



CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun
Ph: 9235501532, 01356617357
CIN: U85110UP2003PLC193493

Patient Name	: Mr.PRANSHU PASBOLA-22S38319	Registered On	: 09/Nov/2024 08:59:53
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 09/Nov/2024 09:14:25
UHID/MR NO	: IDUN.0000241722	Received	: 09/Nov/2024 10:25:09
Visit ID	: IDUN0265222425	Reported	: 09/Nov/2024 11:58:11
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	14.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	5,310.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	56.30	%	40-80	FLOW CYTOMETRY
Lymphocytes	33.40	%	20-40	FLOW CYTOMETRY
Monocytes	0.20	%	2-10	FLOW CYTOMETRY
Eosinophils	9.90	%	1-6	FLOW CYTOMETRY
Basophils	0.20	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	6.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	--	Mm for 1st hr.	<9	
PCV (HCT)	44.50	%	40-54	
Platelet count				
Platelet Count	2.44	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	14.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	27.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.88	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.30	fL	80-100	CALCULATED PARAMETER
MCH	29.70	pg	27-32	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,990.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	520.00	/cu mm	40-440	

DR.SMIRITI GUPTA MD (PATHOLOGY)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	81.16	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP Sample:Plasma After Meal	91.01	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

BUN (Blood Urea Nitrogen) Sample:Serum	13.00	mg/dL	7.0-23.0	CALCULATED
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample:Serum</i>	0.98	mg/dl	0.7-1.30	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample:Serum</i>	6.56	mg/dl	3.4-7.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	18.23	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	22.42	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	7.27	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.79	gm/dl	6.2-8.0	BIURET
Albumin	4.37	gm/dl	3.4-5.4	B.C.G.
Globulin	2.42	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.81		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	60.19	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.83	mg/dl	0.3-1.2	JENDRASSIK & GROF





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Bilirubin (Direct)	0.26	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.57	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	211.09	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	70.49	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	125	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.23	mg/dl	10-33	CALCULATED
Triglycerides	81.17	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

DR.SMRITI GUPTA MD (PATHOLOGY)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE , Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	PRESENT (+)			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	PRESENT (+)			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	0-1/h.p.f			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage	ABSENT	gms%
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total <i>Sample: Serum</i>	0.72	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	78.42	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.910	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or





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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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autoimmune disorders.

- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION : NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER : is normal in size and echotexture. No focal lesion seen.

PORTAL VEIN: is normal at porta .

CBD is normal. Intra Hepatic biliary radicles are not dilated.

GALL BLADDER :seen in distended state with echofree lumen. Wall thickness is normal.

SPLEEN : is normal in size, shape and echotexture. No focal lesion is seen.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. No evident peripancreatic fluid is seen.

RIGHT KIDNEY:- is normal in size, (99 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LEFT KIDNEY:- is normal in size, (104 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LYMPHNODES : No pre-or-para aortic lymph node mass is seen.

URINARY BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

PROSTATE : is normal in size and echotexture.

FLUID : No significant free fluid seen in peritoneal cavity.

IMPRESSION : - NO SIGNIFICANT ABNORMALITY DETECTED.

Note: - In case of any discrepancy due to typing error kindly get it rectified immediately

***** End Of Report *****

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLYCOSYLATED HAEMOGLOBIN (HBA1C), ECG / EKG, Tread Mill Test (TMT)



Dr. Amit Bhandari MBBS MD RADIOLOGY

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

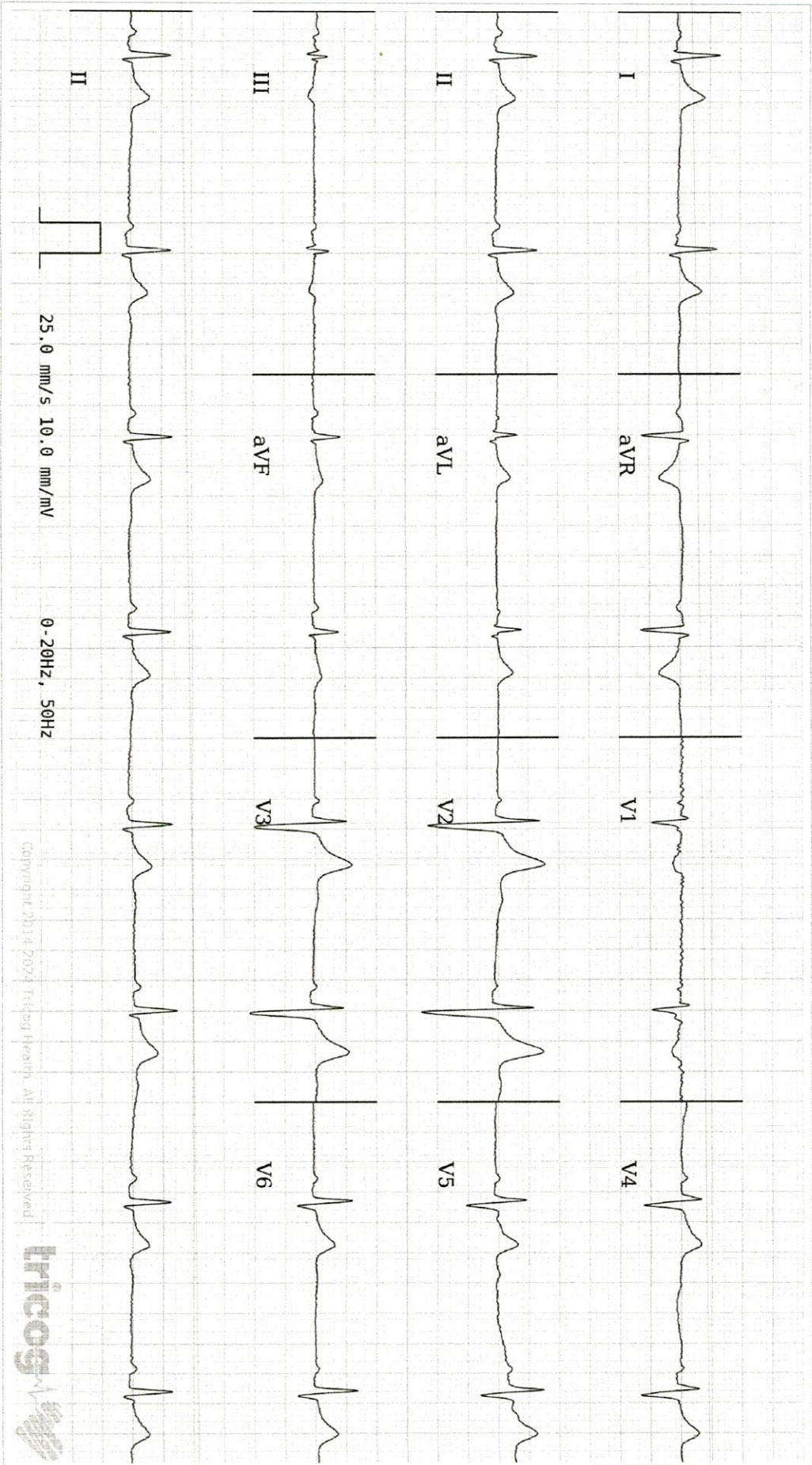
Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

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Page 11 of 11





Abnormal: Sinus Bradycardia, Intraventricular Conduction Delay. Please correlate clinically.

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Home Sample Collection 08069366666



Dr. Manjunatha Gosikere Chikkarangappa

REPORTED BY

jp



Mr. PRANSHU PASBOLA
 Age/Sex : 34/M
 Recorded : 9-11-2024 9:21
 Ref. by : MEDIWHEEL ACROFEMI
 Indication :

ID : 26522
 HWT : /

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History:
 Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R (BPM)	B.P (mmHg)	RPP X100	II	ST LEVEL V2 (mm)	V5	METS
SUPINE											
HYPERVENT	0:24	0:24			58	126/76	73	1.8	2.6	1.1	
STANDING					60	126/76	75	1.9	2.8	1.2	
					65	126/76	81	1.9	2.8	1.2	
STAGE 1	2:59	2:59	2.70	10.00	87	130/80	113	1.3	1.8	0.7	4.80
STAGE 2	5:59	2:59	4.00	12.00	112	136/86	152	1.2	3.0	1.1	7.10
STAGE 3	8:59	2:59	5.40	14.00	139	144/92	200	0.5	3.2	0.6	10.00
STAGE 4	10:44	1:44	6.70	16.00	166	144/92	239	-0.1	1.8	-1.6	12.32
PEAK EXERCISE	10:53	1:53			169	144/92	243	-0.5	2.4	-0.6	
RECOVERY	2:59	2:59	0.00	0.00	85	126/76	107	0.5	1.5	0.5	12.53

RESULTS

Exercise Duration : 10:53 Minutes
 Max Heart Rate : 169 bpm 90 % of target heart rate 186 bpm
 Max Blood Pressure : 144/92 mmHg
 Max Work Load : 12.53 METS
 Reason of Termination :

IMPRESSIONS

GOOD EFFORT TOLERANCE
 NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
 NO ANGINA/ARRHYTHMIA/SLV DYSFUNCTION
 NO SIGNIFICANT ST T OR R WAVE CHANGES WERE SEEN DURING OR AFTER THE EXERCISE.
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA.



Dr. GOPAL JEE SHARMA
 CHANDAN DIAGNOSTIC CENTRE
 56, New Road, MKP Chowk
 Dehradun-248001
 Reg. No. 0369883

DR. N. B. PRATAP SINGH
 DR. GOPAL JEE SHARMA

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

Mr. PRANSHU PASBOLA

I.D. #: 26622

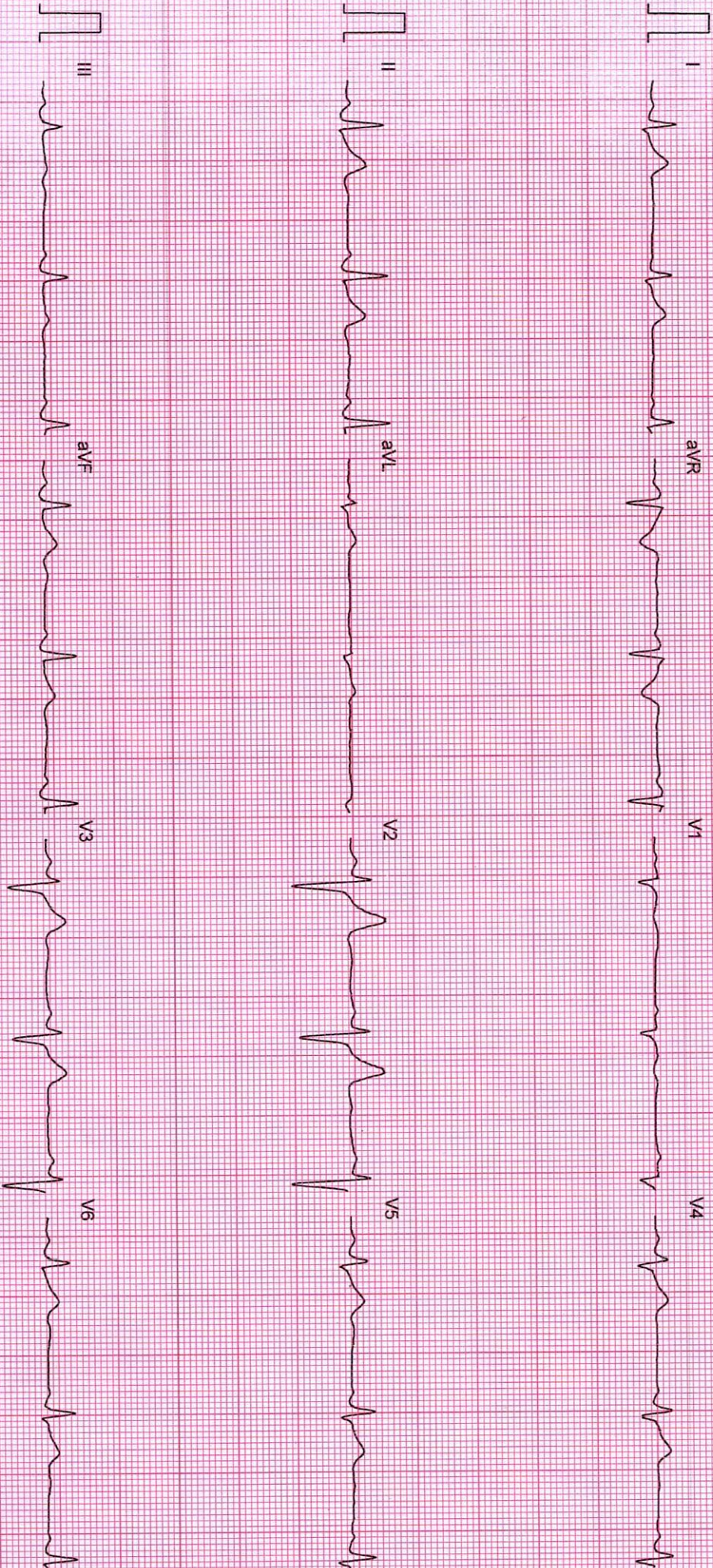
AGE/SEX : 34/M

RECORDED : 9-11-2024 9:21

RATE : 58 BPM

B.P. : 126/76 mmHg

RAW ECG

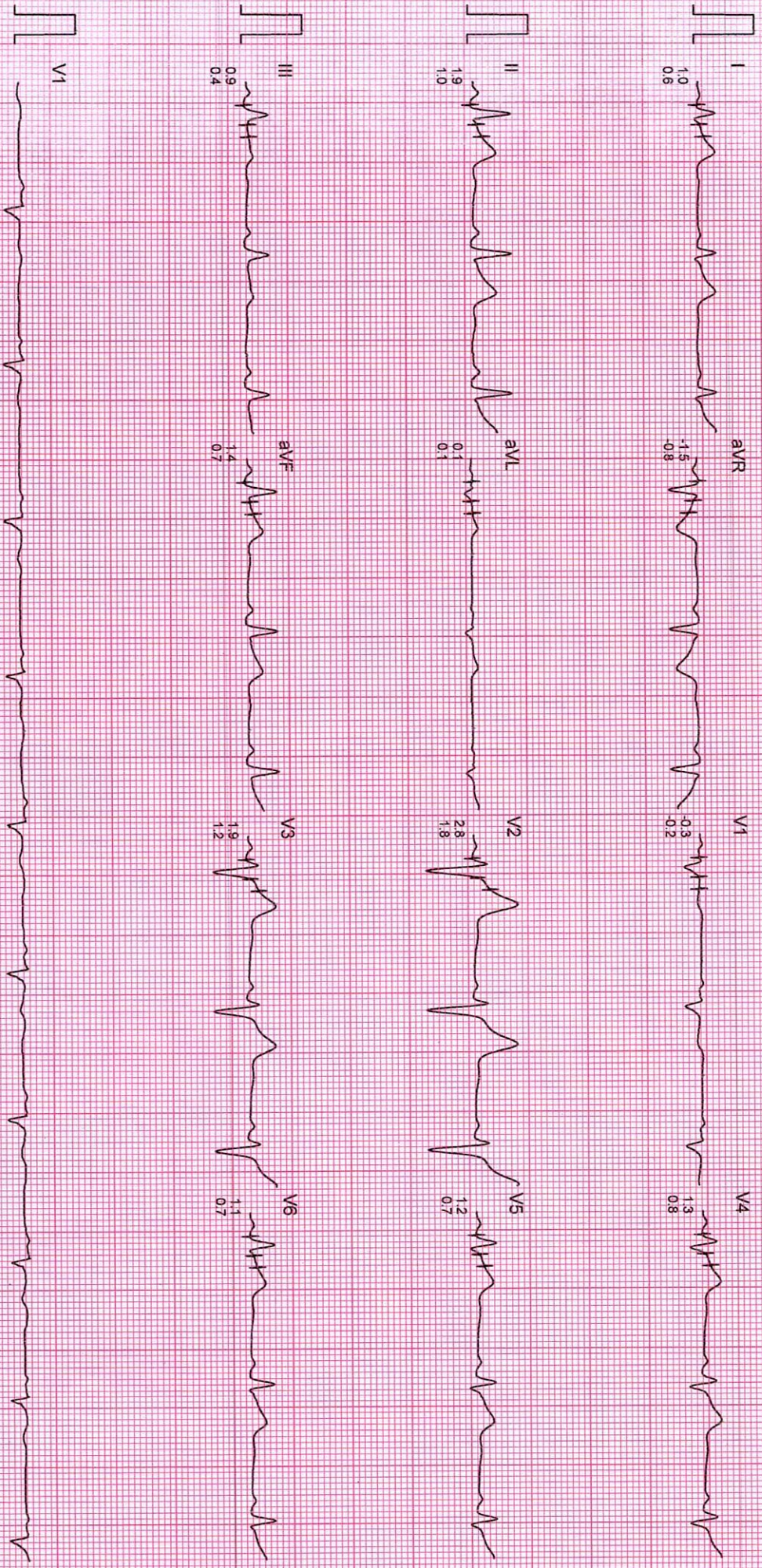


MR. PRANSHU PASBOLA
I.D. : 26522
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:24

RATE : 60 BPM
B.P. : 126/76 mmHg

HYPERVENTILATION
PRETEST
STAGE TIME : 0:24

LINKED MEDIUM



MR. PRANSHU PASBOLA

I.D. : 26522

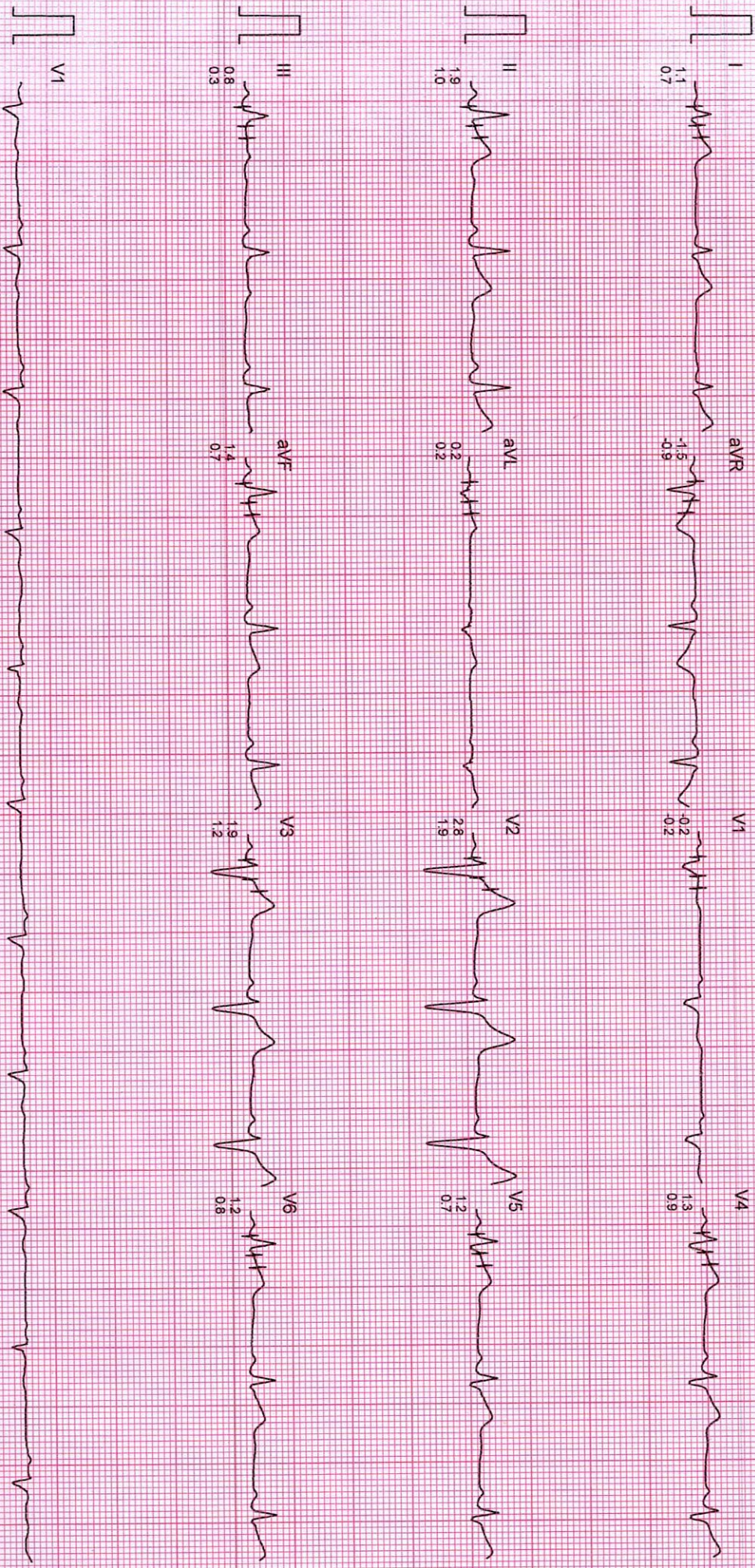
AGE/SEX : 34/M

RECORDED : 9-11-2024 9:21

RATE : 65 BPM

B.P. : 126/76 mmHg

LINKED MEDIUM

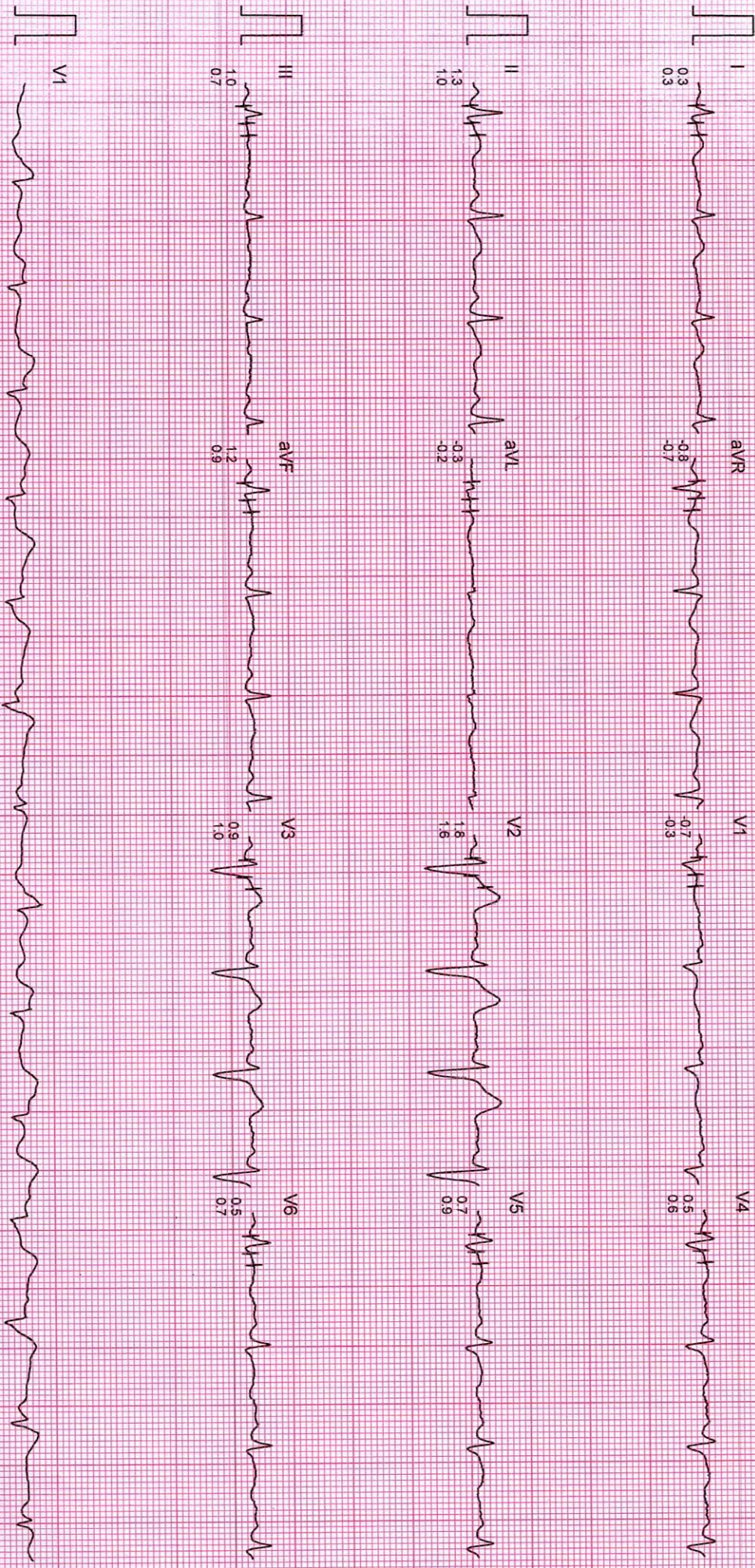


Mr. PRANSHU PASBOLA
I.D. : 26522
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:21

RATE : 87 BPM
B.P. : 130/80 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 %
LINKED MEDIAN

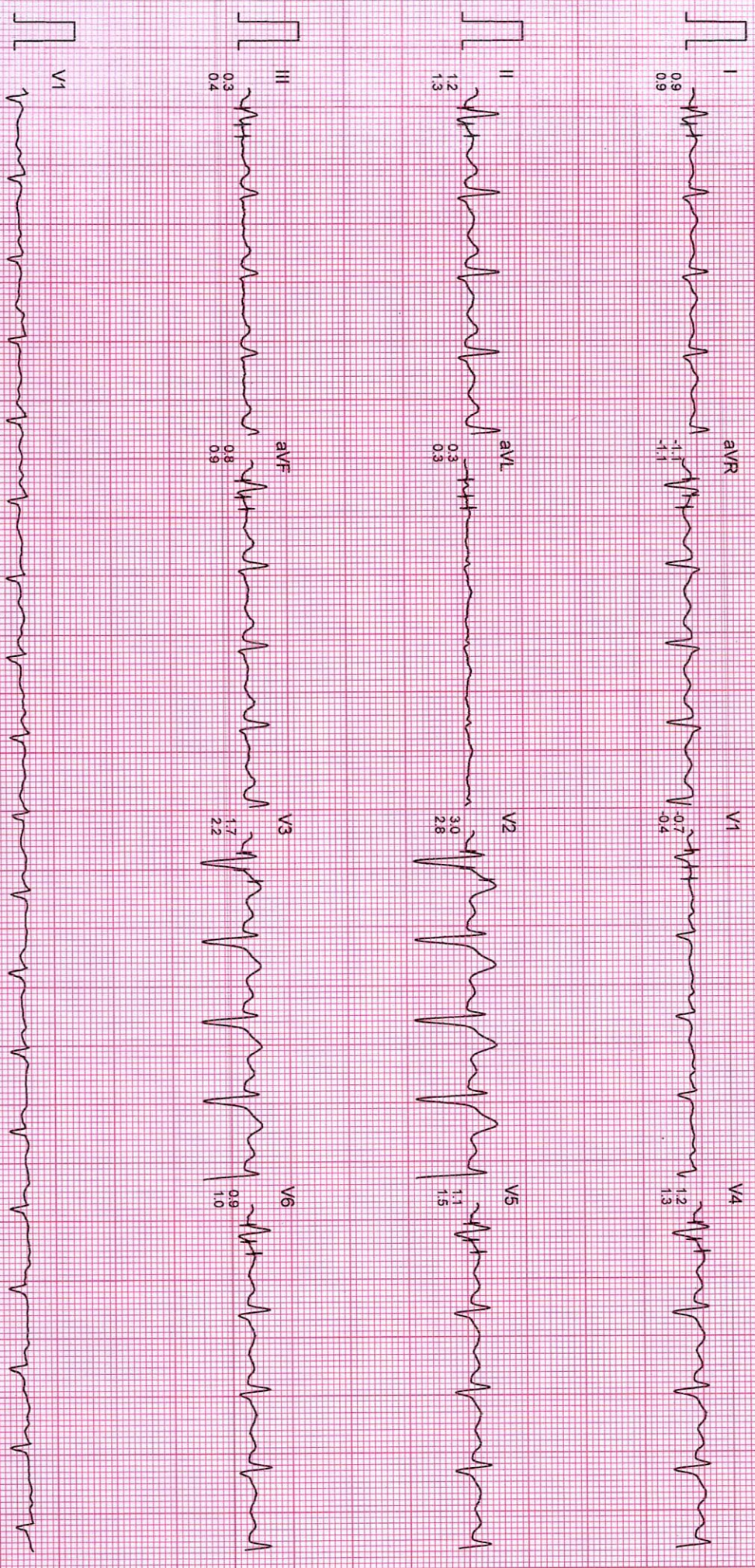


Mr. PRANSHU PASBOLA
I.D. : 26522
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:21

RATE : 112 BPM
B.P. : 136/86 mmHg

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

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

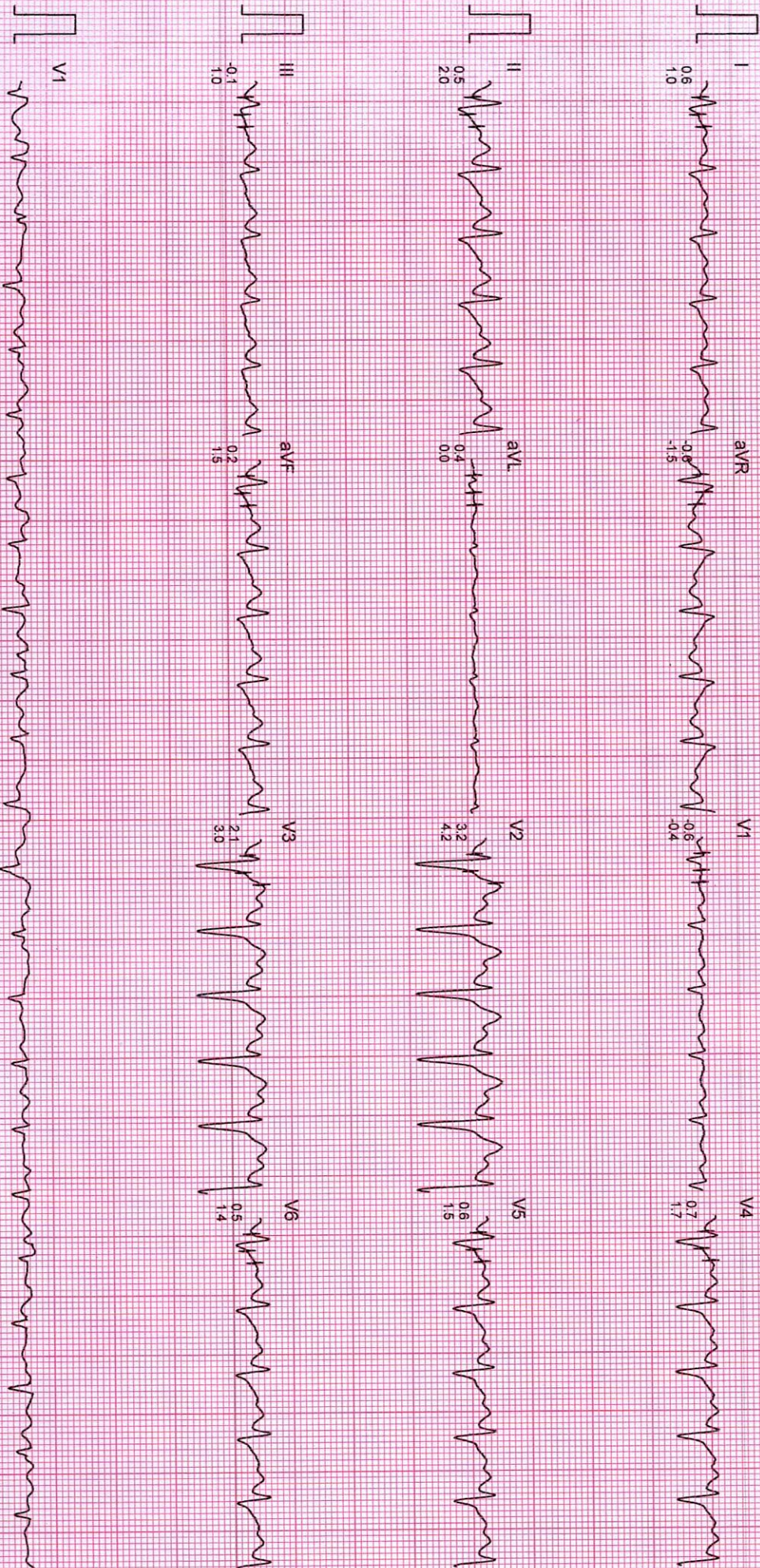


Mr. PRANSHU PASBOLA
I.D. : 26522
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:21

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

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

LINKED-MEDIAN

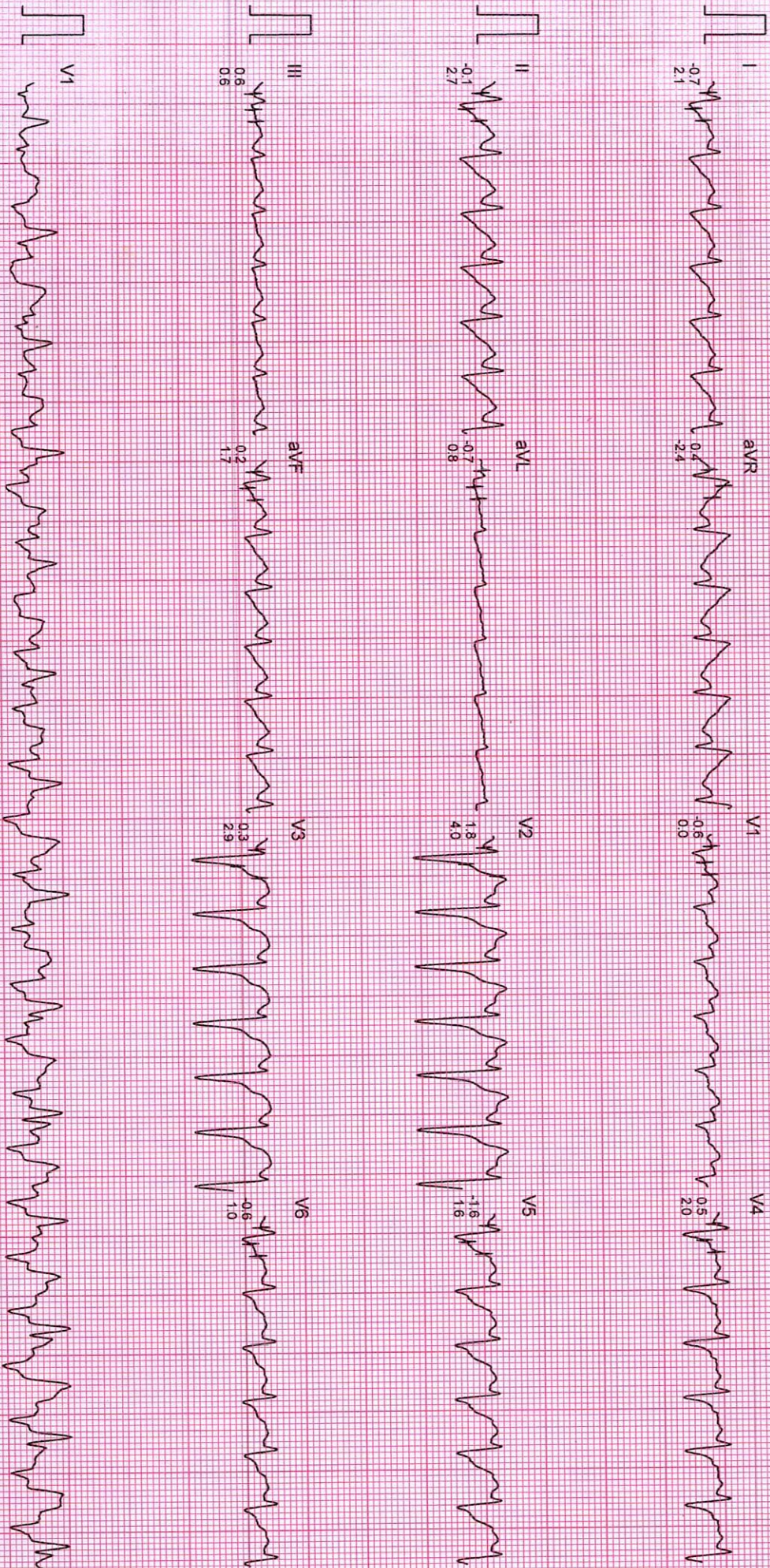


Mr. PRANSHU PASBOLA
I.D. : 26622
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:21

RATE : 166 BPM
B.P. : 144/92 mmHg

BRUCE
EXERCISE 4
PHASE TIME : 10:44
STAGE TIME : 1:44

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



MR. PRANSHU PASBOLA

I.D. : 26522

AGE/SEX : 34/M

RECORDED : 9-11-2024 9:21

RATE : 169 BPM
B.P. : 144/92 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 10:53

STAGE TIME : 1:53

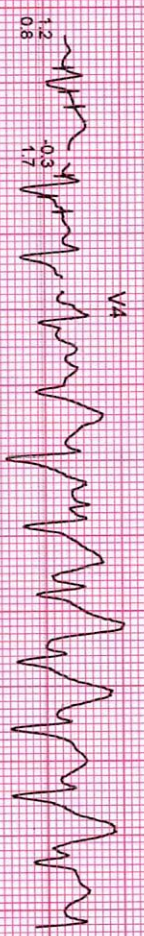
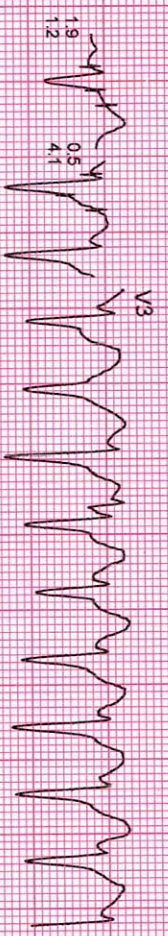
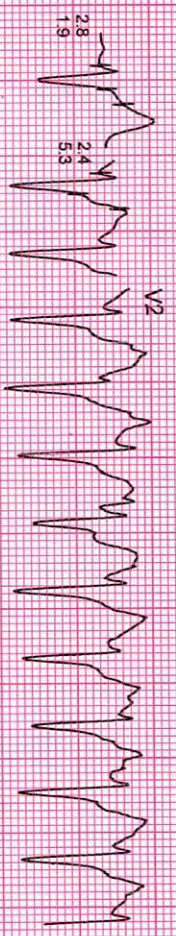
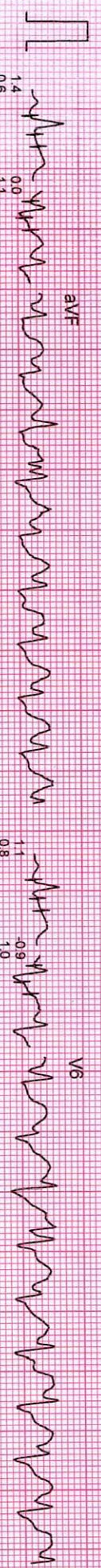
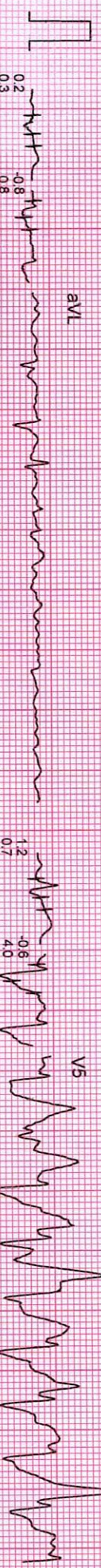
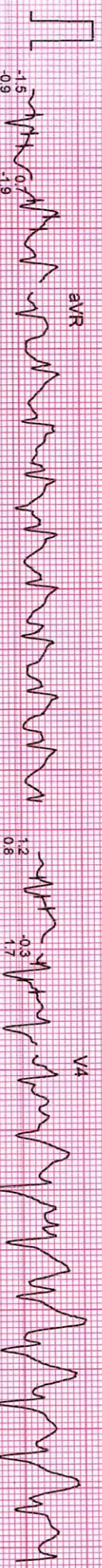
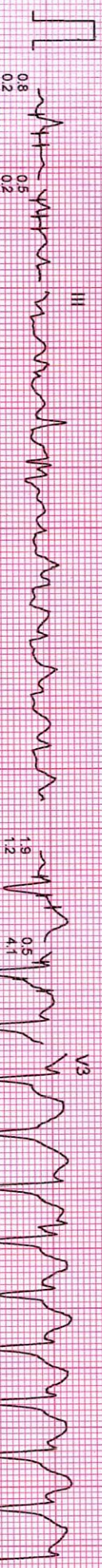
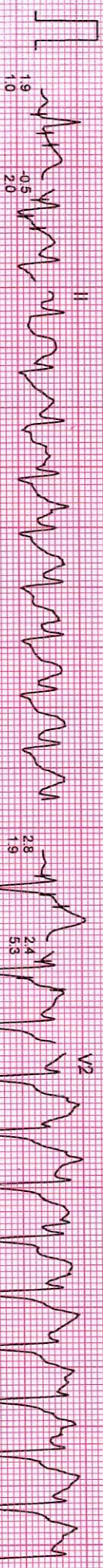
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

MIXED E.C.G.



Mr. PRANSHU PASBOLA

I.D. : 26522

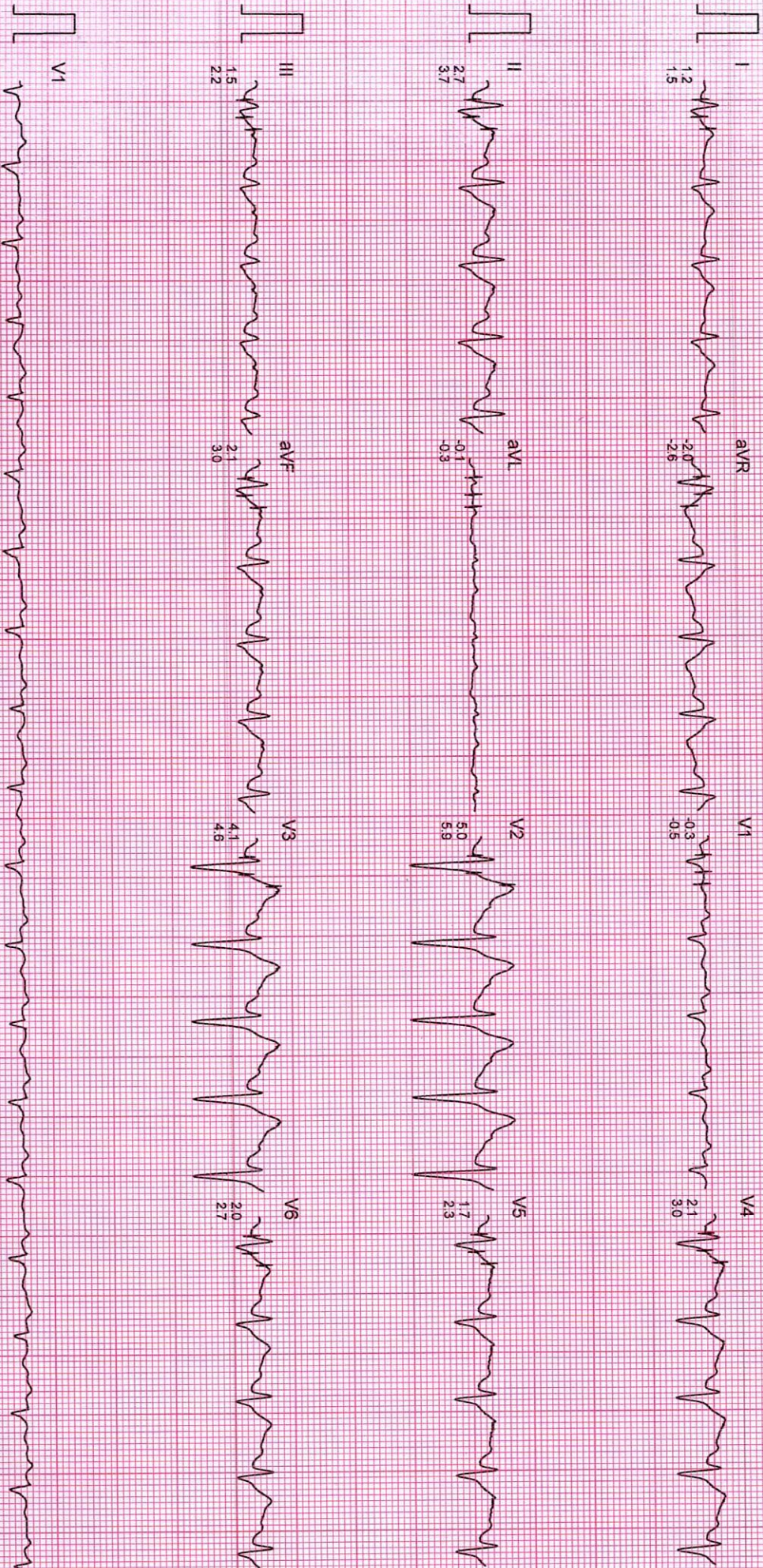
AGE/SEX : 34/M

RECORDED : 9-11-2024 9:21

RATE : 116 BPM
B.P. : 140/88 mmHg

BRUCE
RECOVERY
PHASE TIME : 0:59

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

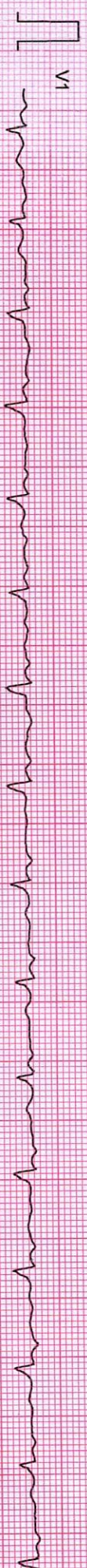
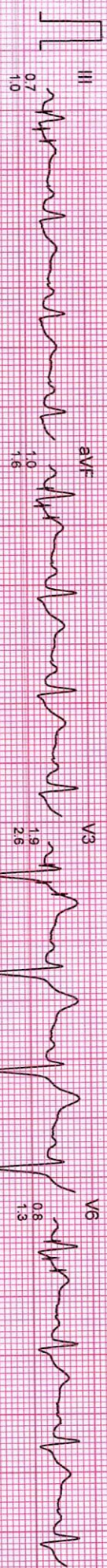
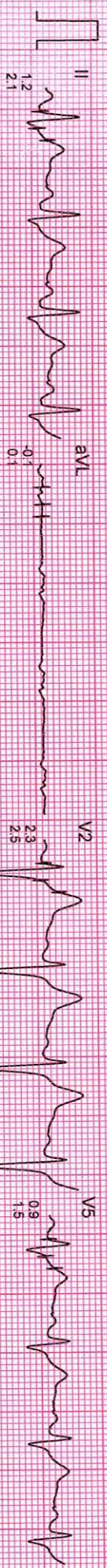
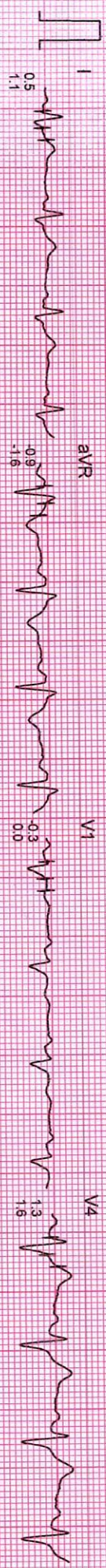


Mr. PRANSHU PASBOLA
I.D. : 26522
AGE/SEX : 34/M
RECORDED : 9-11-2024 9:21

RATE : 92 BPM
B.P. : 134/82 mmHg

BRUCE
RECOVERY
PHASE TIME : 1:59

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



Mr. PRANSHU PASBOLA

I.D. : 26522

AGE/SEX : 34/M

RECORDED : 9-11-2024 9:21

RATE : 85 BPM

B.P. : 126/76 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

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

LINKED MEDIAN

