

भारत सरकार  
GOVERNMENT OF INDIA




पिंकी सैनी  
Pink Saini  
जन्म तिथि/ DOB: 10/10/1985  
महिला / FEMALE




5242 0247 6918

आधार-आम आदमी का अधिकार

  
Dr. PIYUSH GOYAL  
MBBS, DMRD (Radiologist)  
RMC No.-037041

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:  
W/O: मुकेश कुमार सैनी,  
गाँव जाटाला, तह  
नीमकाधाना, जतला, सीकर,  
राजस्थान - 332711

Address:  
W/O: Mukesh Kumar Saini, village  
Jatla, tah neemkadhana, Jabla, Sikar,  
Rajasthan - 332711

5242 0247 6918

Aadhaar-Aam Admi ka Adhikar

Pinki



### General Physical Examination

Date of Examination: 28/10/23

Name: PINKI SAINI Age: 38 YRS DOB: 10/10/1985 Sex: Female

Referred By: DANUKE BARADA

Photo ID: AADHAR CARD ID #: 6918

Ht: 159 (cm)

Wt: 67 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 91 (cm)

Blood Pressure: 130/80 mm Hg PR: 89/min RR: 18/min Temp: Afebrile

BMI 28.6

Eye Examination: R/E 7 BIG, NIG, NCB  
L/E 7 BIG, NIG, NCB

Other: NO

On examination he/she appears physically and mentally fit: Yes/No

Signature Of Examinee: Pinki Name of Examinee: PINKI SAINI

Signature Medical Examiner: [Signature] Name Medical Examiner: DR. PIYUSH GOYAL

**DR. PIYUSH GOYAL**  
MBBS, DMRD (Radiologist)  
RMC No.-037041



# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
+91 141 4824885 maxcarediagnostics1@gmail.com



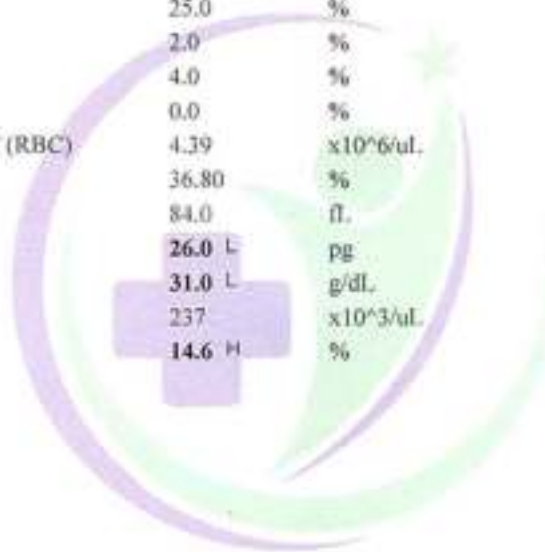
<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

## HAEMOGARAM

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
HAEMOGLOBIN (Hb)	11.4 L	g/dl.	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.80	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	69.0	%	40.0 - 80.0
LYMPHOCYTE	25.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.39	$\times 10^6/\mu\text{L}$	3.80 - 4.80
HEMATOCRIT (HCT)	36.80	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.0 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.0 L	g/dL	31.5 - 34.5
PLATELET COUNT	237	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	14.6 H	%	11.6 - 14.0



Technologist  
VIKARANT S  
Page No. 1 of 17

**DR.TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226





# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

- 📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
- ☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 28/10/2023 17:32:25

## HAEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR)

Method - Westergren

15

mm in 1st hr

00 - 20

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226

**Technologist**  
VIKARANUSI  
Page No. 2 of 17



**P3 HEALTH SOLUTIONS LLP**  
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry. HB: SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

- 📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
- ☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

## BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GOD POD	88.3	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.



**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226

**Technologist**  
VIKARAN T S J  
Page No. 4 of 17





**P3 HEALTH SOLUTIONS LLP**  
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



**NAME :- Mrs. PINKI SAINI**

Age :- 38 Yrs 18 Days

Sex :- Female

Patient ID :-12233841

Date :- 28/10/2023 12:21:08

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 28/10/2023 18:10:52

**BIOCHEMISTRY**

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

**FULL BODY HEALTH CHECKUP BELOW 40 FEMAL**

**BLOOD SUGAR PP (Plasma)**  
Method - GOD PAP

98.5

mg/dl

70.0 - 140.0

**Instrument Name:** HORIBA **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

\*\*\* End of Report \*\*\*



**Technologist**  
VIKARAN T D  
Page No. 1 of 1

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226



📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

**HAEMATOLOGY**

Test Name	Value	Unit	Biological Ref Interval
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method- CAPILLARY with EDTA	5.5	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
<b>MEAN PLASMA GLUCOSE</b> Method- Calculated Parameter	108	mg/dl.	68 - 125

**INTERPRETATION**

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %  
Non diabetic adults >=18 years < 5.7  
At risk (Prediabetes) 5.7 - 6.4  
Diagnosing Diabetes >= 6.5

**CLINICAL NOTES**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx. 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings. Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al.]

**1. Erythropoiesis**

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.  
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, hemolytic anemia, chronic liver disease

**2. Altered haemoglobin-Genetic or chemical alterations in hemoglobin, hemoglobinopathies, HbF, in hemoglobin, may increase or decrease HbA1c**

**3. Glycation**

- Increased HbA1c: alcoholism, chronic renal failure, decreased intracellular pH.  
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocytic pH

**4. Erythrocyte destruction**

- Increased HbA1c: increased erythrocyte life span, Splenectomy  
- Decreased A1c: decreased RBC life span, hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, NSAIDs & dapson

**5. Others**

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure  
- Decreased HbA1c: hyperglycemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

**Note:**

1. Shortened RBC life span -HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time;  
2. Abnormal forms of hemoglobin - The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control

**Advised:**

1. To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.  
2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

*Tanu*

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226

**Technologist**  
VIKARANU S  
Page No. 5 of 17





# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

- 📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
- 📞 +91 141 4824885 📧 maxcarediagnostics1@gmail.com



**NAME :- Mrs. PINKI SAINI**

Age :- 38 Yrs 18 Days

Sex :- Female

Patient ID :-12233841

Date :- 28/10/2023

12:21:08

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 28/10/2023 17:32:25

## HAEMATOLOGY

**BLOOD GROUP ABO**

Method - Haemagglutination reaction

"A" POSITIVE



Technologist  
VIKARANTO  
Page No. 5 of 17

**DR.TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226



📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

**BIOCHEMISTRY**

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method- CHOD-PAP methodology	167.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
<i>InstrumentName: MISPA PLUS Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</i>			
TRIGLYCERIDES Method- GPO-PAP	187.00 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<i>InstrumentName: Randon Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</i>			
DIRECT HDL CHOLESTEROL Method- Direct clearance Method	46.00	mg/dl	MALE- 30-70 FEMALE - 30-85
<i>Instrument Name: Rx Daytona plus Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</i>			
LDL CHOLESTEROL Method- Calculated Method	89.83	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method- Calculated	37.40	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL.CHOLESTEROL.RATIO Method- Calculated	3.63		0.00 - 4.90
LDL / HDL.CHOLESTEROL.RATIO Method- Calculated	1.95		0.00 - 3.50
TOTAL LIPID Method- CALCULATED	583.53	mg/dl	400.00 - 1000.00

! Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226

**Technologist**  
VIRAJ KANANI  
Page No. 7 of 17



📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

**BIOCHEMISTRY**

**LIVER PROFILE WITH GGT**

SERUM BILIRUBIN (TOTAL) Method - DMSO/Diaz	0.69	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method - DMSO/Diaz	0.28	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.41	mg/dl	0.30-0.70
SGOT Method - IFCC	17.5	U/L	0.0 - 40.0
SGPT Method - IFCC	22.3	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Method- DGKC - SCE	96.50	U/L	42.00 - 110.00
SERUM GAMMA GT Method - Szasz methodology Instrument: Navi Reader Kx 1600 Interpretation: Elevations in GGT levels suggest alcohol and more pronounced than those with other liver enzymes in cases of obstructive jaundice and increased consumption. It may reach 5 to 20 times normal levels in acute or pre- hepatic biliary obstruction. Only moderate elevations or the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	25.60	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method- Direct Buret Reagent	6.85	g/dl	6.00 - 8.40
SERUM ALBUMIN Method- Bromocresol Green	4.24	g/dl	3.50 - 5.50
SERUM GLOBULIN Method- CALCULATION	2.61	gm/dl	2.20 - 3.50
A/G RATIO	1.62		1.30 - 2.50

**Interpretation** : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**Note** :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

Technologist  
VIKARANTO  
Page No. 9 of 17

*Tanu*

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226





📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age > 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex > Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

**BIOCHEMISTRY**

**RFT / KFT WITH ELECTROLYTES**

SERUM UREA 29.50 mg/dl 10.00 - 50.00  
Method:- Urease/GI,OH

InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE 0.92 mg/dl Males : 0.6-1.50 mg/dl  
Females : 0.6 -1.40 mg/dl  
Method:- Jaffe's Method

Interpretation :  
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID 5.26 mg/dl 2.40 - 7.00

InstrumentName: HORIBA YUMIZEN CA60 Daytona plus Interpretation: **Elevated Urate**; High purine diet, Alcohol, Renal insufficiency, Drugs, Polycythaemia vera, Malignancies, Hypothyroidism, Rare enzyme defects, Down's syndrome, Metabolic syndrome, Pregnancy, Gout.

SODIUM 138.8 mmol/L 135.0 - 150.0  
Method:- ISE  
Interpretation:

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body. \*

\* **Sodium**—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. \*

POTASSIUM 4.31 mmol/L 3.50 - 5.50  
Method:- ISE

\* **Potassium**—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract.

CHLORIDE 101.1 mmol/L 94.0 - 110.0  
Method:- ISE

Technologist  
VIKARANTSI  
Page No: 10 of 17

*Tanu*

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226



📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

### BIOCHEMISTRY

\* **Chloride**—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged cations and negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body.

SERUM CALCIUM	9.65	mg/dL	8.80 - 10.20
Method - Arsenazo III Method			

**InstrumentName:** MISPA PLUS **Interpretation:** Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia. Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN	6.85	g/dl	6.00 - 8.40
Method - Direct Buret Reagent			

SERUM ALBUMIN	4.24	g/dl	3.50 - 5.50
Method - Bromocresol Green			

SERUM GLOBULIN	2.61	gm/dl	2.20 - 3.50
Method - CALCULATION			

A/G RATIO	1.62		1.30 - 2.50
-----------	------	--	-------------

**Interpretation :** Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

#### INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226

Technologist  
VIKARANTJI  
Page No. 11 of 17





**P3 HEALTH SOLUTIONS LLP**  
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-12233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 28/10/2023 17:32:25

**TOTAL THYROID PROFILE**

**IMMUNOASSAY**

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

**THYROID-TRIiodothyronine T3**  
Method- ECLIA

1.12 ng/mL

0.70 - 2.04

NOTE-TSH levels are subject to circadian variation reaching peak levels between 3-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measure serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1 Primary hyperthyroidism is accompanied by (serum T3 & T4 values along with \* TSH level 2 Low TSH high FT4 and TSH receptor antibody (TRAb) are seen in patients with Graves disease 3 Low TSH high FT4 and TSH receptor antibody (TRAb) are seen in patients with Toxic adenoma/Toxic Multinodular goiter 4 High TSH Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto thyroiditis 5 High TSH Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6 Low TSH Low FT4 and TRH stimulation test-Delayed response seen in patients with Tertiary hypothyroidism  
Tertiary hypothyroidism is accompanied by serum T3 and T4 values & serum TSH levels Normal T4 levels accompanied by T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis Normal or T3 & T4 Normal T3 & T4 along with \* TSH indicate mild / Subclinical Hyperthyroidism 11 Normal T3 & T4 along with \* TSH is seen in Hypothyroidism 12 Normal T3 & T4 levels with \* TSH indicate Mild / Subclinical Hypo

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL, 2nd Trimester : 0.20-3.00 uIU/mL, 3rd Trimester : 0.30-3.50 uIU/mL. The production, circulation, and distribution of thyroid hormones are altered throughout the stages of pregnancy.

REMARK-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 radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher

**THYROID-THYRONINE (T4)** due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. \*\* 5.10 - 14.10  
Method- ECLIA

NOTE-TSH levels are subject to circadian variation reaching peak levels between 3-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measure serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis

INTERPRETATION-Ultra Sensitive 4th generation assay 1 Primary hyperthyroidism is accompanied by (serum T3 & T4 values along with \* TSH level 2 Low TSH high FT4 and TSH receptor antibody (TRAb) are seen in patients with Graves disease 3 Low TSH high FT4 and TSH receptor antibody (TRAb) are seen in patients with Toxic adenoma/Toxic Multinodular goiter 4 High TSH Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto thyroiditis 5 High TSH Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6 Low TSH Low FT4 and TRH stimulation test-Delayed response seen in patients with Tertiary hypothyroidism  
Tertiary hypothyroidism is accompanied by serum T3 and T4 values & serum TSH levels Normal T4 levels accompanied by T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis Normal or T3 & T4 Normal T3 & T4 along with \* TSH indicate mild / Subclinical Hyperthyroidism 11 Normal T3 & T4 along with \* TSH is seen in Hypothyroidism 12 Normal T3 & T4 levels with \* TSH indicate Mild / Subclinical Hypo

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL, 2nd Trimester : 0.20-3.00 uIU/mL, 3rd Trimester : 0.30-3.00 uIU/mL. The production, circulation, and distribution of thyroid hormones are altered throughout the stages of pregnancy.

REMARK-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 radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

**TSH** 2.714 uIU/mL 0.350 - 5.500  
Method- ECLIA

4th Generation Assay, Reference ranges vary between laboratories

Technologist  
VIKARANTSI  
Page No: 15 of 17

*Tanu*  
**DR. TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226





B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
+91 141 4824885 maxcarediagnostics1@gmail.com

<b>NAME :- Mrs. PINKI SAINI</b>	Patient ID :-42233841	Date :- 28/10/2023	12:21:08
Age :- 38 Yrs 18 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 28/10/2023 17:32:25

**CLINICAL PATHOLOGY**

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine:</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH)	5.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist  
VIKARAN LUI  
Page No: 12 of 17

*Tanu*

**DR.TANU RUNGTA**  
MD (Pathology)  
RMC No. 17226











# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

- 📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



MRS. PINKI SAINI	Age: 38 Y/F
Registration Date: 28/10/2023	Ref. by: BANK OF BARODA

## ULTRASOUND OF WHOLE ABDOMEN

**Liver** is mildly enlarged in size (150.2 mm) with bright parenchymal echotexture. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

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

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Right kidney** is measuring approx. 91 mm.

**Left kidney** is measuring approx. 113 mm.

**Urinary bladder** does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size (measuring approx. 89 x 48 mm). **A tiny intramural posterior wall uterine fibroid is noted measuring 10 mm.** Myometrium shows normal echo-pattern. Endometrial echo is normal. Endometrial thickness is 12.6 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of Douglas.

### IMPRESSION:

- Mild hepatomegaly with grade I hepatic steatosis.
- Tiny intramural uterine fibroid.
- No free fluid or lymphadenopathy.

Dr. Mukesh Sharma  
M.B.B.S; M.D. (Radiodiagnosis)  
RMC No. 43418/17437

Dr. MUKESH SHARMA  
M.B.B.S., M.D.(Radiodiagnosis)  
RMC No. : 43418/17437



**P3 HEALTH SOLUTIONS LLP**  
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

- 📍 B-14, Vidhyadhar Enclave-II, Near Axis Bank  
Central Spine, Vidhyadhar Nagar, Jaipur - 302023  
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



NAME:	MRS. PINKI SAINI	AGE	38 YRS/F
REF.BY	BANK OF BARODA	DATE	28/10/2023

**CHEST X RAY (PA VIEW)**

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

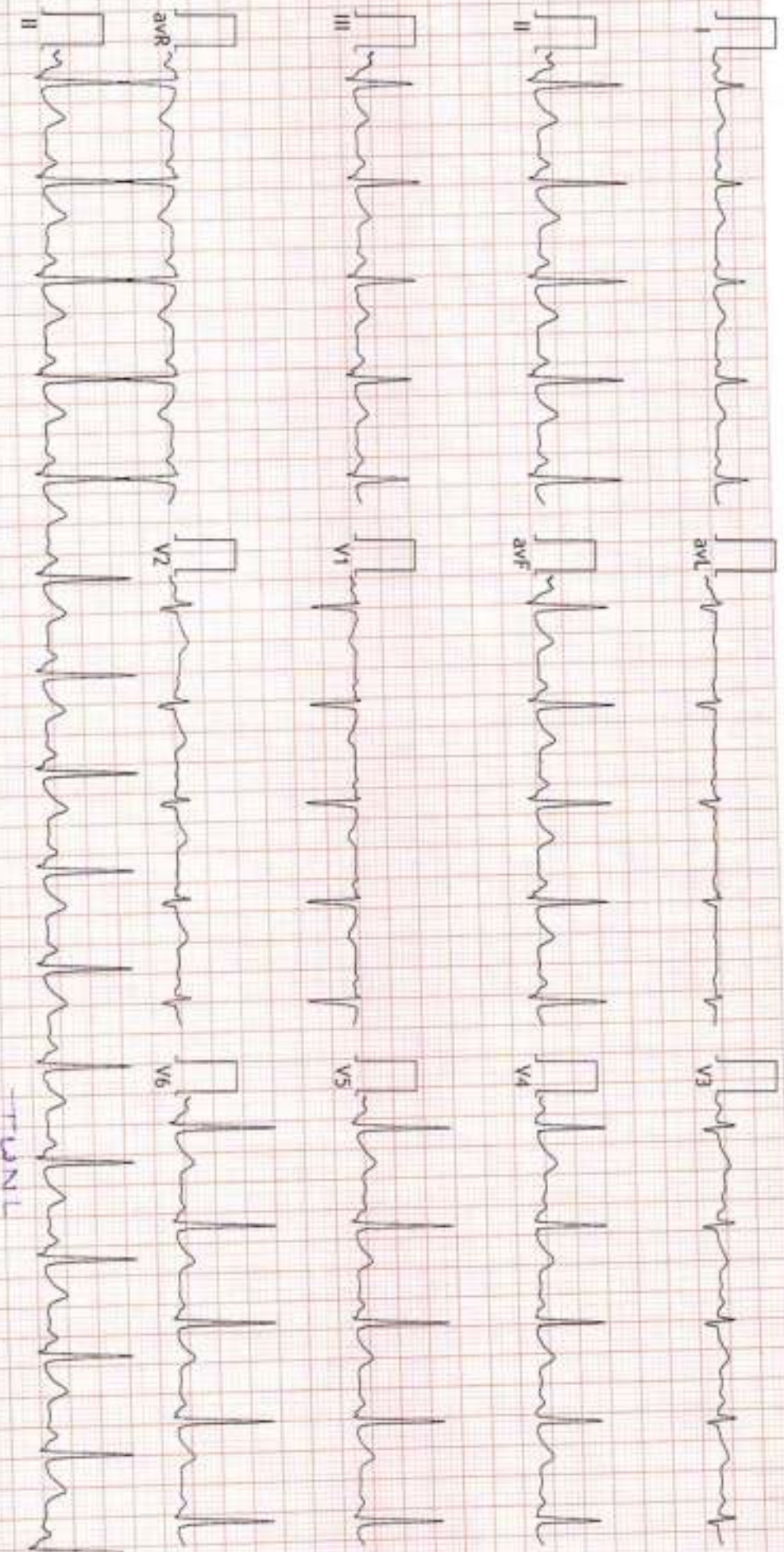
**IMPRESSION: No significant abnormality is detected**

**Dr. Mukesh Sharma**  
M.B.B.S; M.D. (Radiodiagnosis)  
RMC No. 43418/17437





PR Interval: 122 ms  
QRS Duration: 74 ms  
QT/QTc: 345/427ms  
P-QRS-T Axis: 71 - 67 - 59 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 92 bpm; PR Interval : 122 ms; QRS Duration: 74 ms; QT/QTc Int: 345/427 ms

P-QRS-T axis: 71 • 67 • 59 • (Deg)

Comments :

*Pinkii*

*TENT*

Dr. Nagesh Kumar Mohanka

RMC No.: 35703

ZABBS, DIP. CARDIO (ESCORTS)

D.E.M. (RCGP-UK)



B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233832/MRS PINKI SAINI 38 Yrs/Female 0 Kg/0 Cms

Date: 28-Oct-2023 02:37:57 PM

Ref. By : BANK OF BARODA

Medication : Nil

Objective :

Protocol : BRUCE

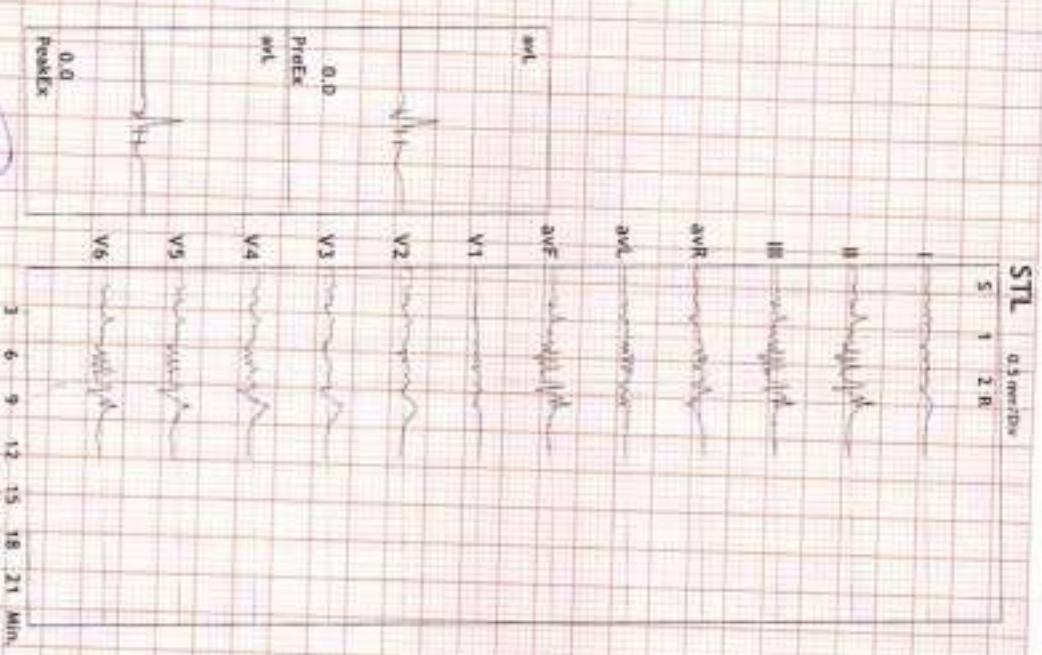
History : Nil

Stage	Stage Time (min:Sec)	Phase Time (min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	95	130/80	123	-	
Standing					1.0	87	130/80	113	-	
HV					1.0	123	130/80	159	-	
ExStart					1.0	115	130/80	149	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	132	140/80	184	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	153	150/85	229	-	
PeakEX	0:45	6:46	3.4	14.0	7.9	168	150/85	251	-	
Recovery	1:00		0.0	0.0	1.2	131	150/85	196	-	
Recovery	2:00		0.0	0.0	1.0	115	160/85	184	-	
Recovery	3:00		0.0	0.0	1.0	118	150/85	176	-	
Recovery	4:00		0.0	0.0	1.0	107	140/80	149	-	

Findings :

Exercise Time : 06:45  
 Max HR Attained : 168 bpm (92% of Max Predictable HR 182)  
 Max BP : 160/85 (mmHg)  
 Max Workload attained : 7.9 (Fair Effort Tolerance)

*Handwritten notes:*  
 Normal  
 Mild  
 TMT - Negative for RMI.  
 Mild



Advice/Comments:

Dr. Naresh Kumar Mohanka  
 RMC No.: 35703  
 MBBS, DIP. CARDIO (ESCORTS)  
 D.E.M. (RCGP-UK)





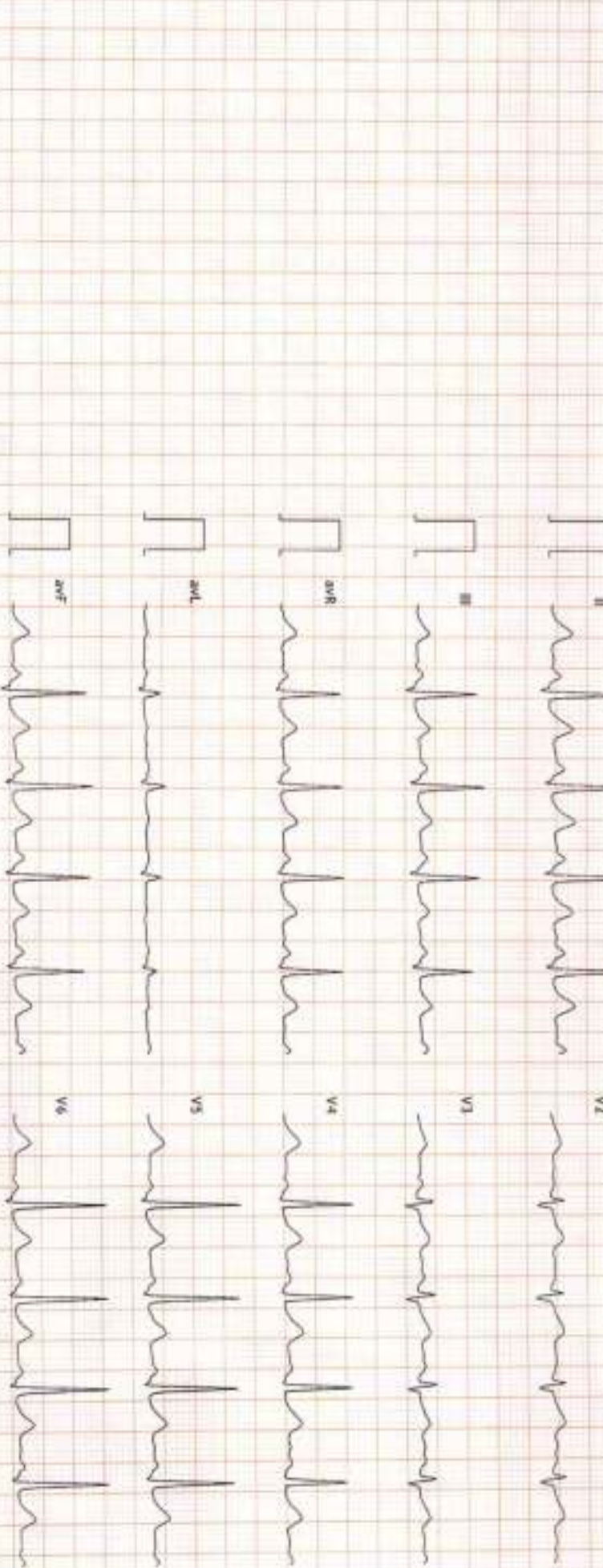
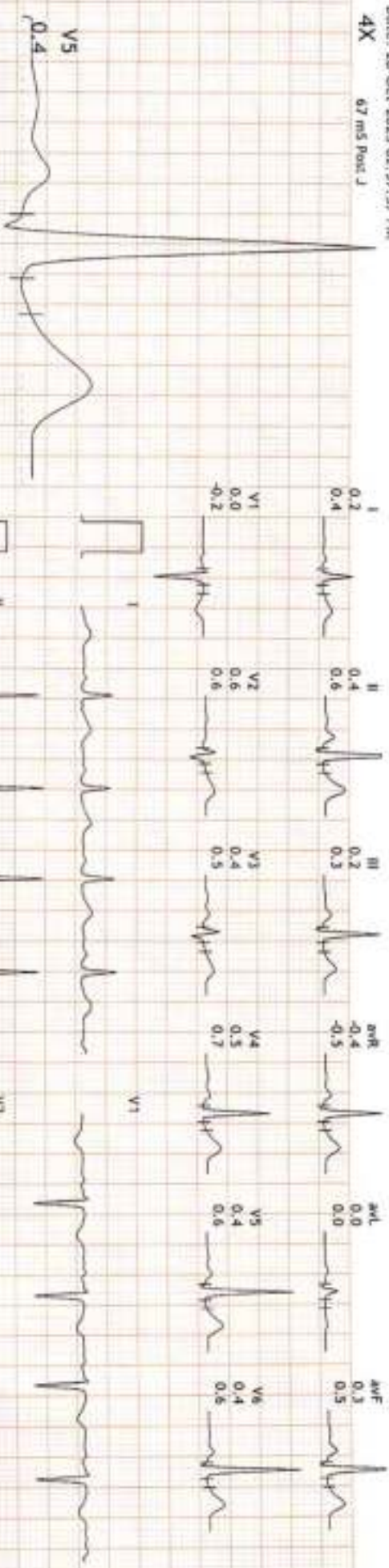
HR: 95 bpm  
METs: 1.0  
BP: 130/60

MPHR: 52% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)/Hrs

Ex Time 00:42  
BLC : On  
Notch : On

Supine  
10.0 mm/mV  
25 mm/Sec





P3 HEALTHCARE SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233832/MRS PINKI SAINI  
28 Yrs/Female  
0 Kg/0 Cms

Date: 28-Oct-2023 02:37:57 PM

4X 67 ms Post J

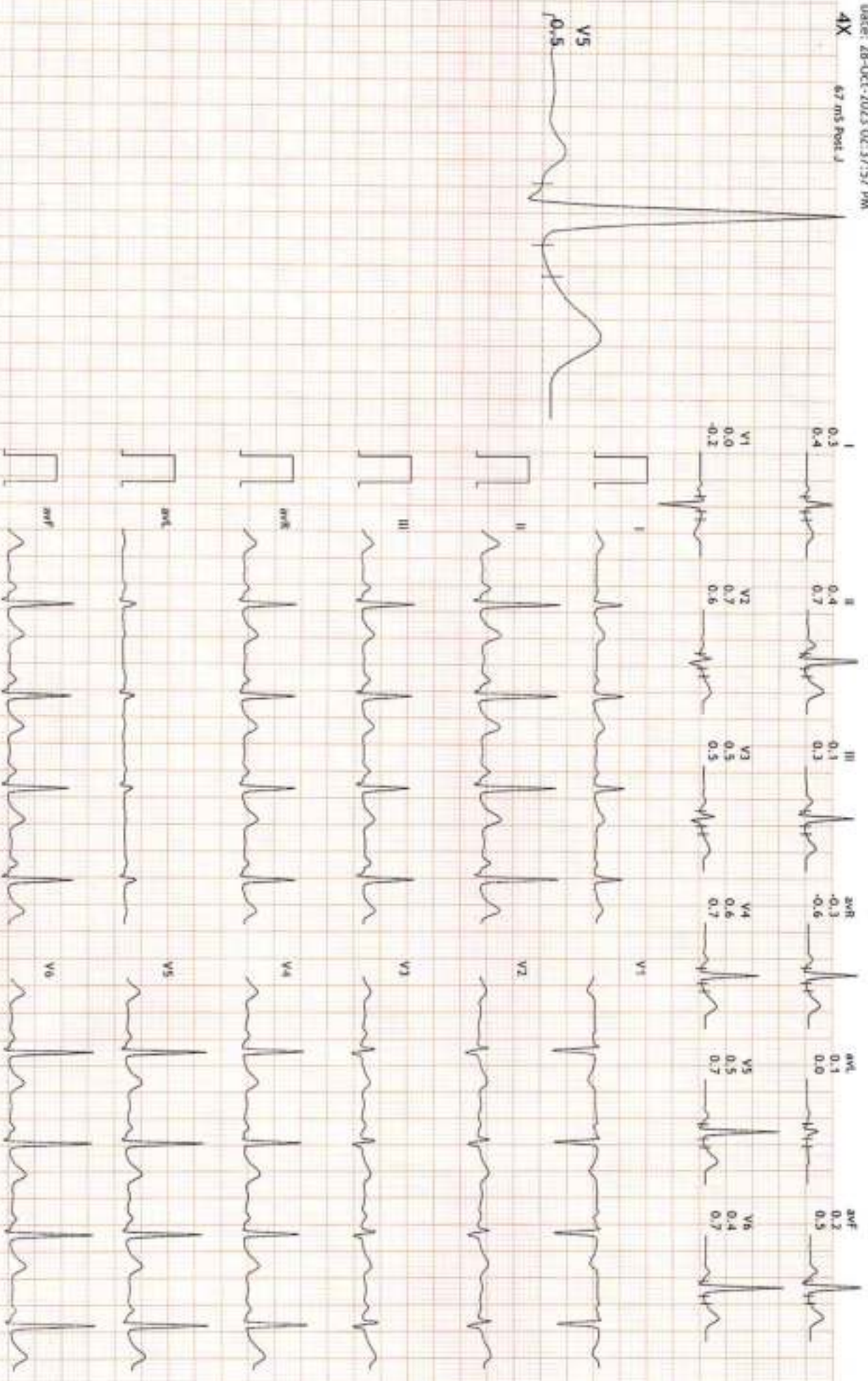
HR: 86 bpm  
METs: 1.0  
BP: 130/80

MPHR: 47% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
10.05-100Hz

Ex Time 00:56  
BLC :On  
Mech: On

Standing  
10.0 mm/mV  
25 mm/Sec





P 3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur  
12233832/MRS PINKI SAINI  
28 Yrs/Female  
0 kg/0 Cms  
Date: 28-Oct-2023 02:37:57 PM

HR: 123 bpm  
METS: 1.0  
BP: 130/80

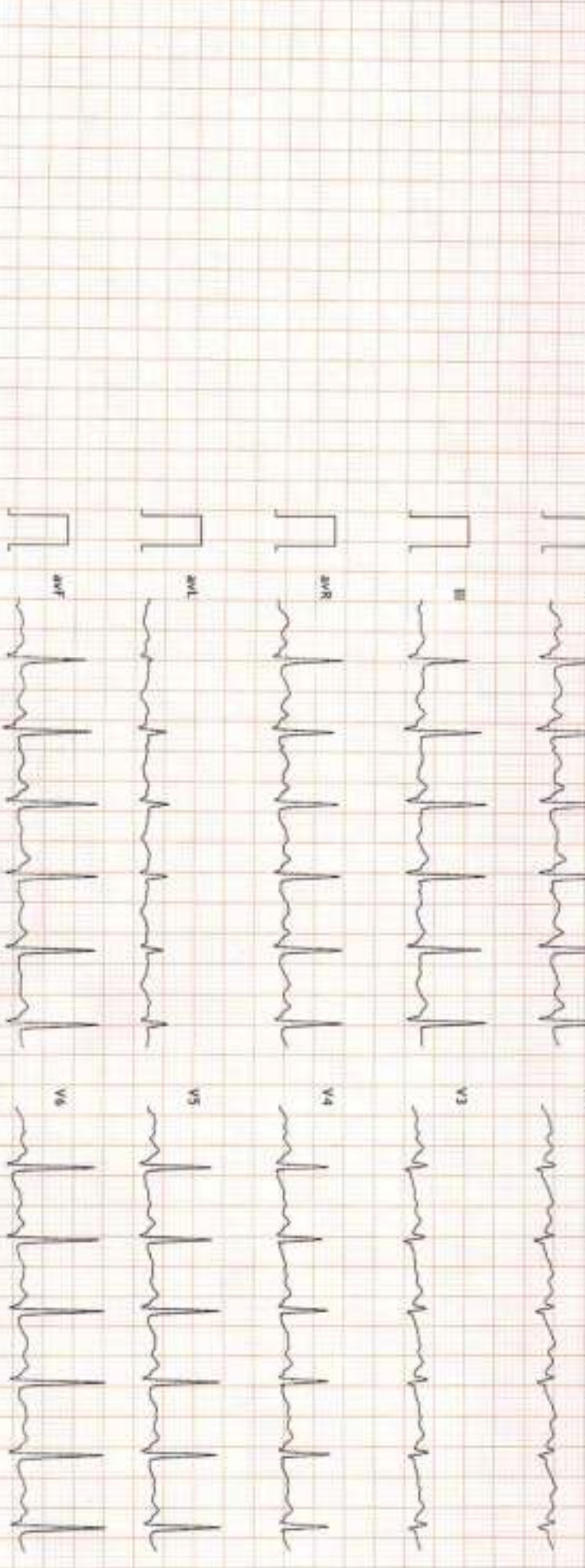
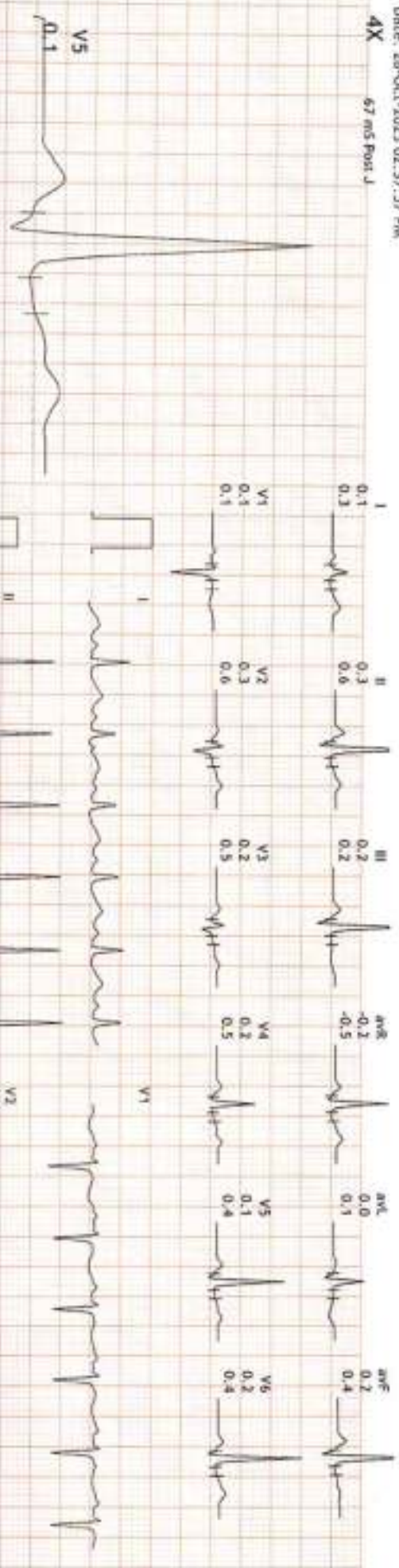
APPR: 67% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 01:42  
BLC :On  
Moch :On

HV  
10.0 mm/mV  
25 mm/Sec.

4X 67 ms Post J





F3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233832/MRS PINKI SAINI  
38 Yrs/Female  
0 Kg/0 Cms

Date: 28-Oct-2023 02:37:57 PM

4X 67 ms Post J

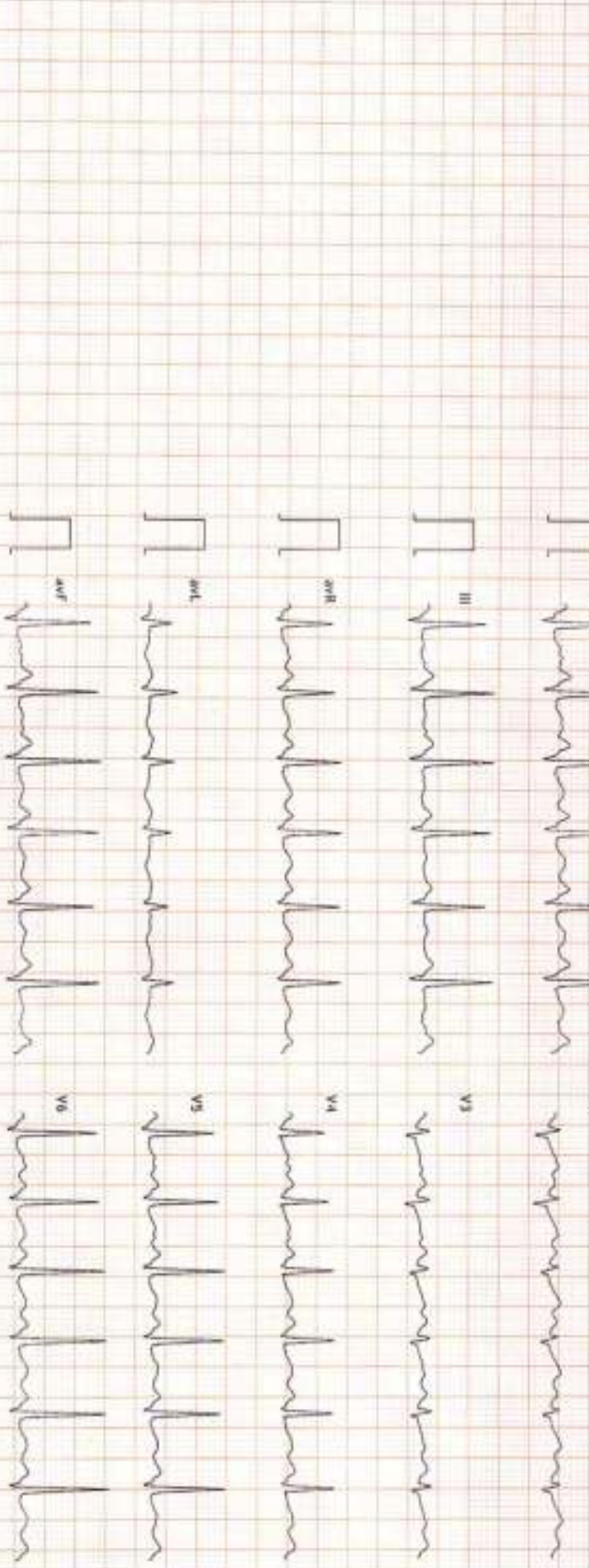
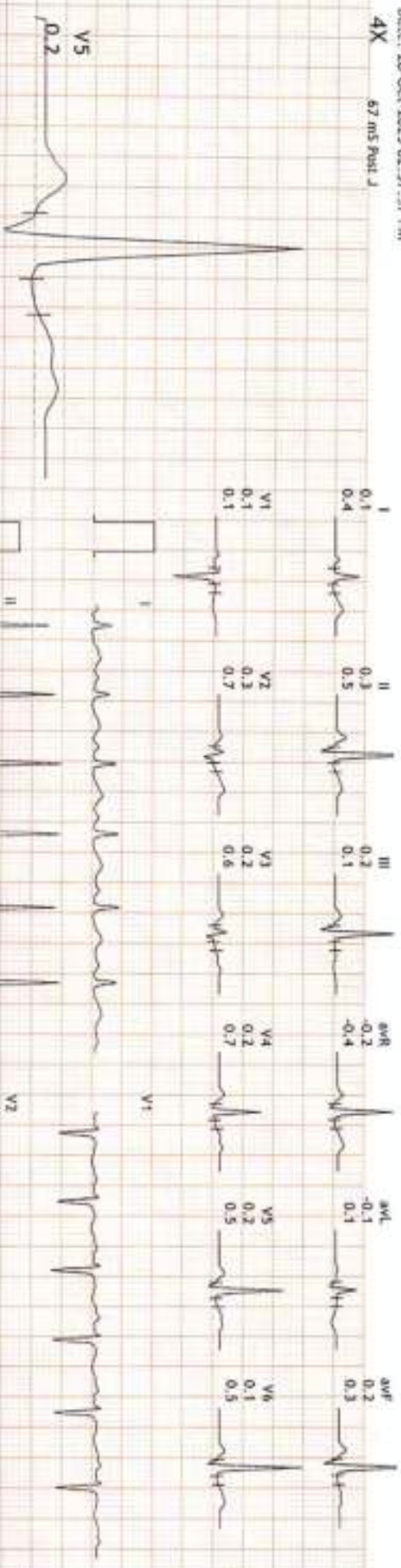
HR: 123 bpm  
METs: 1.0  
BP: 130/80

MoPR: 67% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
10.05-100Hz

Ex Time 01:49  
BLC :On  
Match :On

EXStart  
10.0 mm/mV  
25 mm/Sec.





F3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

1223832/MRS PINKI SAINI

38 Yrs/Female

0 Kg/0 Cms

Date: 28-Oct-2023 02:37:57 PM

HR: 132 bpm

MEFS: 4.7

BP: 140/80

MPHR: 72% of 182

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

10.05-100Hz

Ex Time 02:59

BLC :On

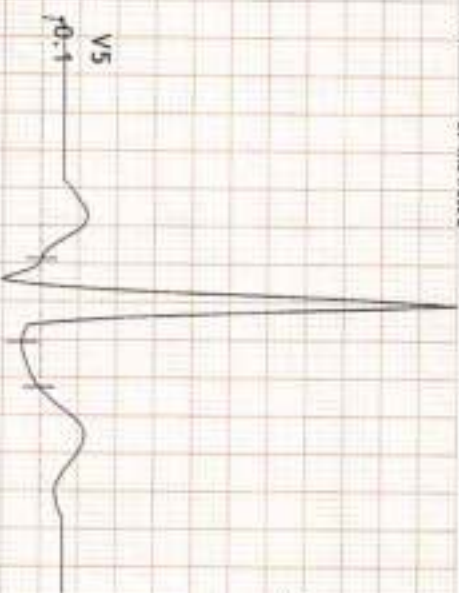
Match :On

BRUCE:Stage 1(3:00)

10.0 mm/mV

25 mm/Sec

4X 67 ms Post J



I

0.2

0.7

1.2

0.1

0.5

1.0

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

II

-0.1

1.2

0.1

0.5

1.0

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

III

-0.1

0.5

0.1

0.5

1.0

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

0.9

1.2

0.1

0.2

aVR

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

0.9

0.0

aVL

0.2

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

aVF

0.2

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

V1

0.2

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1



1221832/MRS PINKI SAINI  
 38 Yrs/Female  
 0 Kg/0 Cms

Date: 28-Oct-2023 02:37:57 PM

4X 67 ms Pos: J

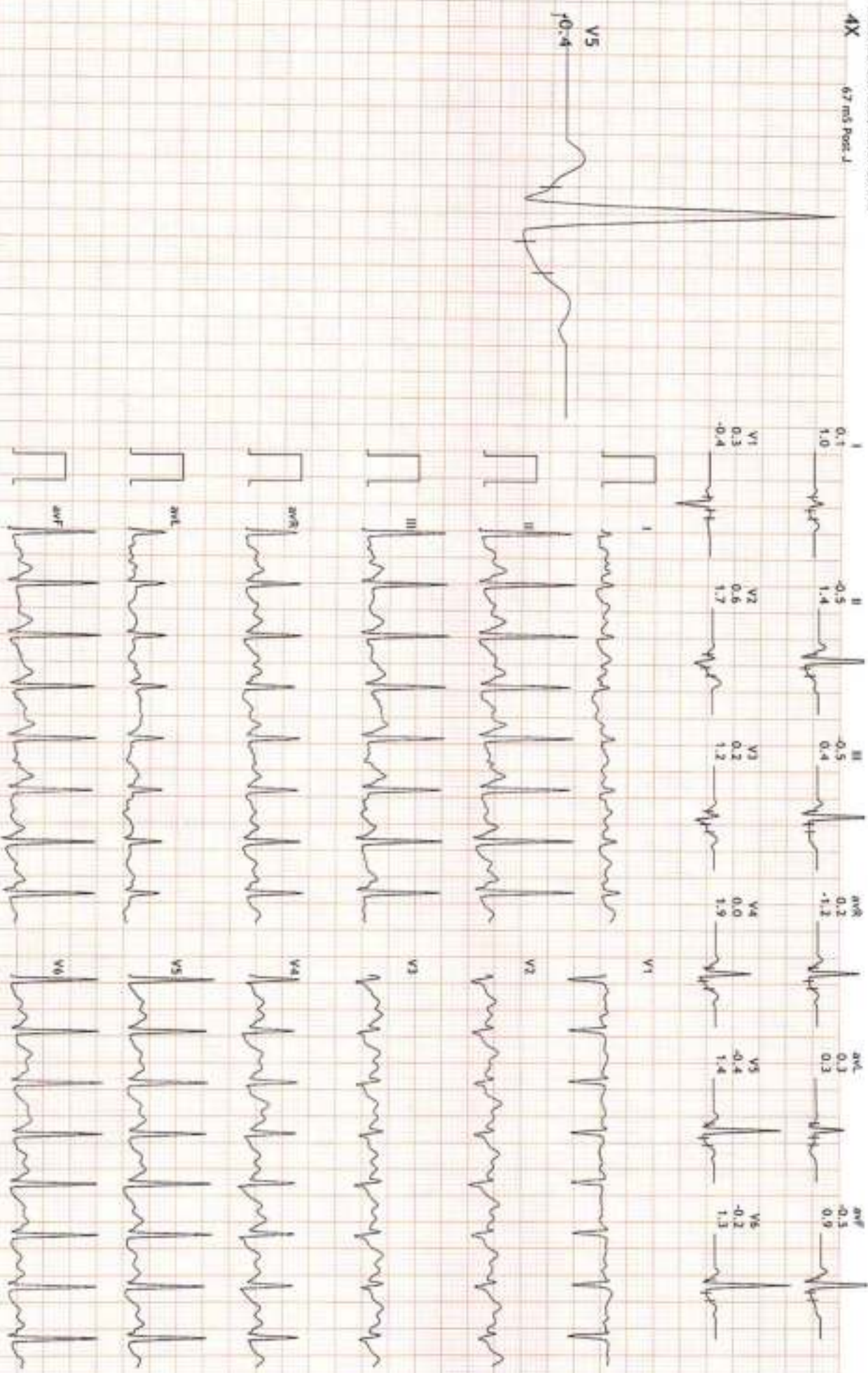
HR: 154 bpm  
 METS: 7.1  
 BP: 150/85

APPR: Bat. of 182  
 Speed: 2.5 mph  
 Grade: 12.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 05:59  
 BLC: On  
 Notch: On

BRUCE: Stage 2(3:00)  
 10.0 mm/mV  
 25 mm/Sec.





F3 HEALTH SOLUTIONS LLP  
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

12233832/M85 PINKI SAHNI  
38 Yrs/Female  
0 Kg/0 Cms  
Date: 28-Oct-2023 02:37:57 PM

4X 67 ms Post J

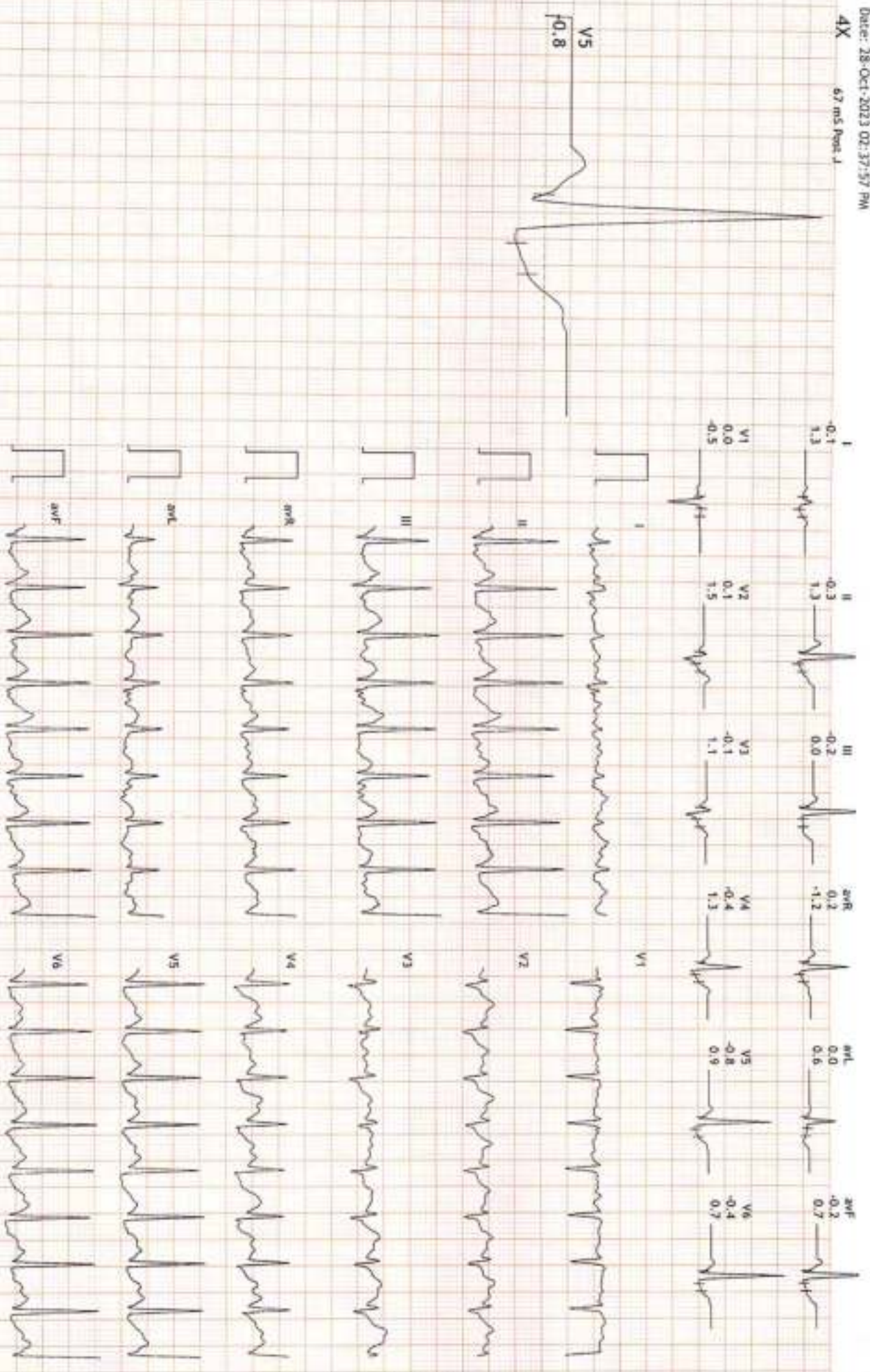
HR: 167 bpm  
METS: 7.9  
BP: 150/85

MPHR: 91% of 182  
Speed: 3.4 mph  
Grade: 14.0%

Raw ECG  
BRUCE  
10.05-100)Hz

Ex Time 06:43  
BLC :On  
Nech: :On

BRUCE: PeakEx(0-43)  
10.0 mm/mV  
25 mm/Sec.





HR: 131 bpm

MEETS: 1.3

BP: 150/85

MPFR: 71% of 182

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BLUCE

(0.05-100)Hz

Ex Time 06:45

BLC :On

Notch :On

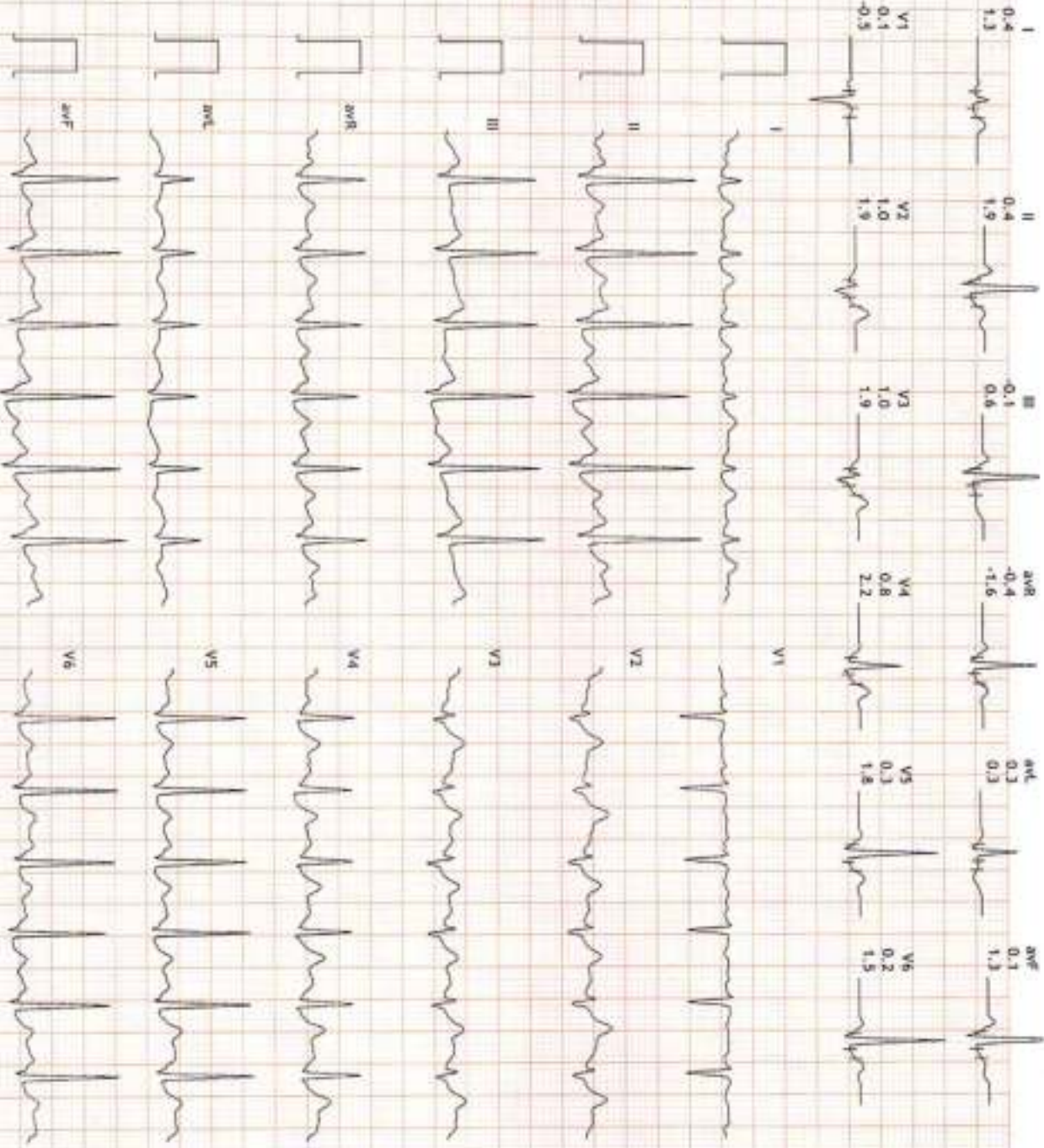
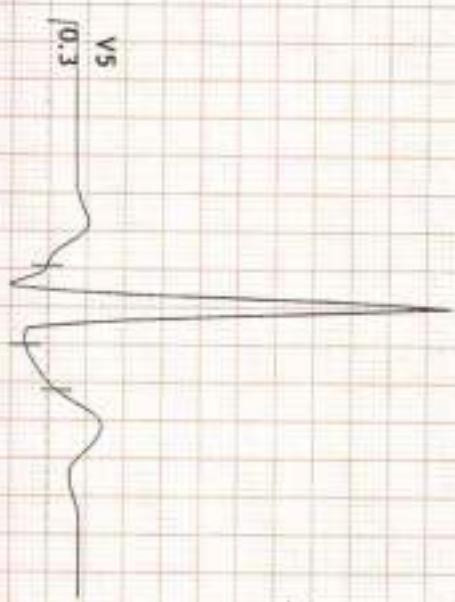
Recovery(1:00)

10.0 mm/mV

25 mm/Sec.



4X 67 ms Post J





HR: 115 bpm

MEETS: 1.0

BP: 160/85

APPR: 63% of 182

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:45

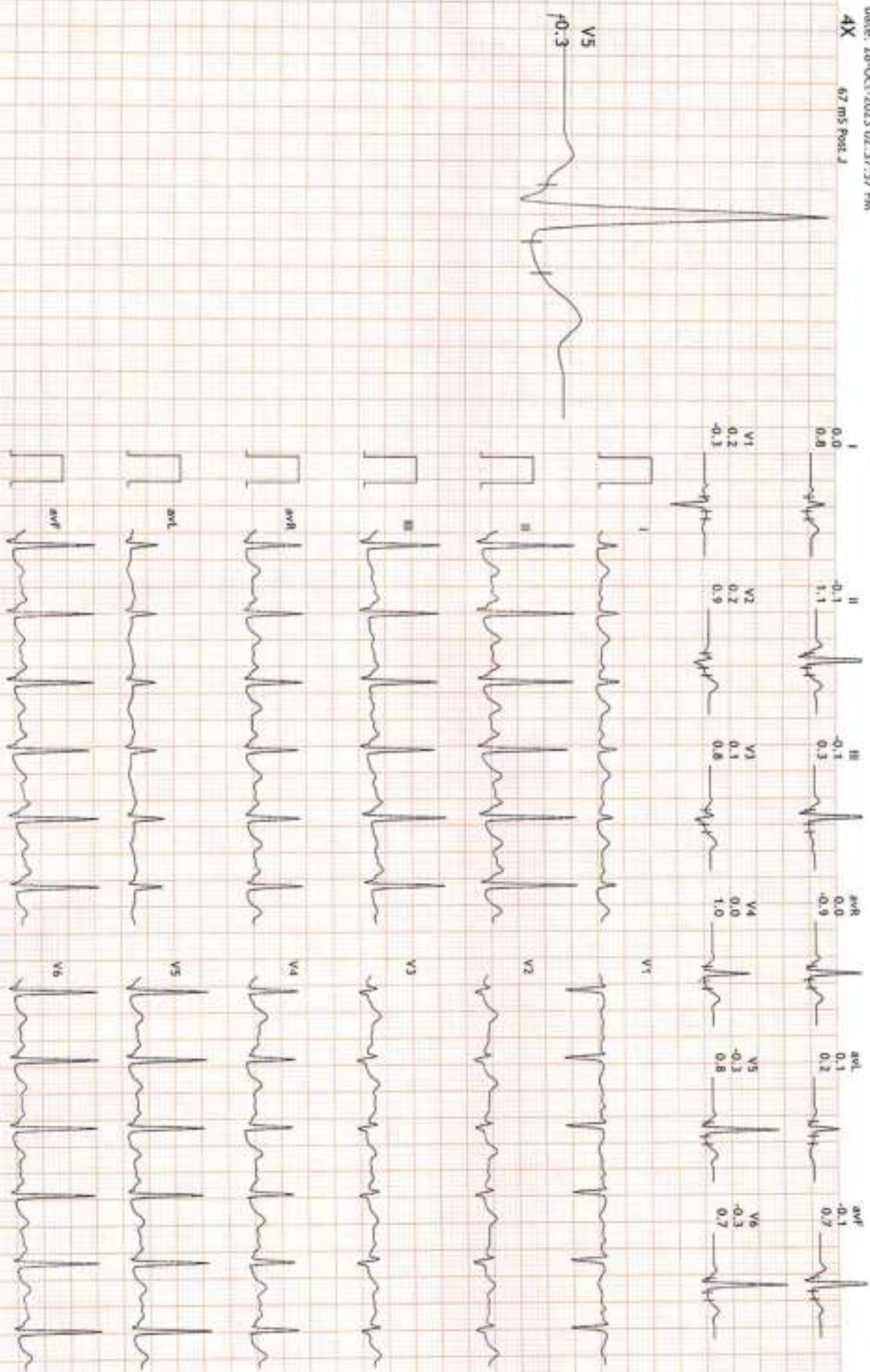
BLC : On

Notch : On

Recovery(2:00)

10.0 mm/mV

25 mm/Sec





HR: 118 bpm

MEFS: 1.0

BP: 150/85

APPR: 64% of 182

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:45

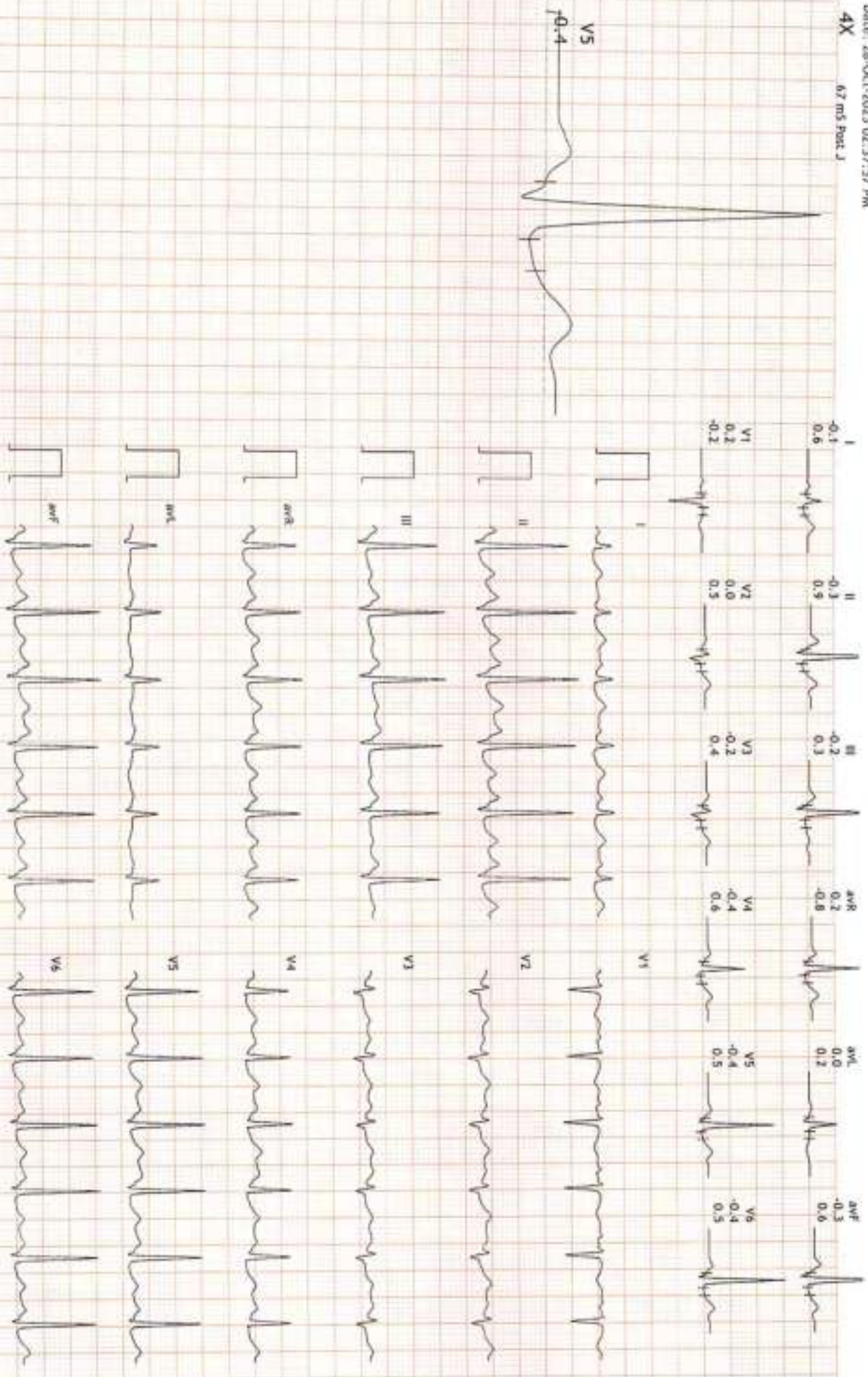
BLC :On

Noise :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec





4X 47 mV/Box J

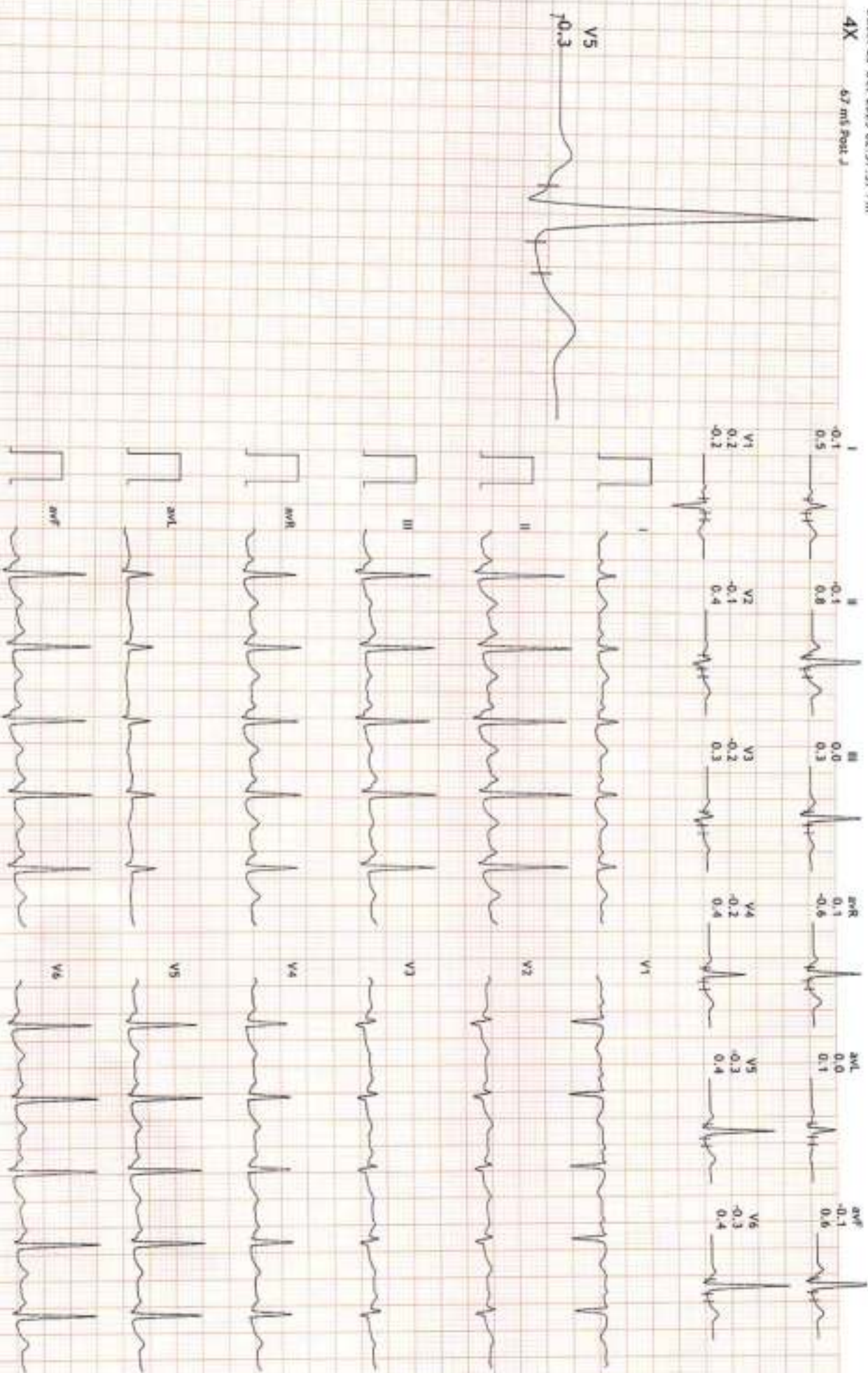
HR: 107 bpm  
METs: 1.0  
BP: 140/80

APHR: 58% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
10.05-100Hz

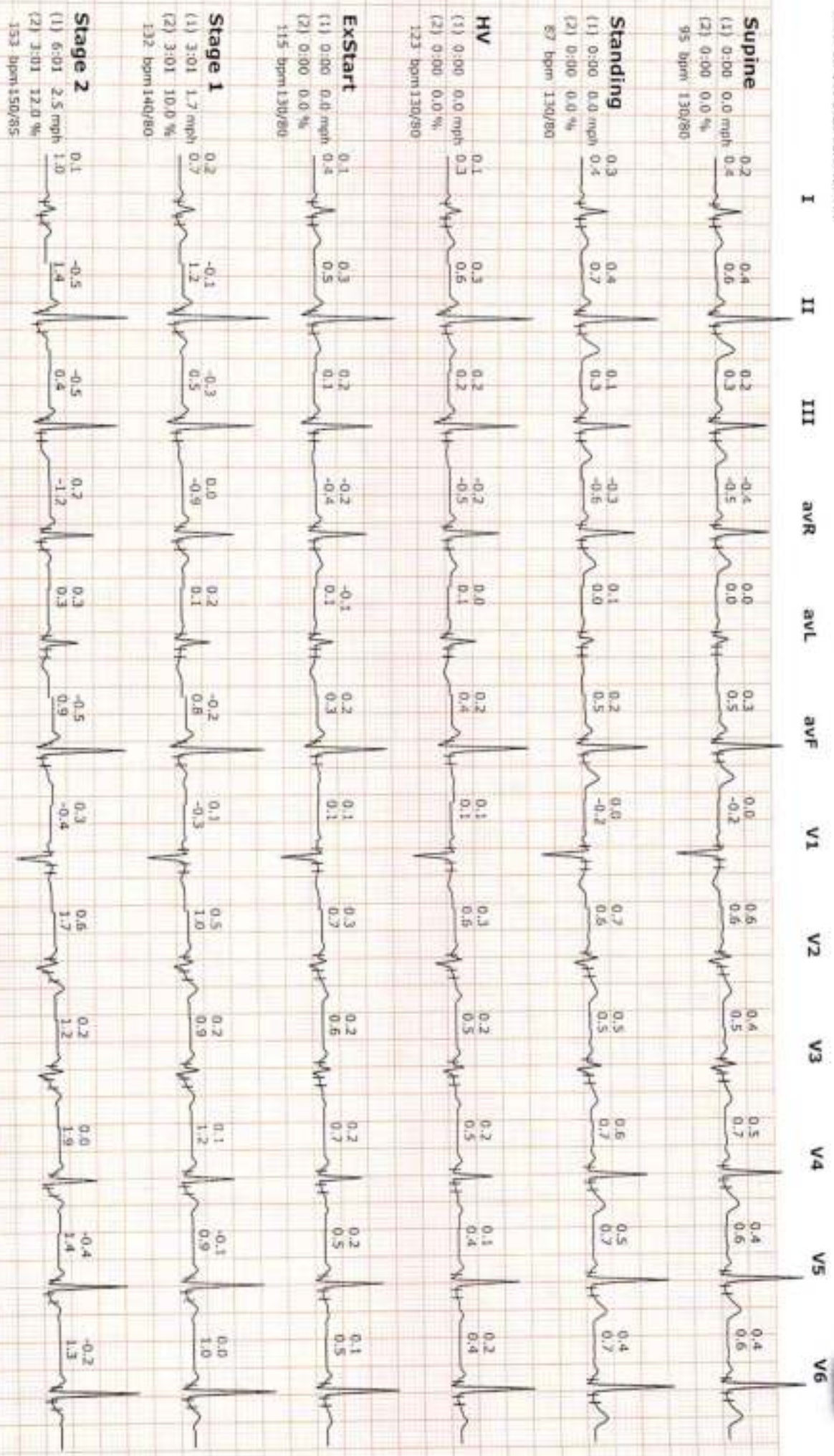
Ex Time 06:45  
BLC :On  
Notch :On

Recovery(4:00)  
10.0 mm/mV  
25 mm/Sec.



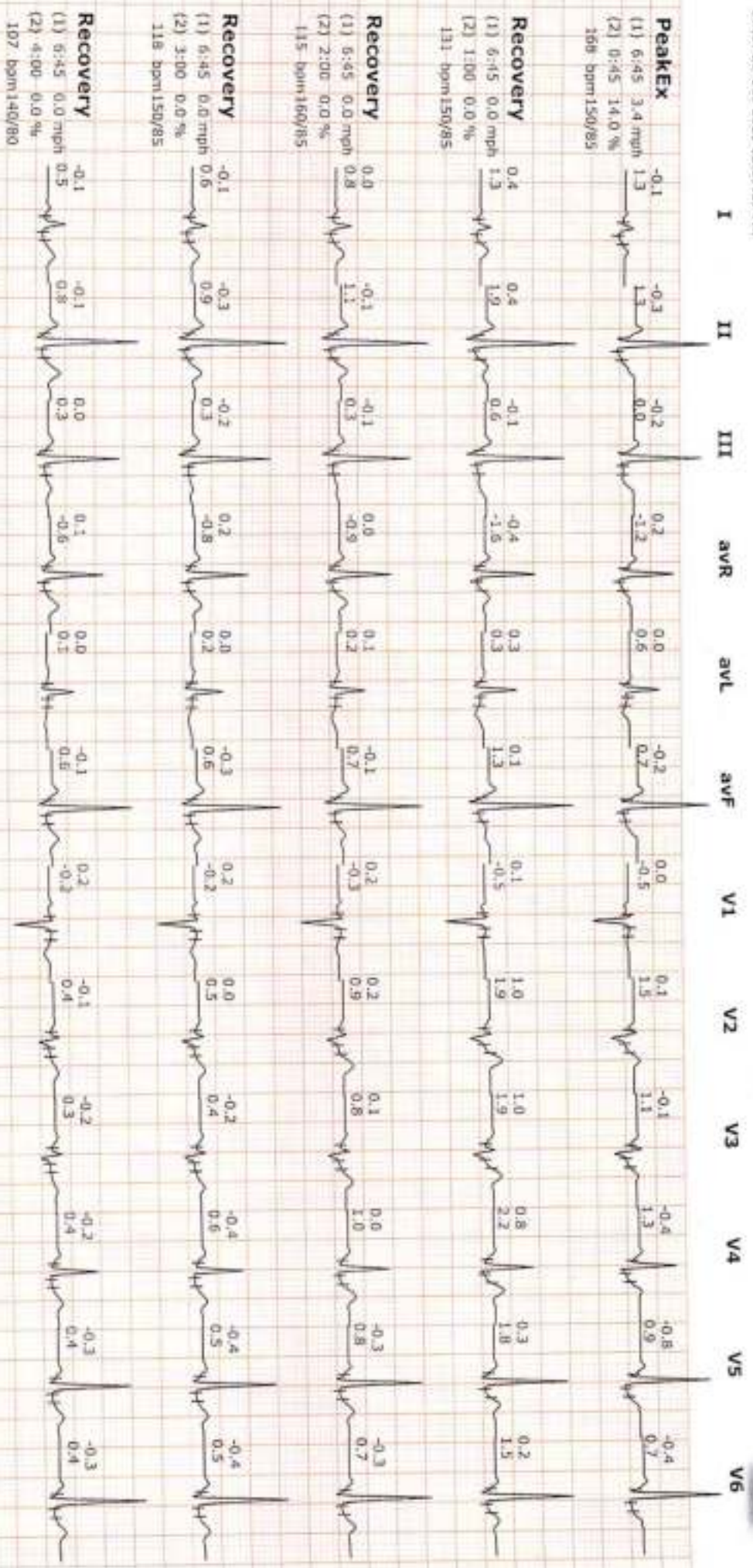


Average





Average



**Peaker**  
 (1) 6:45 3.4 mph 1.3  
 (2) 8:45 14.0 %  
 168 bpm/150/85

**Recovery**  
 (1) 6:45 0.0 mph 1.3  
 (2) 1:00 0.0 %  
 131 bpm/150/85

**Recovery**  
 (1) 6:45 0.0 mph 0.8  
 (2) 2:00 0.0 %  
 115 bpm/150/85

**Recovery**  
 (1) 6:45 0.0 mph 0.6  
 (2) 3:00 0.0 %  
 118 bpm/150/85

**Recovery**  
 (1) 6:45 0.0 mph 0.5  
 (2) 4:00 0.0 %  
 107 bpm/140/80



1000001 PINK DATE 20 FEB 2012 10  
01:17:00  
ANTHONY DIAMANTIS UNIVERSITY OF PERADWARA MALDEN LUT.

