

Radiology No.	: 3220/OPDPB23DL	Date	: 27-Aug-2023
Patient Name	: Mr. VIKASH KUMAR	Age/Sex	: 35Y Male
Guardian Name	:	UHID No.	: 3593/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7070000257

ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size (13cm in RML) contour and 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 .**Concretions are seen wide spread in the kidney.**
No mass or hydronephrotic changes seen.

Right kidney measures- 102 x 48mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .**Concretions are seen wide spread in the kidney**
No mass or hydronephrotic changes seen.

Left kidney measures-96 x 50mm.

Renal artery pulsation appear normal.



Dr Harshita Surange
MBBS,DMRD(RADIODIAGNOSIS)
DIPLOMA IN MSK,UCAM(Spain)
Reg.No. MCI/16522,DMC/18402



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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 30 x 40 x 33mm which is equal to 21gms.

Impression : Bilateral renal concretions.

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Vikas/H

Male 35Y ears

Req. No. :

Diagnosis Information:

Sinus rhythm

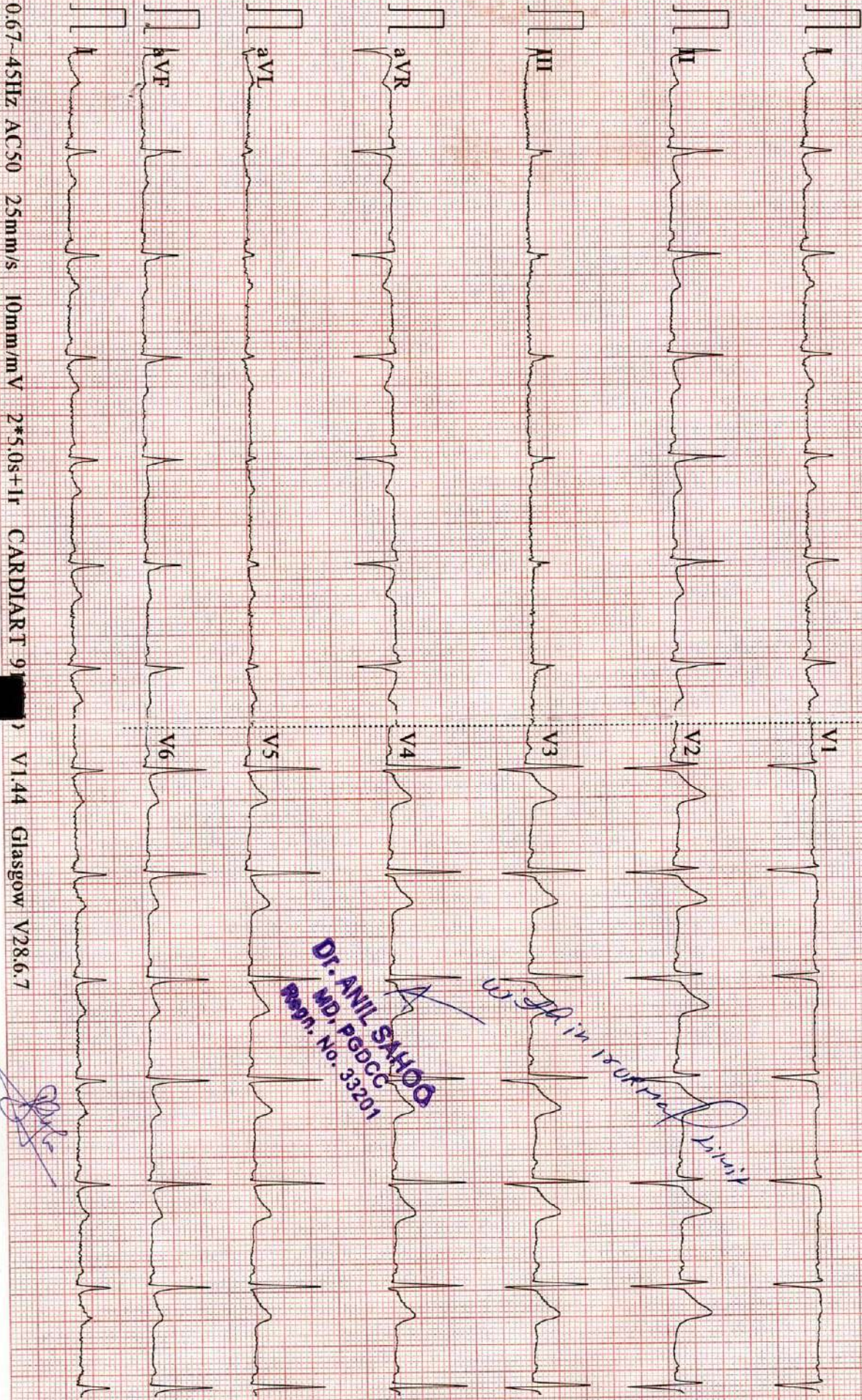
Normal ECG

HR	: 78	bpm
P	: 92	ms
PR	: 136	ms
QRS	: 88	ms
QT/QTcBz	: 356/406	ms
P/QRS/T	: 19/52/32	°
RV5/SV1	: 1.314/0.823	mV


Report Confirmed by:

with HR in 150KHz

Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 33201



[Signature]

Patient Name : Mr. VIKASH KUMAR	Reg No. : 3593/UHID23DL	Lab ID. : 3226/OPDPB23DL
Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 09.51
Refd. By : Dr. .		Received : 27-Aug-2023 09.52
Sample Type : EDTA whole blood	Sample ID : 232658	Report : 27-Aug-2023 15.05

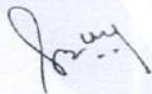
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	14.8	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	6.9	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	29	%	20-45	Electrical impedance
Eosinophil	06	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	5.81	mili/cmm	3.8-5.5	Electrical impedance
PCV	45	%	35-45	Calculated
MCV	78.20	Fl	80-100	Calculated
MCH	25.6	Picogram	27.5-33.2	Calculated
MCHC	32.70	gm/dl	32-36	Calculated
PLATELET COUNT	158	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected :27-Aug-2023 09.04
Refd. By : Dr. .		Received :27-Aug-2023 09.04
Sample Type : EDTA whole blood	Sample ID : 232655	Report :27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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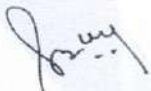
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"B"
"POSITIVE"

Manual
Manual

-----End of Report-----




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 08.58
Refd. By : Dr. .		Received : 27-Aug-2023 08.58
Sample Type : EDTA whole blood	Sample ID : 232653	Report : 27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HEAMOTOLOGY</u>				
HBA1C (GLYCOSYLATED HB)	5.8	%	4-6	PEIT

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

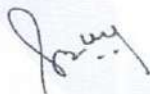
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

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 within 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.

-----End of Report-----




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 08.58
Refd. By : Dr. .		Received : 27-Aug-2023 08.58
Sample Type : Serum	Sample ID : 232653	Report : 27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	22.4	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	6.00	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.70	g/dl	2.3-3.5	
A/G RATIO	1.63	g/dl		
Calcium	9.5	mg/dl	8.6-10.2	Arsenazo
Sodium	140.2	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.1	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	258.00	mg/dl	123-199	CHOD-PAP
Triglycerides	327.2	mg/dl	40-160	Gpo
HDL Cholesterol Direct	40.6	mg/dl	35.3-79.5	Direct
Vldl	65	mg/dl	4.7-22.1	
LDL Cholesterol Direct	152.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	6.4		0.0-4.97	
LDL/HDL Ratio	3.7		0.0-3.55	

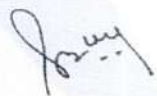
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

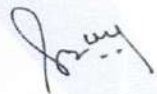
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.86	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.29	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.57	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.70	g/dl	2.3-3.5	
A/G RATIO	1.63	g/dl		
SGOT	23	U/L	0-35	IFCC
SGPT	27	U/L	0.0-45	IFCC
Gamma GT	33.0	U/L	0-55	Glupa-c
Alkaline Phosphatase	142	U/L	53-128	Amp

-----End of Report-----




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Mobile No. : 7070000257	Manual No.	Collected :27-Aug-2023 08.58
Refd. By : Dr. .		Received :27-Aug-2023 08.58
Sample Type : Serum	Sample ID : 232653	Report :27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3 1.15 ng/dl CLIA

All values

Adults (euthyroid) 0.50-2.00

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

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 8.20 µg/dl CLIA

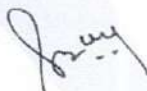
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2st Trimester 8.92-17.38

3st Trimester 7.98-17.70




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 08.58
Refd. By : Dr. .		Received : 27-Aug-2023 08.58
Sample Type : Serum	Sample ID : 232653	Report : 27-Aug-2023 15.05

TSH 2.76 μ IU/ml CLIA

Adults

21-100 yrs 0.42 - 5.45

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

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

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

-----End of Report-----




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected :27-Aug-2023 08.58
Refd. By : Dr. .		Received :27-Aug-2023 08.58
Sample Type : URINE	Sample ID : 232653	Report :27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

**URINE ROUTINE
MICROSCOPY**

PHYSICAL EXAMINATION

QUANTITY	30.00	ml	10-30
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		1.015-1.025
PH	6.0		5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/hpf	NIL	MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----




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Patient Name : Mr. VIKASH KUMAR	Reg No. : 3593/UHID23DL	Lab ID. : 3222/OPDPB23DL
Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 09.04
Refd. By : Dr. .		Received : 27-Aug-2023 09.04
Sample Type : Serum	Sample ID : 232655	Report : 27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BUN	10.46	mg/dl	6-20	Urease-Gldh
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BIOCHEMISTRY

-----End of Report-----




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Age / Gender : 35Y / Male	Date : 27-Aug-2023	
Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 09.04
Refd. By : Dr. .		Received : 27-Aug-2023 09.04
Sample Type : Plasma(Sodium fluoride)	Sample ID : 232655	Report : 27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>BIOCHEMISTRY</u>				
BLOOD SUGAR FASTING	100.0	mg/dl	74-100	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

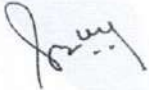
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




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Sample Type : Plasma(Sodium fluoride)	Sample ID : 232655	Report : 27-Aug-2023 15.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
Blood Sugar PP	115.9	mg/dl	70-150	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

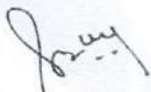
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in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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BOOK APPOINTMENT



Radiology No. : 3220/OPDPB23DL**Patient Name** : Mr. VIKASH KUMAR**Guardian Name** :**Referred By** : Dr. .**Date** : 27-Aug-2023**Age/Sex** : 35Y Male**UHID No.** : 3593/UHID23DL**Mobile No.** : 7070000257**X-RAY CHEST****Indication:** Routine check-up.**Image quality:-**

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.**Cardiac:-** Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

Dr. Harshita Surange
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DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





R

भारत सरकार
Government of India

आधार
Aadhaar

Issue Date: 11/10/2014

विकाश कुमार
Vikash Kumar
जन्म तिथि / DOB : 10/05/1988
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9464 7196 6412

मेरा आधार, मेरी पहचान

[Handwritten signature]

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR


पता: एसओ राम छबीला शर्मा, विलेज पिपरा
दुबे पो शरीस्वा बाजार, पीएस मंझोलिया, प्राइमरी
गवर्नमेंट विद्यालय, बेटिया, पिपरा दुबे, पश्चिमी
चम्पारण, बिहार, 845454

Print Date: 29/03/2023

Address: SO RAM CHHABILA SHARMA,
VILL PIPRA DUBEY PO SHARISWA
BAZAR, PS MANJHOLIYA, PRIMARY
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Mobile No. : 7070000257	Manual No.	Collected : 27-Aug-2023 08.58
Refd. By : Dr. .		Received : 27-Aug-2023 08.58
Sample Type : Serum	Sample ID : 232653	Report : 27-Aug-2023 19.39

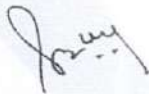
TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY				
PSA TOTAL	0.50	ng/ml	0-4.1	
				< 4.1
				0-40 yrs : < 1.4
				41-50 yrs : < 2.0
				51-60 yrs : < 3.1
				61-70 yrs : <4.1
				71-100 yrs : <4.4

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 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.

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



BOOK APPOINTMENT



IPSC PAIN AND SPINE HOSPITAL
PLOT-453 NEAR SBI BANK SECTOR-19
DWARAKA NEW DELHI-110075, PH: 9555437357

VIKASH KUMAR
 ID : 2958
 DATE : 27-08-2023
 AGE/SEX : 35 / M
 HT/WT : 0 / 0
 REF. BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 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					76	120 / 80	91	1.2	0.8	0.8	
STANDING					85	120 / 80	102	1.5	1.5	0.7	
HYPERVENT					82	120 / 80	98	1.4	1.8	0.4	
Stage 1	2:55	0:34	2.7	10	122	130 / 80	158	1.2	2	0.4	4.67
Stage 2	5:55	2:55	4	12	129	140 / 80	180	-0.2	1	1.1	7.04
Stage 3	8:55	2:55	5.4	14	159	150 / 80	238	-0.2	-0.3	-0.3	9.92
PK-EXERCISE	9:14	0:14	6.7	16	168	150 / 80	252	0.2	-1	-1.1	10.31
RECOVERY	10:29	0:55			129	150 / 80	193	-0.6	0.1	1.2	
RECOVERY	11:29	1:55			116	140 / 80	162	-0.3	-0.3	0.7	
RECOVERY	12:29	2:55			101	130 / 80	131	-0.4	-0.2	0.5	
RECOVERY	13:8	3:34			98	120 / 80	117	-0.2	0	0.5	

RESULTS

EXERCISE DURATION : 9:14
 MAX HEART RATE : 168 bpm
 MAX BLOOD PRESSURE : 150 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,
 MAX WORK LOAD : 10.31 METS

Dr. ANIL SAHOO
 MD, Peds
 Regn. No. 33201

Technician :

VIKASH KUMAR
 I.D. 2958
 Age 35/M
 Date 27-08-2023

RATE 76bpm
 B.P. 120/80

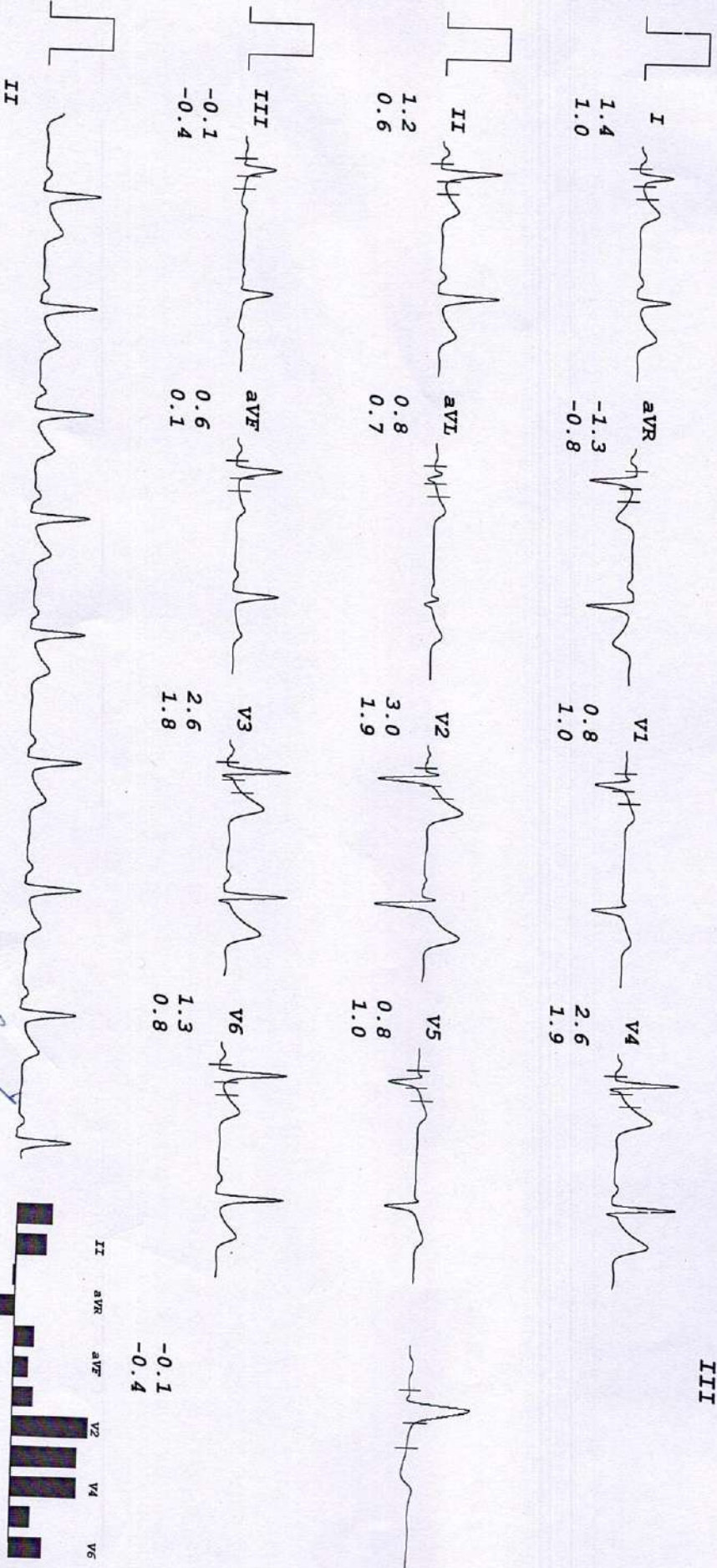
PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

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LINKED MEDIAN

Mag. X 2



Dr. AMIL SAHOO
 MD, PGCC
 Reg. No. 33201

V3
 V5

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VIKASH KUMAR

I.D. 2958

Age 35/M

Date 27-08-2023

RATE 85bpm
B.P. 120/80

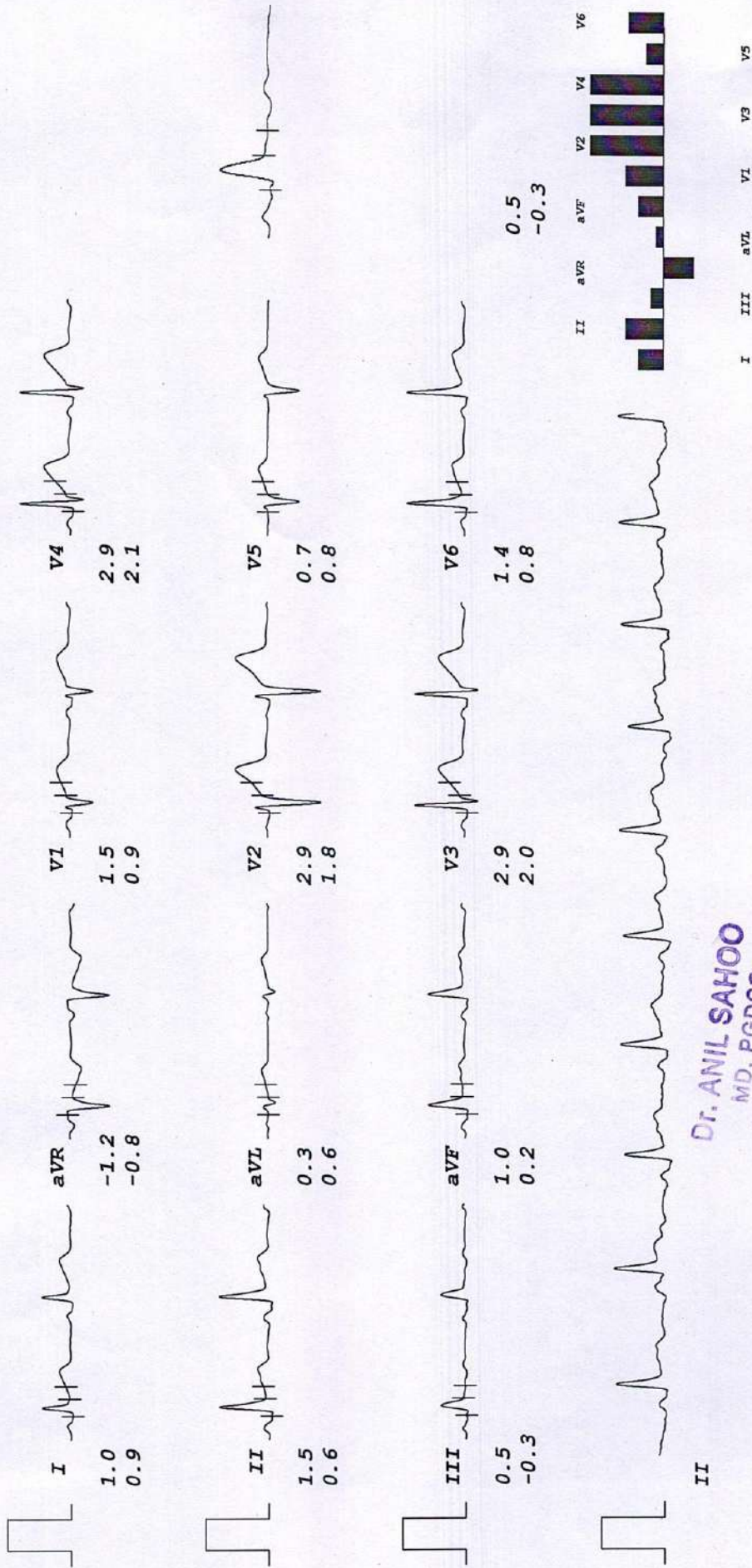
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 33201

IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR
 I.D. 2958
 Age 35/M
 Date 27-08-2023

RATE 82bpm
 B.P. 120/80

PRETEST
 HYPERVENT

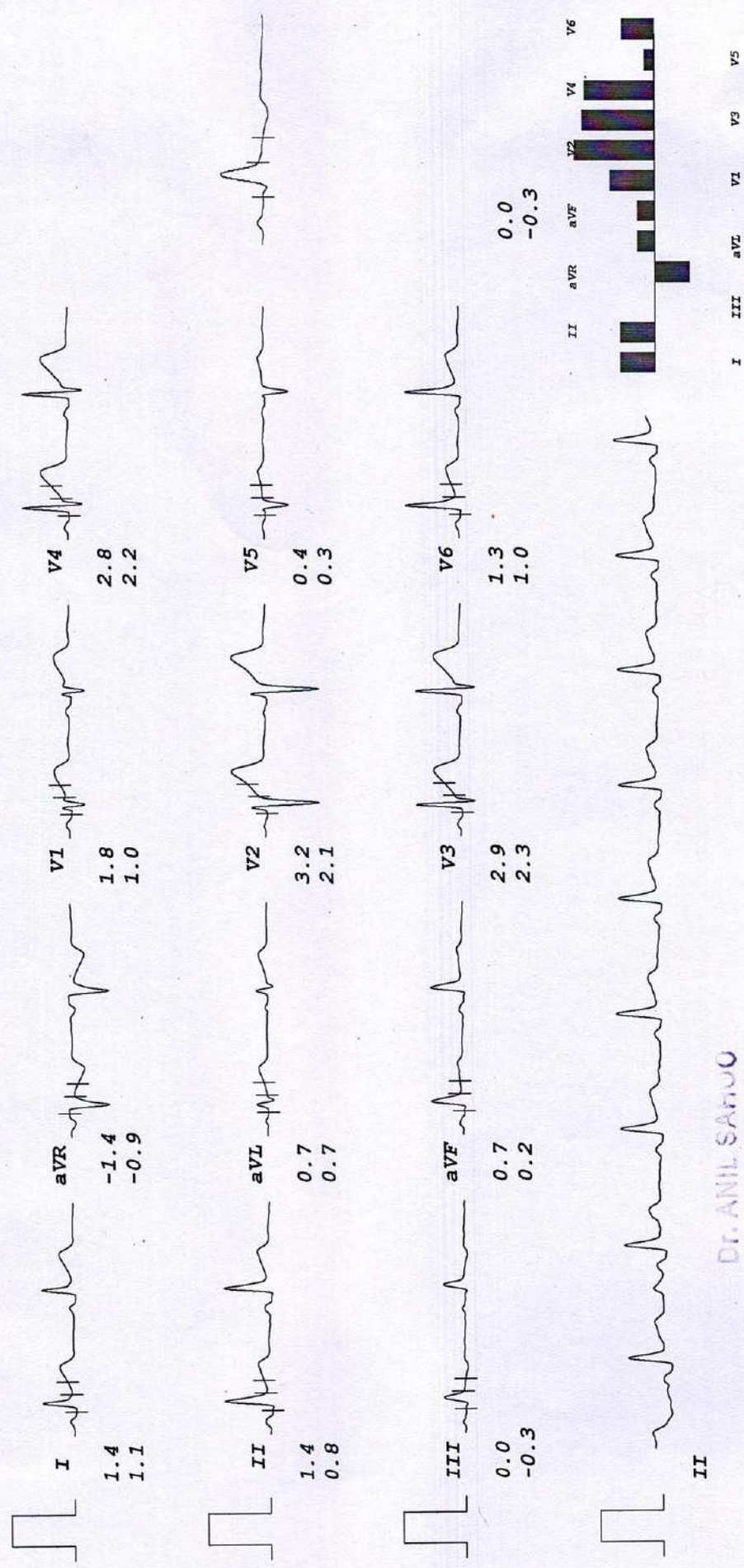
PHASE TIME 0:34

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. ANIL SAHU
 MD, PGDCC
 Regn. No. 33201

IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR

I.D. 2958

Age 35/M

Date 27-08-2023

Bruce

Stage 1

RATE 122bpm

B.P. 130/80

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

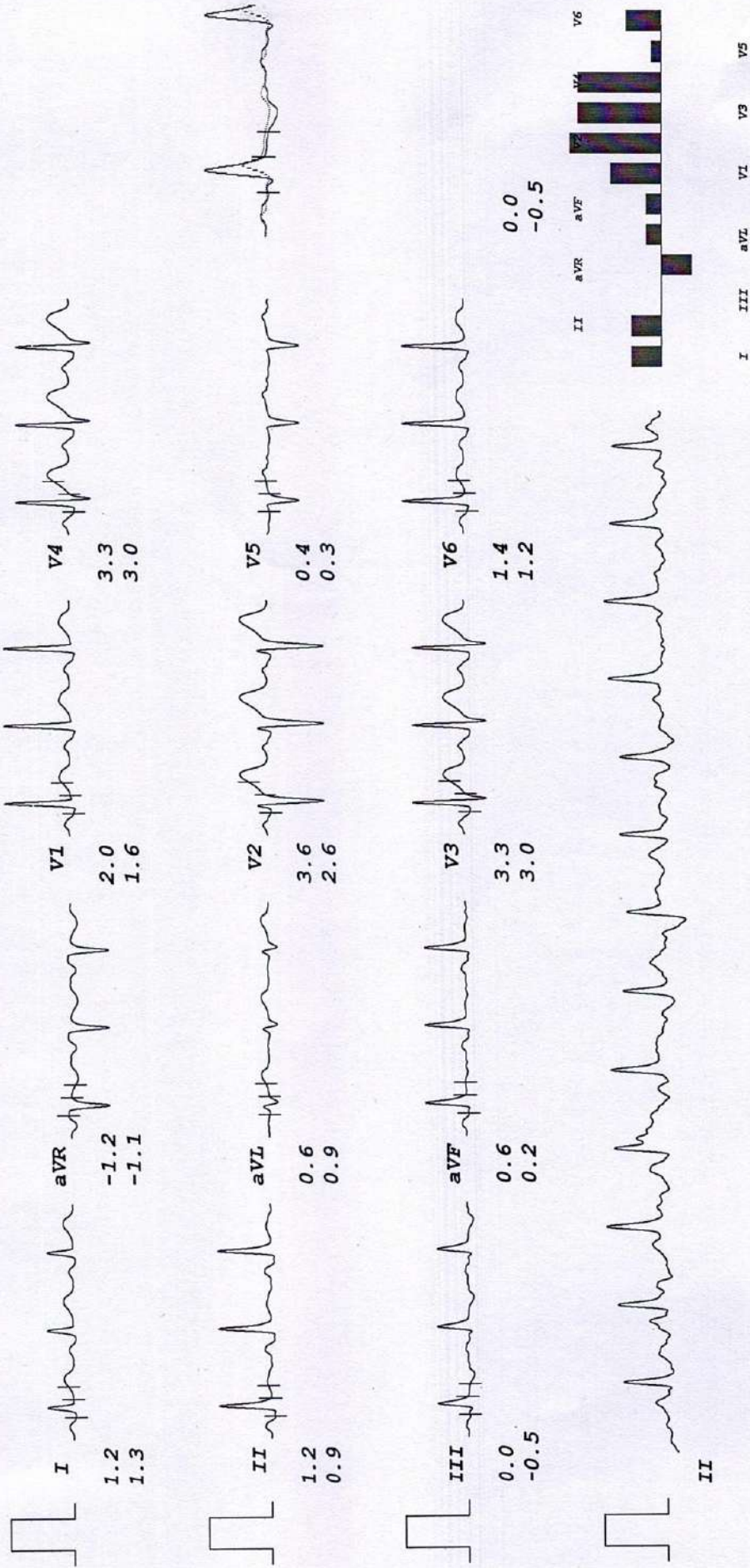
Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. x 2

III



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VIKASH KUMAR
I.D. 2958
Age 35/M
Date 27-08-2023

RATE 130bpm
B.P. 140/80

Bruce

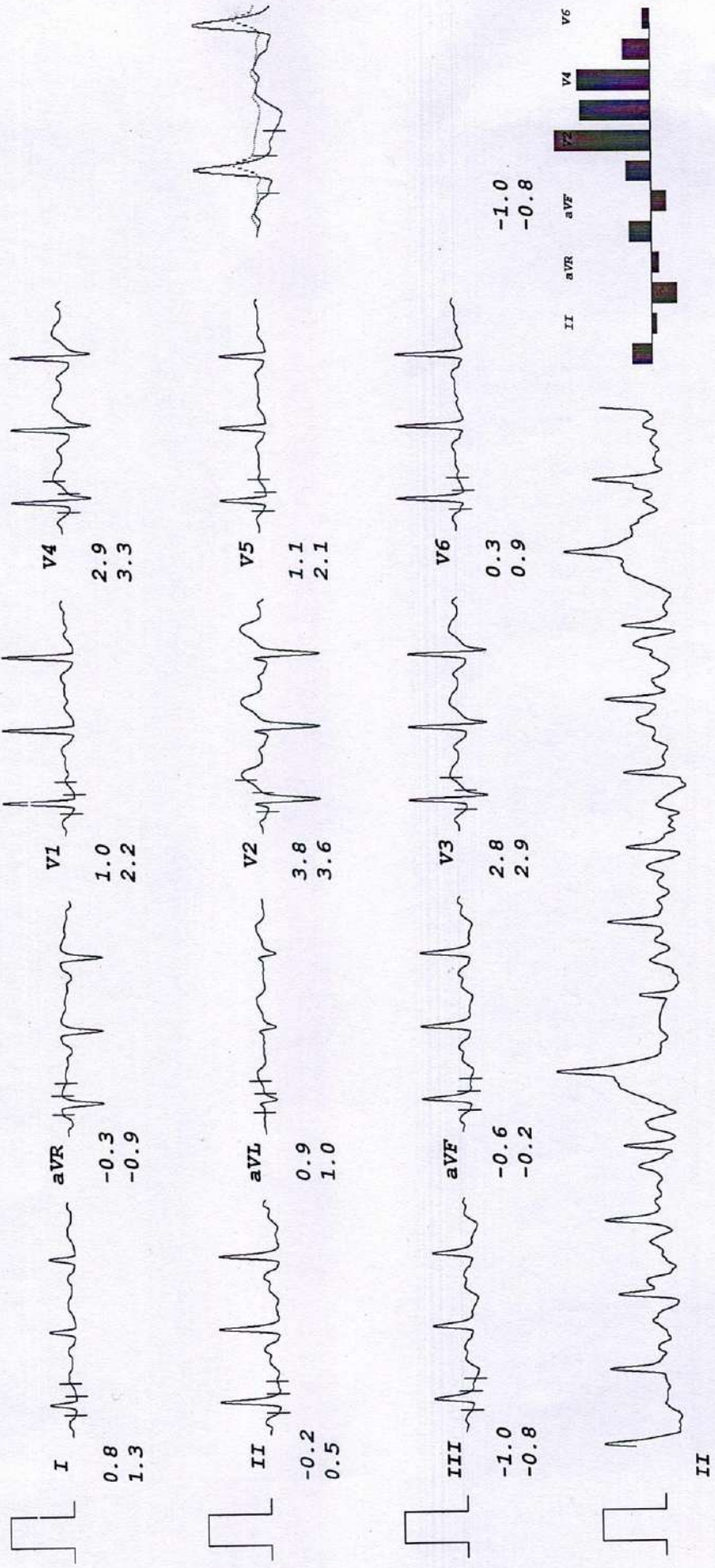
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

III



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VIKASH KUMAR
I.D. 2958
Age 35/M
Date 27-08-2023

RATE 159bpm
B.P. 150/80

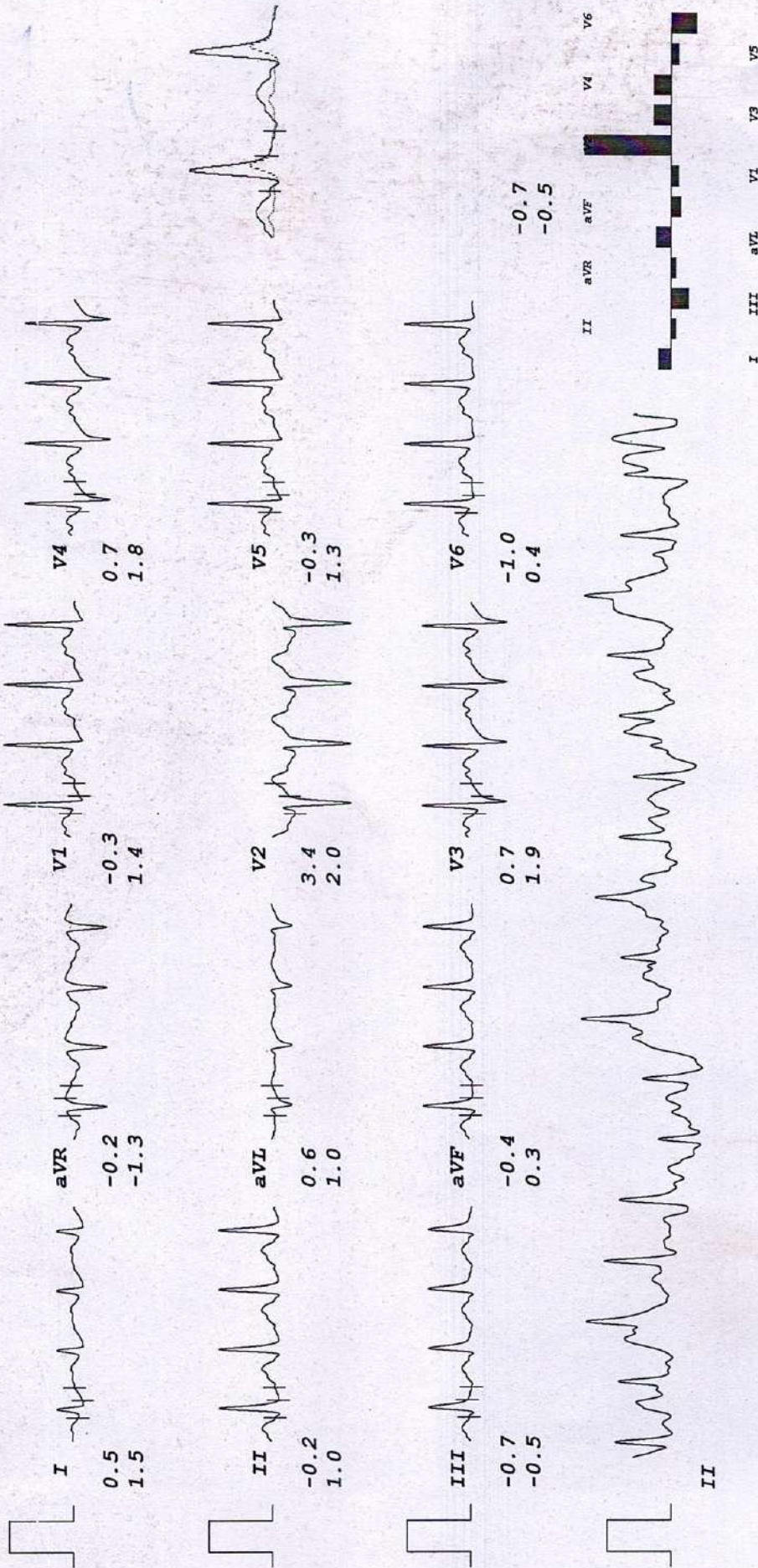
Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR
I.D. 2958
Age 35/M
Date 27-08-2023

RATE 168bpm
B.P. 150/80

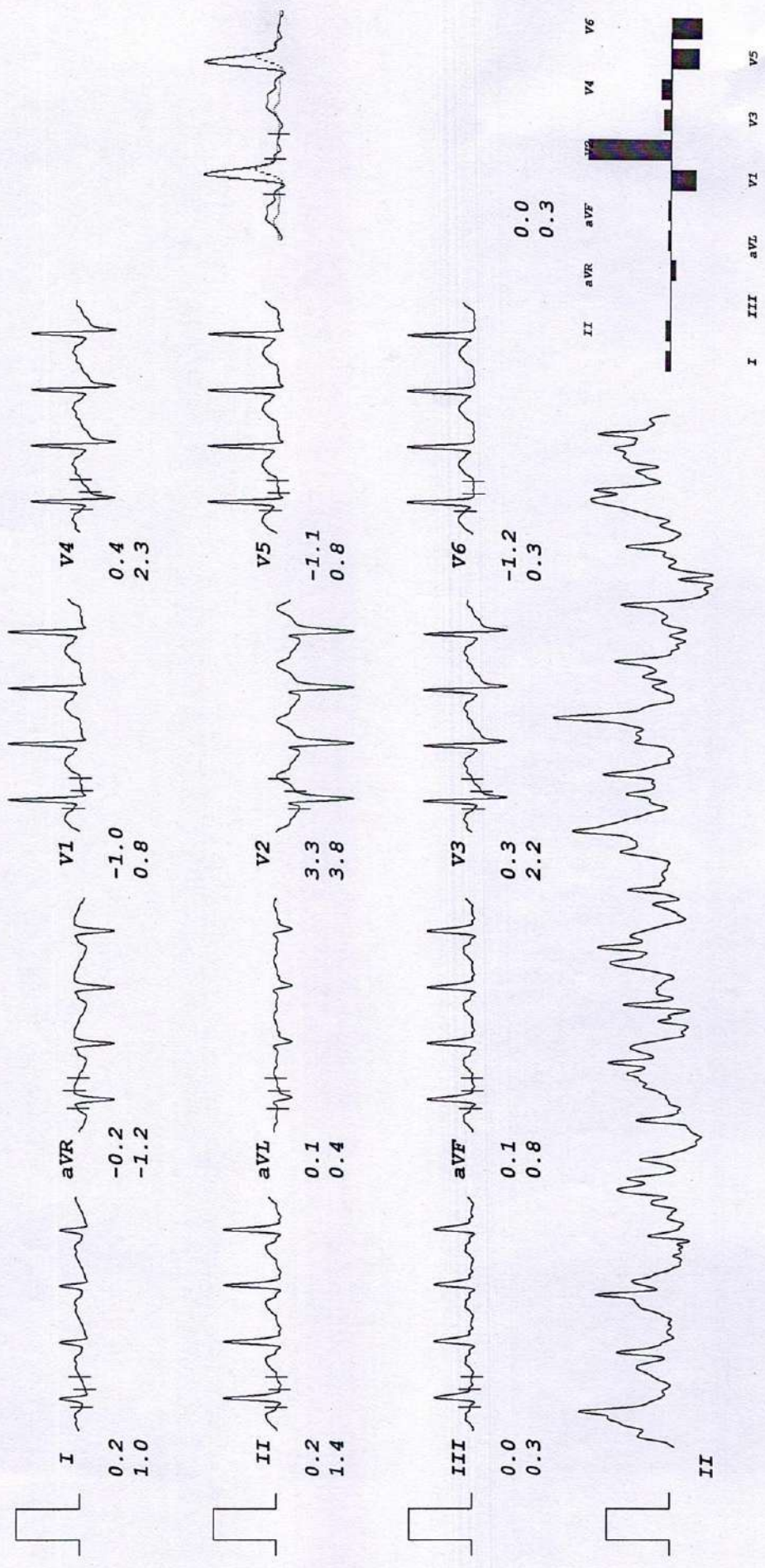
Bruce
PK-EXERCISE
TOTAL TIME 9:14
PHASE TIME 0:14

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

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR

I.D. 2958

Age 35/M

Date 27-08-2023

Rate 129bpm

B.P. 150/80

Bruce

RECOVERY

TOTAL TIME 10:29

PHASE TIME 0:55

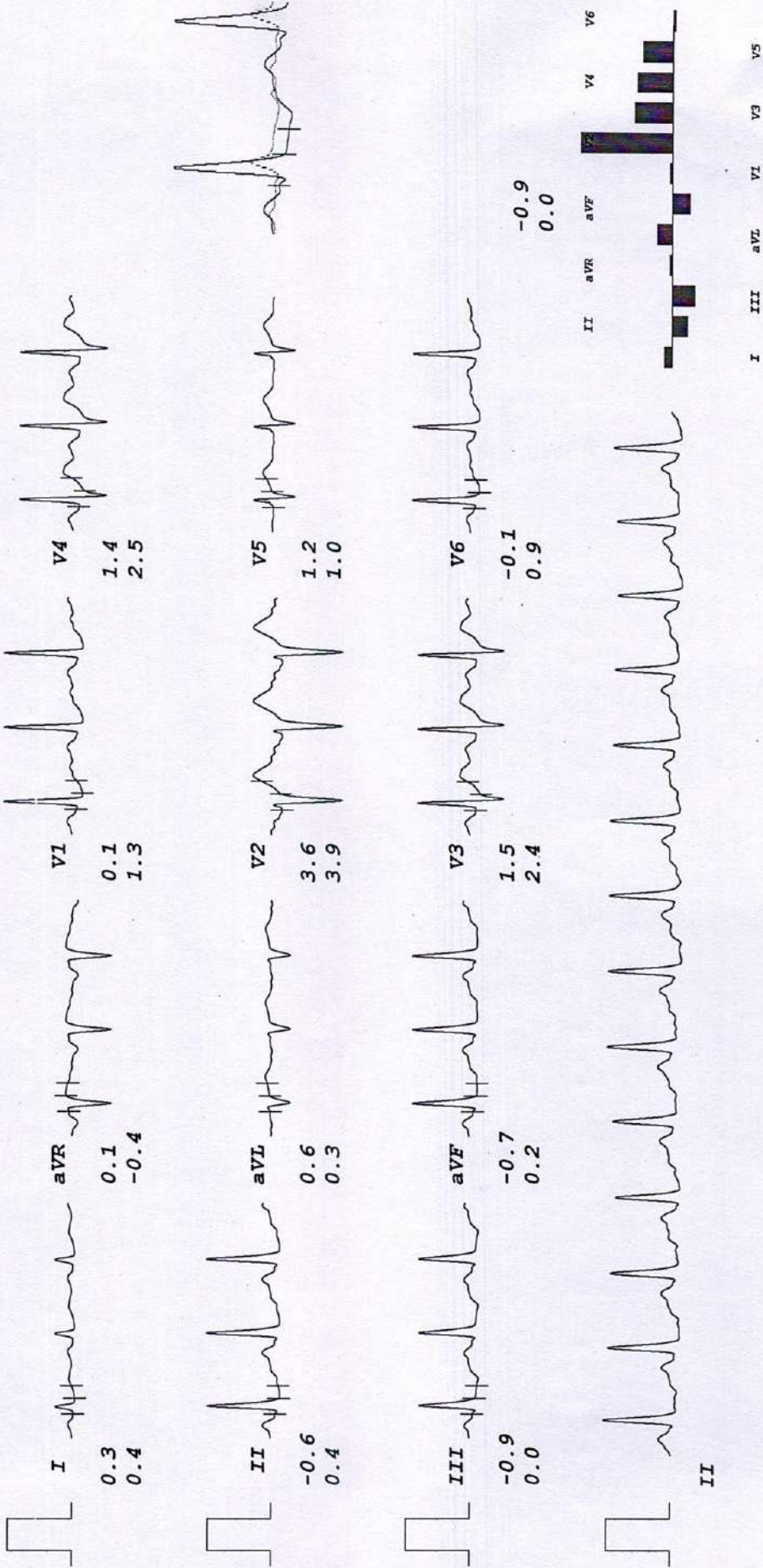
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR
 I.D. 2958
 Age 35/M
 Date 27-08-2023

RATE 116bpm
 B.P. 140/80

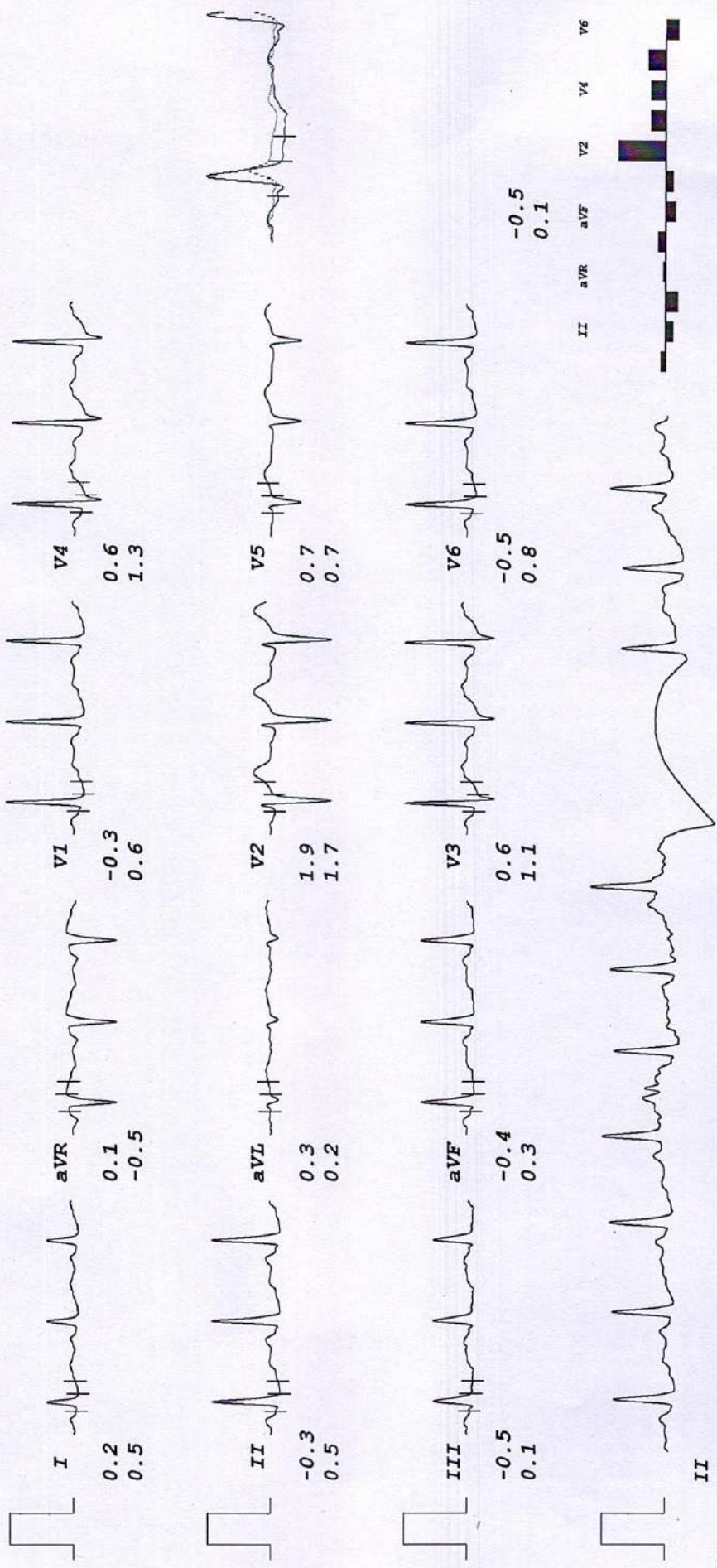
Bruce
 RECOVERY
 TOTAL TIME 11:29
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



I III aVL aVF V1 V2 V3 V4 V5 V6

IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR
 I.D. 2958
 Age 35/M
 Date 27-08-2023

RATE 101bpm
 B.P. 130/80

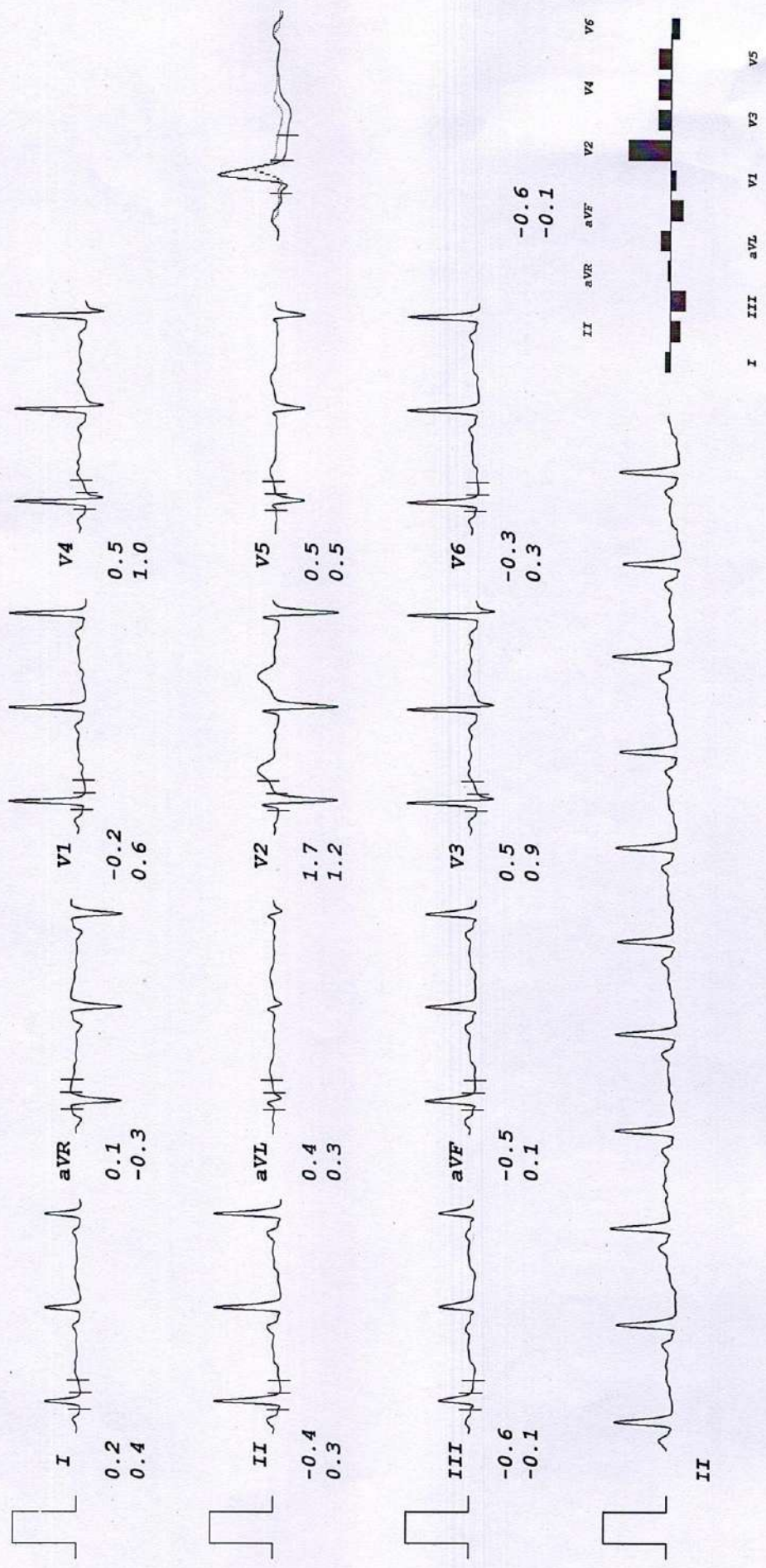
Bruce
 RECOVERY
 TOTAL TIME 12:29
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

VIKASH KUMAR
 I.D. 2958
 Age 35/M
 Date 27-08-2023

RATE 98bpm
 B.P. 120/80

Bruce
 RECOVERY
 TOTAL TIME 13:08
 PHASE TIME 3:34

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III

