



A Unit of Diagnostic Care with Trust

# श्री साई इमेजिंग एंड डायग्नोस्टिक सेंटर

हर जीवन अमूल्य है

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

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

PT. NAME	:- MR. VIKASH KUMAR SURYAM	Sample Collected On	:- 15/11/2024
PT. AGE/SEX	:- 39 Y / M	Report Released On	:- 15/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10601
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	85.2	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	102.3	mg/dl	70 - 140
Cholesterol	139.5	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >=240
Triglycerides	90.8	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	47.0	mg/dl	<40 : Low 40-60 : Optimal >60 : Desirable
LDL	74.34	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	18.16	mg/dl	7 - 40
Cholesterol/HDL Ratio	2.97		0 - 5.0
LDL/HDL Ratio	1.58	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.

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...



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Bilirubin - Total	0.56	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.14	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.42	mg/dl	0 - 1.1
SGOT (AST)	20.8	U/L	17 - 59
SGPT (ALT)	24.8	U/L	21 - 72
Alkaline phosphatase (ALP)	90.4	U/L	38 - 126
Total Proteins	7.5	g/dl	6.3 - 8.2
Albumin	4.4	g/dl	3.5 - 5.0
Globulin	<b>3.10</b>	g/dl	2.3 - 3.6
A/G Ratio	1.42		1.1 - 2.0
Gamma GT	28.7	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	20.7	mg/dL	10 - 50
Creatinine	0.84	mg/dL	0.66 - 1.25
Uric Acid	3.7	mg/dL	3.5 - 8.5
Sodium (Na)	140.2	mmol/L	137 - 145
Pottasium (K)	4.2	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 )	139.64	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)	7.4	ug/dl	4.6 - 12.5
TSH	3.52	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
<b>STOOL EXAMINATION</b>			
<b><u>Physical Examination</u></b>			
Consistency	Solid		
Colour	Pale Yellow		Pale Yellow
Reaction.	Alkaline		
Blood	Absent		
Mucus	Absent		
Worms	Absent		
<b><u>Microscopic Examination</u></b>			
Ova	Nil		
Cyst	Nil		
Epithelial cell	Absent	/HPF	0 - 1
PUS CELLS	1-3	/HPF	0 - 5
Trophozoite	Nil		
Vegetable Material	Absent		
Other Findings			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<b><u>Microscopic Examination</u></b>			
Epithelial cells	1-2	/HPF	0 - 5
PUS CELLS	2-3	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<b><u>Chemical Examination</u></b>			
Others	Not detected		
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" AB "		
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	4900	/cumm	4000 - 11000
NEUTROPHILS	68	%	40 - 70
LYMPHOCYTES	26	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	12.6	gm/dL	12.5 - 16.5
RBC COUNT	5.34	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	37.5	%	37.5 - 49.5
MCV	<b>70.3</b>	fL	80 - 95
MCH	<b>23.6</b>	pg	26 - 32
MCHC	33.60	g/dl	32 - 36
RDW-CV	14.4	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	292000	/ $\mu$ L	150000-400000
MPV	9.2	fl	7.0 - 11.0
PDW	16.1	%	12 - 18
P-LCR	24.9	%	13 - 43
ESR	12	after 1 hr	0 - 15
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.1	%	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.


--- End Of Report ---

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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 21.211115° Long 81.645623°  
15/11/24 10:07 AM GMT +05:30



भारत सरकार

Government of India



Aadhaar no. issued: 24/10/2014



विकास कुमार सूर्याम

Vikas Kumar Suryam

जन्म तिथि/DOB: 29/06/1985

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).**

8286 6059 8635

मेरा आधार, मेरी पहचान





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

C/O दशरथ सिंह सूर्याम, एम -6 श्री राम पार्क बस्ती, सेक्टर  
3 डी डी नगर रायपुर, रायपुर, रविशंकर युनिवर्सिटी, रायपुर,  
छत्तीसगढ़ - 492010

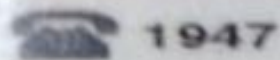
Address:

C/O Dashrath Singh Suryam, m -6 shree ram  
park colony, sector 3 d d nagar raipur, Raipur,  
PO: Ravi Shankar University, DIST: Raipur,  
Chhattisgarh - 492010

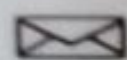


**8286 6059 8635**

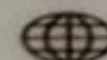
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1947



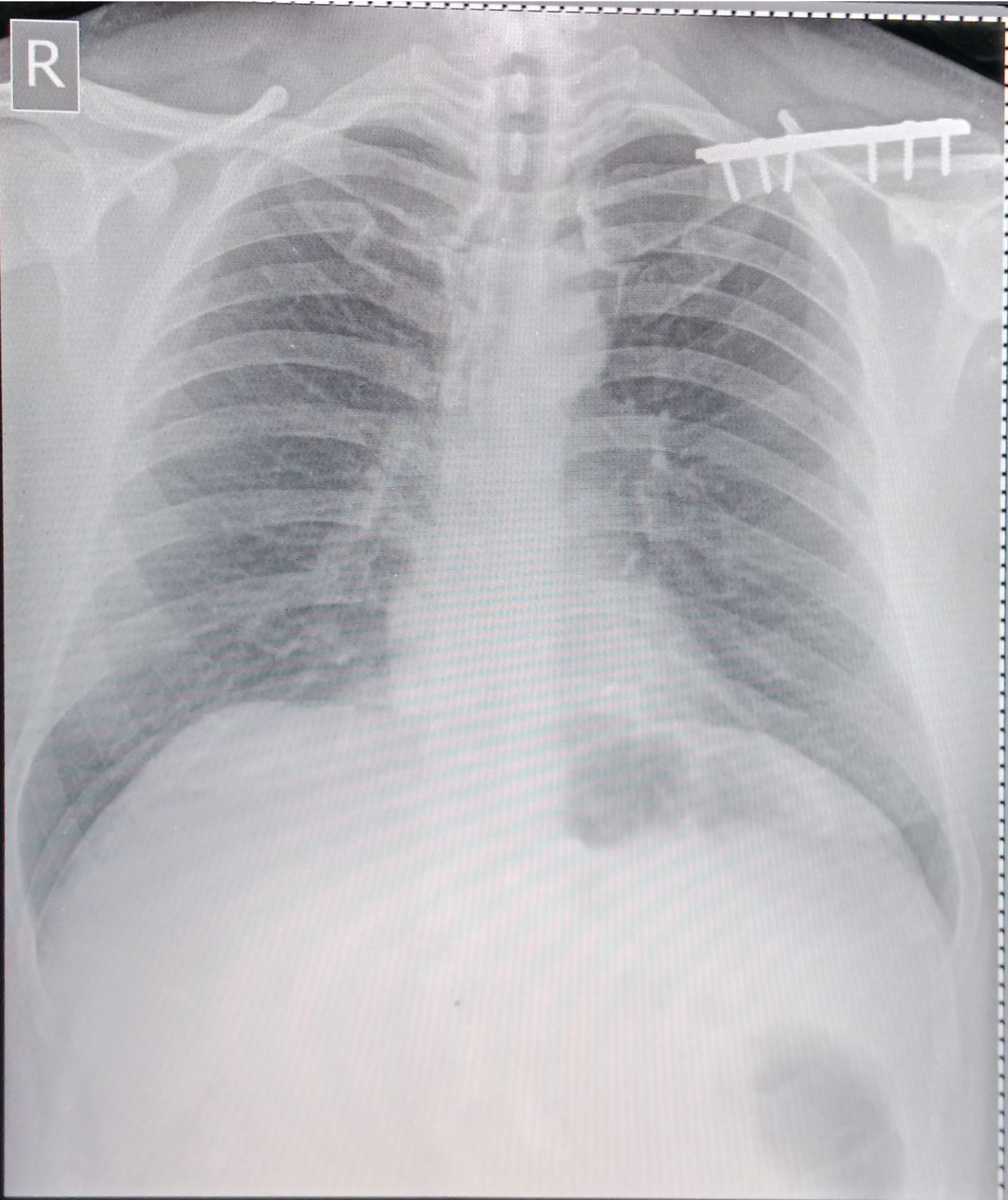
help@uidai.gov.in



www.uidai.gov.in

Details as on: 21/04/2024

R



**MR. VIKASH KUMAR SURYAM**  
MEDIWHEEL  
SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER

Male / 39 year( Chest

15/11/2024 10:55:09

DATE- 15-Nov-24

PATIENT NAME ..... MR. VIKASH KUMAR SURYAM  
AGE/SEX ..... 39 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 10.1 x 4.1 cm.  
Left kidney measures 11.4 x 5.1 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.  
**Midline incisional hernia in epigastric region with approx wall defect measures 17.0 mm.**  
**Fairly defined cystic lesion noted at supraumbilical / umbilical region measure 37.0 x 23.0 mm along post operative scar in peritoneal surface.**

#### **IMPRESSION:**

- ❖ Midline incisional hernia in epigastric region.
- ❖ Fairly defined cystic lesion noted at supraumbilical / umbilical region along post operative scar in peritoneal surface .- Likely post operative fibrocystic changes

Advice- CECT abdomen for further evaluation

Needs clinical correlation & other investigations.



Dr. Hulesh Mandle, MD  
Consultant Radiologist

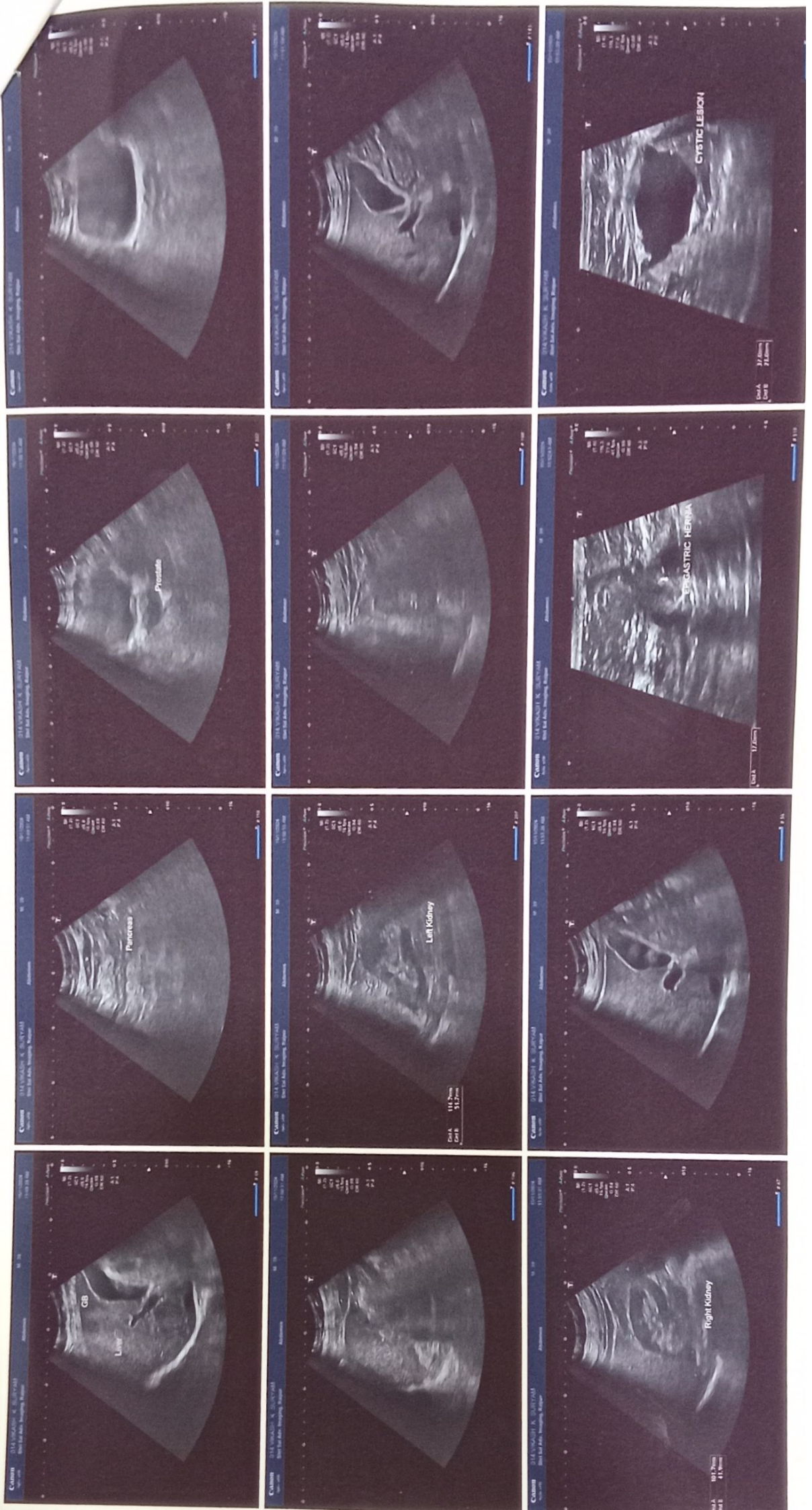
#### **Kindly Note:-**

- 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 जांच ही सही इलाज का आधार है...

# SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGAR R

15 Nov 2024 Study : Abdomen  
Name : VIKASH K SURYAM 039Y / M



**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

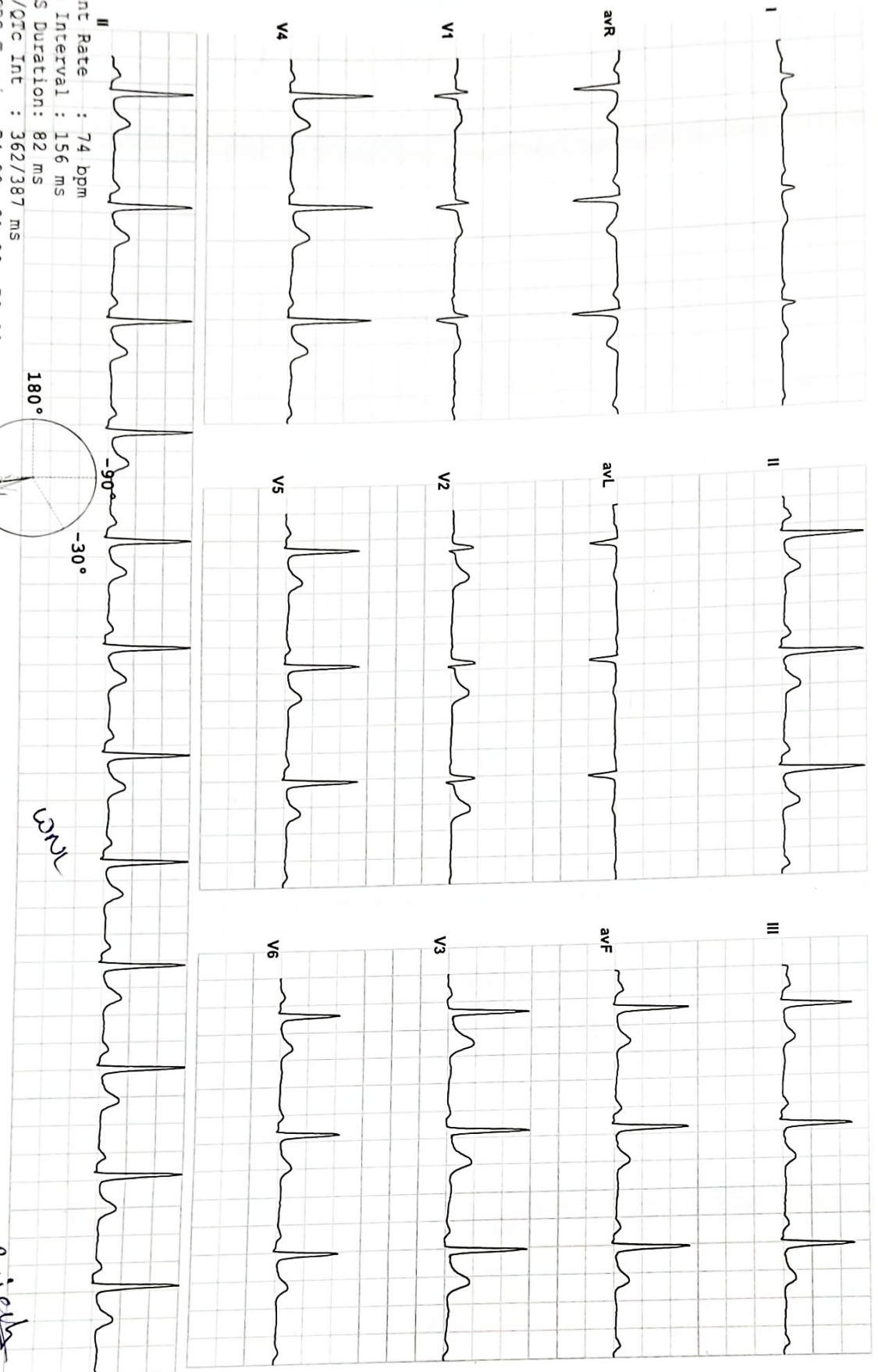
735 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 162Cms. / 60Kgs. / Non Smoker

Heart Rate : 74 bpm / Tested On : 15-Nov-24 10:59:26 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By: MEDIWHEEL

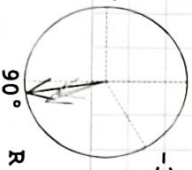
**EKG**



ACHPL



Vent Rate : 74 bpm  
PR Interval : 156 ms  
QRS Duration: 82 ms  
QT/QTc Int : 362/387 ms  
P-QRS-T axis: 74.00° 81.00° 70.00°



Axis  
90° R 81.00° T 70.00° P 74.00°

Allergens ECG (Piscas)(P/S218210312)

Reported By:

*Rajesh*  
**DR. RAJESH SHARMA**  
MD, PGDCC (Cardiologist)  
CGMC- 69612007



# रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियलिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

DATE  
15-11-

MR. VIKASH KUMAR

AGE/SEX - 39 Y/M

WEIGHT

NO routine Examination

- ENT -

O/E was both

- Rest ENT - NYH

§  
Ears - clear - of  
both eyes - for 7 days

Rest ENT - clinically  
normal

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



**Dr. Dinesh Shrey**

MD (AIIMS) New Delhi  
Consultant Eye Surgeon  
Reg. No.- CGMC/862/2007



**COMET**  
EYE HOSPITAL  
"Think Eye -Think Us"  
An AIIMS (Delhi) Alumni Network

[www.cometeyehospitals.com](http://www.cometeyehospitals.com)

MRD No

Patient : MR.VIKASH KUMAR / male / 39Yr(s)

Date : 15-11-2024 01:33 PM

Address: PAMGARH

Contact Number : 6262223591

Presenting Complaint: ROUTINE CHECK UP

Vision:

Eye	Distance vision			Near vision	
	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/9				
Left	6/6P				

Final Prescription Spectacle Correction:

D.V	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
		-0.50	110	6/6	-0.25			6/6

Examination:

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

Diagnosis:

**BothEyes-REFRACTIVE ERROR**

DR DINESH (CGMC/862/2007)

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

RADHAKRISHNA VIHAR SANTOSHI NAGAR Email:

5'3 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / NonSmoker  
 Date: 15 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Report



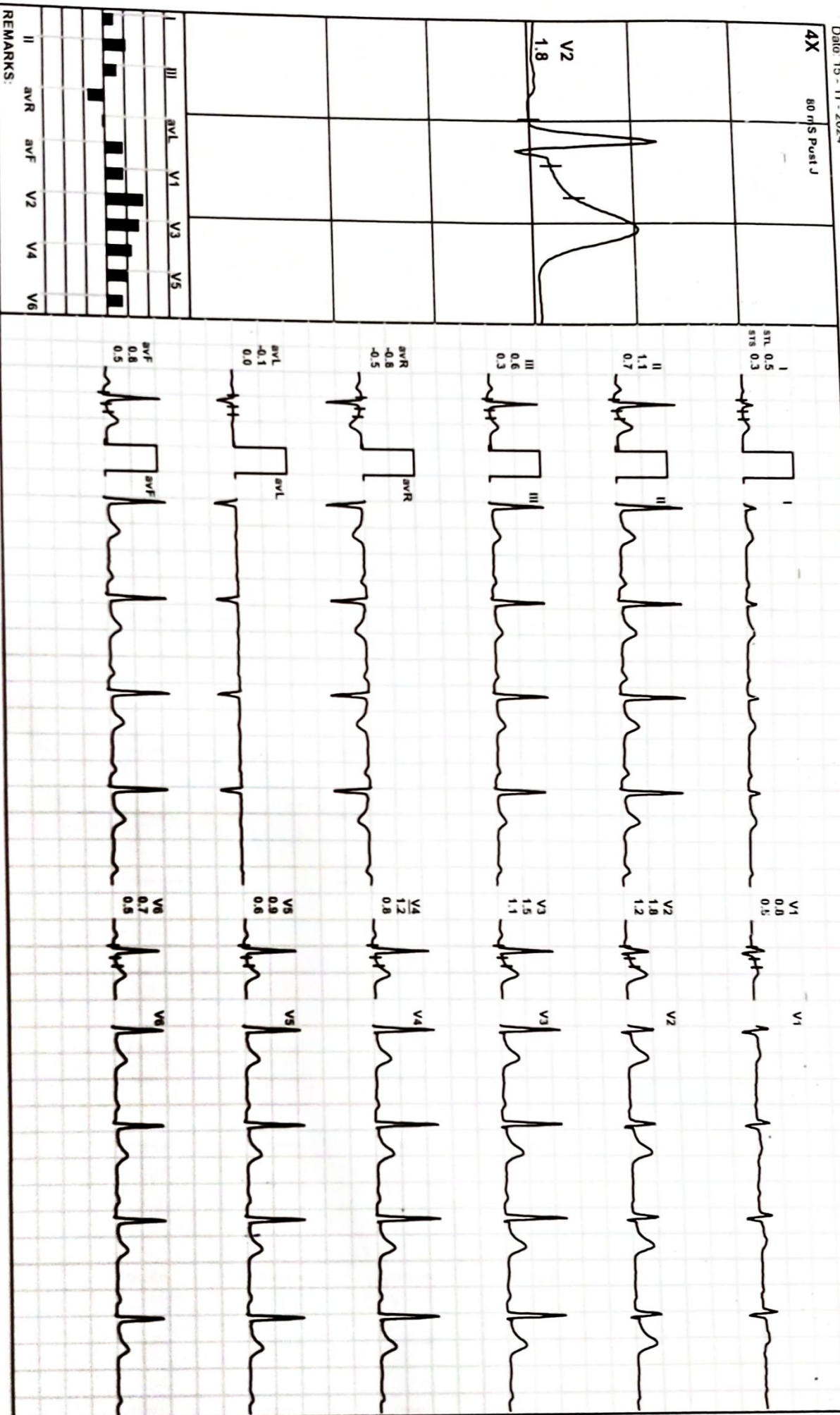
Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	087	48 %	110/70	095	00	
Standing	00:38	0:28	00.0	00.0	01.0	088	49 %	110/70	096	00	
ExStart	01:02	0:24	00.0	00.0	01.0	095	52 %	110/70	104	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	172	95 %	115/75	197	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	199	110 %	122/82	242	00	
PeakEx	07:52	0:50	03.4	14.0	08.0	201	111 %	122/82	245	00	
Recovery	08:52	1:00	01.1	00.0	01.2	190	105 %	120/80	228	00	
Recovery	09:07	1:15	01.1	00.0	01.0	186	103 %	118/78	219	00	

**FINDINGS :**

Exercise Time : 06:50  
 Max HR Attained : 201 bpm 111% of Target 181  
 Max BP Attained : 122/82 (mm/Hg)  
 Max WorkLoad Attained : 8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved  
**REPORT : TWT Negative**

*Rajesh*  
**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 686/2007





REMARKS:

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTRE**

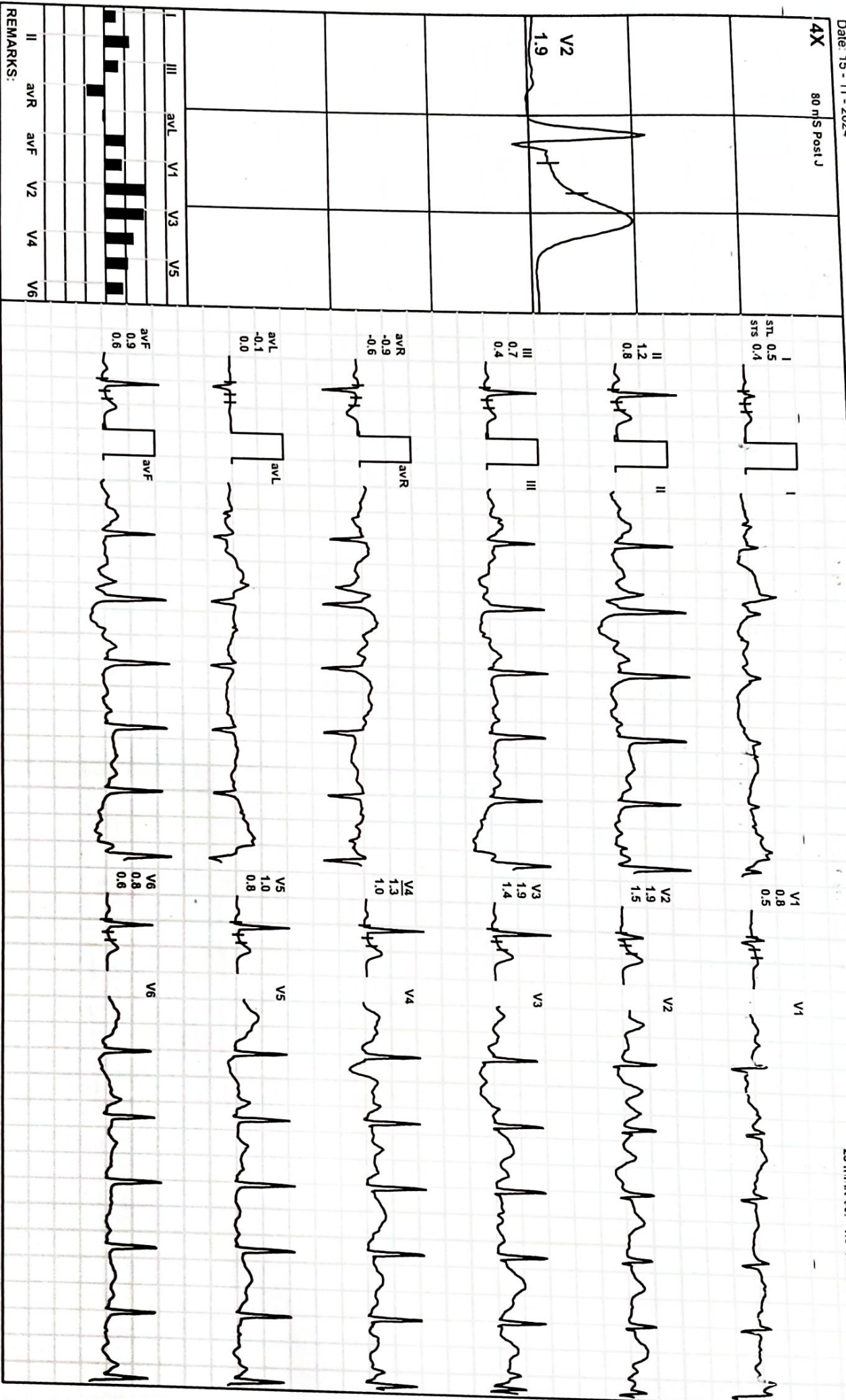
518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 88

Date: 15 - 11 - 2024

METS: 1.0/ 88 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 9.0 mph, 0.0%

25 mV/5 c. 1.0 cm/rV



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 95

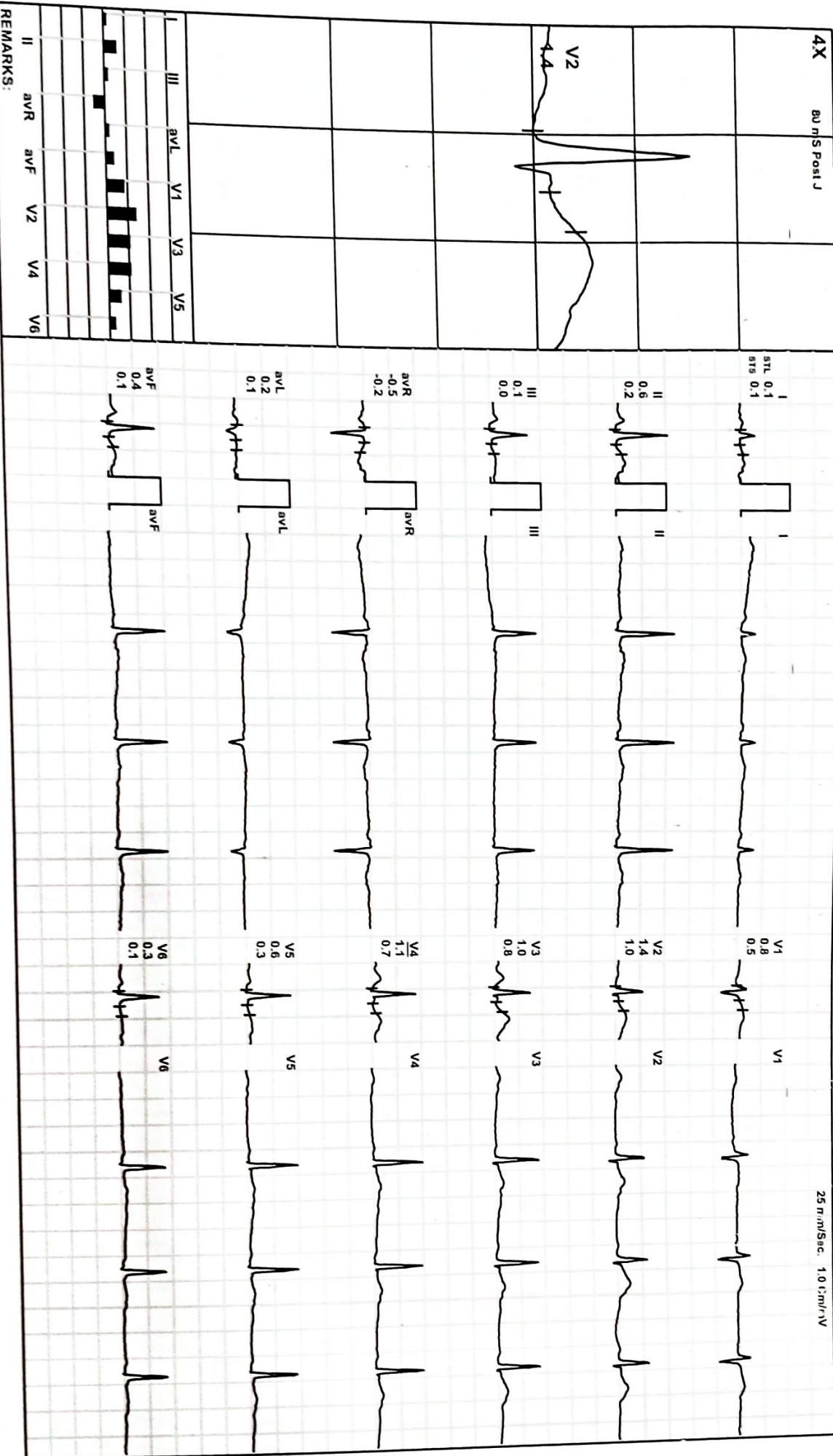
ExStart



Date: 15 - 11 - 2024

METS: 1.0/95 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/ LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%



REMARKS:

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

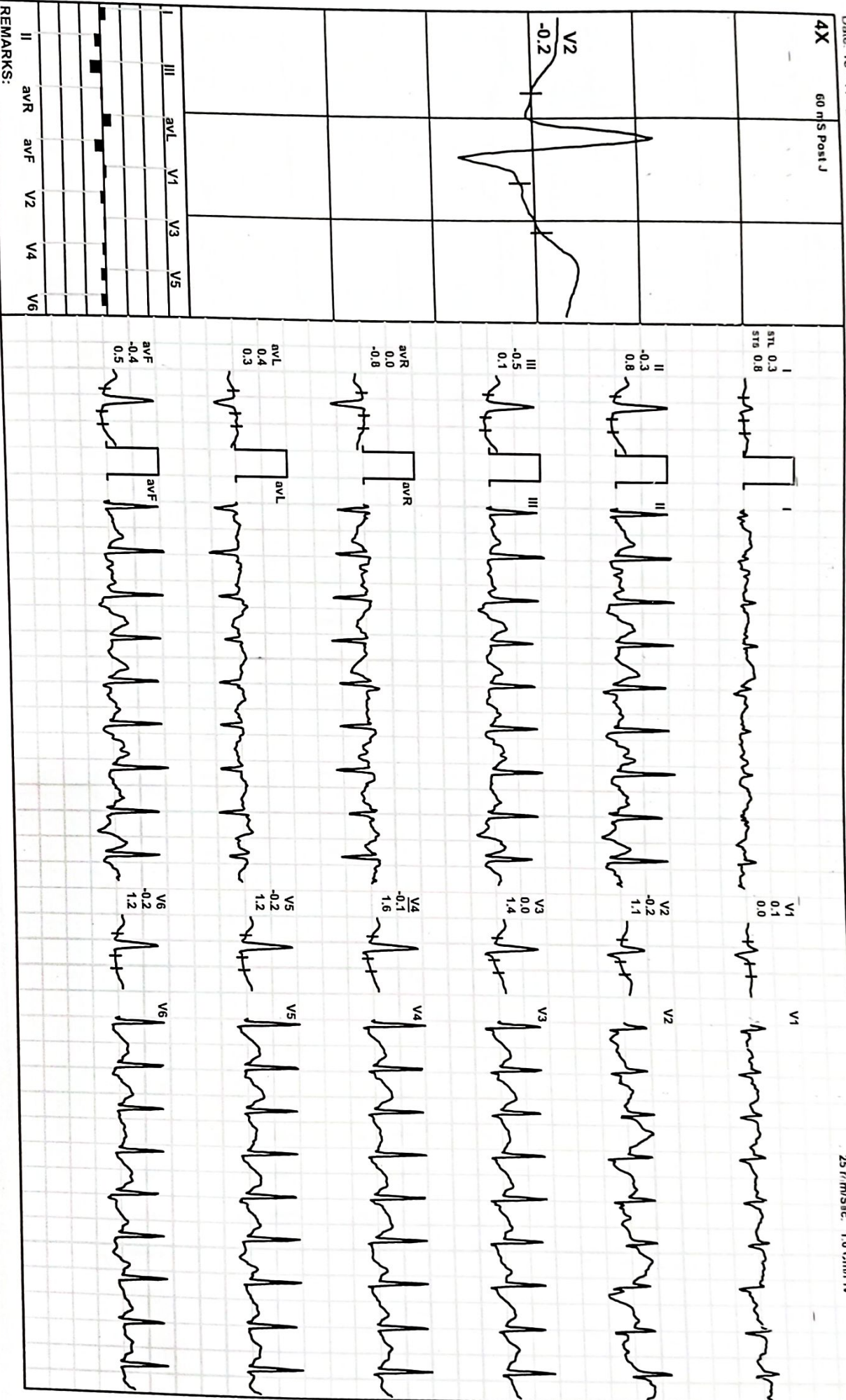
518 / MR. VIKAS KUMAR SURYAM / 39 YRS / M / 169 Cms / 71 Kg / HR : 172

BRUCE: Stage 1(3:00)

Date: 15 - 11 - 2024

METS: 4.71 172 bpm 95% of THR BP: 115/75 mmHg Raw ECG/BI C On/ Natch On/ HF 0.05 HZLF 100 Hz

ExTime 03:00 1.7 mph 10.0%  
25 r/mSec. 1.0 cm/rV



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

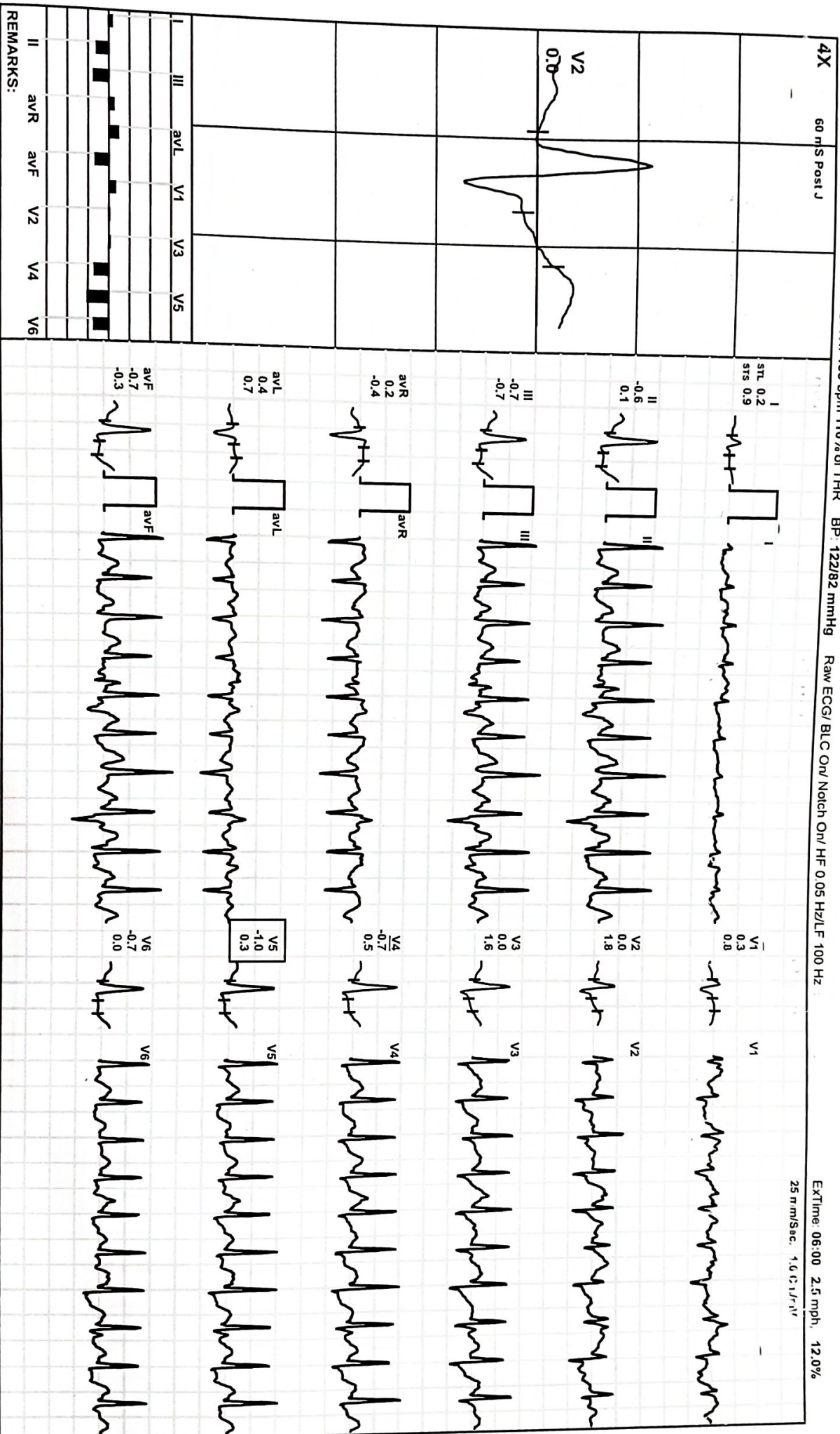
518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 199

Date: 15 - 11 - 2024 METS: 7.1/199 bpm 110% of THR BP: 122/82 mmHg Raw ECG/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 100 Hz

BRUCE: Stage 2(3:00)

ACHP

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 (1.1/1.1)



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 201

PeakEx

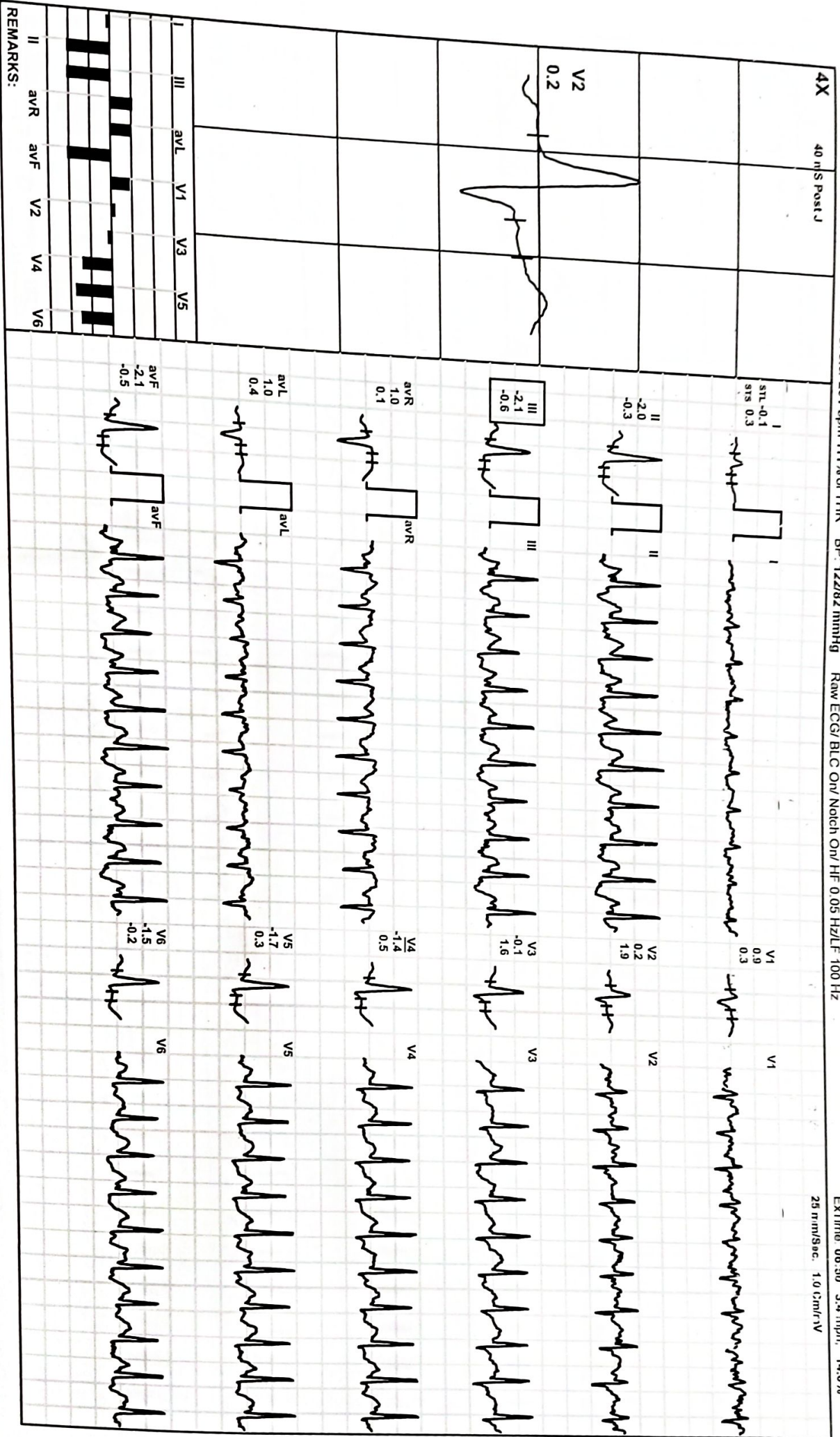


Date: 15 - 11 - 2024

MEETS: 8.0/ 201 bpm 111% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:50 3.4 mPh, 14.0%

25 mm/Sec. 1.0 Cm/rV



REMARKS:

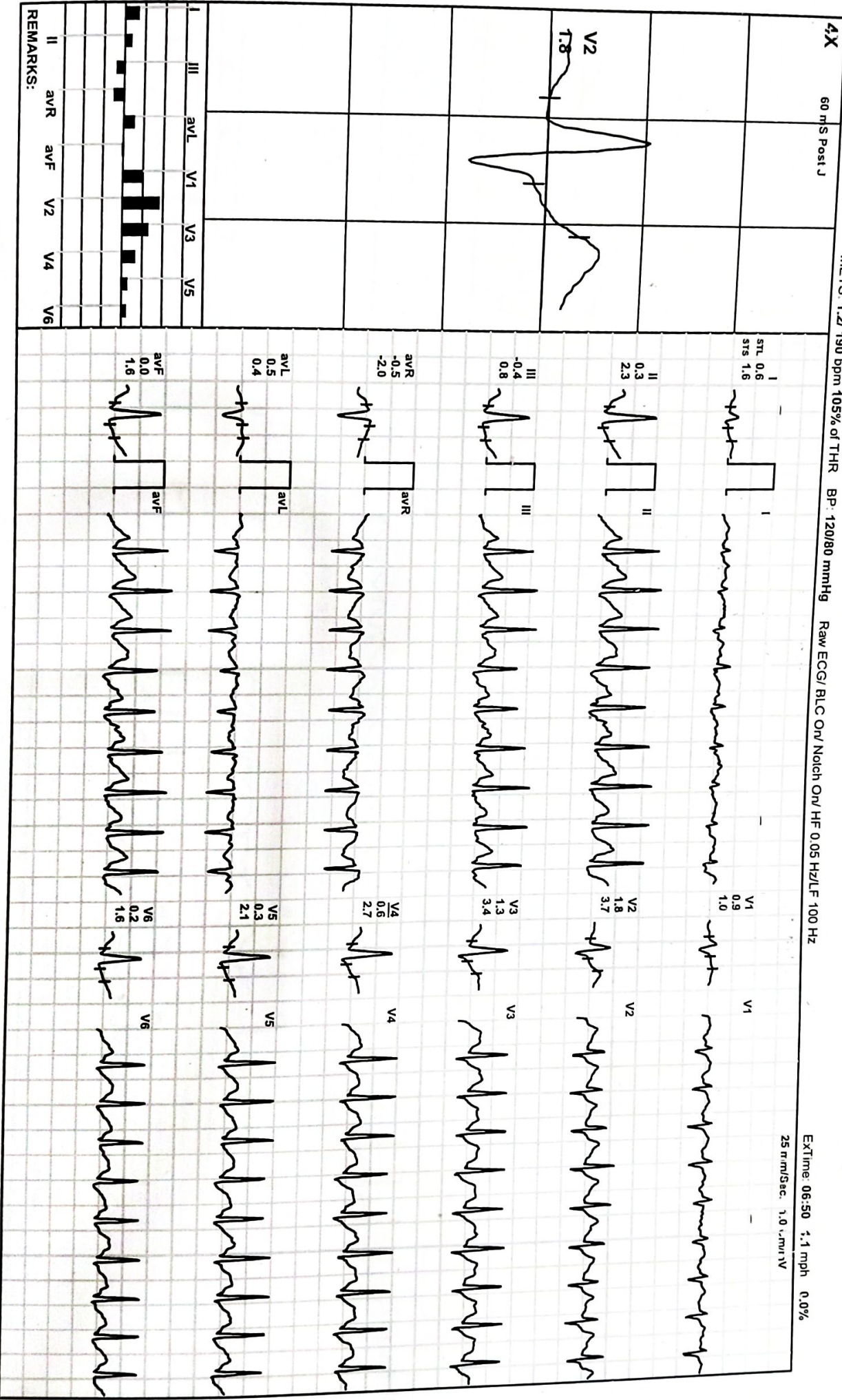
**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**  
 518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 190

Date: 15 - 11 - 2024

METS: 1.2/ 190 bpm 105% of THR BP- 120/80 mmHg Raw ECG/ RLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

Recovery(1:00)

AGIP



REMARKS:

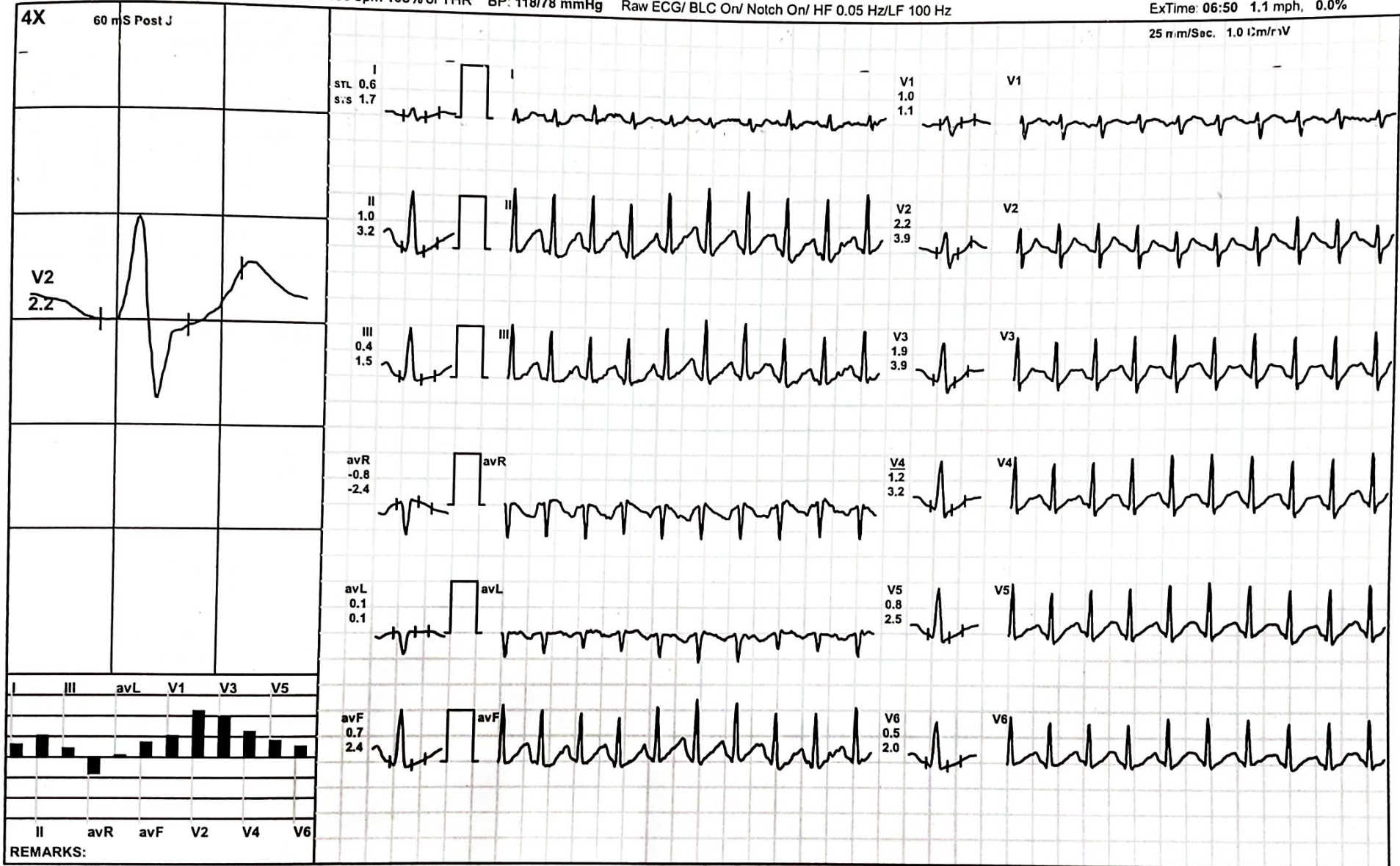


Date: 15 - 11 - 2024

METS: 1.0/ 186 bpm 103% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:50 1.1 mph, 0.0%

25 mm/Sec. 1.0 cm/rV





# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / M / 169 Cms / 71 Kg / HR : 168

Date: 15-11-2024

## ST Measurements

ACHPL

Protocol : BRUCE

STL(µm)	STI(mv/sec)																							
	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6												
Supine	0.5	1.1	0.6	-0.8	-0.1	0.8	0.8	1.8	1.5	1.2	0.9	0.7	0.3	0.7	0.3	-0.5	0.0	0.5	0.5	1.2	1.1	0.8	0.6	0.5
Standing	0.5	1.2	0.7	-0.9	-0.1	0.9	0.8	1.9	1.9	1.3	1.0	0.8	0.4	0.8	0.4	-0.6	0.0	0.6	0.5	1.5	1.4	1.0	0.8	0.6
ExStart	0.1	0.6	0.1	-0.5	0.2	0.4	0.8	1.4	1.0	1.1	0.6	0.3	0.1	0.2	0.0	-0.2	0.1	0.1	0.5	1.0	0.8	0.7	0.3	0.1
Stage 1	0.3	-0.5	-0.5	0.0	0.4	-0.4	0.1	-0.2	0.0	-0.1	-0.2	-0.2	0.8	0.8	0.1	-0.8	0.3	0.5	0.0	1.1	1.4	1.6	1.2	1.2
Stage 2	0.2	-0.6	-0.7	0.2	0.4	-0.7	0.3	0.0	0.0	-0.7	-1.0	-0.7	0.9	0.1	-0.7	-0.4	0.7	-0.3	0.8	1.8	1.6	0.5	0.3	0.0
PeakEx	-0.1	-2.0	-2.1	1.0	1.0	-2.1	0.9	0.2	-0.1	-1.4	-1.7	-1.5	0.3	-0.3	-0.6	0.1	0.4	-0.5	0.3	1.9	1.6	0.5	0.3	-0.2
Recovery	0.6	0.3	-0.4	-0.5	0.5	0.0	0.9	1.8	1.3	0.6	0.3	0.2	1.6	2.3	0.8	-2.0	0.4	1.6	1.0	3.7	3.4	2.7	2.1	1.6
Recovery	0.6	1.0	0.4	-0.8	0.1	0.7	1.0	2.2	1.9	1.2	0.8	0.5	1.7	3.2	1.5	-2.4	0.1	2.4	1.1	3.9	3.9	3.2	2.5	2.0

STI(µVs)

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	5.3	12.1	6.8	-8.7	-0.8	9.4	6.3	17.8	15.5	12.6	10.1	8.0
Standing	5.6	13.0	7.4	-9.3	-0.8	10.2	5.8	17.8	17.4	13.6	10.9	8.6
ExStart	2.5	8.2	5.7	-5.4	-1.6	6.9	9.3	12.0	12.5	6.7	4.3	3.1
Stage 1	0.6	-4.3	-4.8	1.9	2.6	-4.6	1.9	-1.1	-2.3	-4.6	-3.8	-2.5
Stage 2	-1.7	-5.9	-4.5	3.6	1.5	-5.2	0.2	-0.4	-4.8	-5.8	-5.0	-4.3
PeakEx	-2.5	-6.9	-4.4	4.7	1.0	-5.7	1.0	-3.4	-4.3	-6.6	-6.4	-4.0
Recovery	-0.5	-3.4	-3.2	1.8	1.5	-3.3	3.1	1.1	-0.3	-2.6	-3.2	-2.6
Recovery	-0.6	-1.6	-1.0	1.1	0.2	-1.3	3.5	3.4	2.1	-0.3	-1.4	-1.6

# SRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR  
518 / MR. VIKAS KUMAR SURYAM / 39 Yrs / Male / 169 Cm / 71 Kg / Non Smoker

AGHPL

Time	HR	PR Int	QRS Wld	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads for (J & PJ)	Min. Post JRR Var (%)	VEB (Counts)	Missed Beats (Counts)
(Min.)	(bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(μV)	(μV)	(Counts)	(Counts)
00:30	93	160	62	74	469	304	1107	-709	337	16 V1	-14	0	0
01:00	87	138	70	70	454	164	1140	-704	381	I	-139	0	0
01:30	107	140	74	81	460	228	1148	-739	242	V6	-12	0	0
02:00	137	118	96	85	346	288	1125	-391	177	V2	-31	0	0
02:30	166	108	72	83	408	295	1048	-606	254	I	-17	0	0
03:00	172	102	60	85	319	289	1072	-622	203	V2	-35	0	0
03:30	174	104	60	84	314	280	1072	-634	225	III	-69	0	0
04:00	179	102	60	84	406	298	1053	-636	234	V5	-67	0	0
04:30	186	92	60	81	328	309	1048	-587	478	V4	-108	0	0
05:00	189	92	60	83	400	310	1025	-608	216	II	-99	0	0
05:30	194	88	60	85	397	283	1012	-588	245	V5	-103	0	0
06:00	196	84	70	85	393	312	1026	-592	253	II	-92	0	0
06:30	199	86	60	82	392	311	1016	-620	254	II	-105	0	0
07:00	201	84	92	80	391	321	1065	-625	287	III	-105	0	0
07:30	201	80	78	82	391	250	1076	-621	199	V5	-172	0	0
08:00	198	84	60	88	388	324	1026	-581	292	V6	-86	0	0
08:30	190	86	60	86	399	393	1127	-629	336	avL	-1	0	0