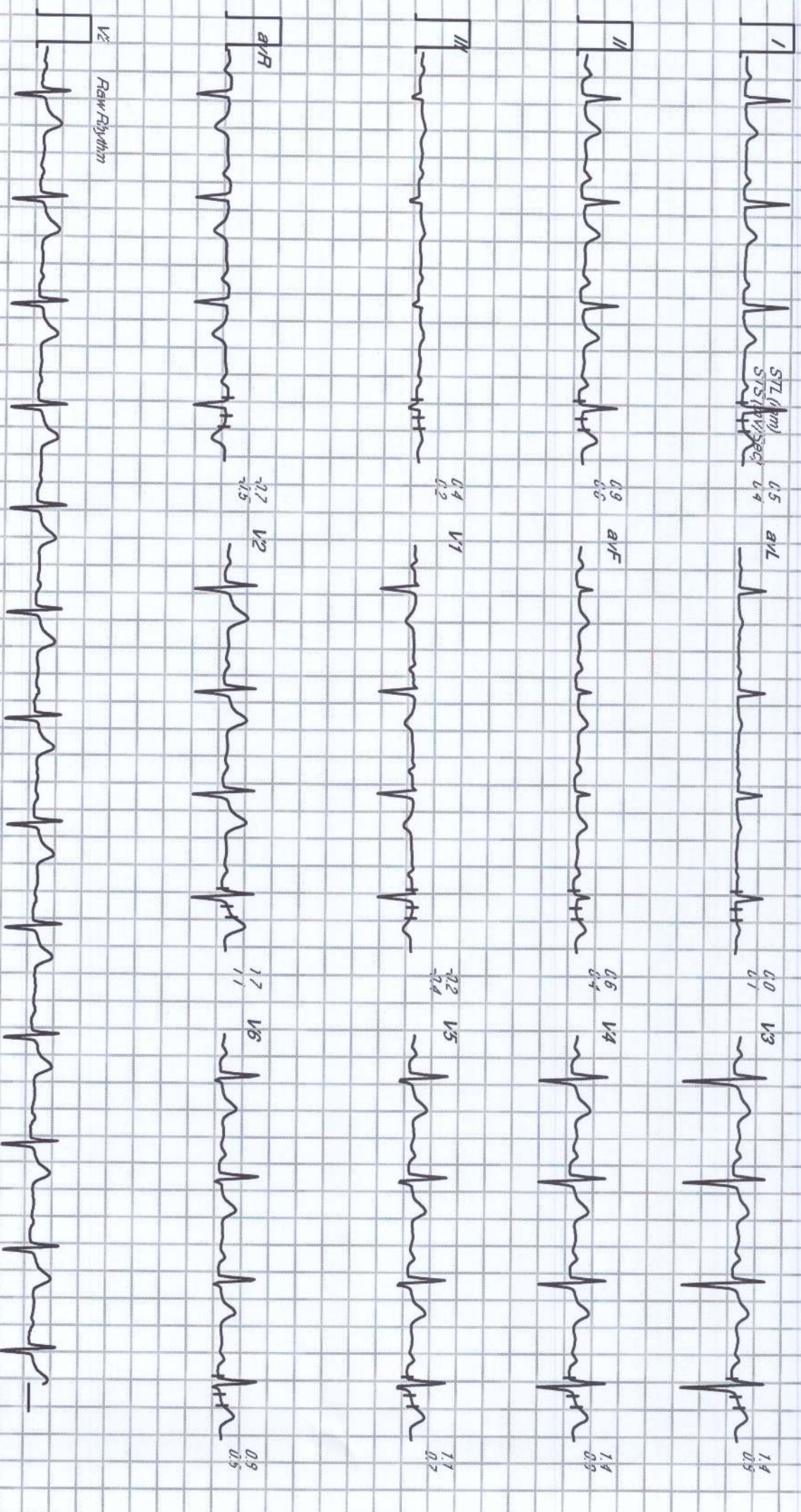
# Concept Diagnostics

Sahajianand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Pahladnagar, Ahmednagar Medians Report  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker



Date: 16/11/2024 01:18:27 PM METS: 1.0 HR: 77 Target HR: 44% of 177 BP: 132/84 Post J @ 80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/InV



# Concept Diagnostics

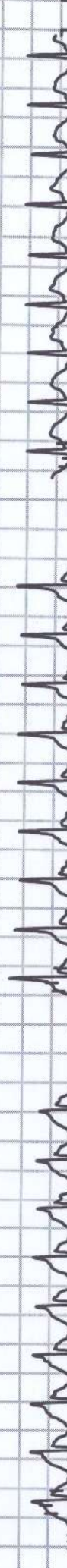
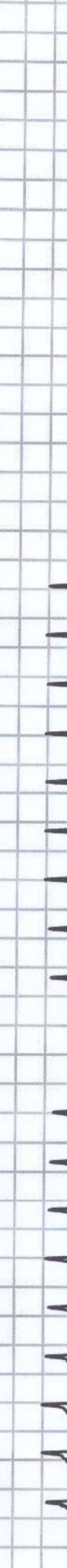
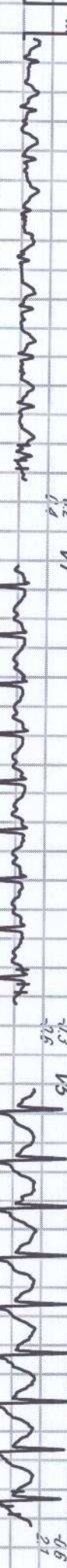
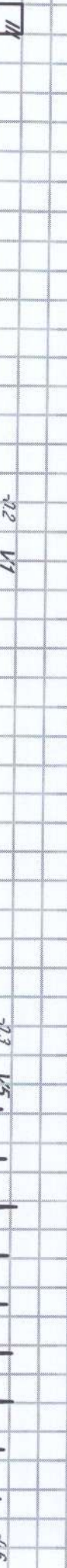
Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmednagar Medians Report  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker

BRUCE : Stage 1 ( 03:00 )



Date: 16/11/2024 01:18:27 PM METs : 4.7 HR: 170 Target HR: 96% of 177 BP: 140/92 Post J @60mSec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV



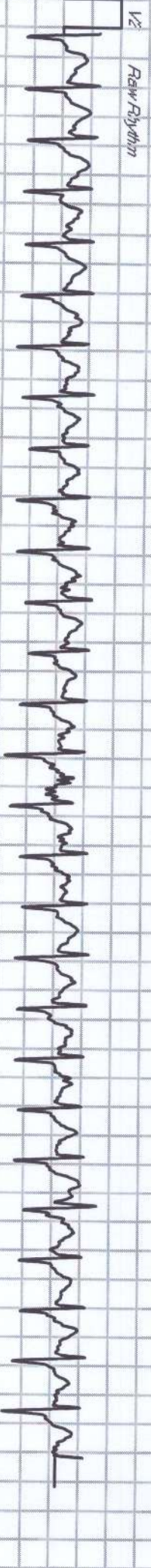
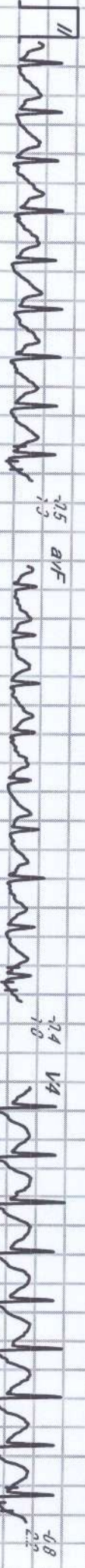
# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmednagar, Maharashtra  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker



Date: 16/11/2024 01:18:27 PM METS: 4.8 HR: 166 Target HR: 94% of 177 BP: 140/92 Post J @60mSec

ExTime: 03:06 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/mV

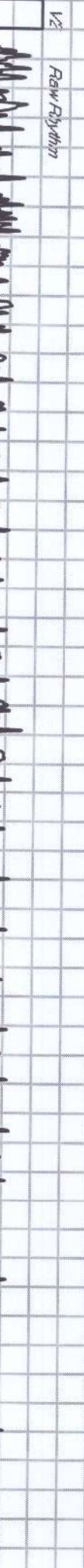
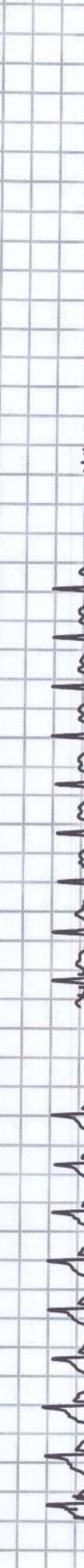
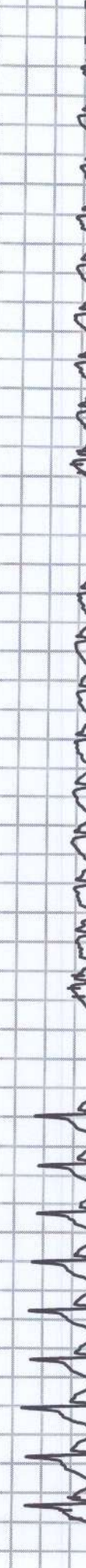
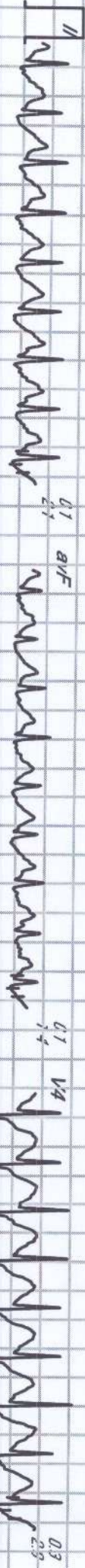


# Concept Diagnostics

Sahjjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Pralahadnagar, Ahmednagar Medians Report  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker  
Recovery : ( 00:30 )



Date: 16/11/2024 01:18:27 PM METs: 1.7 HR: 164 Target HR: 93% of 177 BP: 140/92 Post J @ 60mSec  
ExTime: 03:06 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





# Concept Diagnostics

Sahsjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmednaded Medians Report  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker

Recovery : ( 01:00 )



Date: 16/11/2024 01:18:27 PM METs : 1.0 HR : 160 Target HR : 90% of 177 BP : 140/92 Post J @60mSec

ExTime: 03:06 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



# Concept Diagnostics

Sahjaland Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Pralahadnagar, Ahmednagar Medians Report  
1898 / PRAATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker

Recovery : ( 03:00 )

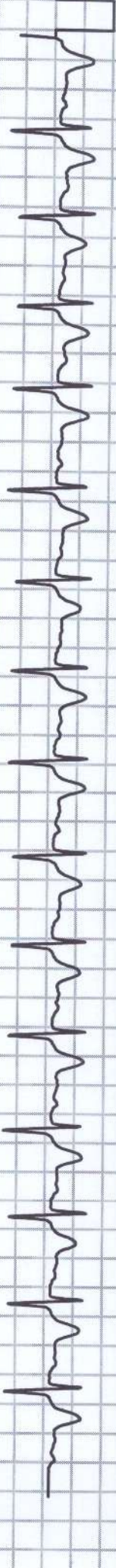


Date: 16/11/2024 01:18:27 PM METs: 1.0 HR: 96 Target HR: 54% of 177 BP: 150/90 Post J @80mSec

ExTime: 03:06 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cr/InV



Raw Rhythm



# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahlanagar, Ahmednker Medians Report  
1898 / PRATIMA SINGH / 43 Yrs / Female / 162 Cm / 82 Kg / Non Smoker

Recovery : ( 03:06 )



Date: 16/11/2024 01:18:27 PM METs : 1.0 HR : 96 Target HR : 54% of 177 BP : 150/90 Post J @80mSec

ExTime: 03:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

