

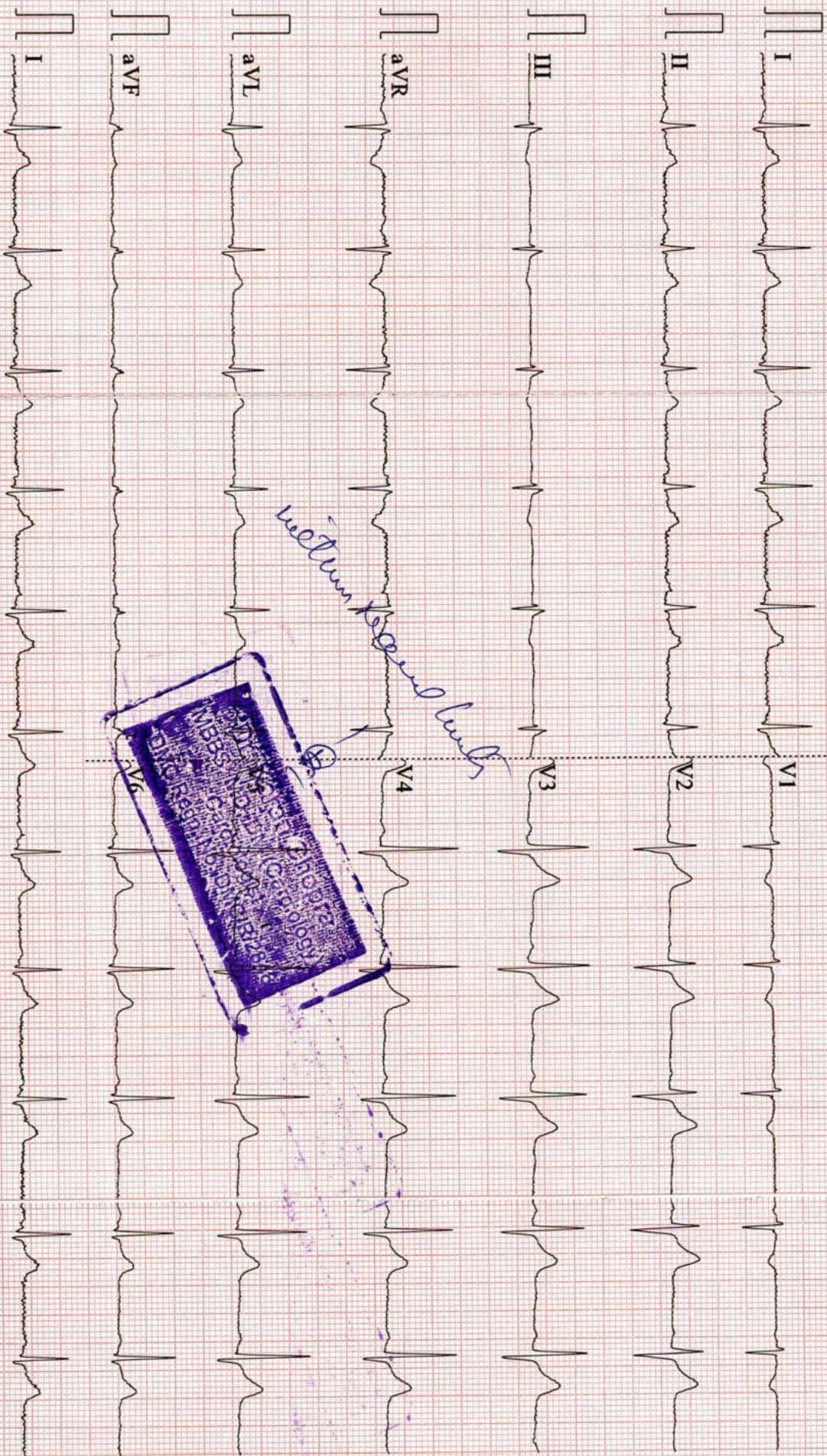
mr rahul mazumdar
Male 38Years
Req. No. :


Diagnosis Information:

Sinus rhythm
Normal ECG

P	: 68	bpm
PR	: 116	ms
QRS	: 158	ms
QT/QTcBz	: 88	ms
P/QRST	: 378/402	ms
RV5/SV1	: 45/29/19	°
	: 1252/0.564	mV

Report Confirmed by:



Patient Name : Mr. RAHUL MAZUMDAR	Reg No. : 5811/UHID22DL	Lab ID. : 6299/OPDPB22DL
Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 14-Jan-2023 08.55
Refd. By : Dr. INSURANCE		Received : 14-Jan-2023 08.56
Sample Type : EDTA whole blood	Sample ID : 23125	Report : 14-Jan-2023 14.50

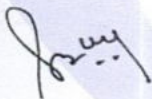
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	15.3	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	6.3	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	69	%	40-75	Electrical impedance
Lymphocyte	23	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	5.14	mili/cmm	3.8-5.5	Electrical impedance
PCV	44	%	35-45	Calculated
MCV	86.30	Fl	80-100	Calculated
MCH	29.8	Picogram	27.5-33.2	Calculated
MCHC	34.50	gm/dl	32-36	Calculated
PLATELET COUNT	170	10 ³ /uL	150-450	Electrical impedance

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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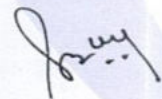
HEAMOTOLOGY

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

"B"
"POSITIVE"

Manual
Manual

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



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Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 14-Jan-2023 08.56
Sample Type : Serum		Report : 14-Jan-2023 14.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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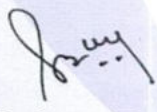
PSA TOTAL CLINICAL PATHOLOGY
0.56 ng/ml 0-4.1

< 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 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-----



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Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 14-Jan-2023 08.55
Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 14-Jan-2023 08.56
Sample Type : Plasma(Sodium fluoride)		Report : 14-Jan-2023 14.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	84.0	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)

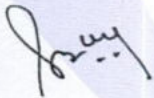
2-hr PG > 200 mg/dl during OGTT(75-G)*

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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Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 14-Jan-2023 12.32
Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 14-Jan-2023 12.33
Sample Type : Plasma(Sodium fluoride)		Report : 14-Jan-2023 14.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	102.0	mg/dl	70-150	GOD-POD
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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)

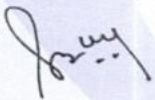
2-hr PG > 200 mg/dl during OGTT(75-G)*

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

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	4.8	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

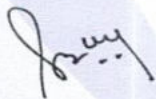
Good control :

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 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.

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



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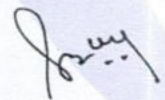
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Sample Type : Serum	Sample ID : 23125	Report : 14-Jan-2023 14.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE	<u>Serology</u>		Immunochromatography

Interpretation:-

Clinical Significance:- Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.
HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II

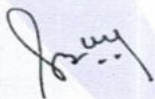
NEGATIVE

Serology

Immunochromatography

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

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



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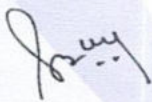
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	38.2	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	9.90	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.45	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.35	g/dl	2.3-3.5	
A/G RATIO	1.74	g/dl		
Calcium	10.1	mg/dl	8.6-10.2	Arsenazo
Sodium	141.4	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.0	mmol/L	98.0-109.0	ISE Indirect

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



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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	138.00	mg/dl	123-199	CHOD-PAP
Triglycerides	91.9	mg/dl	40-160	Gpo
HDL Cholesterol Direct	56.2	mg/dl	35.3-79.5	Direct
Vldl	18	mg/dl	4.7-22.1	
LDL Cholesterol Direct	63.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.5		0.0-4.97	
LDL/HDL Ratio	1.1		0.0-3.55	

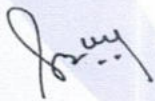
INTERPRETATION:-

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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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 values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

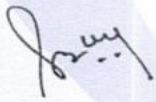
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

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
-------------	-----------------	---------------

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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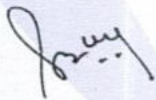
BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.59	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.26	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.33	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.45	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.35	g/dl	2.3-3.5	
A/G RATIO	1.74	g/dl		
SGOT	21	U/L	0-35	IFCC
SGPT	19	U/L	0.0-45	IFCC
Gamma GT	20.1	U/L	0-55	Glupa-c
Alkaline Phosphatase	127	U/L	53-128	Amp

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



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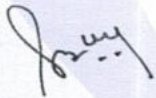
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Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 16-Jan-2023 11.29
Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 16-Jan-2023 11.33
Sample Type : STOOL		Report : 16-Jan-2023 11.44

TEST NAME	RESULT	UNIT	RANGE	METHOD
CLINICAL PATHOLOGY				
STOOL R/M				
PHYSICAL EXAMINATION		%		
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
CHEMICAL REACTION				
REACTION	ACIDIC			
MICROSCOPY EXAMINATION				
PUS CELLS	2-3			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

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



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



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075


Contact Us : +91-7028195111
info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

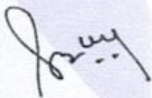
Contact Us : +91-7028207222
bengaluru@ipscindia.com

Patient Name : Mr. RAHUL MAZUMDAR	Reg No. : 5811/UHID22DL	Lab ID. : 6299/OPDPB22DL
Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 14-Jan-2023 08.55
Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 14-Jan-2023 08.56
Sample Type : Serum		Report : 14-Jan-2023 14.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
TSH	2.66	μ IU/ml		CLIA
HORMONES				
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-----



Dr. Sangeeta B
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Contact Us : +91-7028207222
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Patient Name : Mr. RAHUL MAZUMDAR	Reg No. : 5811/UHID22DL	Lab ID. : 6299/OPDPB22DL
Age / Gender : 38Y / Male	Date : 14-Jan-2023	
Mobile No. : 8130625201	Manual No.	Collected : 16-Jan-2023 11.29
Refd. By : Dr. INSURANCE	Sample ID : 23125	Received : 16-Jan-2023 11.33
Sample Type : URINE		Report : 16-Jan-2023 11.45

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	

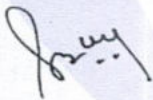
CHEMICAL EXAMINATION

ALBUMIN	NIL			
SUGAR	NIL			

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

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



Dr. Sangeeta B
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पंजाब नेशनल बैंक
punjab national bank

(बैंक नेशनल का संस्थापक) (Govt. of India undertaking)
 अधिकार क्षेत्र :- पंजाब, हरियाणा, दिल्ली, उत्तर प्रदेश
 Corporate Office :- Plot No. 94, Sector-16, Okhla, New Delhi - 110075

ब्र. सं./Serial No. 38583881 प.प.सं./P.E.No. : 385838



RAHUL MAZUMDAR
 SENIOR MANAGER

Branch/Office Address: HQ MARKETING DIVISION

 
 Member's Signature Issuing Authority

ACCESS NO. 2X373661

Radiology No.	: 6299/OPDPB22DL	Date	: 14-Jan-2023
Patient Name	: Mr. RAHUL MAZUMDAR	Age/Sex	: 38Y
Guardian Name	:	UHID No.	: 5811/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8130625201

ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size 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 . **A 8.4mm calculus is seen in the lower pole of right kidney.**

No mass or hydronephrotic changes seen.

Right kidney measures- 9.78x5.21cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal. **A 5.1mm calculus is seen in the lower pole of left kidney.**

No mass or hydronephrotic changes seen.

Left kidney measures- 9.92x4.77cm

Renal artery pulsation appear normal.



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



BOOK APPOINTMENT



Radiology No.	: 6299/OPDPB22DL	Date	: 14-Jan-2023
Patient Name	: Mr. RAHUL MAZUMDAR	Age/Sex	: 38Y
Guardian Name	:	UHID No.	: 5811/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8130625201

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.

PVR-20cc.

Prostate is mildly increased in size for age with regular contours and normal echo-texture. It measures 31x47x33mm which is equal to 31.54gms.

Impression : 1)Right Renal Calculus
2)Left Renal Calculus
3)Boarder line Prostatomegaly

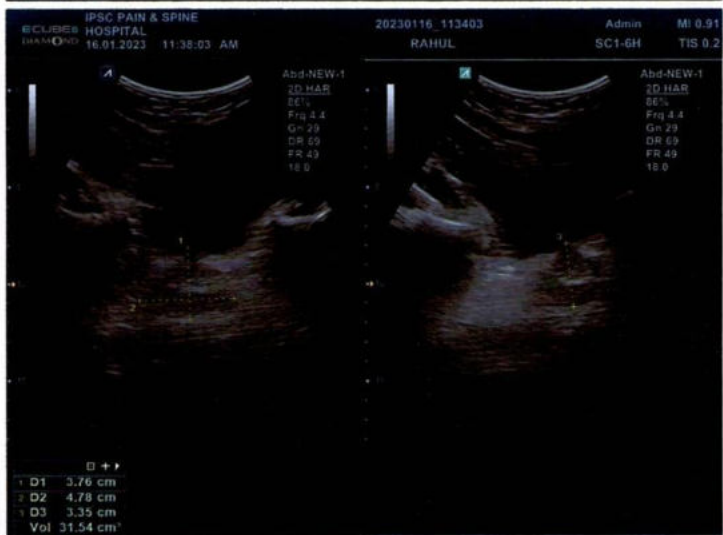
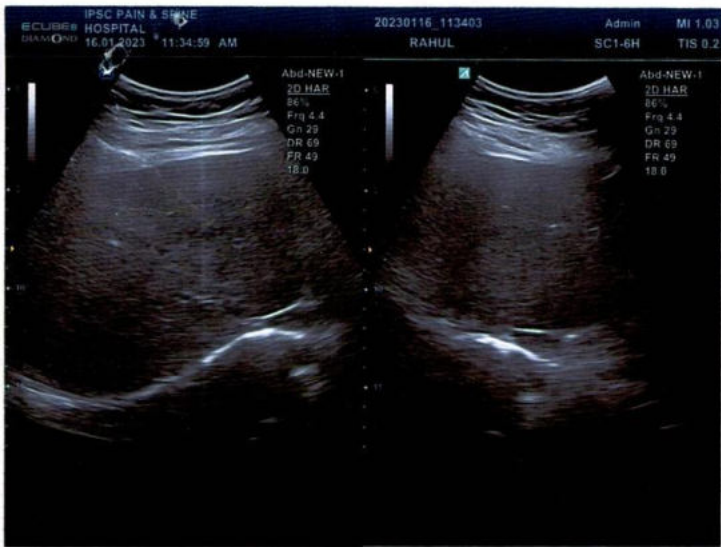


Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

RATE 73bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

I
 1.0
 1.0

aVR
 -1.2
 -0.8

V1
 -0.5
 -0.2

V4
 1.9
 1.5

II
 1.3
 0.5

aVL
 0.4
 0.7

V2
 1.5
 1.1

V5
 1.7
 1.3

III
 0.3
 -0.4

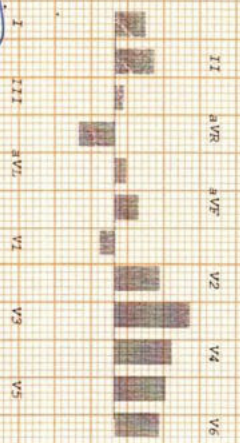
aVF
 0.8
 0.0

V3
 2.5
 2.0

V6
 1.5
 1.0

-0.5
 -0.2

II



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

RATE 89bpm
 B.P. 120/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

I 0.9
 0.6
 aVR -1.0
 -0.6

V1 -0.6
 -0.4

V4 2.2
 1.7

II 1.0
 0.6
 aVL 0.4
 0.3

V2 1.7
 1.2

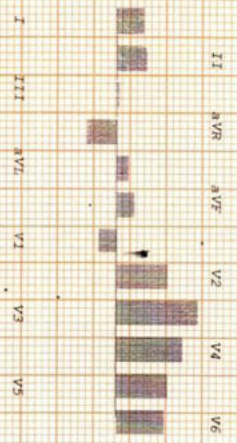
V5 1.7
 1.3

III 0.1
 0.0
 aVF 0.6
 0.3

V3 2.7
 2.1

V6 1.6
 1.1

II



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

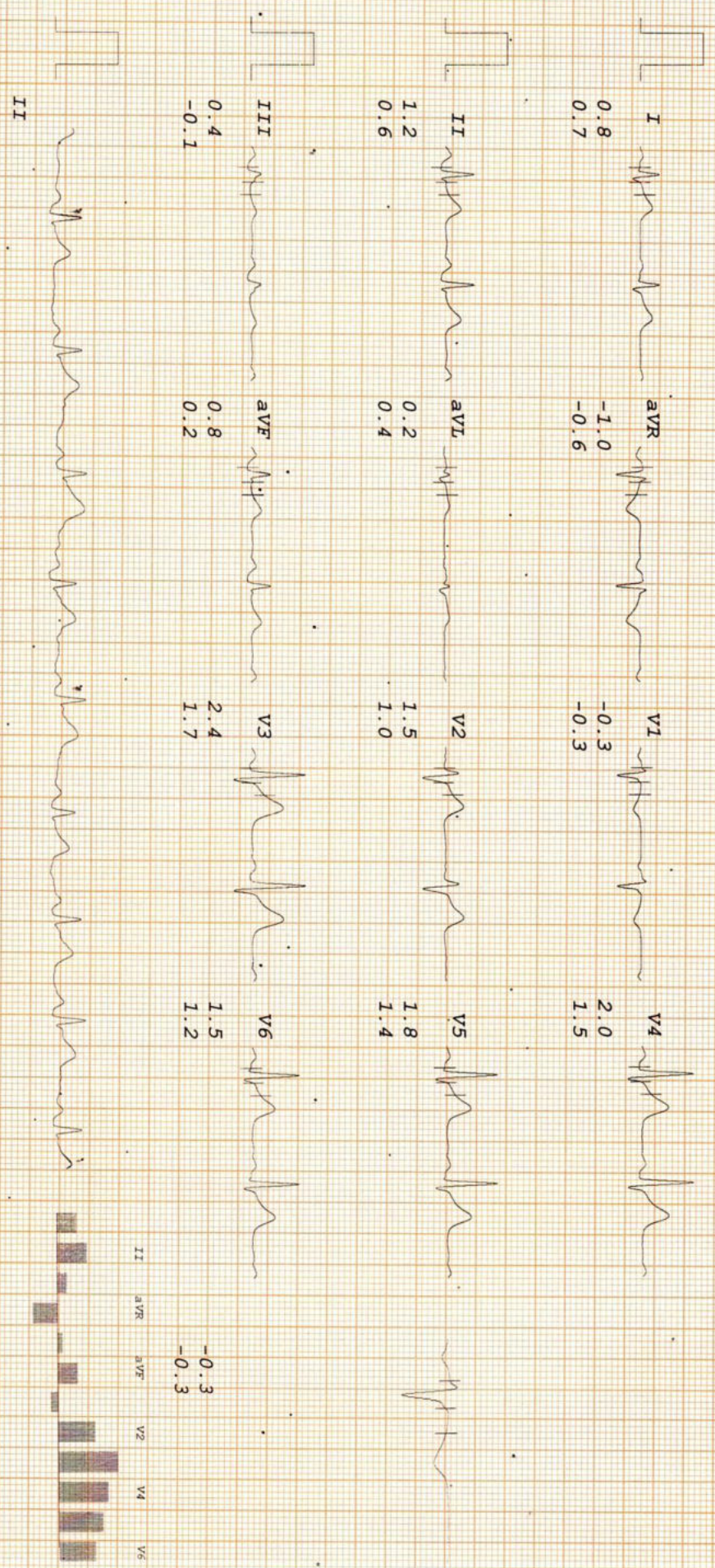
RATE 86bpm
B.P. 120/80

PRETEST
HYPERVENT
 PHASE TIME 0:14

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

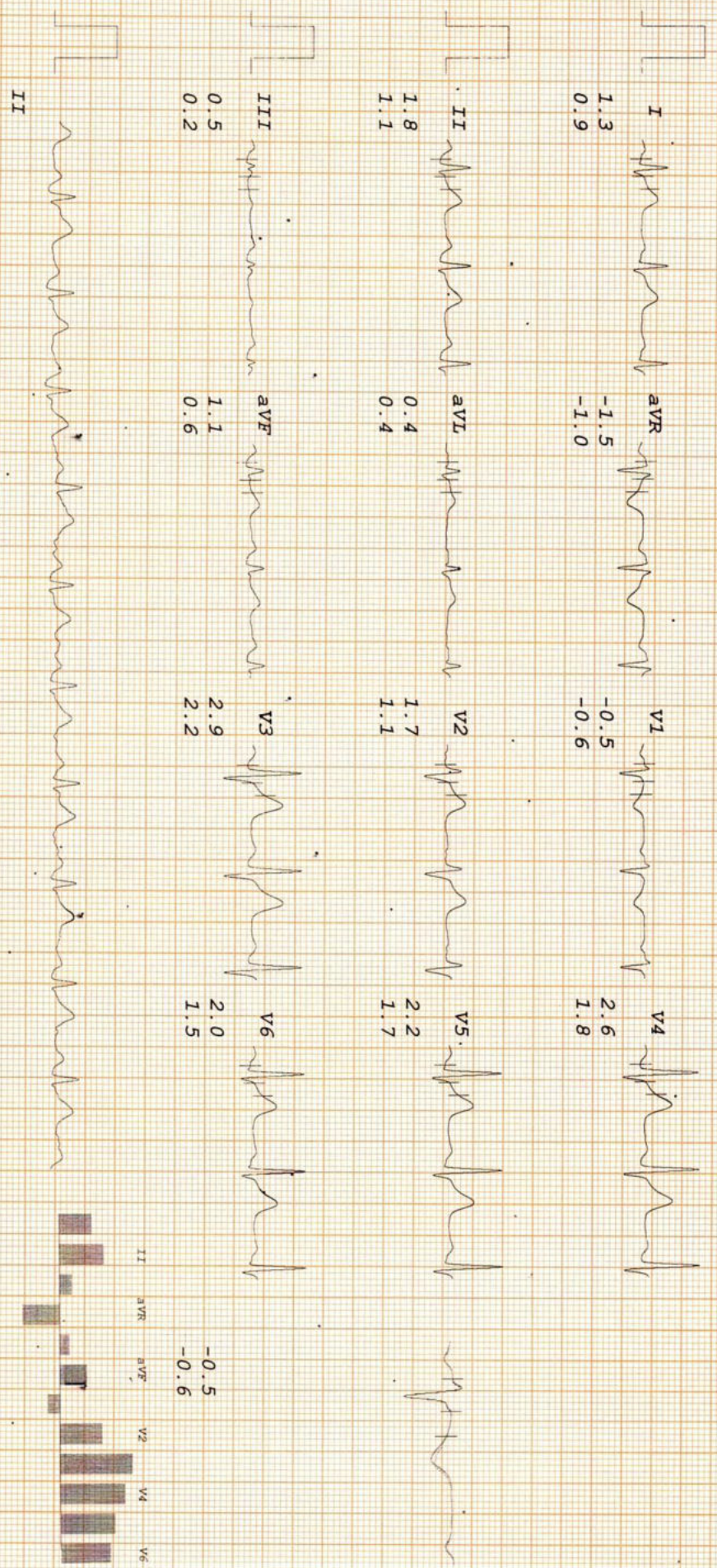
RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

RATE 97bpm
 B.F. 130/80
 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



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

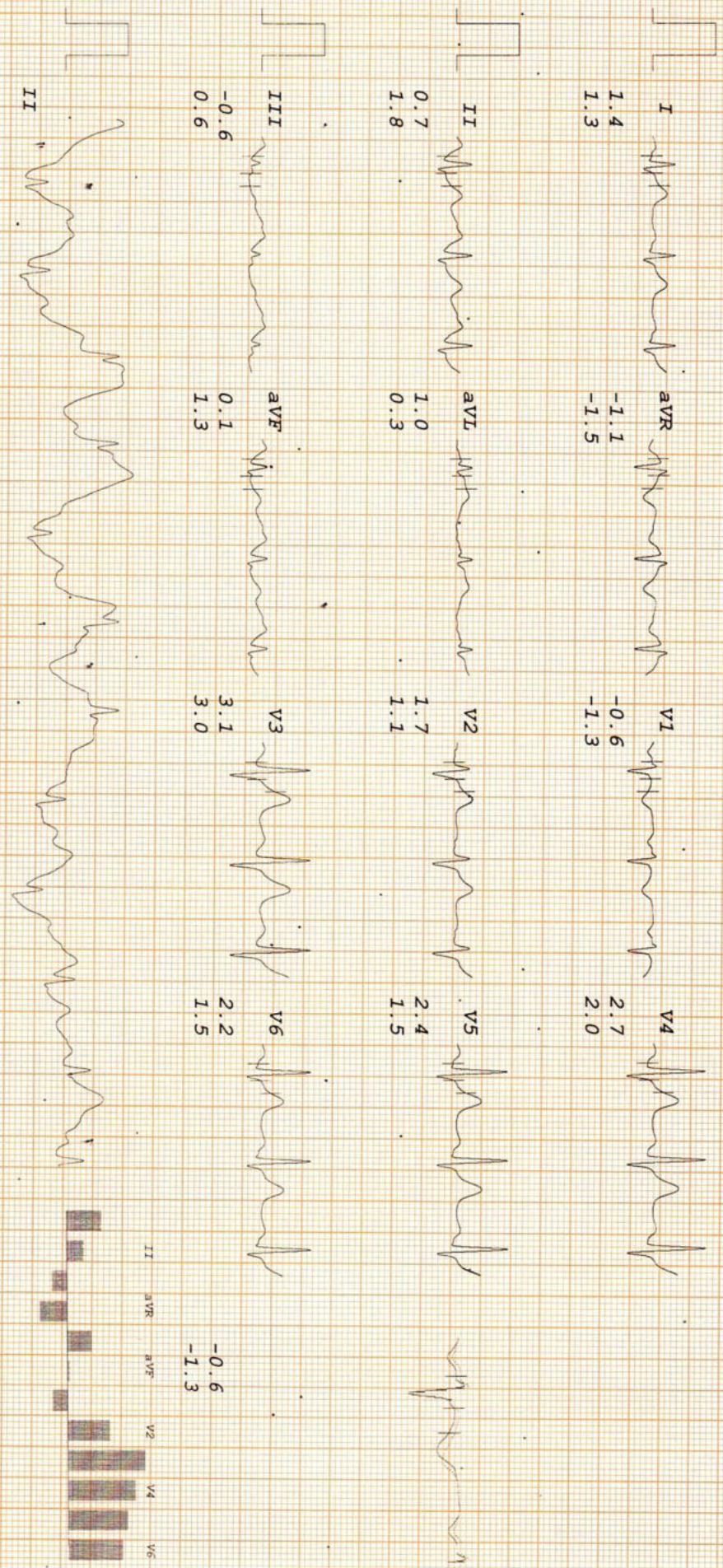
RATE 105bpm
 B.P. 140/80

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

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

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

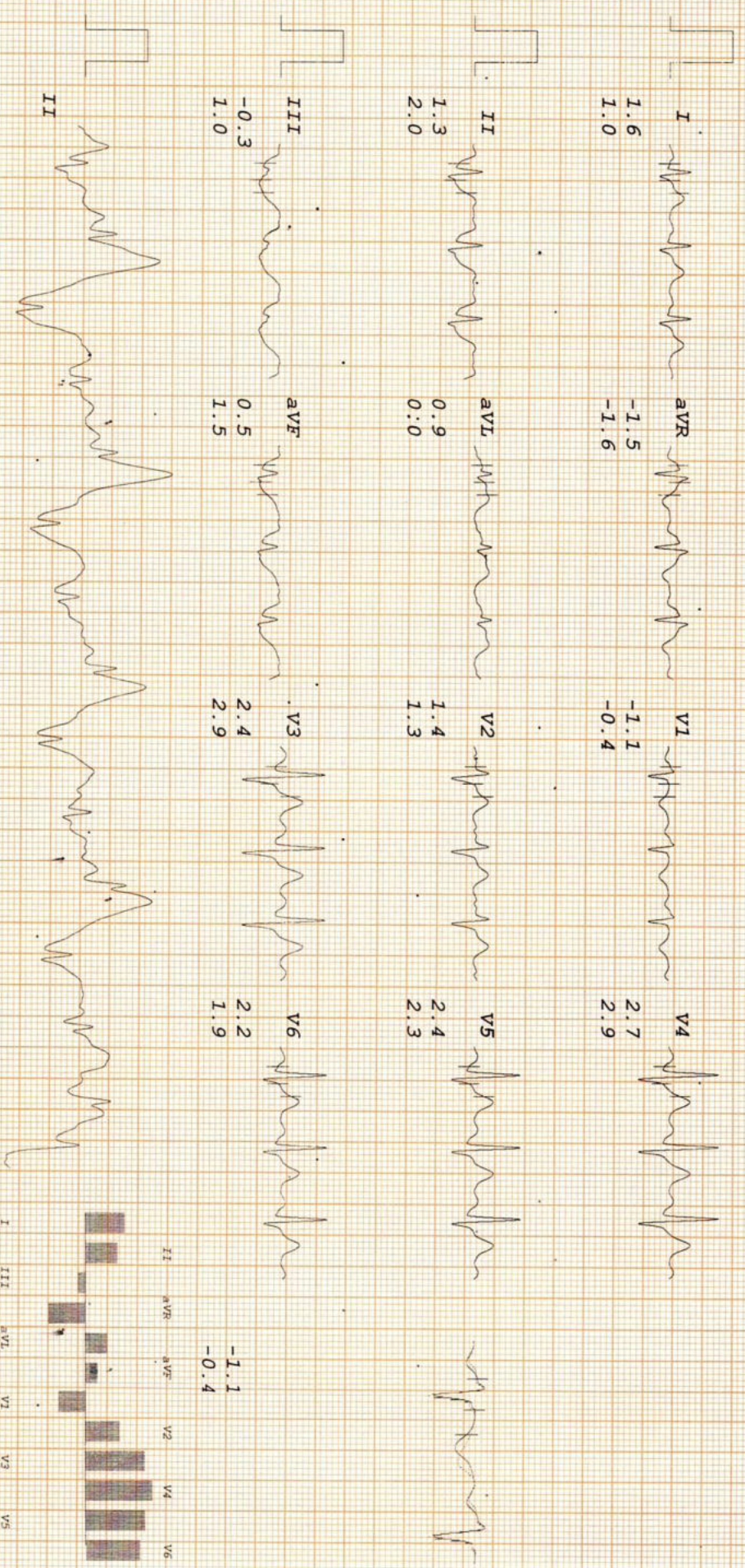
RATE 130bpm
 B.P. 150/80

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

ST @ 10mm/mV
 80ms Post J
 Speed 5.4 km/hr
 SLOPE 14.8

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

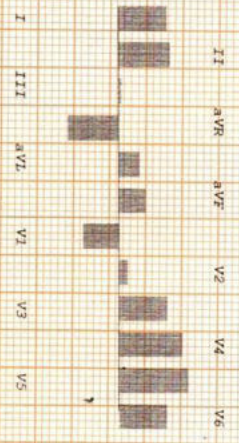
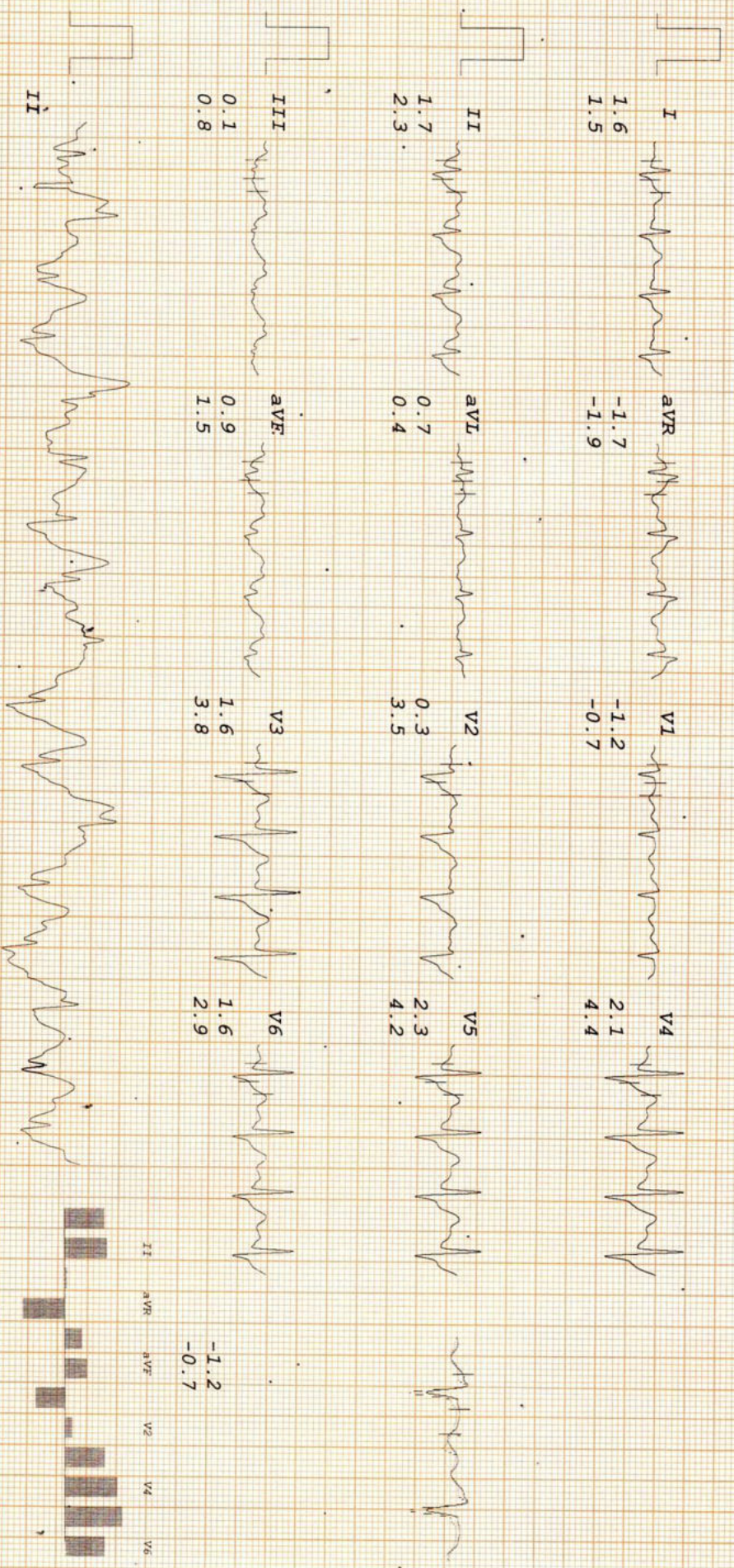
RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

Rate 156bpm
 B.P. 160/80
 Bruce
 Stage 4
 TOTAL TIME 11:55
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR

I.D. 3612
Age 38/M
Date 14-01-2023

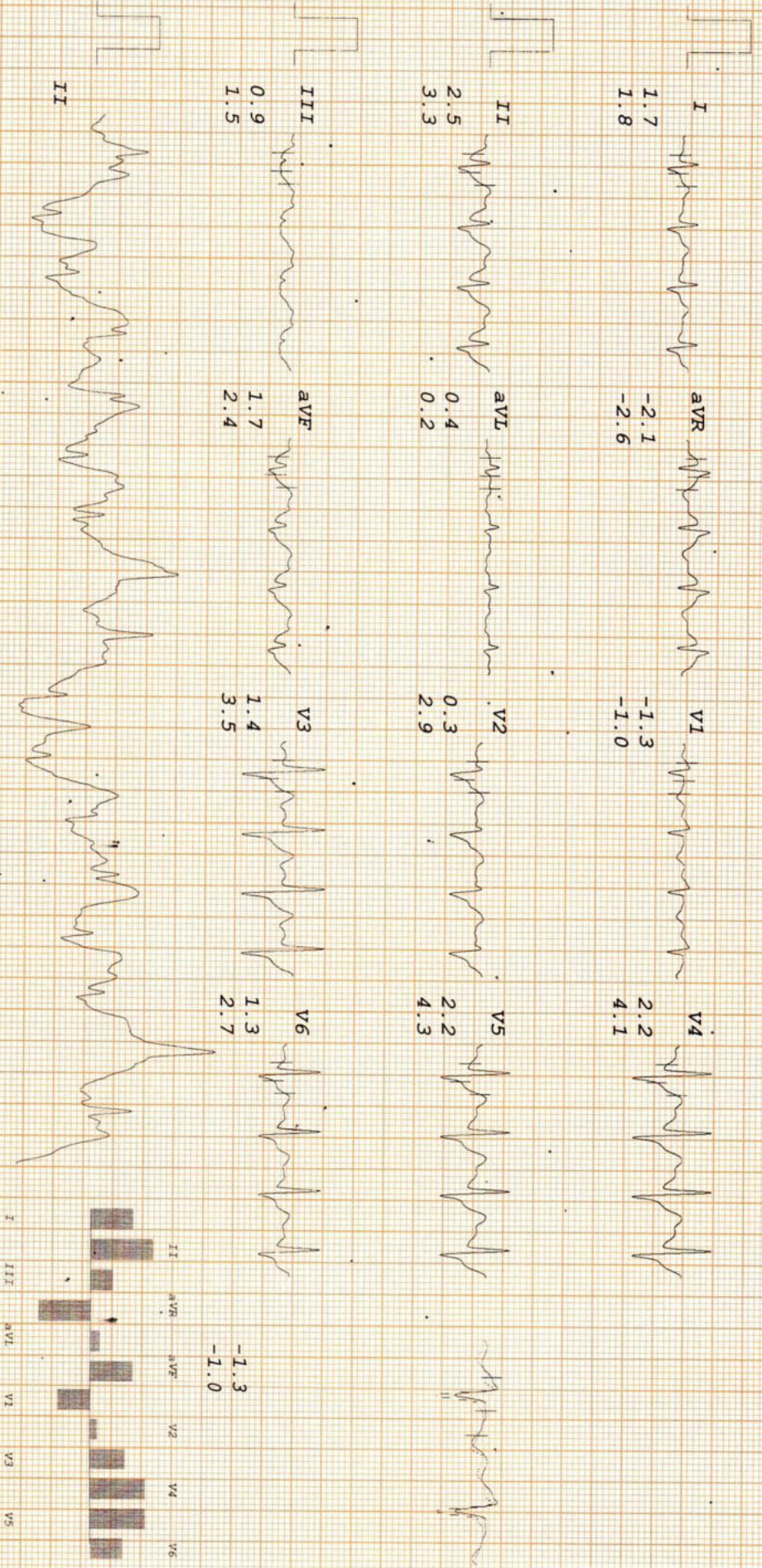
RATE 159bpm
B.P. 160/80

Bruce
Stage 5
TOTAL TIME 12:14
PHASE TIME 0:14

ST @ 10mm/mV
80ms PostJ
Speed 8 km/hr
SLOPE 18 %

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR

I.D. 3612
 Age 38/M
 Date 14-01-2023

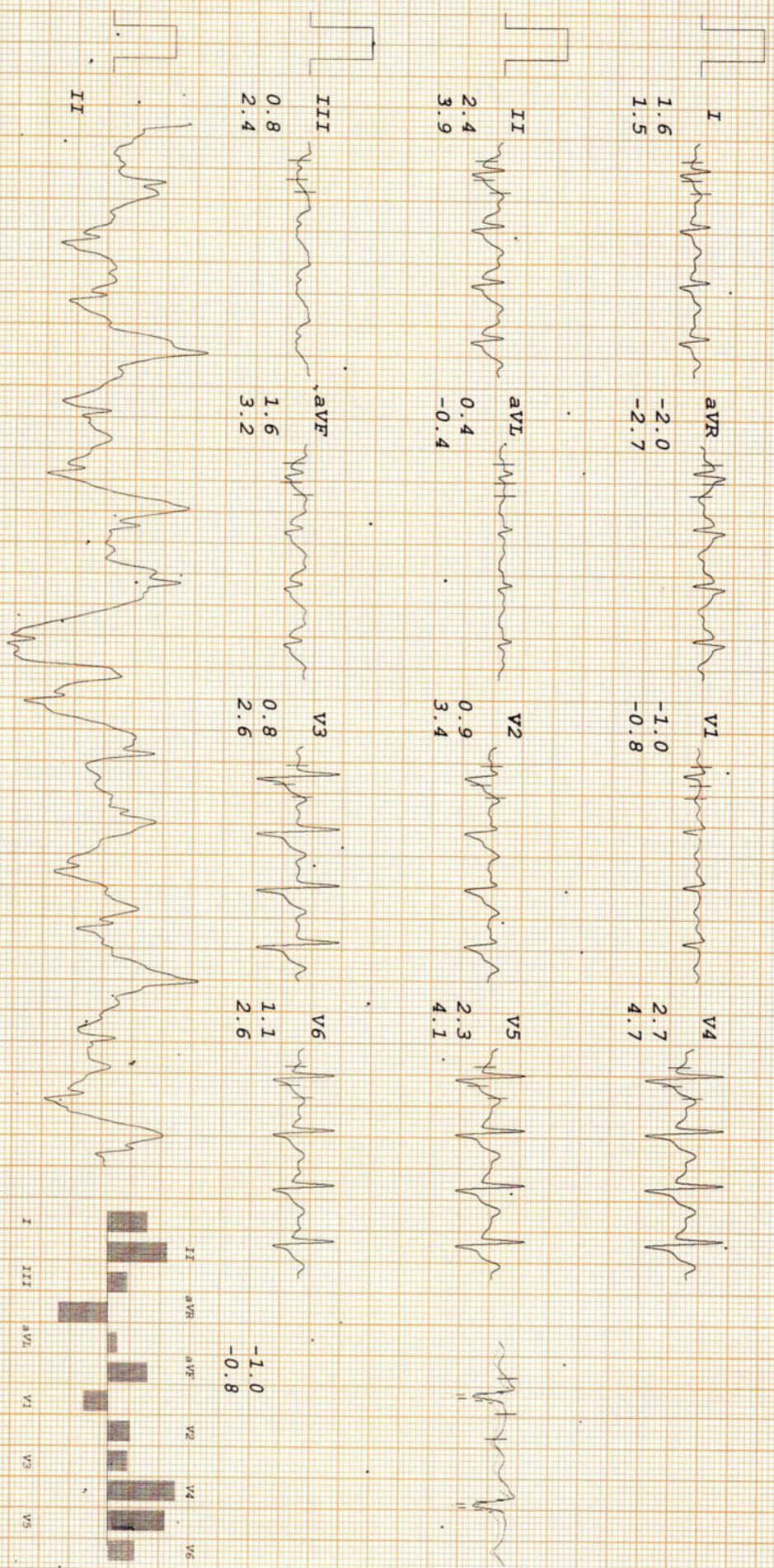
RATE 169bpm
 B.P. 160/80

Bruce
 PK-EXERCISE
 TOTAL TIME 12:28
 PHASE TIME 0:28

ST @ 10mm/mV
 80ms PostJ
 Speed 8 km/hr
 SLOPE 18 %

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR

Bruce

ST @ 10mm/mV

I.D.: 3612
Age 38/M
Date 14-01-2023

RATE 116bpm
B.P. 150/80

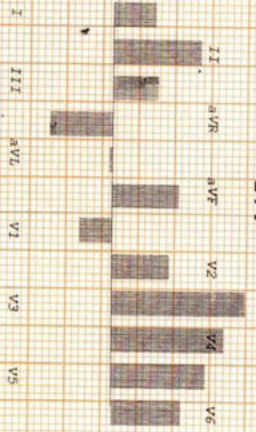
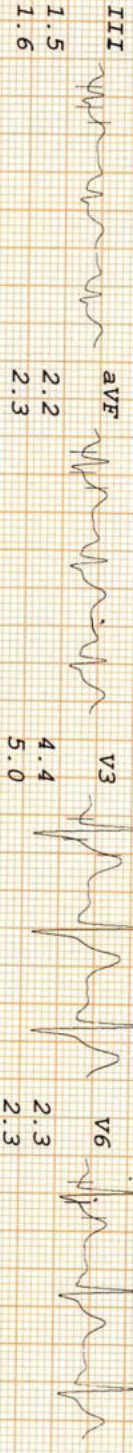
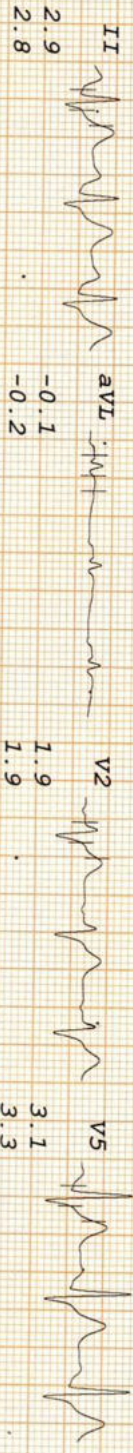
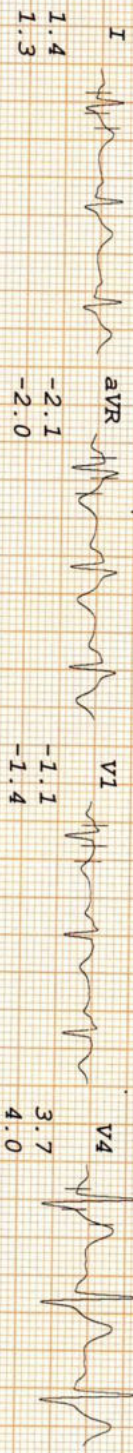
RECOVERY
TOTAL TIME 13:48
PHASE TIME 0:56

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR
 I.D. 3612
 Age 38/M
 Date 14-01-2023

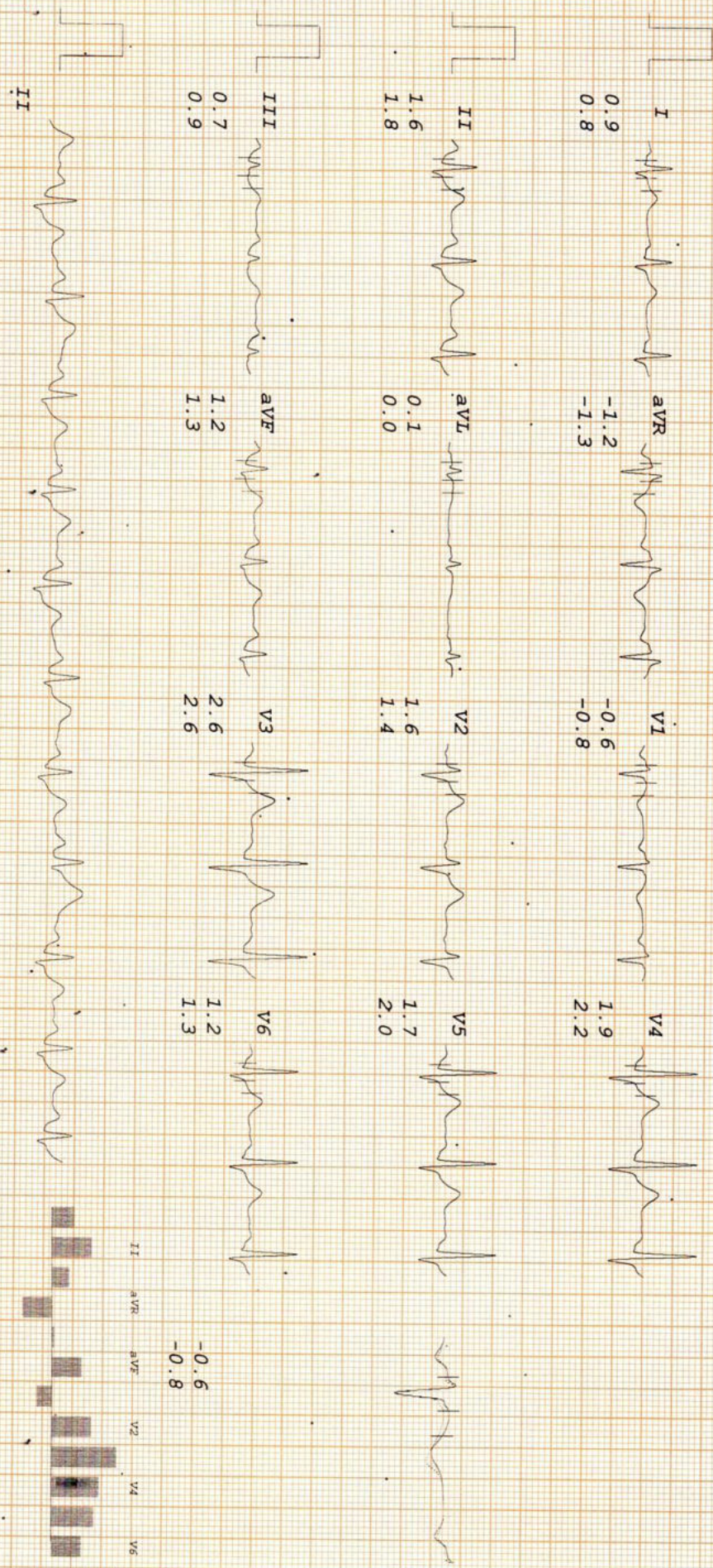
RATE 102bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 14:47
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR

I.D. 3612
Age 38/M
Date 14-01-2023

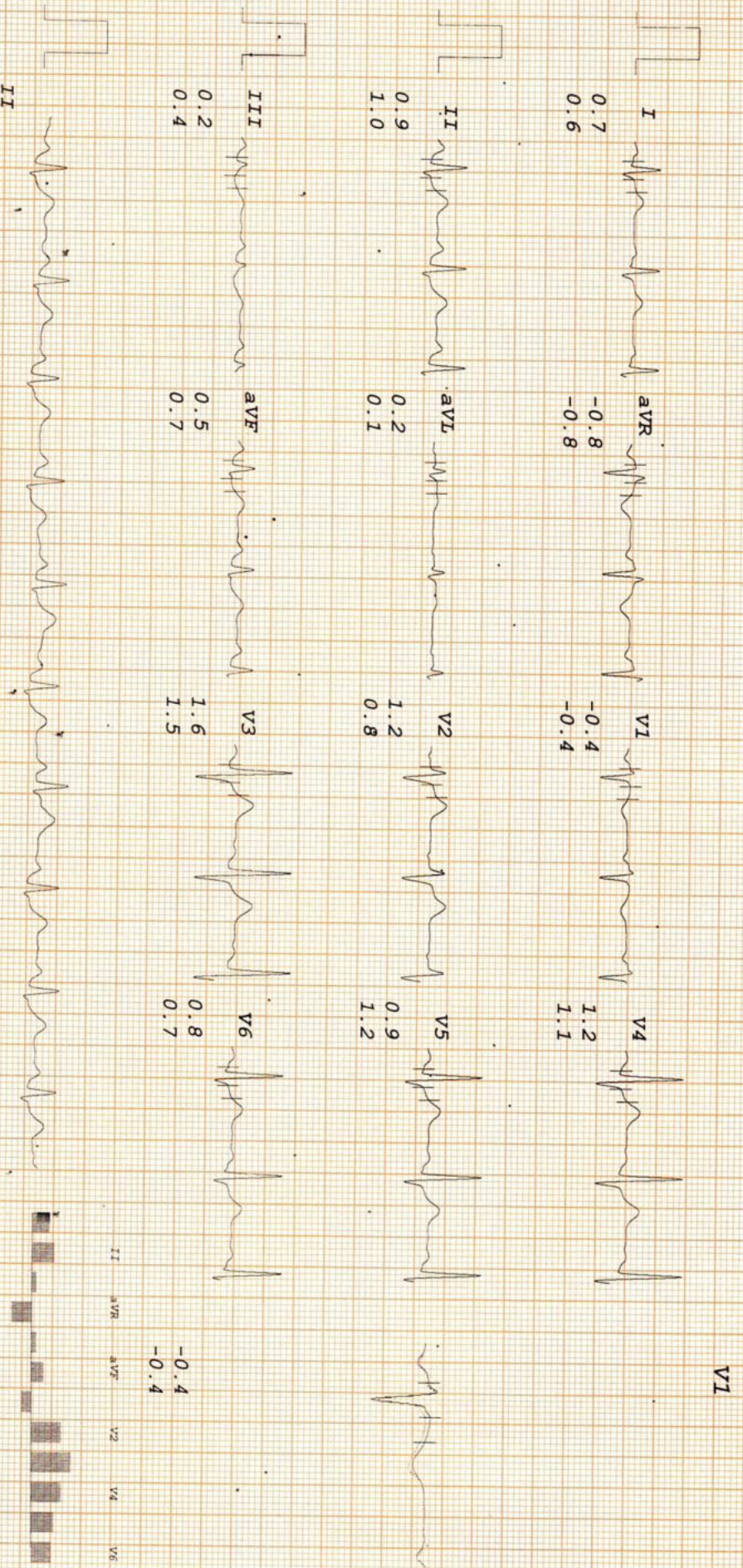
RATE 95bpm
B.P. 130/80

Recovery
TOTAL TIME 15:47
PHASE TIME 2:55

ST @ 10mm/mv
80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

RAHUL MAZUMDAR

Bruce

ST @ 10mm/mV

I.D. 3612
Age 38/M
Date 14-01-2023

RATE 99bpm
B.P. 120/80

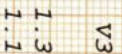
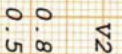
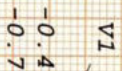
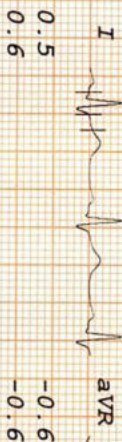
RECOVERY
TOTAL TIME 16:26
PHASE TIME 3:34

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



II aVR aVF V2 V4 V6

-0.4
-0.7

I III aVL V1 V3 V5