

BP - 130/80
P - 76/nt
H - 176 C.M
WT - 86 Kg

Mr. Taty Behera
Age - 34 Y/M

10/02/24

For Annual Health check

CBC - 13.5 / 5.29 / 5.06 / 177

HBA1c - 5.4

TBS - 99, PP - 110.0

creat - 1.07

Urea - 11

Lipid - 180 / 110 / 42 / 116

LFT - 32 / 38 / 94

T3 - 1.28

T4 - 8.10

TSH - 1.970

Control Health regularly

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic Raipur



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Tudu Behera

Date 7/2/24

Sex/Age 347/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>Ng</u> (LE):- <u>Ng</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	—————			
LEFT				
REMARKS :-				

Dr. Vikas
MBBS, MCh(Ophth)
Reg. No. 12112/2006



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Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apoloclinic.com | Website : www.apoloclinic.com

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0771 4033341

PATIENT NAME:- MR. TUTU BEHERA
REF BY :- BOB

AGE/SEX: 34 YRS/M
DATE:- 07.02.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	11.88X4.89cm	11.53X5.54cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder - Distended & normal

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

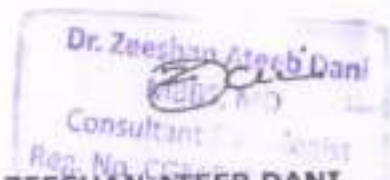
Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for personal use of the doctor only. Not for printing. All reports are subject to clinical correlation. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medical-legal purposes.

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 0771 4033341

NAME OF PATIENT: MR. TUTU BEHERA
REFERRED BY: BOB

AGE: 34YRS /MALE
DATE: 07/02/2024.

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

Patient Name : MR TUTU BEHERA
UHID/ MR No : 9013
Visit Date : 07/02/2024
Sample Collected On : 07/02/2024 12:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 07/02/2024 01:34PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	13.9	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	5.29	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	41.70	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	78.8	fL	78.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	26.3	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.0	%	11 - 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	5.06	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	50	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	38	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	04	%	1-6%
Method: CELL COUNTER			
Monocytes	08	%	4.0 - 12.0
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

(Signature)

Patient Name : MR TUTU BEHERA
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 OP Visit No : OPD-UNIT-II-2
 Reported On : 07/02/2024 01:34PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	177	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
 RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR TUTU BEHERA
UHID/ MR No : 9013
Visit Date : 07/02/2024
Sample Collected On : 07/02/2024 12:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 07/02/2024 01:34PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.4	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic >=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammation.
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR TUTU BEHERA
 UHID/ MR No : 9013
 Visit Date : 07/02/2024
 Sample Collected On : 07/02/2024 12:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 34 Y. Male
 OP Visit No : OPD-UNIT-II-5
 Reported On : 07/02/2024 01:34PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	110.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.07	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.0	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR TUTU BEHERA
 UHID/ MR No : 9013
 Visit Date : 07/02/2024
 Sample Collected On : 07/02/2024 12:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 34 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 07/02/2024 01:34PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	180.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	110.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	116	mg/dl	Optimal < 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	22	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.29		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
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Patient Name : MR TUTU BEHERA
 UHID/ MR No : 9013
 Visit Date : 07/02/2024
 Sample Collected On : 07/02/2024 12:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 34 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 07/02/2024 01:34PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	32	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	38	U/L	0 - 41
ALKALINE PHOSPHATASE	94	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.68	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Page 3 of 6

Patient Name : MR TUTU BEHERA
 UHID/ MR No : 9013
 Visit Date : 07/02/2024
 Sample Collected On : 07/02/2024 12:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 34 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 07/02/2024 01:34PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2


DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr. TUTU BEHRA	Collected : 07/Feb/2024 01:43PM
Age/Gender : 34 Y 0 M 0 0 M	Received : 07/Feb/2024 01:46PM
UHID/MR No : DSUS.0000006332	Reported : 07/Feb/2024 03:08PM
Visit ID : DSUSOPV7375	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IPOP NO :	Patient location : Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.970	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.



TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Graves, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***



M. B. S. M.D.
Dr. Maital Kujur
 LICENTED IN PATHOLOGY
 M.B.S. M.D. (Pathology)
 Consultant Pathologist

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 **+91 95922 25363**
 **0771 4033341**

UR EMAIL:

MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg
: 07 / 02 / 2024

	Time	Duration	Speed/(kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Rest	00:07	0:07	00.0	00.0	01.0	085	46%	120/80	102	00	
Warming	00:09	0:02	00.0	00.0	01.0	085	46%	120/80	102	00	
Start	00:13	0:04	02.7	10.0	01.1	094	51%	120/80	112	00	
JCE Stage 1	03:13	3:00	02.7	10.0	04.7	135	73%	122/82	185	00	
JCE Stage 2	06:13	3:00	04.0	12.0	07.1	156	84%	126/86	196	00	
Recovery	06:36	0:23	05.5	14.0	07.5	160	86%	126/86	201	00	
Recovery	07:06	0:30	00.8	00.0	04.2	152	82%	126/86	191	00	
Recovery	07:36	1:00	00.8	00.0	01.2	132	71%	124/84	163	00	
Recovery	08:36	2:00	00.0	00.0	01.0	114	61%	124/84	141	00	
Recovery	08:57	2:21	00.0	00.0	01.0	109	59%	124/84	135	00	

FINDINGS :

Exercise Time : 06:23
 Max HR Attained : 160 bpm 86% of Target 186
 Max BP Attained : 126/86 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Test Objective : GHDFEWASFSAPD ASSAS
 Test End Reasons : -Test Complete. Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

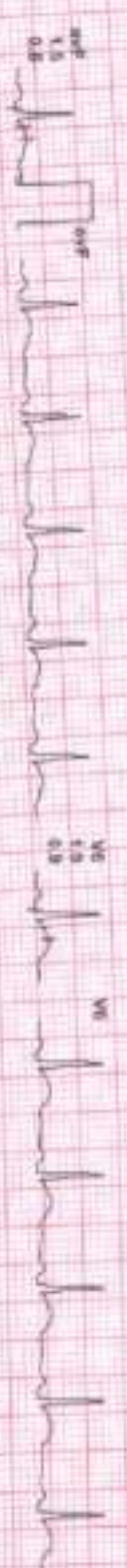
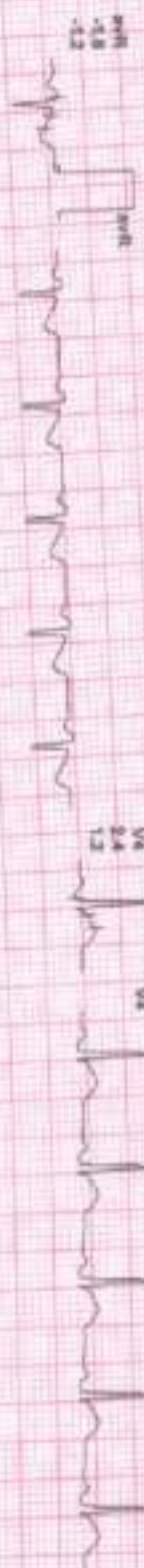
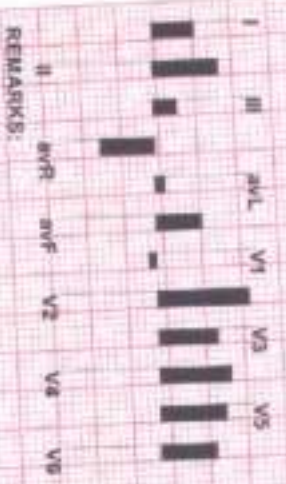
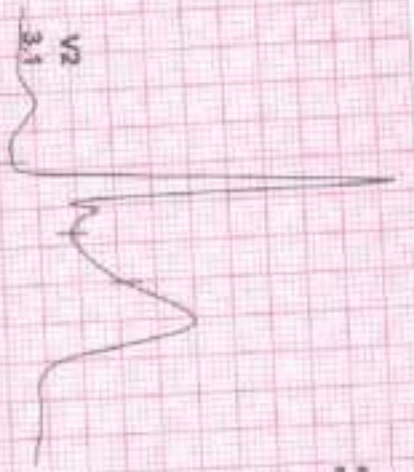
77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 85

Date: 07 / 02 / 2024

WEIGHT: 1.80 85 bpm 45% of THR BP: 120/80 mmHg Combined Modemul/BLC On Nearth On/ HF 0.05 HELLF 35 HE

EXTIME: 00:00 0.0 Km/h, 0.0%

4X 60 ms Paper J



REMARKS:

BRUCE:supine(v:v/)



77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 85

Date: 07 / 02 / 2024

METS: 1.0/ 85 bpm 48% of THR BP: 120/60 mmHg Combined Moderna/ BUC One/ Natch One HF 0.05 H2O/LF 36. HL

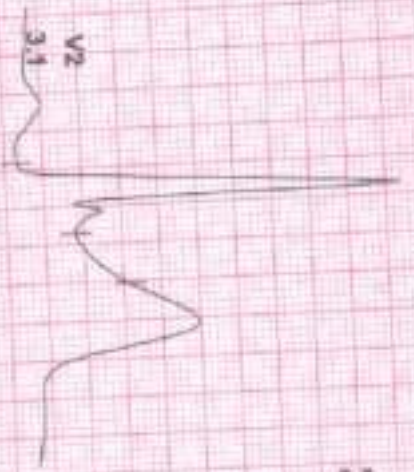
4X 80 ms Paper J

BRUCE:standing(v:vo)



EXTRNL 00:00 0.0 Km/h, 0.0%

26 min/sec - 1.9 Cm/hV



PREMARKS:
I II aVR aVL aVF V1 V2 V3 V4 V5 V6

77 / MR TUTU BEHERA / 34 YRS / M / 176 Cms / 86 Kg / HR : 94

Date: 07 / 02 / 2024

MEETS: 1.11 84 bpm 51% of TPR BP: 120/80 mmHg Combined Hydroxy/ BLC Oxy Natch Oxy HF 0.05 HbA1c 35 H2

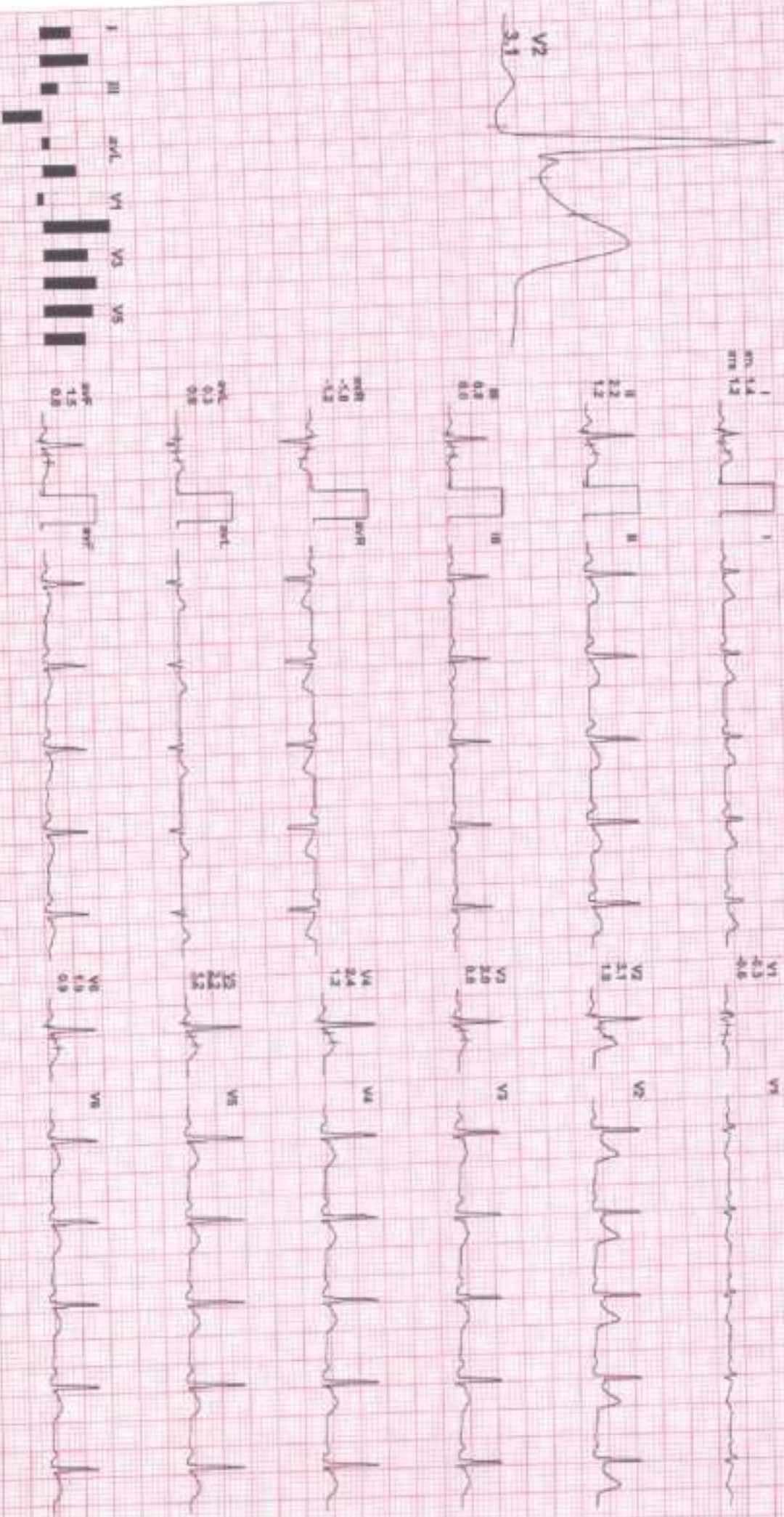
4X 80 ms Paper J

EXDIART



EXTIME: 00:00 2.7 Kbps, 10.0%

25 mm/Sec. 1.0 CM/IV



REMARKS:

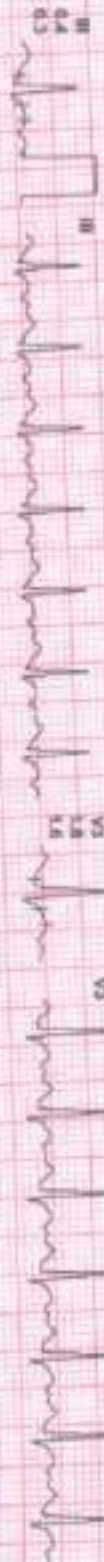
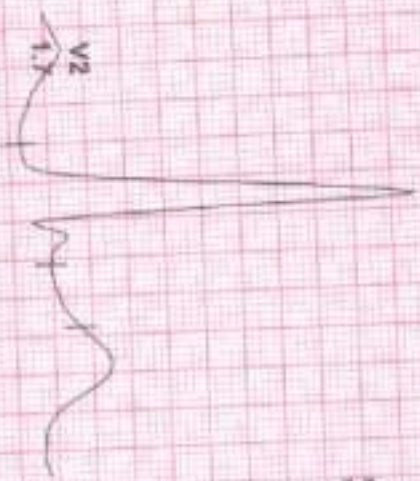
77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 136

Date: 07 / 02 / 2024

METS: 4.7/ 126 bpm 73% of THR BP: 122/82 mmHg Combined Modifiers/ BLC On/ Natch On/ HF 0.05 Hz/LF 36 Hz

Exercise: 03:00 2.7 Km/h, 10.0%
25 mmHg/sec, 1.0 Cm/hV

4X 60 ms Paper J



REMARKS:

77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 156

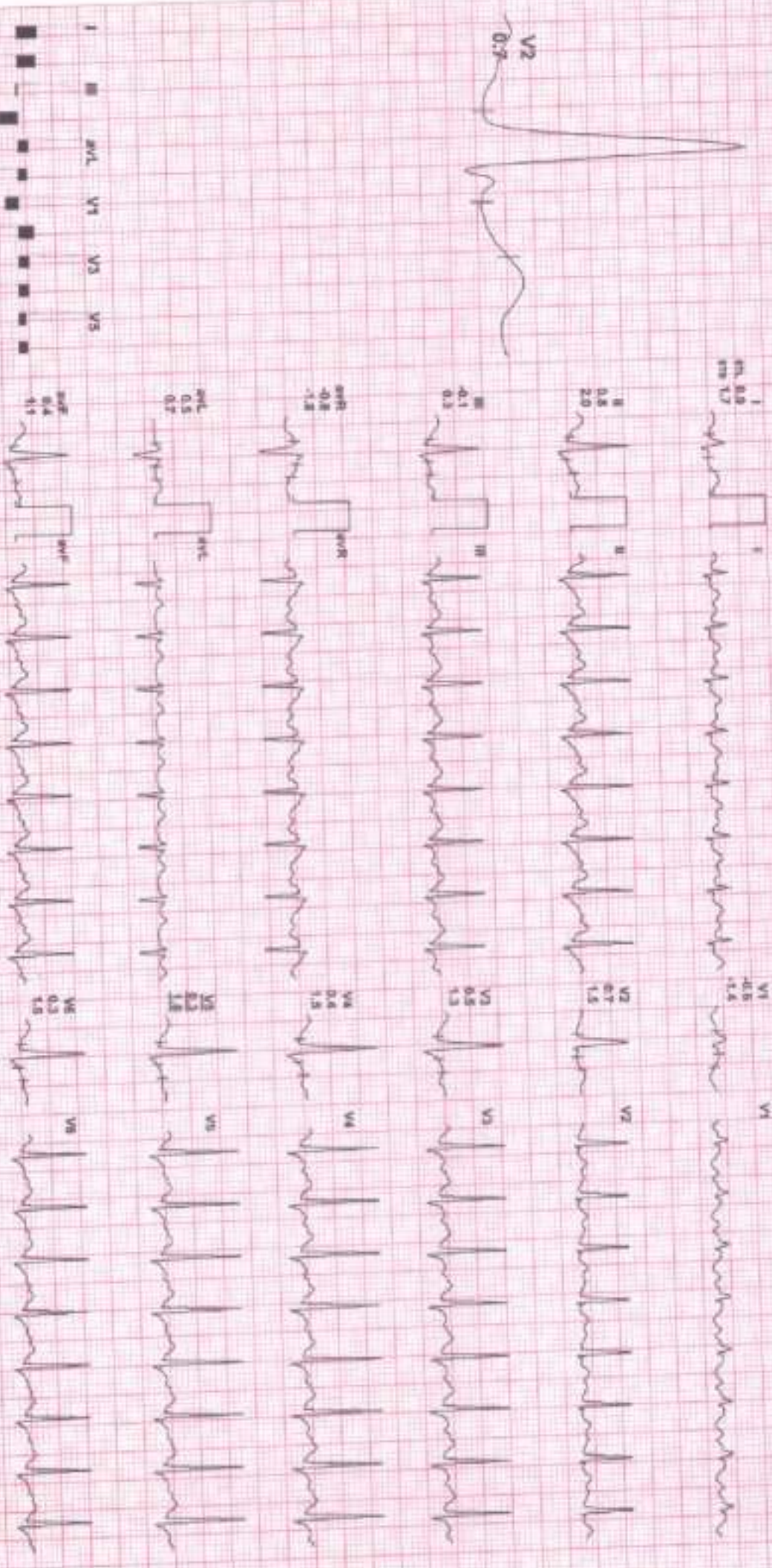
Date: 07 / 02 / 2024

METS: 7.1 / 156 bpm 84% of THR BP: 126/86 mmHg Combined Medicns/ BLC On Nckn On Hf: 0.05 HOLF 35 Hz

ExTime: 06:00 4.0 Kmph, 12.0%

4X 80 ms Post J

25 mm/Sec - 1.5 Cm/mV



REMARKS:

77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 160

Date: 07 / 02 / 2024

4X 60 mm Paper J

METS: 7.5/ 100 bpm 86% of THR BP: 120/86 mmHg

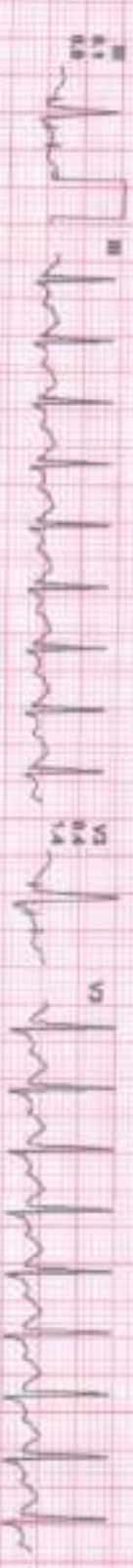
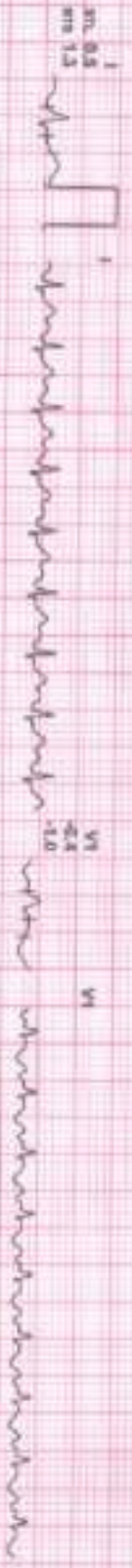
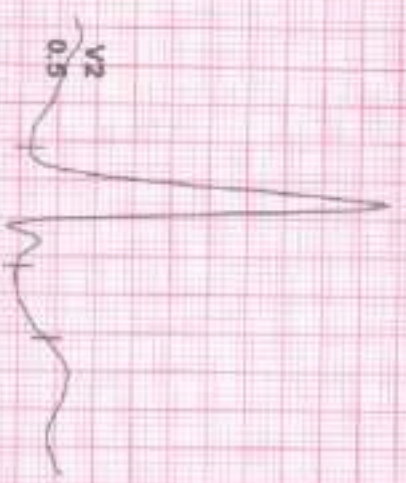
Continued Mediana/ BLC On/ March On/ HF 0.05 Hz/ LF 35 Hz

EXTIM: 08:23 5.5 Km/OL 14.0%

PeakEX

ACAPL

25 mm/sec. 1.5 Cm/mV



REMARKS:
I II III aVL aVF V1 V2 V3 V4 V5 V6

77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 152

Recovery(0:30)



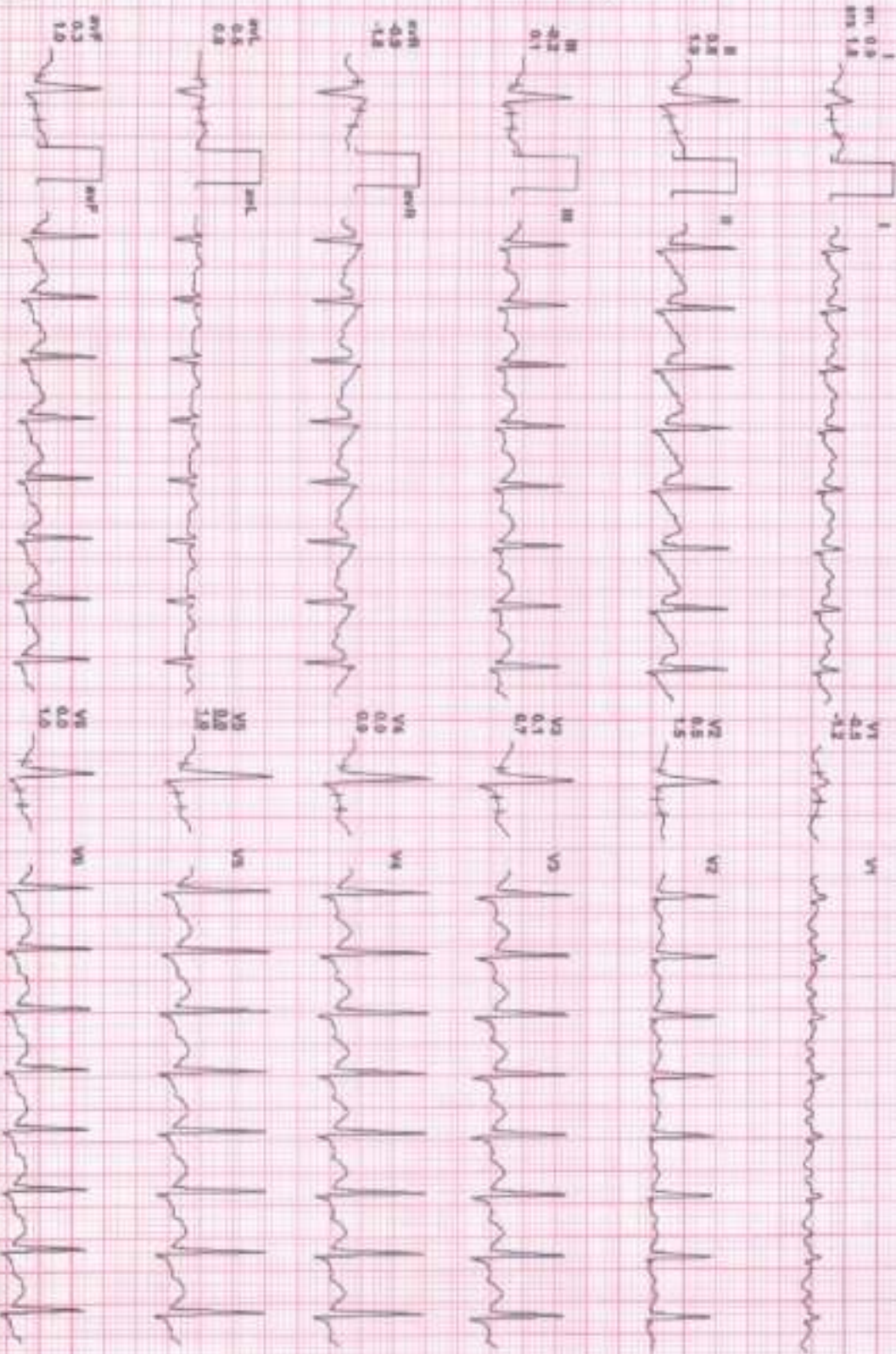
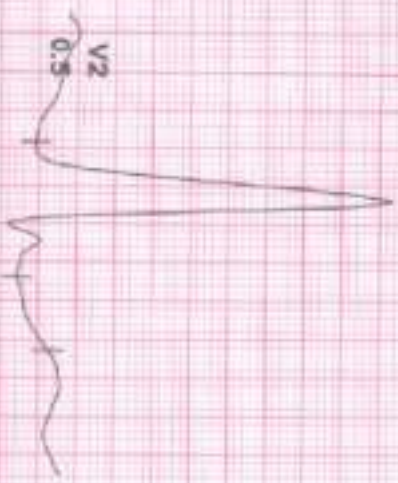
Date: 07 / 02 / 2024

METS: 4.27 152 bpm 82% of THR BP: 126/86 mmHg

Confound Medicines/ BLC OIV Noctel OIV HR 0.05 HzOLF 35 Hz

EXTime: 06:23 0.8 Km/h, 0.0%
25 min/Sec, 1.0 Cm/min

4X 60 mm Paper J



REMARKS:
I II aVR aVL V1 V2 V3 V4 V5 V6

77 / MR TUTU BEHERA / 34 Yrs / M / 176 Cms / 86 Kg / HR : 132

Recovery(1:00)

Date: 07 / 02 / 2024

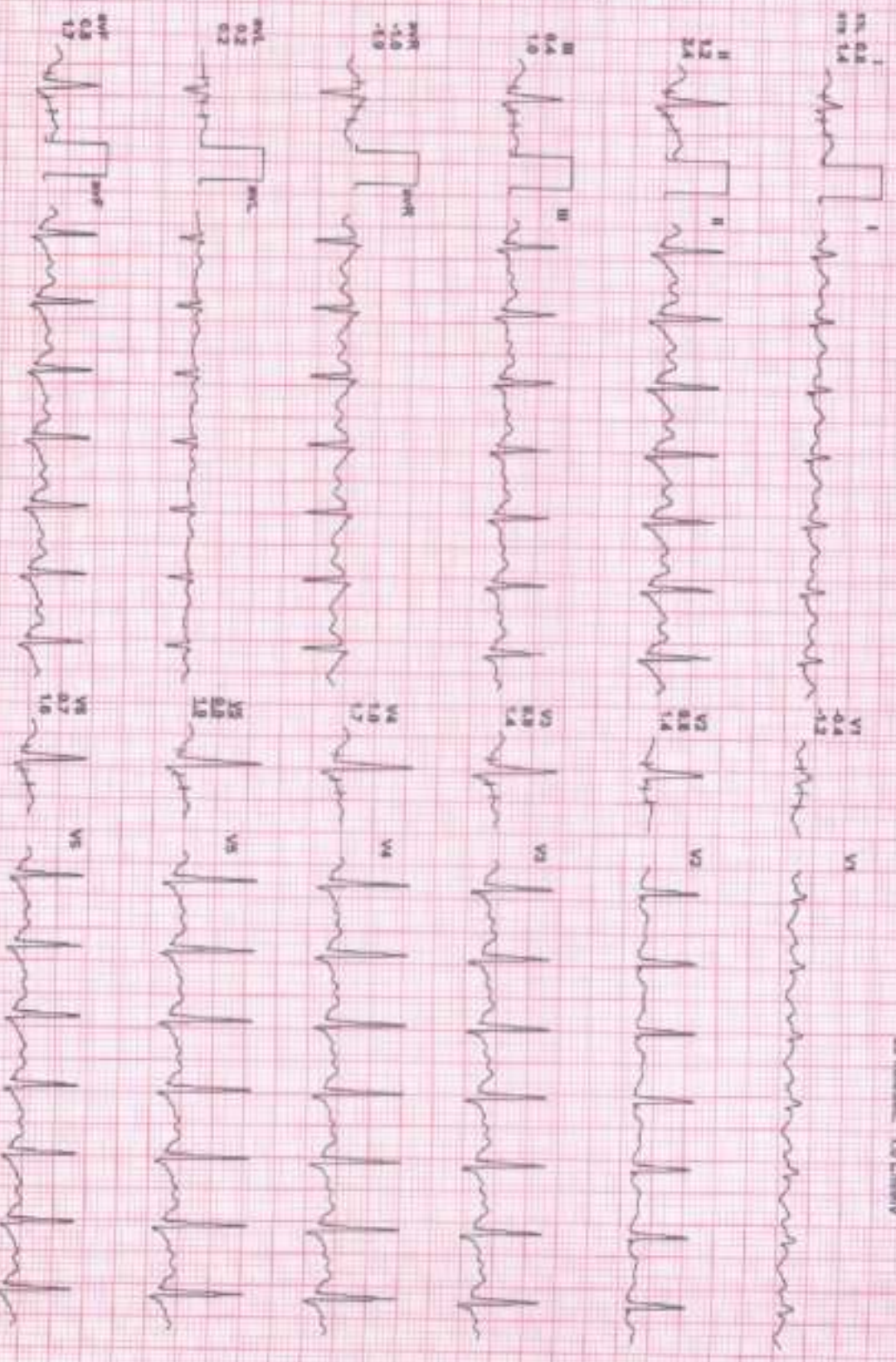
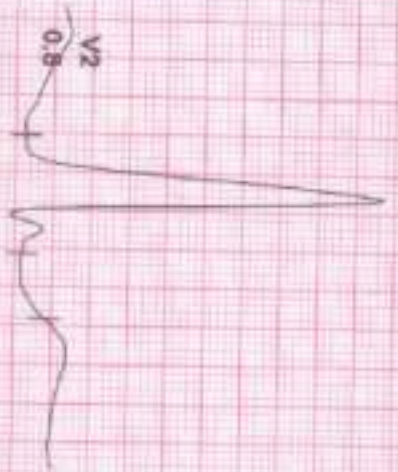
MEETS: 1.2/ 132 bpm 71% of THR

BP: 124/84 mmHg

Confound Medication/ BLC Div Noch Div HR 0.05 NO/LE 35 Hz

4X - 60 ms Post J

ExTime: 06:23 0.8 Km/h, 0.0%



REMARKS:

25 mm/sec 1.0 Emv/1.5



77 / MR TUTU BEHERA / 34 Yrs / M / 178 Cms / 86 Kg / HR : 114

Date: 07 / 02 / 2024

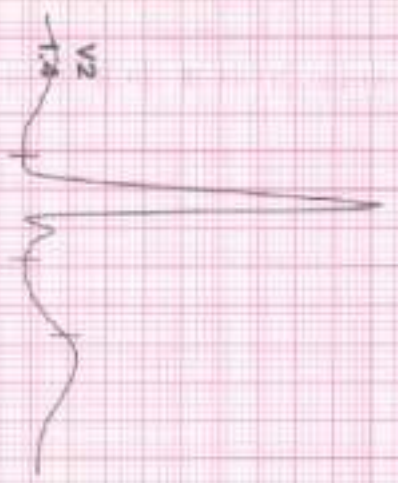
MEETS: 1.07 114 bpm 81% of THR BP: 124/84 mmHg

Combined Medicines/ BLC On/ Natch On/ HF 0.05 HbA1c 36 HE

ExTime: 06:23 0.0 Km/h 0.0%

25 mm/Sec - 1.8 Cm/mV

4X 80 mm Paper J



PR 123
QR 5.4



PR 40.7
QR 4.9



PR 40.7
QR 4.9

PR 123
QR 5.4



PR 123
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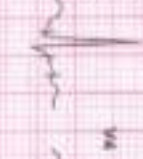


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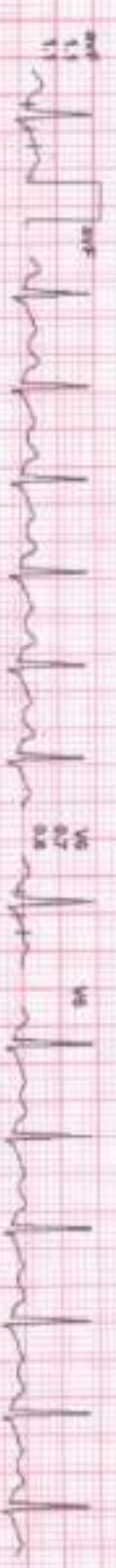
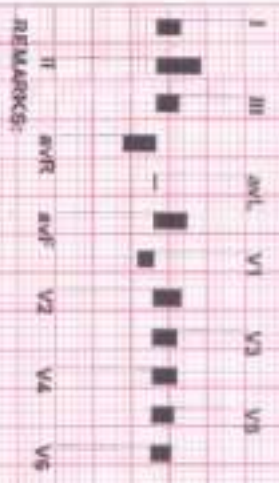
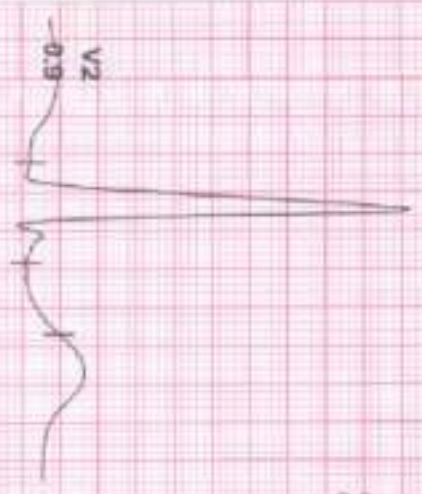
Date: 07/02/2024

METS: 1.01 109 bpm 50% of THR BP: 124/84 mmHg

Conferred Medication/ ECG On/Naich On/ HF 0.05 HOLF 35 Hz

4X 89 mS Post J

EstTime: 06:23 0.0 Kmph, 0.0%



V1
0.8
0.8

V1

V2
0.8
0.8
1.1

V2

V3
0.8
0.8
0.7

V3

V4
0.8
0.8
0.7

V4

V5
0.8
0.8
0.8

V5

V6
0.8
0.8
0.8

V6

25 mm/sec 1.0 Cm/mV