

Mr. Pijeta Shankar Rao

Age - 34 Yr

27/10/23

BP - 110/80

P - 66 bpm

HT - 180

WT - 76 kg

CBC - 14.0 / 5.09 / 7.62 / 185 / 10

HbA1c - 5.6

FBS - 80.0 / PP - 102.0

Urea - 1.0

Lipid - 120.0 / 85.0 / 44.0 / 59

LFT - 26 / 30

USG SW NI FL

- Cap meal aft BF x 30d  
- Cap BUNNY plus RTT  
x 30d

Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur





ID: 768  
MR PILLAKA SHANKAR RAO  
Male 34Years

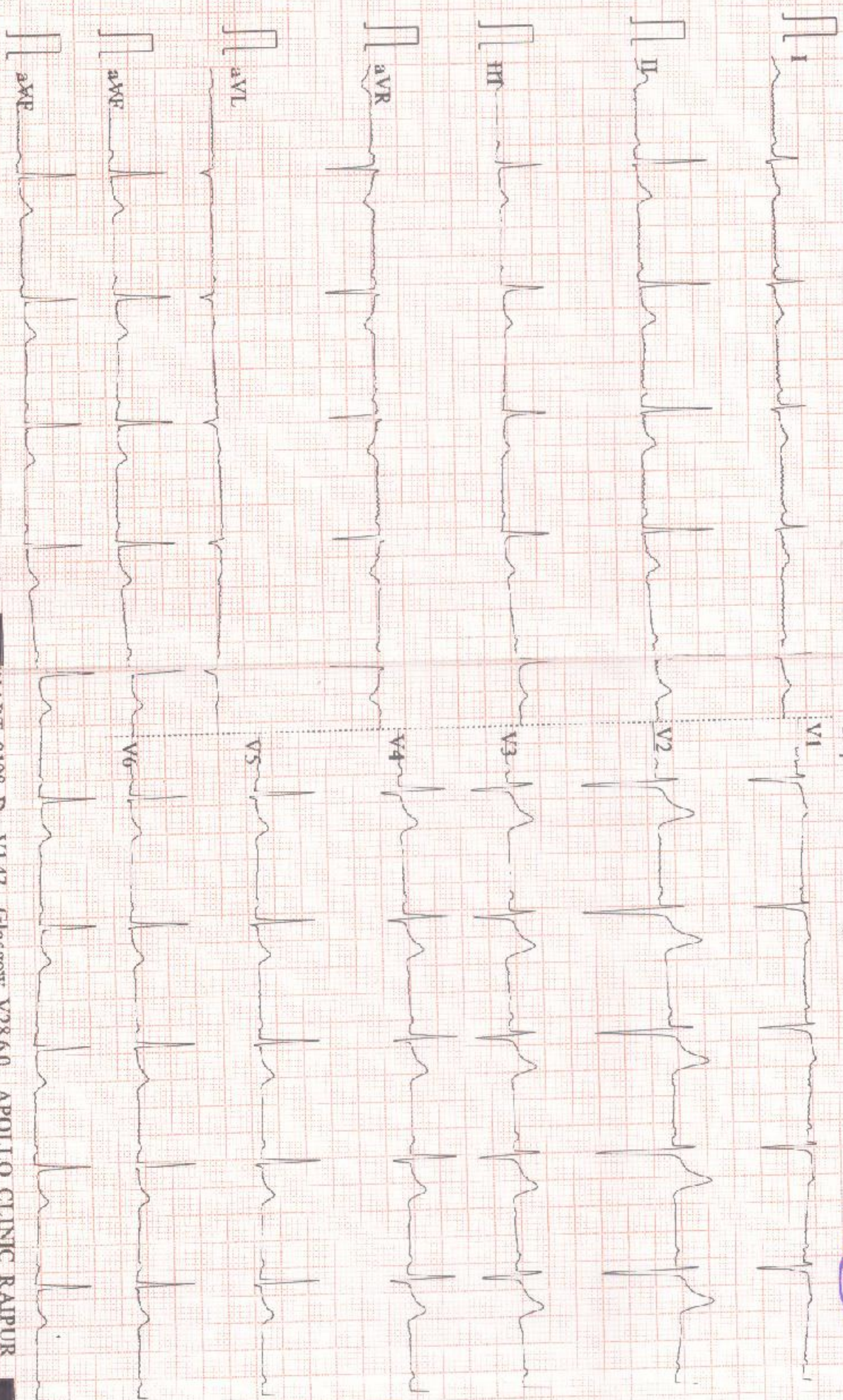
23-09-2023 11:32:16 AM

HR : 64 bpm  
P : 88 ms  
PR : 146 ms  
QRS : 76 ms  
QT/QTc : 382/395 m  
P/QRS/T : 45/70/62 m  
RV5/SV1 : 1.095/0.881 m

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:

Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur



ANSI 45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 64

MART 9108 D V1.43 Glasgow V2860 APOLLO CLINIC RAIPUR



**PATIENT NAME:- MR. PILAKA SHANKAR RAO**  
**REF BY :- BOB**

**AGE/SEX: 34YRS/M**  
**DATE:- 23.09.2023**

**USG ABDOMEN**

**Liver :** Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

**Gall bladder :** Distended & normal.

**Pancreas & Paraortic Region :** Normal.

**Spleen :** Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.21X4.13cm	10.72X4.63cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

**Prostate:** is in normal size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

**GRADE - I FATTY LIVER**

**Advised clinical correlation/further evaluation if clinically indicated.**



**Dr. Zeeshan Ateeb Dani**  
MBBS, MD  
**DR. ZEESHAN ATEEB DANI**  
Reg. No. CGMC-2511/2018 (MD)  
**CONSULTANT RADIOLOGIST**

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.  
\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

**+91 96918 26363**

**0771 4033341/42**

**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS Diplomate (WCOI, Japan)  
Professor MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

23/9/23

Mrs. Pilaka Shankar Rao

34y/M

CIC - Pt. came for routine examination

OE - ~~No find~~ Missing tooth =  $\frac{2}{2}$

- Good oral hygiene

Advice

- Maintain oral hygiene



Dr. Shreya Halder

Apollo Clinic

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**NAME OF PATIENT: MR. PILAKA SHANKAR RAO**

**AGE 34YRS / MALE**

**REFERRED BY: BOB**

**DATE: 23/09/2023.**

**CHEST X - RAY PA VIEW**

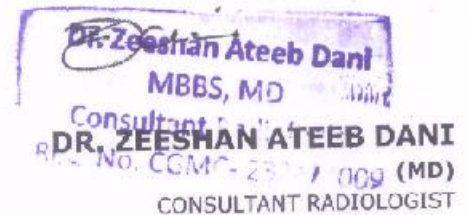
**FINDINGS:**

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**



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**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. P. Lalita Shankar

Date 23/09/23

Sex/Age 34/M

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
<b>SQUINT</b>		NO		
<b>NYSTAGMUS</b>				
<b>COLOUR VISION</b>		NORMAL		
<b>FUNDUS:(RE):-</b>		wml (LE):- wml		
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>		wml		
<b>DISTANT VISION:(RE):-</b>		6/9 2 6 6/6 (LE):- 6/9 2 6 6/6		
<b>NEAR VISION:(RE):-</b>		N6 (LE):- N6		
<b>NIGHT BLINDNESS</b>		NAD		
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>ADD</b>
<b>RIGHT</b>	/	-0.75	90	/
<b>LEFT</b>	/	-0.75	90	/
<b>REMARKS :-</b>				



Dr. Vikas Mishra  
MBBS, MS(Ophthalmologist)  
Reg. No. CGMC 621/2006

**Patient Name** : MR PILAKA SHANKER RAO  
**UHID/ MR No** : 6835  
**Visit Date** : 23/09/2023  
**Sample Collected On** : 23/09/2023 03:11PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :


**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 23/09/2023 06:02PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	14.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.09	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	84.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.3	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.62	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	48	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	42	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	05	%	1-6%
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path



**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

Patient Name : MR PILAKA SHANKER RAO  
UHID/ MR No : 6835  
Visit Date : 23/09/2023  
Sample Collected On : 23/09/2023 03:11PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 34 Y. Male  
OP Visit No : OPD-UNIT-II-5  
Reported On : 23/09/2023 06:02PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	185	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

### Blood Group (ABO Typing)

Blood Group (ABO Typing) : O  
RhD factor (Rh Typing) : POSITIVE

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
path

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DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



**Patient Name** : MR PILAKA SHANKER RAO  
**UHID/ MR No** : 6835  
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**Sponsor Name** :

**Age/Gender** : 34 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
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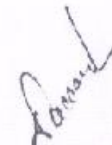
**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.6	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  6. Interference of Haemoglobinopathies in HbA1c estimation.
    - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - C. Heterozygous state dete

**End of Report**  
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Lab Technician / Technologist  
 path



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**UHID/ MR No** : 6835  
**Visit Date** : 23/09/2023  
**Sample Collected On** : 23/09/2023 03:11PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y, Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 23/09/2023 06:02PM


### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	102.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	80.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

**End of Report**  
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Page 1 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



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**Sponsor Name** :

**Age/Gender** : 34 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 23/09/2023 06:02PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	120.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	85.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	59	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	17	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.73		3.5-5
Method: Spectrophotometric			

**End of Report**  
Results are to be correlated clinically

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Page 2 of 6

**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY

**Patient Name** : MR PILAKA SHANKER RAO  
**UHID/ MR No** : 6835  
**Visit Date** : 23/09/2023  
**Sample Collected On** : 23/09/2023 03:11PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 23/09/2023 06:02PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	26	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	30	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	78	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	7.1	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.9	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.2	%	1.1 - 2.2

**End of Report**  
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Lab Technician / Technologist  
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**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY



**Patient Name** : MR PILAKA SHANKER RAO  
**UHID/ MR No** : 6835  
**Visit Date** : 23/09/2023  
**Sample Collected On** : 23/09/2023 03:11PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 23/09/2023 06:02PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path





**PATIENT DETAILS**

<b>NAME:</b>	PILAKA SHANKAR RAO	<b>REFERENCE NO:</b>	RWDTFSH010680
<b>D / S / W O:</b>		<b>Age:</b>	34 Yr
<b>Address:</b>	RAIPUR	<b>Contact No:</b>	
<b>Sample received on:</b>	23/09/2023 @ 14:00	<b>Reported on:</b>	23/09/2023 @ 18:00
<b>Repeat Sample, If any:</b>	NA	<b>Reported on:</b>	NA
<b>Referred by:</b>	APOLLO CLINIC	<b>Hospital / Lab ID:</b>	APOLLO CLINIC
		<b>Gender:</b>	MALE
		<b>STATUS:</b>	FINAL
		<b>STATUS:</b>	FINAL

**HORMONAL ASSAY**

Test	Specimen	Result	Units	Reference Range
<b># Thyroid Panel, TFT, TOTAL:</b>				
• Triiodothyronine, <b>T3</b>	Blood, Serum	1.09	ng / ml	0.87 – 1.78
• Thyroxine, <b>T4</b>	""	8.10	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, <b>TSH</b>	""	3.96	µU / ml	0.4 – 5.0

**Indicative Interpretation:**

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Apollo Clinic  
Lab Incharge

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiam Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Method: Automated chemiluminescent based assay.

Email: [rajnurt@apolloclinic.com](mailto:rajnurt@apolloclinic.com) | Website: [www.apolloclinic.com](http://www.apolloclinic.com)

Online appointments: [www.askaapollo.com](http://www.askaapollo.com) | Online reports: <https://phr.apolloclinic.com>

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Dr. Mitunjal Saraf  
MD Pathology, Consultant Pathologist

+91 96918 26363

(end of report)

0771 4033341/42





Stage	Time	Duration	Belt Speed (Kmph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Standing	00:24	0:02	02.7	10.0	01.0	69	37%	110/70	075	00	
ExStart	00:28	0:06	02.7	10.0	01.1	66	35%	110/70	072	00	
BRUCE Stage 1	03:28	3:00	02.7	10.0	04.7	142	76%	116/76	164	00	
BRUCE Stage 2	06:28	3:00	04.0	12.0	07.1	166	89%	120/80	199	00	
PeakEX	06:35	0:07	05.5	14.0	07.2	165	89%	120/80	198	00	
Recovery	07:04	0:29	00.0	00.0	04.2	160	86%	120/80	192	00	
Recovery	07:34	1:00	00.0	00.0	01.2	135	73%	122/82	164	00	
Recovery	08:14	1:39	00.0	00.0	01.0	114	61%	120/80	136	00	

**Findings :**

- Exercise Time : 06:08
- Max HR Attained : 166 bpm 89% of Target 186
- Max BP Attained : (Sys) 122/82
- Max Workload Attained : 7.2 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY.



Doctor : DR DEEPAN DAS MBBS DIP.CARDIO



Allengers

IS / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 69

Date: 23-Sep-2023 12:36:42 PM METS: 1.0/ 69 bpm 37% of THR BP: 110/70 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

EXTime: 00:02 2.7 Kmph. 10.0%  
25 min/Sec. 1.0 Cm/mV

4X 60 ms Post J

STL 0.6  
STB 0.6

V1 0.1  
V2 0.2

II 1.5  
III 1.1

V2 1.8  
V3 1.3

III 1.0  
0.5

V3 4.5  
3.8

avR -1.0  
-0.8

V4 3.1  
2.1

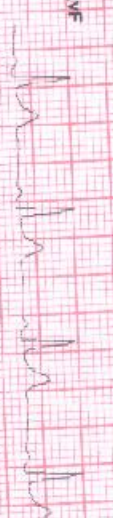
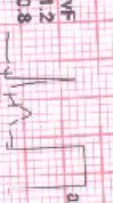
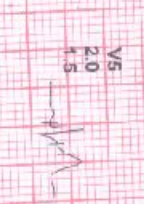
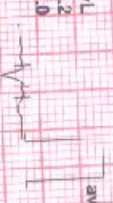
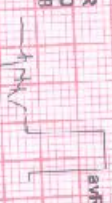
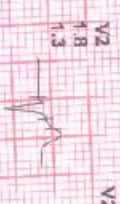
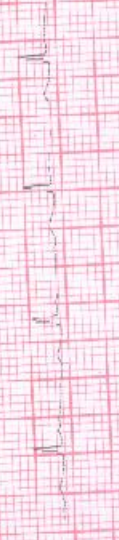
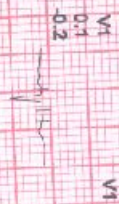
avL -0.2  
0.0

V5 2.0  
1.5

avF 1.2  
0.8

V6 0.5  
1.0

V2 1.8



REMARKS:

Standing





allengers

5 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 66

Date: 23-Sep-2023 12:36:42 PM METS: 1/1/66 bpm 35% of THR BP: 110/70 mmHg Combined Mediana/ BLC On/ Notch On/ HE 0.05 Hz/LE 20 Hz

4X 80 m/s Post J

ExStart



ExTime: 00:06 2.7 Km/h 100%

26 mm/Sec. 1.0 Cm/mV

I  
STI 0.6  
STB 0.5



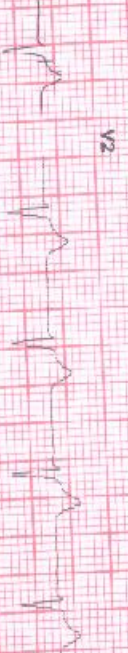
V1  
0.1  
-0.2



II  
1.5  
1.1



V2  
1.8  
1.3



III  
1.0  
0.5



V3  
4.5  
3.8



aVR  
-1.0  
-0.8



V4  
3.1  
2.1



aVL  
0.2  
0.0



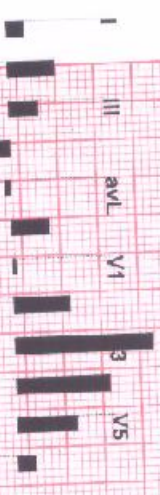
V5  
2.0  
1.5



aVF  
1.2  
0.8



V6  
0.6  
1.0



REMARKS:

(GEM/13180726)/R/AIallengers





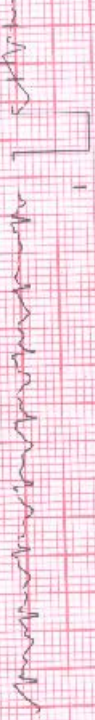
35 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 142

Date: 23-Sep-2023 12:36:42 PM METS: 4.7 / 142 bpm 76% of THR BP: 116/76 mmHg Combined Medians/ ECG On/ Notch On/ HF 0.05 Hz/LF 20 Hz

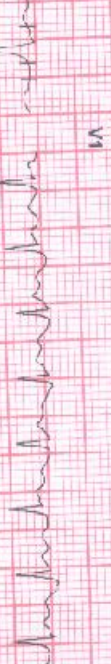
ExTime: 03:00 2.7 Km/ph 10.0% 25 min/Sec. 1.0 Cm/mV

4X 60 ms Post J

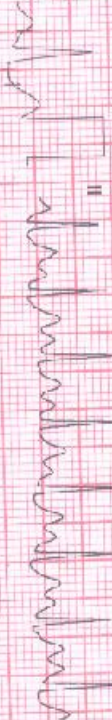
I  
STL 0.4  
STL 1.5



V1  
0.0  
0.0  
0.2



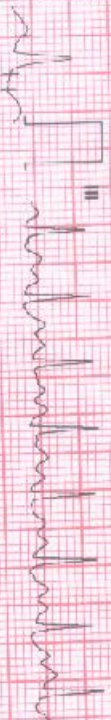
II  
-1.6  
1.0



V2  
1.1  
1.1  
1.6



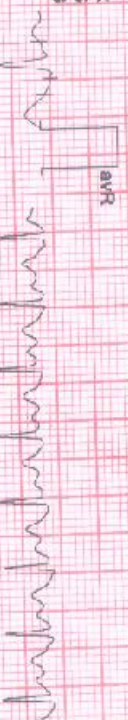
III  
-2.1  
-0.6



V3  
1.2  
3.8



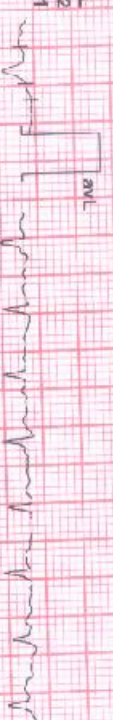
aVR  
0.6  
-1.3



V4  
0.0  
2.8



aVL  
1.2  
1.1



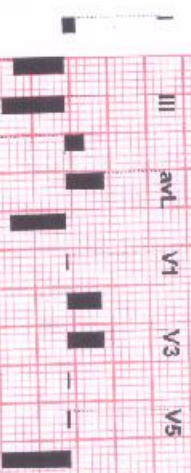
V5  
-0.1  
2.0



aVF  
-1.8  
0.2



V6  
-2.3  
2.7



REMARKS:



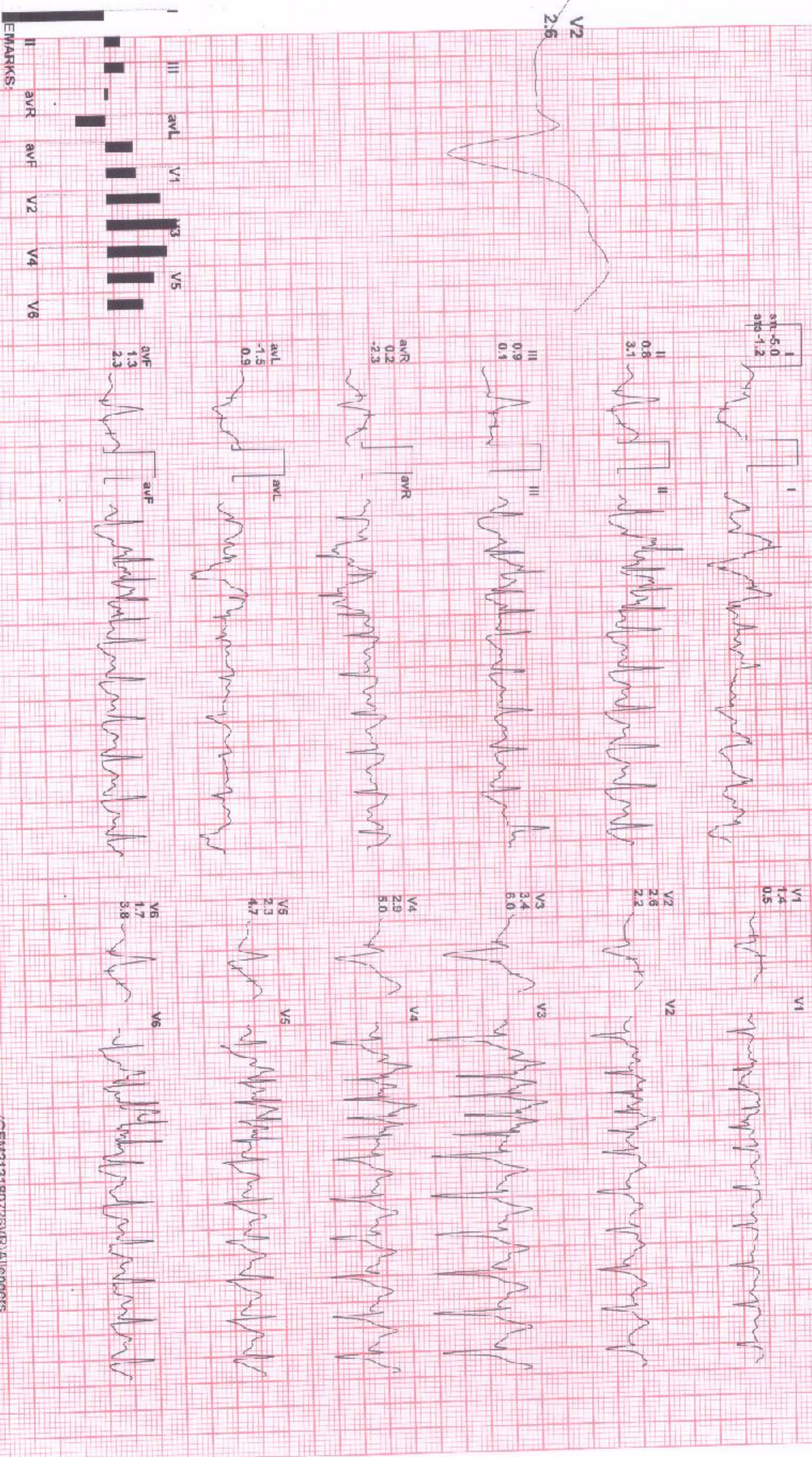


35 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 166

Date: 23-Sep-2023 12:36:42 PM METS: 7.1/ 166 bpm 89% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:00 4.0 Km/ph 12.0% 25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J





Aliengers

PeakEx



5 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 165

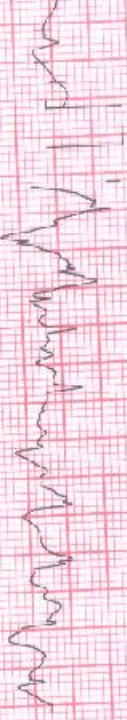
ExTime: 06:07 5.5 Kmph, 14.0%

Date: 23-Sep-2023 12:35:42 PM METS: 7.2/ 165 bpm 88% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL F 20 Hz

25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

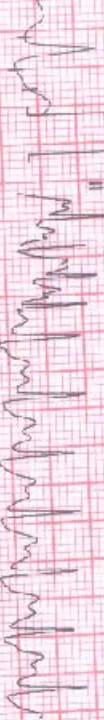
I  
STI 1.7  
STB 3.5



V1  
-0.4  
1.4



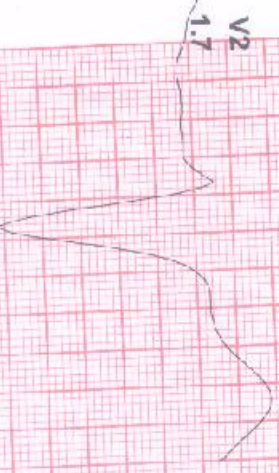
II  
0.4  
2.8



V2  
1.7  
1.8



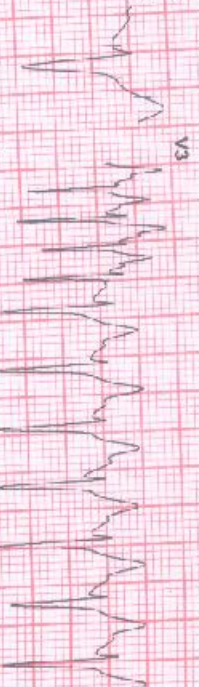
V2  
-1.7



III  
-0.7  
-0.3



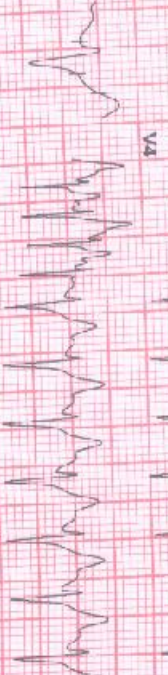
V3  
3.7  
5.8



aVR  
-1.0  
-2.9



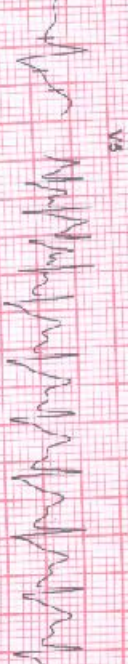
V4  
2.2  
4.6



aVL  
-1.5  
1.0



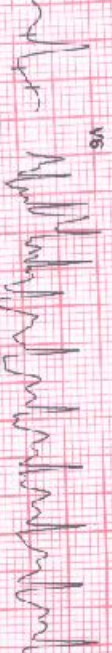
V5



aVF  
-0.2  
1.4



V6  
0.4  
2.9



REMARKS:

(GEV2131 B97261) Aliengers





35 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 160

Date: 23-Sep-2023 12:36:42 PM METS: 4.2/ 160 bpm 86% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz  
ExtTime: 06:08 0.0 Km/hp 0.0%  
4X 60ms Post J 25 min/Sec 1.0 Cm/mV

I  
aVR 0.7  
aVL 1.6

V1  
0.1  
0.6

II  
1.1  
3.3

V2  
1.9  
3.1

III  
0.4  
1.7

V3  
3.6  
6.0

aVR  
-0.9  
-2.4

V4  
2.8  
5.1

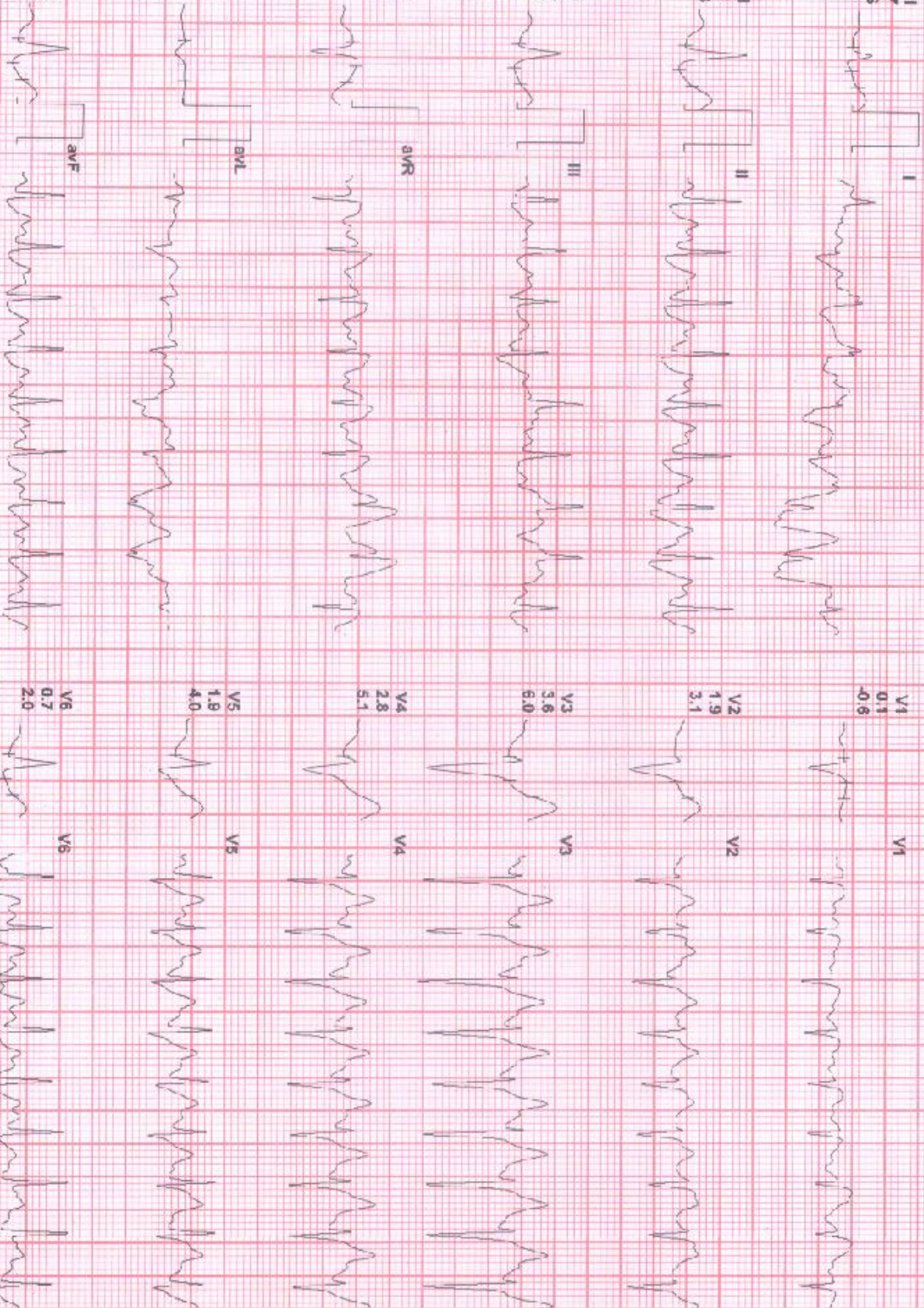
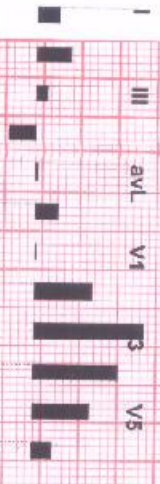
aVL  
0.1  
0.1

V5  
1.9  
4.0

aVF  
0.8  
2.5

V6  
0.7  
2.0

V2  
-1.9



REMARKS:





35 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Gms / 76 Kg / HR : 135

Date: 23-Sep-2023 12:36 42 PM METS: 1.2/ 135 bpm 72% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.06 Hz/LF 20 Hz

ExTime: 06:08 0.0 Kmph, 0.0%

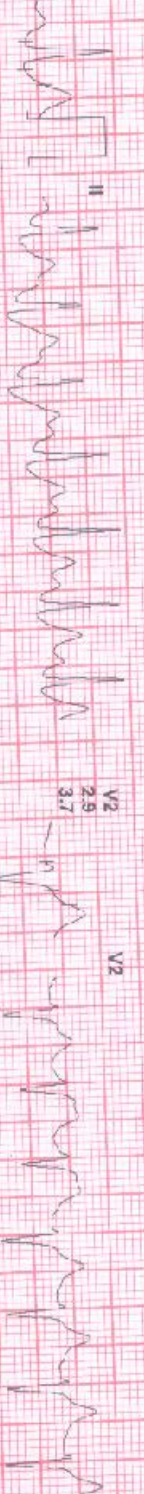
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

STL 1.3  
SMS 2.0



II 2.3  
4.2



III 1.0  
2.2



avR -1.8  
-3.1



avL 0.1  
-0.1



avF 1.5  
3.2



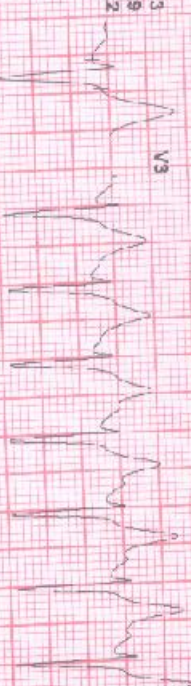
V1 0.0  
0.7



V2 2.9  
3.7



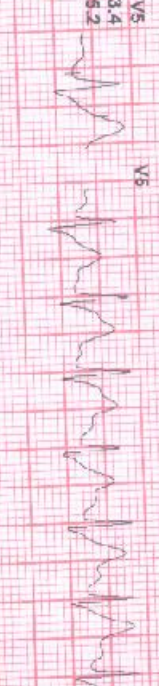
V3 5.9  
8.2



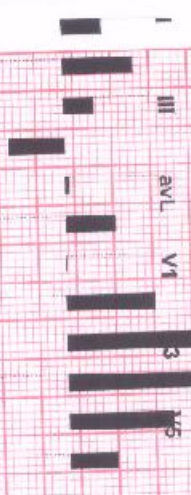
V4 4.6  
6.7



V5 3.4  
5.2



V6 1.6  
2.4



REMARKS:

(GEM13180726)(R)Allengers



Allengers

Recovery(1:39)



35 / MR PILAKA SHANKAR RAO / 34 Yrs / M / 180 Cms / 76 Kg / HR : 114

Date: 23-Sep-2023 12:36:42 PM METS: 1.0/ 114 bpm 61% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LE 20 Hz

ExTime: 06:08 0.0 Kmph 0.0% 25 mm/Sec - 1.0 Cm/mv

4X 80 ms Post J

9TL 1.0  
9TS 1.6



V1  
-0.1  
-0.2



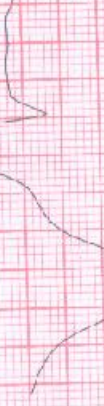
1.9  
2.5



V2  
2.2  
3.8



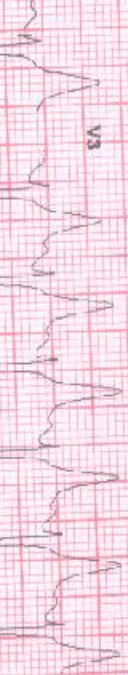
V2  
2.2



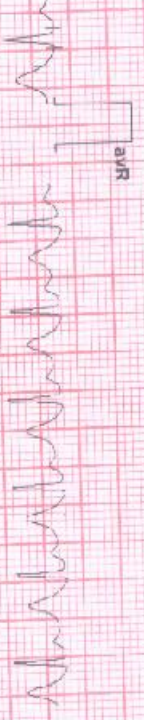
0.9  
0.8



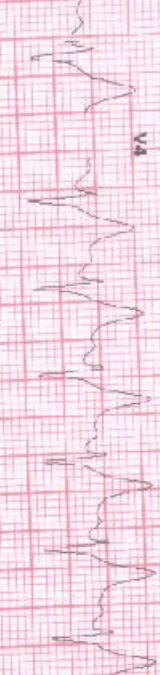
V3  
3.6  
6.1



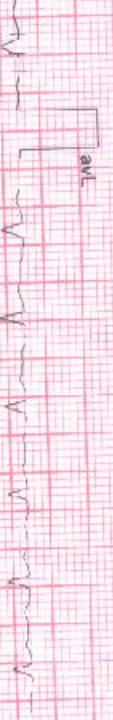
avR  
-1.4  
-2.0



V4  
3.1  
5.1



avL  
0.0  
0.4



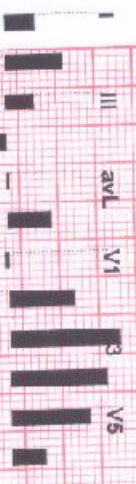
V5  
2.6  
3.8



avF  
1.4  
1.7



V6  
1.1  
1.8



REMARKS:

(GEM213180726)(R)Allengers