


 भारत निर्वाचन आयोग
 पहचान पत्र
 ELECTION COMMISSION OF INDIA
 IDENTITY CARD

YIR/0407791




निर्वाचक का नाम : योगिता
 Elector's Name : YOGITA
 पिता का नाम : दाऊदयाल
 Father's Name : DAUDAYAL
 लिंग / Sex : स्त्री / Female
 जन्म की तारीख / Date of Birth : 22/03/1992

YIR/0407791

पता : 61, पण्डेय मोहल्ला, पुराना बस
 स्टैंड डीग,
 त. डीग, जिला भरतपुर

Address: 61, PANDEY MOHALLA, PURANA BUS
 STAND DEEG,
 TH. DEEG, Dist. BHARATPUR



072 - डीग कुम्हेर
 निर्वाचन क्षेत्र के निर्वाचक रजिस्ट्रार
 अधिकारी की हस्ताक्षर की प्रामाणिकता
 Facsimile Signature of
 Electoral Registration Officer for
 072 - DEEG KUMHER Constituency

स्थान : डीग कुम्हेर दिनांक : 30/09/2013
 Place: DEEG KUMHER Date: 30/09/2013

यह बदलने पर नये पते पर अपना नाम लिखित न्यायाधीश से इस
 कार्ड के साथ मिले पर इसी नम्बर का कार्ड प्राप्त की जाए
 सम्बन्धित करने से यह कार्ड नम्बर अक्षय प्राप्त
 In case of change in address, mention this Card No. in the
 relevant Form for including your name in the roll at the
 changed address and to obtain the card with same number.

020 / 372

Dr. Goyal's

Path Lab & Imaging Centre

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



Date :- 02/08/2021 09:03:51
NAME :- Mrs. YOGITA
Sex / Age :- Female 29 Yrs 4 Mon 13 Days
Company :- MediWheel

Patient ID :-12211460
Ref. By Dr.- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 02/08/2021 09:09:56

Final Authentication : 02/08/2021 12:00:46

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	8.4 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	4.66	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	43.7	%	40.0 - 80.0
LYMPHOCYTE	46.8 H	%	20.0 - 40.0
EOSINOPHIL	2.8	%	1.0 - 6.0
MONOCYTE	6.5	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	2.03	10 ³ /uL	1.50 - 7.00
LYMPH#	2.19	10 ³ /uL	1.00 - 3.70
EO#	0.13	10 ³ /uL	0.00 - 0.40
MONO#	0.30	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.34	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	28.30 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	65.4 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	19.5 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	29.8 L	g/dL	31.5 - 34.5
PLATELET COUNT	170	x10 ³ /uL	150 - 410
RDW-CV	17.6 H	%	11.6 - 14.0
MENTZER INDEX	15.07		

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr.	00 - 20

(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" >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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE <40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.2	%	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 Method:- Calculated Parameter	102	mg/dL	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, ~~SPIG~~ Collected Time 02/08/2021 11:15:04

Final Authentication : 02/08/2021 13:44:59

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" 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)	10.1	mg/dl	0.0 - 23.0

*** End of Report ***

Technologist

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Sample Type :- PLAIN/SERUM Sample Collected Time 02/08/2021 09:09:56 Final Authentication : 02/08/2021 11:36:33

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	142.81	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	33.48	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	6.70	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	52.81	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	84.42	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	2.70		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.60		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	375.10 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 HDLCHOLESTERO 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

Technologist

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.34	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1 month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	53.3 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	45.1 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	53.60	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.49	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.02	gm/dl	2.20 - 3.50
A/G RATIO	1.48		1.30 - 2.50

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Sample Collected Time 02/08/2021 09:09:56

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.12	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.22	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	8.00	U/L	7.00 - 32.00

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: Biuret 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

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 02/08/2021 09:09:56

Final Authentication : 02/08/2021 12:05:30

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.210	μ IU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3 1.150 ng/ml 0.970 - 1.690
Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4 6.540 ug/dl 5.500 - 11.000
Method:- Chemiluminescence(Competitive immunoassay)

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

Technologist

ANANDSHARMA

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Sample Type :- URINE

Sample Collected Time 02/08/2021 09:09:56

Final Authentication : 02/08/2021 13:39:30

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)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

RISHIGUPTA

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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

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Lab/Hosp :-

Final Authentication : 02/08/2021 11:32:10

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)

*** End of Report ***

Page No: 1 of 1

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(D.M.R.D.) BILAL
Anita sharma

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MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
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Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 02/08/2021 09:03:51

Patient ID :- 12211460

NAME :- Mrs. YOGITA

Ref. By Doctor:-BOB

Sex / Age :- Female 29 Yrs 4 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Final Authentication : 02/08/2021 11:06:18

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.

Uterus is anteverted and normal in size. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal.

Both ovaries are visualised and are normal. No adnexal mass is seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

Normal Study.

Needs clinical correlation & further evaluation

*** End of Report ***

KOMAL

Page No: 1 of 1

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RMC Reg. No. 32495

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MBBS, D.M.R.D., D.N.B. (Radio Diagnosis)
RMC Reg. No. 32618

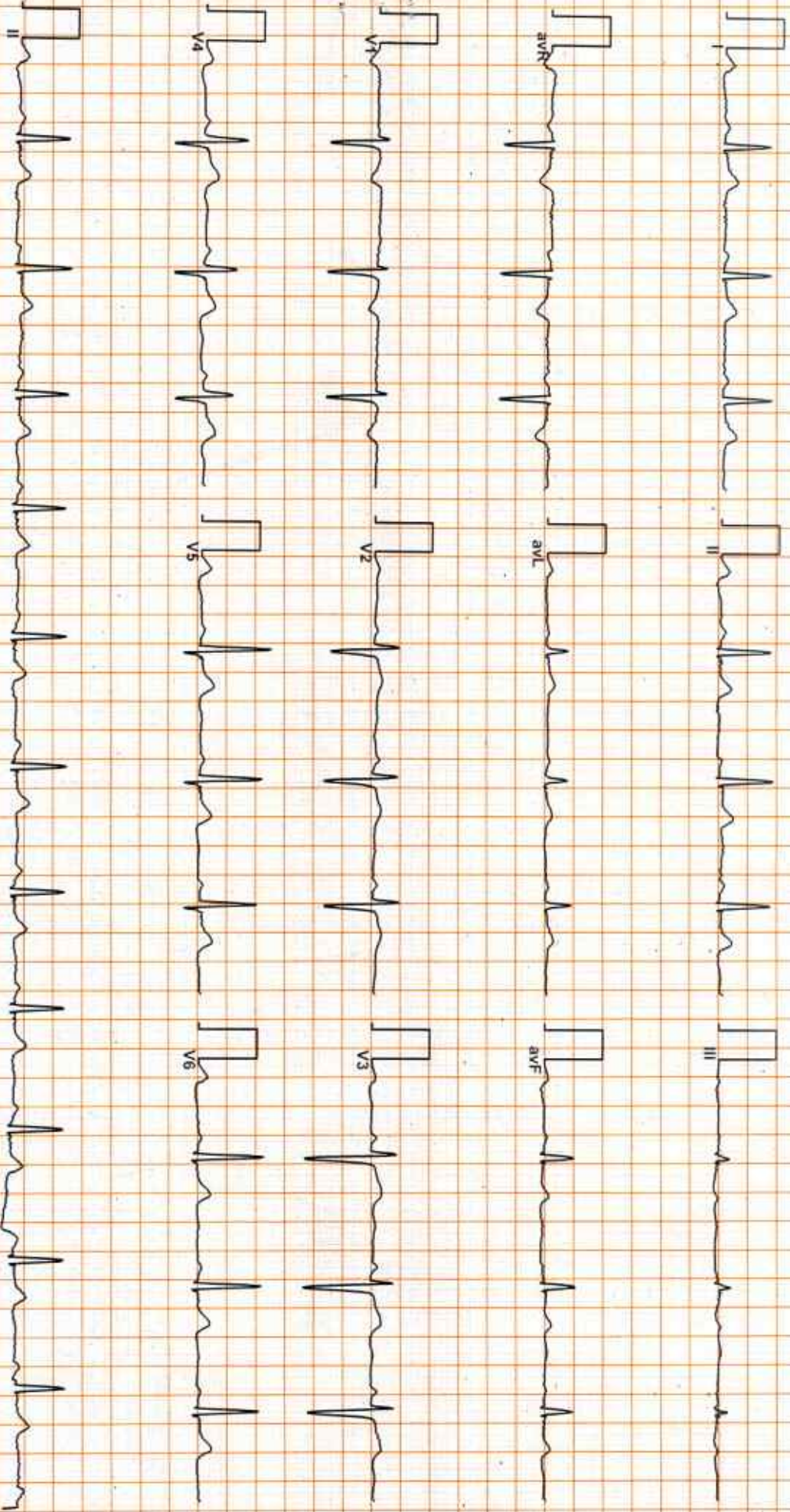
Dr. Ankita Gupta
M.D., D.N.B. (Radio Diagnosis)
RMC Reg. No. 32638

Dr. Hitesh Kumar Sharma
MBBS, D.M.R.D.
RMC Reg. No. 27380

Transcript by:

5934 / MRS YOGITA / 29 Yrs / F / Non Smoker
Heart Rate : 70 bpm / / Refd By: BOB / Tested On : 02-Aug-21 10:19:47 / HF 0.05 Hz - LF 20 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ACHP



Alengers ECG (Piscas)(PIS212160118)

TWAVE



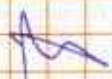
Stage	Time	Duration	Batt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:17	0:01	01.1	00.0	01.0	74	110/70	081	00	
Standing	00:29	0:01	01.1	00.0	01.0	88	110/70	096	00	
HV	00:37	0:01	01.1	00.0	01.0	108	110/70	118	00	
ExStart	01:31	0:08	01.7	10.0	01.1	090	110/70	099	00	
BRUCE Stage 1	04:31	3:00	01.7	10.0	04.7	143	120/75	171	00	
BRUCE Stage 2	07:31	3:00	02.5	12.0	07.1	158	130/85	205	00	
PeakEx	08:05	0:34	03.4	14.0	07.7	164	130/85	213	00	
Recovery	09:04	1:00	00.0	00.0	01.2	124	135/90	167	00	
Recovery	10:04	2:00	00.0	00.0	01.0	080	130/85	104	00	
Recovery	12:04	4:00	00.0	00.0	01.0	078	120/80	093	00	
Recovery	13:22	5:17	00.0	00.0	04.0	080	110/75	088	00	

Findings :

Exercise Time : 06:35
 Max HR Attained : 165 bpm 92% of Target 179
 Max BP Attained : 135/90
 Max Workload Attained : 7.7 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved

Report :

— TMT Negative for RUI at Peak Exercise

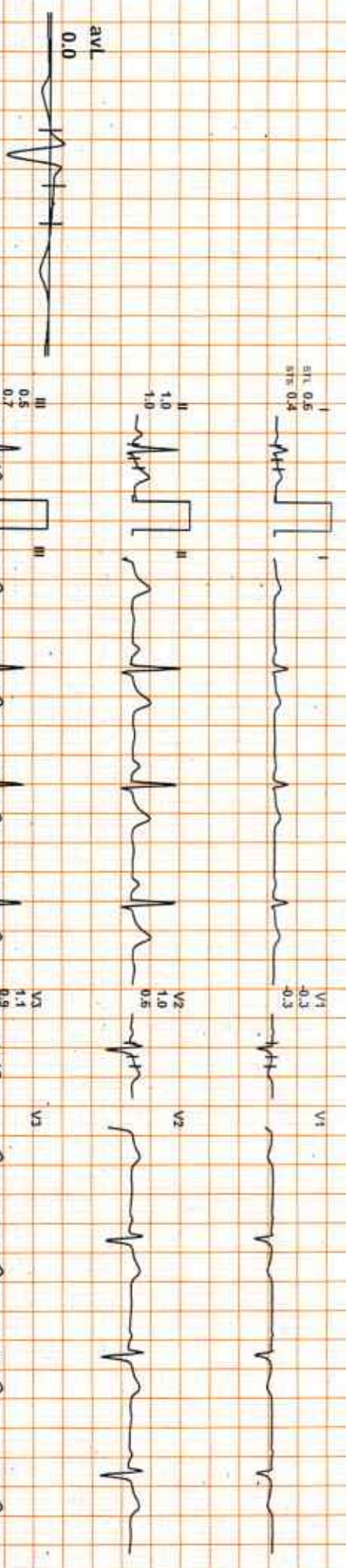




Date: 02-Aug-2021 10:23:17 AM METS: 1.0/ 74 bpm 41% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:17 1.1 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post U



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:

(GEM210151123)Geminii A-DX by Allergens

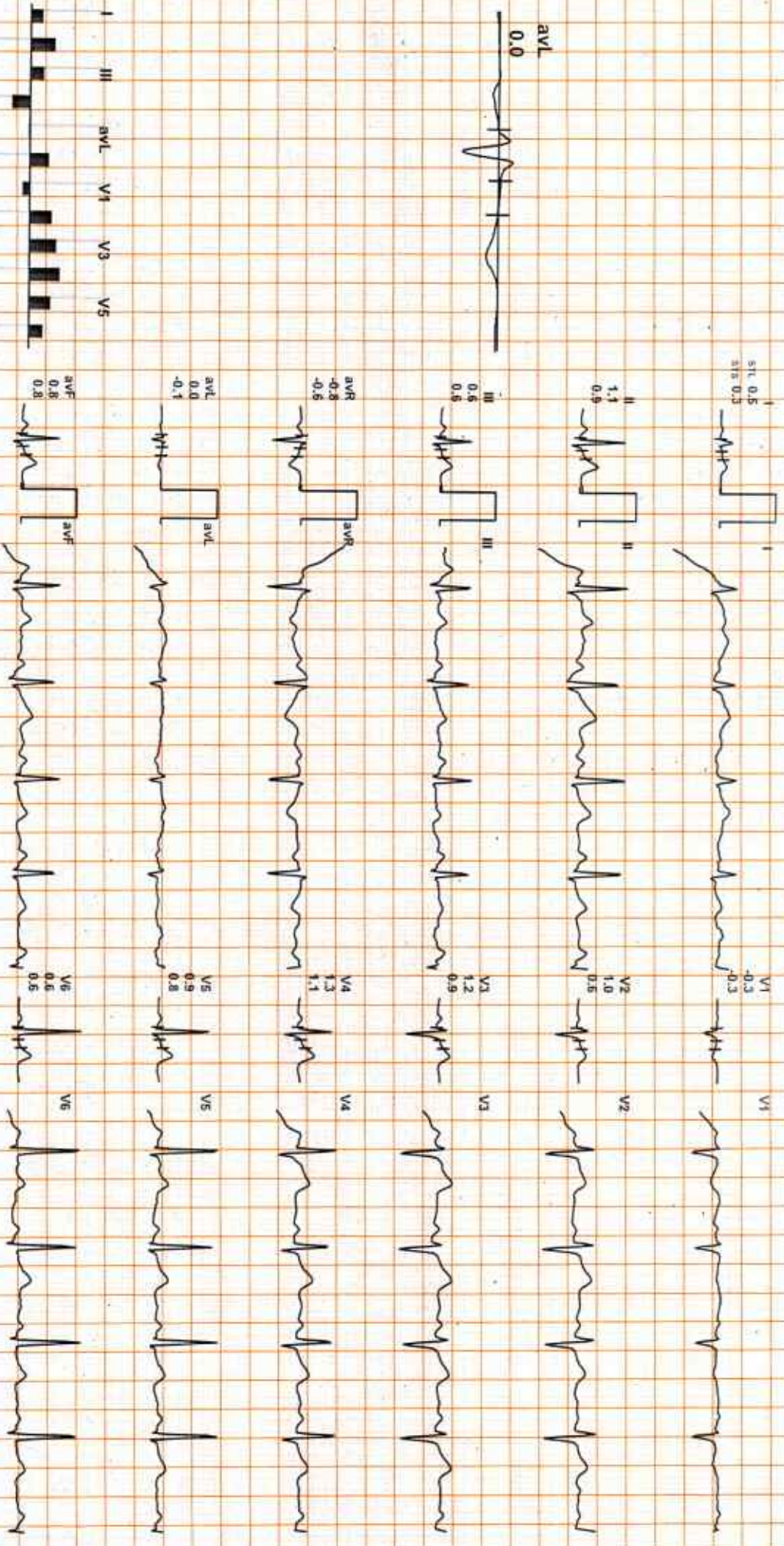
Standing

ACHPL

Date: 02-Aug-2021 10:23:17 AM METS: 1.01 88 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 00:29 1.1 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

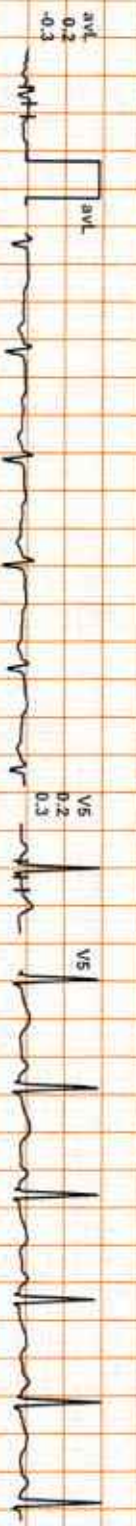
(GEM210151123)Gemini A-DX by Allengers



Date: 02-Aug-2021 10:23:17 AM METS: 1.0/ 108 bpm 60% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:37 1.1 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J

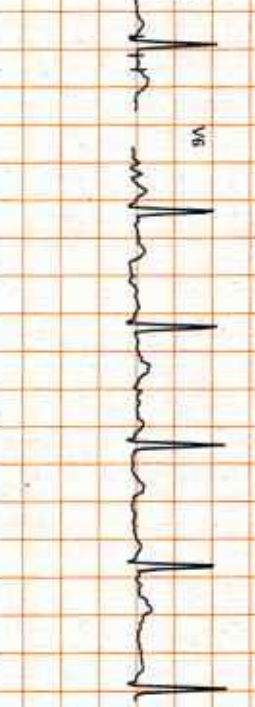
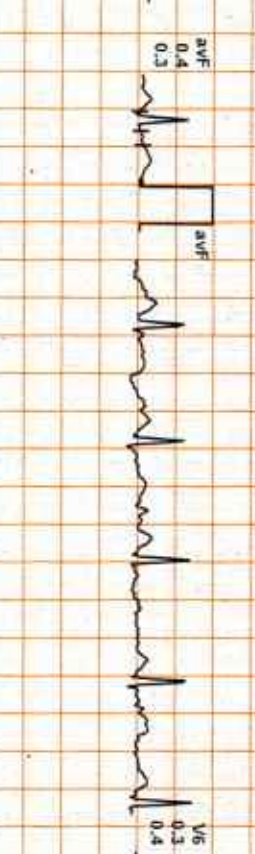
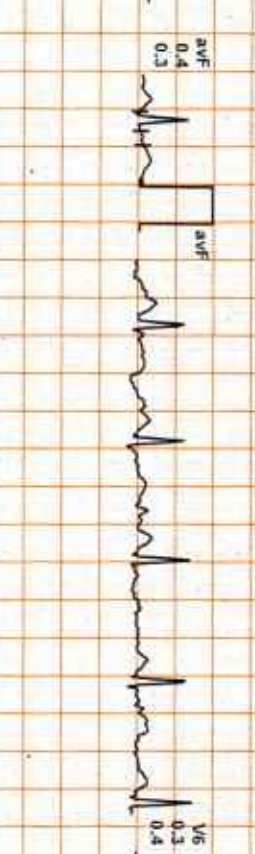
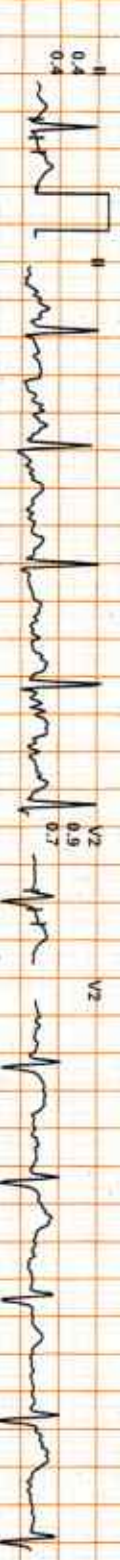
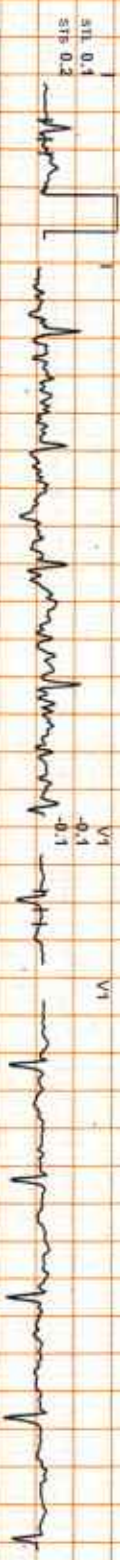


REMARKS: II aVR aVF V2 V4 V6

Date: 02-Aug-2021 10:23:17 AM METS: 1.1/ 90 bpm 50% of THR BP: 110/70 mmHg RAW ECG/ BLC On/ Match On/ HF: 0.05 Hz/ LF: 100 Hz

4X 80 ms Post J

EXTime: 00:06 1.7 mph, 10.0%
25 mm/Sec: 1.0 Cal/cmV



REMARKS:

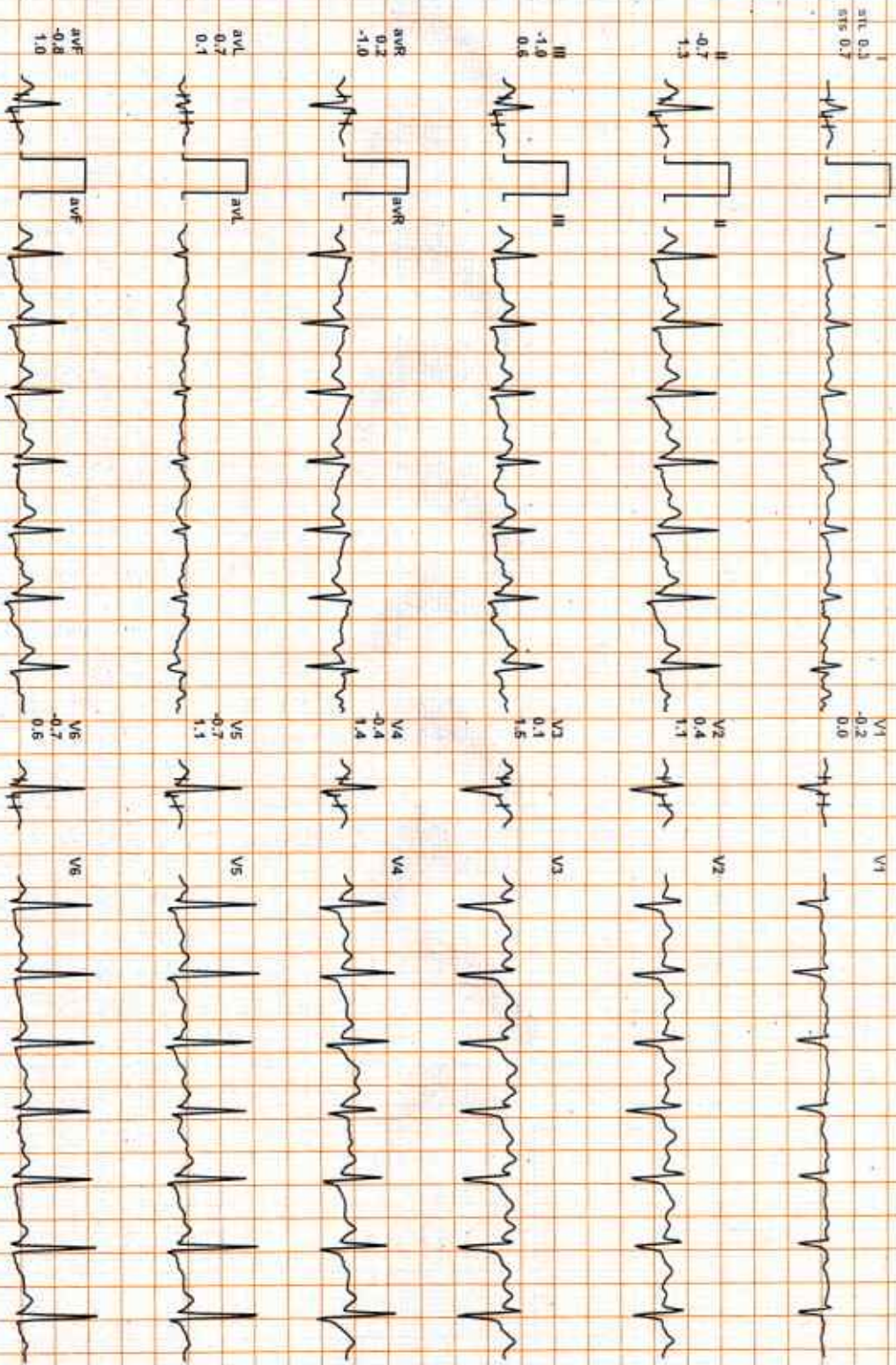
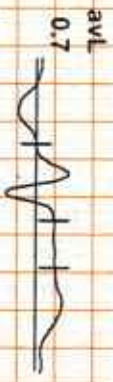
(GEM210151123)Gemini A-DX by Allergens



Date: 02-Aug-2021 10:23:17 AM METS: 4.71 143 bpm 79% of THR BP: 120/75 mmHg Raw ECG/BLG On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 ms Post J

EXTime: 03:00 1.7 mph, 10.0% 25 mm/Sec. 1.0 Cm/mV



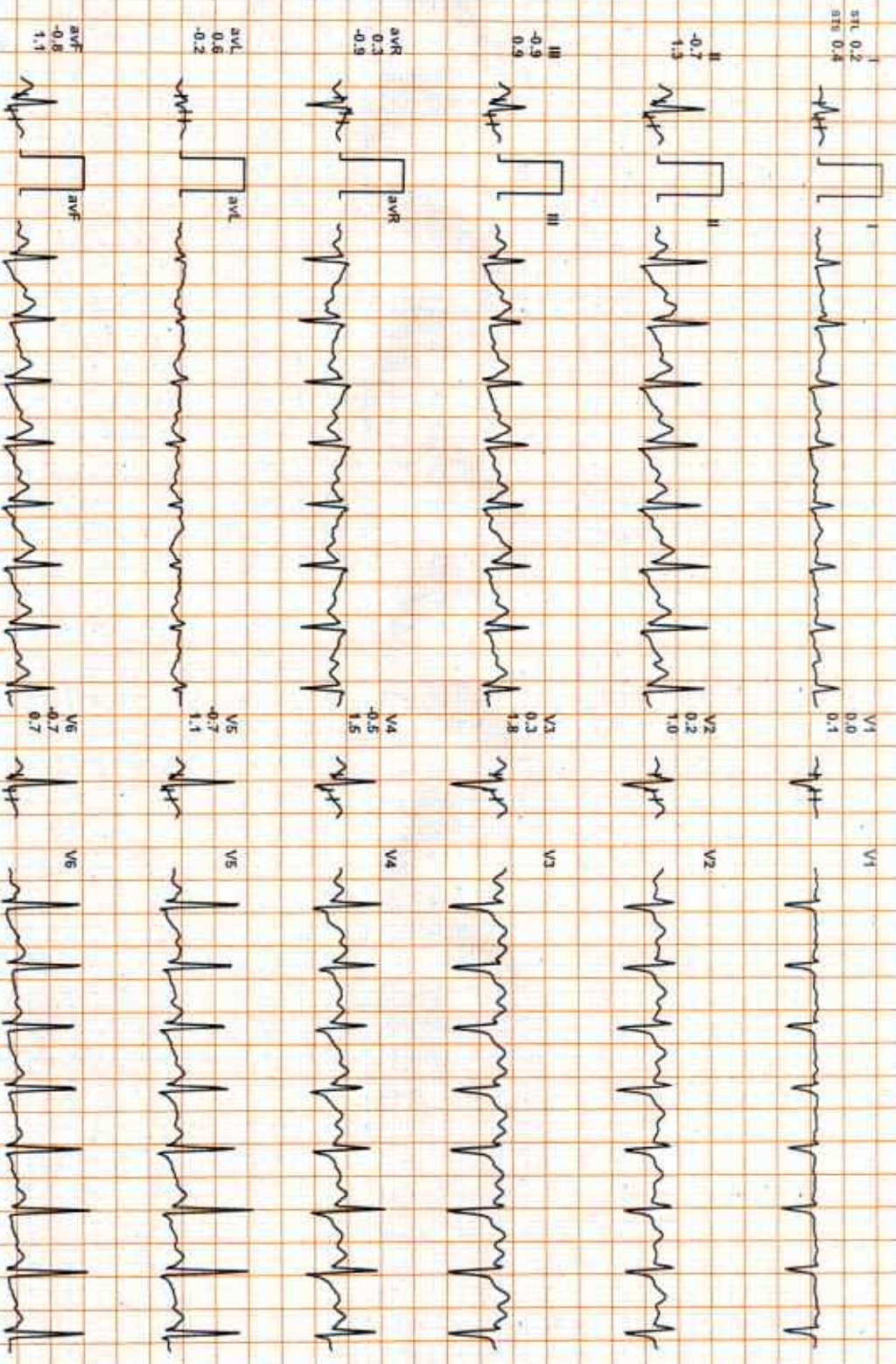
REMARKS:



Date: 02-Aug-2021 10:23:17 AM METS: 7.11/158 bpm 88% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

EXTime: 06:00 2.5 mph 12.0% 25 mm/Sec. 1.0 CalmV

4X 60 mS Post J



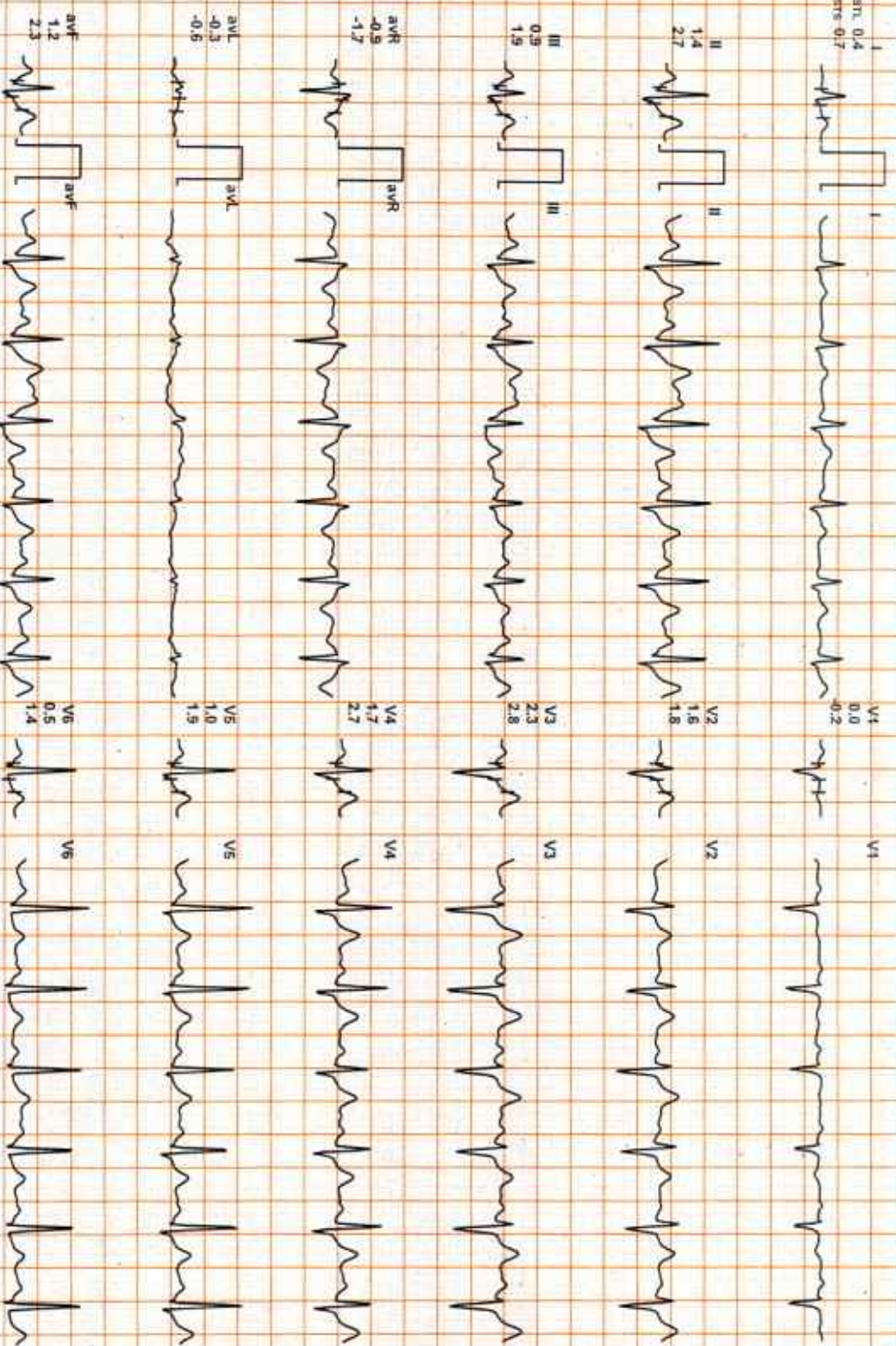
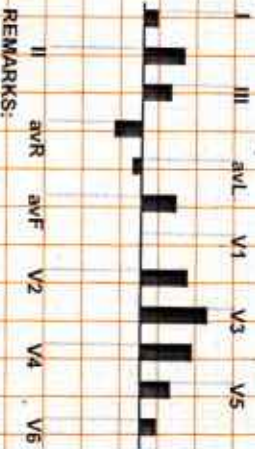
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(GEM210151123)Genini A-DX by Allergens



Date: 02-Aug-2021 10:23:17 AM METS: 1.2/ 124 bpm 69% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 80 mS Post J 25 mm/Sec. 1.0 Cm/mV ExTime: 06:35 0.0 mps 0.0%



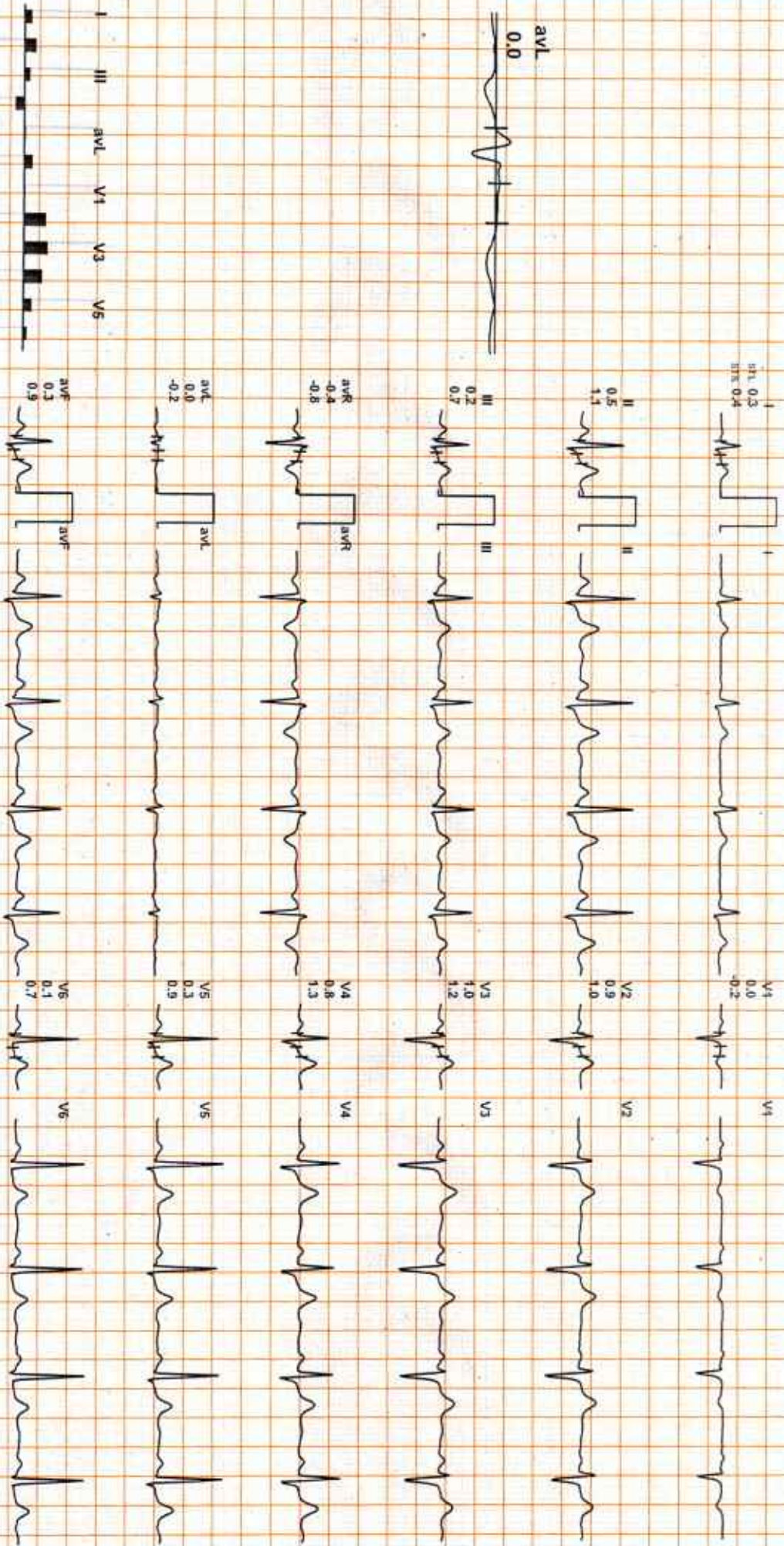


Date: 02-Aug-2021 10:23:17 AM METS: 1.0W 80 bpm 44% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:35 0.0 mph, 0.0%

4X 60 m/s Post J

25 mm/Sec, 1.0 Cm/mV



REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

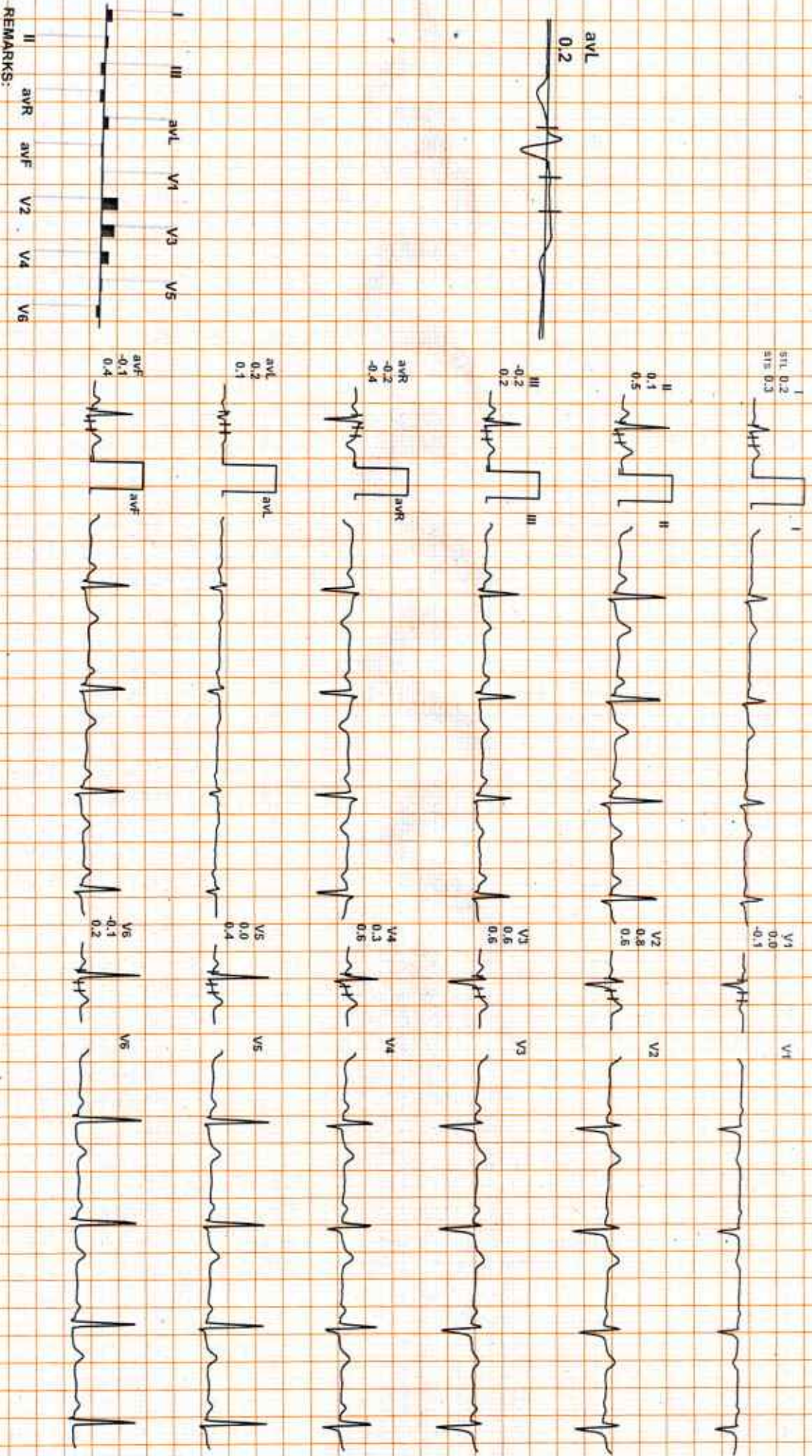


Date: 02-Aug-2021 10:23:17 AM METS: 1.0/ 78 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:35 0.0 mph, 0.0%

25 mm/Sec... 1.0 Cm/Div

4X 80 mS Post J



REMARKS:



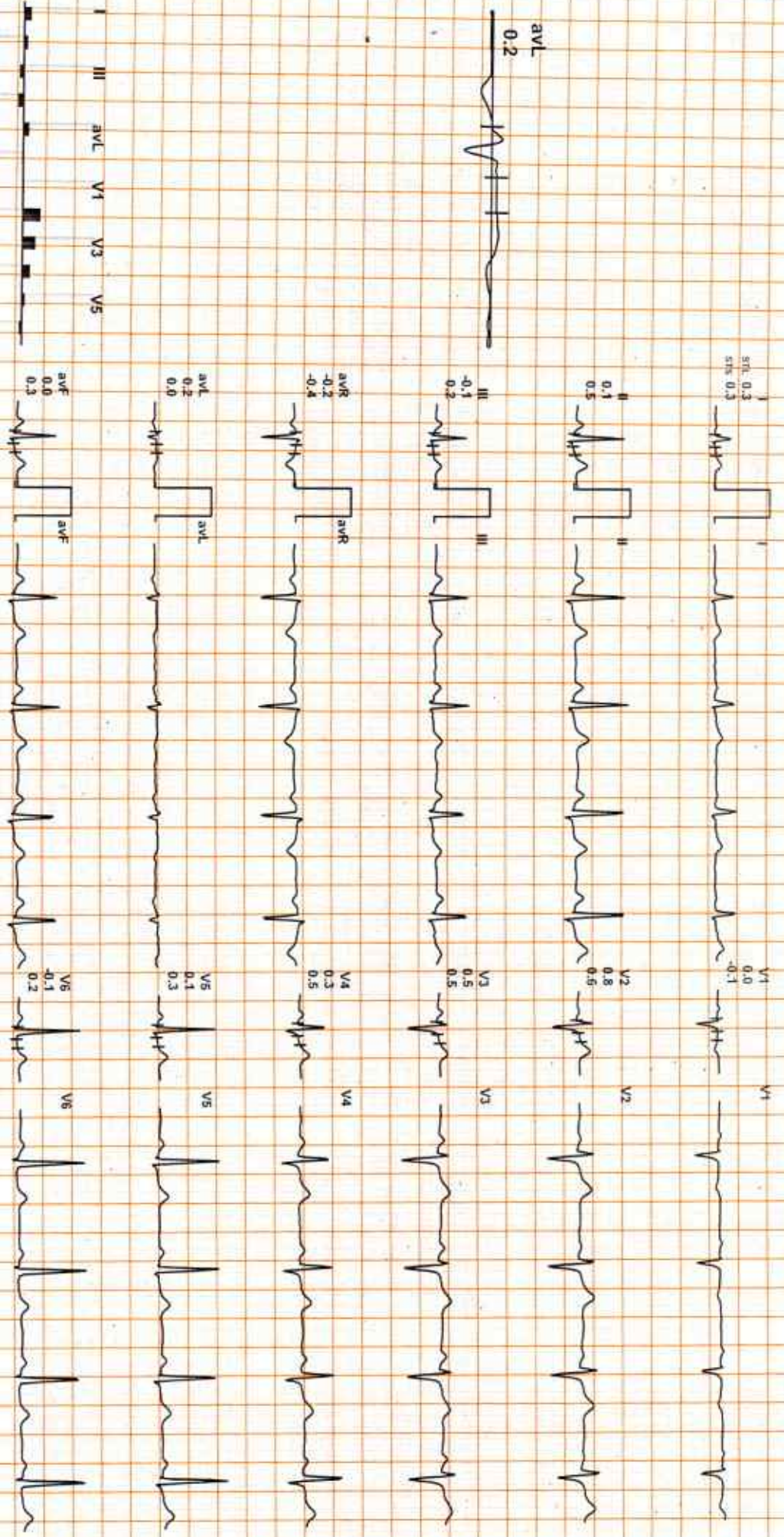
1189 / MRS YOGITA / 29 Yrs / F

Date: 02-Aug-2021 10:23:17 AM METS: 1.0/ 80 bpm 44% of THR BP: 110/75 mmHg Raw ECG/ BLC OM/ Natch OM/ HF 0.05 Hz/ LF 100 Hz

ExTime: 06:35 0.0 mph. 0.0%

4X 8p mS Post J

25 mm/Sec 1.0 Cm/mV



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

Date: 02-Aug-2021 10:23:17 AM

I

II

III

aVR

aVL

aVF

V1

V2

V3

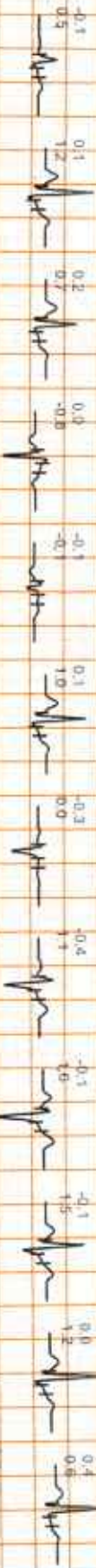
V4

V5

V6

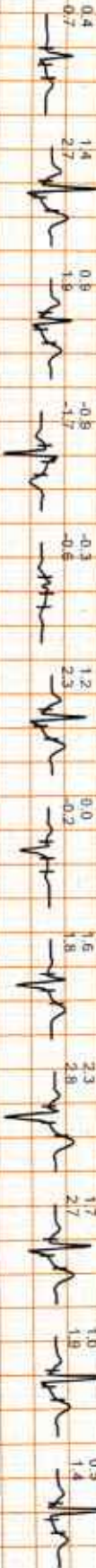
PeakEx

(1) 6:35 3.4 mph
(2) 6:35 14.0 %
164 bpm 130/85



Recovery

(1) 6:36 0.0 mph
(2) 1:00 0.0 %
124 bpm 135/90



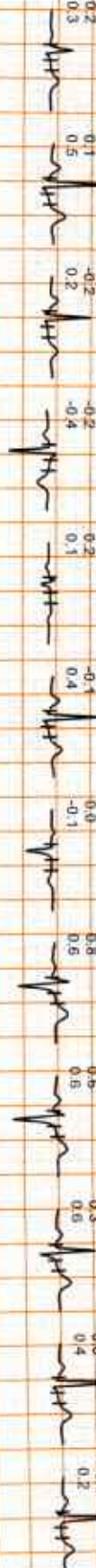
Recovery

(1) 6:36 0.0 mph
(2) 2:00 0.0 %
80 bpm 130/85



Recovery

(1) 6:36 0.0 mph
(2) 4:00 0.0 %
78 bpm 120/80



Recovery

(1) 6:36 0.0 mph
(2) 5:18 0.0 %
80 bpm 110/75

