

MR. MUKESH KUMA TAILOR

BANK OF BARODA

44 YEARS /MALE

12-11-2022

Height: 163 Cms

Weight: 64 Kg

BP: - 131/90 mmhg

Pulse: - 94/- Regular

BMI: - 24.5 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

1. ~~FIT~~
2. UNFIT on account of



**Dr. D. S. Chhabra**  
M.B.B.S., M.D.

DR. D. S. CHHABRA

MBBS. MD.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY &amp; OPG • TMT • ECG • HOLTER

MR. MUKESH KUMAR TAILOR  
BANK OF BARODA44 Years /M  
12-11-2022**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	15.2	13 - 18 gm%
R.B.C. Count	4.66	4.5 - 5.5 milli./cu.mm
PCV	45.6	40 - 50 %
MCV	97.85	80 - 95 fl
MCH	32.62	27 - 32 pg
MCHC	33.33	31.5 - 34.5 %
TOTAL WBC COUNT	7,400	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	70	40 - 75 %
Lymphocytes	26	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.81	1.5 - 4 Laes/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

**Dr. POOJA PRABHANNA**  
DR. POOJA PRABHANNA

M.D.

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**MR. MUKESH KUMAR TAILOR**

44 Years /M

BANK OF BARODA

12-11-2022

**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	498	400 - 700 mg/dl
CHOLESTROL	158.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	41.0	35- 60 mg/dl
TRIGLYCERIDE	132.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	90.6	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	26.4	<40 mg/dl
RISK RATIO	3.85	3 - 6

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**MR. MUKESH KUMAR TAILOR****44 Years /M****BANK OF BARODA****12-11-2022****HBA1C**

<b>Test Name</b>	<b>Results</b>	<b>Normal Range</b>
<b>HBA1C</b>	<b>5.2</b>	<b>Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %</b>

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M.D.

**MR. MUKESH KUMAR TAILOR****44 Years /M****BANK OF BARODA****12-11-2022****URINE EXAMINATION**

<b>Test Name</b>	<b>Results</b>	<b>Normal Range</b>
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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**MR. MUKESH KUMAR TAILOR**  
**BANK OF BARODA****44 Years /M**  
**12-11-2022****BLOOD GROUP**

Test Name	Results	Normal Range
<b>BLOOD GROUP</b>	: -	
"ABO " GROUP	"B"	
Rh (D) Factor	Positive	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

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MR. MUKESH KUMAR TAILOR

44 Years /M

BANK OF BARODA

12-11-2022

Test Name	Results	Normal Range
<b><u>BIOCHEMISTRY</u></b>		
FASTING BLOOD SUGAR	87.0	70 - 110 mg/dl
TOTAL BILIRUBIN	0.65	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.44	< 1.0 mg/dl
S.G.O.T	25.0	0 - 45 IU/L
S.G.P.T	14.0	0 - 45 IU/L
ALKALINE PHOSPHATE	102.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
GAMA GT	35.0	5 - 43 Iu/l
TOTAL PROTEIN	7.36	6.0 to 8.0 g/dl
ALBUMIN	4.32	3.2 to 5.0 g/dl
GLOBULIN	3.04	1.9 to 3.5
A:G RATIO	1.42	1.2 TO 2.3
CREATININE	0.88	0.6 - 1.4 mg\dl
URIC ACID	5.21	3.5 - 7 mg\dl
BUN	10.0	5 - 21 Mg/dl

Dr. POOJA PRAPANNA  
DR. POOJA PRAPANNA  
M.D.

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**MR. MUKESH KUMAR TAILOR**

**44 Yrs./M.**

**BANK OF BARODA**

**12th Nov, 2022**

**X-RAY CHEST PA VIEW**

Bony cage is normal.

Trachea is central.

C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



**DR.D.S.CHHABRA.**  
M.D.



MR. MUKESH KUMAR TAILOR

44 Yrs./M.

BANK OF BARODA

12th Nov, 2022

ABDOMINAL SONOGRAPHY

**Liver** is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes ( Grade I )**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated. Pancreas & Spleen are normal. The portal and splenic veins are normal.

H/o. calculus removal from right kidney.

**Right Kidney** is normal in size [ measures about 10.5 cms. in length ] and is normal in shape. The renal outlines are smooth & regular, the **cortical thickness is less in upper & mid part** and is **slightly less in lower part**. The parenchyma is normal in echostructure. A small ( 7 mms. ), **calculus** is seen, in upper calyceal region. There is **more than mild dilatation of upper & mid calyces**. The ureter appears undilated.

Left kidney is normal in size [ about 11 cms. in length ] and is normal in shape. The renal outlines are smooth and regular, the cortical thickness is adequate and the parenchyma is normal in echostructure. A small ( 9 mms. ), area of calcifications is seen at anterior cortex in mid part. An elongated, echogenic area, measuring about 15 x 8 mms. is seen, at anterior cortex, in cortico-medullary junction, in mid part ? calcification ? calculus. The collecting system & ureter are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size ( around 20 Gms. ) & is normal in echostructure. No enlargement of median lobe.

No vesical residue on post-mic exam.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

To be evaluated further.



**DR.D.S.CHHABRA.**

M.D.



## LABORATORY REPORT



Name : <b>MUKESH KUMER TALTOR</b>	Sex/Age : <b>Male / 44 Years</b>	Case ID : <b>21101603365</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : 12-Nov-2022 12:29	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : 12-Nov-2022 12:29	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : 12-Nov-2022 13:33	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> <small>CMIA</small>	<b>132.96</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>8.2</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> <small>CMIA</small>	<b>2.139</b>	µIU/mL	0.4 - 4.2	

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Soma*

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

Page 1 of 3

Printed On : 12-Nov-2022 14:11



## LABORATORY REPORT



Name : MUKESH KUMER TALTOR	Sex/Age : Male / 44 Years	Case ID : 21101603365
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 12-Nov-2022 12:29	Sample Type : Serum	Mobile No. :
Sample Date and Time : 12-Nov-2022 12:29	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 12-Nov-2022 14:00	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

<b>Prostate Specific Antigen</b> <small>C/MIA</small>	<b>0.7230</b>	ng/mL	0.00 - 4.00	
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**INTERPRETATIONS:**

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year.  
Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.  
Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer.  
PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology.  
Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

**CAUTIONS:**

Serum markers are not specific for malignancy, and values may vary by method.  
When age is not supplied, the results cannot be flagged as high or low.  
Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.  
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

**RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA**

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%


**DILUTION PROTOCOL:**

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.  
\* Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 2 of 3

  
**Dr. Sushma Chourasia**  
MD Path

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT OF INDIA



ई-स्थायी लेखा संख्या कार्ड  
e-Permanent Account Number Card  
AERPT2814C

नाम / Name  
MUKESH KUMAR TAILOR

पिता का नाम / Father's Name  
PARASRAM TAILOR

जन्म की तारीख / Date of Birth  
05/09/1978

हस्ताक्षर / Signature



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Tel: 91-20-2721 8080, Fax: 91-20-2721 8081  
e-mail: tininfo@nsdl.co.in

12/11/22

3425993465



**Dr. D.S. Chhabra**  
M.B.B.S., M.F.  
Reg. No.-5007

**DR. MAHENDRA CHOURASIYA**  
M.D.,D.M.  
CONSULTANT CARDIOLOGIST

**UNIQUE DIAGNOSTIC CENTRE**  
45-B, Jaora Compound,  
Opp. M.Y.Hospital, M.Y.H. Road,  
INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

**NAME** : **MR. MUKESH KUMAR TAILOR** **Age** : **48 Yrs./M**  
**REFERRED BY** : **BANK OF BARODA** **Date** : **12th Nov, 2022**

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

- \*\* Normal sized cardiac chambers.**
- \*\* Normal biventricular functions. LVEF : 60 %.**
- \*\* Normal cardiac valves.**

**Dr. Mahendra Chourasiya**  
M.D.,D.M. (Cardio)

**DR. MAHENDRA CHOURASIYA. M.D.,D.M.**



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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.





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## DOPPLER

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Peak Flow Velocity ( M/Sec.)		Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal



\*\*\*\*\*





Summary

UNIQUE DIAGNOSTIC CENTRE - INDORE  
 45-B, JAORA COMPOUND, OPP. M.Y. HOSPITAL - INDORE  
 116/MR MUKESH KUMAR TAILOR 44 Yrs/Male 0 Kg/0 Cms  
 Date: 12-Nov-2022 11:21:50 AM

Ref.By : BOB  
 Medication : NIL  
 Objective : NIL

Protocol : BRUCE  
 History : NIL

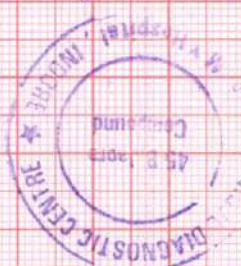
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	89	131/88	116	-	
Standing					1.0	91	131/88	119	-	
HV					1.0	93	131/88	121	-	
ExStart					1.0	97	131/88	127	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	118	138/92	162	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	144	148/95	213	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	182	164/99	298	-	
PeakEx	0:26	9:27	4.2	16.0	10.7	187	164/99	306	-	
Recovery	1:00		1.1	0.0	4.3	158	164/99	259	-	
Recovery	3:00		0.0	0.0	1.0	130	155/97	201	-	
Recovery	5:00		0.0	0.0	1.0	122	140/90	170	-	



Findings :

Exercise Time : 9:26 minutes  
 Max HR attained : 187 bpm 106% of Max Predictable HR 176  
 Max BP : 164/99(mmHg)  
 Workload attained : 10.7 (Good Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maximum Depression: 0:00

Advice/Comments:





### Summary

Ref. By : BOB

Protocol : BRUCE

Objective : NIL

UNIQUE DIAGNOSTIC CENTRE - INDORE  
 45-B, JAORA COMPOUND, OPP. M.Y. HOSPITAL - INDORE  
 116/MR. MUKESH KUMAR TAILOR 44 Yrs./Male 0 Kg/0 Cms  
 Date: 12-Nov-2022 11:21:50 AM

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	89	131/88	116	-	
Standing					1.0	91	131/88	119	-	
HV					1.0	93	131/88	121	-	
EXStart					1.0	97	131/88	127	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	118	138/92	162	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	144	148/95	213	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	182	164/99	298	-	
PeakEX	0:26	9:27	4.2	16.0	10.7	187	164/99	306	-	
Recovery	1:00		1.1	0.0	4.3	158	164/99	259	-	
Recovery	3:00		0.0	0.0	1.0	130	155/97	201	-	
Recovery	5:00		0.0	0.0	1.0	122	140/90	170	-	

Medication : NIL

History : NIL

Test End Reason :

Findings :

The patient exercised according to BRUCE for 9:26, achieving a work level of Max METS:10.7. Resting heart rate initially 89 bpm, rose to a max. heart rate of 187 bpm which represents 106% of maximum age predicted heart rate. Resting blood pressure 131/88 mmHg, rose to a maximum blood pressure of 164/99 mmHg. The exercise stress test was stopped due to

Parameters :

Exercise Time : 9:26 minutes

Max HR attained : 187 bpm 106% of Max Predictable HR 176

Max BP : 164/99(mmHg)

Workload attained : 10.7 (Good Effort Tolerance )

No significant ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Maximum Depression: 0:00

Advice/Comments:

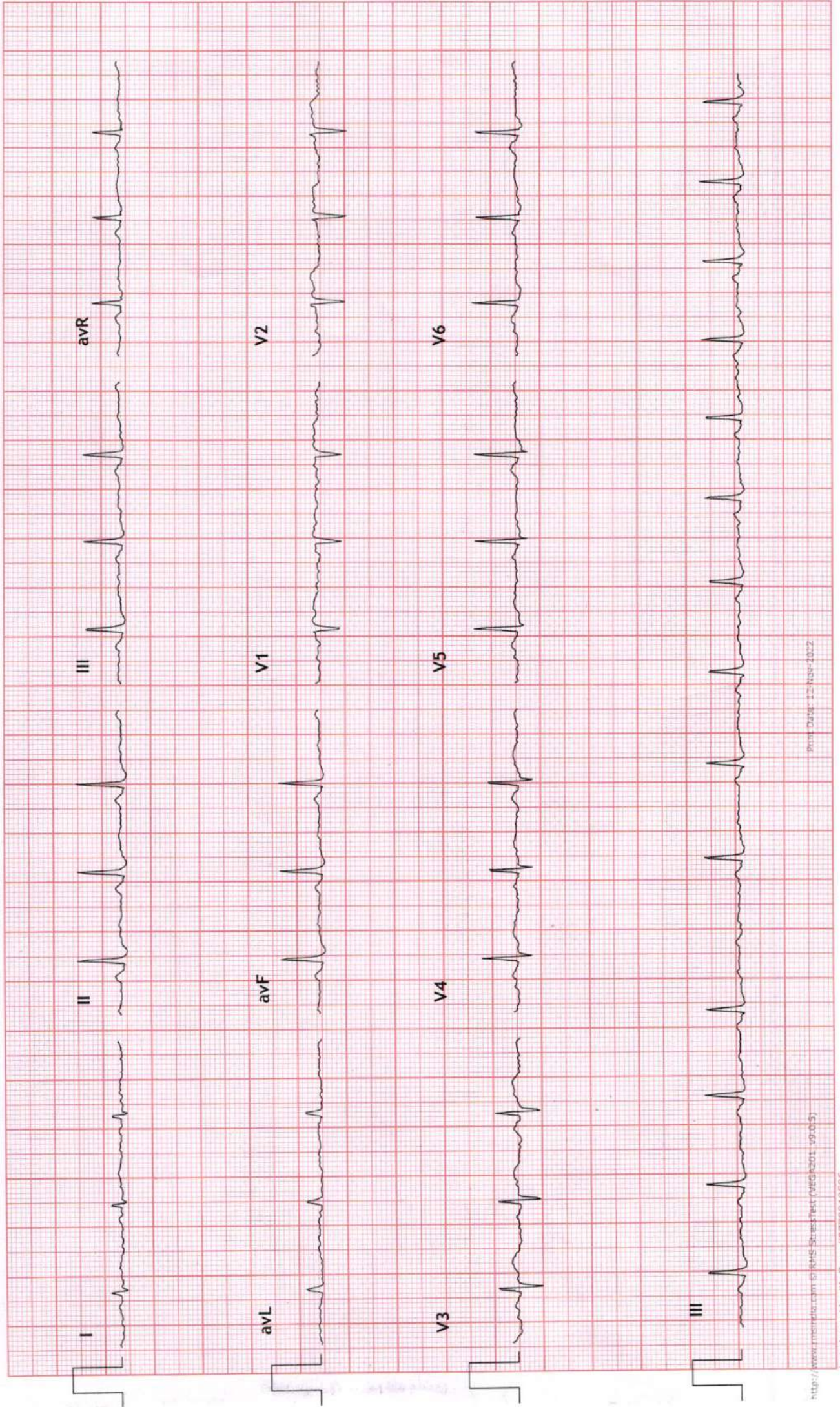


### 3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR **RRRRRR** bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 131/88  
Date: 12-Nov-2022 11:21:50 AM

### UNIQUE DIAGNOSTIC CENTRE - INDORE 45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG SUPINE  
BRUCE Ex Time 00:35  
(1.0-100)Hz BLC :On 10.0 mm/mV  
Notch :On 25 mm/Sec.





### 3x4+1 Rhythm Lead

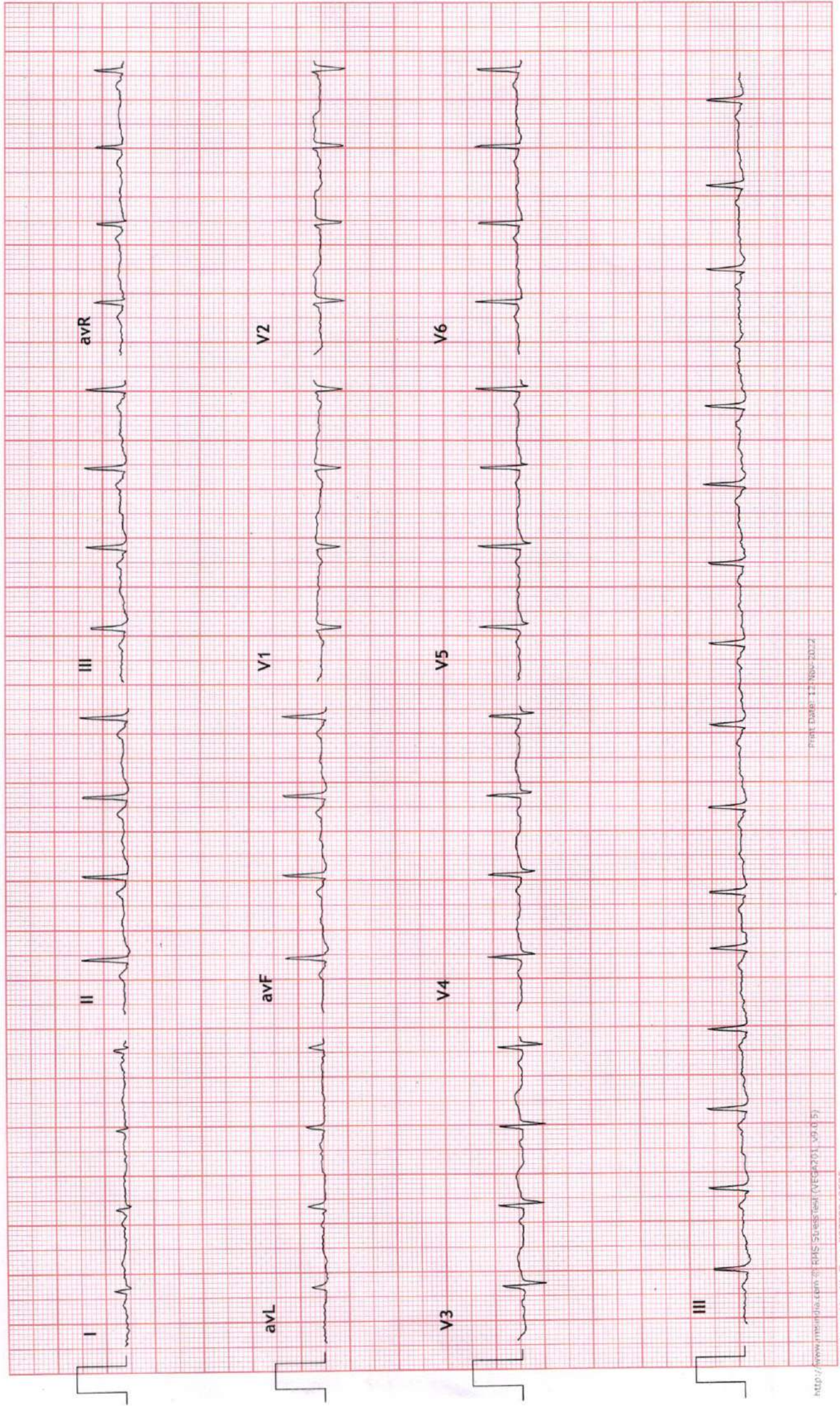
116 / MR MUKESH KUMAR 116 bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 131/88  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

STANDING  
10.0 mm/mV  
25 mm/Sec.

Raw ECG  
Ex Time 00:44  
BRUCE  
BLC : On  
Notch : On

MPHR: 52% of 176  
Speed: 0.0 mph  
Grade: 0.0%



Print Date: 12-Nov-2022

http://www.rmsindia.com RMS Software (VER 2.01, V.0.0.5)



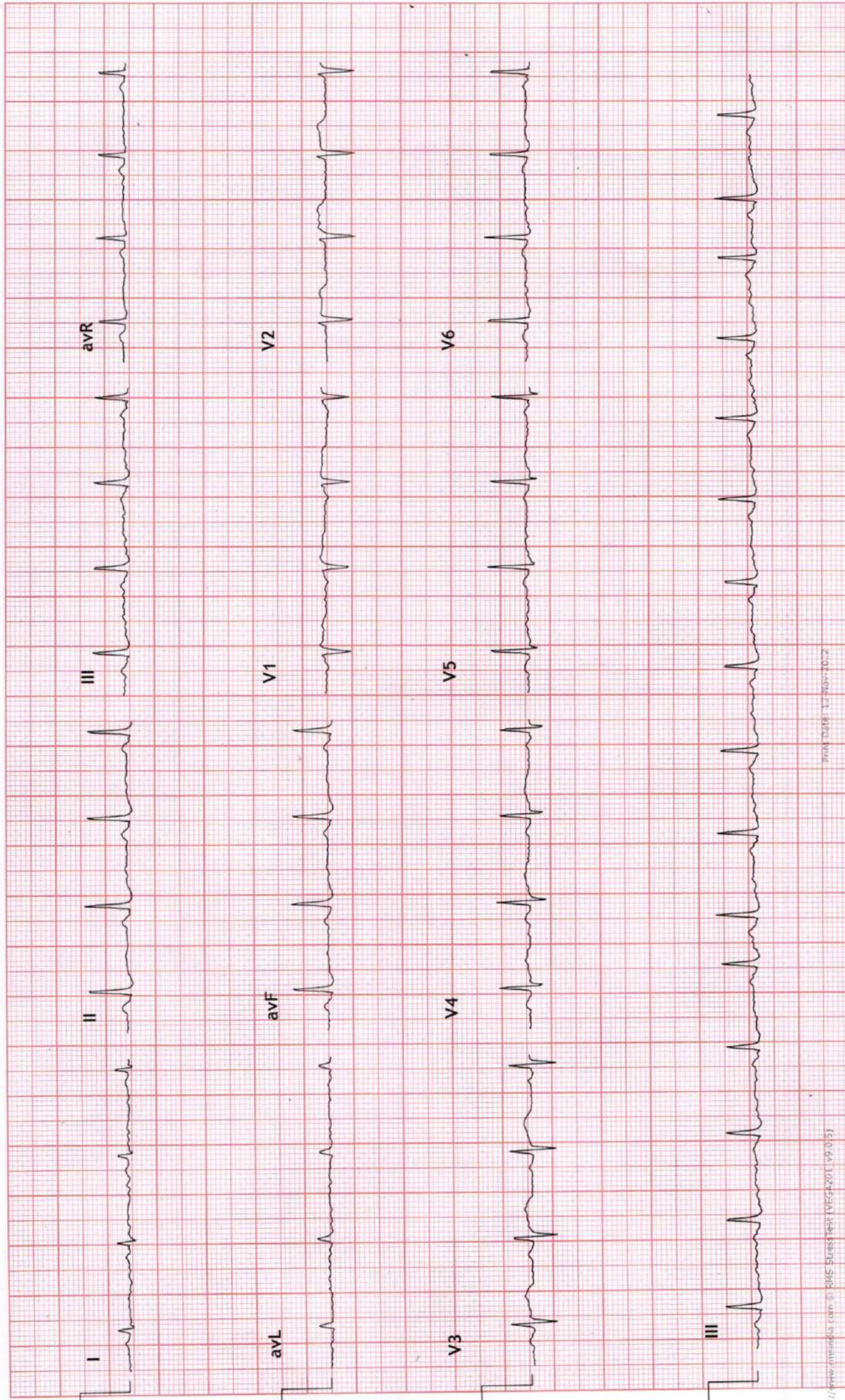
### 3x4+1 Rhythm Lead

116 / MR MIKESH KUMAR **RRR**  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 131/88  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG HV  
BLC :On 10.0 mm/mV  
Notch :On 25 mm/Sec.

MPHR: 52% of 176  
Speed: 0.0 mph  
Grade: 0.0%



Print Date: 12-Nov-2022

http://www.inventia.com © RMS SCREENS EMEGA 2011 v9.0.51



### 3x4+1 Rhythm Lead

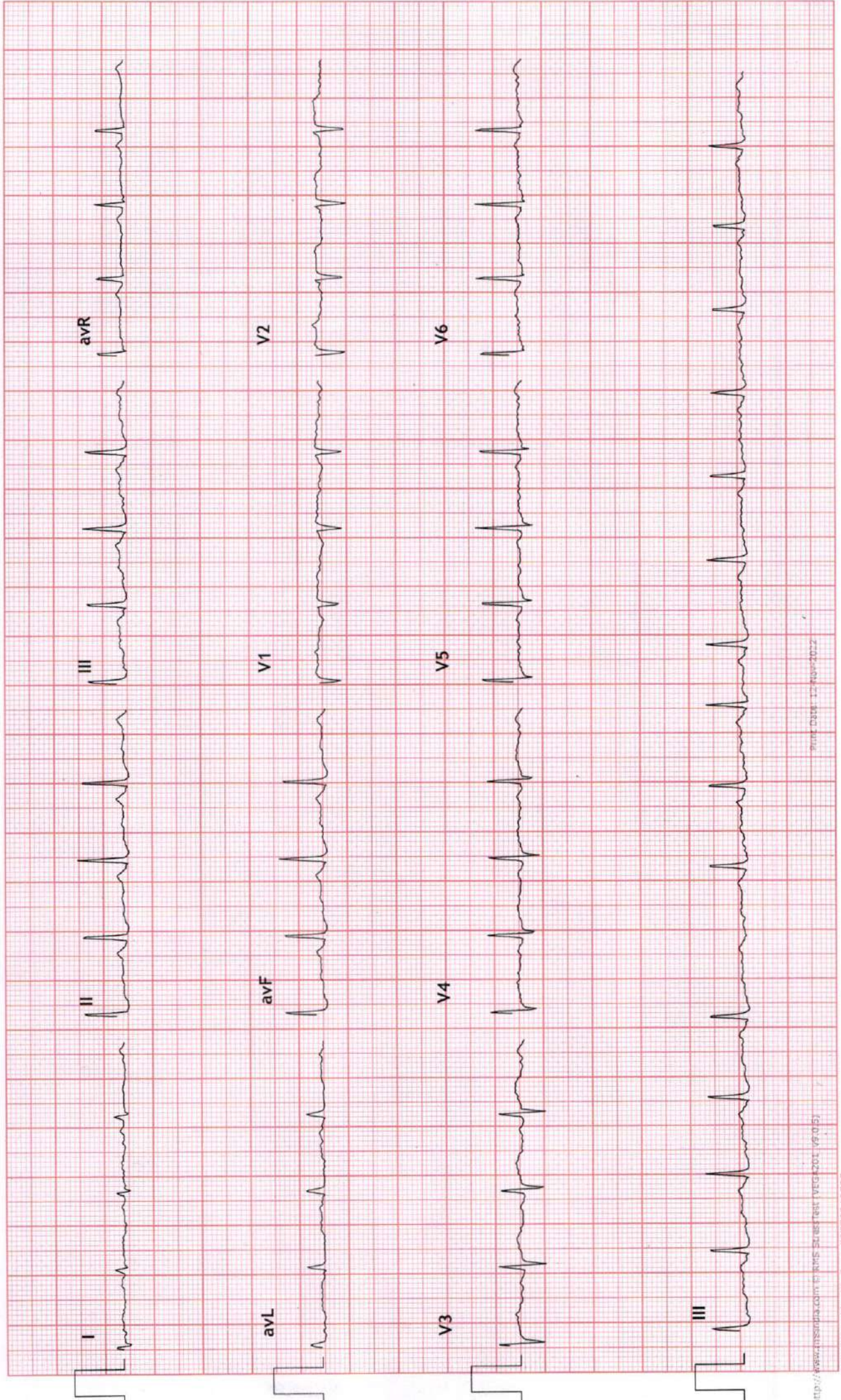
116 / MR. MUKESH KUMAR **RRABD** bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 131/88  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

ExStart  
10.0 mm/mV  
25 mm/Sec.

Raw ECG  
Ex Time 00:00  
BLC : On  
Notch : On

MPHR: 55% of 176  
Speed: 0.0 mph  
Grade: 0.0%





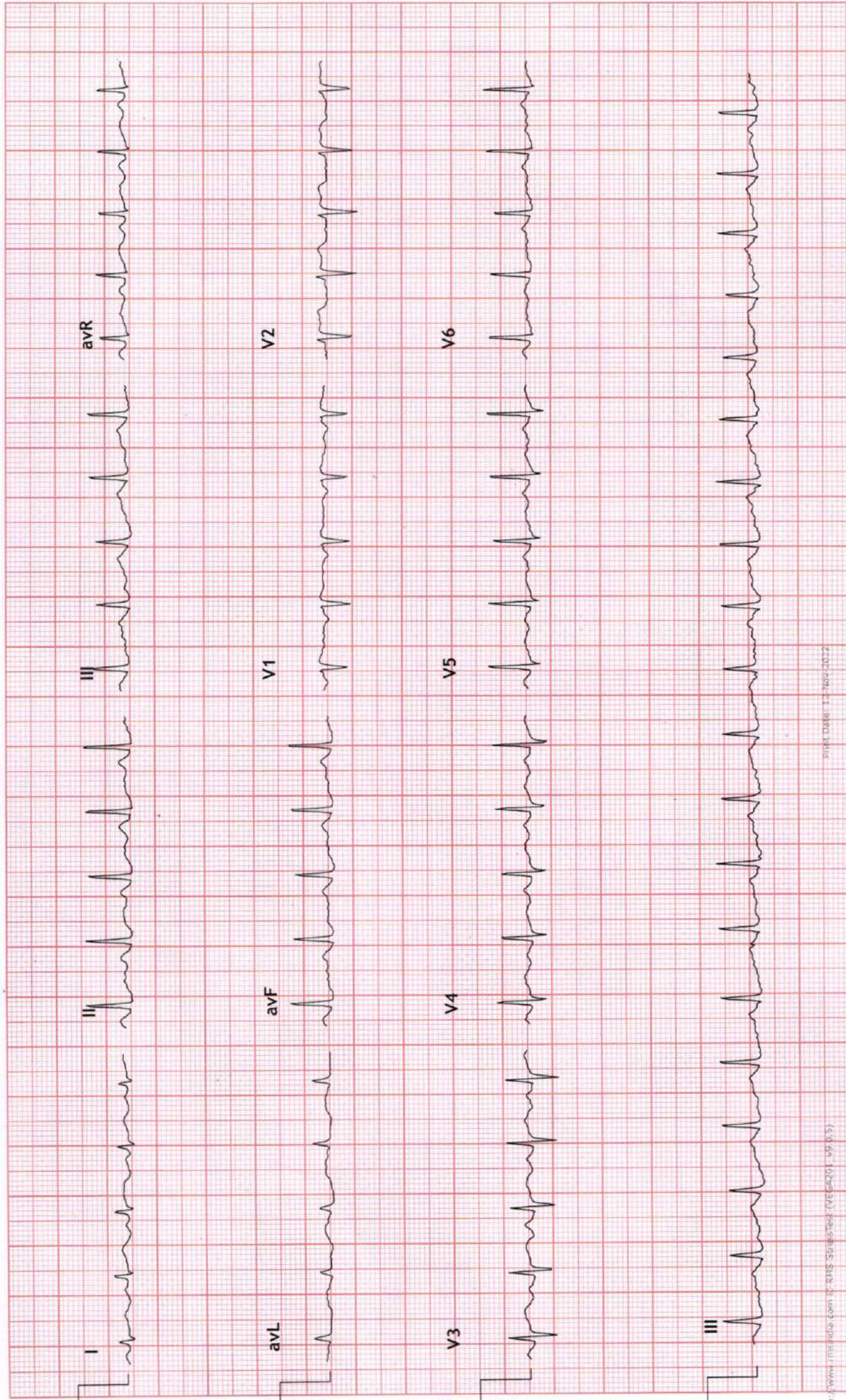
### 3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR  
44 Yrs / Male  
0 Kg / 0 Cm  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE  
Stage 1 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.

MPHR: 67% of 176  
Speed: 1.7 mph  
Grade: 10.0%

Raw ECG  
BRUCE  
(1.0-100)HZ  
Ex Time 03:00  
BLC :On  
Notch :On



Print Date: 12-Nov-2022

http://www.rmsindia.com/ RMS Software (V6.001\_09.0.5)



### 3x4+1 Rhythm Lead

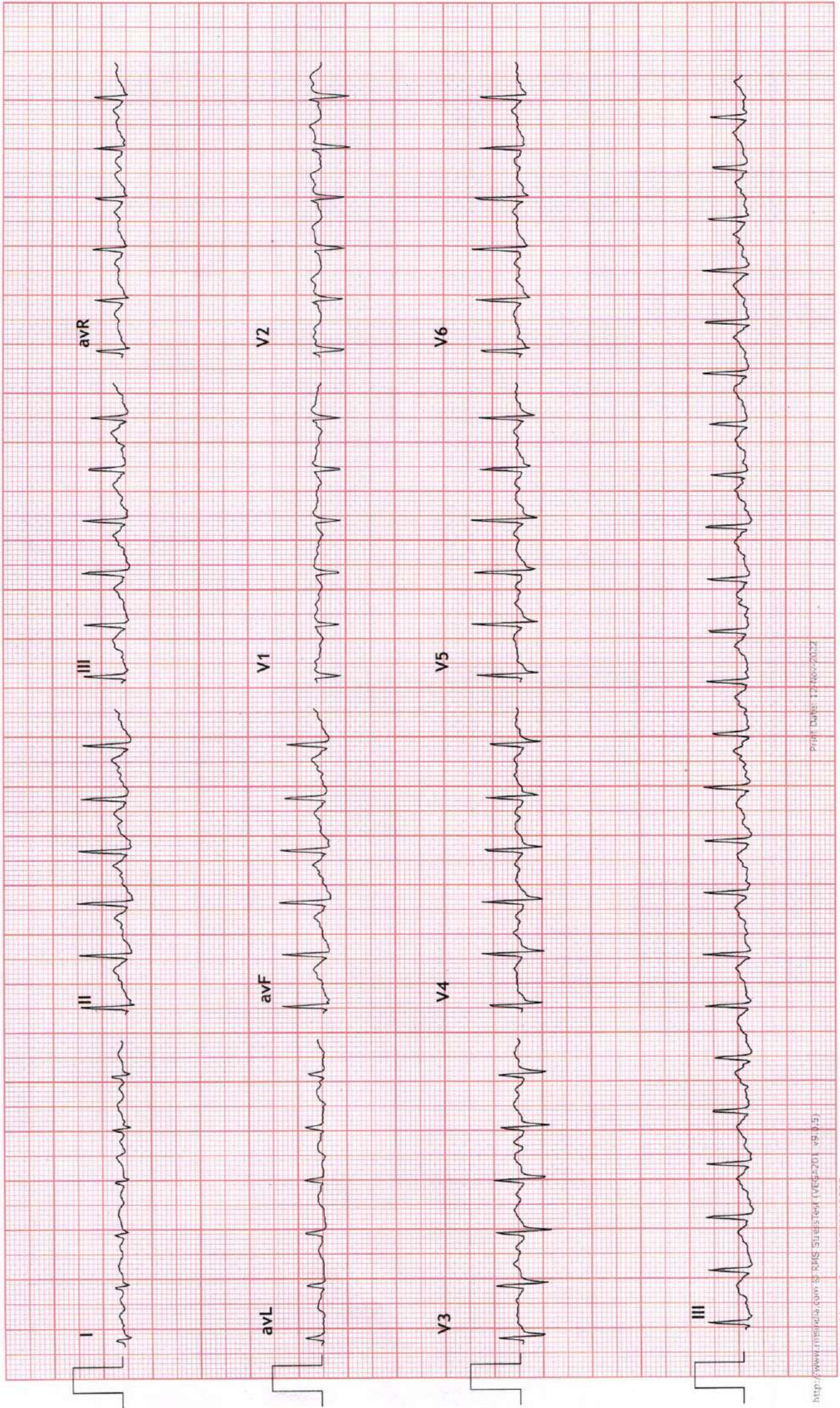
116 / MR MUKESH KUMAR / 148 bpm  
44 Yrs / Male METS: 7.1  
0 Kg / 0 Cm BP: 148/95  
Date: 12-Nov-2022 11:21:50 AM

MPHR: 81% of 176  
Speed: 2.5 mph  
Grade: 12.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE  
Stage 2 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.

Ex Time 06:00  
BLC :On  
Notch :On







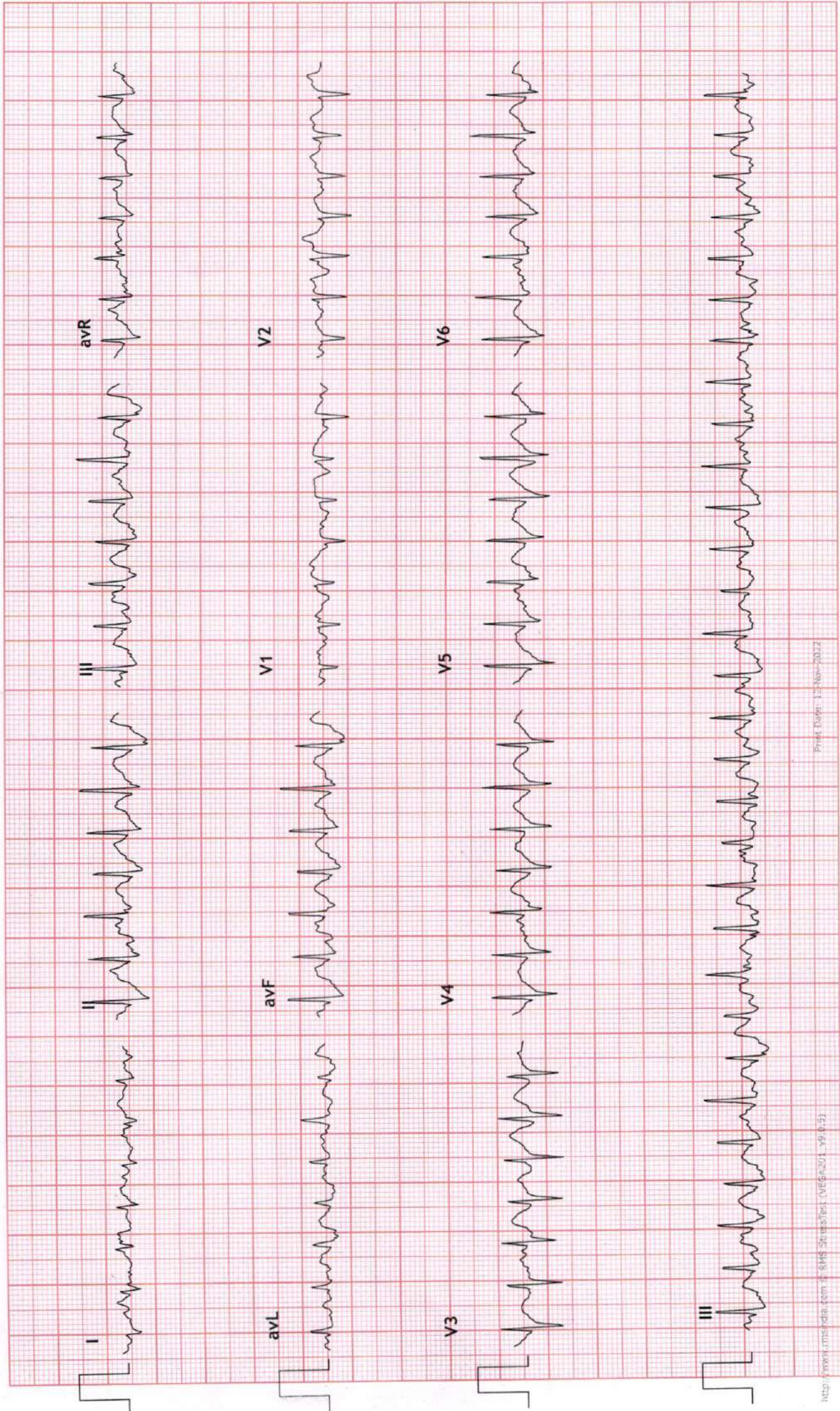
3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR ~~RAI~~ ~~RAI~~ bpm  
44 Yrs / Male METS: 10.2  
0 Kg / 0 Cm BP: 164/99  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M.Y. HOSPITAL - INDORE  
MPHR: 103% of 176  
Speed: 3.4 mph  
Grade: 14.0%

Stage 3 ( 03:00 )  
10.0 mm/mv  
25 mm/Sec.

Raw ECG  
BRUCE  
(1.0-100)Hz  
Notch :On



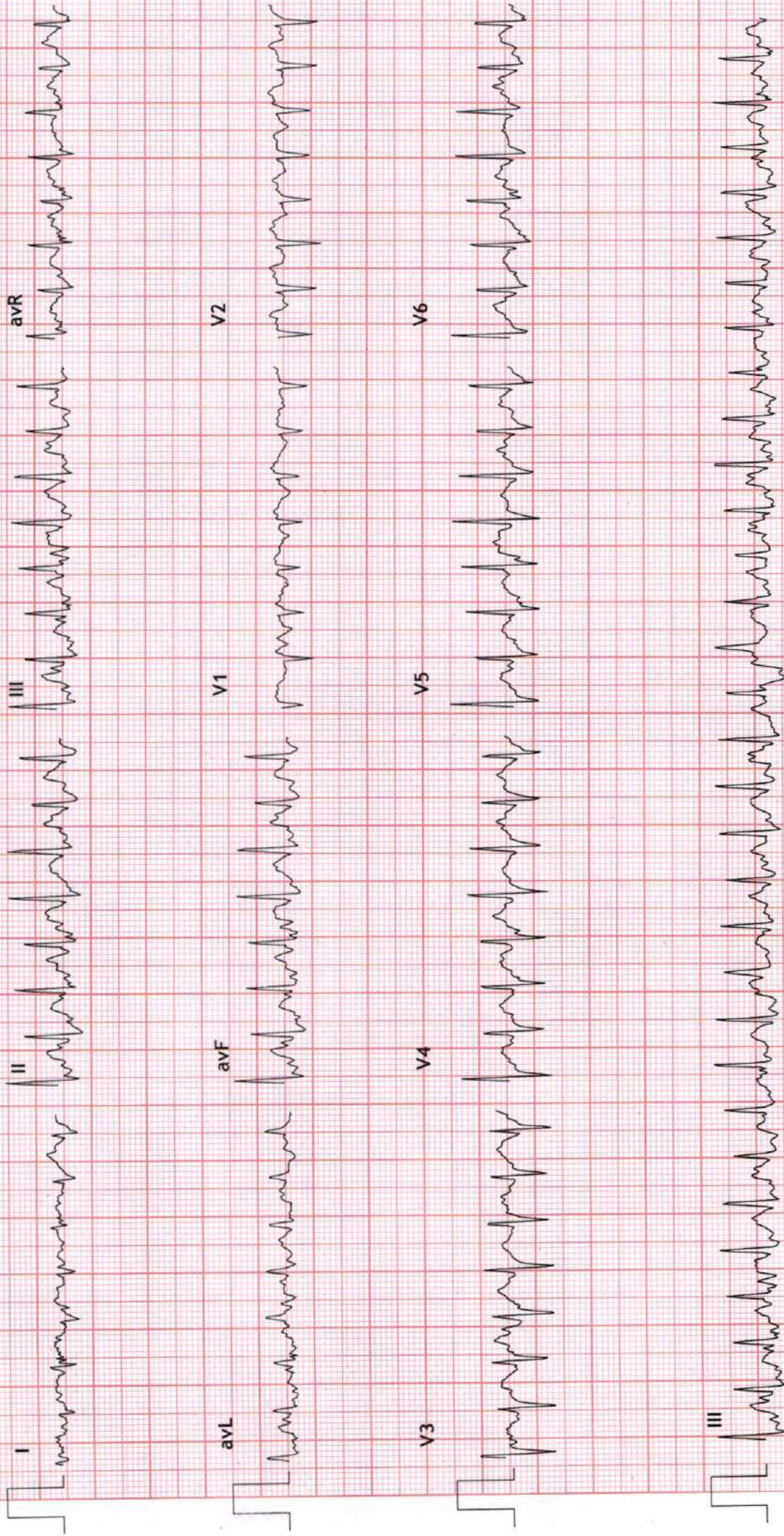


3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR ~~116~~ bpm  
44 Yrs / Male METS: 10.7  
0 Kg / 0 Cm BP: 164/99  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

MPHR: 106% of 176  
Speed: 4.2 mph  
Grade: 16.0%  
Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 09:25  
BLC :On  
Notch :On  
PeakEx  
10.0 mm/mV  
25 mm/Sec.





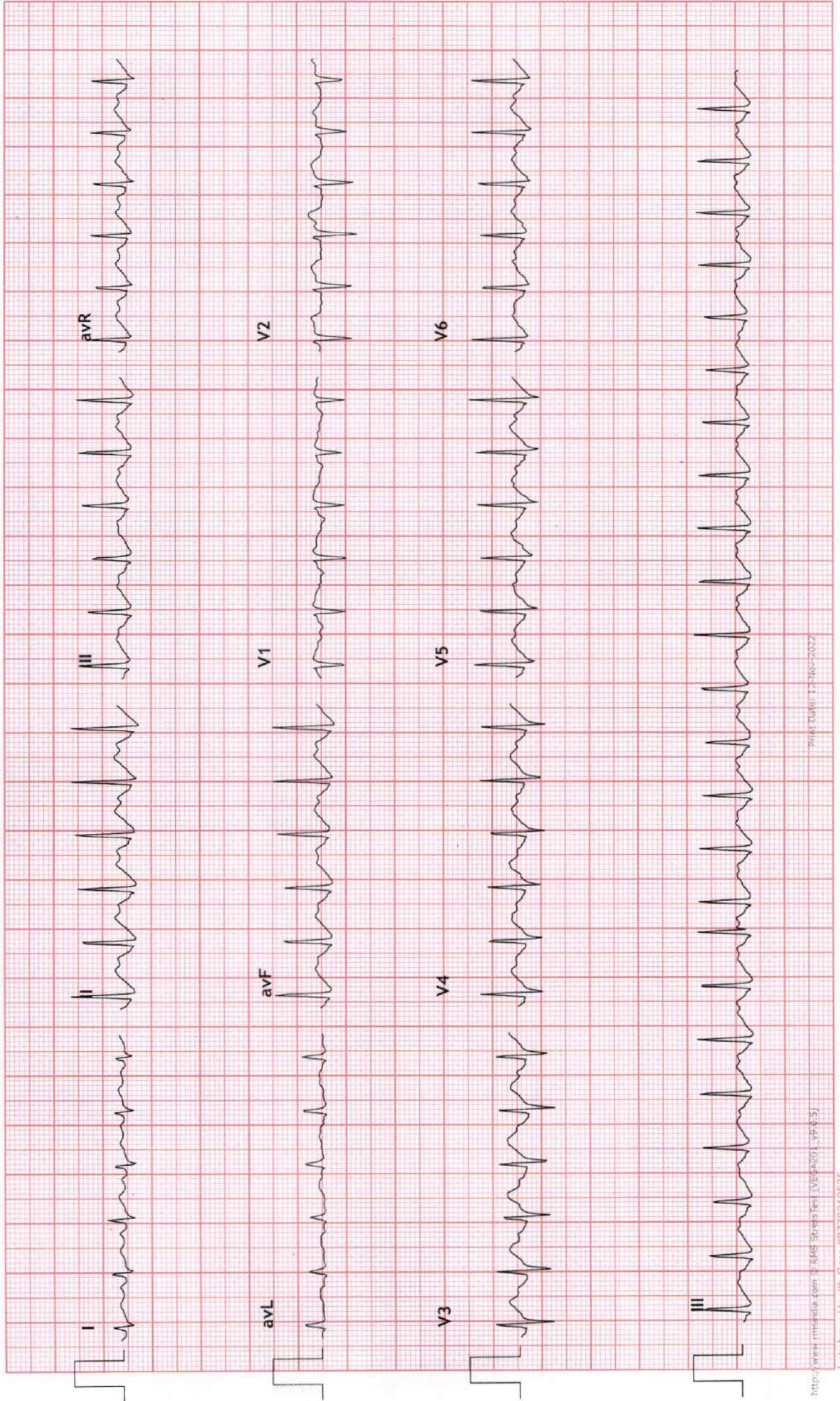
3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR RAILOR bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 164/99  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 09:25  
BLC :On  
Notch :On  
Recovery : ( 02:00 )  
10.0 mm/mV  
25 mm/Sec.

MPHR: 80% of 176  
Speed: 0.0 mph  
Grade: 0.0%





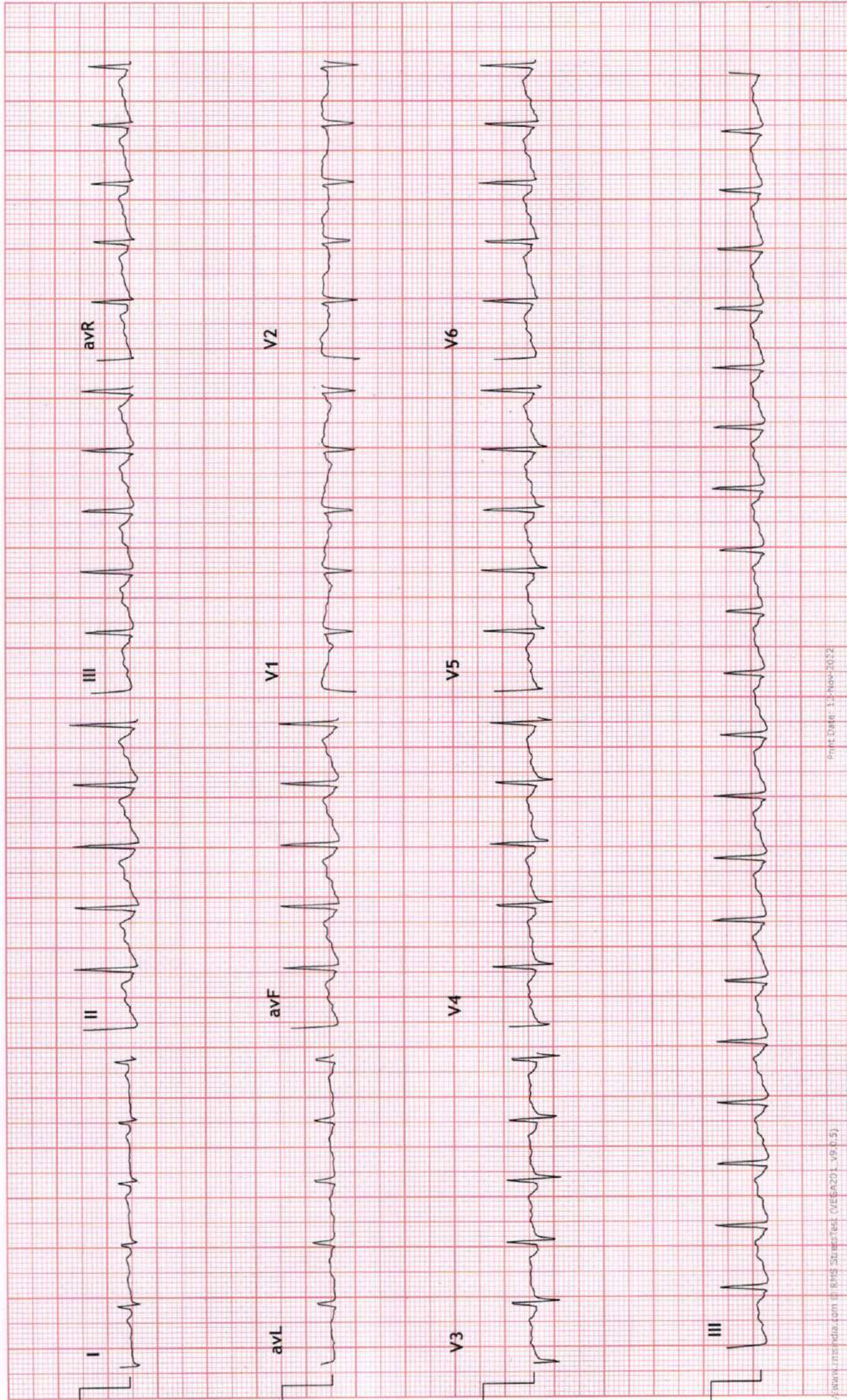
### 3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR ~~176~~ bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 155/97  
Date: 12-Nov-2022 11:21:50 AM

UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG Ex Time 09:25 Recovery : ( 04:00 )  
BRUCE 10.0 mm/mV  
(1.0-100)Hz Notch : On

MPHR: 72% of 176  
Speed: 0.0 mph  
Grade: 0.0%





### 3x4+1 Rhythm Lead

116 / MR MUKESH KUMAR ~~112~~ bpm  
44 Yrs / Male METS: 1.0  
0 Kg / 0 Cm BP: 140/90  
Date: 12-Nov-2022 11:21:50 AM

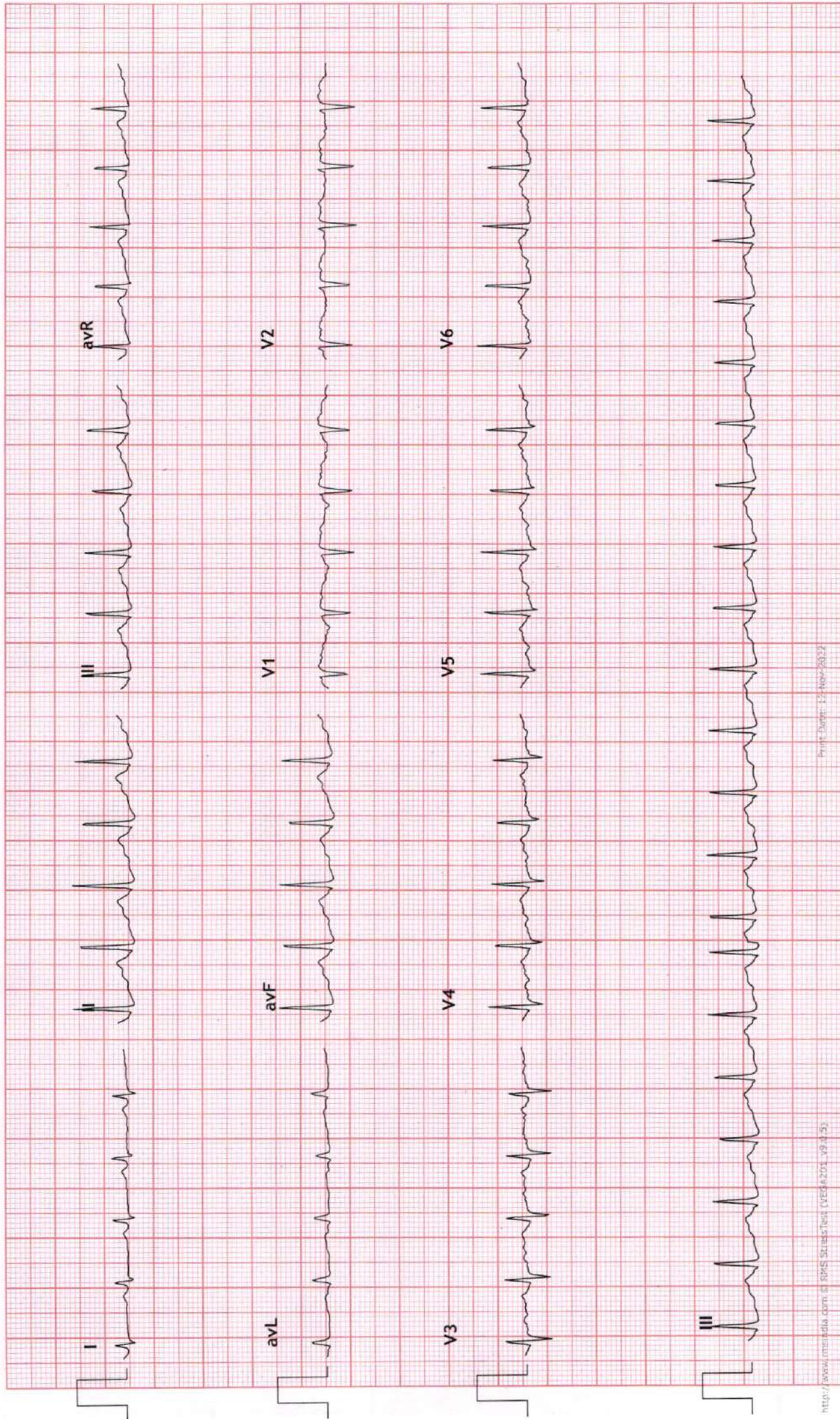
UNIQUE DIAGNOSTIC CENTRE - INDORE  
45-B, JAORA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

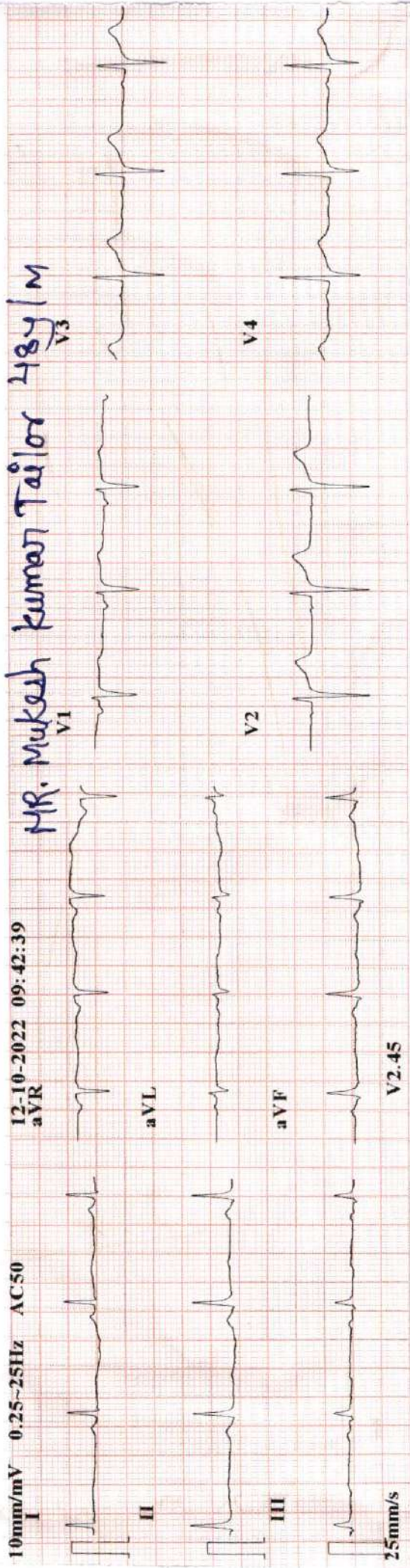
Recovery : ( 06:00 )  
10.0 mm/mV  
25 mm/Sec.

Ex Time 09:25  
BLC :On  
Notch :On

Raw ECG  
BRUCE  
(1.0-100)Hz

MPHR: 69% of 176  
Speed: 0.0 mph  
Grade: 0.0%





BPL-02

Minnesota Code: :221012-0942

ID : 221012-0942

Name :  
 Age : 44 yr  
 Sex : Male  
 BP : mmHg  
 Height : cm  
 Weight : kg

HR : 82 bpm  
 P Dur : 98 ms  
 PR int : 135 ms  
 QRS Dur : 92 ms  
 QT/QTc int : 365/427 ms  
 P/QRS/T axis : 58/61/38 °  
 RV5/SV1 amp : 0.988/0.618 mV  
 RV5+SV1 amp : 1.606 mV  
 RV6/SV2 amp : 1.055/1.005 mV

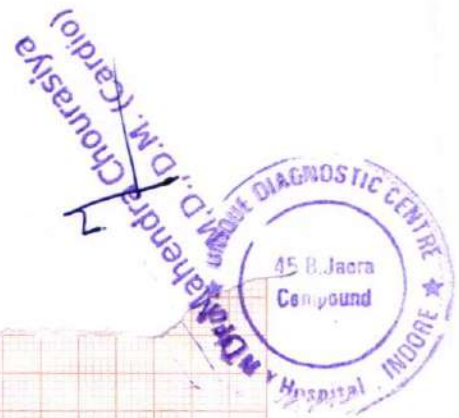
Diagnosis Information:  
 800: Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:

V5

V6

*(Signature)*  
 MR. Tailor



CARDIART

# UNIQUE DIAGNOSTIC CENTRE INDORE

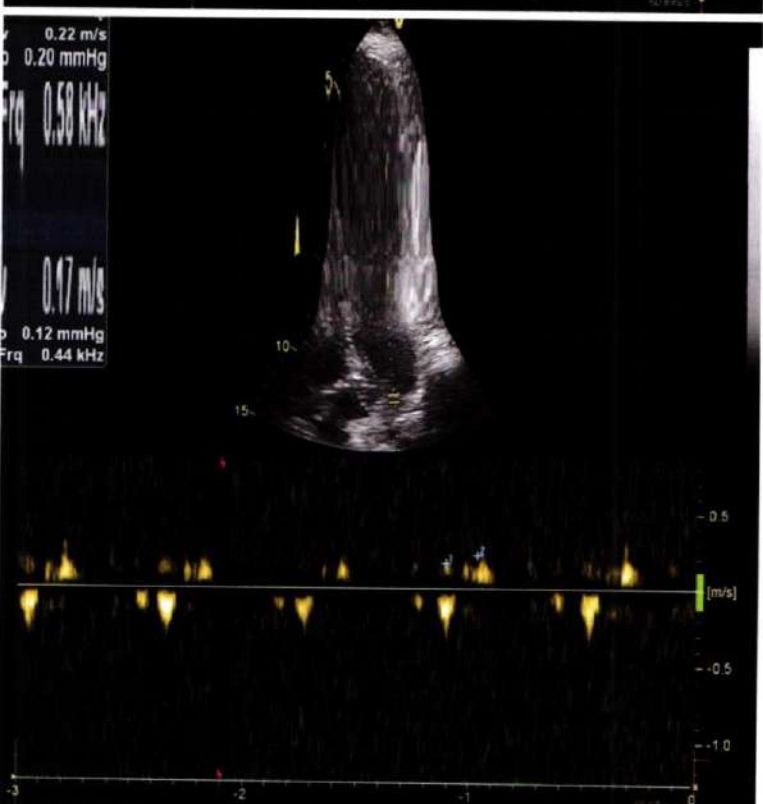
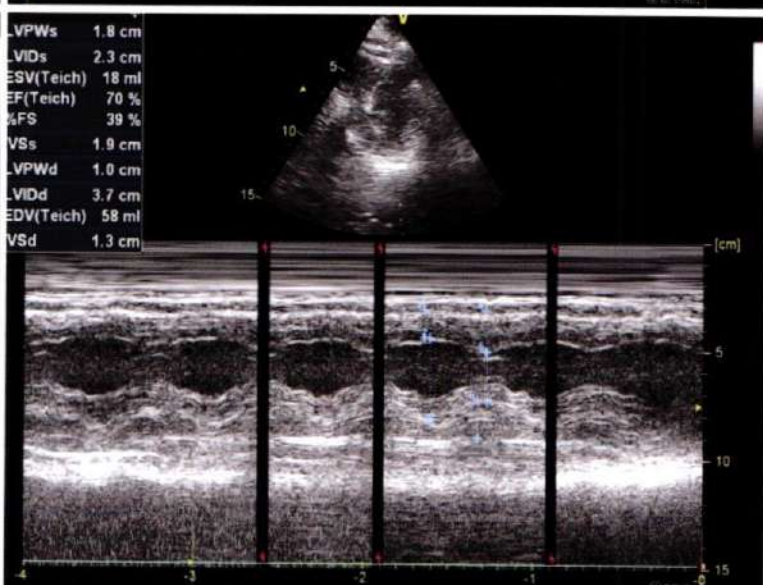
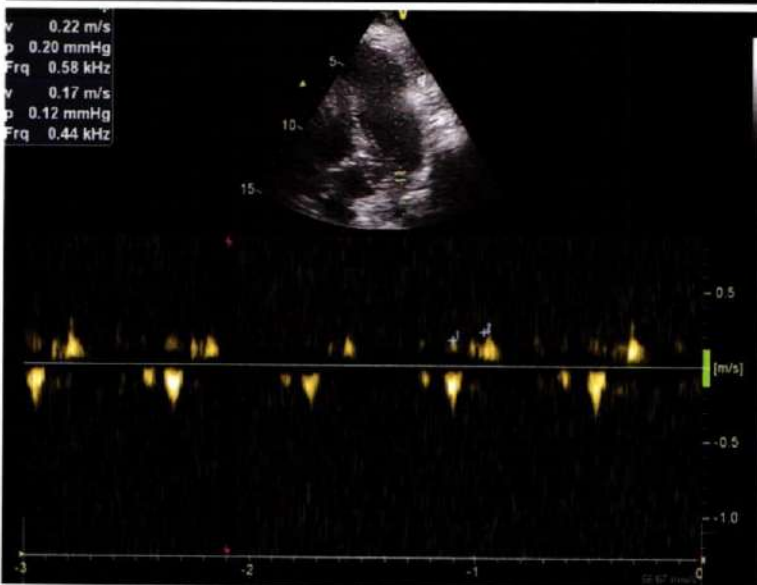
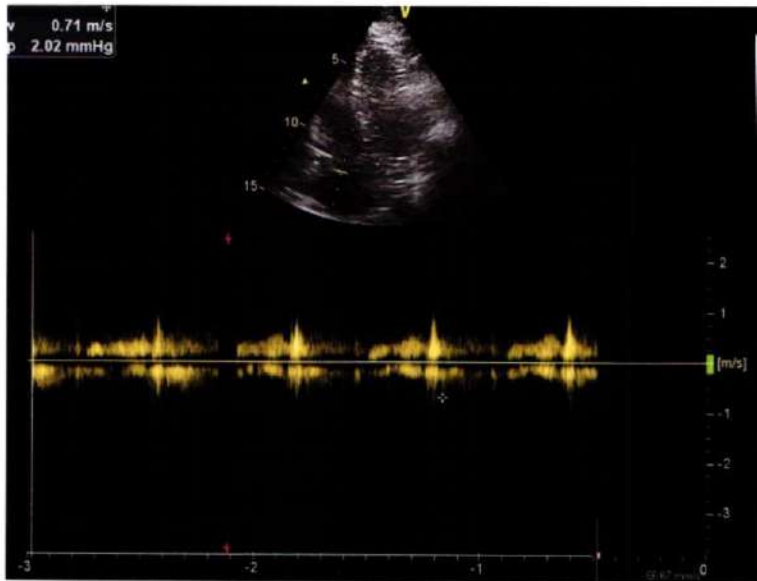
12 Nov 2022

Name : MR. MUKESH KUMAR TAILOR

Age : 48 Yrs./ M

Ref.by : BANK OF BARODA

Done by : DR.MAHENDRA CHOURASIYA M.D.,D.M.





R

