



भारत सरकार

Government of India



अजय सिंह

Ajay Singh

जन्म वर्ष / Year of Birth : 1989

पुरुष / Male



8148 1350 6507

आधार - आम आदमी का अधिकार

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 02/10/2021 09:33:34 Patient ID :-12212502
NAME :- Mr. AJAY SINGH Ref. By Dr:- BOB
Sex / Age :- Male 32 Yrs 5 Mon 20 Days Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA Sample Collected Time 02/10/2021 09:44:42 Final Authentication : 02/10/2021 14:44:44

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	3.59 L	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	48.6	%	40.0 - 80.0
LYMPHOCYTE	39.5	%	20.0 - 40.0
EOSINOPHIL	7.8 H	%	1.0 - 6.0
MONOCYTE	3.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	1.75	10 ³ /uL	1.50 - 7.00
LYMPH#	1.41	10 ³ /uL	1.00 - 3.70
EO#	0.28	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.46 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	93.7	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.5	g/dL	31.5 - 34.5
PLATELET COUNT	150	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	21.01		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

BANWARI

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RMC NO. 21021/008037

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	09	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or Connective tissue disease.

(CBC) Methodology: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE <40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.5	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

108

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

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Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~SERUM~~ Collected Time 02/10/2021 13:02:23 Final Authentication : 02/10/2021 14:44:44

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	NIL		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.5	mg/dl	0.0 - 23.0

*** End of Report ***

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sulfate, UREA, CREATININE, SERUM

Final Authentication : 02/10/2021 14:22:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	96.6	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)		111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	
Instrument Name: Randox Rx Imola 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.			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	100.4	mg/dl	70.0 - 140.0
Instrument Name: Randox Rx Imola 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.			
SERUM CREATININE Method:- Colorimetric Method	1.10	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.33	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	114.58	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	65.82	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	13.16	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	34.03	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	69.58	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.37		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.04		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	343.36 L	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox 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.			
DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola 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.			
DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.87	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	41.0 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	46.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	57.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.78	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.98	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.80	gm/dl	2.20 - 3.50
A/G RATIO	1.78		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.65	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	58.20 H	U/L	11.00 - 50.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in these incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Buret Reagent InstrumentName: Randox Rx Imola 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.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name: Randox Rx Imola **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

Technologist

SURENDRAKHANGA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	4.390	μIU/mL	0.465 - 4.680

Technologist

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.230	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	10.800	ug/dl	5.530 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sample Type :- URINE

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.005		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

POOJABOHRA

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
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

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Date :- 02/10/2021 09:33:34

NAME :- Mr. AJAY SINGH

Sex / Age :- Male 32 Yrs 5 Mon 20 Days

Company :- MediWheel

Patient ID :- 12212502

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 02/10/2021 11:01:58

BOB PACKAGEFEMALE <40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.


Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)


DR. UMA MATHURIA
MD RADIO DIAGNOSIS
RMC NO. 22541

*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.) BILAL

Page No: 1 of 1

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



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Sex / Age :- Male 32 Yrs 5 Mon 20 Days

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Lab/Hosp :-

Final Authentication : 02/10/2021 11:26:43

BOB PACKAGEFEMALE <40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. 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 of normal size. 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.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size with heterogenous echo-texture.

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

No significant free fluid is seen in peritoneal cavity.

RIF / LIF shows gas filled bowel loops.

IMPRESSION:

*Normal Study.

Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

ANITASHARMA

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS/MD (Radio Diagnosis)
RMC No. 32495

Dr. Uma Mathuria
M.B.B.S. - M.D.
RMC Reg No. 22541

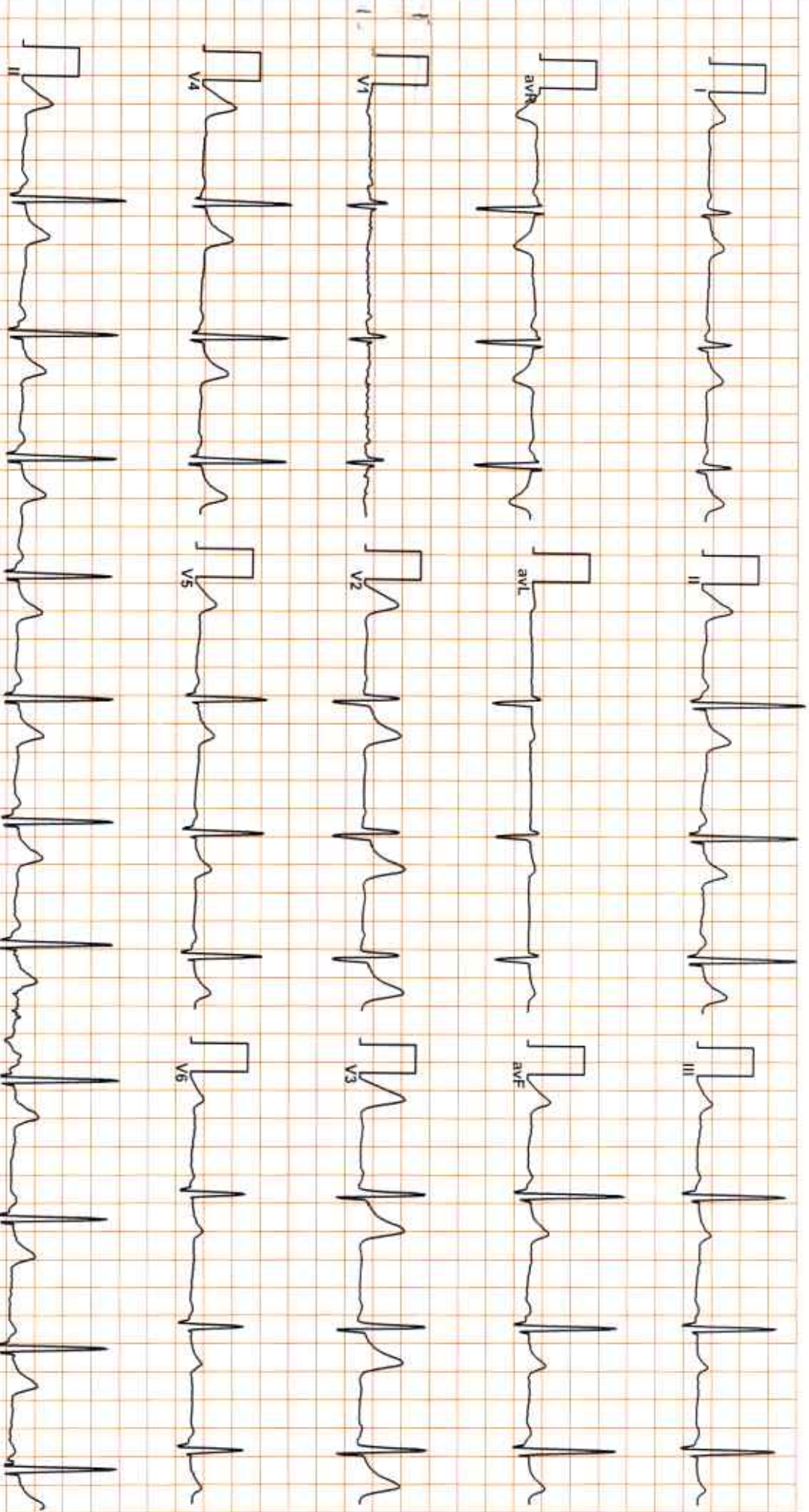
Dr. Hitesh Kumar Sharma
M.B.B.S. - D.M.R.D.
RMC Reg No. 27380

Transcript by,



9098 / MR. AJAY SINGH / 32 Yrs / M / Non Smoker

Heart Rate : 67 bpm / / Ref'd By : BANK OF BARODA / Tested On : 02-Oct-21 10:28:38 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Normal

[Signature]



Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:18	0:01	01.1	00.0	01.0	68	130/80	088	00	
Standing	01:54	0:01	01.1	00.0	01.0	92	130/80	119	00	
HV	02:11	0:01	01.1	00.0	01.0	091	130/80	118	00	
EXStart	02:25	0:07	01.7	10.0	01.1	093	130/80	120	00	
BRUCE Stage 1	05:25	3:00	01.7	10.0	04.7	118	130/80	153	00	
BRUCE Stage 2	08:25	3:00	02.5	12.0	07.1	134	140/82	187	00	
BRUCE Stage 3	11:25	3:00	03.4	14.0	10.2	158	140/82	221	00	
PeakEx	11:45	0:20	04.2	16.0	10.6	161	140/82	225	00	
Recovery	12:44	1:00	00.0	00.0	04.3	121	140/82	169	00	
Recovery	13:44	2:00	00.0	00.0	01.0	084	150/90	125	00	
Recovery	15:44	4:00	00.0	00.0	01.0	087	136/86	118	00	
Recovery	15:48	4:03	00.0	00.0	01.0	089	136/86	121	00	

Findings :

Exercise Time : 09:21
 Max HR Attained : 164 bpm 87% of Target 188
 Max BP Attained : 150/90
 Max Workload Attained : 10.6 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Handwritten note: → **Not negative for HT of peak Exercise.**

Handwritten mark: ✓

Date: 02-Oct-2021 10:30:41 AM

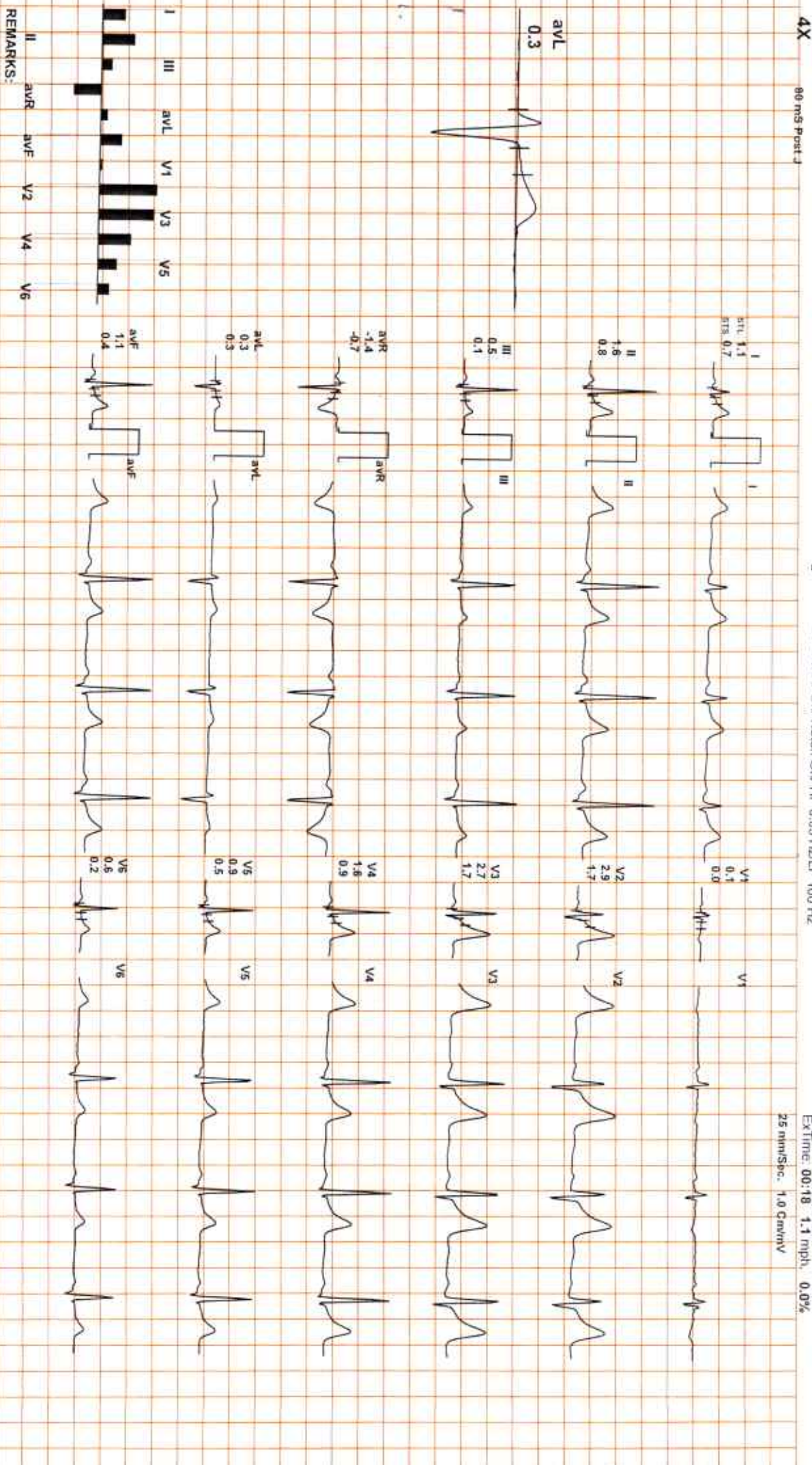
METS: 1.0/ 68 bpm 36% of THR

BP: 130/80 mmHg

Raw ECG/ BLC On/ NoIct On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:18 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



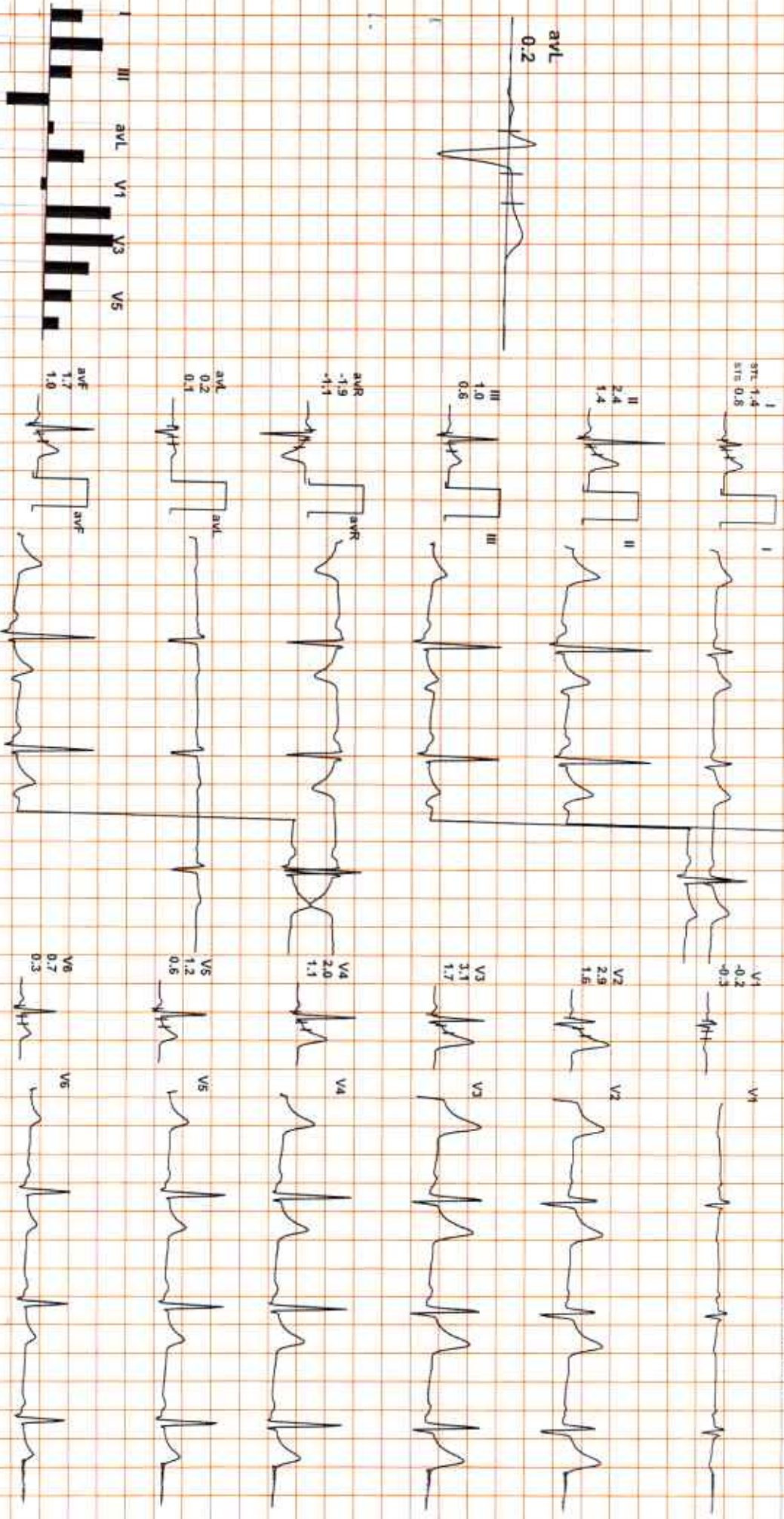
REMARKS:



Date: 02-Oct-2021 10:30:41 AM METS: 1.0/ 92 bpm 48% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 01:54 1.1 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

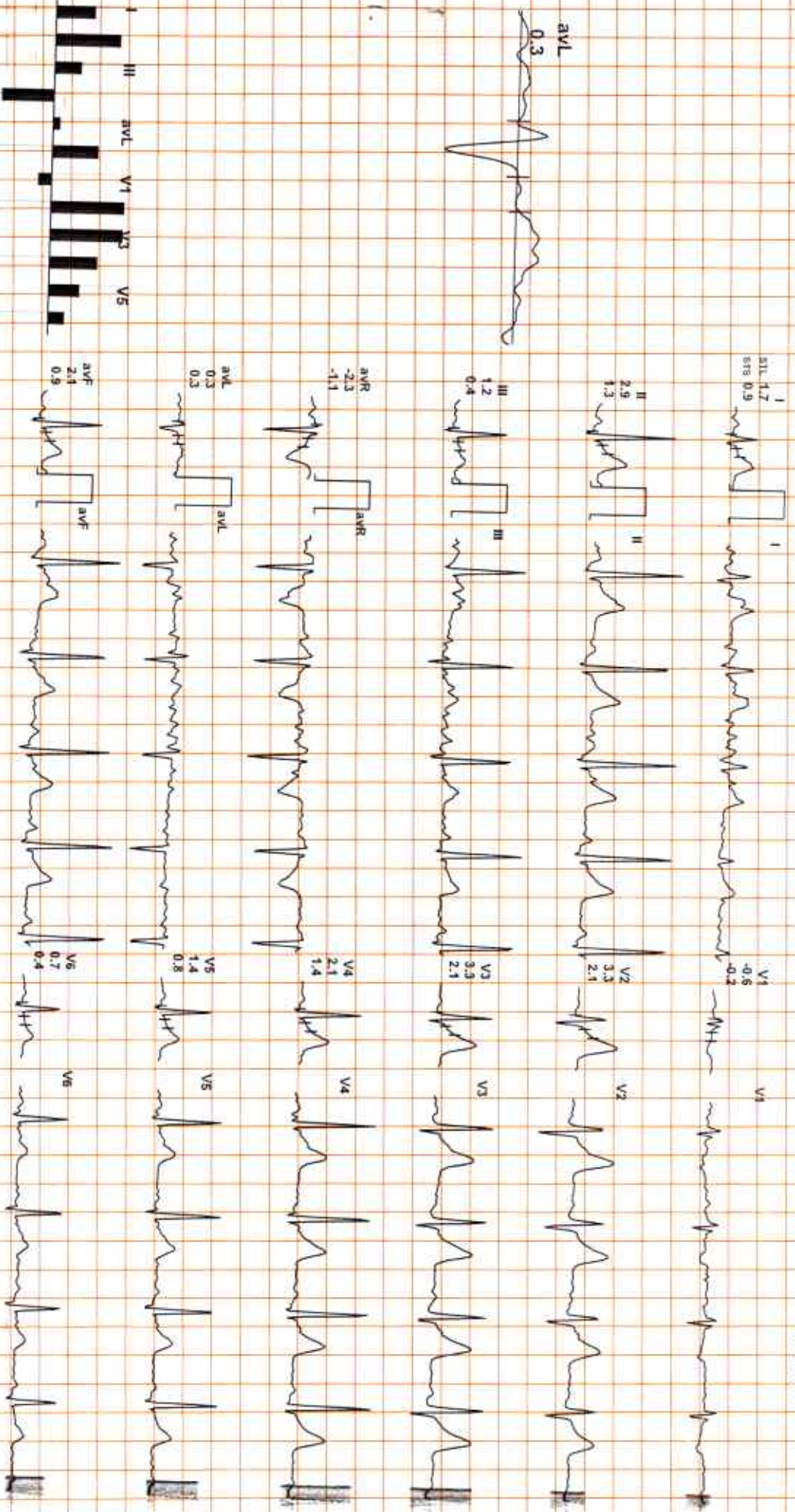


Date: 02-Oct-2021 10:30:41 AM
4X 80 ms Post J

MEETS: 1.0/ 91 bpm 48% of THR BP: 130/80 mmHg
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 02:12 1.1 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV



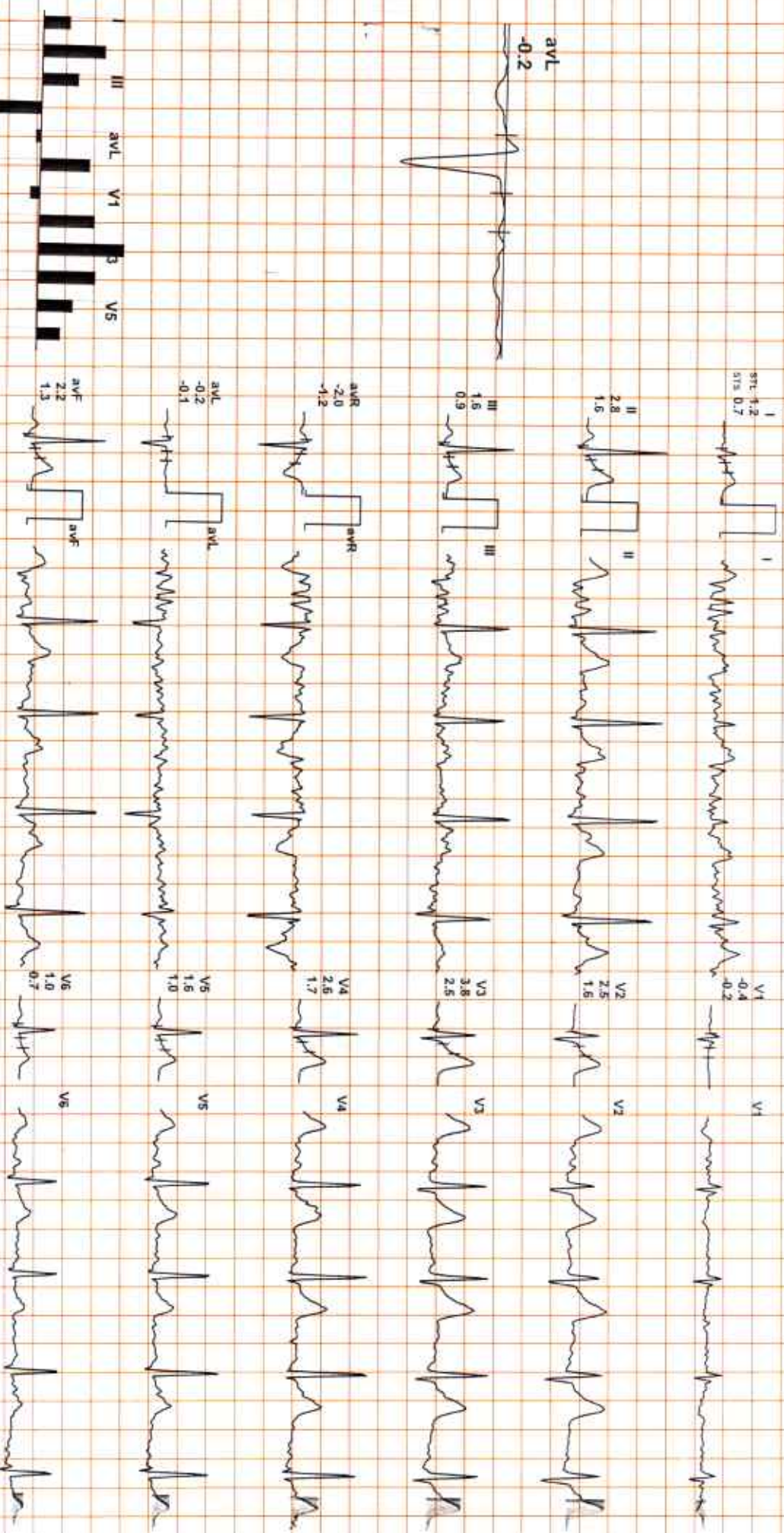
REMARKS:

Date: 02-Oct-2021 10:30:41 AM METS: 141/93 bpm 49% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 00:07 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



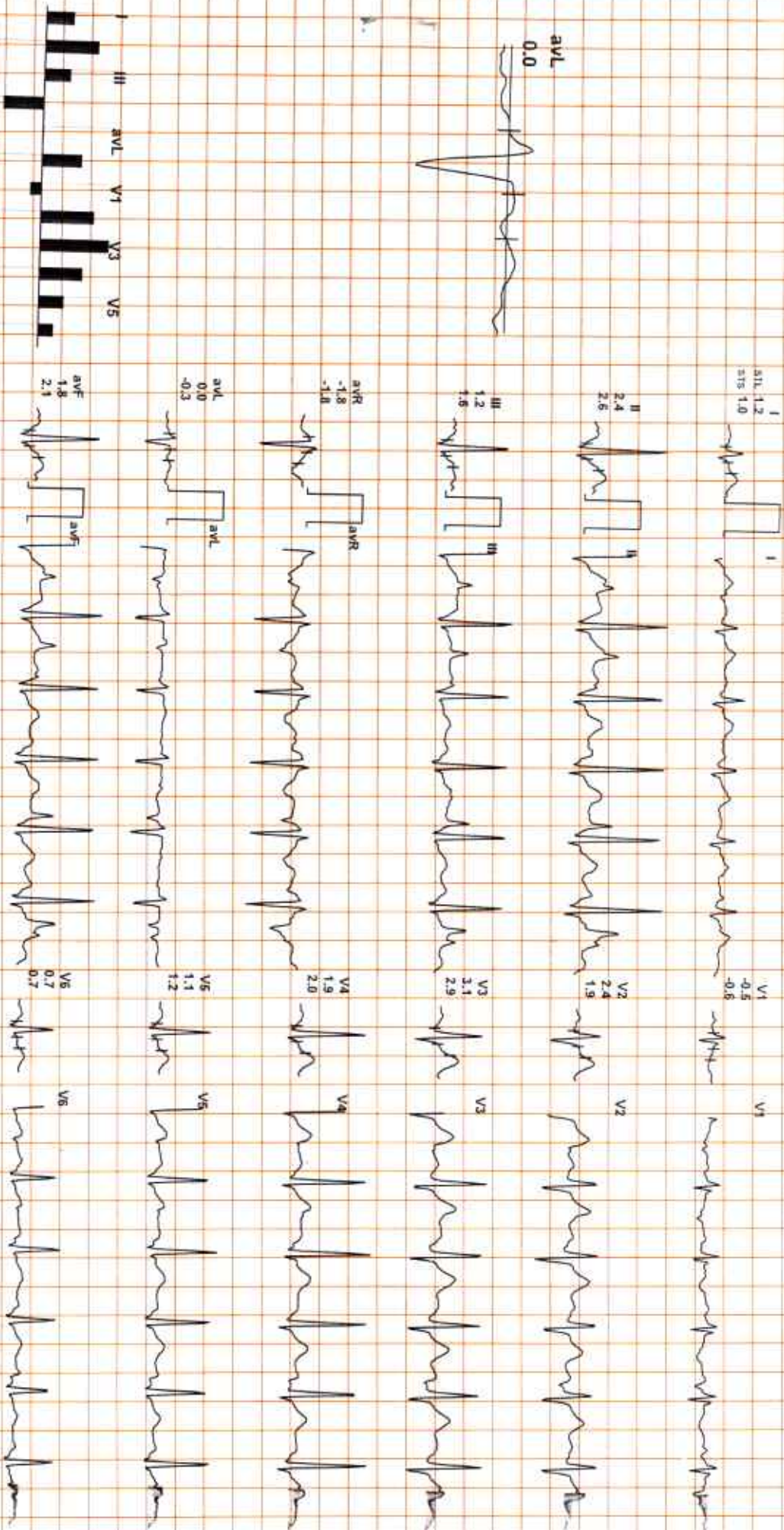
REMARKS: II AVR AVF V2 V4 V6



Date: 02-Oct-2021 10:30:41 AM METS: 4.71 118 bpm 62% of THR BP: 130/80 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV



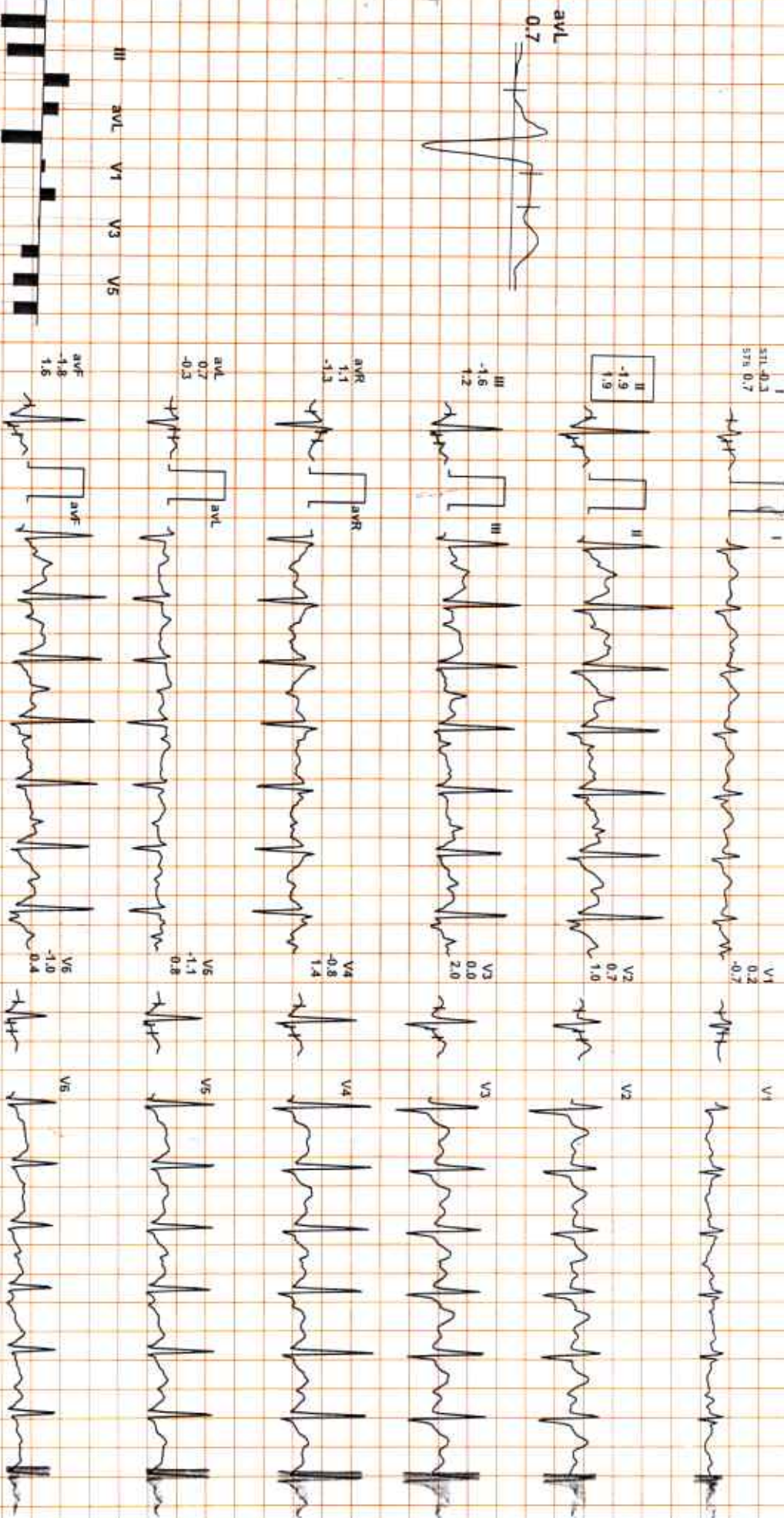
REMARKS: II aVR aVF V2 V4 V6



Date: 02-Oct-2021 10:30:41 AM
4X 60 ms Post J

METS: 7.1/ 134 bpm 71% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 06:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

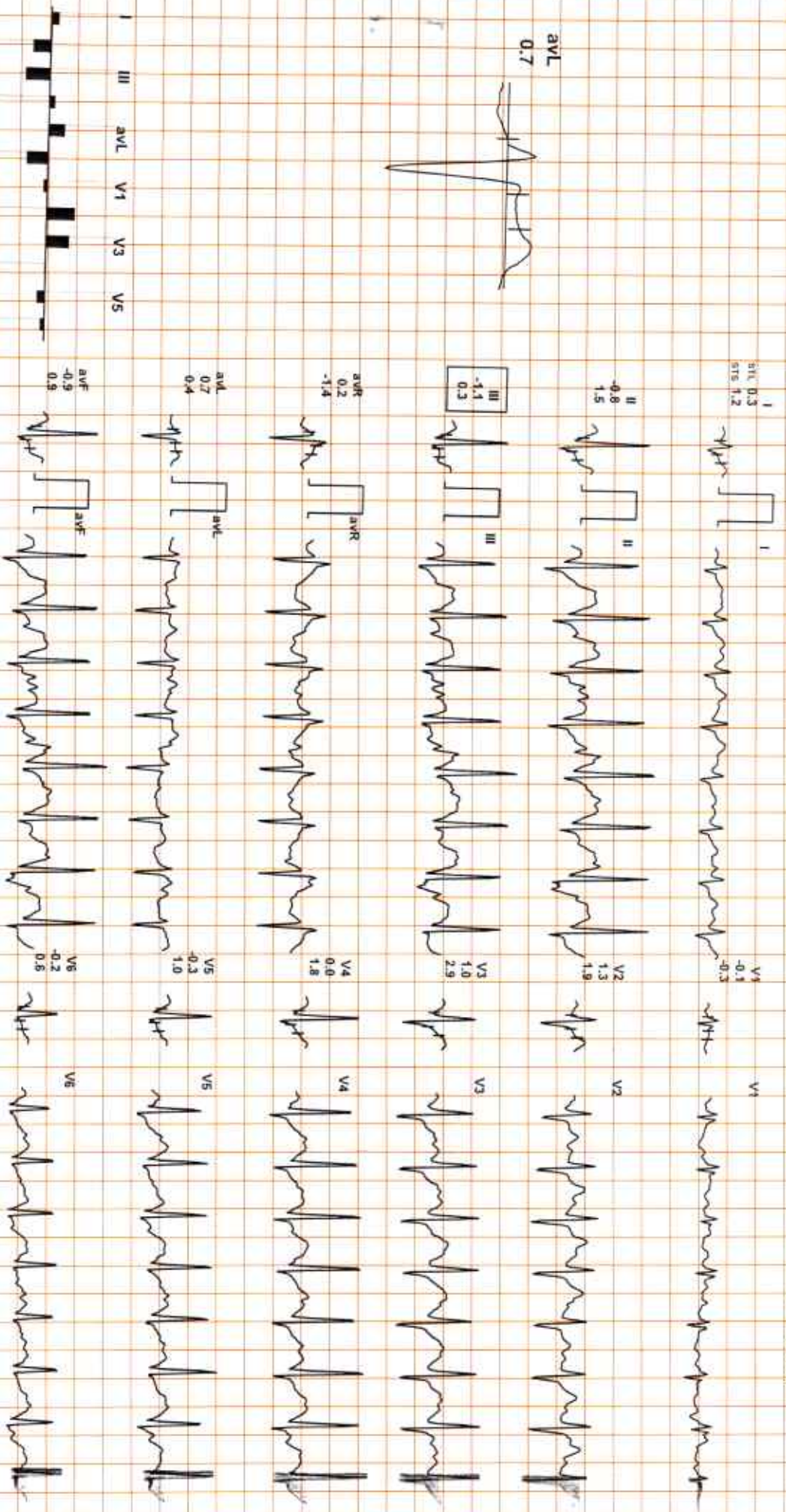


Date: 02-Oct-2021 10:30:41 AM METS: 10.21 158 bpm 84% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LE 100 Hz

EXTime: 09:00 3.4 mph 14.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Front J

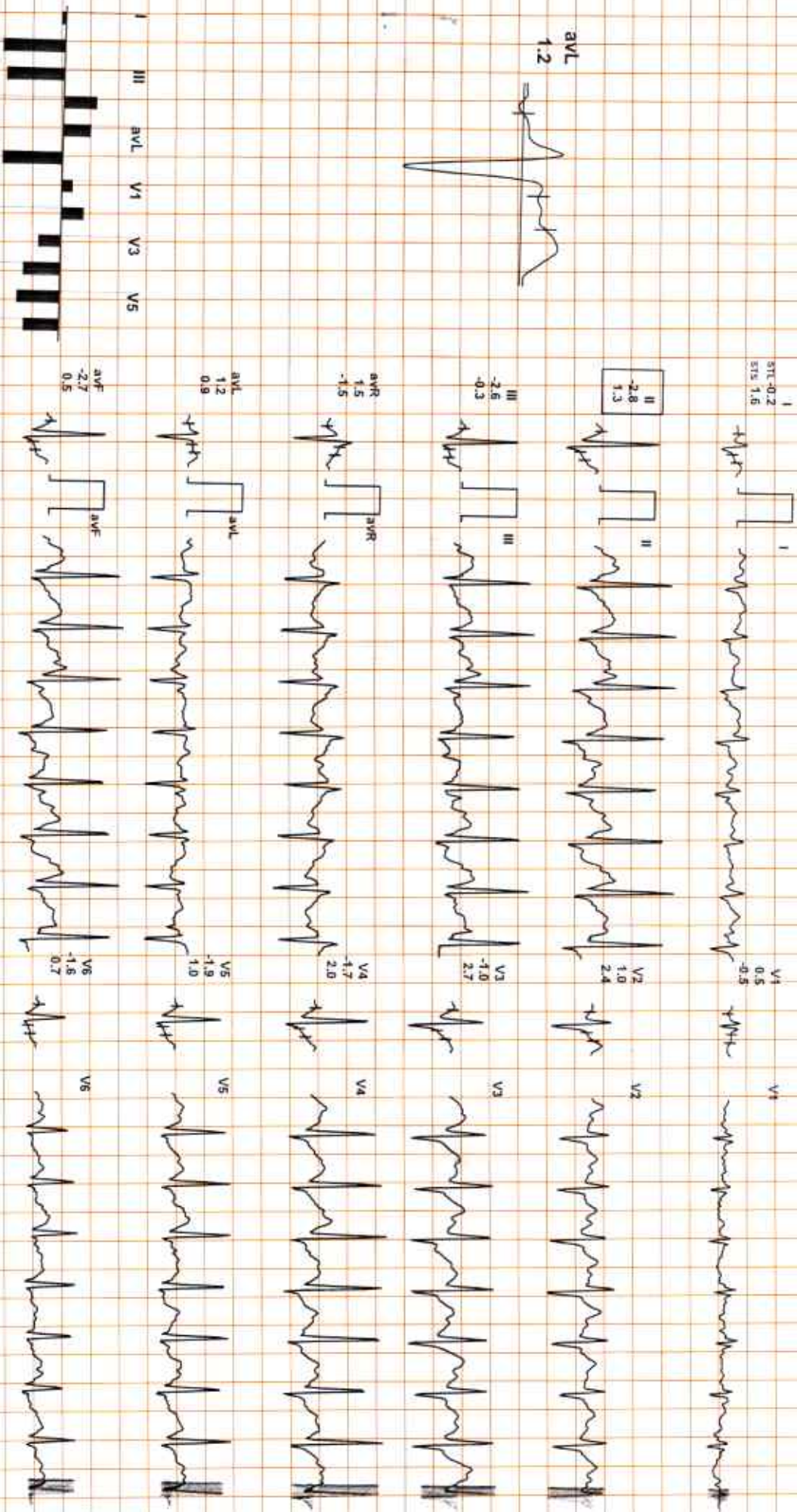


REMARKS: II AVR AVF V2 V4 V5

Date: 02-Oct-2021 10:30:41 AM METS: 10.6/161 bpm 85% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz 4X 50ms Post J

ExTime: 09:20 4.2 mph, 16.0%

25 mm/Sec. 1.0 Cm/mV



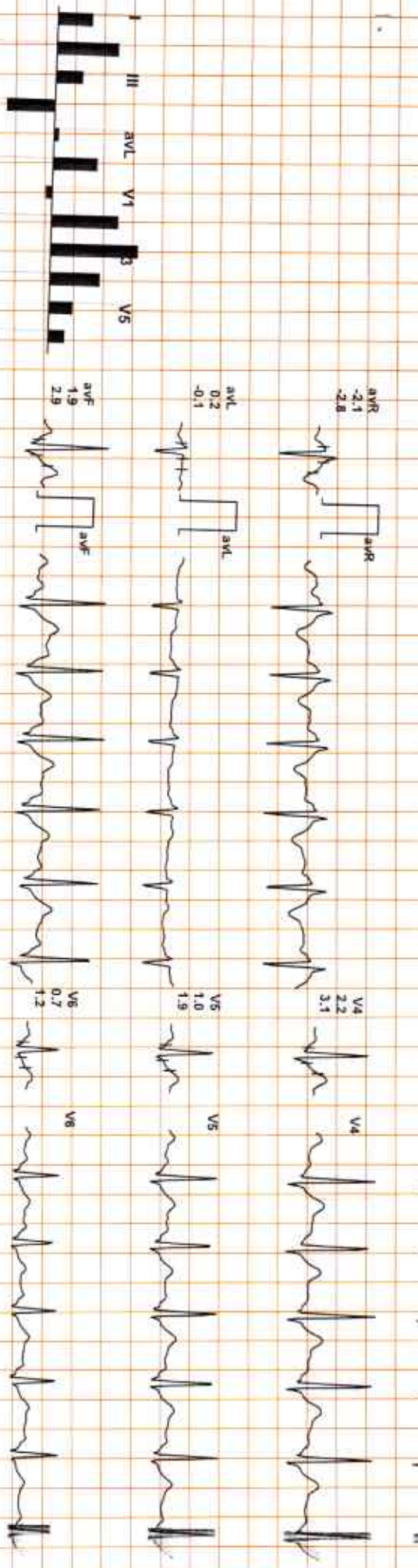
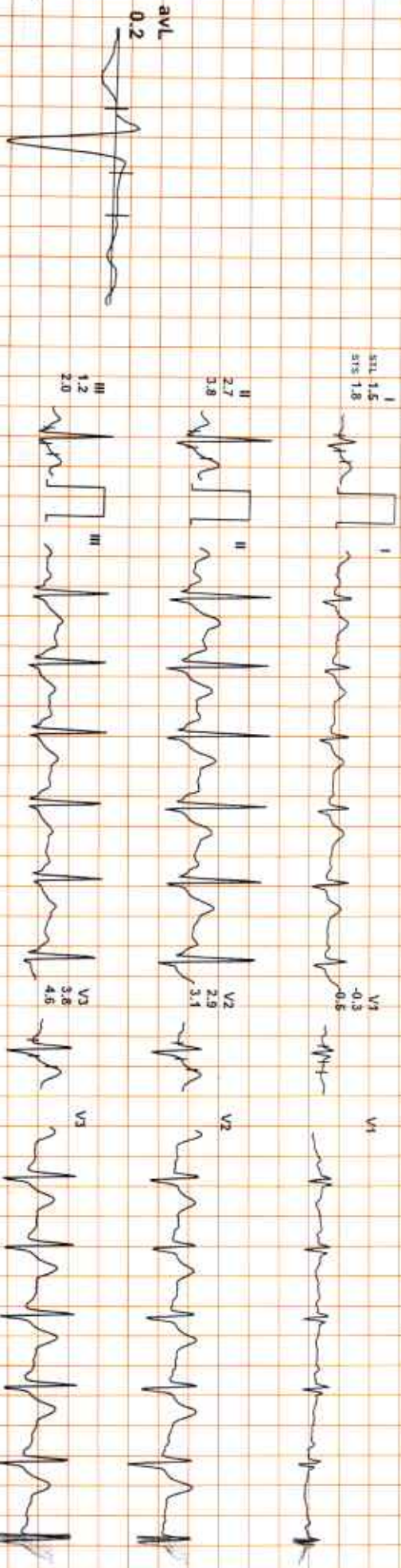
REMARKS:



Date: 02-Oct-2021 10:30:41 AM METS: 4.3/ 121 bpm 64% of THR BP: 140/82 mmHg Raw ECG/ BLC Onv Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:24 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



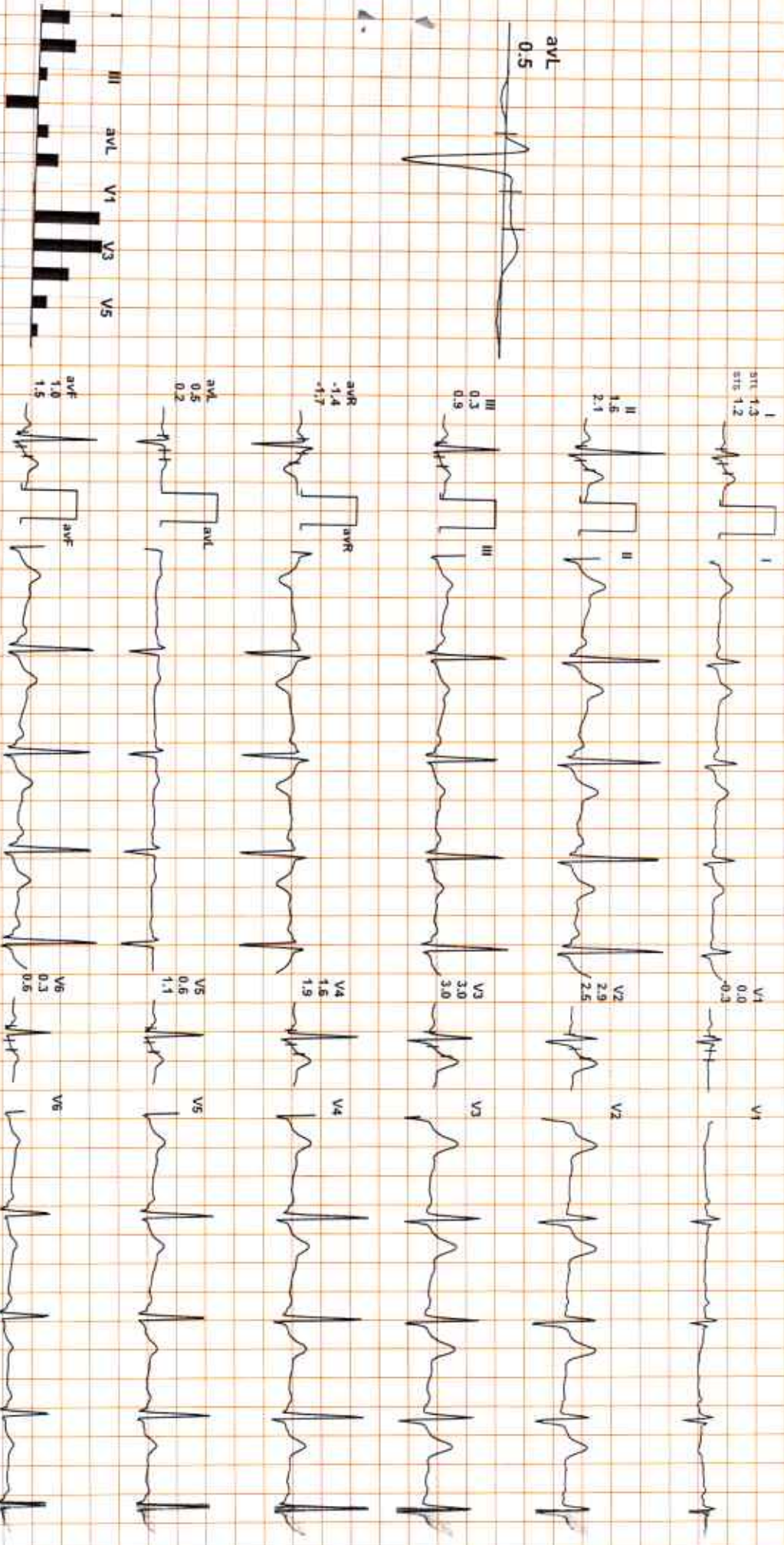
REMARKS:



Date: 02-Oct-2021 10:30:41 AM METS: 1.07 84 bpm 44% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 09:21 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Part 1

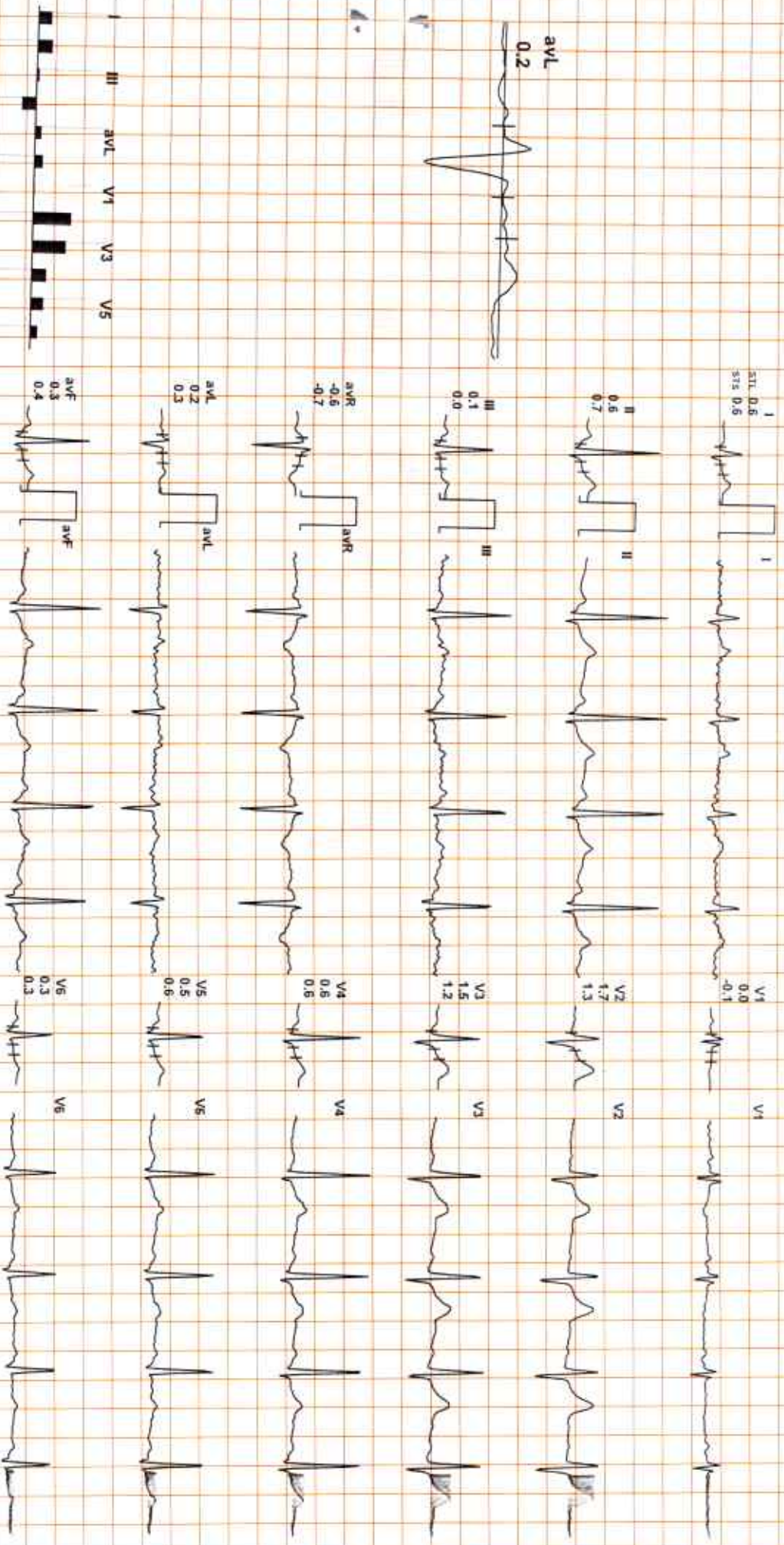


REMARKS: II aVR aVF V2 V4 V6



Date: 02-Oct-2021 10:30:41 AM METS: 1.0/ 87 bpm 46% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz
4X 80 ms Post J

ExtTime: 09:21 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



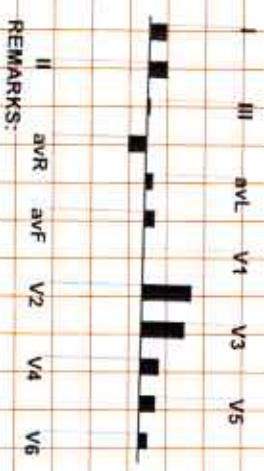
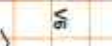
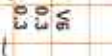
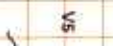
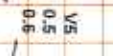
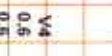
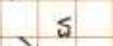
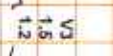
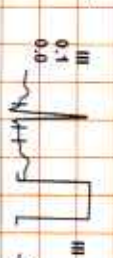
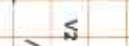
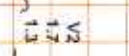
REMARKS:
II aVR aVF V2 V4 V6
III aVL V1 V3 V5



Date: 02-Oct-2021 10:30:41 AM METS: 1.0/ 89 bpm 47% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExtTime: 09:21 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

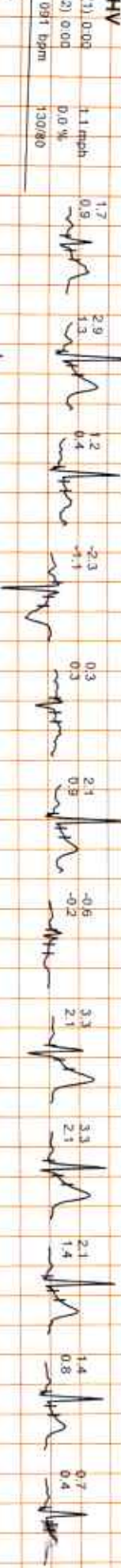


REMARKS:

(GEM210151123)Gentini A-DX by Allergers

Date: 02-Oct-2021 10:30:41 AM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





Date: 02-Oct-2021 10:30:41 AM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

