

स्थायी लेखा संख्या

/PERMANENT ACCOUNT NUMBER

ADSPJ5436E



नाम /NAME

MANOJ JAITLY

पिता का नाम /FATHER'S NAME

KUSUM KUMAR JAITLY

जन्म तिथि /DATE OF BIRTH

22-02-1968

हस्ताक्षर /SIGNATURE

Parvinder Sohi Behuria
DR. PARVINDER SOHI BEHURIA

आयकर आयुक्त (कम्प्यूटर कोष)

Commissioner of Income-tax(Computer Operations)

The Diamond & Jewellery Centre
Second Floor, Plot No. 1, Main Extn.
Sector-7, DDA, New Delhi-110002
Mob.: 09555431001, 011-26103567

| | | | |
|---------|-------------------|-------------------|---------------------|
| Date | 14/06/2021 | Srl No. 2007 | Lab No. |
| Name | MR. MANOJ JAITLEY | Age 53 Yrs. | Sex M |
| Ref. By | Dr. KARAN CHOPRA | Company MEDIWHEEL | MOB.No. 87002200506 |

HAEMATOLOGY

| Test Name | Value | Unit | Normal Value |
|--|-------|--------------|--------------|
| HEMOGRAM | | | |
| HAEMOGLOBIN Hb | 15.8 | gm/dl | 13.5 - 18.0 |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,700 | /cumm | 4000 - 11000 |
| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHIL | 64.0 | % | 40 - 75 |
| LYMPHOCYTE | 27.0 | % | 20 - 45 |
| EOSINOPHIL | 3.0 | % | 01 - 06 |
| MONOCYTE | 6.0 | % | 02 - 10 |
| BASOPHIL | 00 | % | <2.0 |
| ESR (WESTEGREN's METHOD) Westegren's | 06 | mm/1st hr. | 0 - 15 |
| R B C COUNT | 5.46 | Millions/cmm | 4.5 - 5.5 |
| P.C.V / HAEMATOCRIT | 50 | % | 40 - 54 |
| M C V | 93 | fl. | 80 - 100 |
| M C H | 28.5 | Picogram | 27.0 - 31.0 |
| M C H C | 31.7 | gm/dl | 31.5 - 34.5 |
| PLATELET COUNT | 1.94 | Lakh/cmm | 1.50 - 4.50 |

Note:

- As per the recommendation of International Council For Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per Unit Volume of Blood.
- Test conducted on EDTA whole blood

Dr (Maj) Harshita Surange

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Dr.Sangeeta B
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Reg No.-DMC/25252

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|---------|-------------------|---------|-----------|---------|-------------|
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LIVER FUNCTION TEST (LFT)

| Test Name | Value | Unit | Normal Value |
|------------------------------|-------------|-------|--------------|
| BILIRUBIN TOTAL | 0.55 | mg/dl | 0.00 - 1.00 |
| CONJUGATED (D. Bilirubin) | 0.25 | mg/dl | 0.00 - 0.25 |
| UNCONJUGATED (I.D Bilirubin) | 0.30 | mg/dl | 0.00 - 0.70 |
| TOTAL PROTEIN | 7.50 | gm/dl | 6.6 - 8.3 |
| ALBUMIN | 4.20 | gm/dl | 3.4 - 4.8 |
| GLOBULIN | 3.30 | gm/dl | 2.3 - 3.5 |
| A/G RATIO | <u>1.27</u> | | - |
| SGOT | 26.00 | IU/L | 0 - 40 |
| SGPT | 24.00 | IU/L | 0.0 - 41.0 |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 44 - 147 |
| GAMMA GT | 40.00 | IU/L | 8.0 - 71.0 |

Gamma GT Colorimetric method

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LIPID PROFILE

| | | | |
|-----------------------------|---------------|-------|---------------|
| TOTAL CHOLESTEROL | <u>200.00</u> | mg/dL | 123.0 - 199.0 |
| TRIGLYCERIDES | 125.00 | mg/dL | 40.0 - 165.0 |
| H D L CHOLESTEROL DIRECT | 46 | mg/dL | 40.0 - 79.4 |
| V L D L | <u>25.0</u> | mg/dL | 4.7 - 22.1 |
| L D L CHOLESTEROL DIRECT | 129.0 | mg/dL | 63.0 - 129.0 |
| TOTAL CHOLESTEROL/HDL RATIO | 4.3 | | 0.0 - 4.97 |
| LDL / HDL CHOLESTEROL RATIO | 2.8 | | 0.00 - 3.55 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Normal Value |
|---------------------|-------|-------|----------------|
| BLOOD SUGAR FASTING | 98 | mg/dl | 70 - 110 |
| BLOOD SUGAR PP | 118 | mg/dl | 70.00 - 140.00 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Normal Value |
|-----------|-------|------|--------------|
|-----------|-------|------|--------------|

| | | | |
|--|------|-------|--|
| Prostate Specific Antigen- PSA (Total) | 0.60 | ng/ml | |
|--|------|-------|--|

< 4.1
0-40 yrs : < 1.4
41-50 yrs : < 2.0
51-60 yrs : < 3.1
61-70 yrs : < 4.1
71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA. However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However, both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

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THYROID PROFILE

| Test Name | Value | Unit | Normal Value |
|---|-------|--------|---|
| Tri-Iodothyronine Total(TT3) | 1.10 | ng/dL | 0.80 - 2.0 All values Adults (euthyroid) 0.80-2.0 Newborns 0.73-2.88 6d - 3 mth 0.80-2.75 4 - 12 mth 0.86-2.65 1 - 6 yr 0.92-2.48 7 - 11 yr 0.93-2.31 12- 20 yr 0.91-2.18 |
| Thyroxine-Total(TT4) Chemiluminescence | 7.30 | ug/dl | 5.1 - 14.1 All values Adults 5.1-14.1 Newborns 5.04-18.5 6 d - 3 mth 5.41-17.0 4 - 12 mth 5.67-16.0 1 - 6 yr 5.95-14.7 7 - 11 yr 5.99-13.8 12 - 20 yr 5.91-13.2 |
| Thyroid Stimulating Hormone(TSH) | 1.140 | uIU/mL | Adults 21-100 yrs 0.35 - 5.50 Pediatric 0-12 Months 0.98-5.63 1-5 years 0.64-5.76 6-10 Years 0.51-4.82 11-14 Years 0.53-5.27 15-20 years 0.43-4.20 |

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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HAEMATOLOGY

| Test Name | Value | Unit | Normal Value |
|-----------------|----------|------|--------------|
| BLOOD GROUP ABO | "B" | | |
| RH TYPING | POSITIVE | | |

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BIOCHEMISTRY

| Test Name | Value | Unit | Normal Value |
|---------------------|-------|-------|----------------|
| BLOOD SUGAR FASTING | 98 | mg/dl | 70 - 110 |
| BLOOD SUGAR PP | 118 | mg/dl | 70.00 - 140.00 |

BIOCHEMISTRY

| Test Name | Value | Unit | Normal Value |
|------------------------------------|-------|------|--|
| HbA1c | 5.90 | | Reference Range (HBA1c) : 4.5 - 6.4 % |
| HbA1c (ngsp) | | | Good control : 4.5 - 6.4 % |
| HighPressure Liquid Chromatography | | | Fair control : 6.5 - 7.4 % |
| | | | Poor control : Above - 7.5 % |

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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BIOCHEMISTRY

| Test Name | Value | Unit | Normal Value |
|---------------------------|-------|-------|--------------|
| BLOOD UREA NITROGEN (BUN) | 9.34 | mg/dl | 6.0 - 20.0 |
| SERUM CREATININE | 0.95 | mg/dl | 0.6 - 1.50 |
| SERUM URIC ACID | 4.91 | mg/dL | 3.4 - 7.0 |

Comments:

Uric acid is the metabolic end- product of purine metabolism. Increased levels of uric acid in serum (hyperuricemia) are either due to increased synthesis or decreased excretion in urine. This test is used for diagnosis and treatment of renal and metabolic disorders like renal failure, gout, leukemia, Psoriasis, starvation or patients on cytotoxic drugs. Uric acid levels are very labile and show seasonal / day to day variation. Its levels in serum are also increased in emotional stress, starvation and in obese. Hyperuricemia is associated with increased risk for coronary artery disease.

Elevated levels of uric acid seen in - renal failure, gout (up to 25 % of relatives of patients with gout) , asymptomatic hyperuricemia, myelolymphoproliferative disorders, disseminated neoplasms, cancer chemotherapy, hemolytic anemia, sickle cell anemia, resolving pneumonia, toxemia pf pregnancy, psoriasis (one third cases) , metabolic acidosis, von gierks's lead poisoning, Lesch- Nyhan syndrome, maple syrup urine disease, down syndrome, polycystic kidney disease, hypoparathyroidism, primary hyperparathyroidism, hypothyroidism, sarcoidosis and drugs (e.g. diuretics , mitomycin C, Levodapa , phenytoin, barbiturates, ammonia, small doses of salicylates).

(Signature)

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URINE EXAMINATION TEST

| Test Name | Value | Unit | Normal Value |
|--------------------------------|-------------|------|---------------|
| PHYSICAL EXAMINATION | | | |
| QUANTITY | 30 | ml. | 10 - 30 |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| TRANSPARENCY | CLEAR | | CLEAR |
| SPECIFIC GRAVITY | 1.025 | | 1.005 - 1.030 |
| PH | 6.5 | | ACIDIC |
| CHEMICAL EXAMINATION | | | |
| ALBUMIN | NIL | | NIL |
| SUGAR | NIL | | NIL |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELLS | NIL | /HPF | 0-5 |
| RBC'S | NIL | /HPF | NIL |
| CASTS | NIL | | NIL |
| CRYSTALS | NIL | | NIL |
| EPITHELIAL CELLS | NIL | /HPF | 2-4 |
| BACTERIA | NIL | | NIL |
| OTHERS | NIL | | NIL |

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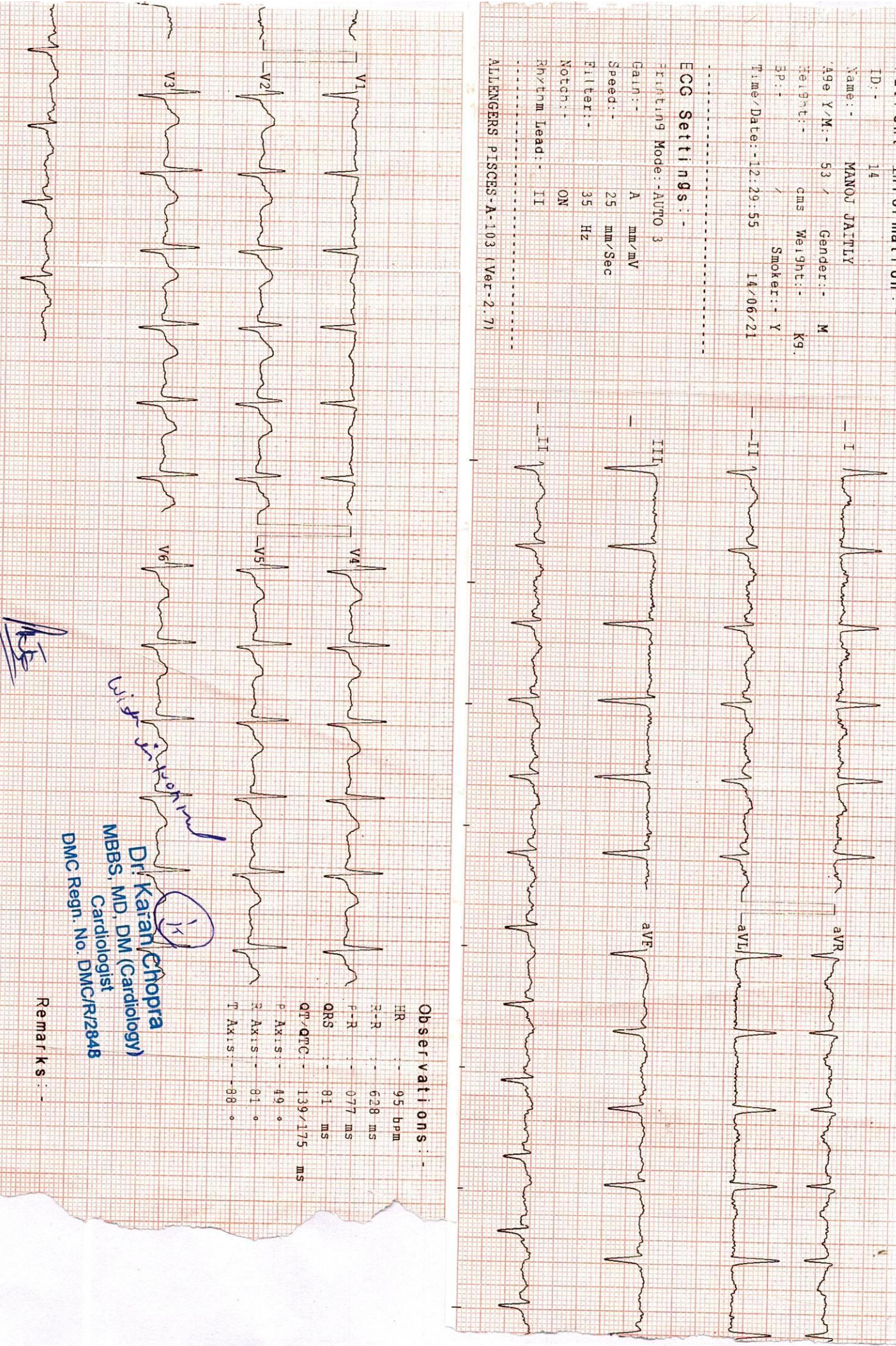
Dr.Sangeeta B
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Reg No.-DMC/25252

Patient Information :-

ID: 14
Name: MANOJ JAITLEY
Age Y/M: 53 / Gender: M
Height: cms Weight: Kg.
BP: / Smoker: Y
Time/Date: 12:29:55 14/06/21

ECC Settings :-

Filtering Mode: AUTO 3
Gain: A mm/mV
Speed: 25 mm/Sec
Filter: 35 Hz
Notch: ON
Rhythm Lead: II
ALLEGERS PISCES-A-103 (Ver-2.7)



Observations :-

HR : 95 bpm
P-R : 628 ms
P-R : 077 ms
QRS : 81 ms
QT/QTc : 139/175 ms
P Axis : 49 °
R Axis : 81 °
T Axis : 88 °

Handwritten signature

Dr. Karan Chopra
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/2848

Remarks :-

| | | | |
|----------------------|----------------------------|-------------------|---------------------|
| Radiology No. | : 384/OPDPB21HO | Date | : 14-Jun-2021 |
| Patient Name | : Mr. MANOJ JAITLEY | Age/Sex | : 63Y |
| Guardian Name | : | UHID No. | : 279/UHID21HO |
| Consultant | : Dr. Self | Mobile No. | : 8700220506 |

ULTRASOUND OF WHOLE ABDOMEN

CONVEX AND LINER PROBES WERE USED

The liver is normal in size and contour however is increased in echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 11.51x5.23cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 11.33x5.32cm

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture.

It measures 31x43x32mm which is equal to 23.93gms.

Impression : Fatty liver Grade I


Dr (Maj) Harshita Surange

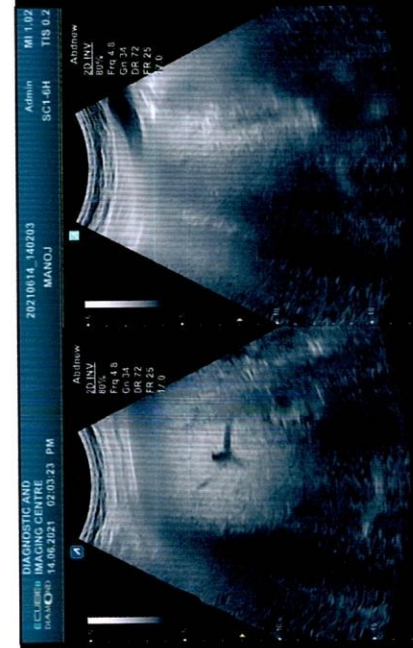
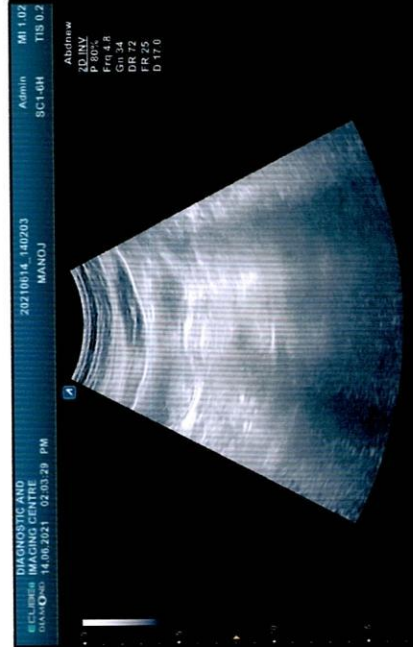
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DIPLOMA IN MSK, UCAM (SPAIN)

Reg No.-MCI/16522, DMC/18402

*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)
Not all congenital anomalies can be detected by ultrasound only*

DIC



THE DIAGNOSTIC & IMAGING CENTRE

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Dwarka, New Delhi-110078 Ph. 011-49078567

MANOJ JAITLEY
ID : 1238

DATE : 14-06-2021
AGE/SEX : 53 /M
HT/WT : 0 / 0
REF. BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY :
INDICATION : Checkup/Physical fitness,
MEDICATION :

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Hr | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL (MM) | | | METS |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|------|-----|-------|
| | | | | | | | | II | V1 | V5 | |
| SUPINE | | | | | 84 | 120 / 80 | 100 | 1 | | | |
| STANDING | | | | | 84 | 120 / 80 | 100 | 1.1 | 0.2 | 1.9 | |
| HYPERVENT | | | | | 92 | 120 / 80 | 110 | 1.9 | 0.2 | 1.9 | |
| Stage 1 | 2:55 | 0:23 | 2.7 | 10 | 103 | 130 / 80 | 133 | 2.6 | -0.1 | 1.9 | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 112 | 140 / 80 | 156 | 2.4 | -0.3 | 0.4 | 7.04 |
| Stage 3 | 8:55 | 2:55 | 5.4 | 14 | 131 | 150 / 80 | 196 | 0.9 | 0.4 | 1.6 | 9.92 |
| Stage 4 | 11:16 | 2:16 | 6.7 | 16 | 145 | 160 / 80 | 232 | 0.6 | 0 | 0.8 | 13.02 |
| PK-EXERCISE | 11:34 | 2:34 | 6.7 | 16 | 144 | 160 / 80 | 230 | 1.5 | -0.1 | 0.2 | 13.42 |
| RECOVERY | 12:49 | 0:55 | | | 111 | 150 / 80 | 166 | 1.5 | 0.1 | 1.1 | |
| RECOVERY | 13:49 | 1:55 | | | 102 | 140 / 80 | 142 | 1 | 0 | 0.7 | |
| RECOVERY | 14:49 | 2:55 | | | 100 | 130 / 80 | 130 | 0.8 | 0 | 0.5 | |
| RECOVERY | 15:49 | 3:55 | | | 97 | 120 / 80 | 116 | 0.7 | 0.1 | 0.5 | |

RESULTS

EXERCISE DURATION : 11:34
MAX HEART RATE : 145 bpm
MAX BLOOD PRESSURE : 160 / 80 mm Hg
REASON OF TERMINATION : Achieved THR,
BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 13.42 METS

Dr. Karan Chopra
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Cardiologist
DMC Regd. No. DMC/R/2848

MSC

Technician :

THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

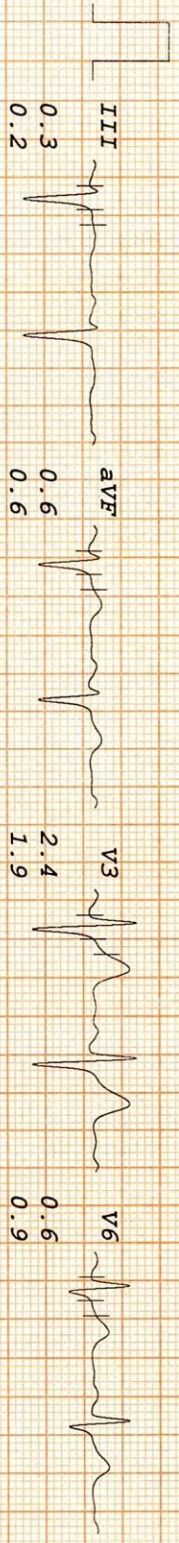
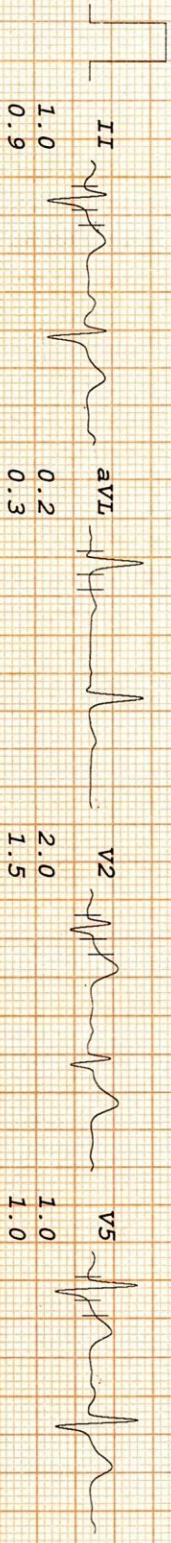
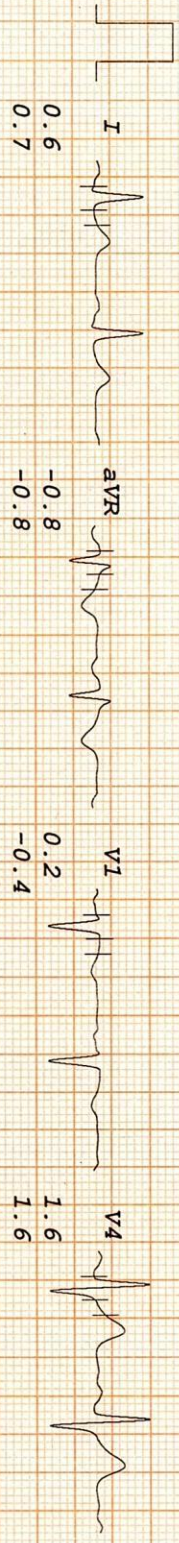
RATE 84bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms Post J

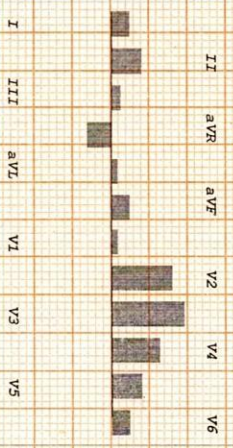
LINKED MEDIAN

Mag. X 2
 V1



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/R/2848

Handwritten signature



MANOJ JAITLEY
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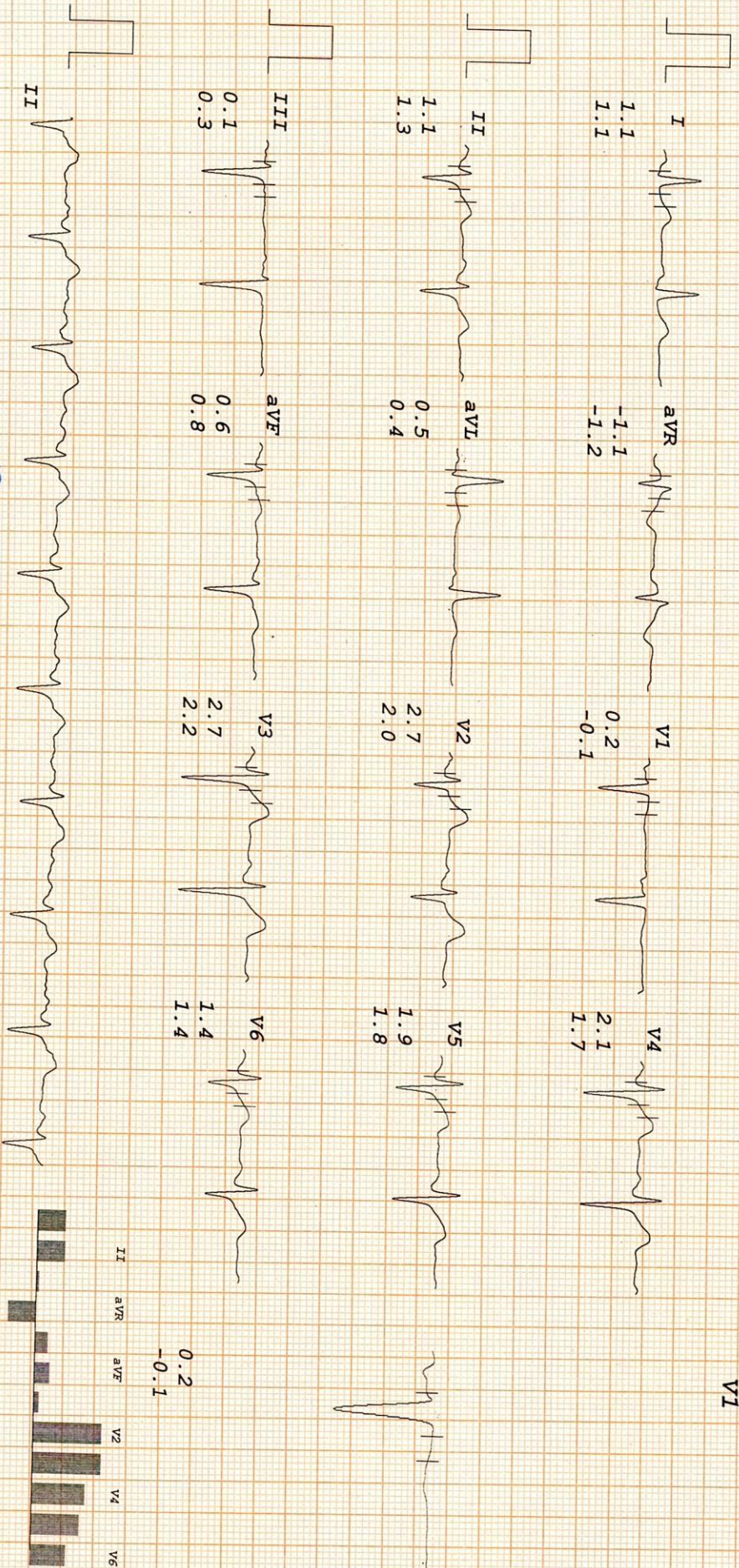
RATE 84bpm
 B.P. 120/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

THE DIAGNOSTIC & IMAGING CENTRE

LINKED MEDIAN



Mag. X 2

Dr. Karan Chopra
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 Cardiologist
 DMC Regn
 MCR/R/2848

THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY

I.D. 1238

Age 53/M

Date 14-06-2021

RATE 92bpm
B.P. 120/80

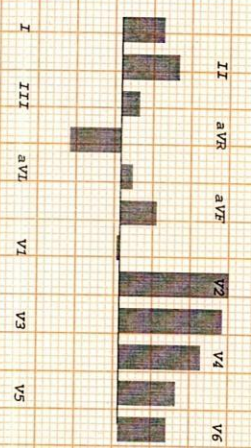
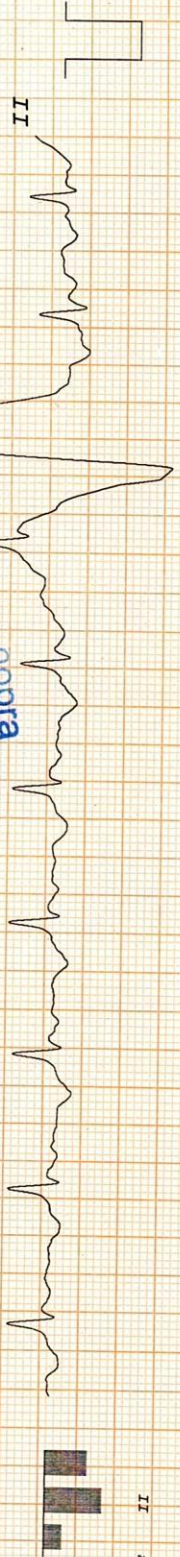
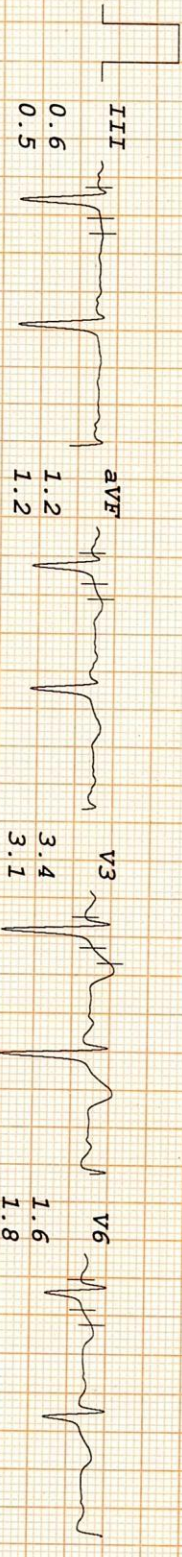
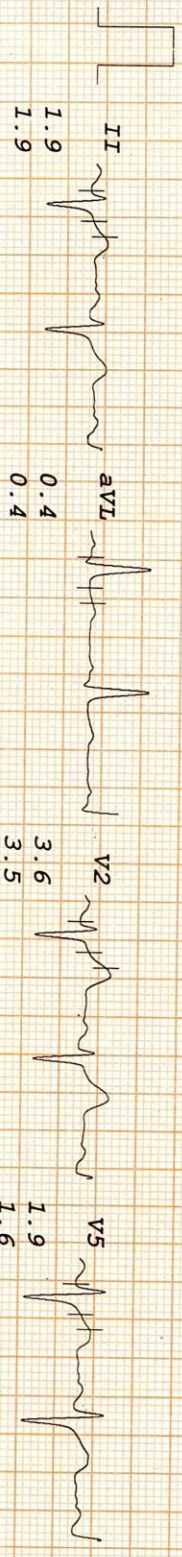
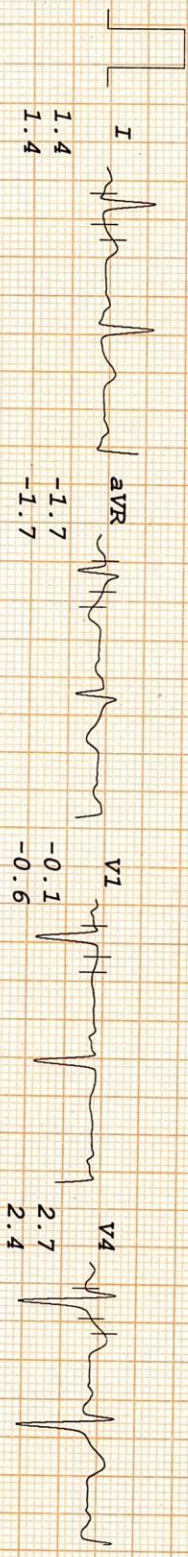
PRETEST
HYPERVENT

ST @ 10mm/mV
80ms PostJ

PHASE TIME 0:23

LINKED MEDIAN

Mag. X 2



Dr. Manoj Jaitley
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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
I.D. 1238
Age 53/M
Date 14-06-2021

RATE 103bpm
B.P. 130/80

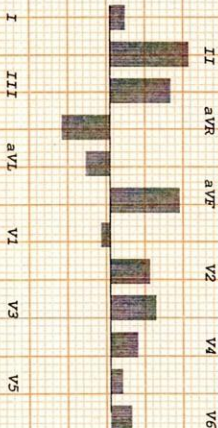
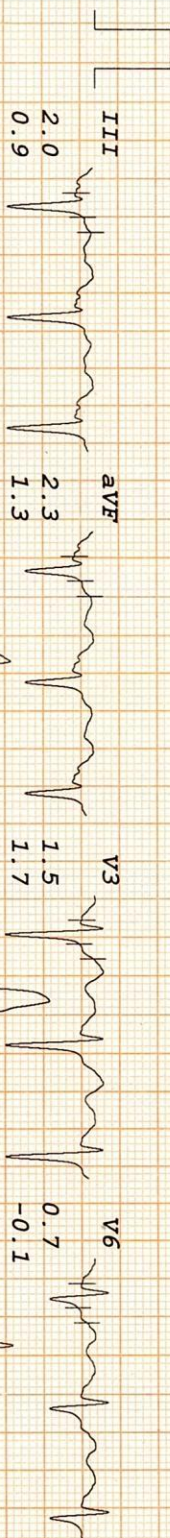
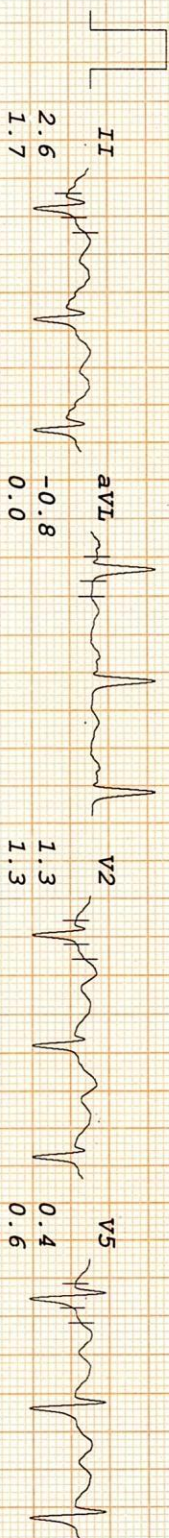
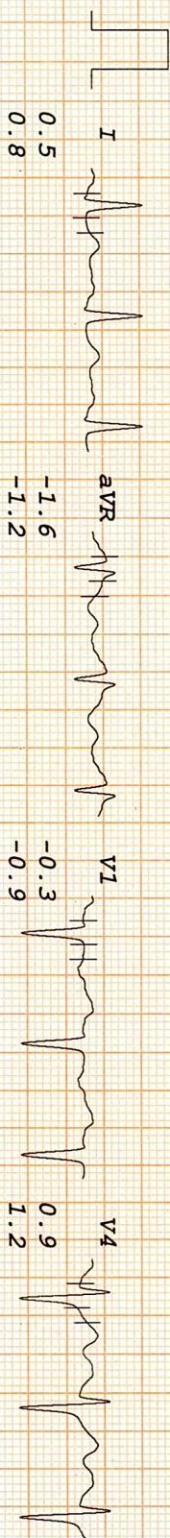
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

RATE 112bpm
 B.P. 140/80

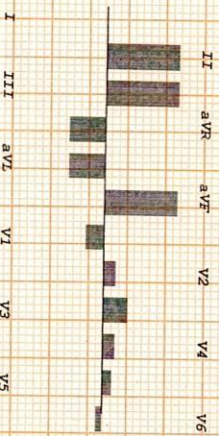
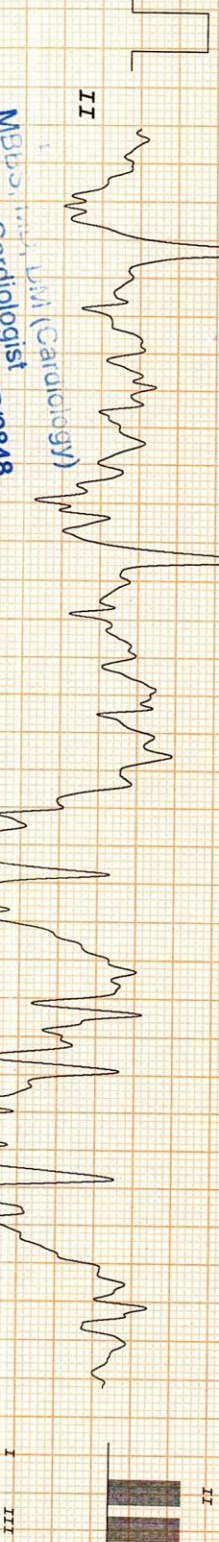
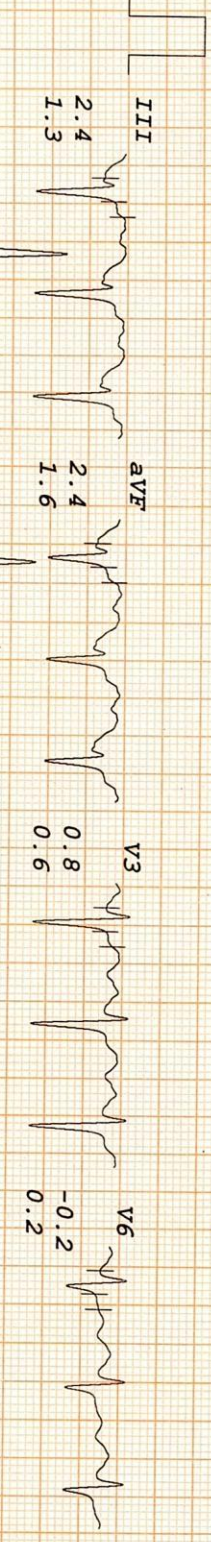
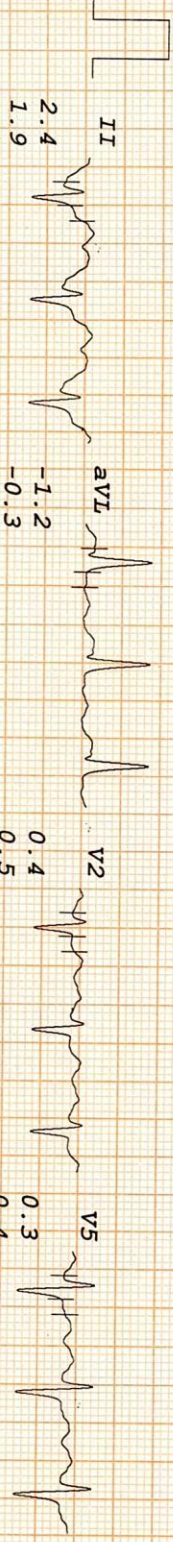
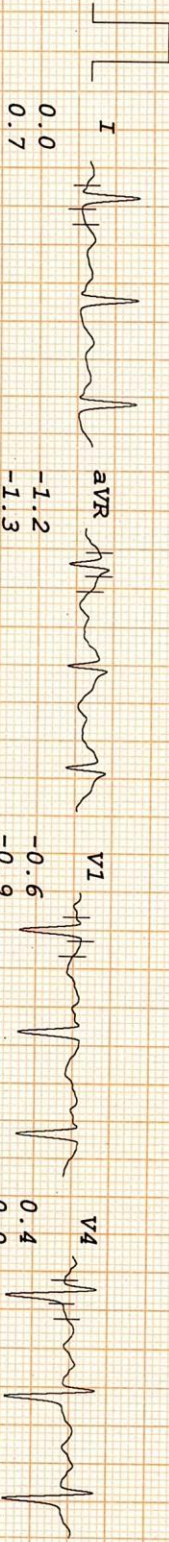
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V1



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THE DIAGNOSTIC & IMAGING CENTRE

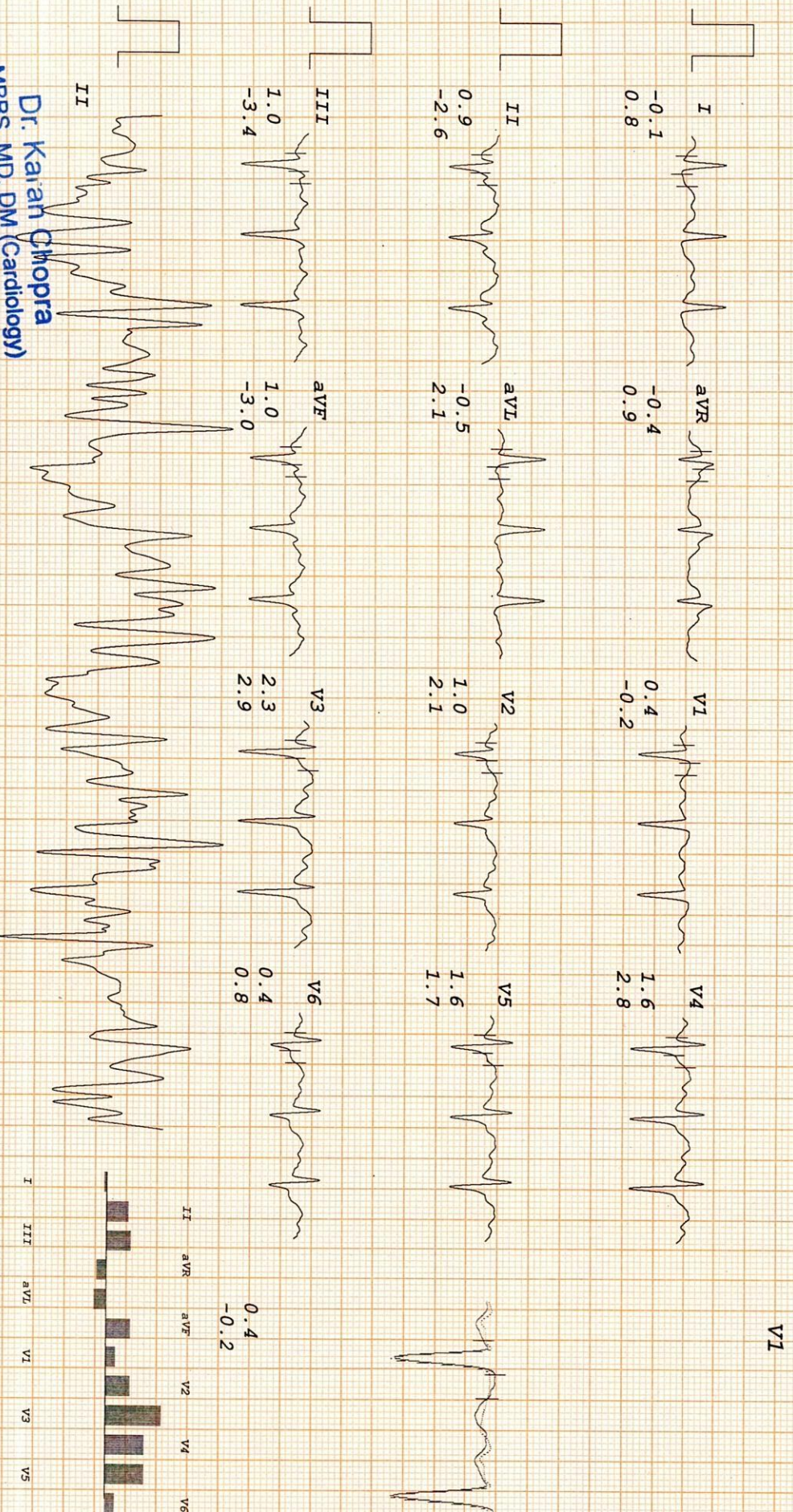
MANOJ JAITLEY
 I. D. 1238
 Age 53/M
 Date 14-06-2021

RATE 131bpm
 B.P. 150/80

Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55
 ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

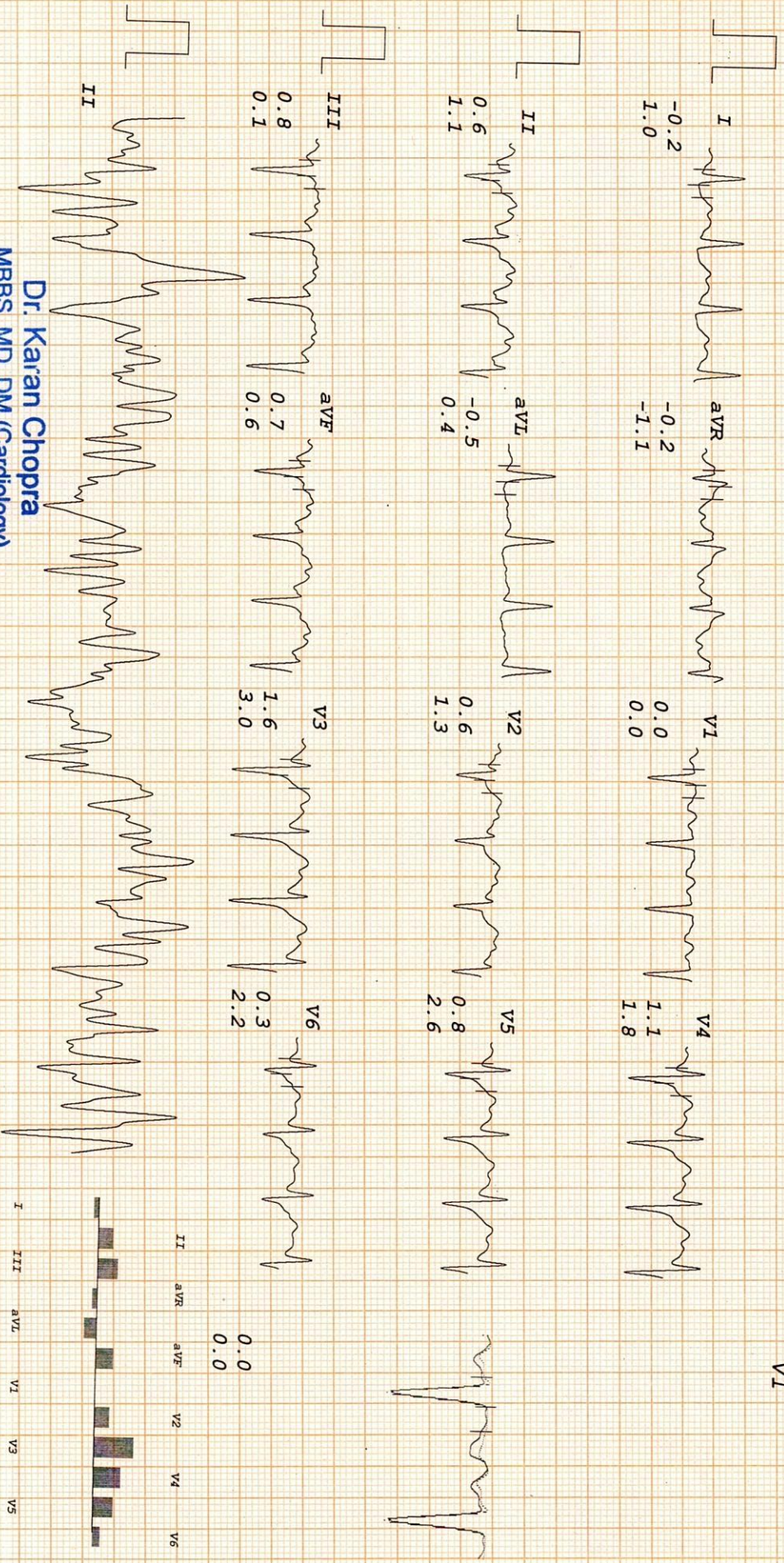
RATE 145bpm
 B.P. 160/80

Bruce
 Stage 4
 TOTAL TIME 11:16
 PHASE TIME 2:16

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

LINKED MEDIAN

Mag. X 2



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Rhythm: Filtered (20 Cycle) Base Corrected, Avg. Complex: Filtered

UNI-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180. E-Mail: em@electromedicals.net; Web: www.uni-em.com

THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
I.D. 1238
Age 53/M
Date 14-06-2021

RATE 144bpm
B.P. 160/80

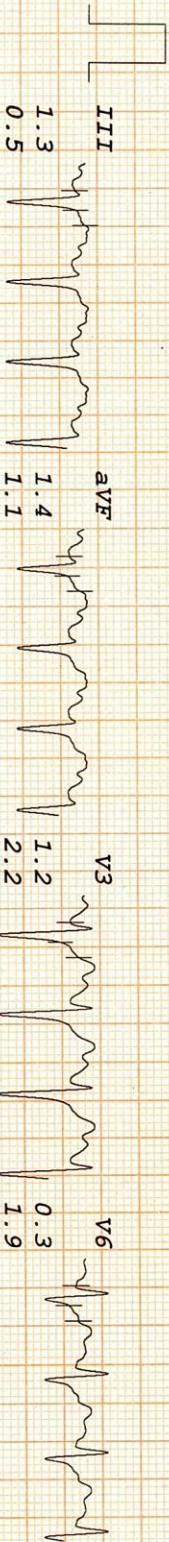
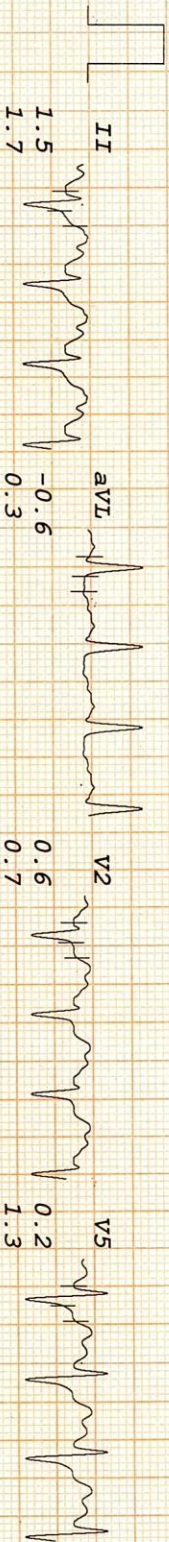
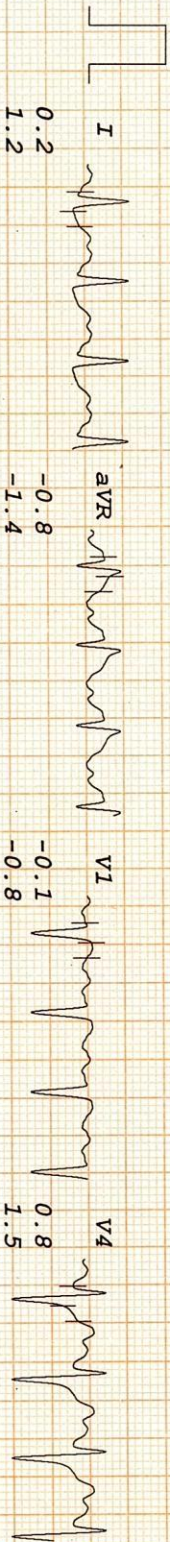
Bruce
PK-EXERCISE
TOTAL TIME 11:34
PHASE TIME 2:34

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

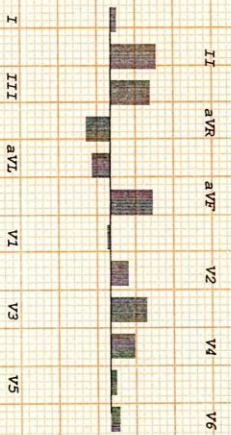
LINKED MEDIAN

Mag. X 2

V1



-0.1
-0.8



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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

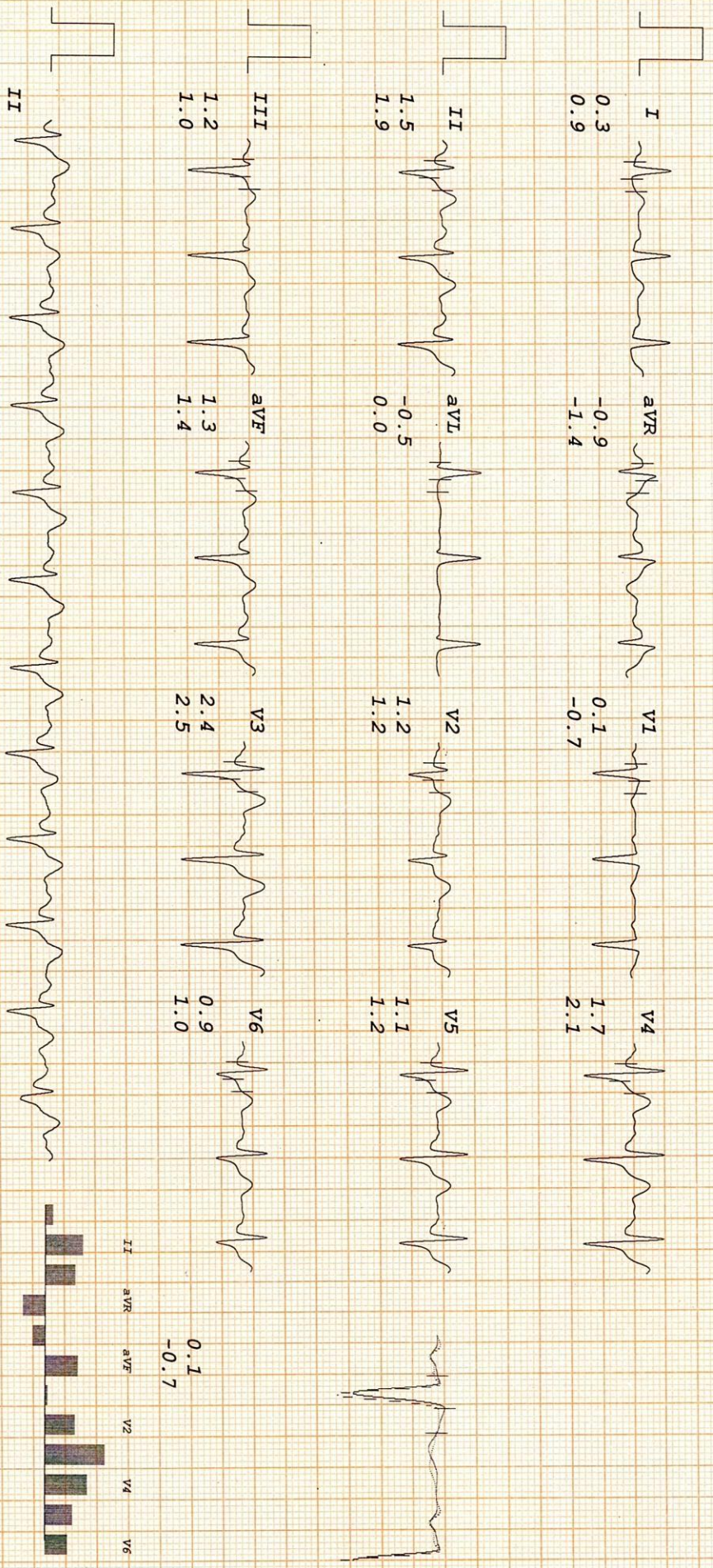
RATE 111bpm
 B.P. 150/80

Brice
 RECOVERY
 TOTAL TIME 12:49
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
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 Cardiologist
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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

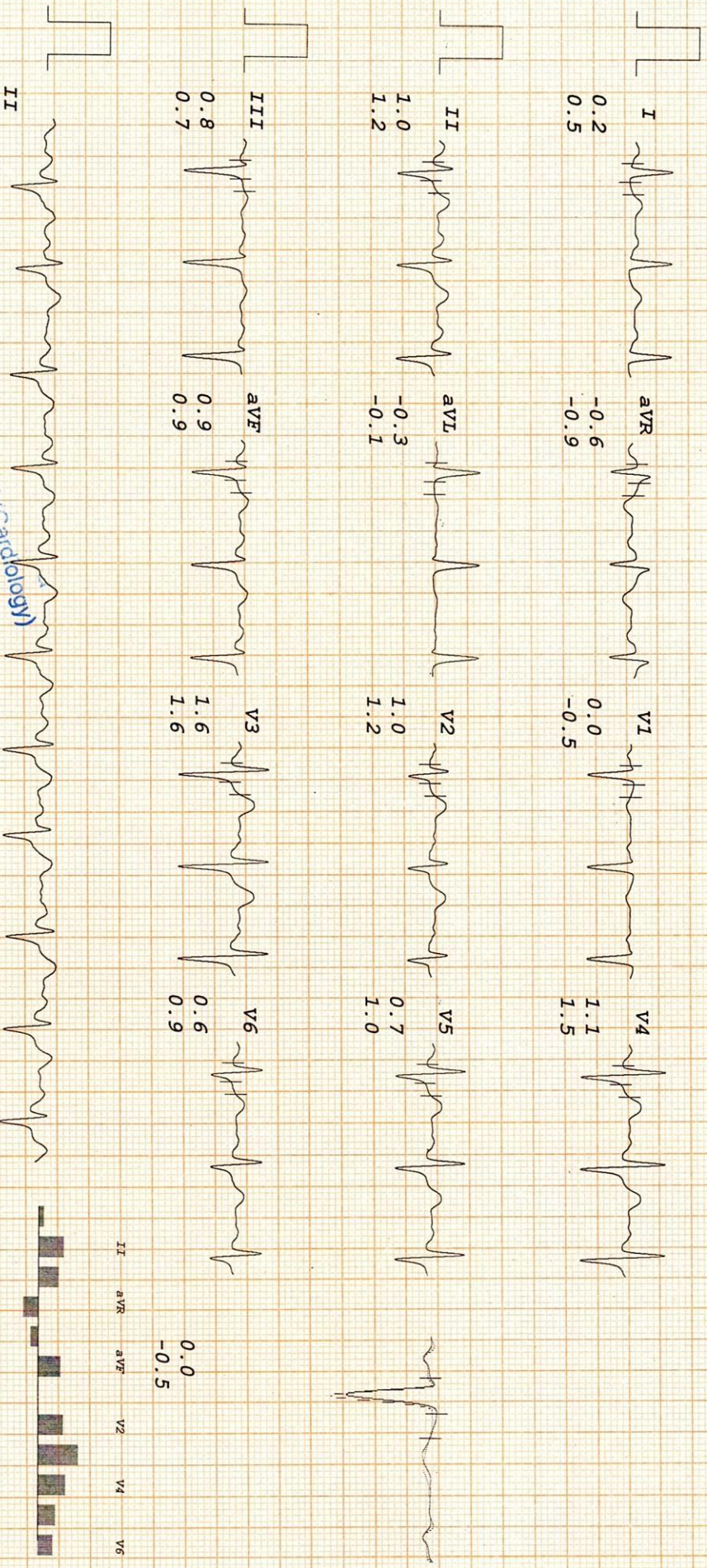
RATE 102bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 13:49
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



M.D.P.S. (M.D. Univ.) (Cardiology)
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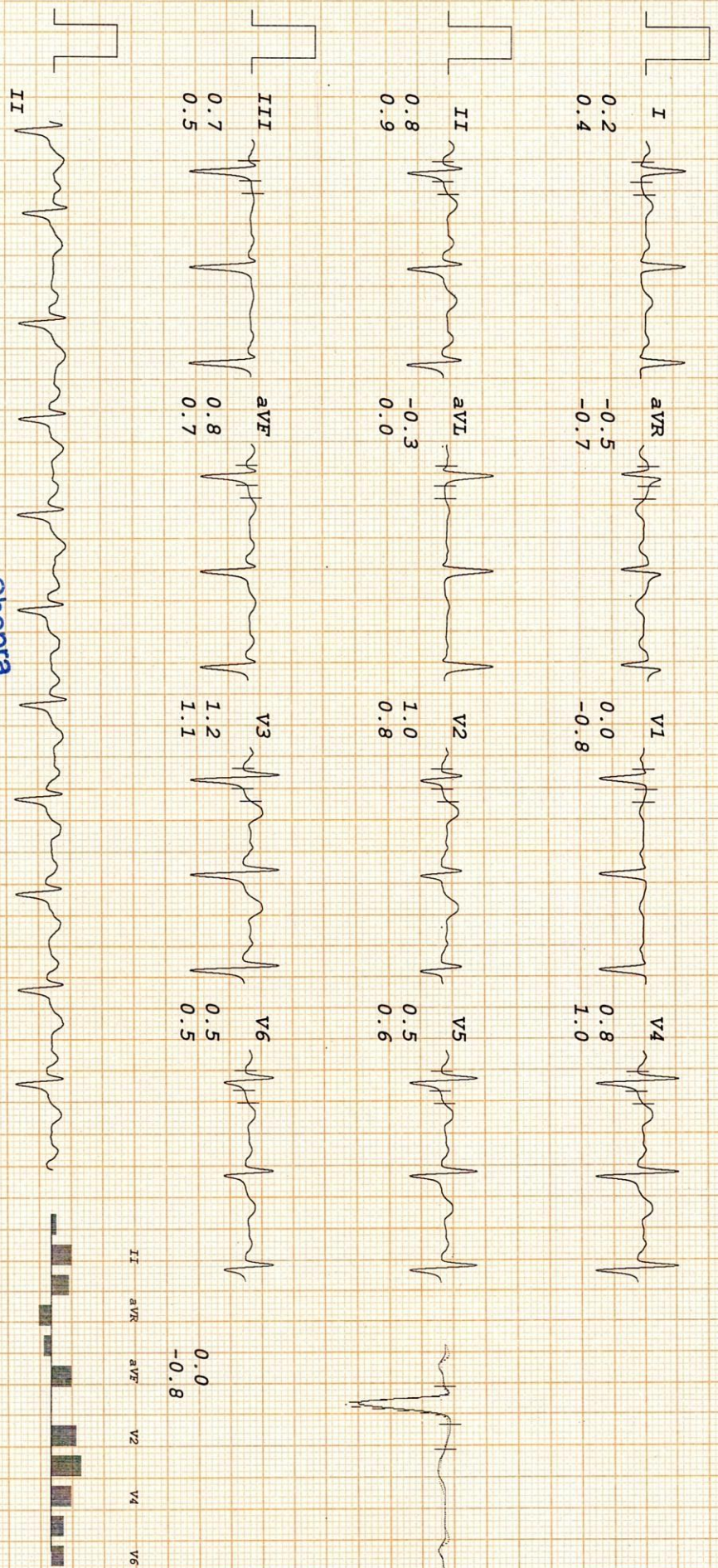
THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

BRUCE
 RECOVERY
 TOTAL TIME 14:49
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

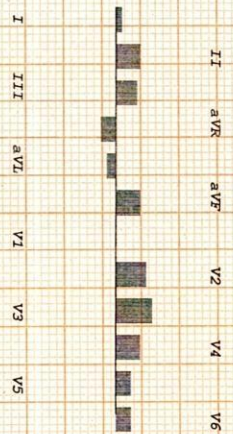
LINKED MEDIAN



V1

Mag. X 2

Dr. Karan Chopra
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THE DIAGNOSTIC & IMAGING CENTRE

MANOJ JAITLEY
 I.D. 1238
 Age 53/M
 Date 14-06-2021

RATE 97bpm
 B.P. 120/80

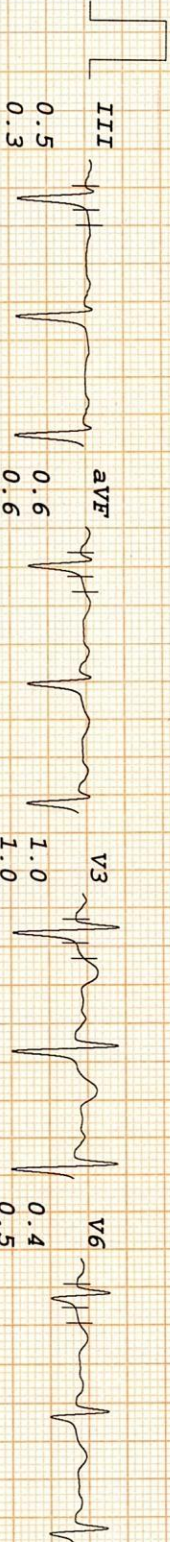
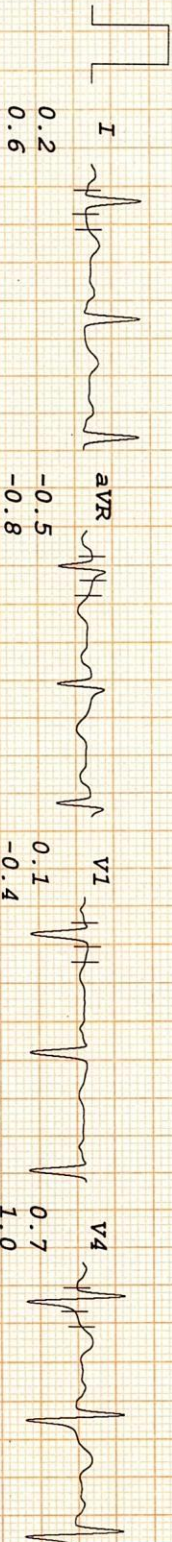
Bruce
 RECOVERY
 TOTAL TIME 15:49
 PHASE TIME 3:55

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2

V1



0.1
-0.4

II aVR aVF V2 V4 V6

I III aVL V1 V3 V5

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