



Certificate No.: MC-5206

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000339182 OP-001

REPORT STATUS : Interim



Patient Name : Mr Atul Rastogi	/	Registered On : 04-Apr-2023 10:32 AM
Lab ID : 304900251		Collected On : 04-Apr-2023 10:33 AM
Gender/Age : Male / 48 Years	DOB : 02-Jul-1974	Received On : 04-Apr-2023 10:39 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.1	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.11	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	40.9	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	99.5	fL	83 - 101
MCH <i>Calculated</i>	31.9	pg	27 - 32
MCHC <i>Calculated</i>	32.0	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.3	%	13.3 - 18.3
TOTAL LEUCOCYTE COUNT			
Total WBC Count <i>Electrical Impedance</i>	4860	cells/cmm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)			
NEUTROPHILS <i>Flow Cytometry</i>	59	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	32	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
PLATELET INDICES			
PLATELET COUNT <i>Electrical Impedance</i>	196000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	10.3	fL	7.5 - 12.0
PERIPHERAL SMEAR EXAMINATION			
RBCs	Normochromic and Normocytic.		
WBCs	Total and differential leucocyte counts are within normal limit		
PLATELETs	Adequate in number and normal in morphology.		
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.		

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal
Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist


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HEMATOLOGY**BLOOD GROUP**

(Tube agglutination: Forward & reverse)

ABO Type	"O"		
RH Type	POSITIVE		
ESR 1st hour *	15	mm in 1 hour	0 - 15

Modified Westergren Method

Comments / Interpretation :

- ESR is a nonspecific phenomenon, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

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Consulting Pathologist

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Collected On : 04-Apr-2023 10:33 AM

Gender/Age : Male / 48 Years

DOB : 02-Jul-1974

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),
Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE****Plasma Glucose (F)**

91

mg/dL

74 - 106

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

ABSENT

mg/dL

ABSENT

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE**Plasma Glucose (PP)**

100

mg/dL

Normal: 100-140 Impaired: 140
-199 Diabetic :=>200

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

ABSENT

mg/dL

ABSENT

Glucose-oxidase/oxidase reaction

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	124	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	110	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	47	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	77	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	55	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	22	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.2		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	2.6	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
UREA <i>Calculated</i>	19	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.83	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.5	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.2	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	143	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.84	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	107	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	104	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	7.43	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	4.29	µIU/mL	0.38 - 5.33

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * 0.7 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Gender/Age : Male / 48 Years	DOB : 02-Jul-1974	Received On : 04-Apr-2023 10:41 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	
Physical Examination				
Colour	PALE YELLOW		Pale yellow	
Transparency	Clear		Clear	
Chemical Examination				
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL	Absent
pH	<i>Double Indicator principle</i>	6.5	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.010	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L	Absent
Microscopic Examination				
Pus cells	3-4/hpf	/hpf		0-5/hpf
Red blood cells	NIL	/hpf		0-2/hpf
Epithelial cells	2-3/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	NIL			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	22	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	20	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	55	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	16	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.3	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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Pre - op

Post-op

Health Check-up

Date : 04/04/23

Patient Reg. No. : _____

Patient Name : Ahul Rastogi

Age / Sex : 49/M

Address : Surest

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____
Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Pregnancy : _____

Past Surgical Intervention : _____

Any Medication : steroid ++ , analgesic ++

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

Foreign Body : _____
Gingivitis : _____
Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Period Surgery : _____
Class-V Fillings : _____
Extraction : _____
Partial Denture : _____
Crown & Bridge : _____
Prosthodontics : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv.

- Deep scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Patient Name: ATUL RASTOGI	
Age / Sex: 49 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 04/04/2023

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney measures 98 x 37 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 96 x 44 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size 40 x 36 x 33 mm. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No any significant abnormality is seen.

Thanks for referral.


Dr. BRIJESH CHAUHAN MD.
Consultant Radiologist

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhythm

9110 ** normal ECG **

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

78

154

76

354/ 388

49/ 46/ 54

1.20/ 0.58

1.78

bpm

ms

ms

ms

ms

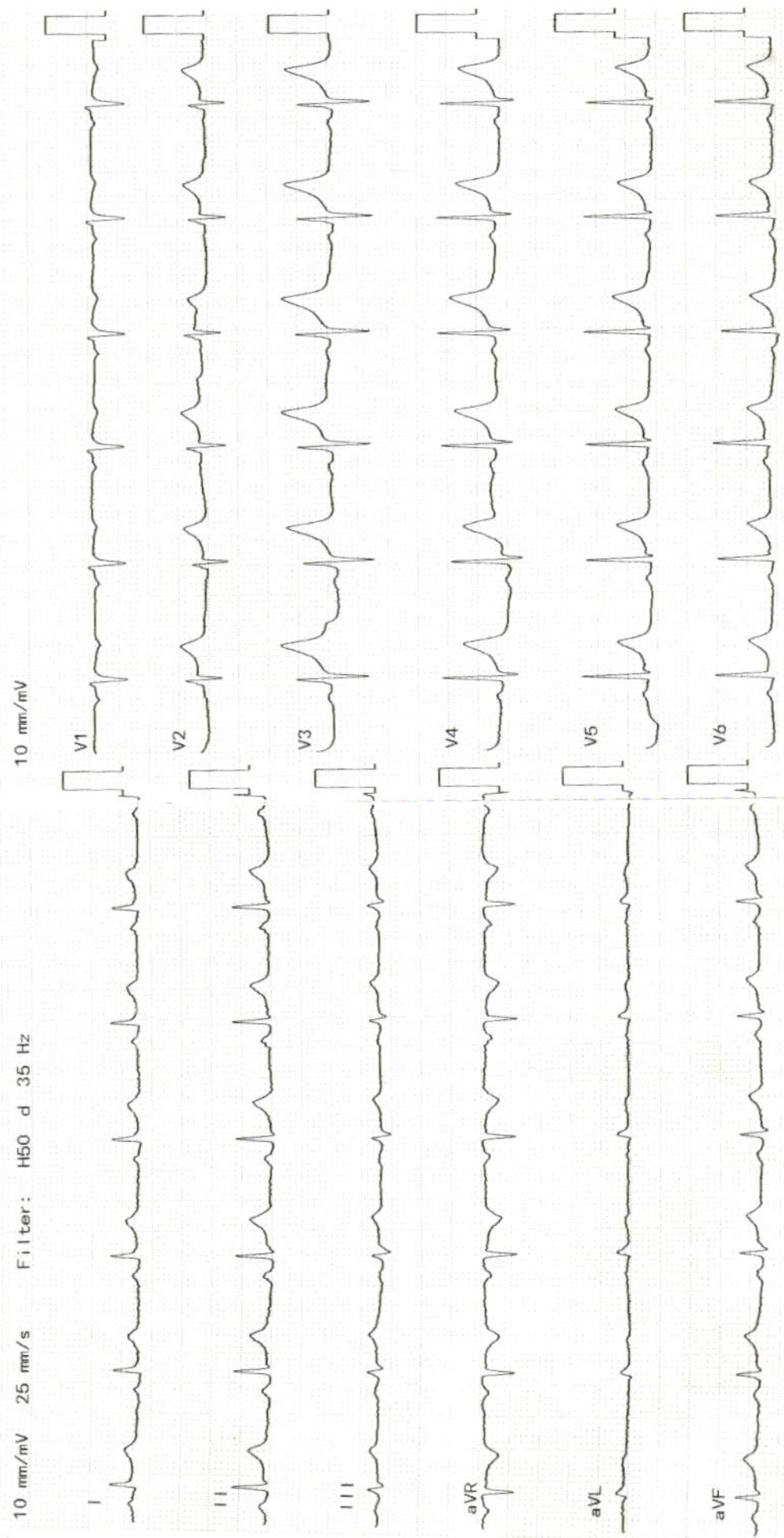
mV

mV

Atul Kumar

Unconfirmed Report

Reviewed by:



Patient ID:	SUR00004237	Patient Name:	ATUL RASTOGI
Age:	49 Years	Sex:	M
Accession Number:	4237	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	4-Apr-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



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SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph. : 0261-7190000 | Email : info.surat@shalby.org.

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.
Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- *Atul Rastogi*

Date:- *2/4/23*

Chief Complaints:-

POC

Pain Assessment:-

Past History:-

- NAD -

Family History:-

Allergy:-

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *6/6*
with glasses

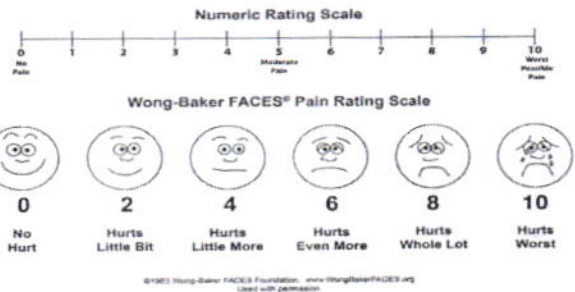
PH Vision:-

NCT *16 mm of hg*

ON Examination Ant. Segment

Both Eye

- WNL -



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CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} BE
wpl

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Rans

Signature of the Consultant

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANER ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ATUL RASTOGI,
Patient ID: 16758
Height:
Weight:

DOB: 02.07.1974
Age: 48yrs
Gender: Male
Race: Asian

Study Date: 04.04.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:05	0.00	0.00		120/80	
	STANDING	00:23	0.00	0.00	85		
EXERCISE	STAGE 1	03:00	2.70	0.00	113	120/80	
	STAGE 2	03:00	4.00	12.00	133	140/80	
	STAGE 3	01:20	5.40	14.00	151	170/80	
RECOVERY		02:58	0.00	0.00	108	130/80	

The patient exercised according to the BRUCE for 7:19 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 85 bpm rose to a maximal heart rate of 151 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

Technician

ATUL RASTOGI,

Patient ID 16758

04.04.2023

11:28:10

Male

48yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Tabular Summary

SHALBY HOSPITAL

BRUCE: Total Exercise Time 07:19

Max HR: 151 bpm 87% of max predicted 172 bpm HR at rest: 85

Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 24140 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.65 mm, 0.00 mV/s in II; EXERCISE STAGE 2 05:50

Arrhythmia: A:9, PVC:2, PSVC:2

ST/HR index: 2.42 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0		120/80		0	--	
	STANDING	00:23	0.00	0.00	1.0	85			0	0.85	
EXERCISE	STAGE 1	03:00	2.70	0.00	2.2	113	120/80	13560	0	-0.15	
	STAGE 2	03:00	4.00	12.00	7.0	133	140/80	18620	1	-1.40	
	STAGE 3	01:20	5.40	14.00	10.0	151	170/80	25670	0	-1.60	
RECOVERY		02:58	0.00	0.00	1.0	108	130/80	14040	0	-1.40	

ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:28:32

85 bpm
120/80 mmHg

12-Lead Report

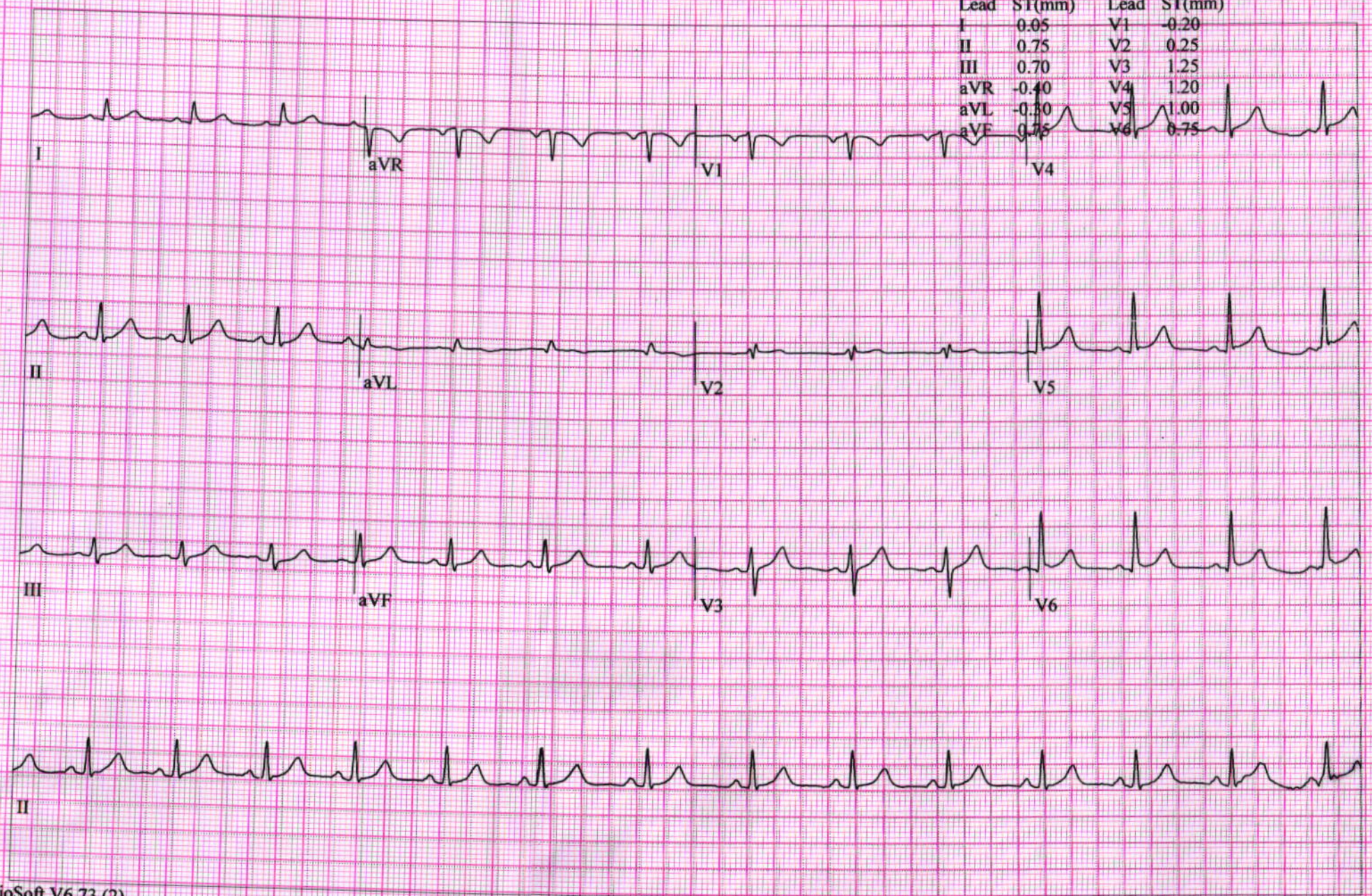
PRETEST
STANDING
00:16

BRUC
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	-0.20
II	0.75	V2	0.25
III	0.70	V3	1.25
aVR	-0.40	V4	1.20
aVL	-0.50	V5	1.00
aVF	0.75	V6	0.75



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:31:32

112 bpm
120/80 mmHg

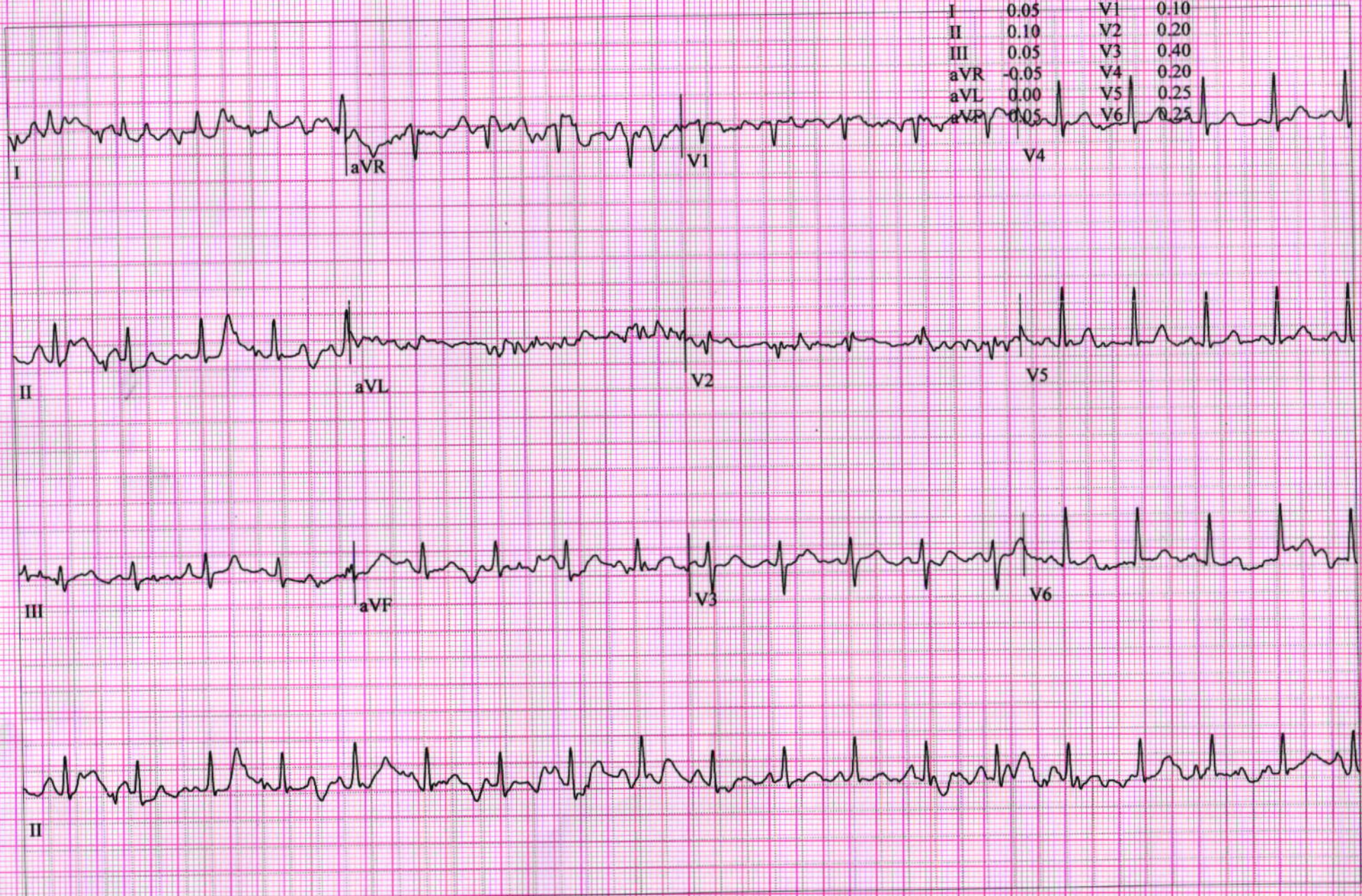
12-Lead Report
EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.10
II	0.10	V2	0.20
III	0.05	V3	0.40
aVR	-0.05	V4	0.20
aVL	0.00	V5	0.25
aVF	0.05	V6	0.25



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:34:32

131 bpm
140/80 mmHg

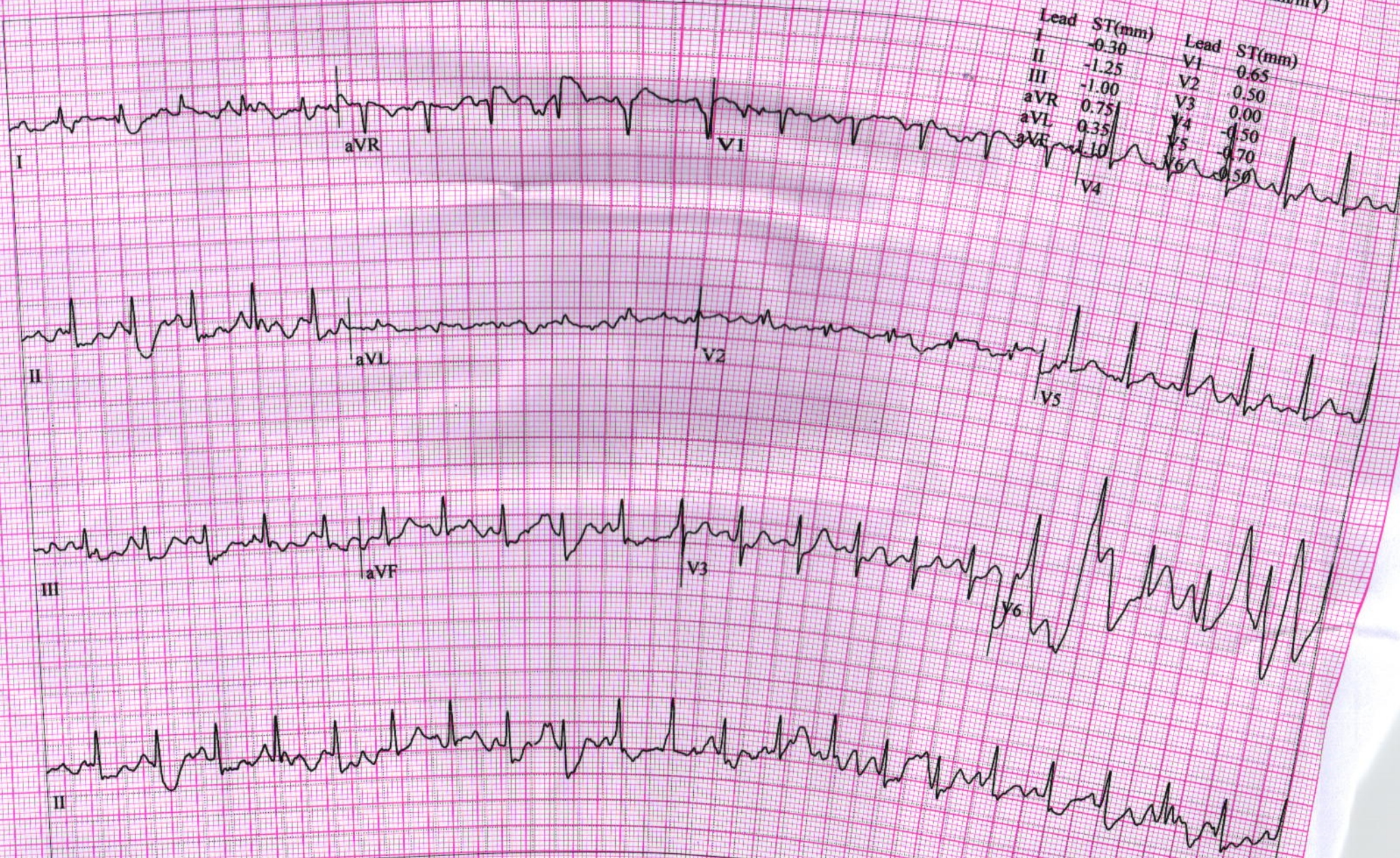
12-Lead Report
EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	0.65
II	-1.25	V2	0.50
III	-1.00	V3	0.00
aVR	0.75	V4	-0.50
aVL	0.35	V5	-0.70
aVF	-1.10	V6	-0.50



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:36:02

151 bpm
170/80 mmHg

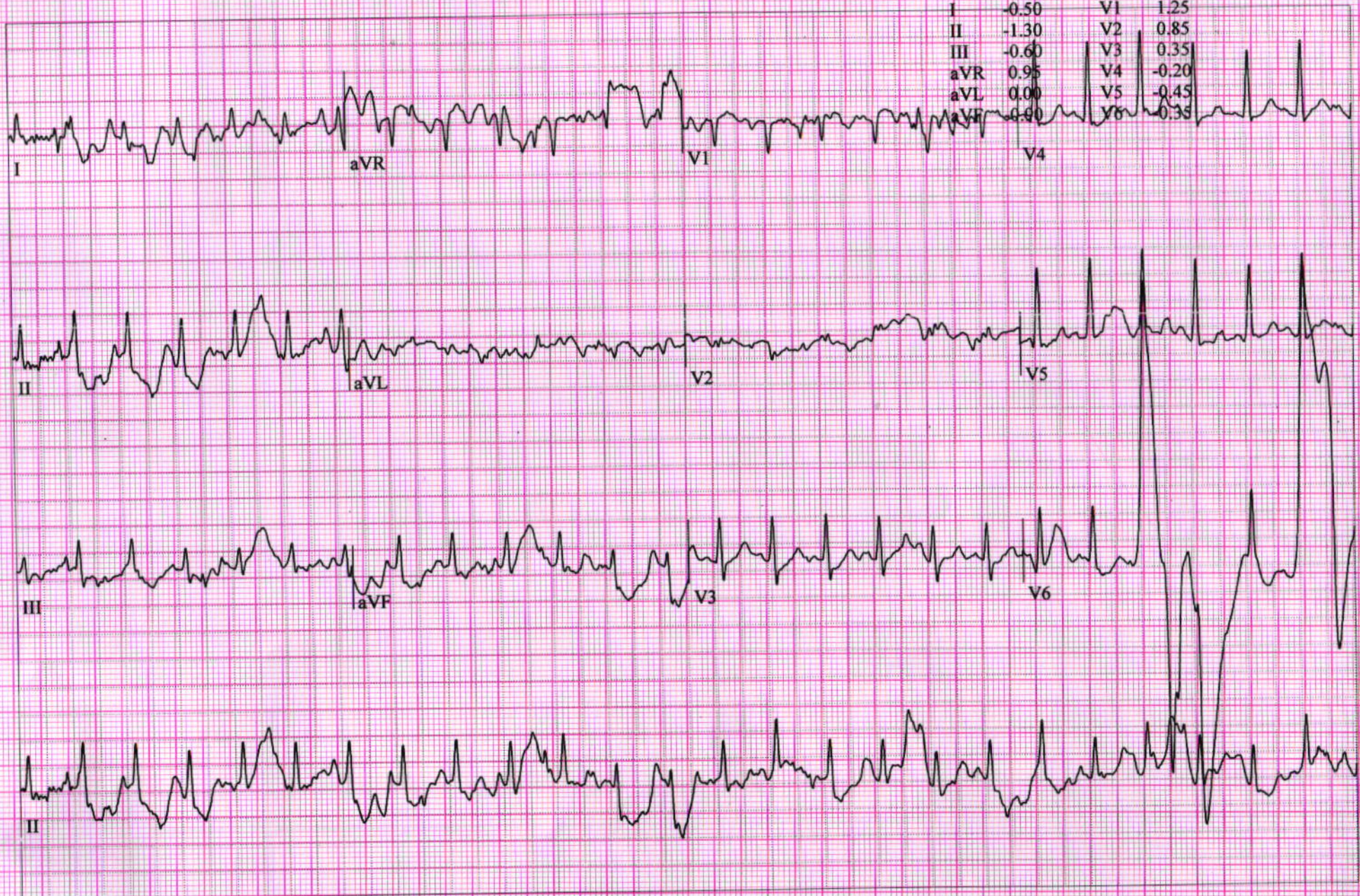
12-Lead Report (PEAK EXERCISE)
EXERCISE STAGE 3
07:20

BRUCE
5.4 km/h
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.50	V1	1.25
II	-1.30	V2	0.85
III	-0.60	V3	0.35
aVR	0.95	V4	-0.20
aVL	0.00	V5	-0.45
aVF	-0.90	V6	-0.35



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:36:51

127 bpm

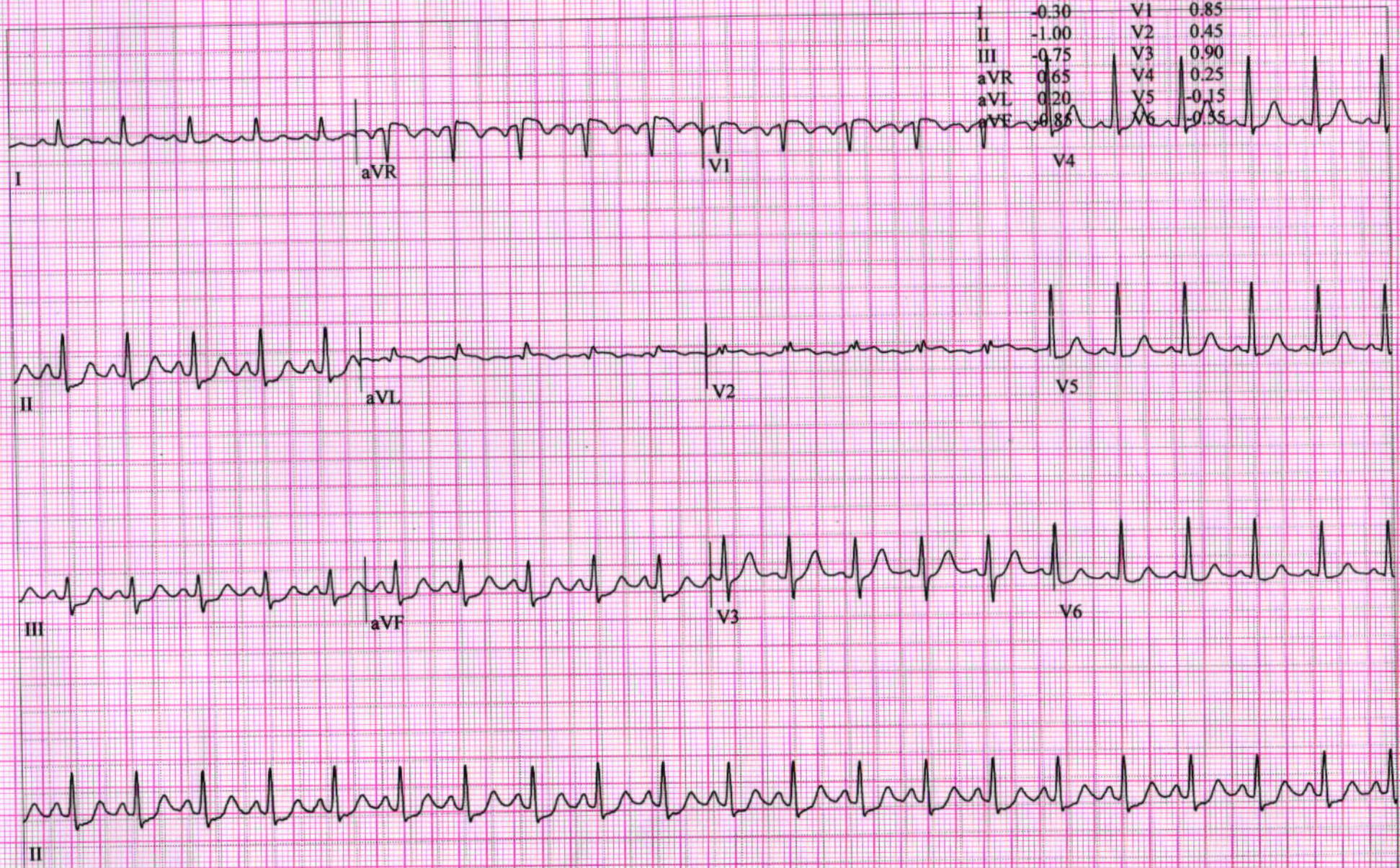
12-Lead Report
RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	0.85
II	-1.00	V2	0.45
III	-0.75	V3	0.90
aVR	0.65	V4	0.25
aVL	0.20	V5	-0.15
aVF	-0.85	V6	-0.35



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:37:51

12-Lead Report

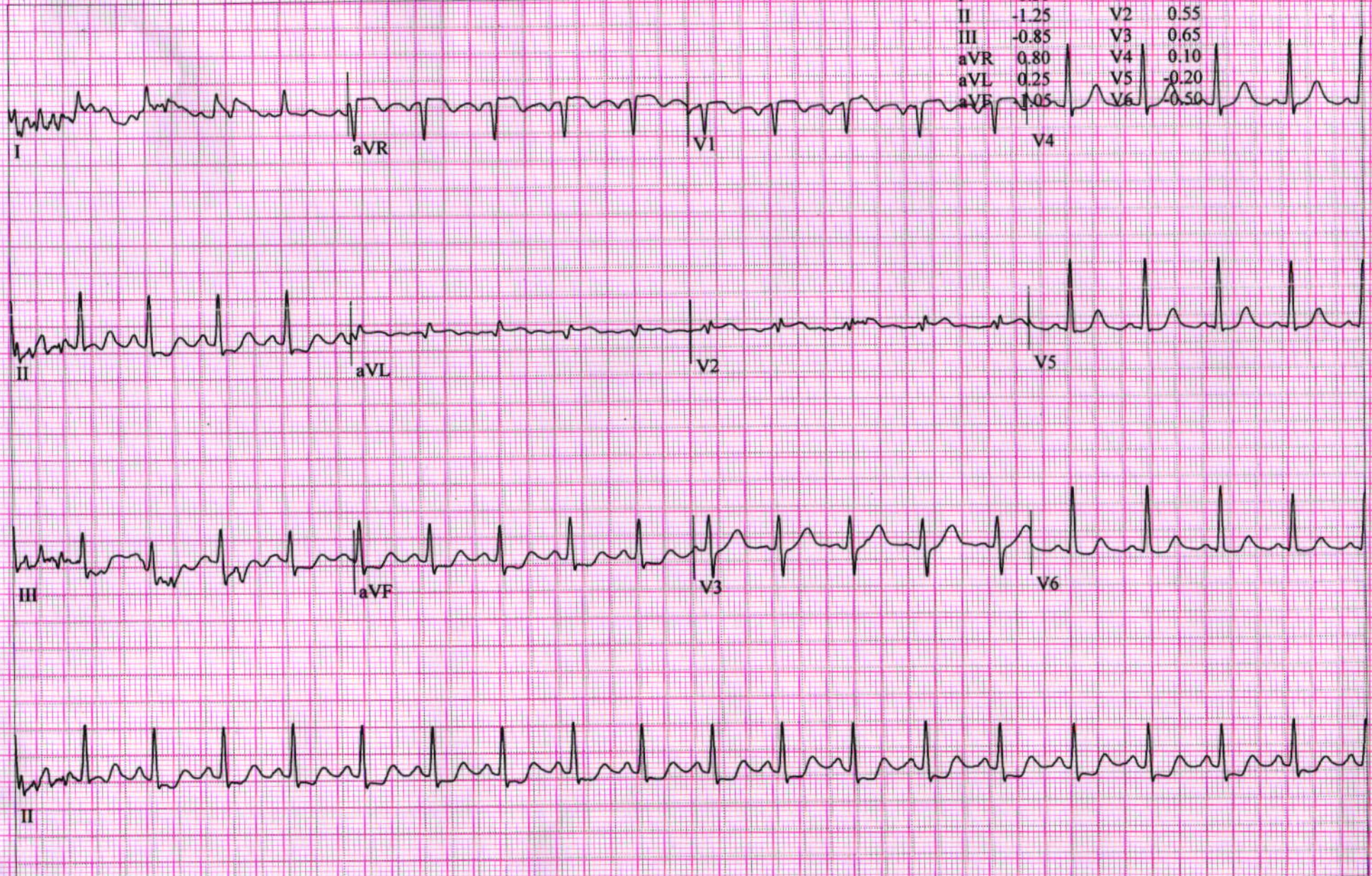
RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	0.95
II	-1.25	V2	0.55
III	-0.85	V3	0.65
aVR	0.80	V4	0.10
aVL	0.25	V5	-0.20
aVF	1.05	V6	0.50



ATUL RASTOGI,
Patient ID 16758
04.04.2023
11:38:51

108 bpm
130/80 mmHg

12-Lead Report
RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.75
II	-1.40	V2	0.50
III	-1.15	V3	0.30
aVR	0.80	V4	-0.25
aVL	0.50	V5	-0.40
aVF	-1.25	V6	-0.50

