

Dear Advance Diagnostic & Research Centre

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Yes No

Name : MR GULSHAN ARORA

Proposal No : 5603

Branch Code : 122

Contact Details : 9811592368

Location : Advance near Pratham ultrasound, pillar no 78 sec badshahpur sohna road, Gurgaon

Appointment Date : 29-10-2024

Member Information		
Booked Member Name	Age	Gender
MR GULSHAN ARORA	47 year	Male

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above



To,
LIC of India
Branch Office

Date: 08/11/2024

Proposal No.

122
5603

Name of the Life to be assured

GULSHAN ARORA

The Life to be assured was identified on the basis of

IDENTITY CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests/examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

DR. AMIT
MBBS, DNB
3344

Signature of the Pathologist/Doctor

Name:



I confirm, I was on fasting for last 10 (ten) hours. All the Examination tests as mentioned below were done with my consent.

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	PHYSICIAN'S REPORT	No
COMPUTERISED TREADMILL TEST	Yes	IDENTIFICATION & DECLARATION FORMAT	No
HAEMOGRAM	No	MEDICAL EXAMINER'S REPORT	No
LIPIDOGRAM	No	RST (Blood Sugar Test-Fasting & PP1 both)	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	No
SPECIAL BIO-CHEMICAL TESTS - 17 (SST-17)	Yes	PGBS (Post Glucose Blood Sugar)	No
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	No
REPORT ON X-RAY OF CHEST (P.A. VIEW)	No	Hb%	No
ELISA FOR HIV	No	Other Test	HbA1C, ULT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature.



 GPS Map Camera



Google

Gurugram, Haryana, India
01, Badshahpur Sohna Rd Hwy, Sector 68,
Gurugram, Haryana 122101, India
Lat 28.39321° Long 77.047032°
08/11/24 09:21 AM GMT +05:30



सत्यमेव जयते

भारत निर्वाचन आयोग

पहचान पत्र

ELECTION COMMISSION OF INDIA
IDENTITY CARD

IQF0559914



निर्वाचक का नाम : गुलशन अरोरा

ELECTOR'S NAME: GULSHAN ARORA

पिता का नाम : परमानंद अरोरा

FATHER'S NAME : PERMANAND ARORA

लिंग / SEX : पुरुष/ MALE

जन्म तिथि /DATE OF BIRTH : 04/07/1977

GPS Map Camera



Google

Gurugram, Haryana, India

01, Badshahpur Sohna Rd Hwy, Sector 68,

Gurugram, Haryana 122101, India

Lat 28.39321° Long 77.047032°

08/11/24 09:20 AM GMT +05:30



MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code: 13
Proposal/ Policy No: 5603
MSP name/code: _____
Date & Time of Examination: 08/11/2021
Medical Diary No & Page No: _____

09:21 Am

Mobile No of the Proposer/Life to be assured: 9811592368
Identity Proof verified: ID CARD ID Proof No. QF0559914
(In Case of Aadhaar Card, please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above. For Physical MER, Identity Proof is to be verified and stamped.]

For Telo/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Amit (Name of the Medical Examiner) is for conducting your Medical Examination through Telo/ Video/ Physical Examination on behalf of LIC of India."

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1 Full name of the life to be assured: CHULSHAN ARORA
2 Date of Birth: 04/02/1999 Age: 22
3 Height (In cms): 176 Weight (in kgs): 94 Gender: Male
4 Required only in case of Physical MER

Pulse: 75/min regular
Blood Pressure (2 readings):
1. Systolic 123 Diastolic 86
2. Systolic 122 Diastolic 86

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED
If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

<p>5 a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc? <input type="checkbox"/></p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? <input type="checkbox"/></p> <p>c. Whether visited the doctor any time in the last 5 years? <input type="checkbox"/> (If answer to any of the questions 5(a) to (c) is yes -</p> <p>i. Date of surgery/accident/injury/hospitalisation <input type="checkbox"/></p> <p>ii. Nature and cause <input type="checkbox"/></p> <p>iii. Name of Medicine <input type="checkbox"/></p> <p>iv. Degree of impairment if any <input type="checkbox"/></p> <p>v. Whether unconscious due to accident, if yes, give duration <input type="checkbox"/></p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests? Please specify date, reason, advised by whom & findings. <input type="checkbox"/></p>	<p>No</p>
<p>7 Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repetted shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports <input type="checkbox"/></p>	<p>No</p>

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage.</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassaemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment /disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / Intestines, colitis, indigestion, Peptic ulcer, piles or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/ Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>No</p> <p>No</p>
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No

For Female Proponents only	
i	Whether pregnant? if so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

~~N~~
A

**FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT
WHETHER LIFE TO BE ASSURED APPEARS MENTALLY
AND PHYSICALLY HEALTHY**

Healthy

GULSHAN AROKA ^{Declaration}
You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Gulshan Aroka

Signature: Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 08 day of 11 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

DR. ANANT
MBBS
Reg. No. 23344

Place: GGN
Date: 08/11/24
Stamp:

Signature of Medical Examiner
Name & Code No.



INSURANCE CORPORATION OF INDIA

ELECTROCARDIOGRAM

Proposal No: 5603

Full Name of Life to be assured: GULSHAN - ARORA

Age/ Sex: 42/Male

Branch: 122
ARORA

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Pranav Arora
Signature of L.A.

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Clinical Findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	94	128/86	78/min Regular

(B) Cardiovascular System

NAD

Rest ECG Report:

Pectum	N	P Wave	
Standardization Inv	N	PR Interval	N
Rectalism	N	QRS Complex	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Axtricular Rate	86/min	T-wave	N
Ventricular Rate	86/min	Q-Wave	N
Rhythm	Regular		
Additional findings, if any.			

Dated at CCG on the 08 day of 11, 2024 at 09:31 a.m./p.m.

Conclusion: TWNC

DR. MAYANK
MBBS, PGDCC, FNIC

Signature: [Signature]
Reg. No: HN004420
Name & Address, Qualification:



Proposal No.: 5603

COMPUTERISED TREADMILL TEST

Full Name of Life to be assured: Gulshan Arora

Branch: 122

Age/ Sex: 47/m

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

- (a) Pre-test: Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING					79	128/86	101
	STANDING							
	HYPERVENTILATION	0:18				106	128/86	135
	WARM UP					103	128/86	131
EXERCISE	STAGE 1	2:59	2.70	10.00	4.80	112	128/86	143
	STAGE 2	2:59	4.00	12.00	7.10	120	130/86	156
	STAGE 3	2:59	5.40	14.00	10.00	128	134/86	171
	PEAK EXERCISE	1:29	1:29			11.94	150	136/86
RECOVERY	RECOVERY	2:57	0.00	0.00		97	131/86	121
	RECOVERY	5:57	0.00	0.00		101	130/86	131
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 10:27 minutes

Maximum Blood Pressure - 136/86 mmHg

Maximum Workload - 11.94 mets

Maximum heart rate - 150 bpm
 Maximum predicted heart rate % 86

Reason for termination - HTR achieved

Result: TM7 is negative for inducible ischaemia

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signatures of the L.A. to be obtained on the tracings)

Dated at 04/11 on the 08 day of 11 20 24 09:21



DR. ANKANK
 Reg. No. HN/1029



ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : **Mr. Gulshan Arora**
 Age : 47 Yrs 4 Mon 7 Days
 Sex : Male
 Patient ID : 15241406

Panel : IJC
 TPA : MEDSAVE
 Received Date : 08/11/2024
 Report Date : 08/11/2024

Test Name	Results	Units	Reference Range
SBT 13			
Blood Glucose Fasting	82.0	mg/dL	70.0 - 110.0
Total Cholesterol	184.0	mg/dL	<200.0
HDL Cholesterol	52.4	mg/dL	36.0 - 70.0
LDL Cholesterol	111.8	mg/dL	60.0 - 120.0
Serum Triglycerides	99.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.88	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	13.7	mg/dL	7.0 - 18.0
Serum Protein	7.94	g/dL	6.00 - 8.30
Serum Albumin	4.52	g/dL	3.50 - 5.00
Serum Globulin	3.42	g/dL	2.00 - 3.50
A:G Ratio	1.32		
Serum Bilirubin (Total)	0.77	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.17	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.60	mg/dL	0.10 - 1.00
SGOT (AST)	25.0	IU/L	0.0 - 37.0
SGPT (ALT)	34.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	45.3	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	106.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE
HAEMATOLOGY			
Haemoglobin	14.2	g/dL	13.0 - 17.0
HbA1C	5.4	%	4.5 - 6.0

INTERPRETATIONS :-

Non Diabetic	=	< 6 %
Good Control	=	6 - 7 %
Fair Control	=	7 - 8 %
Poor Control	=	> 8 %

URINE EXAMINATION ROUTINE

PHYSICAL EXAMINATION

Colour : Pale yellow
 Appearance : Clear
 PH : 5.5



Page No. 1 of 2

Dr. GANDHI
 MD Pathology
 Reg. No. 16318

Dr. Gandhi Kraati Deepak
 MD Pathology



ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Gulshan Arora	Panel : LIC
Age : 47 Yrs 4 Mon 7 Days	TPA : MEDSAVE
Sex : Male	Received Date : 08/11/2024
Patient ID : 15241406	Report Date : 08/11/2024

Test Name	Results	Units	Reference Range
Specific Gravity	1.025		1.005 - 1.030
CHEMICAL EXAMINATION			
Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Nil		Nil
Nitrite	Nil		Nil
Bile Pigments	Nil		Nil
Bile Salt	Nil		Nil
MICROSCOPIC EXAMINATION			
Pus Cells	0-1	/HPF	0-3
Epithelial Cells	0-1	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Urine Colinine Qualitative	Negative		Negative

— End of Report —



Page No. 2 of 2

Dr. GANDHI
MD Pathology
Reg. No. 16318
Dr. Gandhi Kranti Deepak
MD, Pathology

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUSRAM

MR. GULSHAN ARORA

Age: 47M

Ref. by: LIC

Indication1:

Indication2:

Indication3:

COMMENTS: Old Septal Myocardial Infarct To be Ruled Out Sinus Rhythm

ID: 180

HW: /

Recorded: 8-11-2024 9:47

Medication1:

Medication2:

Medication3:

BPM: 86

BP: 83/46

P Axis: -25 deg

QRS Axis: 51 deg

T Axis: 51 deg

P duration: 100 msec

PR duration: 100 msec

QRS duration: 40 msec

QT interval: 343 msec

QTc interval: 388 msec

Raw ECG

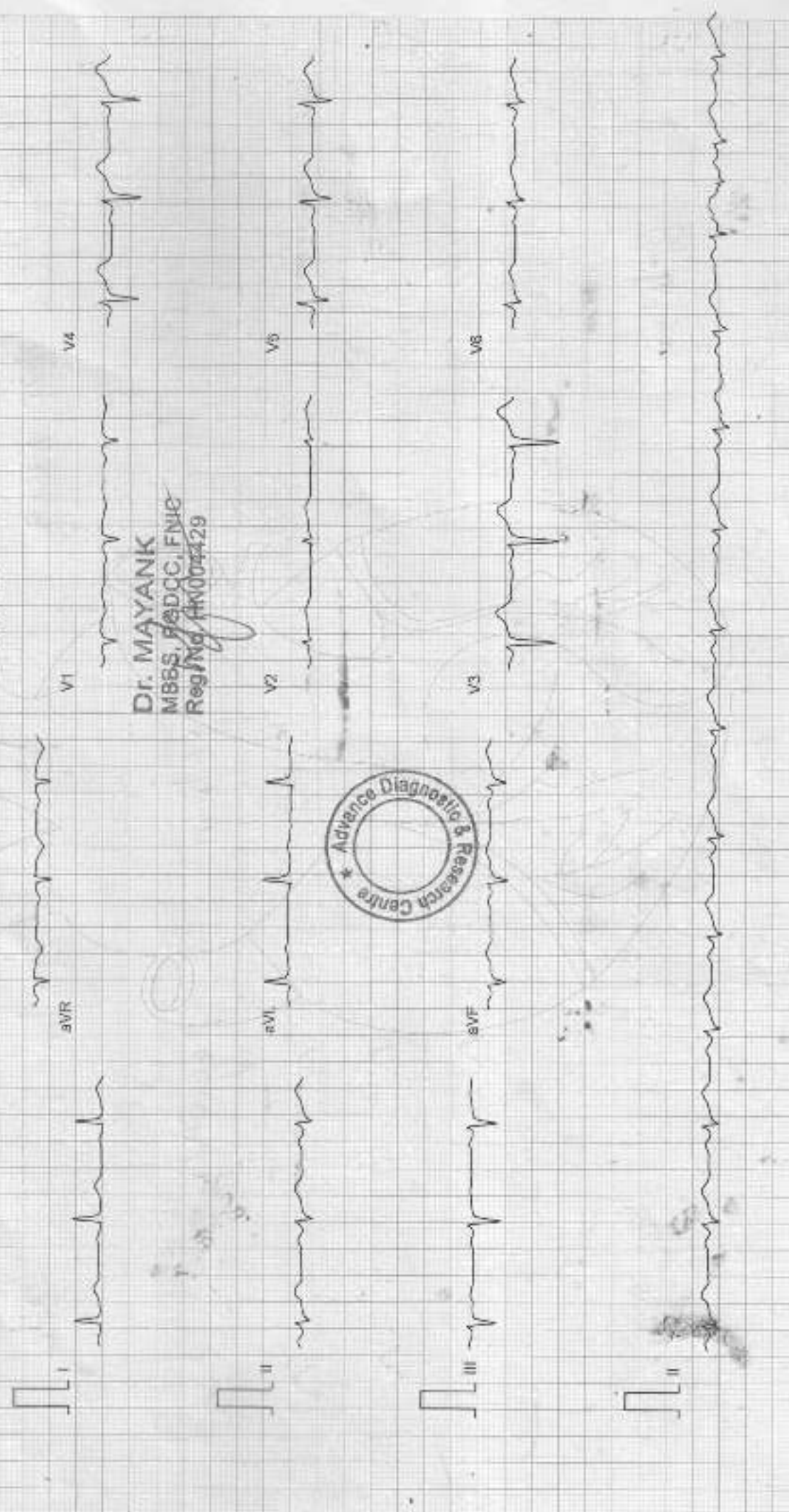
Unconfirmed Report Reviewed By:

Cardiologist

Dr. MAYANK

MBS, FRCGC, FNIC

Reg No: AK004429



Filtered

25mm/sec 10mm/mV

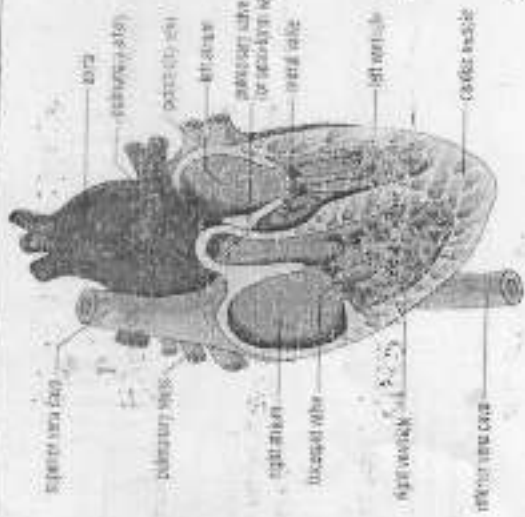
CardiCom, INDIA

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

ELECTROCARDIOGRAM

Name Govindan Arora

Age & sex 49/m Company UIC



ECG FINDINGS:

Rate 86/min Rhythm Regular Mechanism N
Axis N P Wave N PR Interval N
QRS Complex N QT interval N Q Wave N
ST Segment N T Wave N

Conclusion Normal

Date 08/11/24



Doctors Signature DR. MIYANK
DR. MIYANK
MBBS, PGCC, FNIC
Reg. No. 1004429

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUGRAM

Signature

Mr. GULSHAN ARORA
Age/Sex: 47/M

ID: 69
HWT: /

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE

Recorded: 8-11-2024 8:49

Ref by: LIC
Indication 1:
Indication 2:
Indication 3:

History:
Medication 1:
Medication 2:
Medication 3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr)	GRADE (%)	H.R. (BPM)	S.P. (mmHg)	RPP X100	ST LEVEL (mm) V2	V5	METS
SUPINE STANDING	0:18	0:18			79	128/85	101	0.2	0.3	
HYPERVENT					106	128/85	135	0.2	0.8	
					103	128/86	131	0.1	0.6	
STAGE 1	2:59	2:59	2.70	10.00	112	128/86	143	0.1	0.8	4.80
STAGE 2	5:59	2:59	4.00	12.00	120	130/86	156	0.2	0.7	7.70
STAGE 3	8:59	2:59	5.40	14.00	128	134/88	171	1.1	1.8	10.00
STAGE 4	10:14	1:14	6.70	16.00	143	136/86	194	0.0	0.7	11.60
PEAK EXER	10:27	1:27			150	138/86	204	0.8	-0.4	11.84
RECOVERY	2:59	2:59	0.00	0.00	97	138/86	131	0.0	0.2	
RECOVERY	5:59	5:59	0.00	0.00	101	130/86	131	0.1	0.2	

RESULTS

Exercise Duration: 10:27 Minutes
Max Heart Rate: 150 bpm, 86% of target heart rate 173 bpm
Max Blood Pressure: 136/86 mmHg
Max Work Load: 11.84 METS
Reason of Termination:

TTM is negative for inducible ischemia.

IMPRESSIONS



Dr. MAYANK
MBBS, BGDCC, FMC
Reg. No. TN004429

Cardiologist

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

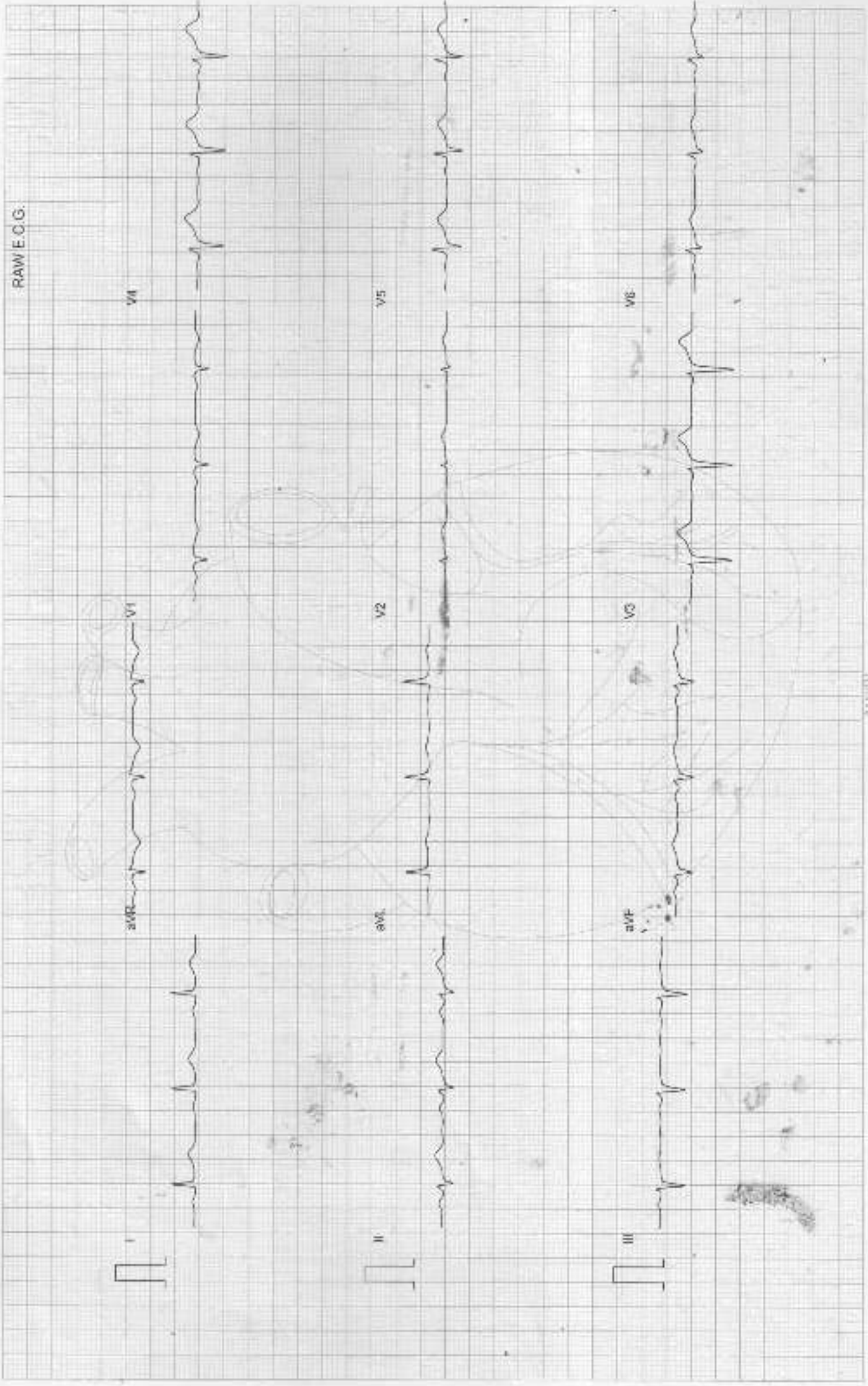
Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 79 BPM
B.P. : 128/86 mmHg

SUPINE
PRETEST

ST @ 10minntV
80ms PostJ

Gulshan Arora
Signature



Filtered

25mm/sec 10mm/mV

Cardicom, INDIA

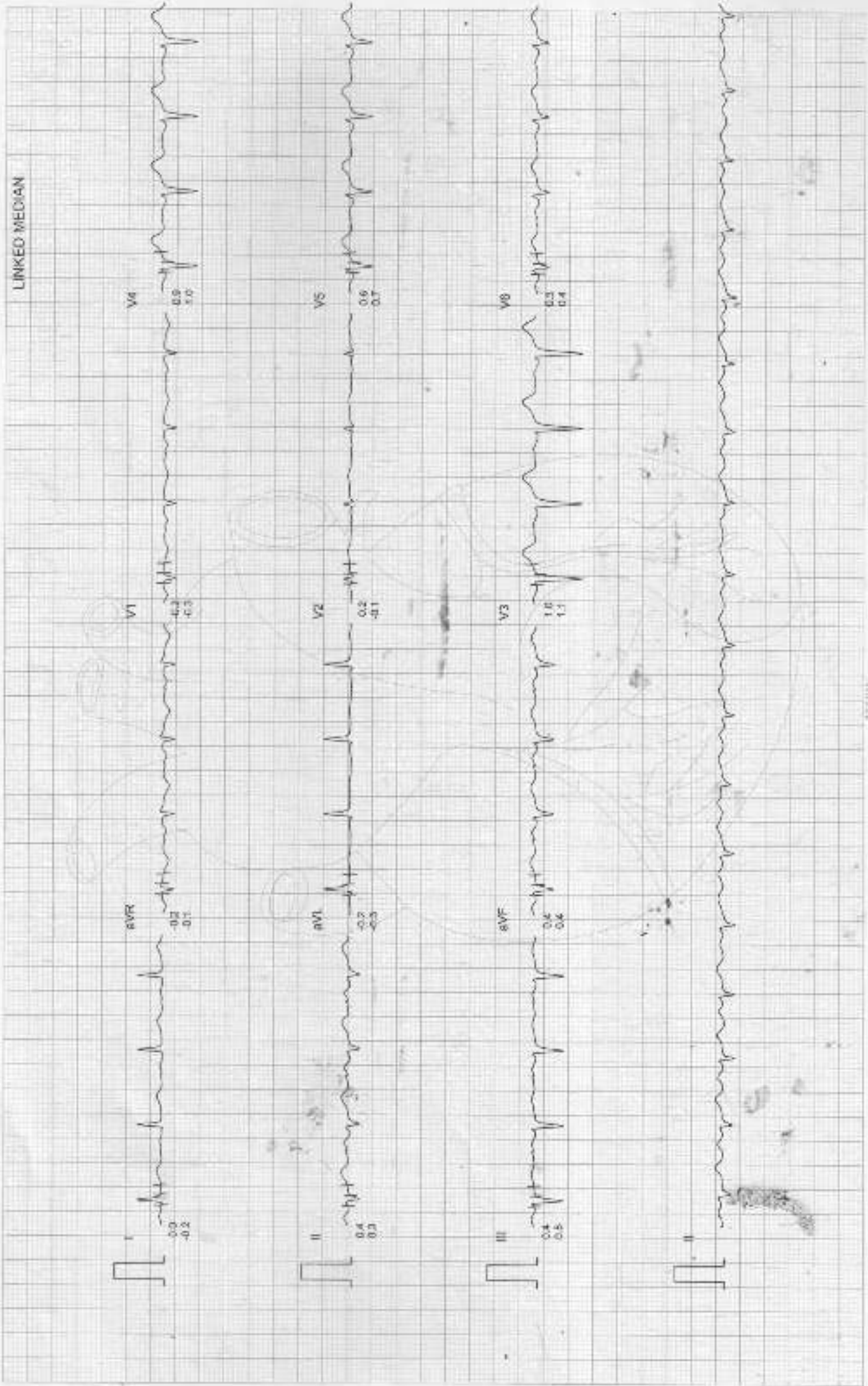
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 69
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 106 BPM
B.P. : 128/86 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ



ADVANCE DIAGNOSTIC & RESEARCH CENTRE

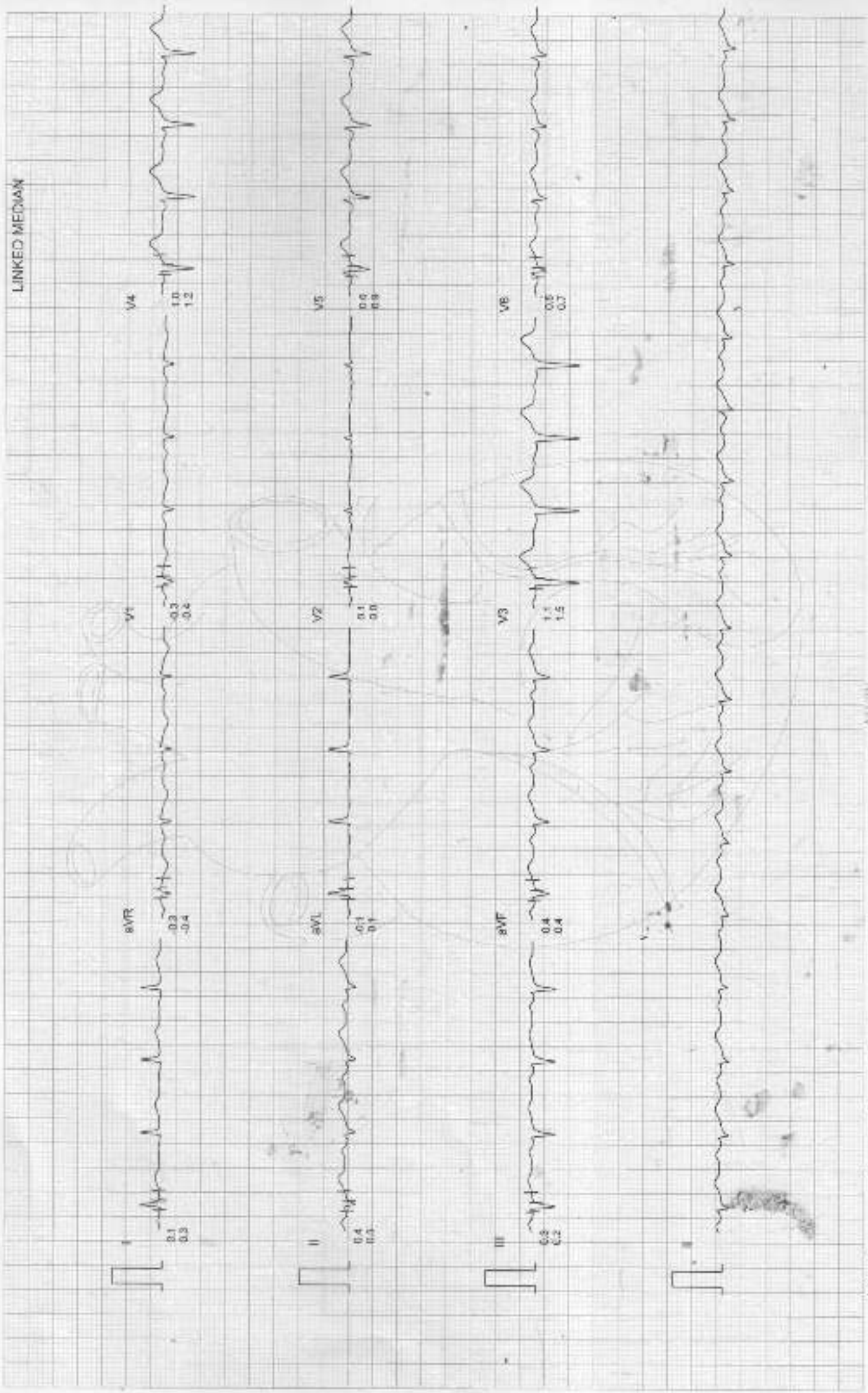
ST @ 10mm/mV
80ms/Prsd

HYPERVENTILATION
PRETEST

STAGE TIME : 0:18

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 6-11-2024 9:49

RATE : 103 BPM
S.P. : 126/66 mmHg



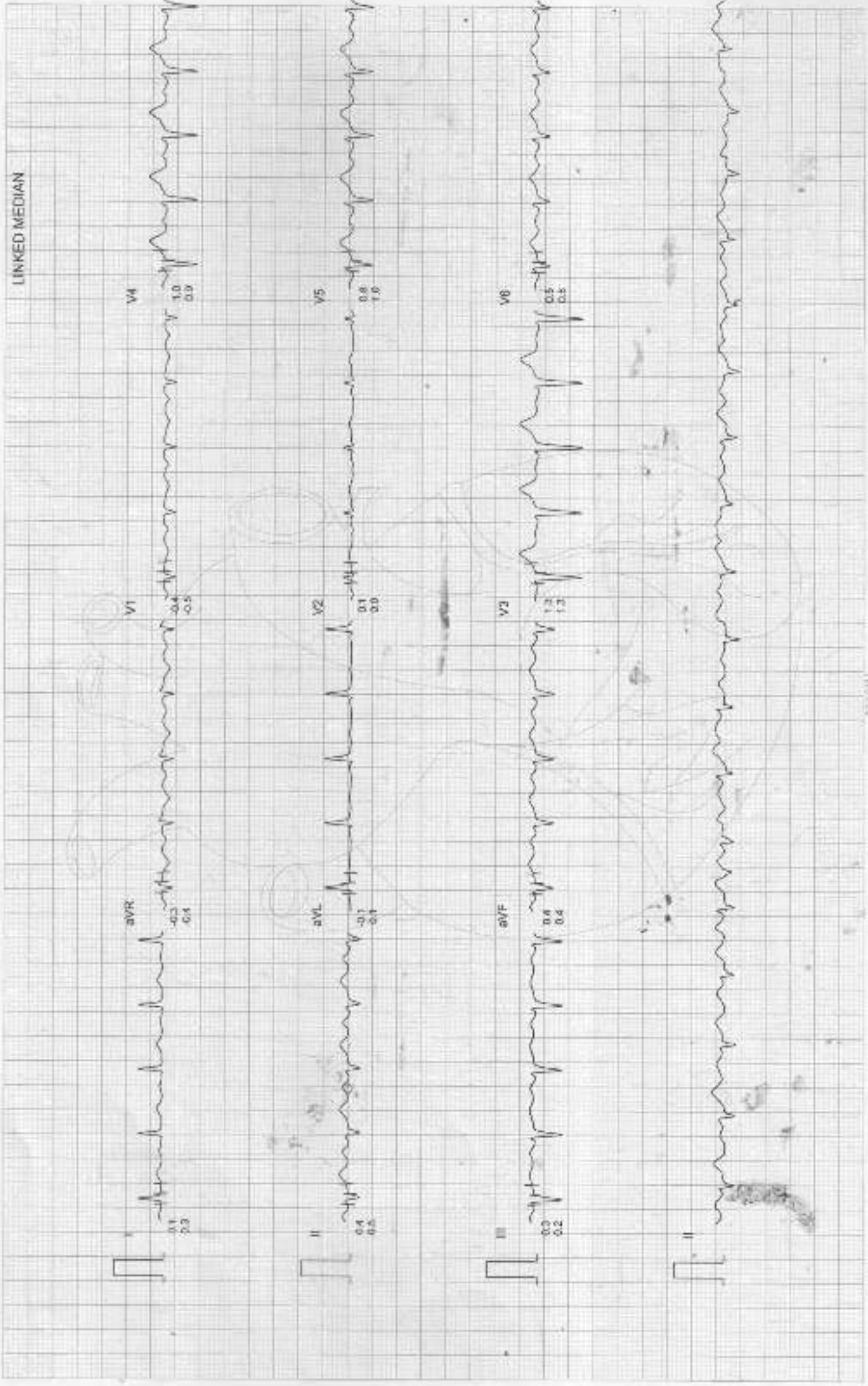
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 6-11-2024 9:49

RATE : 112 BPM
B.P. : 126/85 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
60ms PostJ
SPEED : 2.7 Km/HR
GRADE : 10.0 %



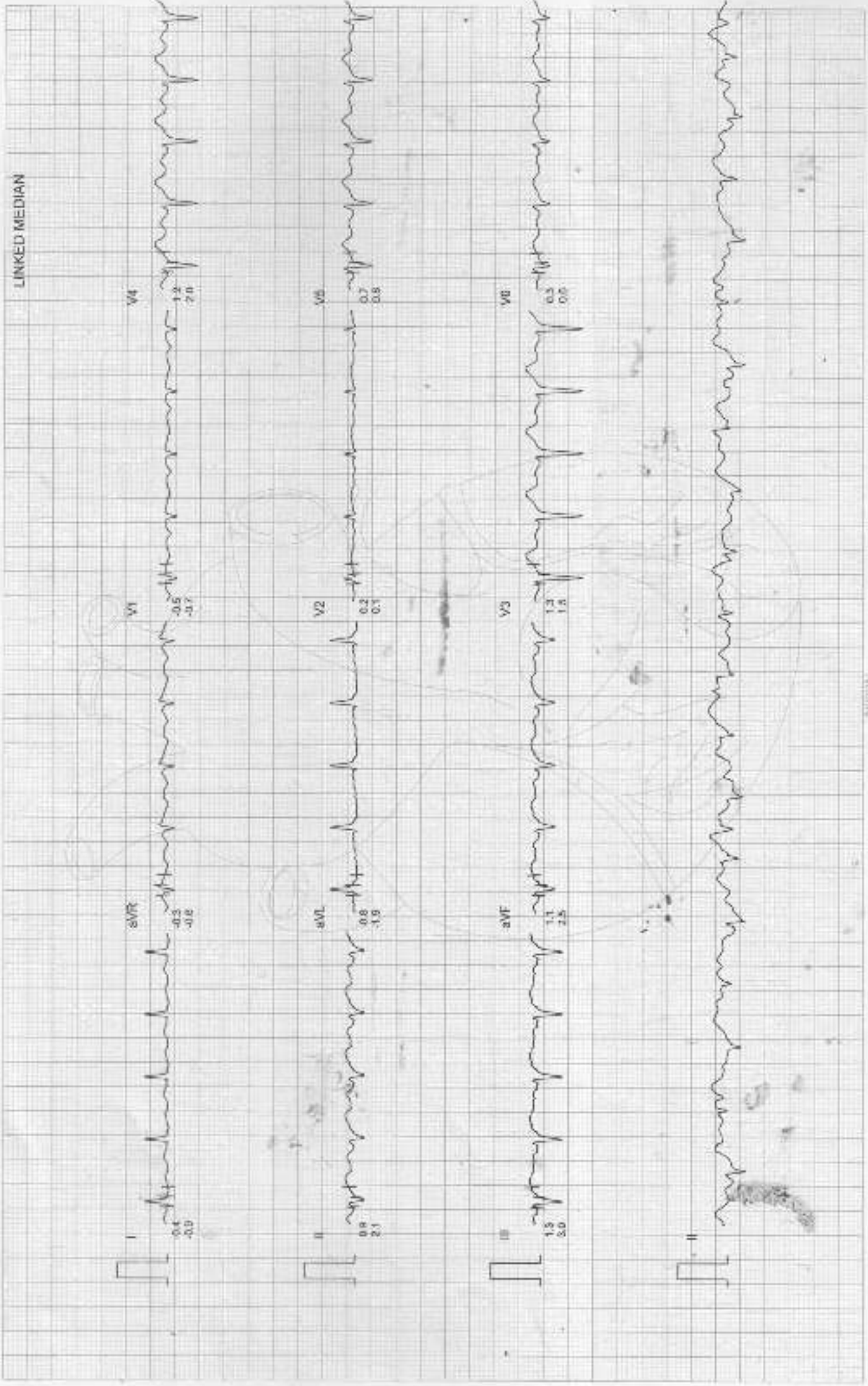
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 120 BPM
B.P. : 130/86 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %



ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:40

RATE : 128 BPM
B.P. : 134/86 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
60ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIAN



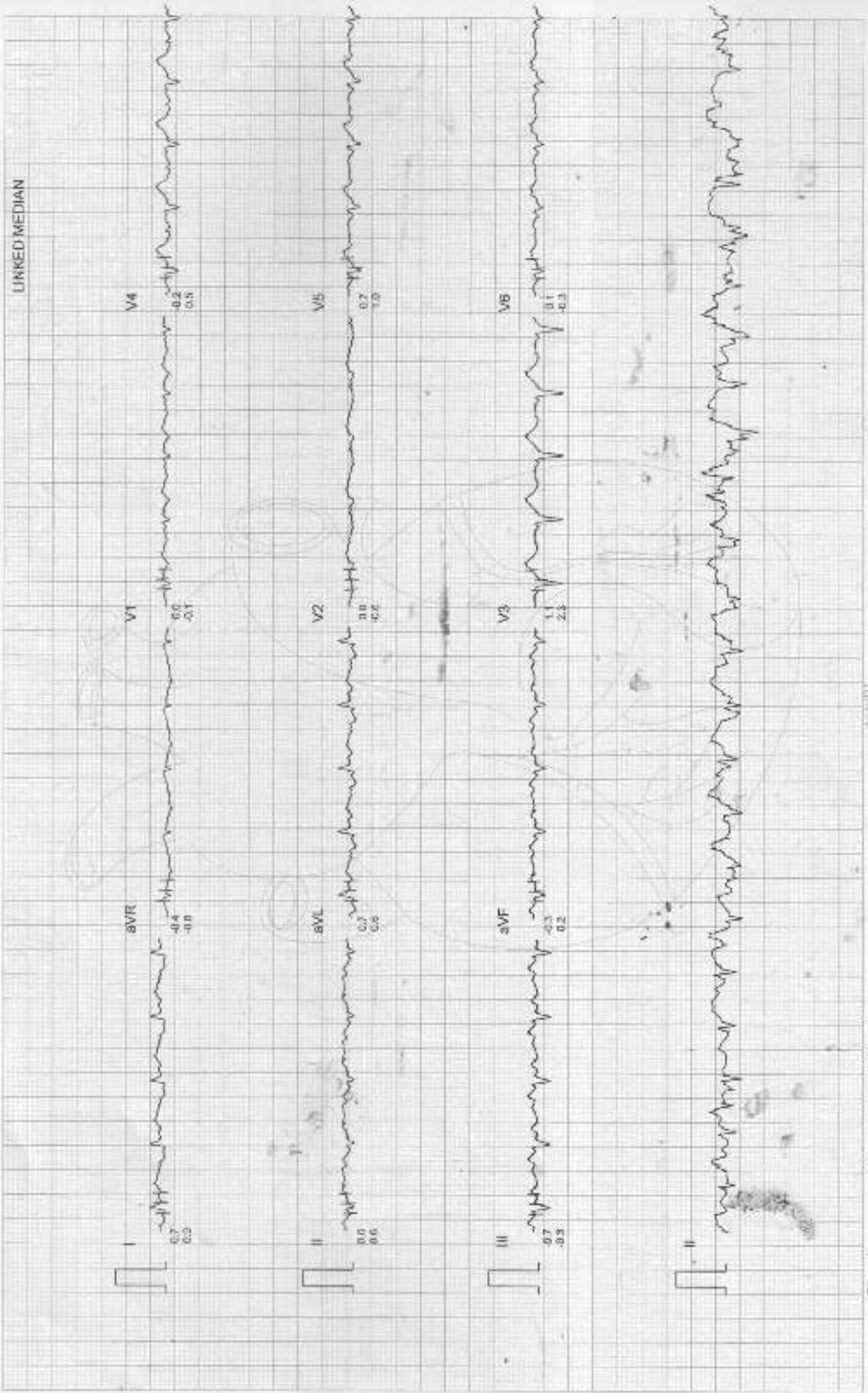
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 69
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 143 BPM
B.P. : 136/86 mmHg

BRUCE
EXERCISE 4
PHASE TIME : 10:14
STAGE TIME : 1:14

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %



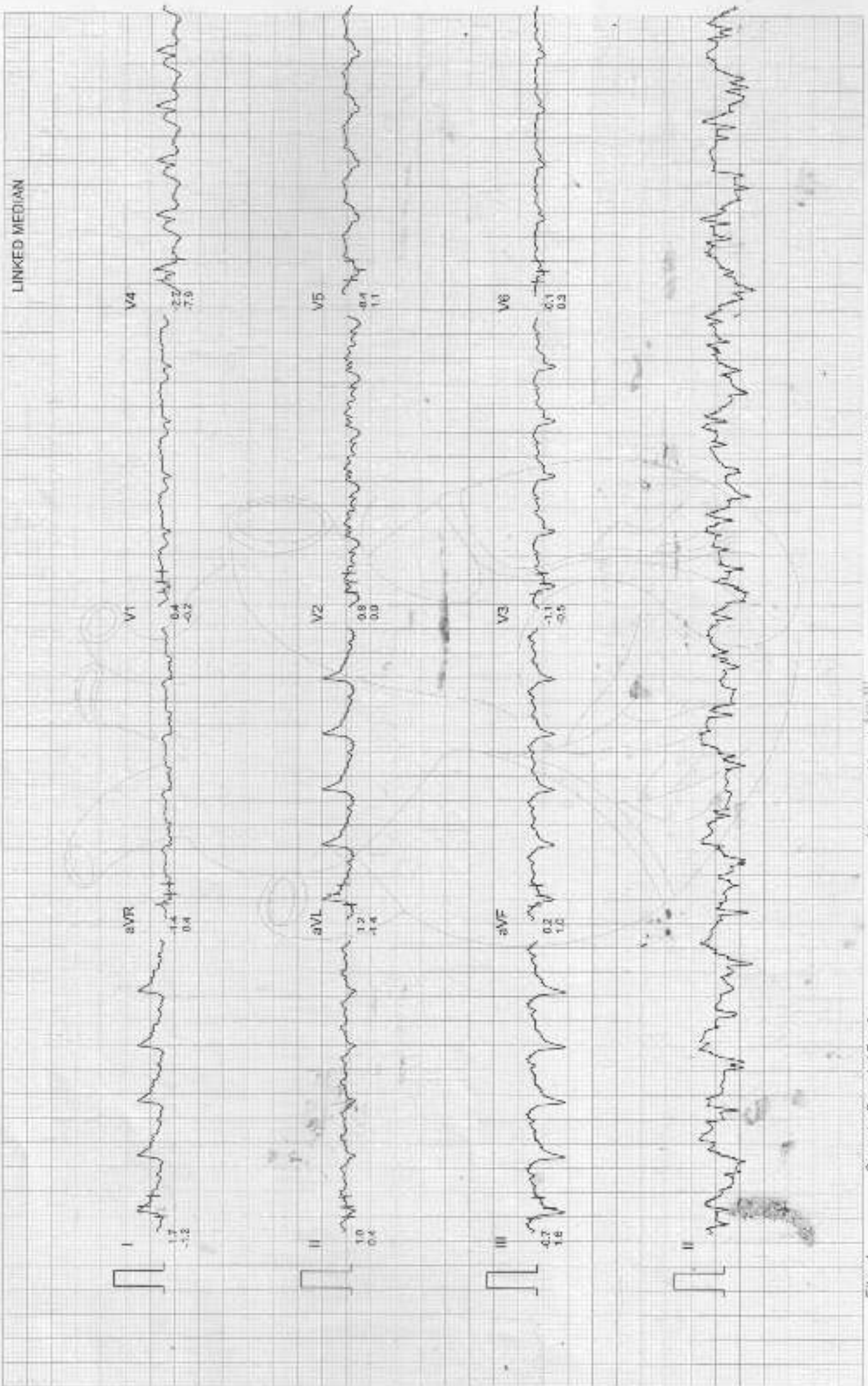
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 9-11-2024 9:49

RATE : 150 BPM
B.P. : 136/86 mmHg

BRUCE
PEAK EXERCISE
PHASE TIME : 10:27
STAGE TIME : 1:27

ST @ 10mm/mV
80ms PcostJ
SPEED : 6.7 Km/HR.
GRADE : 16.0 %



LINKED MEDIUM

Filtered

Computer Corrected Baseline

24mm/sec 10mm/mV

CardiCom, INDIA

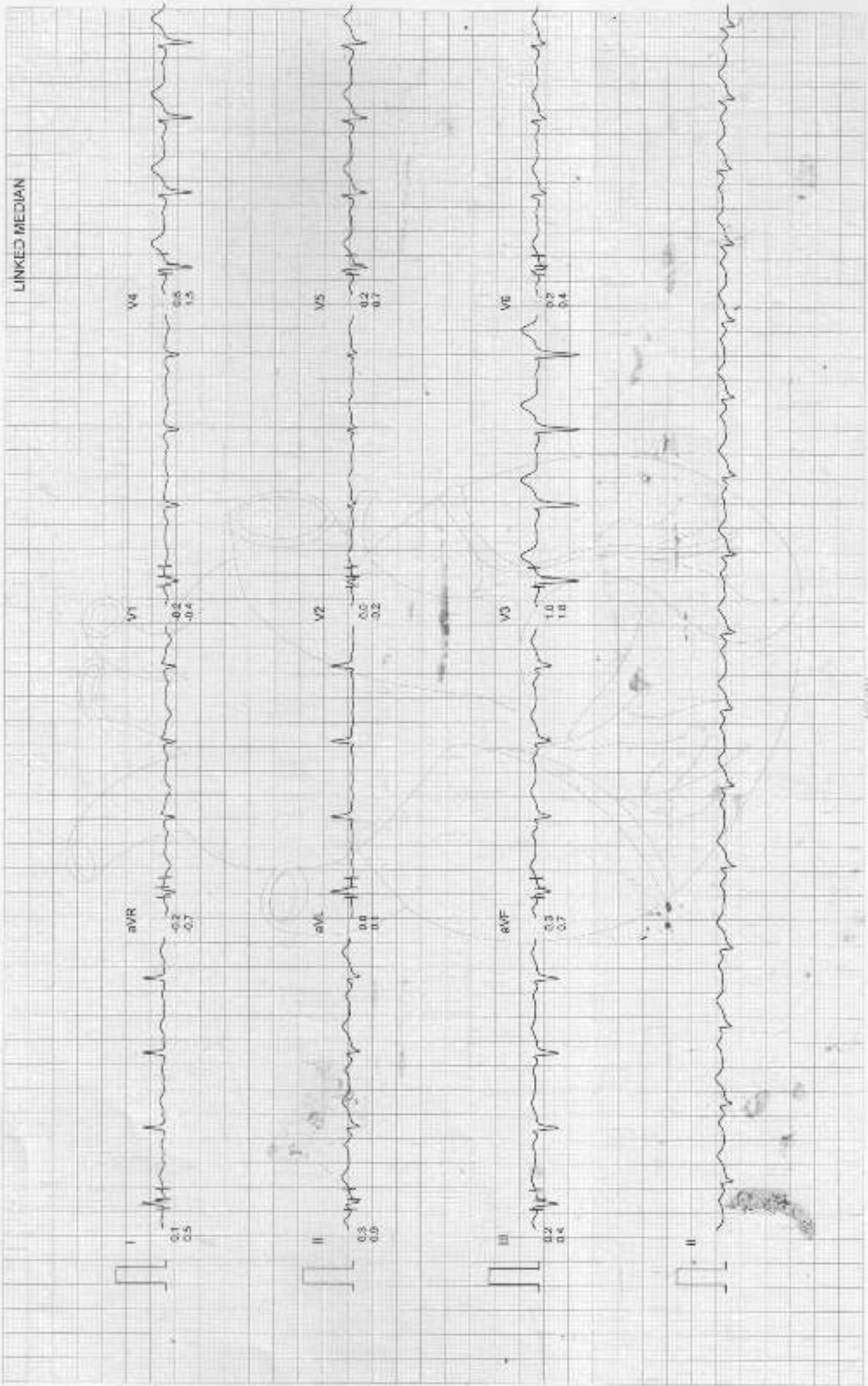
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

Mr. GULSHAN ARORA
ID : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9.49

BRUCE
RECOVERY
PHASE TIME : 2.59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km/Hr
GRADE : 0.0 %

RATE : 87 BPM
B.P. : 136/66 mmHg



ADVANCE DIAGNOSTIC & RESEARCH CENTRE

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

BRUCE
RECOVERY
PHASE TIME : 5:59

Mr. GULSHAN ARORA
I.D. : 89
AGE/SEX : 47/M
RECORDED : 8-11-2024 9:49

RATE : 101 BPM
B.P. : 130/93 mmHg

LINKED MEDIAN

