

2/10/23

Mr Nishu Kumar Jha 41 M

Annual Health Check-up

NO I/O

2000 HCN. COPD

< Ray. NAD

TMT. Negative for RMI

ECG. Sinus Rhythm

R_u

T03 - Hepatitis * ↓ mmt
Night

General ENT - cur

A

A



PATIENT NAME:- MR. NAVIN KUMAR SAW
REF BY :- UNION BANK

AGE/SEX: 41YRS/M
DATE:- 23.09.2023

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 | 10.27X3.77cm | 11.42X4.41cm |
| CORTICAL ECHOGENICITY | Normal | Normal |
| CORTICOMEDULLARY DIFFERENTIATION | Maintained | Maintained |
| PCS | Not dilated | Not dilated |
| Any other remarks | Nil | Nil |

Urinary bladder - Distended & normal

Prostate: is enlarged in size measures weight 22.351 gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

GRADE - I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY


Apollo Clinic

LICENSEE - SAMRIDHI AROGYAM PVT LTD.

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

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

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

 **+91 96918 26363**

 **0771 4033341/42**

Patient Name : MR NAVIN KUMAR SAW
UHID/ MR No : 6853
Visit Date : 25/09/2023
Sample Collected On : 25/09/2023 04:06PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 26/09/2023 04:50PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 105 | 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
path

Page 6 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
 UHID/ MR No : 6853
 Visit Date : 25/09/2023
 Sample Collected On : 25/09/2023 04:06PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 41 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 26/09/2023 04:50PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) | | | |
| Glucose -Post prandial Method: REAGENT GRADE WATER | 89.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) | | | |
| Glucose- Fasting SUGAR REAGENT GRADE WATER | 74.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 1.0 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.6 | mg/dL | 2.6 - 7.2 |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 7


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
 UHID/ MR No : 6853
 Visit Date : 25/09/2023
 Sample Collected On : 25/09/2023 04:06PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 41 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 26/09/2023 04:50PM

BIO CHEMISTRY


| Investigation | Observed Value | Unit | Biological Reference Interval |
|-------------------------------------|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 145.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 85.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric | | | |
| HDL Cholesterol | 44.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric | | | |
| LDL Cholesterol | 84 | mg/dl | Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| Method: Spectrophotometric | | | |
| VLDL Cholesterol | 17 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.30 | | 3.5-5 |
| Method: Spectrophotometric | | | |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 2 of 7


DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
 UHID/ MR No : 6853
 Visit Date : 25/09/2023
 Sample Collected On : 25/09/2023 04:06PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 41 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 26/09/2023 04:50PM


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 | 24 | U/L | 0 - 40 |
| SGPT (ALT) Method: Spectrophotometric | 31 | U/L | 0 - 41 |
| ALKALINE PHOSPHATASE | 78 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.7 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.5 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.2 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 2.0 | % | 1.1 - 2.2 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 7


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
UHID/ MR No : 6853
Visit Date : 25/09/2023
Sample Collected On : 25/09/2023 04:06PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 26/09/2023 04:50PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|--|
| HbA1c (Glycosalated Haemoglobin) | 5.5 | % | Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5 |

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. 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%.

3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2. 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%.

3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated 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.

5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$

6. Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status

C. Heterozygous state dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
 UHID/ MR No : 6853
 Visit Date : 25/09/2023
 Sample Collected On : 25/09/2023 04:06PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 41 Y Male
 OP Visit No : OPD-UNIT-II-4
 Reported On : 25/09/2023 04:50PM

IMMUNO ASSAY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| PSA (PROSTATE SPECIFIC ANTIGEN) | | | |
| PSA (PROSTATE SPECIFIC ANTIGEN) (Serum) | 1.05 | ng/mL | 0.0 To 4.00 |

Note: 1. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 2. PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding,
 3. Immediate testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
 4. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

Clinical Use

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Pro

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 7 of 7


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR NAVIN KUMAR SAW
UHID/ MR No : 6853
Visit Date : 25/09/2023
Sample Collected On : 25/09/2023 04:06PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 26/09/2023 04:50PM

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 | 2-4 | /hpf | 0 - 5 |
| Epithelial Cell | 2-4 | /hpf | 0 - 5 |
| Crystals | Not Seen | /hpf | Not Seen |
| Bacteria | Not Seen | /hpf | Not Seen |
| Budding yeast | Not Seen | /hpf | |

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 NAVIN KUMAR SAW
 UHID/ MR No : 6853
 Visit Date : 25/09/2023
 Sample Collected On : 25/09/2023 04:06PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 41 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 26/09/2023 04:50PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 13.9 | gm/dl | 12 - 17 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.58 | mill/cu.mm | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 41.70 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 91.0 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 30.3 | pg | 26 - 34 |
| MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER | 33.3 | g/dl | 32 - 35 |
| RDW (Red Cell Distribution Width) Method: CELL COUNTER | 12.8 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 7.41 | cells/cumm | 3.50 - 10.00 |
| Neutrophils Method: CELL COUNTER | 64 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 28 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 02 | % | 1-6% |
| Monocytes Method: CELL COUNTER | 06 | % | 4.0 - 12.0 |
| Basophils Method: CELL COUNTER | 00 | % | 0.0 - 2.0 |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 5 of 7


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Hareesh Kumar Saw

2/8/23

41/M

Pt complains of sensitivity in lower arch.

H/O of RCT \bar{c} $\frac{st}{st}$

O/E \rightarrow Stains +

Buccal Caries \bar{c} $\frac{st}{st}$

Generalised Attrition

Adv \rightarrow Re RCT \bar{c} $\frac{st}{st}$

restoration \bar{c} $\frac{st}{st}$

R/d \rightarrow Enamel Tooth Paste

yes



NAME OF PATIENT: MR. NAVIN KUMAR SAW

AGE 41YRS / MALE

REFERRED BY: UNION BANK

DATE: 23/09/2023.

CHEST X - RAY PA VIEW

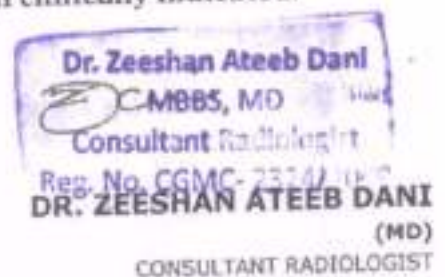
FINDINGS:

- 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.

23-09-2023 11:18:38 AM

ID: 766

MR NAVIN KUMAR SAW
Male 41Ycars

Diagnosis Information:

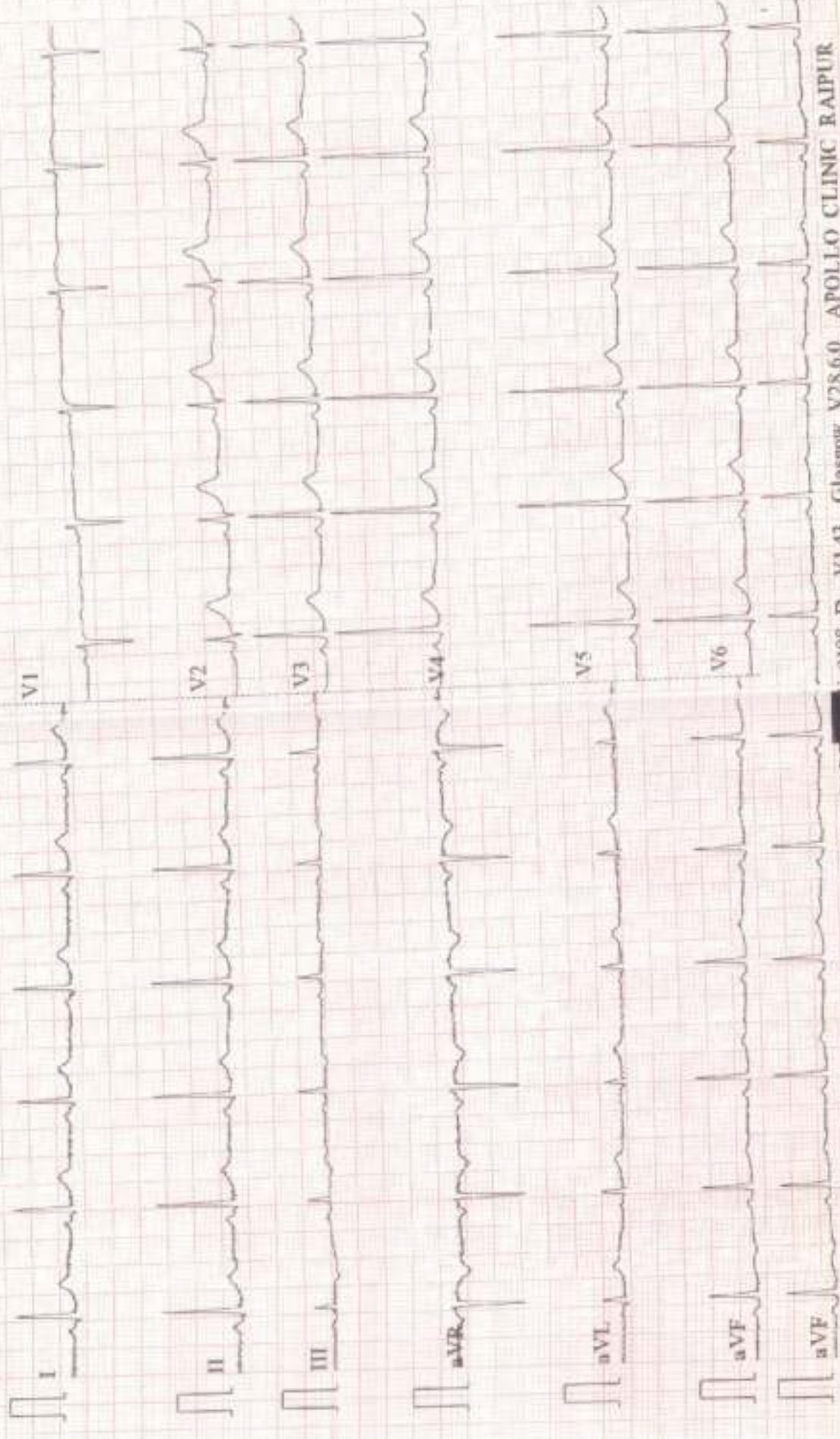
Sinus rhythm
Normal ECG

| | | |
|---------|-------------|-----|
| HR | 70 | bpm |
| P | 88 | ms |
| PR | 120 | ms |
| QRS | 84 | ms |
| QT/QTc | 380/410 | ms |
| PQRST | 50/48/27 | ° |
| RV5:SV1 | 2.005/0.863 | mV |



Dr. Ankit Sharma
MD Medicine
Reg. No.- CGMC 7971/2018
Apollo Clinic, Raipur

Report Confirmed by:





| Stage | Time | Duration | Belt Speed (kmph) | Elevation | METS | Rate | %THR Achieved | BP | RPP | PVC | Comments |
|---------------|-------|----------|-------------------|-----------|------|------|---------------|--------|-----|-----|----------|
| Standing | 00:20 | 0:03 | 02.7 | 10.0 | 01.1 | 81 | 45% | 130/80 | 105 | 00 | |
| ExStart | 00:23 | 0:06 | 02.7 | 10.0 | 01.1 | 80 | 45% | 130/80 | 104 | 00 | |
| BRUCE Stage 1 | 03:23 | 3:00 | 02.7 | 10.0 | 04.7 | 136 | 76% | 132/80 | 179 | 00 | |
| BRUCE Stage 2 | 06:23 | 3:00 | 04.0 | 12.0 | 07.1 | 159 | 87% | 134/84 | 209 | 00 | |
| PeakEx | 08:42 | 0:19 | 06.5 | 14.0 | 07.4 | 160 | 88% | 134/84 | 214 | 00 | |
| Recovery | 07:11 | 0:29 | 00.8 | 00.0 | 04.2 | 161 | 90% | 134/84 | 215 | 00 | |
| Recovery | 07:41 | 1:00 | 00.8 | 00.0 | 01.2 | 136 | 76% | 134/84 | 182 | 00 | |
| Recovery | 08:28 | 1:46 | 00.0 | 00.0 | 01.0 | 119 | 66% | 134/82 | 159 | 00 | |

Findings :

Exercise Time : 06:20
 Max HR Attained : 161 bpm 90% of Target 179 (Sys) 134/84
 Max BP Attained : 7.4 Fair response to induced stress
 Max Workload Attained : Test Complete. Heart Rate Achieved
 Test End Reasons :

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



03545114007 20/09/2023/10:05:00am

Doctor : DR DEEPAN DAS MBBS DIP.CARDIO



4X

80 ms Post J

RI: 0.2
RII: 0.2

VI: -0.2
VII: 0.1

II: 0.6
III: 0.2

V1: 0.3
V2: 0.4

RI: 0.2
RII: 0.1

V3: 0.7
V4: 0.8

avR: -0.4
avL: -0.1
avF: -0.2

V5: 0.8
V6: 0.4

avC: 0.0
avD: 0.1

V5: 0.4
V6: 0.1

avF: 0.4
avG: 0.0

V6: 0.4
V7: 0.1

REMARKS:

33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 80

Date: 23-Sep-2023 11:56:07 AM METS: 1.1/ 80 bpm 44% of THR

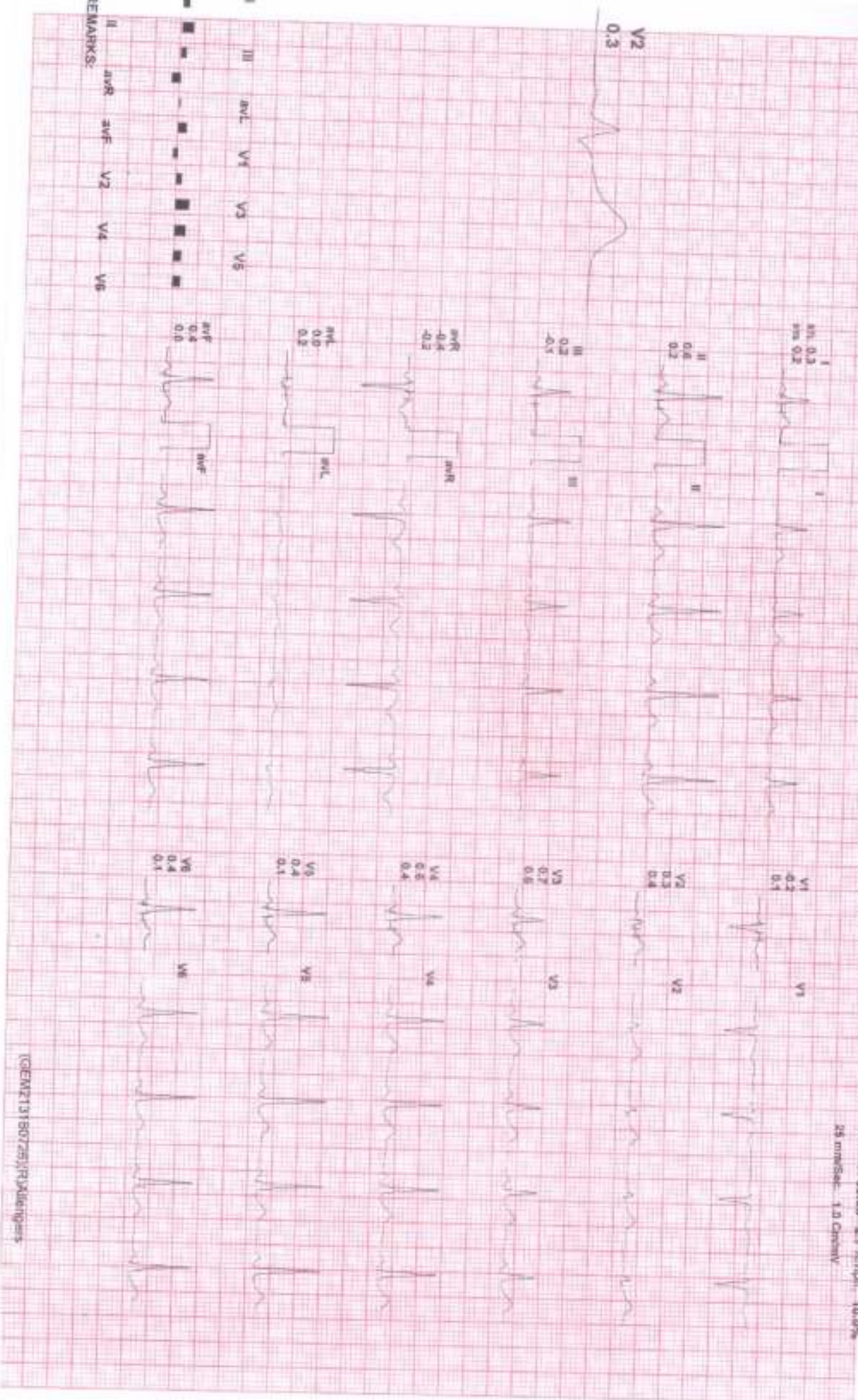
BP: 130/80 mmHg

4X 80 ms Post J

Combined Mediana/ BLC QW Notch Cm/ Hr/ Hr 0.05 Hz/ L.F. 20 Hz

ExTime: 00:05 2.7 Km/Ph 10.0%
25 mm/Sec 1.0 Cm/Div

ExStart



REMARKS:

Allengers

BRUCE: Stage 1(3:00)

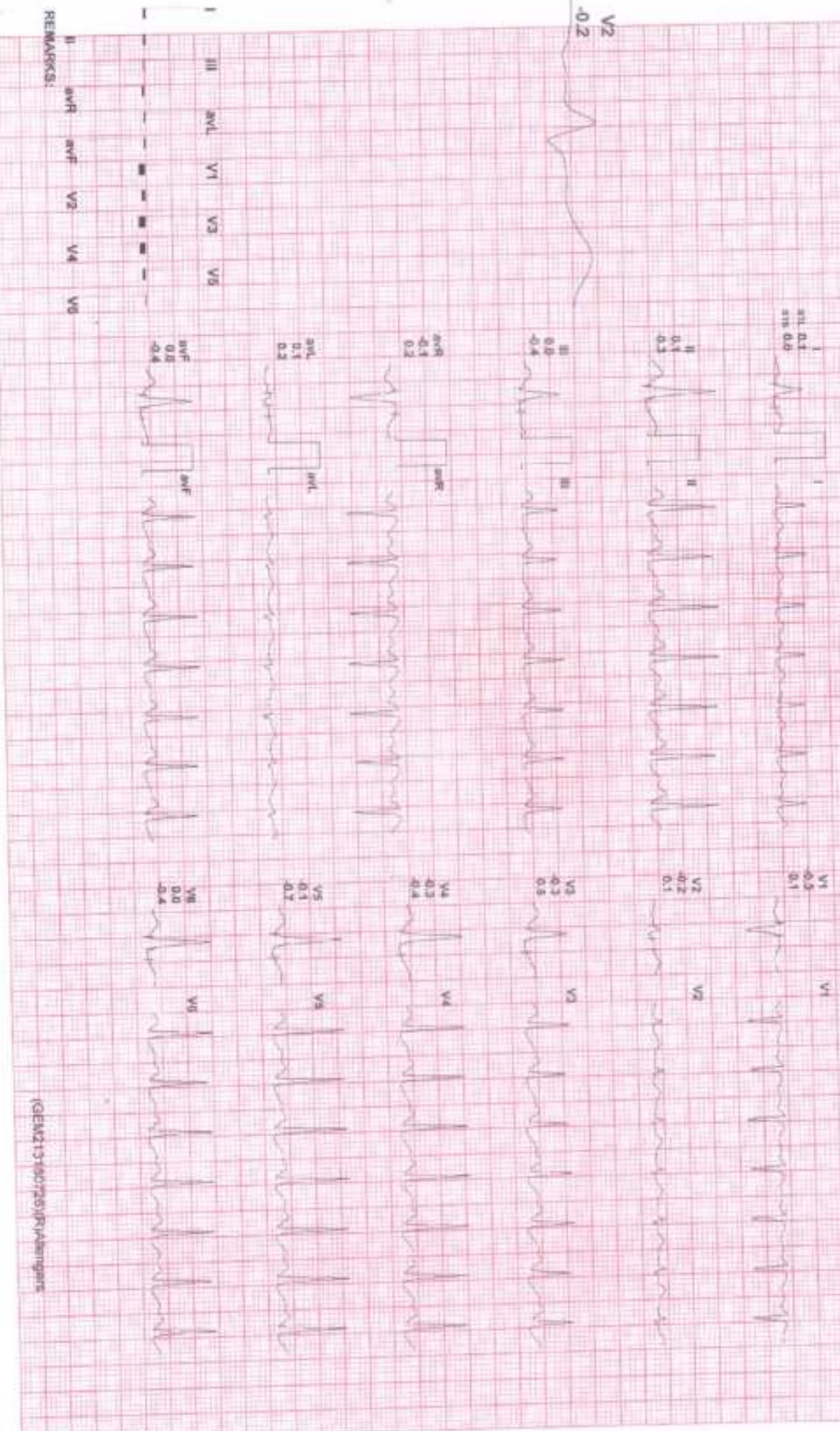


33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 136

Date: 23-Sep-2023 11:56:07 AM METS: 4.71 / 136 bpm 75% of THR BP: 132/80 mmHg Combined Mediane/ BLC On/ Notch On/ HF: 0.05 HxULF: 20 Hz

4X 60 mm Post J

ExTime: 03:00 2.7 Kripph, 10.0%
28 mm/Sec, 1.0 Cm/Div



REMARKS:

(GEN113100726)PRVAllengers



33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 160

Date: 23-Sep-2023 11:56:07 AM METS: 7.4/ 160 bpm 89% of THR BP: 134/84 mmHg Combined Medians/ BLC On/ Netch On/ HF: 0.05 Hz/ F 20 Hz

EXTime: 06:19 5.5 Kmph, 14.0%
25 mm/Sec, 1.0 Cal/cmV

4X 18 mV Post J

RR: 1.0
PR: 0.8



VI 0.2
V1 2.2



R 2.5
S 2.5
RS 4.5



V2 1.0
V1 0.1



RI -0.5
RII 0.2



V3 2.1
V4 2.4



aVR -1.6
aVL 2.7



V4 2.0
V5 5.0



aVL 0.1
aVF 0.3



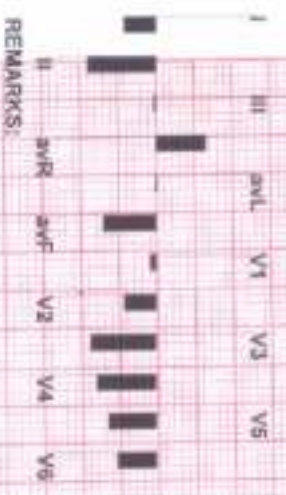
V6 1.5
V5 5.0



aVF -1.7
aVL 4.3



V6 1.3
V5 5.8



REMARKS:



33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 161

Date: 23-Sep-2023 11:56:07 AM METS: 4.2/ 161 bpm 89% of THR BP: 134/84 mmHg Combined Medication/ BLC On/ Nocti On/ HF: 0.05 Hz/LF: 20 Hz

ExTime: 06:20 0.9 Km/ph, 0.0%

4X 60 ms Post J

25 mm/sec 1.8 Cm/mV

I
0.2
0.2
0.5



V1
0.5
0.2



II
0.2
0.2
0.5



V2
0.5
0.2



III
0.5
0.5



V3
0.5
1.1



aVR
-0.2
-0.2
-0.7



V4
-0.2
0.8



aVL
0.0
0.0
0.2



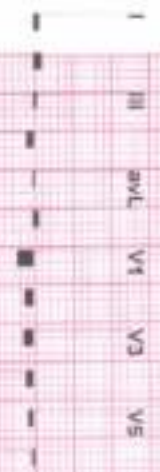
V5
-0.1
0.2



aVF
0.2
0.2
0.5



V6
0.1
0.3



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

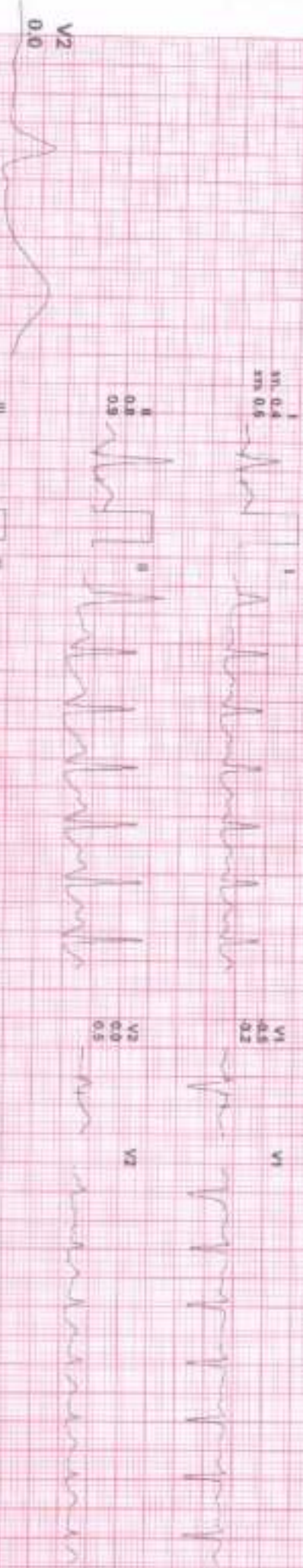
33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 136



Date: 23-Sep-2023 11:58:07 AM METS: 1.2/ 136 bpm 75% of THR BP: 134/84 mmHg Combined Mediana/ BLC Div/ Notch On/ HF: 0.05 Hz/ F: 20 Hz

ExTime: 08:20 0.8 Km/h 0.00% 28 min/Sec: 1.0 Cm/hv

4X 60 ms Post J



REMARKS:



33 / ME NAVIN / 41 Yrs / M / 173 Cms / 76 Kg / HR : 119

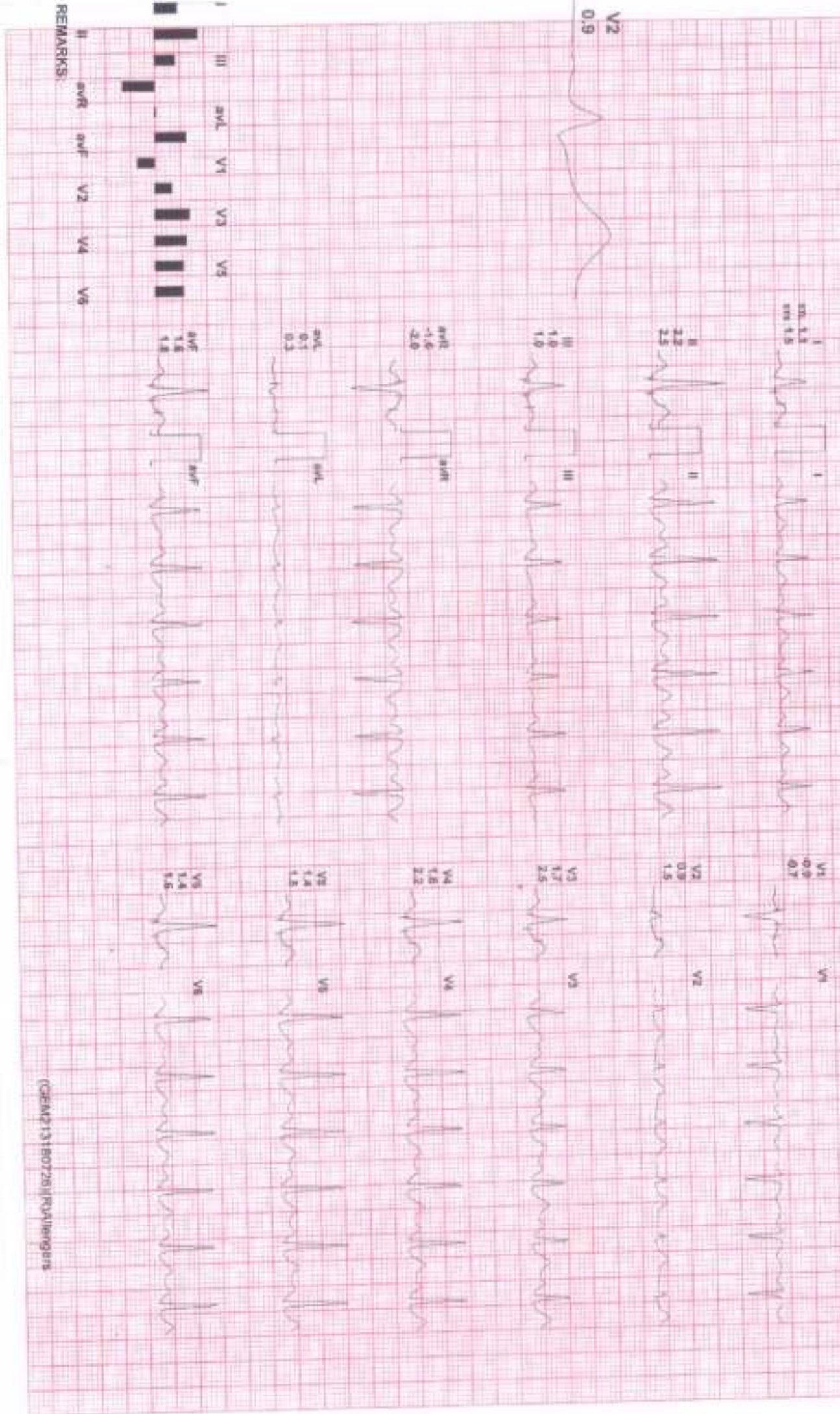
Date: 23-Sep-2003 11:56:07 AM METS: 1.0/ 119 bpm 66% of THR BP: 134/82 mmHg Combined Medication/ ECG Dev/ Natch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 06:20 0.0 Kmph. 0.0%

4X 60 min Post J

25 minSec 1.0 Cm/Min

V2
0.9



REMARKS:

(GEM2 13180726) Ravi Allengers