


 भारत सरकार
 Government of India


 धर्मवीर सिंह
 Dharmveer Singh
 जन्म तिथि/DOB: 07/05/1978
 पुरुष/ MALE



9060 2056 5703
 VID: 9116 9878 5785 5722

मेरा आधार, मेरी पहचान


 आधार
 Unique Identification Authority of India

पता:
 S/O: राम देवा, दुलानिया, झुंझुन, राजस्थान - 333031

Address:
 S/O: Ram Deva, Dulaniya, Jhunjhunun, Rajasthan - 333031


 QR Code with Photograph

9060 2056 5703
 VID: 9116 9878 5785 5722

Asis

[Signature]

**Rajasthani Diagnostic and
 Medical Research Centre
 Jhunjhunu**

Dharmveer singh
ID: (22E52143)

Visit Centre: 07.05.19/78 178 cm Male
46 Years 71.0 kg
Phone Number: 7665859708

16.02.2025 11:28:58

RAJASTHANI DIAGNOSTIC CENTRE
Indra nagar
Jhunjhunu

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

80 bpm
- / - mmHg

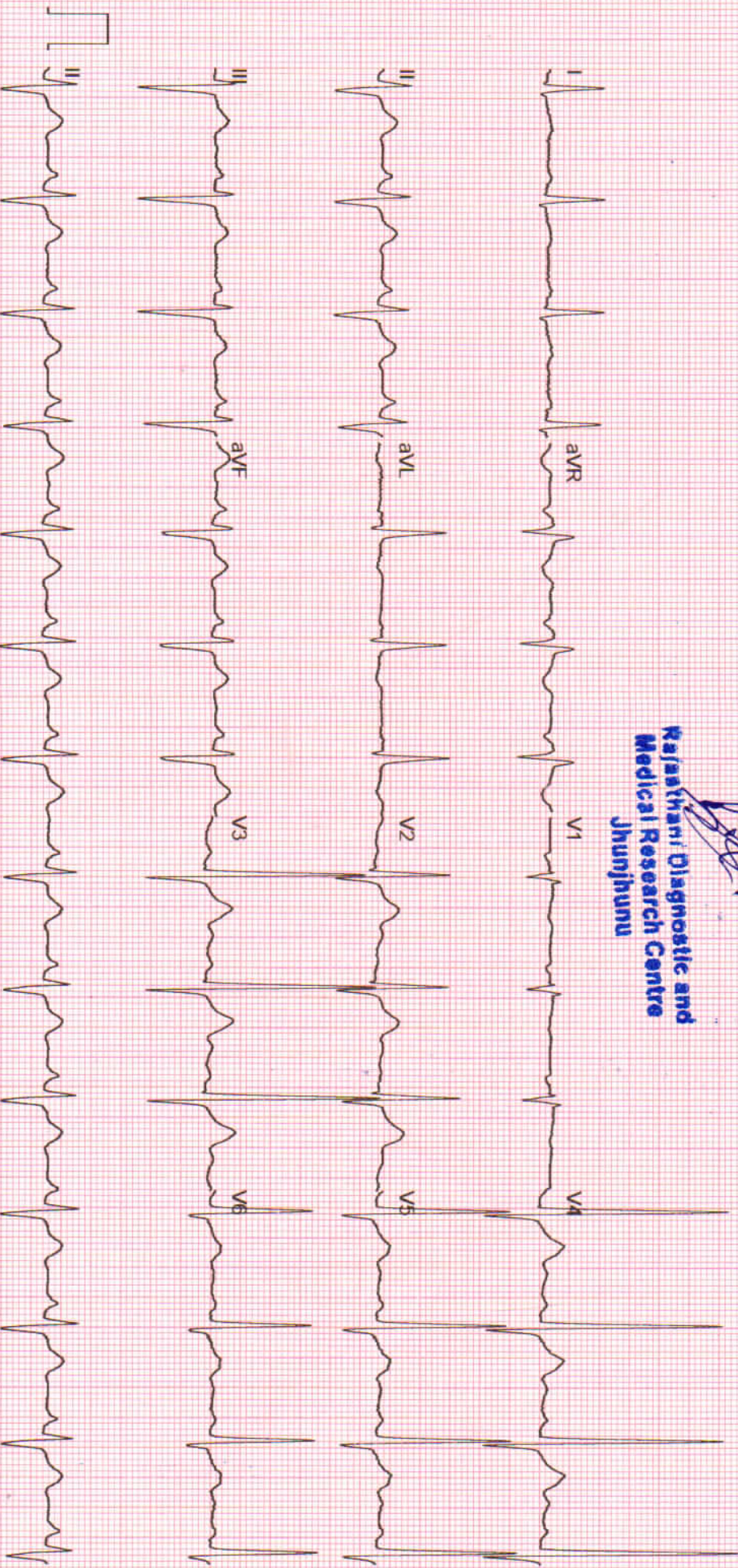
QRS : 110 ms
QT / QTcBaz : 392 / 452 ms
PR : 164 ms
P : 112 ms
RR / PP : 752 / 750 ms
P / QRS / T : 57 / -36 / 69 degrees

Normal sinus rhythm
Left axis deviation
Incomplete right bundle branch block
Minimal voltage criteria for LVH, may be normal variant
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Signature]
Rajasthan Diagnostic and
Medical Research Centre
Jhunjhunu

[Signature]



Unconfirmed





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

| | | | |
|---------|--------------------|------|-----------|
| NAME | DHARMVEER SINGH | AGE- | SEX: M |
| REF/BY: | BOB HEALTH CHECKUP | DATE | 16-Feb-25 |

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is normal in size, regular in shape and outline. Capsule is intact. No evidence of ascites is seen. No significant lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY.

Advised: clinicopathological correlation

DR. NIRMALA ROYAL
MD RADIODIAGNOSIS

Dr. Nirmala Royal
MD (Radiodiagnosis)
RMC 32422/24686



आपातकालीन सेवाएं

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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

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SONOGRAPHY

X-RAY

ECC

MAMOGRAPHY

| | | | |
|------------|---------|--------------|-----------------|
| Patient ID | | Patient Name | DHARMVEER SINGH |
| Age | 46 Yrs. | Date | 16-Feb-25 |
| Gender | MALE | Ref Doctor | BOB |

X-RAY CHEST (PA)

Both lung fields appear normal in under view
 No e/o consolidation or cavitations is seen.
 Both costo-phrenic angles appear clear.
 Cardiac size is within normal limits.
 Both domes of diaphragm appear normal.
 Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

Nirmala
 Dr. Nirmala Royal
 MD (Radiodiagnosis)
 RMC - 32422/24686

Dr. Nirmala Royal
 MD (Radiodiagnosis)
 RMC 32422/24686

Note - Please correlate the measurements on the typed report with the image and in case of any discrepancy/doubt, please contact us immediately. There is only a professional opinion and should be correlated clinically. No valid for medico-legal purpose.



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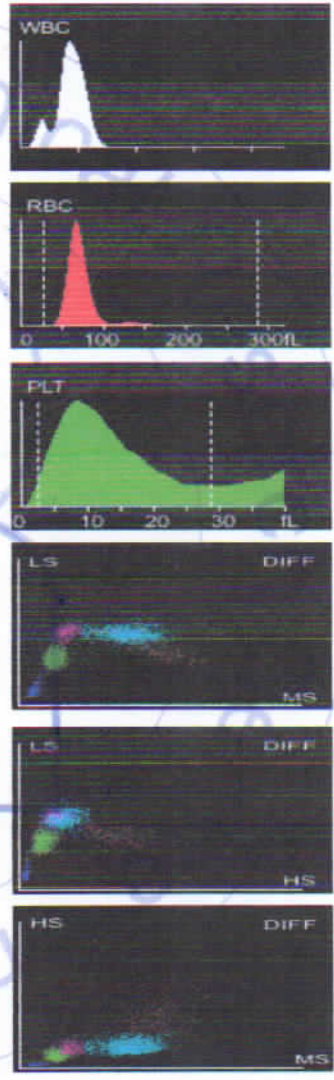
B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



Hematology Analysis Report

First Name: DHARMVEER SINGH Sample Type: Sample ID: 2
 Last Name: Department: Test Time: 16/02/2025 09:33
 Gender: Male Med Rec. No.: Diagnosis:

| Parameter | Result | | Ref. Range | Unit |
|-----------|--------|---|-------------|---------------------|
| 1 WBC | 3.90 | L | 4.00-10.00 | 10 ³ /uL |
| 2 Neu% | 49.1 | L | 50.0-70.0 | % |
| 3 Lym% | 30.8 | | 20.0-40.0 | % |
| 4 Mon% | 11.6 | | 3.0-12.0 | % |
| 5 Eos% | 8.1 | H | 0.5-5.0 | % |
| 6 Bas% | 0.4 | | 0.0-1.0 | % |
| 7 Neu# | 1.91 | L | 2.00-7.00 | 10 ³ /uL |
| 8 Lym# | 1.20 | | 0.80-4.00 | 10 ³ /uL |
| 9 Mon# | 0.45 | | 0.12-1.20 | 10 ³ /uL |
| 10 Eos# | 0.32 | | 0.02-0.50 | 10 ³ /uL |
| 11 Bas# | 0.02 | | 0.00-0.10 | 10 ³ /uL |
| 12 RBC | 5.42 | | 3.50-5.50 | 10 ⁶ /uL |
| 13 HGB | 11.7 | | 11.0-16.0 | g/dL |
| 14 HCT | 40.2 | | 37.0-54.0 | % |
| 15 MCV | 74.2 | L | 80.0-100.0 | fL |
| 16 MCH | 21.6 | L | 27.0-34.0 | pg |
| 17 MCHC | 29.1 | L | 32.0-36.0 | g/dL |
| 18 RDW-CV | 13.5 | | 11.0-16.0 | % |
| 19 RDW-SD | 40.8 | | 35.0-56.0 | fL |
| 20 PLT | 190 | | 100-300 | 10 ³ /uL |
| 21 MPV | 9.2 | | 6.5-12.0 | fL |
| 22 PDW | 12.7 | | 9.0-17.0 | % |
| 23 PCT | 0.174 | | 0.108-0.282 | % |
| 24 P-LCR | 32.4 | | 11.0-45.0 | % |
| 25 P-LCC | 61 | | 30-90 | 10 ³ /uL |



Mamta Khuteta
 Dr. Mamta Khuteta
 M.D. (Path.)
 RMC No. - 4720/16260

Submitter: Operator: admin Approver:
 Draw Time: 16/02/2025 09:33 Received Time: 16/02/2025 09:33 Validated Time:
 Report Time: 16/02/2025 10:13 Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **DHARMVEER SINGH**
Sr. No. : 21
Patient ID No.: 14660
Age : 46 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|--------|---|
| HbA1c(Glycosylated hemoglobin) | 5.30 | % | < 5.8 % : Non Diabetic 5.8 - 6.6 % : Near Normal 6.7 - 7.6 % : Excellent 7.7 - 8.6 % : Good 8.7 - 9.6 % : Fair 9.7 - 10.6 % : Poor 10.7 - 11.6 % : Very Poor > 11.7 % : Out of Control |
| eAG (Estimated Average Glucose) | 105.41 | mg/dL | |
| eAG (Estimated Average Glucose) | 5.85 | mmol/L | |

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

BIO-CHEMISTRY

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|---|
| Glucose Fasting (Method : GOD-POD) | 88.0 | mg/dL | Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121 |
| Blood Sugar PP | 99.0 | mg/dL | Glucose 2 h Postprandial: |

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

Mamta Khulela
Dr. Mamta Khulela
M.D. (Path.)
BMC No. : 4730/16260

TECHNOLOGIST

PATHOLOGIST

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Page 2/8





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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

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Sr. No. : 21
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BIO-CHEMISTRY

KIDNEY FUNCTION TEST

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|---|
| Blood Urea (Method : Urease-GLDH) | 30.0 | mg/dL | Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45 |
| Creatinine (Method : Enzymatic Creatininase) | 1.00 | mg/dL | 0.4-1.40 |
| Calcium | 9.40 | mg/dL | 8.5-11 |
| Uric Acid (Method : Uricase-POD) | 4.50 | mg/dL | 2.4-7.2 |

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

TECHNOLOGIST

Mamta Khule

Dr. Mamta Khule
M.D. (Path.)
DMC No. : 4730/16260

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BIO-CHEMISTRY

Liver Function Test

| Test Name | Observed Values | Units | Reference Intervals |
|--|-----------------|-------|---|
| SGOT/AST(Tech.:UV Kinetic) | 25.0 | U/L | 5-40 |
| SGPT/ALT(Tech.:UV Kinetic) | 30.0 | U/L | 5-40 |
| Bilirubin(Total) (Method: Diazo) | 0.96 | mg/dL | Adults: 0-2, Cord < 2 Newborns, premature 0-1 day : 1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8 |
| Bilirubin(Direct) | 0.23 | mg/dL | 0-0.3 |
| Bilirubin(Indirect) | 0.73 | mg/dL | 0.1-1.0 |
| Total Protein (Method: BIURET Method) | 7.36 | g/dL | Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0 |
| Albumin(Tech.:BCG) (Method: BCG) | 4.23 | gm/dL | 0-4 days: 2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6 |
| Globulin(CALCULATION) | 3.13 | gm/dL | 2.5-4.5 |
| A/G Ratio(Tech.:Calculated) | 1.35 | | 1.2 - 2.5 |
| Alkaline Phosphatase(Tech.:Pnp Amp Kinetic) | 156.0 | U/L | 108-306 |

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

TECHNOLOGIST

Manita Khulda
Dr. Manita Khulda
M.D. (Path.)
TMAC No.: 4733/16260

PATHOLOGIST

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

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Patient ID No.: 14660
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LIPID PROFILE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|--------------------------------------|-----------------|-------|---|
| Cholesterol (Method : CHOD-PAP) | 169.00 | mg/dL | Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199 |
| HDL Cholesterol | 49.00 | mg/dL | 35-88 |
| Triglycerides (Method : GPO) | 131.00 | mg/dL | Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499 |
| LDL Cholesterol | 93.80 | mg/dL | 0-150 |
| VLDL Cholesterol | 26.20 | mg/dL | 0-35 |
| TC/HDL Cholesterol Ratio | 3.45 | Ratio | 2.5-5 |
| LDL/HDL Ratio | 1.91 | Ratio | 1.5-3.5 |

HAEMATOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|--------------------------------------|-----------------|-------|---------------------|
| ESR (Erythrocyte Sedimentation Rate) | 12 | mm/hr | 20 |
| BLOOD GROUPING (ABO & Rh) | A+ Positive | | |

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Dr. Ashish Sethi
Consultant Biochemist

Manita Khulela
Dr. Manita Khulela
M.D. (Path.)
BMC No. : 4720/16260

TECHNOLOGIST

PATHOLOGIST

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Page 1/8





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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **DHARMVEER SINGH**
Sr. No. : **21**
Patient ID No.: **14660**
Age : **46** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



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THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

| Test Name | Observed Values | Units | Reference Intervals |
|-----------------------------------|--------------------|--------|---------------------|
| T3 (Total Triiodothyronine) | H 3.45 | ng/ML | 0.6 - 1.8 ng/ML |
| T4 (Total Thyroxine) | H 17.52 | µg/dL | 4.60-12.50 µg/dL |
| TSH (Thyroid Stimulating Hormone) | L < 0.01 | µIU/mL | 0.35-5.50 |

Sample Type : **Serum**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS) Abbott USA

Remarks :

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist

TECHNOLOGIST

Manita Khule
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Page 6/6



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IMMUNOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|-------|--|
| PSA (Prostate-Specific Antigen) | 0.76 | ng/mL | NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00 |

Method : Fluorescence Immunoassay Technology

Sample Type : Serum / Plasma / Whole Blood

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS) Abbott USA

SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Manita Khulela
Dr. Manita Khulela
M.D. (Path.)
RMC No. : 4770/16280

TECHNOLOGIST

PATHOLOGIST

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Page 7/8





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URINE EXAMINATION

URINE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------|-----------------|-------|---------------------|
| PHYSICAL | | | |
| Quantity | 20 | ml | |
| Colour | Pale Yellow | | |
| Appearance / Transparency | Clear | | |
| Specific Gravity | 1.015 | | |
| PH | 5.50 | | 4.5-6.5 |

CHEMICAL

| | | | |
|-------------|--------|--|--|
| Reaction | Acidic | | |
| Albumin | TRACE | | |
| Urine Sugar | Nil | | |

MICROSCOPIC

| | | | |
|------------------|-----|---------|--|
| Red Blood Cells | Nil | /h.p.f. | |
| Pus Cells | 2-3 | /h.p.f. | |
| Epithelial Cells | 1- | /h.p.f. | |
| Crystals | Nil | /h.p.f. | |
| Casts | Nil | /h.p.f. | |
| Bactria | Nil | /h.p.f. | |
| Others | Nil | /h.p.f. | |

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------|-----------------|-------|---------------------|
| URINE SUGAR FASTING | Nil | | |
| URINE SUGAR PP | Nil | | |

<<< END OF REPORT >>>

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khulela
Dr. Mamta Khulela
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BMC No. : 4720/16280

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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Report



B-110, JINDIRA NAGAR, SUBHASH MARG, MANDAWA MOD, JHUNJHUNU Email:

DHARMVEER SINGH / 46 Yrs / M / 178 Cms / 71 Kg
 Date: 16 - 02 - 2025 Technician : MANOJ CHOUDHARY Examined By:

| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 01:03 | 1:03 | 00.0 | 00.0 | 01.0 | 083 | 48 % | 130/80 | 107 | 00 | |
| Standing | 02:05 | 1:02 | 00.0 | 00.0 | 01.0 | 084 | 48 % | 130/80 | 109 | 00 | |
| HV | 03:06 | 1:01 | 00.0 | 00.0 | 01.0 | 081 | 47 % | 130/80 | 105 | 00 | |
| Warm Up | 04:09 | 1:03 | 00.0 | 00.0 | 01.0 | 089 | 51 % | 130/80 | 115 | 00 | |
| ExStart | 05:09 | 1:00 | 01.0 | 00.0 | 01.0 | 096 | 55 % | 132/82 | 126 | 00 | |
| BRUCE Stage 1 | 08:09 | 3:00 | 01.7 | 10.0 | 04.7 | 111 | 64 % | 134/84 | 148 | 00 | |
| BRUCE Stage 2 | 11:09 | 3:00 | 02.5 | 12.0 | 07.1 | 128 | 74 % | 136/86 | 174 | 00 | |
| PeakEx | 11:11 | 0:02 | 02.5 | 12.0 | 07.2 | 128 | 74 % | 136/86 | 174 | 00 | |
| Recovery | 11:41 | 0:30 | 01.1 | 00.0 | 04.2 | 117 | 67 % | 136/86 | 159 | 00 | |
| Recovery | 12:11 | 1:00 | 01.1 | 00.0 | 01.2 | 113 | 65 % | 134/84 | 151 | 00 | |
| Recovery | 13:11 | 2:00 | 00.0 | 00.0 | 01.0 | 083 | 48 % | 132/82 | 109 | 00 | |
| Recovery | 14:11 | 3:00 | 00.0 | 00.0 | 01.0 | 089 | 51 % | 130/80 | 115 | 00 | |
| Recovery | 14:47 | 3:36 | 00.0 | 00.0 | 01.0 | 096 | 55 % | 128/78 | 122 | 00 | |

FINDINGS :

Exercise Time : 06:02
 Initial HR (ExStrt) : 96 bpm 55% of Target 174
 Initial BP (ExStrt) : 132/82 (mm/Hg)
 Max Workload Attained : 7.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : avl & -2.6 mm in Recovery
 Test Objective : BOB HEALTH CHECK UP
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 128 bpm 74% of Target 174
 Max BP Attained 136/86 (mm/Hg)

REPORT :

Rajasthani Diagnostic and
 Medical Research Centre
 Jhunjhunu

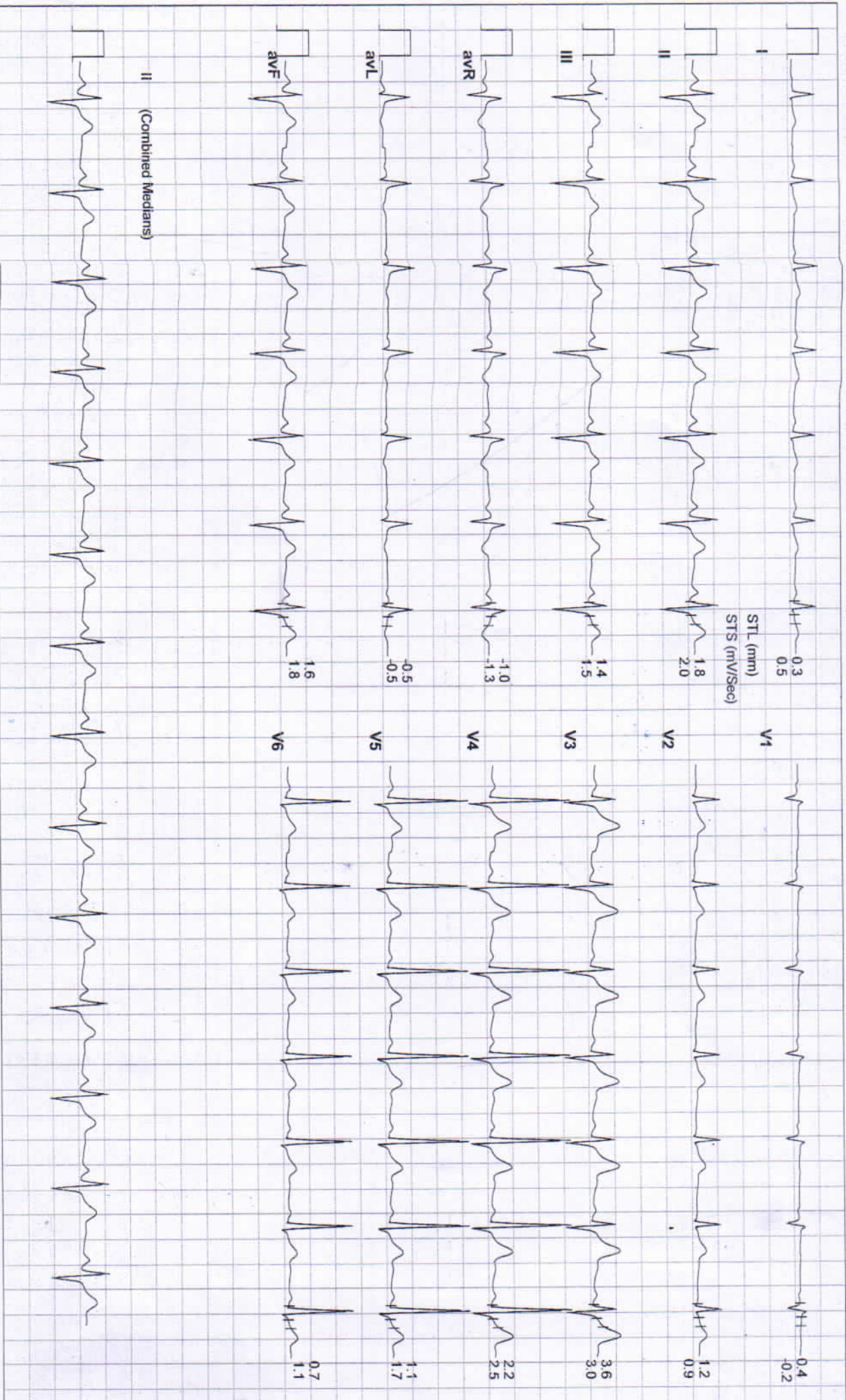
Doctor : RDMRC



Date: 16 - 02 - 2025

METs : 1.0 HR : 83 Target HR : 48% of 174 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 0.5 Cm/mV

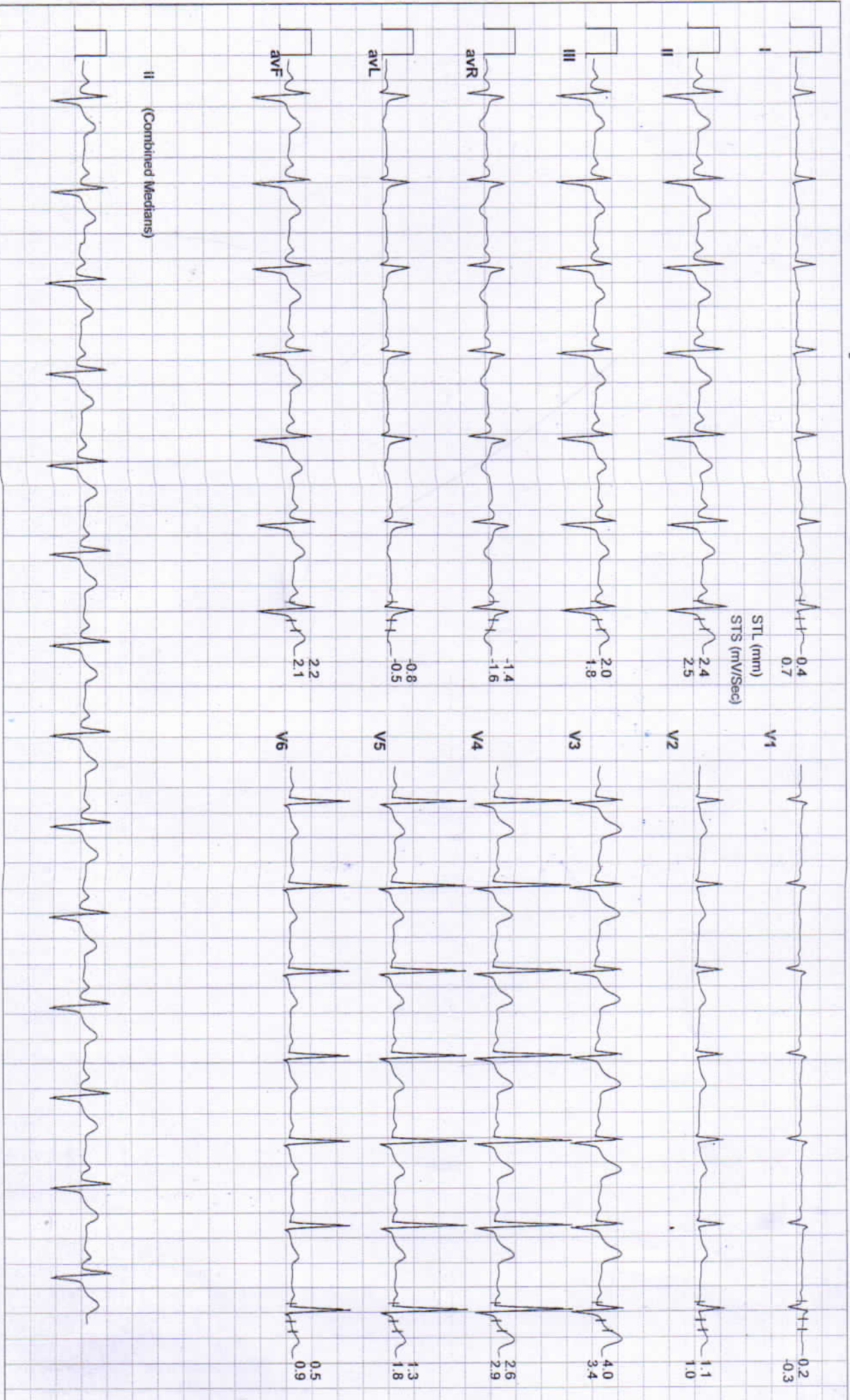




Date: 16 - 02 - 2025

METS : 1.0 HR : 84 Target HR : 48% of 174 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

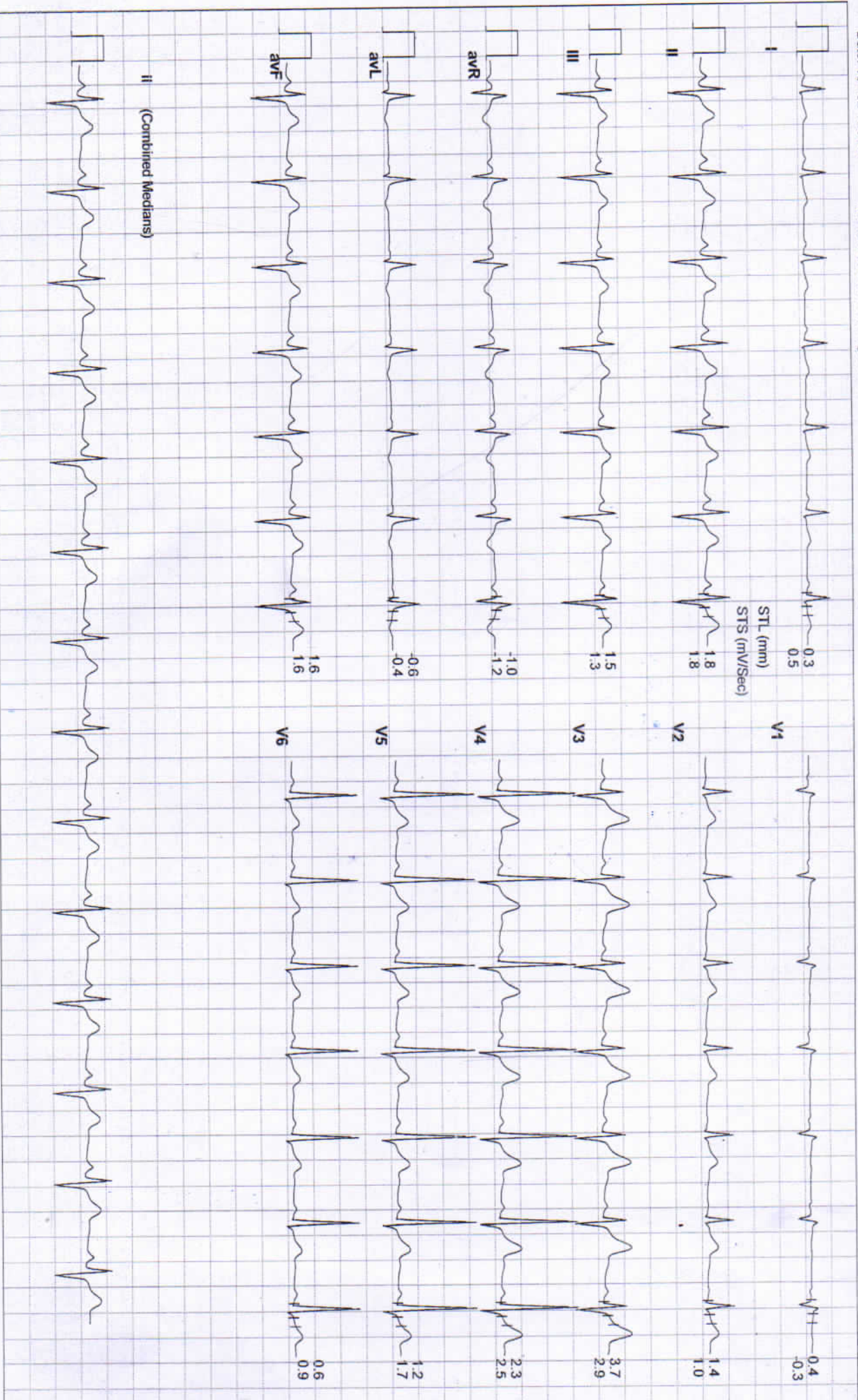




Date: 16-02-2025

METS: 1.0 HR: 81 Target HR: 47% of 174 BP: 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 0.5 Cm/mV

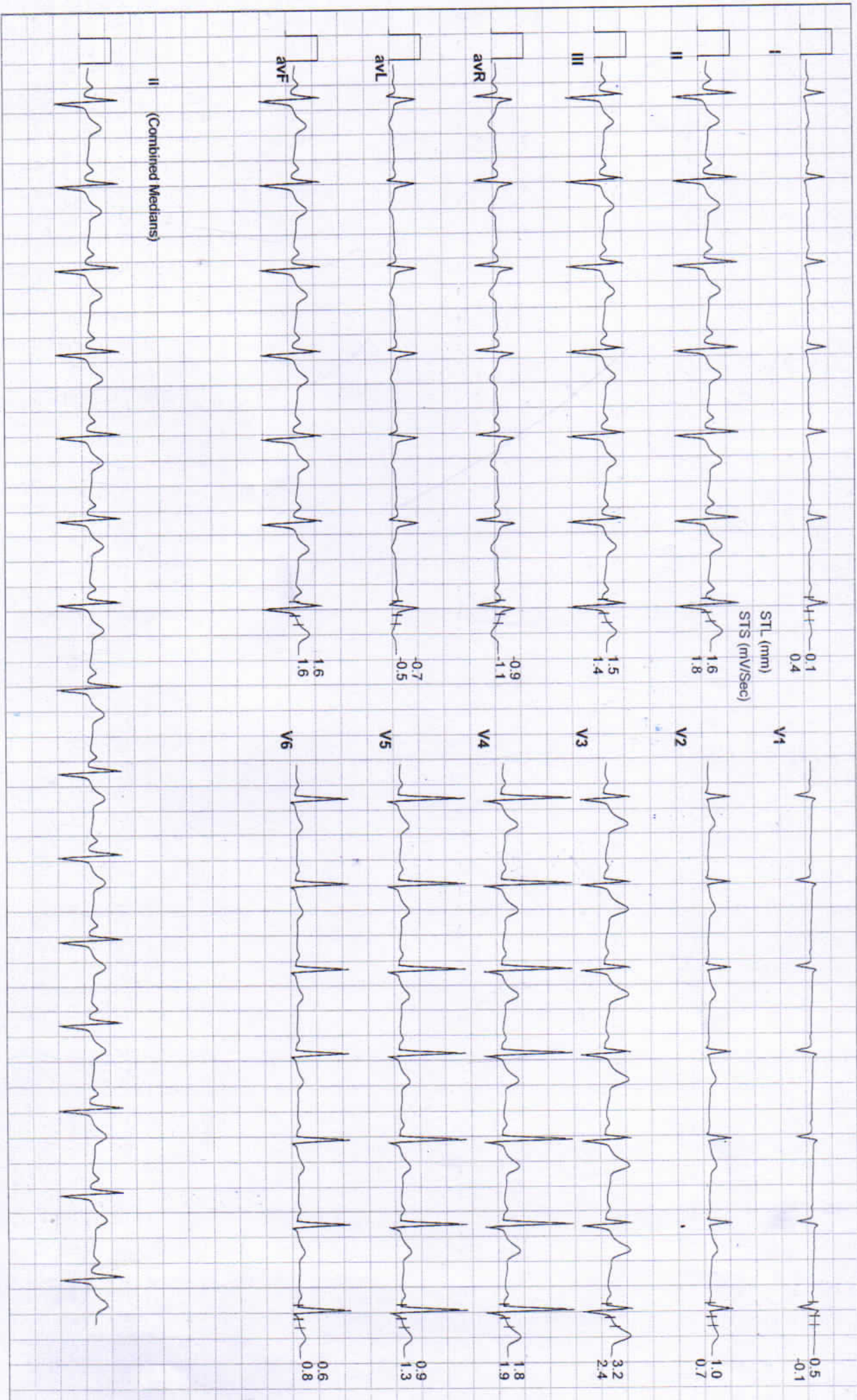




Date: 16 - 02 - 2025

MEts : 1.0 HR : 89 Target HR : 51% of 174 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

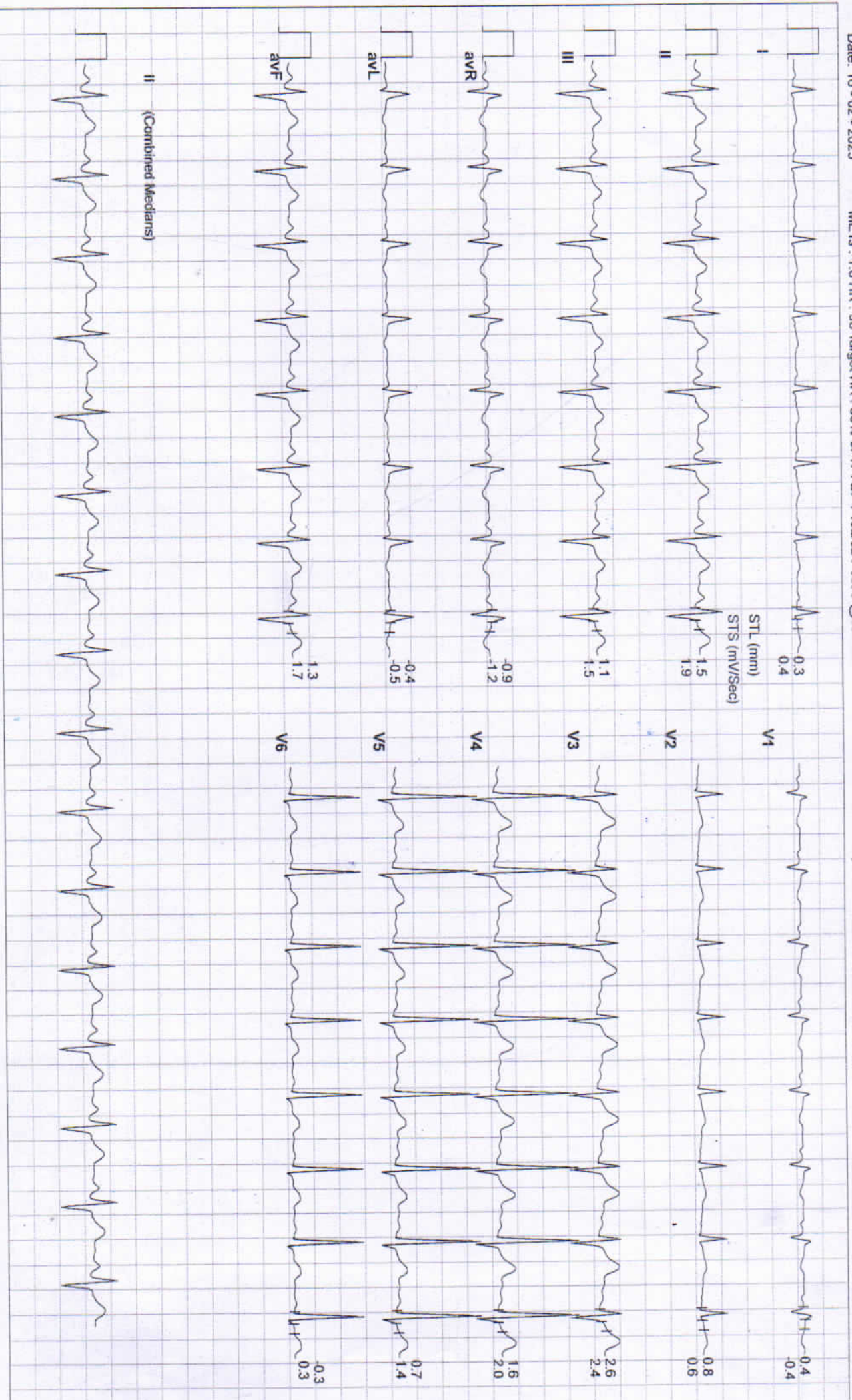




Date: 16 - 02 - 2025

METs : 1.0 HR : 96 Target HR : 55% of 174 BP : 132/82 Post J @80mSec

ExTime: 00:00 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

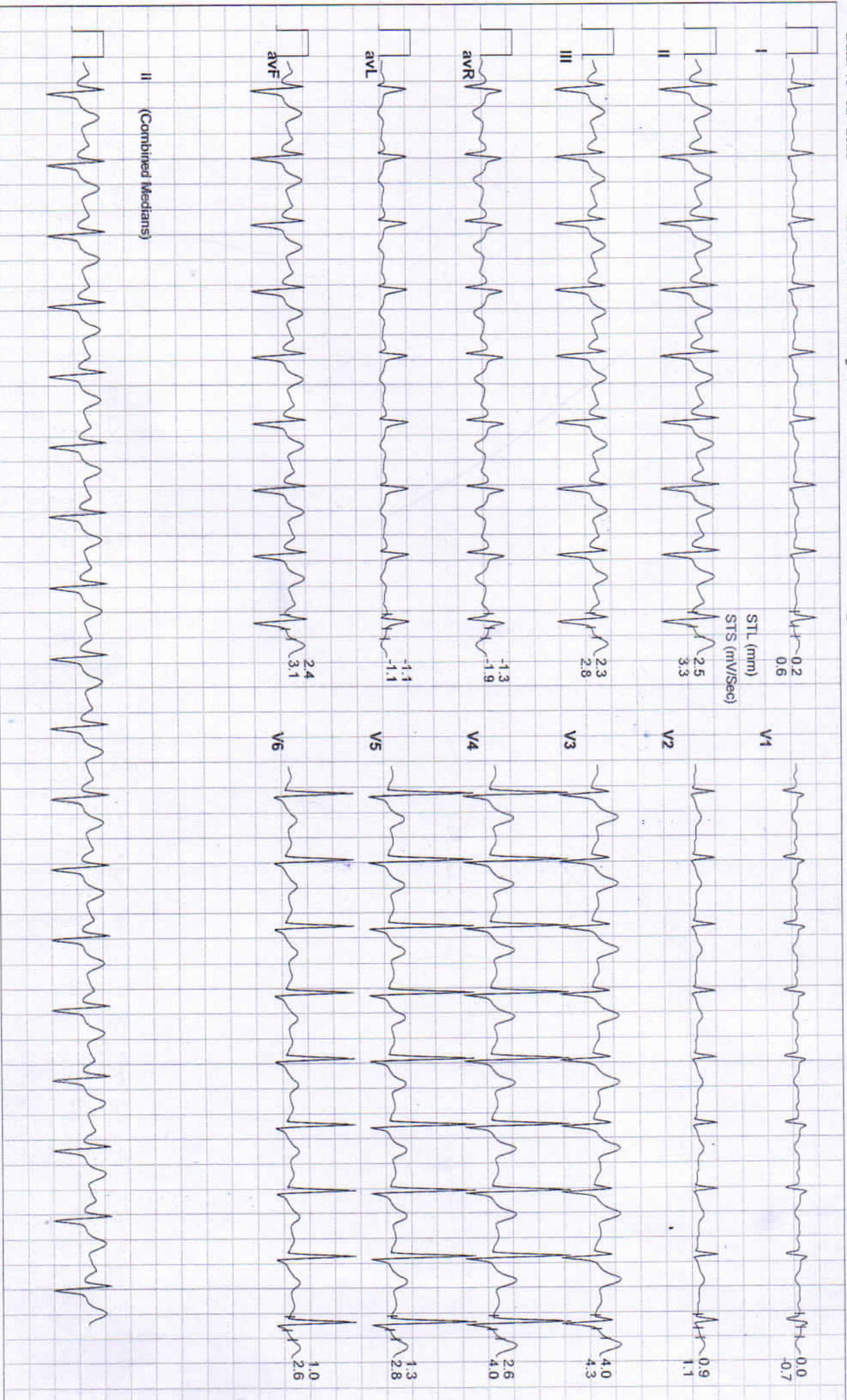




Date: 16 - 02 - 2025

METS : 4.7 HR : 111 Target HR : 64% of 174 BP : 134/84 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 0.5 Cm/mV

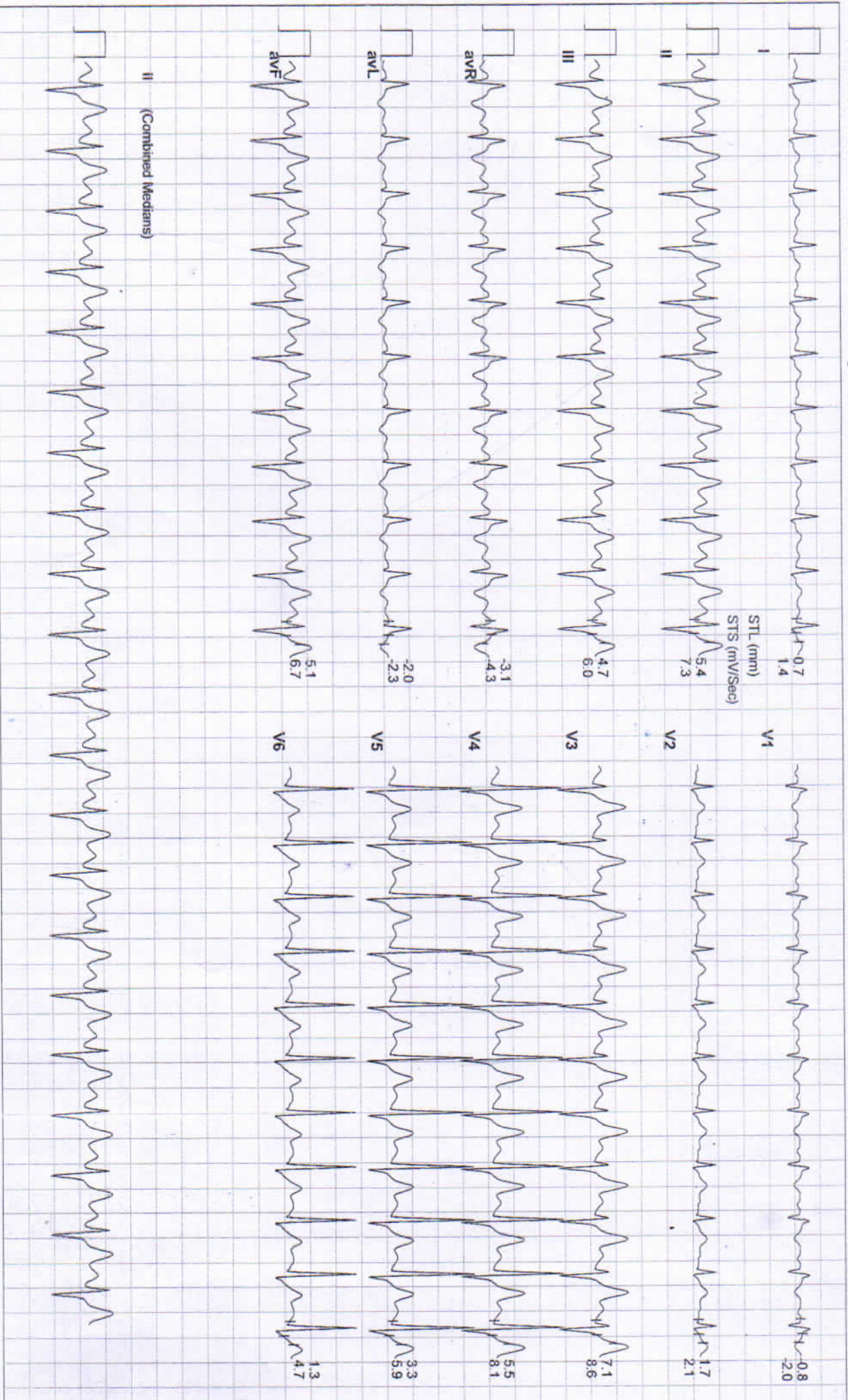




Date: 16 - 02 - 2025

METs : 7.1 HR : 128 Target HR : 74% of 174 BP : 136/86 Post J @80mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 0.5 Cm/mV

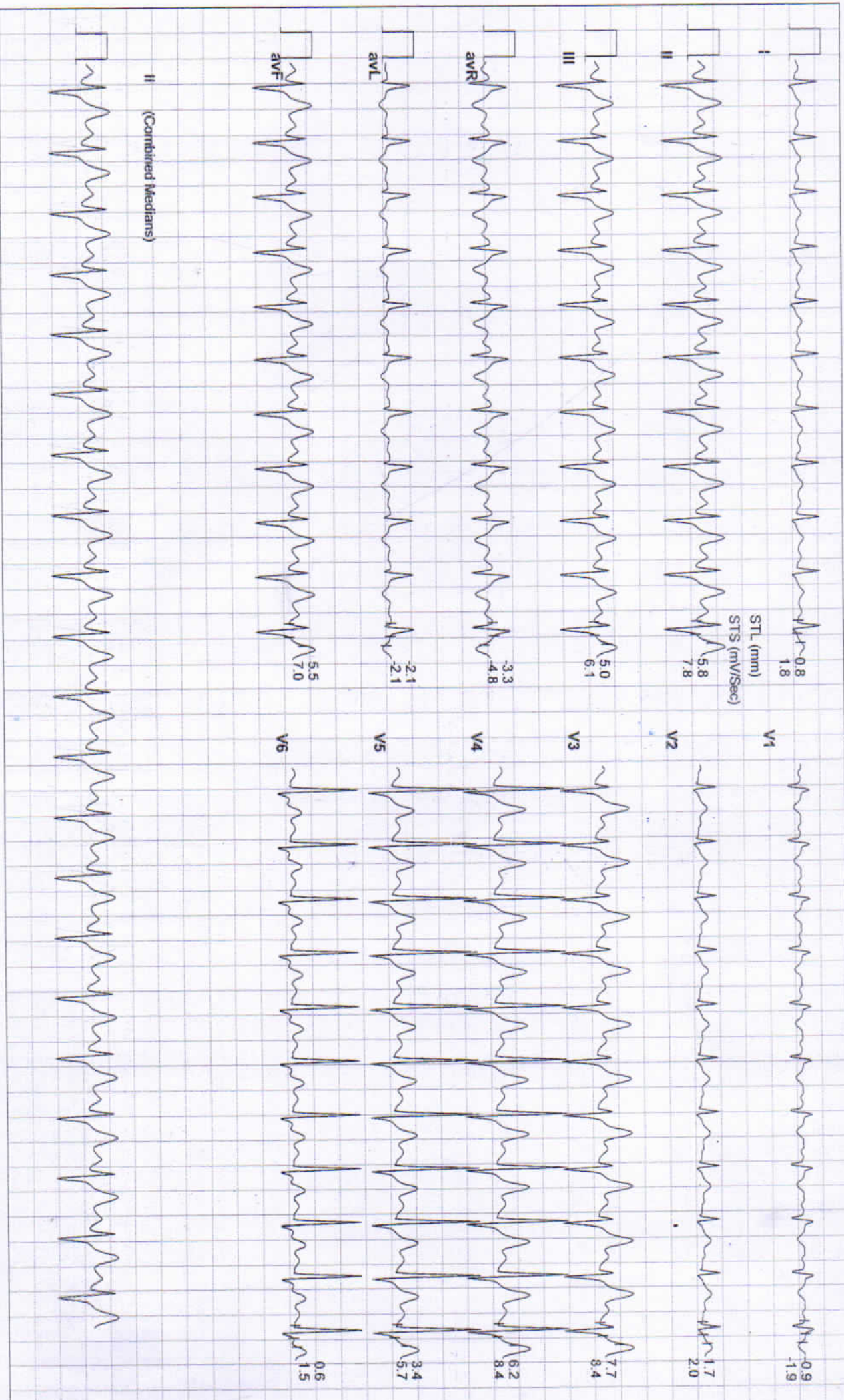




Date: 16 - 02 - 2025

MEts : 7.2 HR : 128 Target HR : 74% of 174 BP : 136/86 Post J @80mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 0.5 Cm/mV

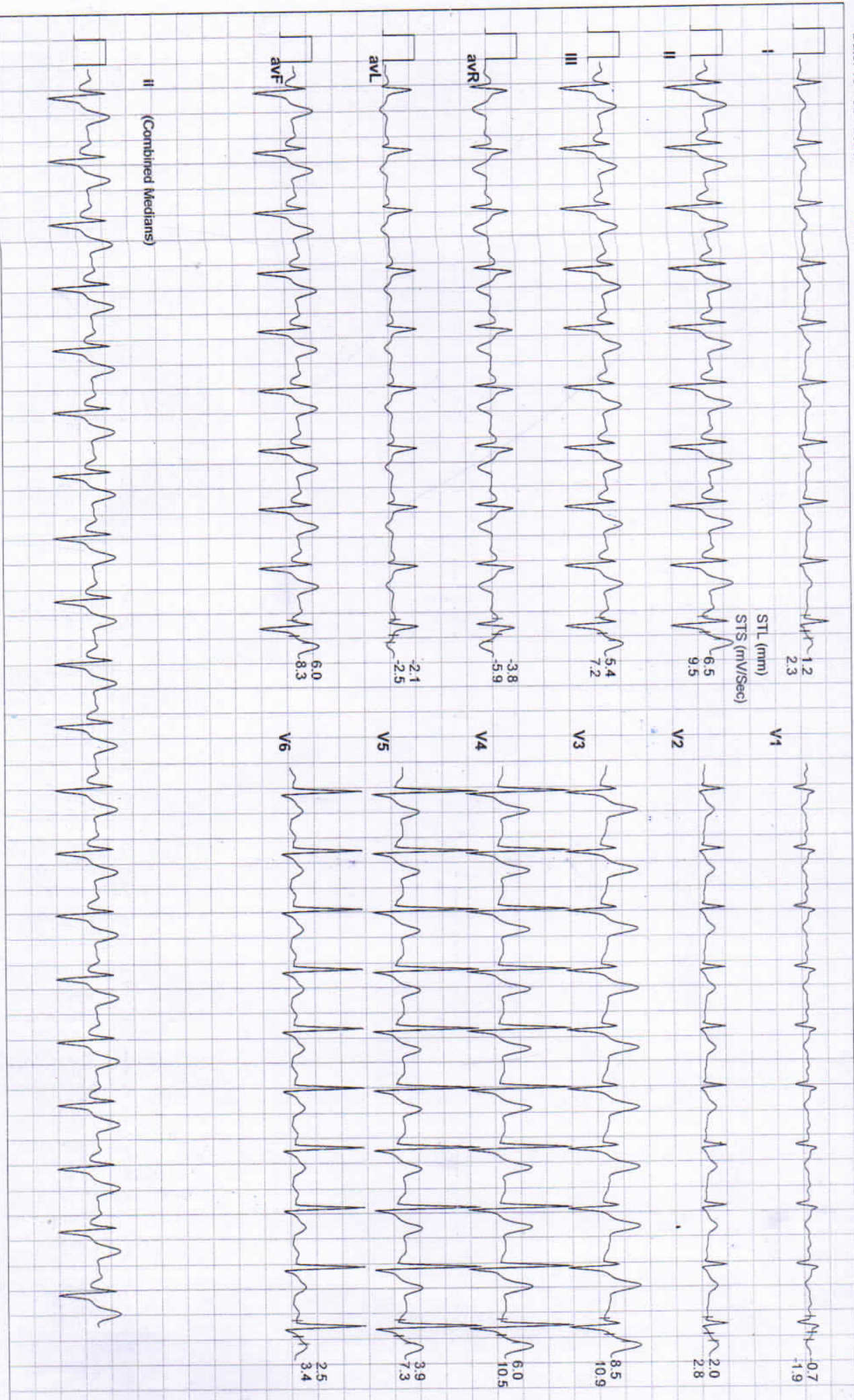




Date: 16 - 02 - 2025

METS : 4.2 HR : 117 Target HR : 67% of 174 BP : 136/86 Post J @60mSec

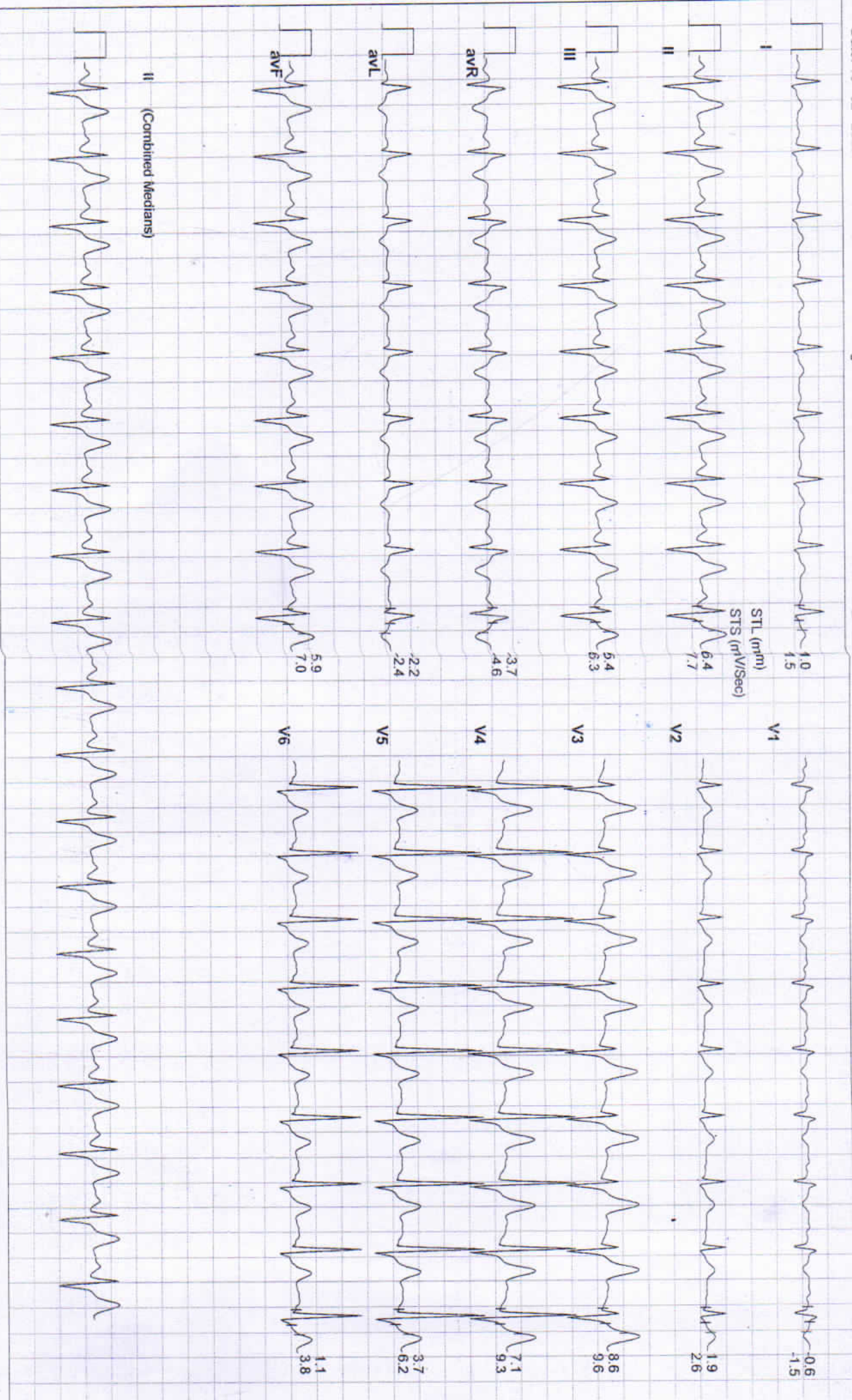
ExTime: 06:02 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV





Date: 16-02-2025 METs : 1.2 HR : 113 Target HR : 65% of 174 BP : 134/84 Post J @80m5sec

ExTime: 06:02 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

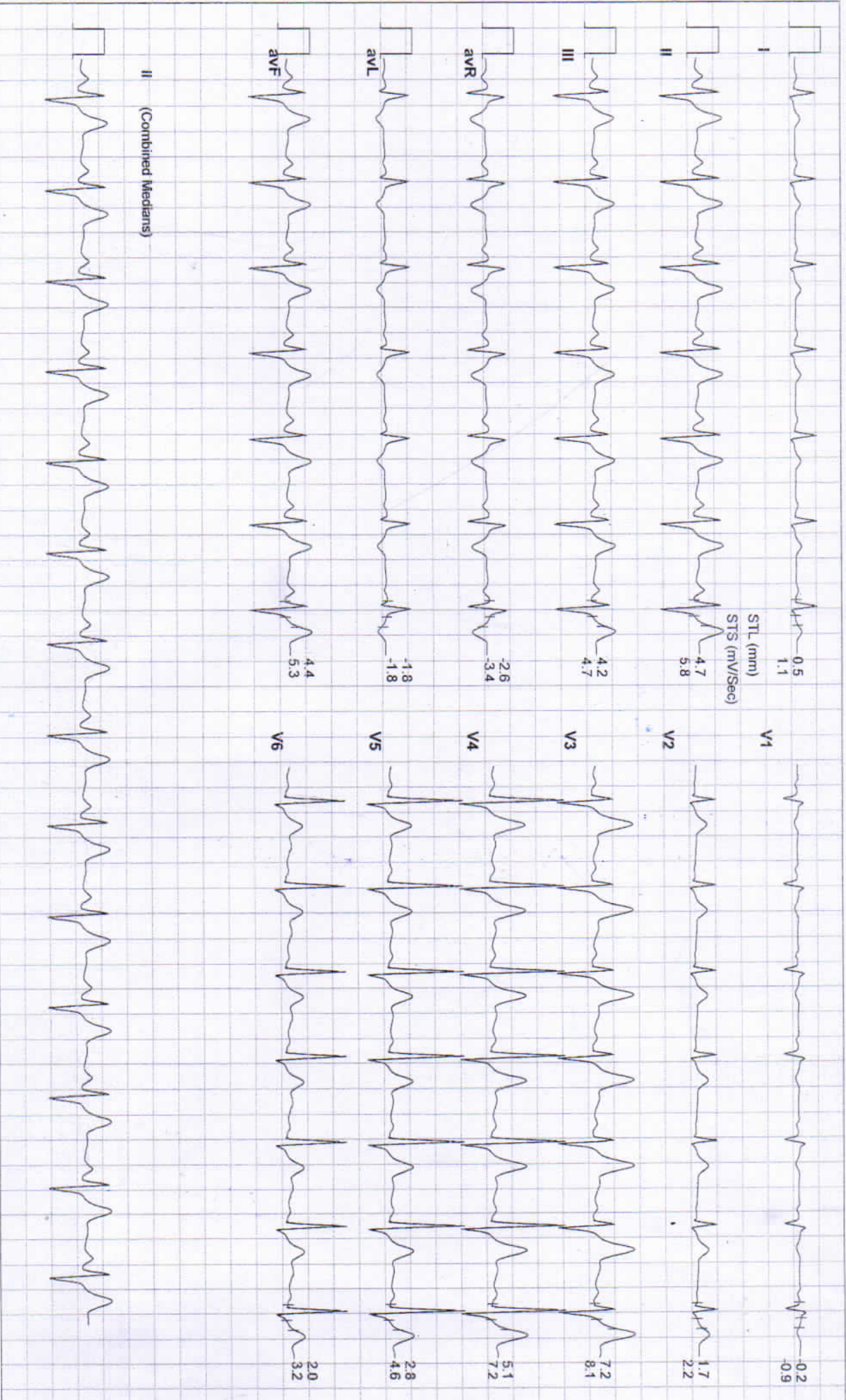




Date: 16 - 02 - 2025

METs : 1.0 HR : 83 Target HR : 48% of 174 BP : 132/82 Post J @80mSec

ExTime: 06:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

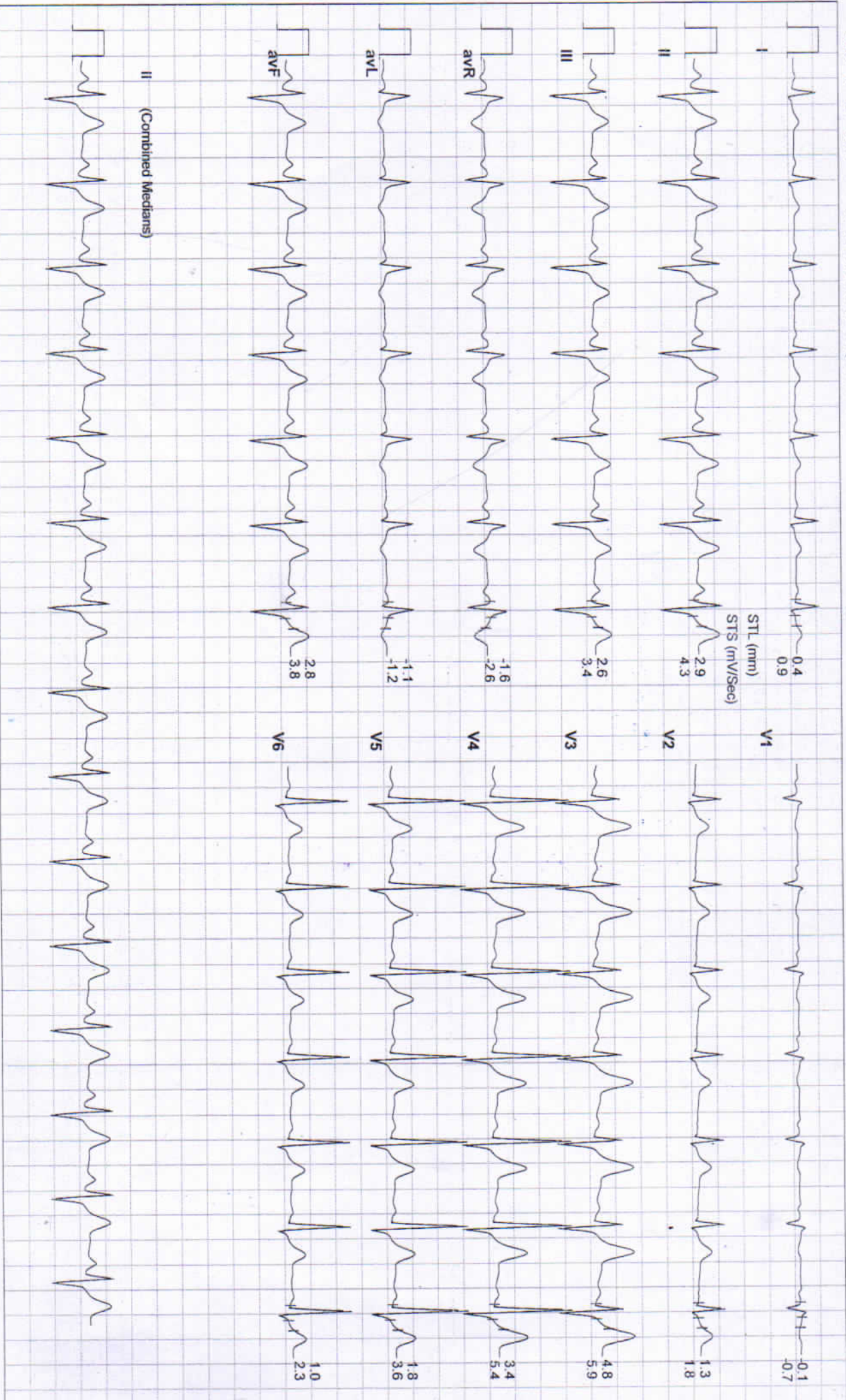




Date: 16 - 02 - 2025

METS : 1.0 HR : 89 Target HR : 51% of 174 BP : 130/80 Post J @80mSec

ExTime: 06:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV





Date: 16 - 02 - 2025

METs : 1.0 HR : 96 Target HR : 55% of 174 BP : 128/78 Post J @80mSec

ExTime: 06:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 0.5 Cm/mV

