

भारत सरकार
Government of India

शंकर लाल
Shanker Lal
जन्म तिथि/DOB: 10/12/1977
पुरुष/ MALE

3541 2187 3036
VID: 9152 4999 7278 3502

मेरा आधार, मेरी पहचान

Shanker Lal

9783713379

भारत सरकार
Unique Identification Authority of India

पता: S/O शंकर लाल शंकर, प्लॉट नं. 6, वार्ड नं. 24, सुर्या विहार, जूनुजुनु, राजस्थान - 333001

Address: S/O Ghansi Ram Saini, plot no.6, ward no. 24, surya vihar, Jhunjhunu, Rajasthan - 333001

3541 2187 3036
VID: 9152 4999 7278 3502

QR Code with Photograph

DR

Rajsthani Diagnostic &
Medical Research Centre
Jhunjhunu





RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

| | | | |
|---------|--------------------|------|-----------|
| NAME | SHANKER LAL | AGE- | SEX: M |
| REF/BY: | BOB HEALTH CHECKUP | DATE | 15-Nov-24 |

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild bright 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 23 gm, 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:

- ❖ Grade I fatty liver.

Advised: clinicopathological correlation

Dr. Nirmala Royal
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



RAJASTHANI DIAGNOSTIC & MR CENTRE

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MRI

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MAMOGRAPHY

| | | | |
|--------------|-------------|------------|-----------|
| Patient Name | SHANKAR LAL | Patient ID | |
| Age | 47 YRS | Date | 15-Nov-24 |
| Gender | M | Ref.Doctor | SELF |

X RAY CHEST (PA VIEW)

FINDINGS:

Prominent bronchovascular markings bilaterally.


The lungs are well-expanded with no pulmonary infiltrate or pleural effusion.

The cardiomeastinal silhouette is within normal limits.

No acute osseous abnormality.

IMPRESSION:

- Prominent bronchovascular markings bilaterally- seen in bronchitis.
- No active infective aetiology.


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.

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



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RAJASTHANI DIAG. & MR CENTRE, JHUNJHUNU

41 / SHANKER LAL / 47 Yrs / M / 166Cms. / 51Kgs. / Non Smoker

Heart Rate : 84 bpm / Tested On : 15-Nov-24 11:17:50 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB HEALTH CHECK UP

ECG



Vent Rate : 84 bpm
 PR Interval : 124 ms
 QRS Duration: 92 ms
 QT/QTc Int : 364/406 ms
 P-QRS-T axis: 72.00° 85.00° 58.00°



Axis
 R 85.00° T 58.00° P 72.00°

[Handwritten Signature]



RAJASTHANI DIAGNOSTIC & MRI CENTRE



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

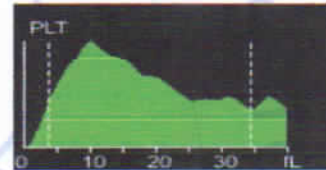
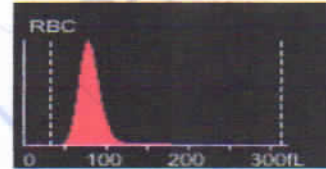
Hematology Analysis Report

First Name: SHANKER LAL
Last Name:
Gender: Male
Age: 46 Year

Sample Type:
Department:
Med Rec. No.:

Sample ID: 6
Test Time: 15/11/2024 10:07
Diagnosis:

| Parameter | Result | Ref. Range | Unit |
|-----------|--------|-------------|---------------------|
| 1 WBC | 6.96 | 4.00-10.00 | 10 ³ /uL |
| 2 Neu% | 44.5 L | 50.0-70.0 | % |
| 3 Lym% | 45.9 H | 20.0-40.0 | % |
| 4 Mon% | 8.0 | 3.0-12.0 | % |
| 5 Eos% | 1.1 | 0.5-5.0 | % |
| 6 Bas% | 0.5 | 0.0-1.0 | % |
| 7 Neu# | 3.10 | 2.00-7.00 | 10 ³ /uL |
| 8 Lym# | 3.19 | 0.80-4.00 | 10 ³ /uL |
| 9 Mon# | 0.56 | 0.12-1.20 | 10 ³ /uL |
| 10 Eos# | 0.08 | 0.02-0.50 | 10 ³ /uL |
| 11 Bas# | 0.03 | 0.00-0.10 | 10 ³ /uL |
| 12 RBC | 4.77 | 3.50-5.50 | 10 ⁶ /uL |
| 13 HGB | 11.6 | 11.0-16.0 | g/dL |
| 14 HCT | 40.6 | 37.0-54.0 | % |
| 15 MCV | 85.1 | 80.0-100.0 | fL |
| 16 MCH | 24.3 L | 27.0-34.0 | pg |
| 17 MCHC | 28.6 L | 32.0-36.0 | g/dL |
| 18 RDW-CV | 13.0 | 11.0-16.0 | % |
| 19 RDW-SD | 45.4 | 35.0-56.0 | fL |
| 20 PLT | 114 | 100-300 | 10 ³ /uL |
| 21 MPV | 12.3 H | 6.5-12.0 | fL |
| 22 PDW | 24.9 H | 9.0-17.0 | % |
| 23 PCT | 0.141 | 0.108-0.282 | % |
| 24 P-LCR | 52.6 H | 11.0-45.0 | % |
| 25 P-LCC | 60 | 30-90 | 10 ³ /uL |



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

Submitter: Operator: admin Approver:
Draw Time: 15/11/2024 10:06 Received Time: 15/11/2024 10:06 Validated Time:
Report Time: 15/11/2024 16:44 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: SHANKER LAL Sr. No. : 15701 Patient ID No.: 11792 Age : 46 Gender : MALE Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP |  | Registered on : 15-11-2024 11:04 AM Collected On : 15-11-2024 11:04 AM Received On : 15-11-2024 11:04 AM Reported On : 15-11-2024 04:55 PM Bar Code  LIS Number 7 8 0 9 |
|--|---|---|

LIPID PROFILE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|----------------------------------|-----------------|-------|---|
| Cholesterol (Method CHOD-PAP) | 164.00 | mg/dL | Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199 |
| HDL Cholesterol | 48.00 | mg/dL | 35--88 |
| Triglycerides (Method GPO) | 104.00 | mg/dL | Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499 |
| LDL Cholesterol | 95.20 | mg/dL | 0--150 |
| VLDL Cholesterol | 20.80 | mg/dL | 0--35 |
| TC/HDL Cholesterol Ratio | 3.42 | Ratio | 2.5--5 |
| LDL/HDL Ratio | 1.98 | Ratio | 1.5--3.5 |

HAEMATOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|--------------------------------------|-----------------|-------|---------------------|
| ESR (Erythrocyte Sedimentation Rate) | 15 | mm/hr | 20 |
| BLOOD GROUPING (ABO & Rh) | B+ Positive | | |

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Manita Khule
Dr. Manita Khule
B.Sc. (Path.)
BMC



PATHOLOGIST



PATHOLOGIST

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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.
MC-5346

Patient Name: **SHANKER LAL**
Sr. No. : 15701
Patient ID No.: 11792
Age : 46 Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 15-11-2024 11:04 AM
Collected On : 15-11-2024 11:04 AM
Received On : 15-11-2024 11:04 AM
Reported On : 15-11-2024 04:55 PM
Bar Code 
LIS Number 7 8 0 9

HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|--------|--|
| HbA1c(Glycosylated hemoglobin) | 5.20 | % | < 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control |
| eAG (Estimated Average Glucose) | 102.54 | mg/dL | |
| eAG (Estimated Average Glucose) | 5.69 | 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 glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc 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 Anemia, 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.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khulela

Dr. Mamta Khulela
M.D. (Path.)

DNB No. : 4700/15700

24/7
EMERGENCY SERVICE
PATHOLOGIST

PATHOLOGIST



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अपगत कालीन भाग इस रिपोर्ट का हिस्सा नहीं है। * यह रिपोर्ट मेडिको लीगल उद्देश्य के लिए वैध नहीं है।

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



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

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| Patient Name: SHANKER LAL Sr. No. : 15701 Patient ID No.: 11792 Age : 46 Gender : MALE Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP |  | Registered on : 15-11-2024 11:04 AM Collected On : 15-11-2024 11:04 AM Received On : 15-11-2024 11:04 AM Reported On : 15-11-2024 04:55 PM Bar Code  LIS Number 7 8 0 9 |
|--|---|---|

BIO-CHEMISTRY

| Test Name | Observed Values | Units | Reference Intervals |
|--------------------------------------|-----------------|-------|--|
| Glucose Fasting (Method: GOD-POD) | 82.00 | 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 (Method: GOD-POD) | 106.00 | mg/dL | Glucose 2 h Postparandial: <120 |

KIDNEY FUNCTION TEST

| Test Name | Observed Values | Units | Reference Intervals |
|--|-----------------|-------|--|
| Blood Urea (Method: Urease-GLDH) | 26.00 | 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) | 0.80 | mg/dL | 0.4--1.40 |
| Calcium | 10.64 | mg/dL | 8.5--11 |
| Uric Acid (Method: Uricase-POD) | 4.32 | mg/dL | 2.4--7.2 |

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



Manita Khuria

Dr. Manita Khuria
M.D. (Path.)
TMC No. : 4730/16055



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.
MC-5346

Patient Name: **SHANKER LAL**
Sr. No. : **15701**
Patient ID No.: **11792**
Age : **46** Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **15-11-2024 11:04 AM**
Collected On : **15-11-2024 11:04 AM**
Received On : **15-11-2024 11:04 AM**
Reported On : **15-11-2024 04:55 PM**
Bar Code 
LIS Number **7 8 0 9**

BIO-CHEMISTRY Liver Function Test

| Test Name | Observed Values | Units | Reference Intervals |
|--|-----------------|-------|---|
| SGOT/AST(Tech.: -UV Kinetic) | 25.00 | U/L | 5--40 |
| SGPT/ALT(Tech.: -UV Kinetic) | 31.00 | U/L | 5--40 |
| Bilirubin(Total) (Method : Diazo) | 0.86 | 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) | 0.15 | mg/dL | 0--0.3 |
| Bilirubin(Indirect) | 0.71 | mg/dL | 0.1--1.0 |
| Total Protein (Method : BIURET Method) | 6.99 | 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) | 3.87 | 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) | 3.12 | gm/dL | 2.5--4.5 |
| A/G Ratio(Tech.: -Calculated) | 1.24 | | 1.2 -- 2.5 |
| Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic) | 214.00 | U/L | 108-306 |

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



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Kamini Health
Dr. Kamini Health
Jhunjhunu
TMC No. 14730/15735

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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.: 11792 | | Received On : 15-11-2024 11:04 AM |
| Age : 46 Gender : MALE | | Reported On : 15-11-2024 04:55 PM |
| Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP | | Bar Code |
| | LIS Number 7 8 0 9 | |

THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

| Test Name | Observed Values | Units | Reference Intervals |
|-----------------------------------|-----------------|--------|---------------------|
| T3 (Total Triiodothyronine) | 0.90 | ng/ML | 0.6 - 1.8 ng/ML |
| T4 (TotalThyroxine) | 8.55 | µg/dL | 4.60-12.50 µg/dL |
| TSH (Thyroid Stimulating Hormone) | 3.13 | 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

Namita Khurana

Dr. Namita Khurana
Pathologist



LOGIST



PATHOLOGIST

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RAJASTHANI DIAGNOSTIC & MRI CENTRE

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

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| Sr. No. : 15701 | Collected On : 15-11-2024 11:04 AM | | |
| Patient ID No.: 11792 | Received On : 15-11-2024 11:04 AM | | |
| Age : 46 Gender : MALE | Reported On : 15-11-2024 04:55 PM | | |
| Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP | Bar Code  | | |
| | LIS Number 7 8 0 9 | | |

IMMUNOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|-------|--|
| PSA (Prostate-Specific Antigen) | 0.84 | ng/mL | NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00 |

Method : **Fluorescence Immunoassay Technology**

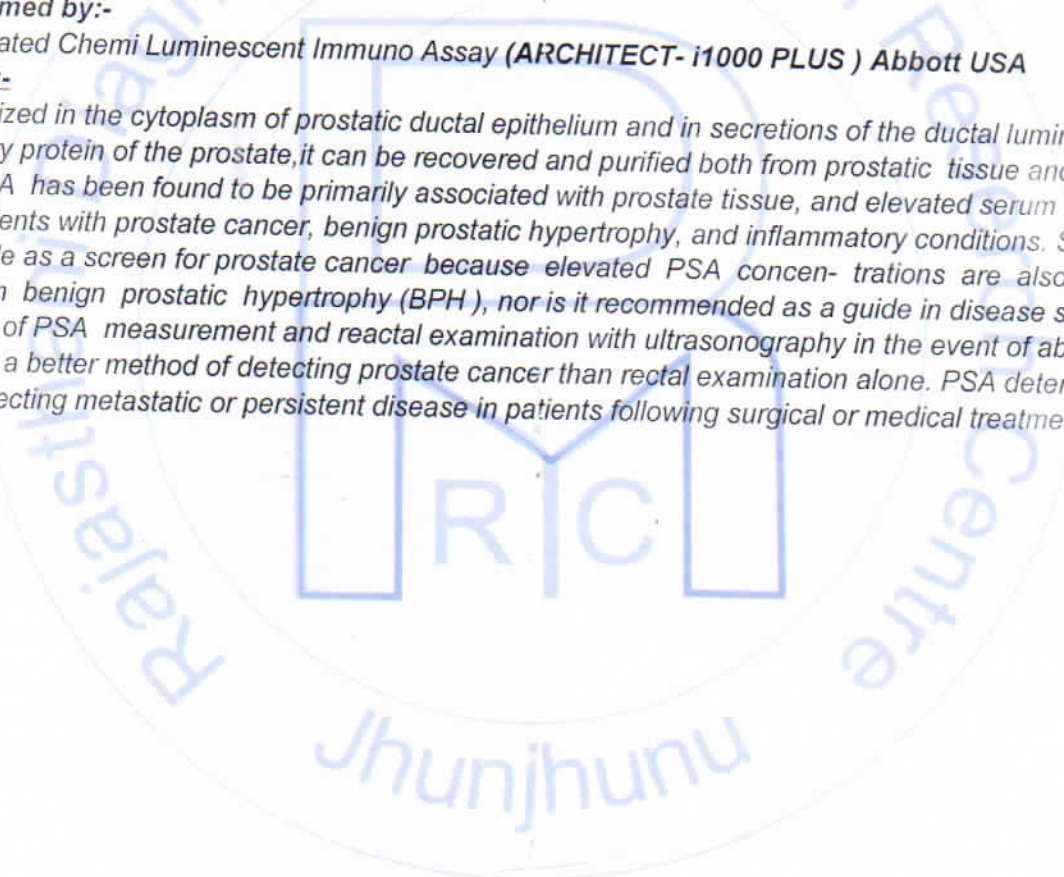
Sample Type : **Serum / Plasma / Whole Blood**

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 Khutela

Dr. Manita Khutela
M.D. (Path.)



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| Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP | | Bar Code |
| | | LIS Number 7 8 0 8 |

URINE EXAMINATION URINE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------|-----------------|---------|---------------------|
| PHYSICAL | | | |
| Quantity | 20 | ml | |
| Colour | Yellow | | |
| Appearance / Transparency | Clear | | |
| Specific Gravity | 1.030 | | |
| PH | 6.0 | | 4.5-6.5 |
| CHEMICAL | | | |
| Reaction | Acidic | | |
| Albumin | TRACE | | |
| Urine Sugar | Nil | | |
| MICROSCOPIC | | | |
| Red Blood Cells | Nil | /h.p.f. | |
| Pus Cells | 4-6 | /h.p.f. | |
| Epithelial Cells | 1-2 | /h.p.f. | |
| Crystals | Nil | /h.p.f. | |
| Casts | Nil | /h.p.f. | |
| Bacteria | 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 >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

Note: This report is not valid for medico legal purposes.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



LOGIST

Mamta Khosla

Dr. Mamta Khosla
M.D. (Path.)
D.M.C. No. : 4770/15055



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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Report



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

SHANKER LAL / 46 Yrs / M / 174 Cms / 75 Kg
 Date: 15 - 11 - 2024 Technician : MANOJ Examined By:

| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 00:08 | 0:08 | 00.0 | 00.0 | 01.0 | 088 | 51 % | —/— | 000 | 00 | |
| Standing | 01:11 | 1:03 | 00.0 | 00.0 | 01.0 | 091 | 52 % | 122/82 | 111 | 00 | |
| HV | 02:11 | 1:00 | 00.0 | 00.0 | 01.0 | 087 | 50 % | 122/82 | 106 | 00 | |
| Warm Up | 03:12 | 1:01 | 00.0 | 00.0 | 01.0 | 091 | 52 % | 122/82 | 111 | 00 | |
| ExStart | 04:12 | 1:00 | 01.0 | 00.0 | 01.0 | 095 | 55 % | 124/82 | 117 | 00 | |
| BRUCE Stage 1 | 07:12 | 3:00 | 01.7 | 10.0 | 04.7 | 110 | 63 % | 126/84 | 138 | 00 | |
| BRUCE Stage 2 | 10:12 | 3:00 | 02.5 | 12.0 | 07.1 | 125 | 72 % | 130/88 | 162 | 00 | |
| PeakEx | 12:43 | 2:31 | 03.4 | 14.0 | 09.7 | 150 | 86 % | 134/92 | 201 | 00 | |
| Recovery | 13:13 | 0:30 | 01.1 | 00.0 | 04.2 | 144 | 83 % | 134/92 | 192 | 00 | |
| Recovery | 13:43 | 1:00 | 01.1 | 00.0 | 01.2 | 128 | 74 % | 136/94 | 174 | 00 | |
| Recovery | 14:43 | 2:00 | 00.0 | 00.0 | 01.0 | 108 | 62 % | 132/90 | 142 | 00 | |
| Recovery | 15:43 | 3:00 | 00.0 | 00.0 | 01.0 | 104 | 60 % | 128/84 | 133 | 00 | |
| Recovery | 16:43 | 4:00 | 00.0 | 00.0 | 01.0 | 099 | 57 % | 124/82 | 122 | 00 | |
| Recovery | 16:43 | 4:00 | 00.0 | 00.0 | 01.0 | 099 | 57 % | 124/82 | 122 | 00 | |

FINDINGS :

Exercise Time : 08:31
 Initial HR (ExStrt) : 95 bpm 55% of Target 174
 Initial BP (ExStrt) : 124/82 (mm/Hg)
 Max Workload Attained : 9.7 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V3 & -2.1 mm in PeakEx
 Test Objective : BOB HEALTH CHECK UP
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 150 bpm 86% of Target 174
 Max BP Attained 136/94 (mm/Hg)

REPORT :

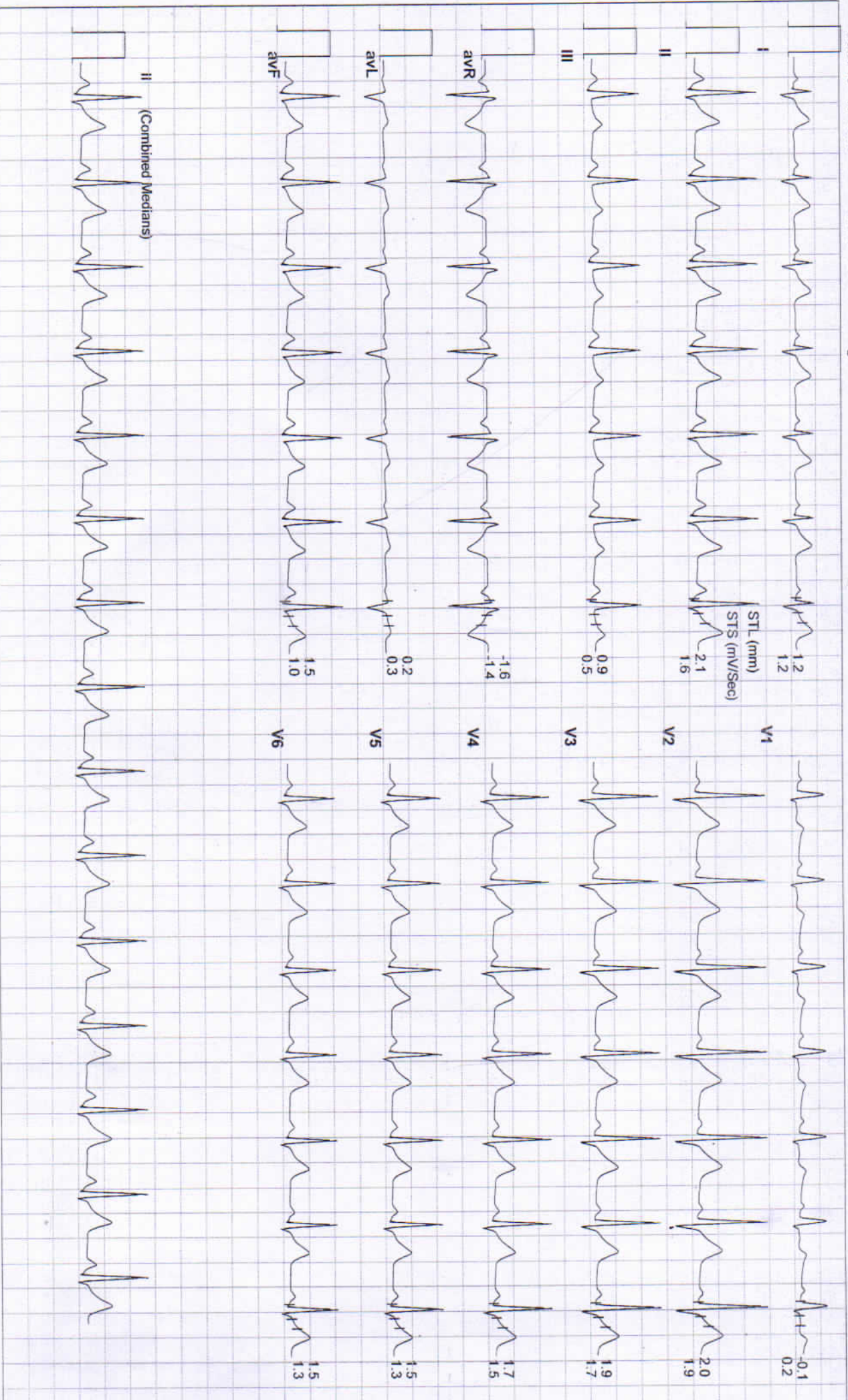
Rajasthani Diagnostic &
 Medical Research Centre
 Jhunjhuru
 Doctor : RDMRC



Date: 15 - 11 - 2024

METS : 1.0 HR : 88 Target HR : 51% of 174 BP : 0/0 Post J @80mSec

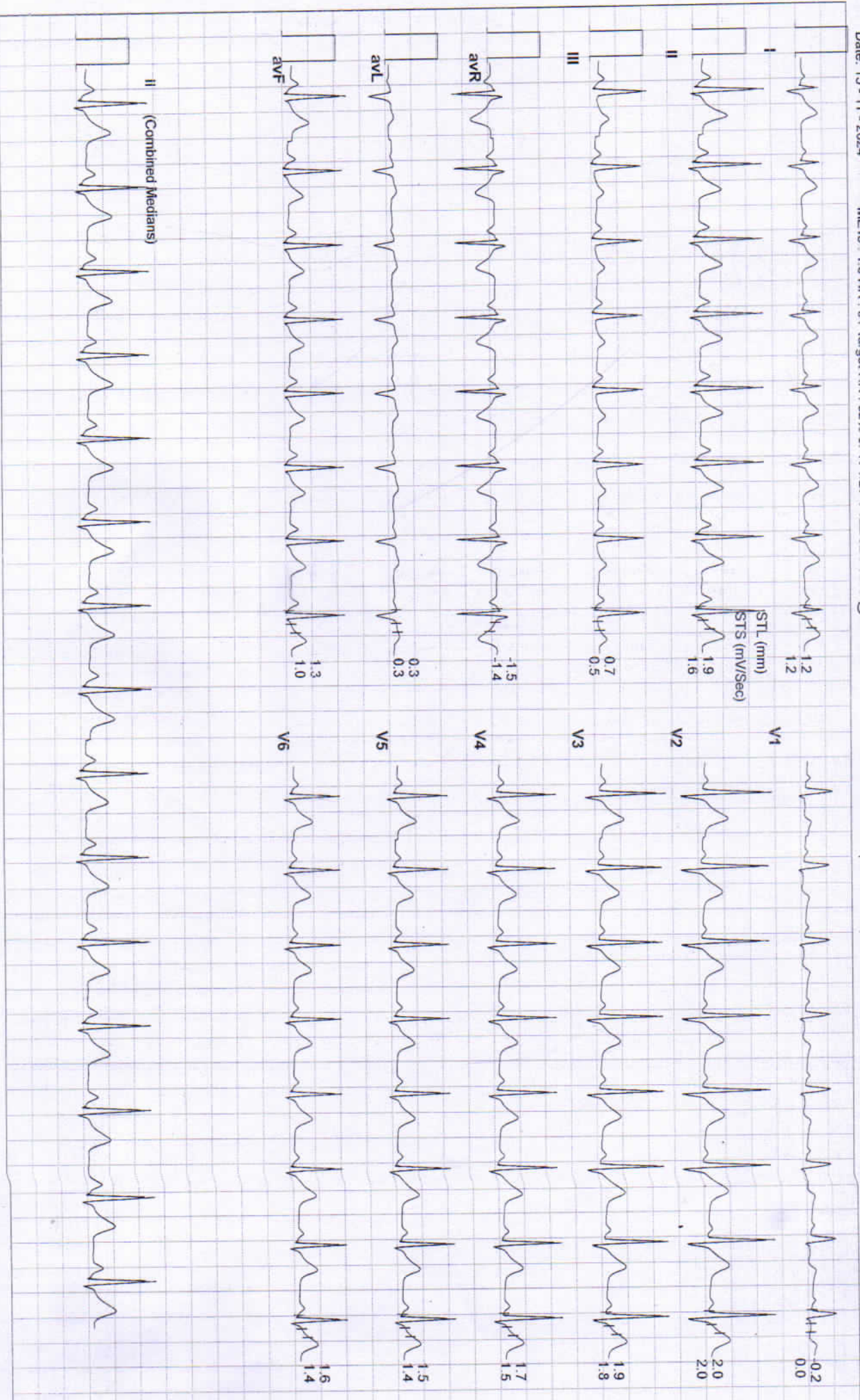
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





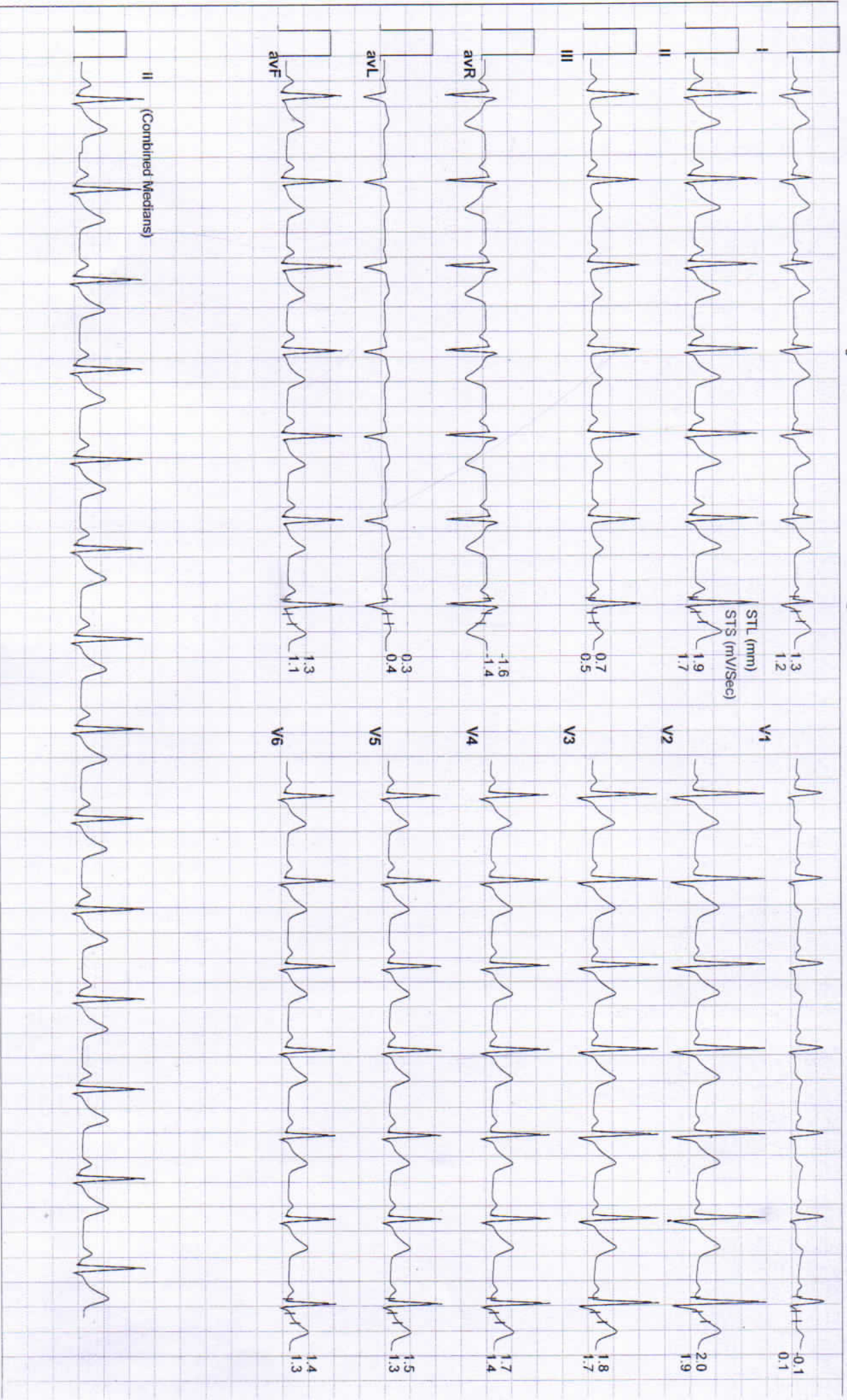
Date: 15 - 11 - 2024 METs : 1.0 HR : 91 Target HR : 52% of 174 BP : 122/82 Post J @80mSec

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



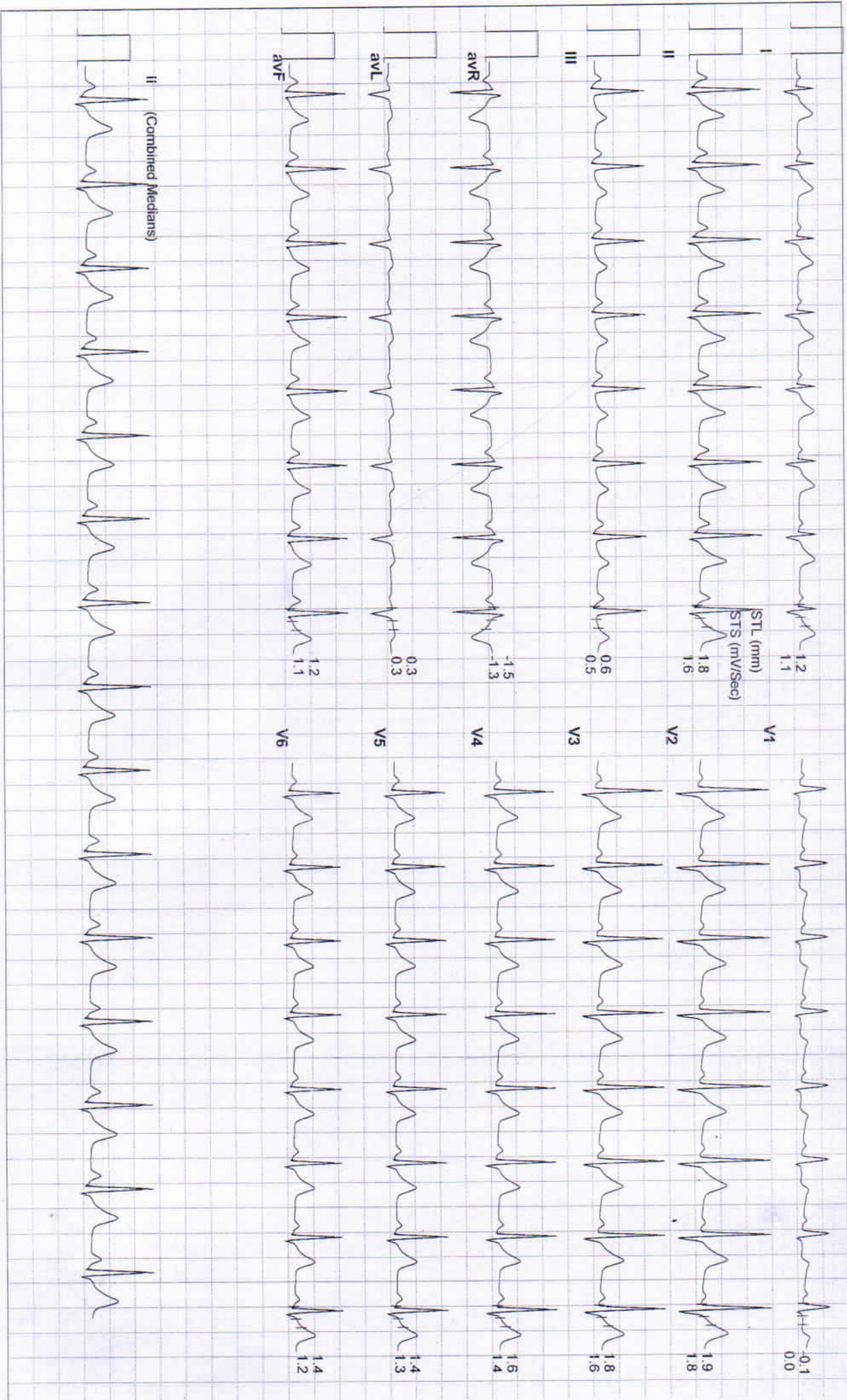


Date: 15 - 11 - 2024 METs : 1.0 HR : 87 Target HR : 50% of 174 BP : 122/82 Post J @80mSec ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024 METs : 1.0 HR : 91 Target HR : 52% of 174 BP : 122/82 Post J @80mSec ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

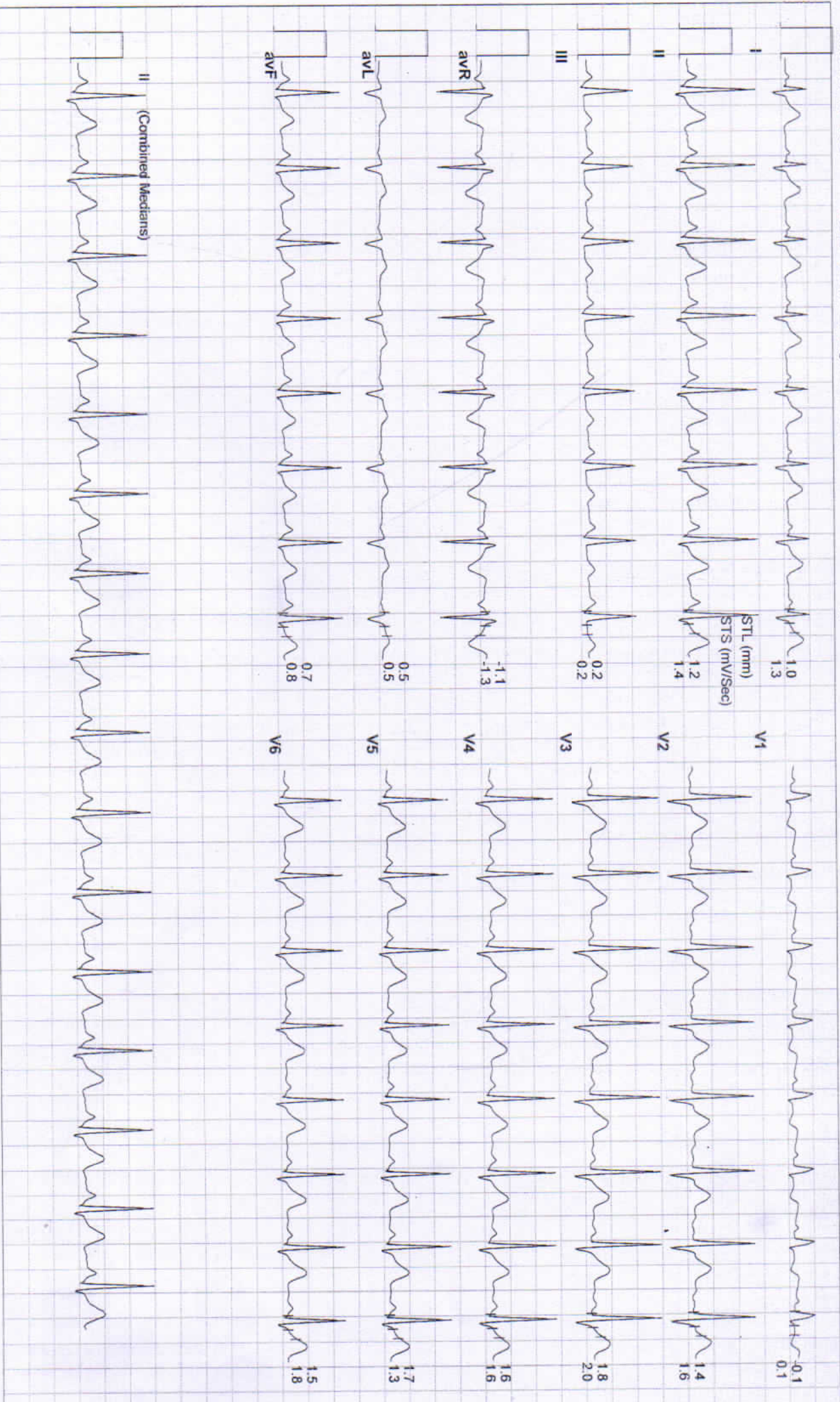




Date: 15 - 11 - 2024

METS : 1.0 HR : 95 Target HR : 55% of 174 BP : 124/82 Post J @80mSec

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

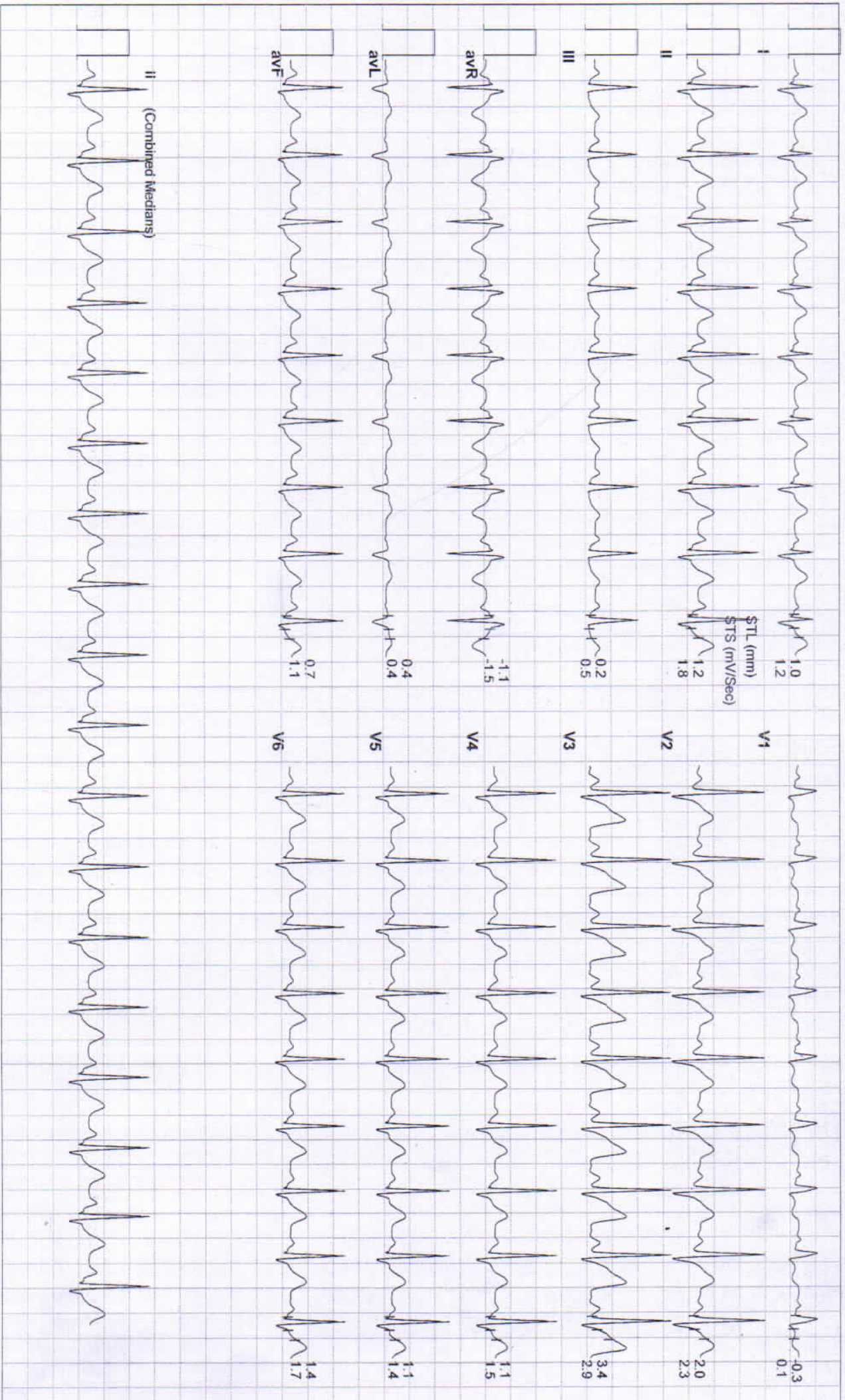




Date: 15 - 11 - 2024

MEts : 4.7 HR : 110 Target HR : 63% of 174 BP : 126/84 Post J @80mSec

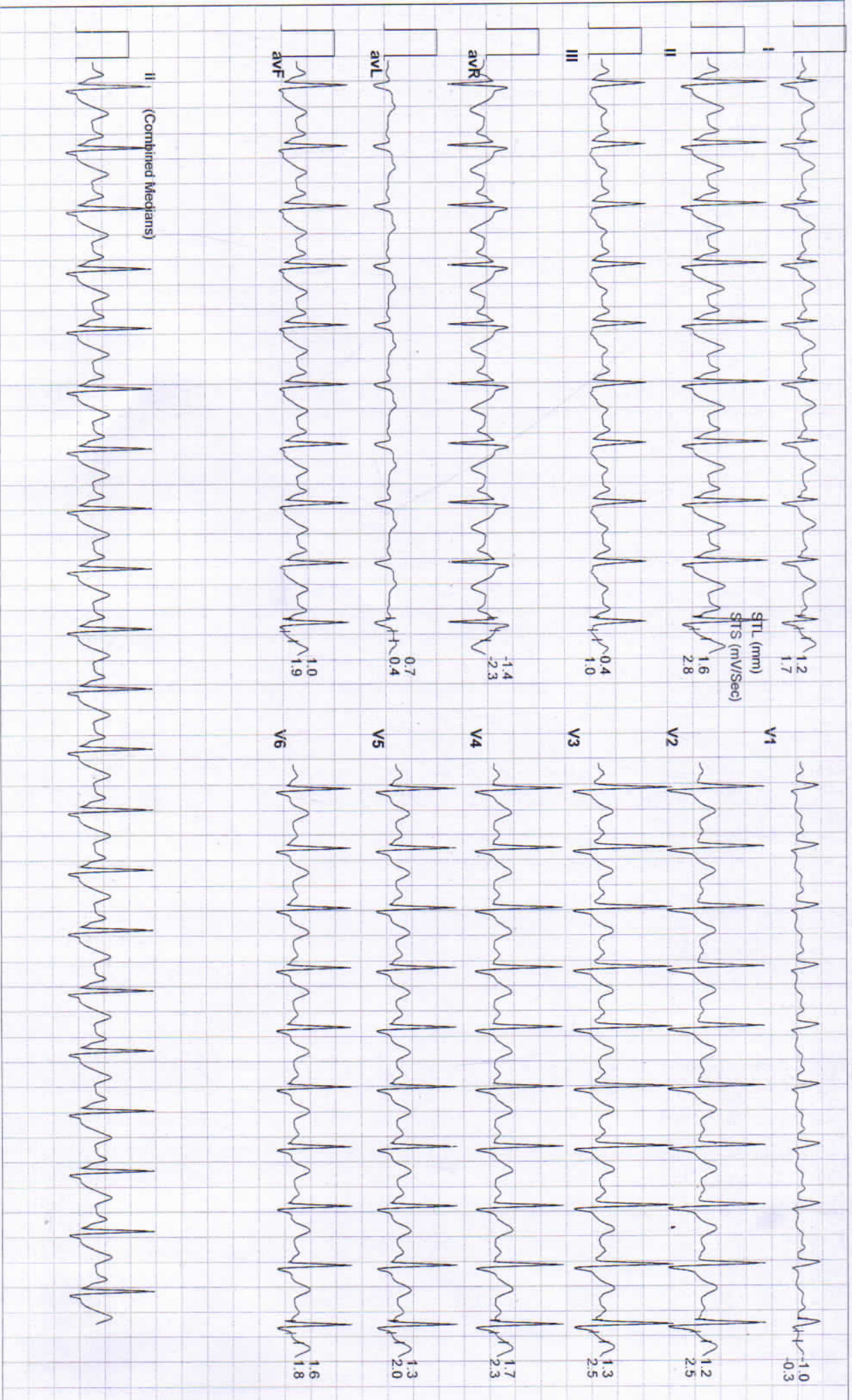
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024 METs : 7.1 HR : 125 Target HR : 72% of 174 BP : 130/88 Post J @80mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024 METs : 9.7 HR : 150 Target HR : 86% of 174 BP : 134/92 Post J @60mSec ExTime: 08:31 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024 METS : 4.2 HR : 144 Target HR : 83% of 174 BP : 134/92 Post J @60mSec

ExTime: 08:31 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 15 - 11 - 2024

METS : 1.2 HR : 128 Target HR : 74% of 174 BP : 136/94 Post J @80m/Sec

EXTime: 08:31 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024

METs : 1.0 HR : 108 Target HR : 62% of 174 BP : 132/90 Post J @80mSec

ExTime: 08:31

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



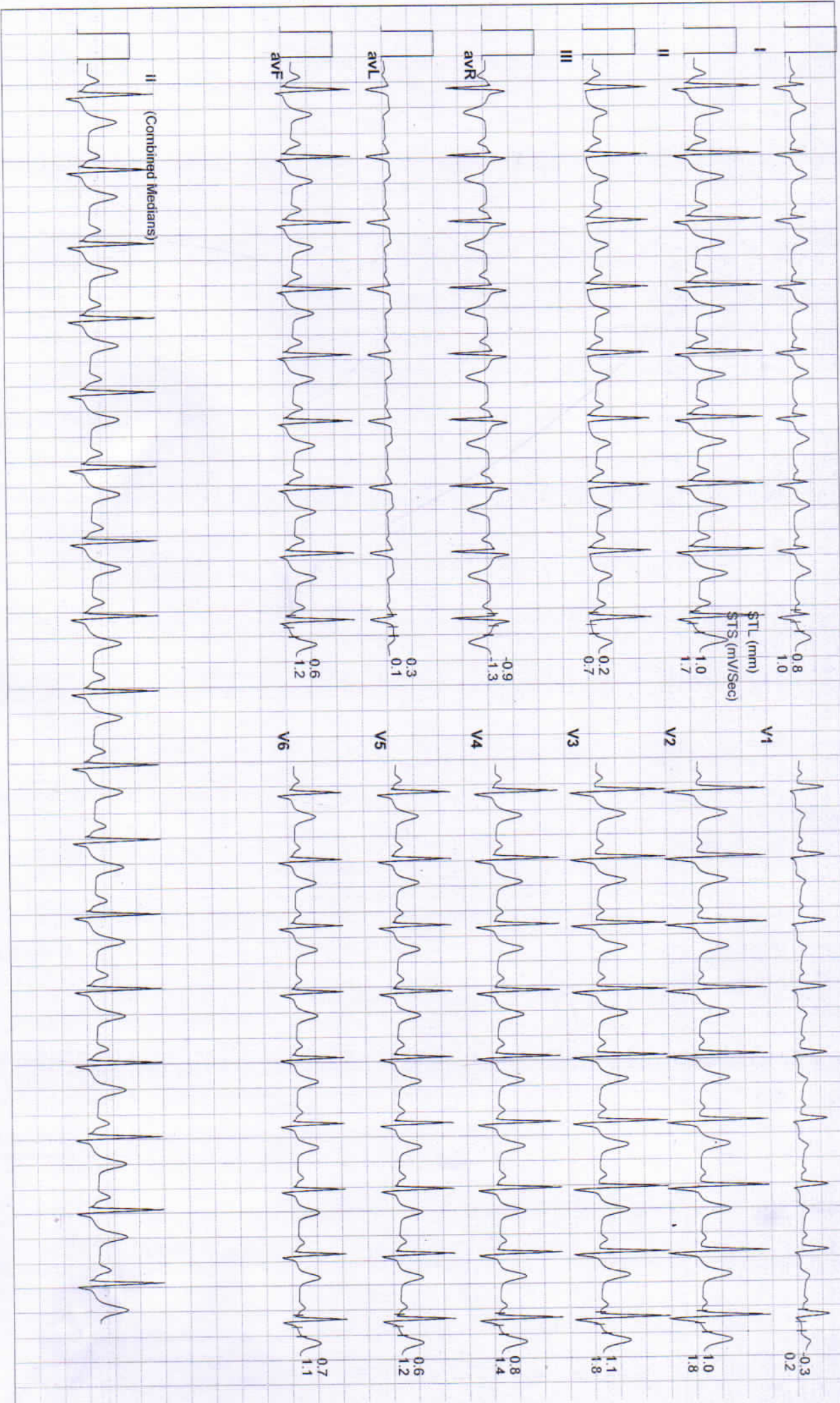


Date: 15 - 11 - 2024

METS : 1.0 HR : 104 Target HR : 60% of 174 BP : 128/84 Post J @80mSec

ExTime: 08:31

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



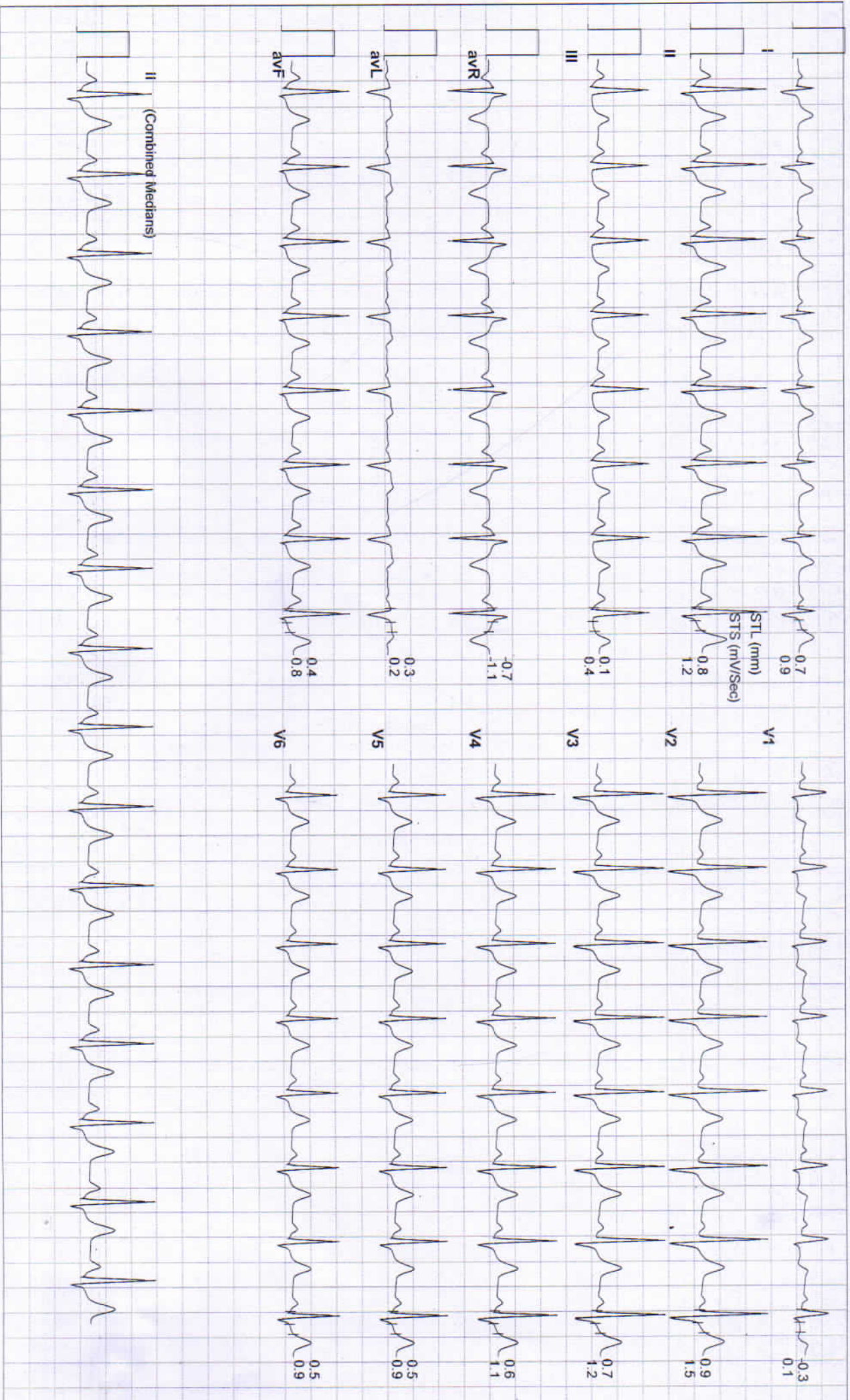


Date: 15 - 11 - 2024

METS : 1.0 HR : 99 Target HR : 57% of 174 BP : 124/82 Post J @80mSec

ExTime: 08:31

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 15 - 11 - 2024

METs : 1.0 HR : 99 Target HR : 57% of 174 BP : 124/82 Post J @80mSec

ExTime: 08:31 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

