PT. NAME	**:- MR. RAJENDRA SINGH**	**Sample Collected On**	:- 22/11/2024
PT. AGE/SEX	:- 42 Y / M	**Report Released On**	:- 22/11/2024
MOBILE NO	:- 00	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	**:- 10625**
Company	**:- -**	**TPA**	**:- MEDIWHEEL**

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	**81.2**	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	**135.2**	mg/dl	70 - 140
Uric Acid	4.6	mg/dL	3.5 - 8.5
Blood Urea Nitrogen (BUN)	16.0	mg/dL	7 - 18
Serum Creatinine	1.0	mg/dl	0.66 - 1.25
Cholesterol	168.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	96.3	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	43.0	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	**105.94**	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	19.26	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.91		0 - 5.0
LDL/HDL Ratio	2.4	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 Cholestero - 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

PT. NAME	**:- MR. RAJENDRA SINGH**	**Sample Collected On**	:- 22/11/2024
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Bilirubin - Total	0.83	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.24	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.59	mg/dl	0 - 1.1
SGOT (AST)	40.0	U/L	17 - 59
SGPT (ALT)	35.0	U/L	21 - 72
Alkaline phosphatase (ALP)	90.7	U/L	38 - 126
Total Proteins	7.1	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	**2.80**	g/dl	2.3 - 3.6
A/G Ratio	1.54		1.1 - 2.0
Gamma GT	33.9	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.

T3 (Triiodothyronine)	**144.3**	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)	6.4	ug/dl	4.6 - 12.5
TSH	3.7	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

CHECKED BY

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PT. AGE/SEX	:- 42 Y / M	**Report Released On**	:- 22/11/2024
MOBILE NO	:- 00	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	:- **10625**
Company	:- -	**TPA**	:- **MEDIWHEEL**

CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
	STOOL EXAMINATION		
Physical Examination			
Consistancy	**Solid**		
Colour	**Brownish**		Pale Yellow
Reaction.			
Blood	**Absent**		
Mucus	Present		
Worms	Absent		
Microscopic Examination			
Ova	**Nil**		
Cyst	Absent		
Epithelial cell	**01-02**	/HPF	0 - 1
PUS CELLS	02-03	/HPF	0 - 5
Trophozoite	Absent		
Vegetable Material	**Absent**		
Other Findings	**Not detected**		
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	**Nil**		Not Detected
Microscopic Examination			
Epithelial cells	02-03	/HPF	0 - 5
PUS CELLS	01-02	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	**Absent**		Not Detected
Crystals	**Absent**		Not Detected
Bacteria	**Absent**		Not Detected
Reaction (pH)	**Acidic**		
Chemical Examination			
Others	**Not detected**		
Physical Examination			
Colour	**Colourless**		Pale Yellow
Urine Protein(Albumin)	**Nil**		Not Detected

CHECKED BY

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REG. NO. : CG MCI-2996/2010

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PT. AGE/SEX	:- 42 Y / M	**Report Released On**	:- 22/11/2024
MOBILE NO	:- 00	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	**:- 10625**
Company	**:- -**	**TPA**	**:- MEDIWHEEL**

HAEMATOLOGY

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

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

W.B.C. Indices			
TOTAL WBC COUNT	5500	/cumm	4000 - 11000
NEUTROPHILS	**72**	%	40 - 70
LYMPHOCYTES	23	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1
R.B.C. Indices			
HAEMOGLOBIN	13.8	gm/dL	12.5 - 16.5
RBC COUNT	5.47	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	42.2	%	37.5 - 49.5
MCV	**77.3**	fL	80 - 95
MCH	**25.2**	pg	26 - 32
MCHC	32.70	g/dl	32 - 36
RDW-CV	14.8	%	11.5 - 16.5
Platelet Indices			
PLATELET COUNT	**90000**	/µL	150000-400000
MPV	**14.4**	fl	7.0 - 11.0
PDW	16.4	%	12 - 18
P-LCR	**63.2**	%	13 - 43
ESR	**20**	after 1 hr	0 - 15
Advice			Correlate Clinically

CHECKED BY

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Ref. By.	**:- SELF**	**Patient Unique ID No.**	**:- 10625**
Company	:- -	**TPA**	**:- MEDIWHEEL**

HbA1C-Glycosylated Haemoglobin	**4.9**	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatistactory Control : 8 -10% Poor Control : >10%

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)	1.63	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

DATE: 22-Nov-24

PATIENT NAME	.....	MR. RAJENDRA SINGH
AGE/SEX	.....	42 YRS/ MALE
REF. BY	.....	MEDIWEEL

X-RAY CHEST PA VIEW

OBSERVATION & IMPRESSION

- Bilateral lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- The cardiac shadow is normal.
- The bony thorax is normal.

IMPRESSION **No significant abnormality is seen.**

Needs clinical correlation & other investigations.

Dr. Hulesh Mandle, MD
Consultant Radiologist

DR. HULESH MANDLE
MBBS, MD
CGMC- 223104

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

Note-

1. *The report & film are not valid for medico-legal purpose.*
2. *Please intimate us if any typing mistakes & send the report for correlation within 7 days.*

An ISO Certified Center :- ISO No. 9001 : 2015

श्री साईं एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

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

0771-4023900

हर जीवन अमूल्य है

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

24x7 Ambulance Service

DATE- 22-Nov-24

PATIENT NAME	.....	MR. RAJENDRA SINGH
AGE/SEX	.....	42 YEAR / MALE
REF. BY	.....	MEDIWEEL

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 10.8 x 4.1 cm. Left kidney measures 11.3 x 4.4 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 ~ 3.9 x 2.8 x 3.7 cm & vol 22.1 cc, 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 Reg No. CG-[illegible]/2004 RAIPUR (C.G.)

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 I

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

22 Nov 2024 Study : Abdomen
Name : RAJENDRA 042Y / M

ADVANCE IMAGING AND DIAGNOSTIC CENTER

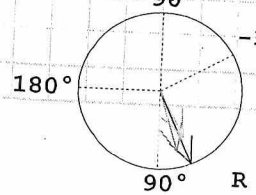
739 / MR. RAJENDRA SINGH / 42 Yrs / M / 167Cms. / 60Kgs./ Non Smoker

Heart Rate : 63 bpm / Tested On : 22-Nov-24 11:00:34 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: MEDIWHEEL

ECG

AGHPL

ent Rate : 63 bpm
R Interval : 144 ms
RS Duration: 82 ms
T/QTc Int : 382/387 ms
-QRS-T axis: 63.00• 66.00• 73.00•



Axis R 66.00° T 73.00° P 63.00°

engers ECG (Pisces)(PIS218210312)

Reported By:

DR. RAJESH SHARMA
MD, PGDCC (Cardiologist)
CGMC- 666/2007

HRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ADHAKRISHNA VIHAR SANTOSHI NAGAR EMail:

Report

AGHPL

8 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / NonSmoker
ate: 22 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

age	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
ipine	00:13	0:13	00.0	00.0	01.0	067	38 %	115/75	077	00	
anding	00:26	0:13	00.0	00.0	01.0	069	39 %	115/75	079	00	
Start	00:32	0:06	00.0	00.0	01.0	071	40 %	115/75	081	00	
BUCE Stage 1	03:32	3:00	01.7	10.0	04.7	124	70 %	120/80	148	00	
BUCE Stage 2	06:32	3:00	02.5	12.0	07.1	135	76 %	122/80	164	00	
BUCE Stage 3	09:32	3:00	03.4	14.0	10.2	146	82 %	130/85	189	00	
akEx	09:34	0:02	03.4	14.0	10.3	146	82 %	130/85	189	00	
covery	10:34	1:00	00.0	00.0	04.3	106	60 %	125/80	132	00	
covery	11:34	2:00	00.0	00.0	01.0	110	62 %	120/78	132	00	
covery	12:50	3:16	00.0	00.0	01.0	105	59 %	118/75	123	00	

NDINGS :

Exercise Time : 09:02
Max HR Attained : 146 bpm 82% of Target 178
Max BP Attained : 130/85 (mm/Hg)
Max WorkLoad Attained : 10.3 Good response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved

PORT :

Negative TMT Report

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

Doctor : self

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

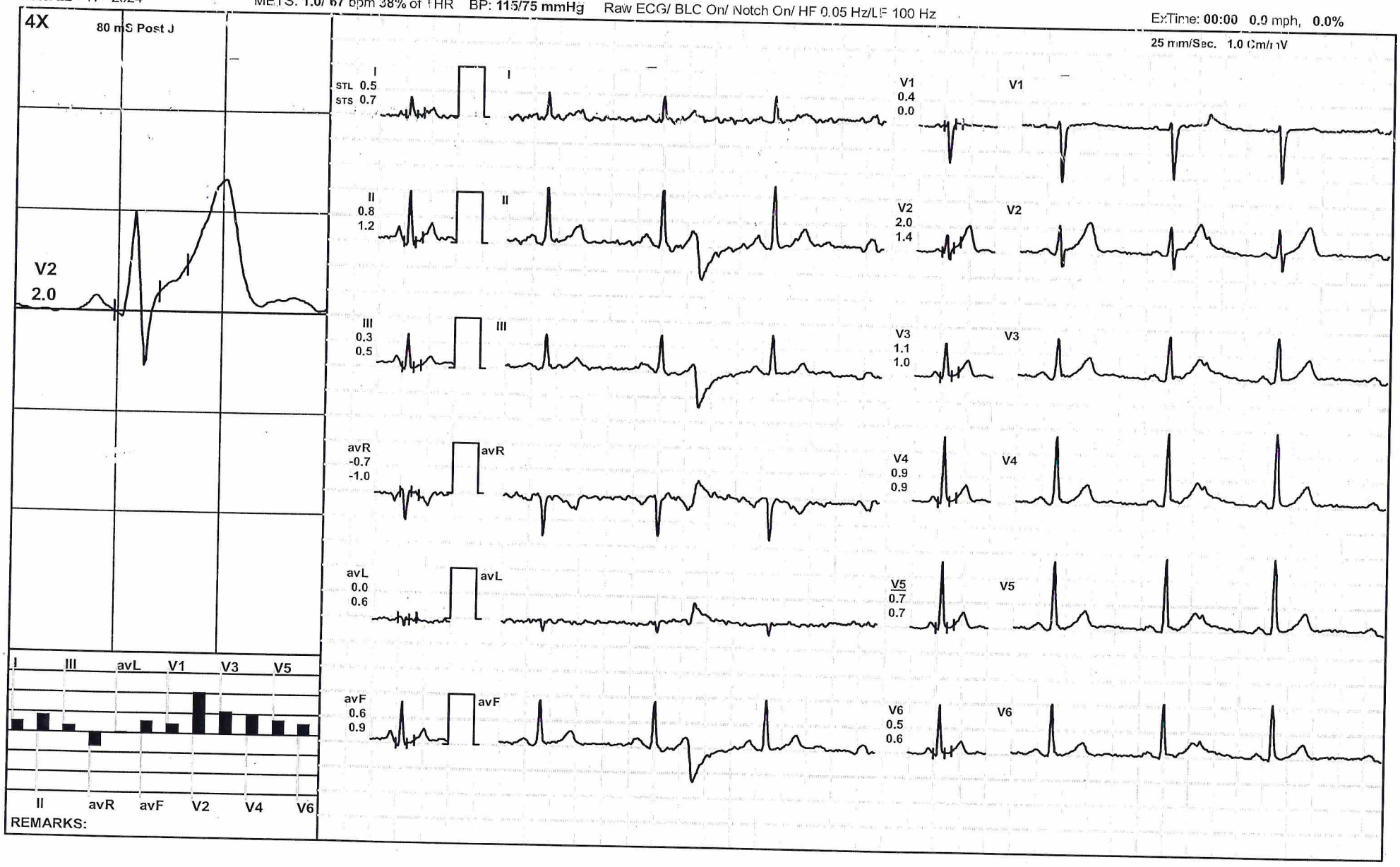
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 67

BRUCE:Supine(0:13)

AGHPL

Date: 22 - 11 - 2024 METS: **1.0/ 67** bpm 38% 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 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 69

BRUCE:Standing(0:13)

AGHPL

Date: 22 - 11 - 2024 METS: 1.0/.69 bpm 39% of THR., BP: 115/75 mmHg Raw ECG/ FLC 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:

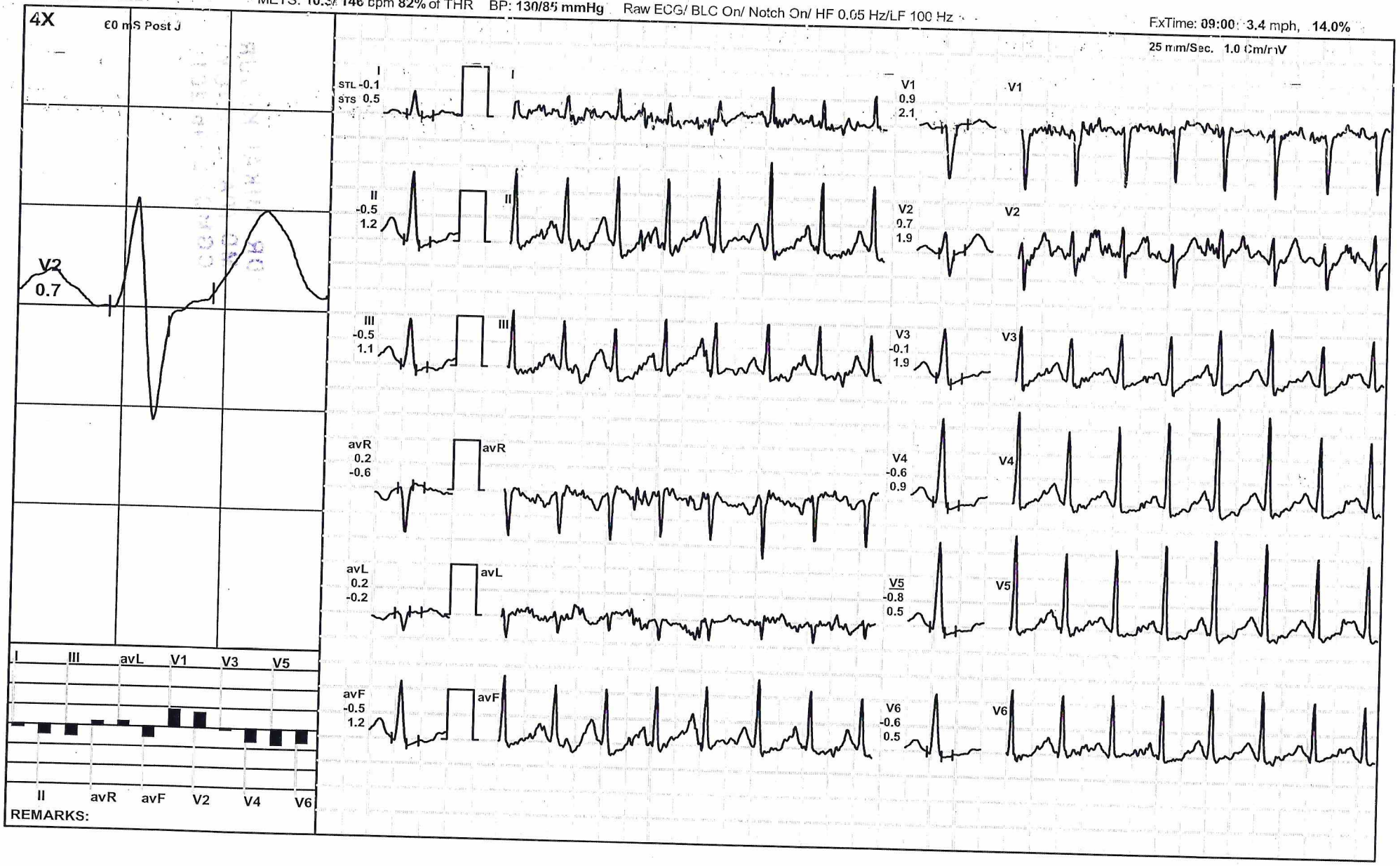
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 146

PeakEx

Date: 22 - 11 - 2024 METS: **10.3** / **146** bpm **82%** of THR BP: **130/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:00** **3.4** mph, **14.0%**

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 71

ExStart

AGHPL

Date: 22 - 11 - 2024 METS: 1.0/ 71 bpm 40% 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 mm/Sec. 1.0 Cm/mV

REMARKS:

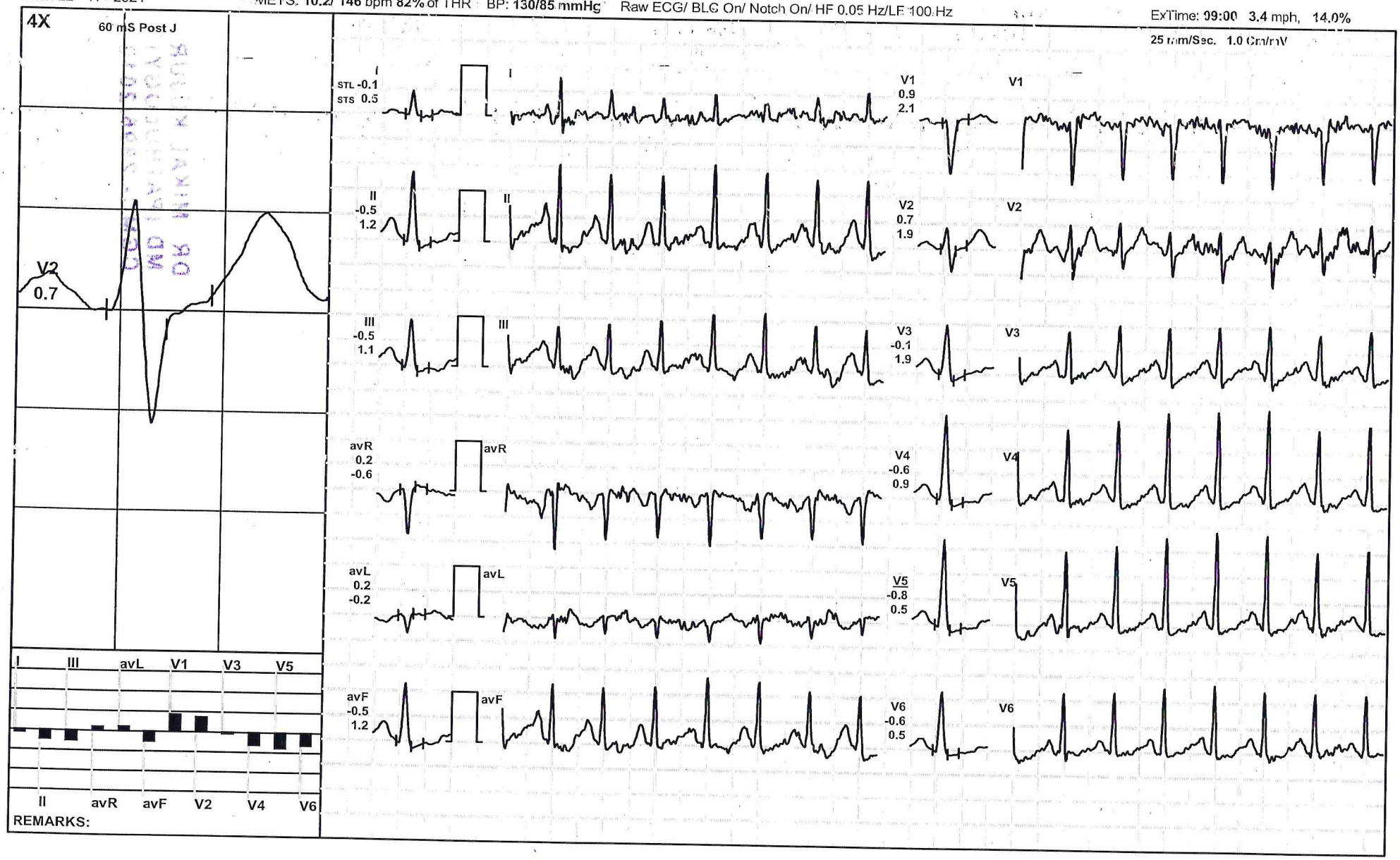
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 3(3:00)

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 146

Date: 22 - 11 - 2024 METS: **10.2/ 146** bpm **82%** of THR BP: **130/85 mmHg** Raw ECG/ BLG On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:00** **3.4** mph, **14.0%**

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

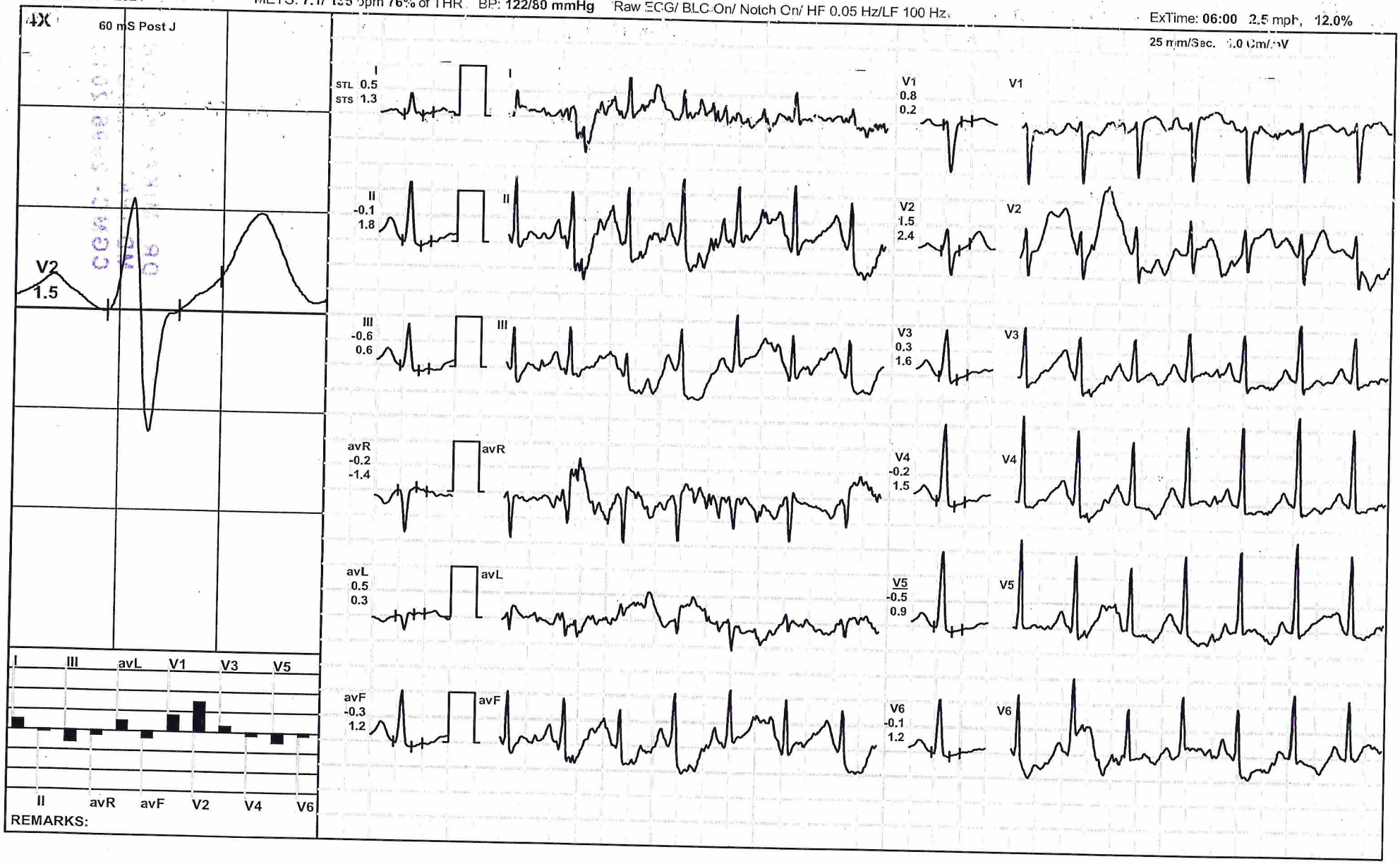
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 135

BRUCE:Stage 2(3:00)

AGHPL

Date: 22 - 11 - 2024 METS: **7.1/ 135** bpm **76%** of THR BP: **122/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **06:00** 2.5 mph, 12.0%

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 124

BRUCE:Stage 1(3:00)

AGHPL

Date: 22 - 11 - 2024 METS: 4.7/ 124 bpm 70% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 106

Recovery(1:00)

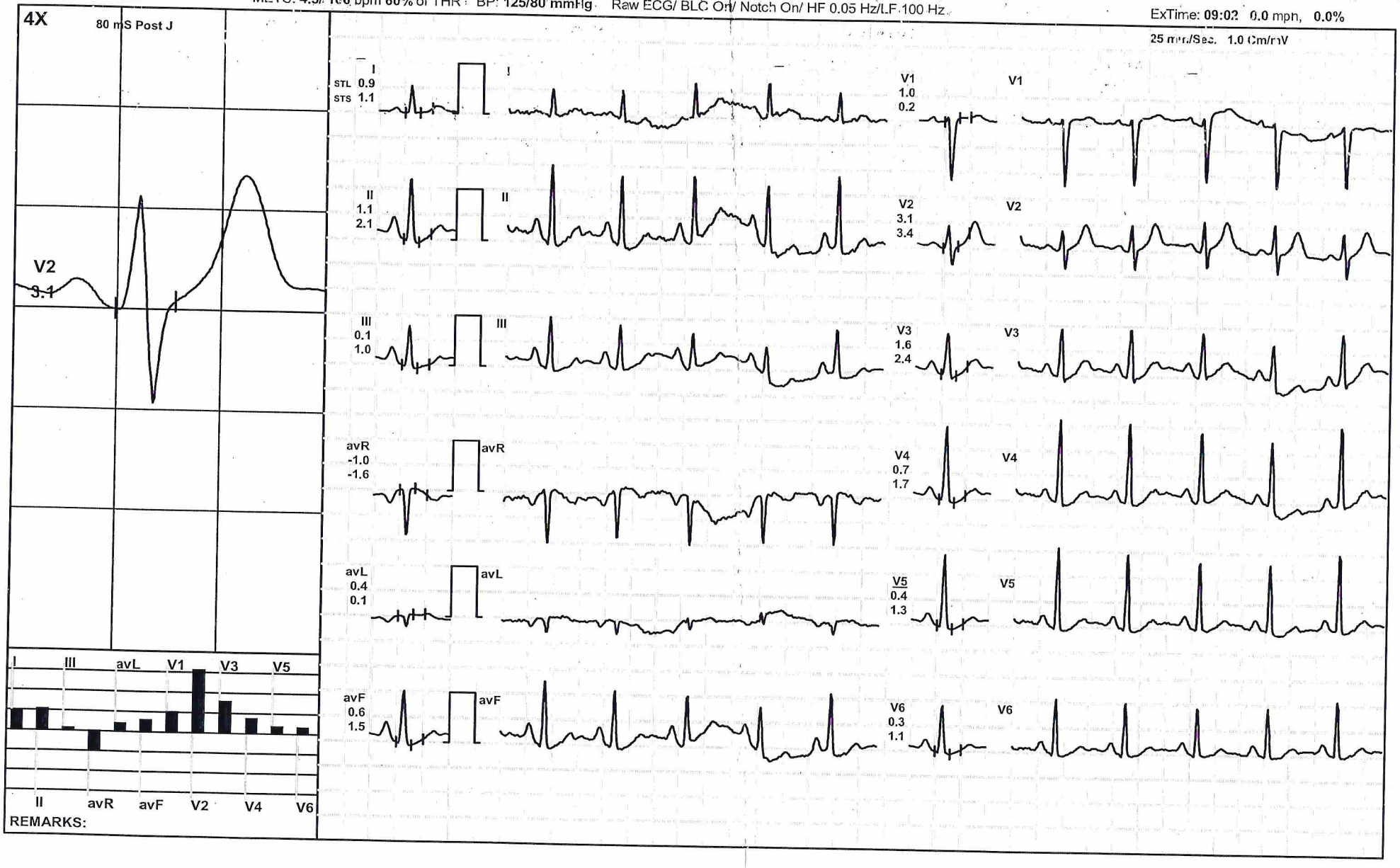
AGHPL

Date: 22 - 11 - 2024

METS: **4.3**/ **106** bpm **60%** of THR BP: **125/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:02** **0.0** mph, **0.0%**

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

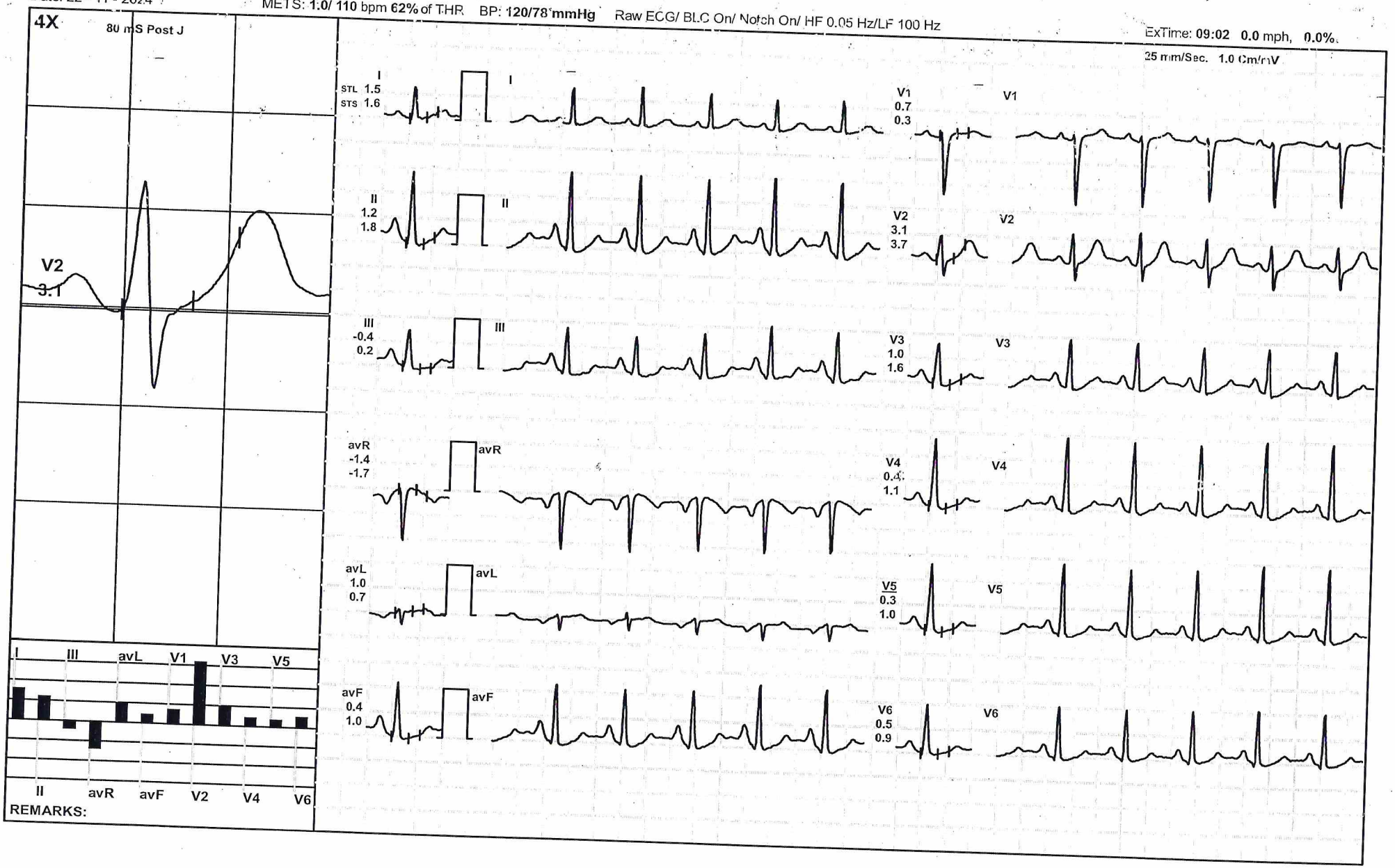
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 110

Recovery(2:00)

AGHPL

Date: 22 - 11 - 2024 METS: 1.0/ 110 bpm 62% of THR BP: 120/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 09:02 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

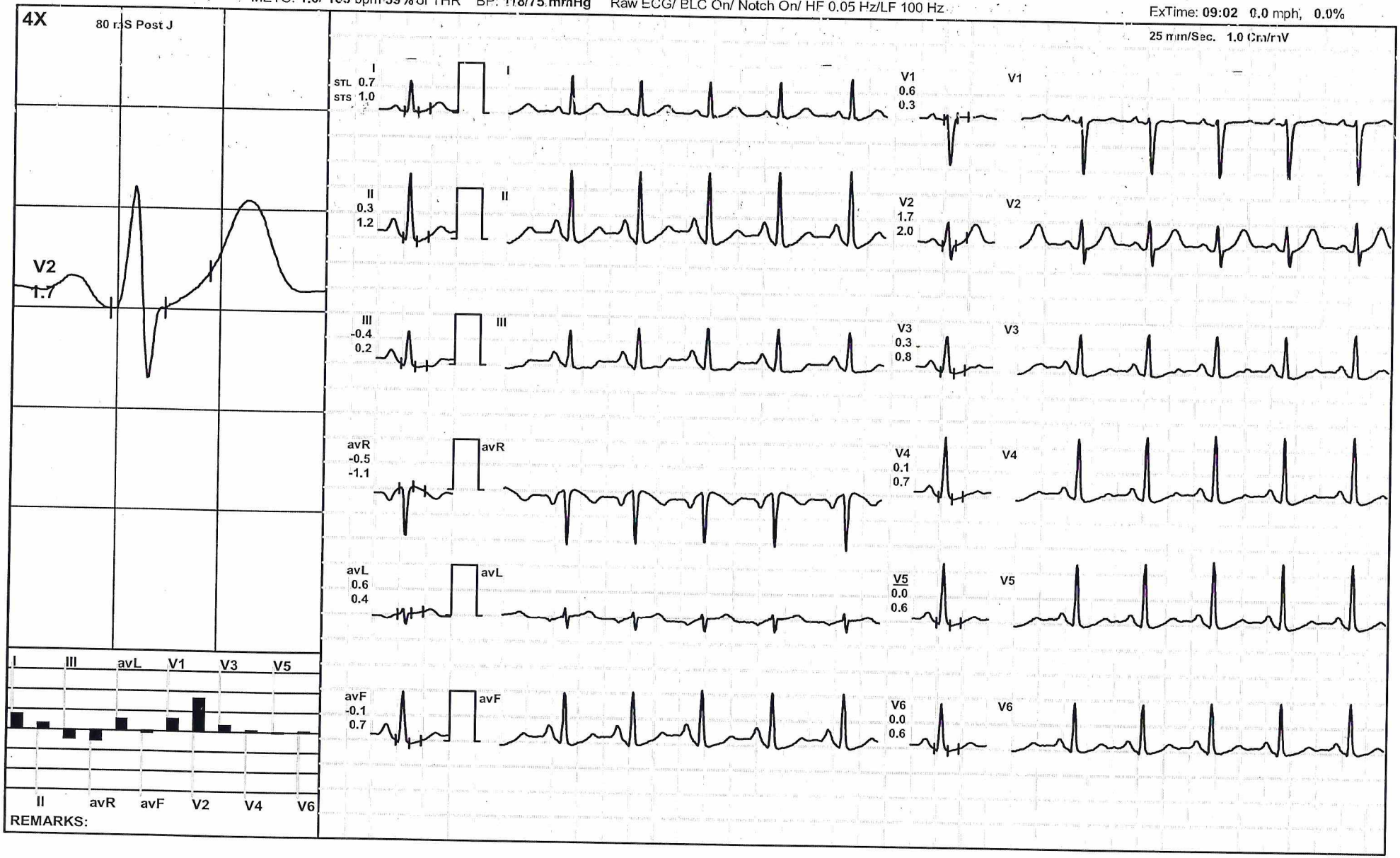
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 105

Recovery(3:16)

ACHPL

Date: 22 - 11 - 2024 METS: **1.0/ 105** bpm **59%** of THR BP: **118/75 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:02** 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ST Measurements

AGHPL

538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 69

Date: 22 - 11 - 2024

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) 80 @mS	Supine	0.5	0.8	0.3	-0.7	0.0	0.6	0.4	2.0	1.1	0.9	0.7	0.5	0.7	1.2	0.5	-1.0	0.6	0.9	0.0	1.4	1.0	0.9	0.7	0.6
	Standing	0.4	0.7	0.3	-0.5	0.0	0.5	0.7	2.2	1.4	1.1	0.9	0.6	0.3	0.2	-0.1	-0.3	0.2	0.1	0.6	1.6	0.8	0.6	0.5	0.4
	ExStart	0.4	0.7	0.3	-0.5	0.0	0.5	0.7	2.2	1.4	1.1	0.9	0.6	0.3	0.2	-0.1	-0.3	0.2	0.1	0.6	1.6	0.8	0.6	0.5	0.4
	Stage 1	1.5	0.9	-0.7	-1.2	0.6	0.1	1.1	3.5	1.9	1.4	1.2	1.4	1.0	2.6	1.5	-1.9	-0.5	2.1	0.3	3.5	2.3	2.1	1.7	2.0
	Stage 2	0.5	-0.1	-0.6	-0.2	0.5	-0.3	0.8	1.5	0.3	-0.2	-0.5	-0.1	1.3	1.8	0.6	-1.4	0.3	1.2	0.2	2.4	1.6	1.5	0.9	1.2
	Stage 3	-0.1	-0.5	-0.5	0.2	0.2	-0.5	0.9	0.7	-0.1	-0.6	-0.8	-0.6	0.5	1.2	1.1	-0.6	-0.2	1.2	2.1	1.9	1.9	0.9	0.5	0.5
	PeakEx	-0.1	-0.5	-0.5	0.2	0.2	-0.5	0.9	0.7	-0.1	-0.6	-0.8	-0.6	0.5	1.2	1.1	-0.6	-0.2	1.2	2.1	1.9	1.9	0.9	0.5	0.5
	Recovery	0.9	1.1	0.1	-1.0	0.4	0.6	1.0	3.1	1.6	0.7	0.4	0.3	1.1	2.1	1.0	-1.6	0.1	1.5	0.2	3.4	2.4	1.7	1.3	1.1
	Recovery	1.5	1.2	-0.4	-1.4	1.0	0.4	0.7	3.1	1.0	0.4	0.3	0.5	1.6	1.8	0.2	-1.7	0.7	1.0	0.3	3.7	1.6	1.1	1.0	0.9
	Recovery	0.7	0.3	-0.4	-0.5	0.6	-0.1	0.6	1.7	0.3	0.1	0.0	0.0	1.0	1.2	0.2	-1.1	0.4	0.7	0.3	2.0	0.8	0.7	0.6	0.6

STS(mv/sec)

STI(µVs)		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
	Supine	4.7	10.9	6.0	-7.8	-3.6	8.5	3.2	23.1	13.1	11.9	10.1	7.9
	Standing	5.2	10.3	5.0	-7.8	0.1	7.7	5.8	24.7	15.7	13.8	11.5	8.6
	ExStart	5.2	10.3	5.0	-7.8	0.1	7.7	5.8	24.7	15.7	13.8	11.5	8.6
	Stage 1	7.9	0.2	-7.5	-3.9	5.3	-3.7	8.5	18.4	8.7	6.1	5.1	7.2
	Stage 2	1.7	-3.0	-4.8	0.6	3.0	-3.9	4.8	5.4	-0.3	-3.0	-4.1	-2.3
	Stage 3	-2.4	-6.2	-5.4	3.4	1.3	-5.8	4.4	1.6	-3.7	-6.3	-6.7	-5.4
	PeakEx	-2.4	-6.2	-5.4	3.4	1.3	-5.8	4.4	1.6	-3.7	-6.3	-6.7	-5.4
	Recovery	5.3	5.2	-0.1	-5.3	2.7	2.5	7.9	19.2	8.5	2.9	0.8	0.9
	Recovery	7.9	6.3	-1.6	-7.2	4.8	2.4	5.2	16.1	4.6	1.5	1.2	3.0
	Recovery	4.5	0.3	-4.2	-2.4	4.3	-2.0	4.7	10.9	1.0	-0.6	-1.2	-0.6

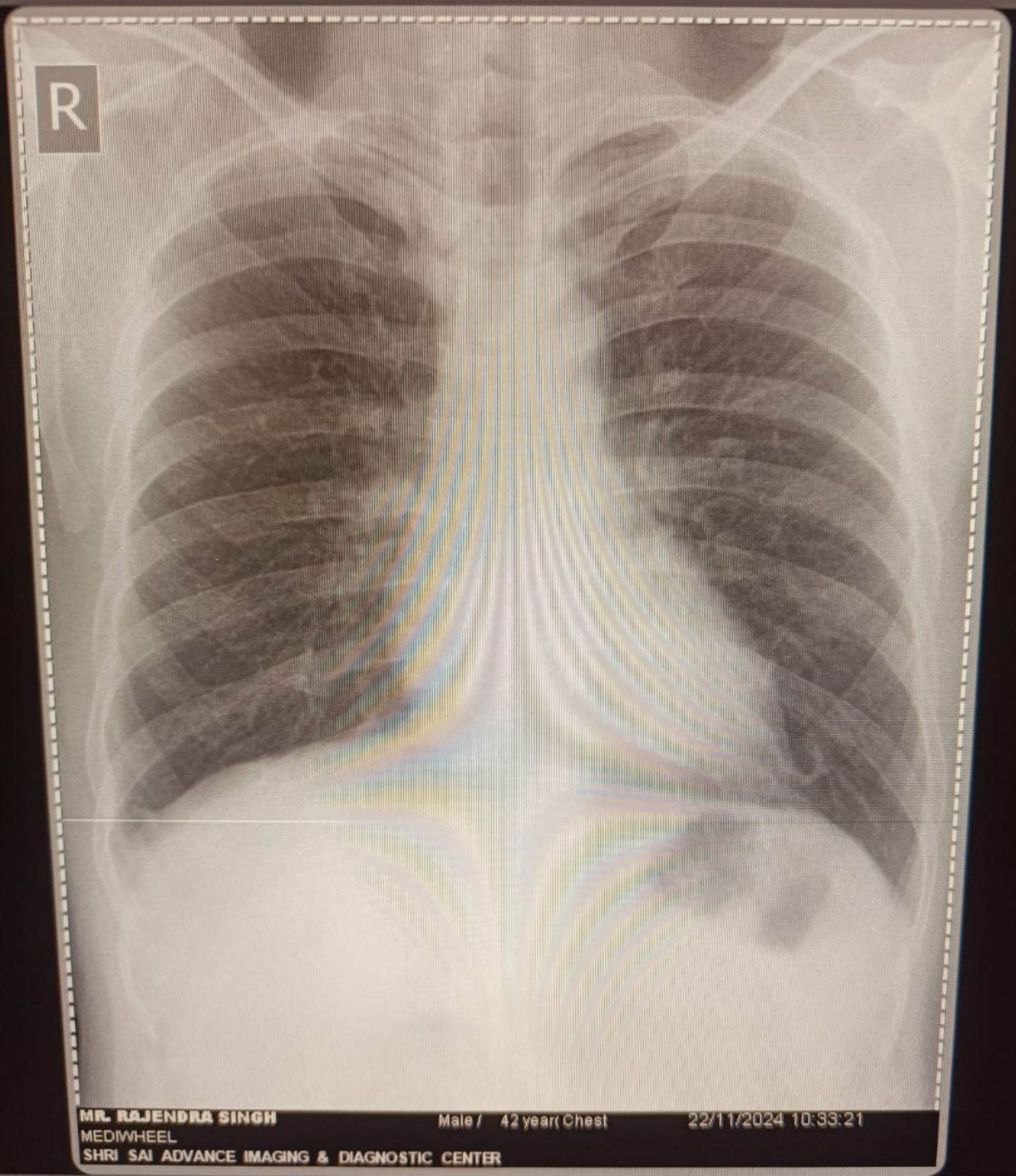
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

538 / MR. RAJENDRA SINGH / 42 Yrs / Male / 167 Cm / 60 Kg /Non Smoker

AGHPL

Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(µV) (Max)	R(µV) (Max)	S(µV) (Min)	T(µV) (Max)	Min. J (µV)	Leads for (J & PJ)	Min. Post J (µV)	RR Var (%)	VEB (Counts)	Missed Beats (Counts)
00 : 30	71	304	56	69	405	-218	1409	-1007	638	-132	avL	-5	0.00	0	0
01 : 00	100	156	74	64	475	472	1408	-984	617	73	avL	-134	0.00	0	0
01 : 30	117	158	74	65	477	377	1482	-1018	362	-103	III	-83	0.00	0	0
02 : 00	124	152	56	65	462	394	1482	-990	359	143	III	-81	0.00	0	0
02 : 30	127	144	54	69	469	351	1522	-970	397	151	III	-78	0.00	0	0
03 : 00	128	146	142	58	433	439	1533	-937	532	61	III	-104	0.00	0	0
03 : 30	124	150	134	70	432	396	1523	-999	480	123	II	-39	0.00	0	0
04 : 00	128	148	56	63	461	490	1503	-1033	409	97	III	-123	0.00	0	0
04 : 30	133	134	54	67	450	445	1449	-1018	466	152	II	-214	0.00	0	0
05 : 00	132	142	56	67	441	443	1519	-1041	418	95	II	-138	0.00	0	0
05 : 30	132	136	144	61	446	440	1561	-1035	381	-144	III	-70	0.00	0	0
06 : 00	139	130	56	68	447	473	1511	-1079	370	-131	V5	-140	0.00	0	0
06 : 30	135	134	138	70	443	515	1561	-1041	394	124	II	-143	0.00	0	0
07 : 00	141	136	54	69	118	591	1654	-1100	-516	-766	V2	-433	0.00	0	0
07 : 30	146	120	50	72	449	480	1721	-1141	501	120	III	-257	0.00	0	0
08 : 00	149	110	54	67	441	434	1657	-1057	350	-109	III	-124	0.00	0	0
08 : 30	149	118	52	66	437	465	1665	-1102	393	180	V4	-114	0.00	0	0
09 : 00	150	118	116	71	315	461	1632	-1074	393	-85	III	-144	0.00	0	0
09 : 30	146	110	80	67	453	470	1681	-517	389	-114	V5	-50	0.00	0	0
10 : 00	136	132	62	74	323	540	1701	-1141	479	208	V4	-58	0.00	0	0
10 : 30	106	192	52	60	416	461	1476	-1167	534	217	V5	-27	0.00	0	0
11 : 00	109	172	66	67	443	433	1478	-1183	517	-72	III	-50	0.00	0	0
11 : 30	110	138	48	65	461	468	1464	-1217	438	367	III	-38	0.00	0	0
12 : 00	107	138	50	63	428	459	1391	-1181	447	272	V5	-18	0.00	0	0
12 : 30	109	138	50	60	440	425	1347	-1083	429	276	III	-44	0.00	0	0



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Print Sheet

Worklist

Examination

Editing