

 	 
<p>भारत सरकार Government of India</p>	<p>सूचना</p>
<p>भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India</p>	<p>■ आधार पहचान का प्रमाण है, नागरिकता का नहीं। ■ सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें। ■ यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।</p>
<p>नामांकन क्रम/ Enrolment No.: 0000/00116/42683</p>	<p>INFORMATION</p>
<p>To शिक्षा कुमार Shikha Kumar W/O RAJESH KUMAR H.NO.160, 4TH FLOOR, POCKET-3 SECTOR-22, ROHINI NEAR AMAN VIHAR POLICE STATION ROHINI Begumpur North West Delhi Delhi - 110086 8588940606</p>	<p>■ Aadhaar is a proof of identity, not of citizenship. ■ Verify identity using Secure QR Code/ Offline XML/ Online Authentication. ■ This is electronically generated letter.</p>
<p>Signature Not Verified UNIQUE IDENTIFICATION AUTHORITY OF INDIA Plot No. 160, Sector 19, Pocket 1, New Delhi - 110075</p> 	<p>■ आधार देश भर में मान्य है। ■ आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है। ■ आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें। ■ आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।</p>
<p>आपका आधार क्रमांक / Your Aadhaar No. : 6679 4547 7122 VID : 9195 7504 7696 4842 मेरा आधार, मेरी पहचान</p>	<p>■ Aadhaar is valid throughout the country. ■ Aadhaar helps you avail various Government and non-Government services easily. ■ Keep your mobile number & email ID updated in Aadhaar. ■ Carry Aadhaar in your smart phone – use mAadhaar App.</p>
<p>भारत सरकार Government of India</p>   <p>शिक्षा कुमार Shikha Kumar जन्म तिथि/DOB: 08/12/1990 महिला/ FEMALE</p> <p>Issue Date: 23/12/2011</p>  <p>6679 4547 7122 VID : 9195 7504 7696 4842 मेरा आधार, मेरी पहचान</p>	<p>भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India</p>  <p>पता: राजेश कुमार, एच न 160, 4थ फ्लोर, पॉकेट-3, सेक्टर-22, रोहिनी, नियर अमान विहार पुलिस स्टेशन, रोहिनी, बेगम्पुर, नॉर्थ वेस्ट दिल्ली, दिल्ली - 110086</p> <p>Address: W/O RAJESH KUMAR, H.NO.160, 4TH FLOOR, POCKET-3, SECTOR-22, ROHINI, NEAR AMAN VIHAR POLICE STATION, ROHINI, Begumpur, North West Delhi, Delhi - 110086</p>  <p>6679 4547 7122 VID : 9195 7504 7696 4842</p> <p>1947 help@uidai.gov.in www.uidai.gov.in</p>

Bank of Baroda
SHIKHA KUMAR
Name: 118512
कार्यवाही कूट क्र. E. C. No.
जारीकर्ता अधिकारी, यु. प्र. (स) अ.म., व.सि.
Issuing Authority CM (S), ZO, HD



Interventional Pain and spine Centre
Plot No 453, Dwarka Sector 16, Phase 1,
New Delhi - 110078

Radiology No.	: 3109/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mrs. SHIKHA KUMAR	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 3351/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8588940606

Part:X-ray Chest

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



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



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Bellary Road, Bengaluru - 560092

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Radiology No.	: 3109/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mrs. SHIKHA KUMAR	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 3351/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8588940606

ULTRASOUND OF WHOLE ABDOMEN

Convex Probe was used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Kidneys are of normal size, shape and echo pattern. **A 2 mm calculus is seen in mid pole of left kidney.** No calculus, mass or hydronephrotic changes seen in right kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 94 x 41 mm.

Left kidney measures 88 x 42mm.

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

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.



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*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)
Not all congenital anomalies can be detected by ultrasound only*

Radiology No.	: 3109/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mrs. SHIKHA KUMAR	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 3351/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8588940606

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.
No mass or lesion is noted.

Endometrial is normal measuring 6 mm and is in mid line.

Both ovaries are visualized and are normal with subcentemetric follicles.

Right ovary measures 39 x 17 x 26mm(9vol-9.7cc).

Left ovary measures 36 x 16 x 39mm(vol-11cc).

POD fluid is seen.

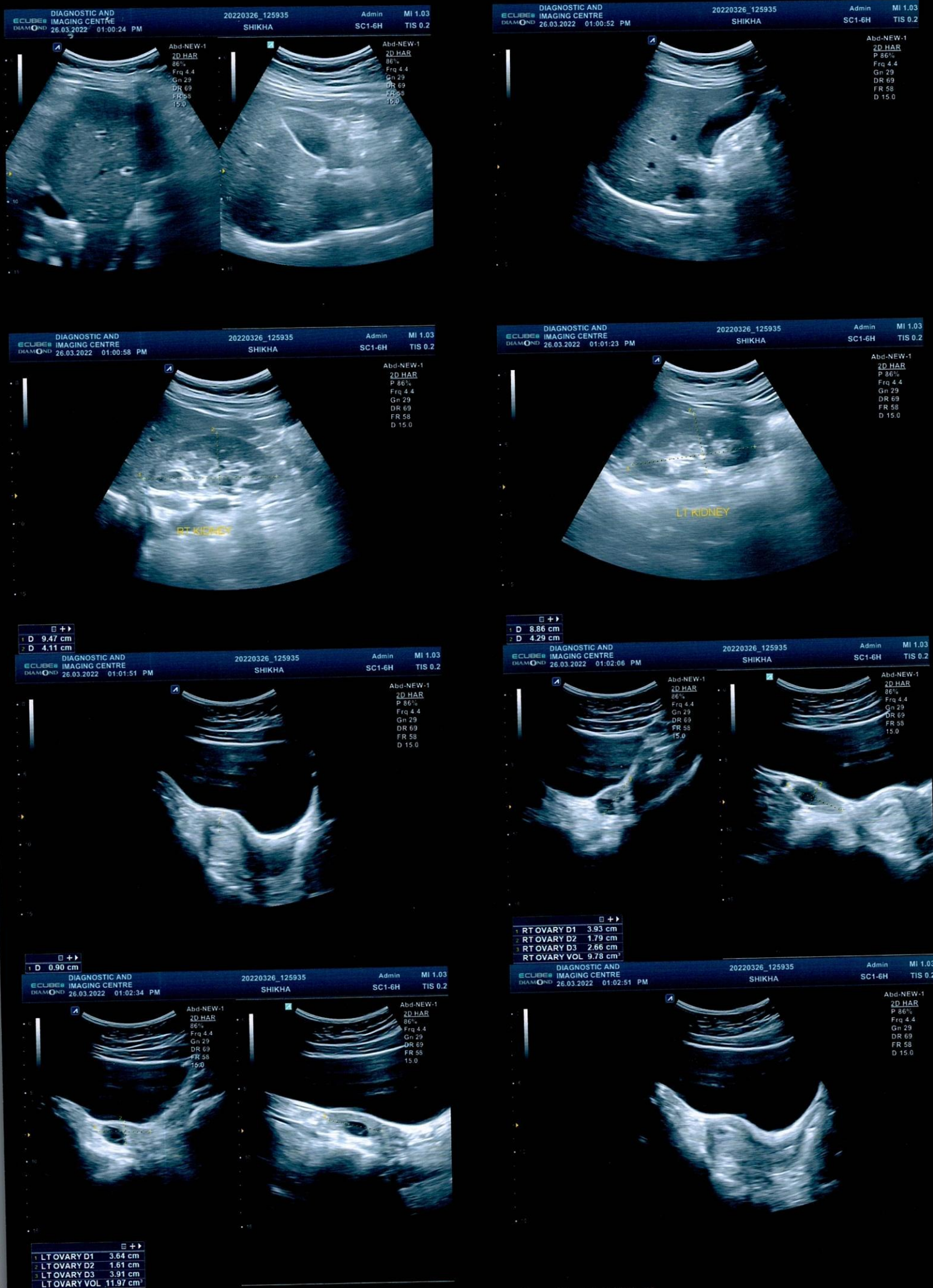
Urinary bladder does not show any calculus or mass lesion.

Impression: Small Left renal calculus.

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Not all congenital anomalies can be detected by ultrasound only*

IPSC



26/3/2022


To

The Diagnostic and Imaging Centre
Dwarka Delhi

Dear Mam

I, Shikha Kumari (Bank of Baroda officer EC No 118512)
do not wish to avail eye checkup offered in our
annual health facility. Kindly acknowledge the
same.

Thanks and Regards



Shikha Kumari
Officer (EC No. 118512)

26-03-2022 12:04:23 P.M.

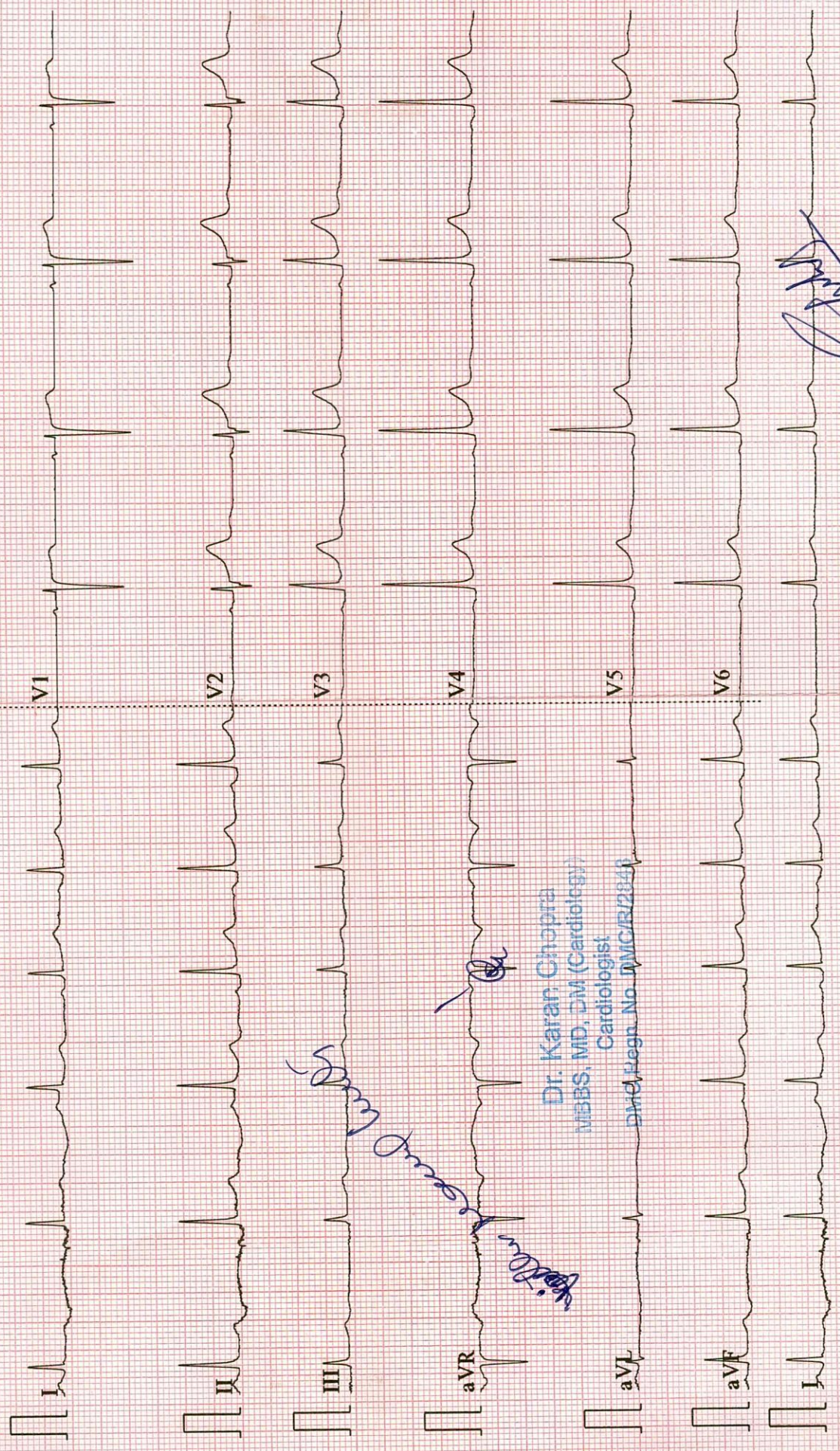
W: 2
shikha
Female 31 Years
Req. No. ;

Diagnosis Information:

Sinus bradycardia with PAC(s)
Normal ECG except for rate

HR : 59 bpm
P : 98 ms
PR : 162 ms
QRS : 84 ms
QT/QTcBz : 410/407 ms
P/QRS/T : 39/54/56 °
RV5/SV1 : 1.459/1.264 mV

Report Confirmed by:



Dr. Karan Chopra
MBBS, MD, DM (Cardiology)
Cardiologist
DM Regn. No. DMCR/2841

[Signature]

Patient Name : Mrs. SHIKHA KUMAR
Age / Gender : 31Y / Female
Mobile No. : 8588940606
Sample Type : EDTA whole blood

Reg No. : 3351/UHID21DL
Date : 26-Mar-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 221980

Lab ID. : 3109/OPDPB21DL

Collected : 26-Mar-2022 12.35
Received : 26-Mar-2022 12.35
Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	11.5	gm/dl	11.9-15.0	Colorimetric
TOTAL LEUCOCYTE COUNT	5900.0	/cumm	4000-11000	Electrical impedance

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophil	53	%	40-75	Electrical impedance
Lymphocyte	39	%	20-45	Electrical impedance
Eosinophil	03	%	1-6	Microscopy
Monocyte	05	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy

ESR	10.0	mm/1sthr	0-20	Westergren's
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RBC COUNT	4.22	mili/cmm	3.8-4.8	Electrical impedance
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PCV	37	%	35-45	Calculated
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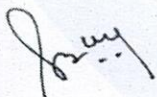
MCV	88.2	Fl	80-100	Calculated
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MCH	27.1	Picogram	27.0-31.0	Calculated
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MCHC	30.8	gm/dl	31.5-34.5	Calculated
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PLATELET COUNT	2.94	Lakh/cm m	1.5-4.50	Electrical impedance
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-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
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Lab Technician : chand



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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
Sample Type : Plasma(Sodium fluoride)	Manual No.:	Received : 26-Mar-2022 12.35
	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar F&PP				
BLOOD SUGAR FASTING	91.0	mg/dl	74-100	GOD-POD

INTTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Gidlines

Criteria for Diabetes Diagnosis:

FPG>126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

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

Using a glucose lond containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG<200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

Blood Sugar PP	135.0	mg/dl	70-150	GOD-POD
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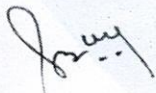
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Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
	Manual No. :	Received : 26-Mar-2022 12.35
Sample Type : Plasma(Sodium fluoride)	Sample ID : 221980	Report : 26-Mar-2022 17.14

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

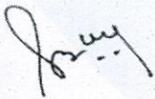
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl


in individuals with symptoms of hyperglycemia or hyperglycemic crisis


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



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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
	Manual No. :	Received : 26-Mar-2022 12.35
Sample Type : EDTA whole blood	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.5	%	4-6	PEIT
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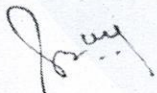
Good control : 4.5 - 6.4 %

Fair control : 6.5 - 7.4 %

Poor control : Above - 7.5 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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



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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
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Sample Type : Serum	Sample ID : 221980	Report : 26-Mar-2022 17.14

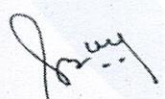
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	15.1	mg/dl	15.0-45.0	urease
Serum Creatinine	0.70	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	6.00	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	7.05	g/dl	6.4-8.3	Biuret
ALBUMIN	3.7	g/dl	3.4-4.8	Bcg
GLOBULIN	3.35	g/dl	2.3-3.5	
A/G RATIO	1.10	g/dl		
Calcium	9.7	mg/dl	8.6-10.2	Arsenazo
Sodium	141.3	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.1	mmol/L	3.5-5.5	
Chloride	104.7	mmol/L	98.0-109.0	ISE Indirect

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



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Sample Type : Serum	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	192.00	mg/dl	123-199	CHOD-PAP
Triglycerides	99.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	52.2	mg/dl	42-88	Direct
Vldl	20	mg/dl	4.7-22.1	
LDL Cholesterol Direct	120.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.7		0.0-4.97	
LDL/HDL Ratio	2.3		0.0-3.55	

INTERPRETATION:-

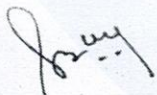
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

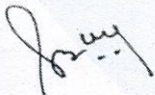
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.88	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.35	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.53	mg/dl	0-0.8	Calculated

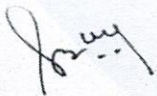
Total Protein

PROTEN	7.05	g/dl	6.4-8.3	Biuret
ALBUMIN	3.7	g/dl	3.4-4.8	Bcg
GLOBULIN	3.35	g/dl	2.3-3.5	
A/G RATIO	1.10	g/dl		

SGOT	24	U/L	0-31	IFCC
SGPT	23	U/L	0.0-34	IFCC

Gamma GT	19.3	U/L	0-38	Glupa-c
Alkaline Phosphatase	91	U/L	42-98	Amp

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



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Bellary Road, Bengaluru - 560092

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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 14.54
Sample Type : STOOL	Manual No.:	Received : 26-Mar-2022 14.54
	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

STOOL R/M

PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL

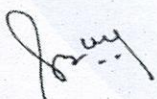
CHEMICAL REACTION

REACTION	ACIDIC
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MICROSCOPY EXAMINATION

PUS CELLS	/HPF
RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL

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



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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
Sample Type : Serum	Manual No.:	Received : 26-Mar-2022 12.35
	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3	1.00	ng/dl	0.80 - 2.0	CLIA
<p>All values Adults (euthyroid) 0.80-2.0 Newborns 0.73-2.88 6d - 3 mth 0.80-2.75 4 - 12 mth 0.86-2.65 1 - 6 yr 0.92-2.48 7 - 11 yr 0.93-2.31 12 - 20 yr 0.91-2.18</p>				
T4	7.29	ug/dl	5.1 - 14.1	CLIA
<p>All values Adults 5.1-14.1 Newborns 5.04-18.5 6 d - 3 mth 5.41-17.0 4 - 12 mth 5.67-16.0 1 - 6 yr 5.95-14.7 7 - 11 yr 5.99-13.8 12 - 20 yr 5.91-13.2</p>				
TSH	4.72	uIU/ml		CLIA
<p>Adults 21-100 yrs 0.35 - 5.50 Pediatric 0-12 Months 0.98-5.63 1-5 years 0.64-5.76 6-10 Years 0.51-4.82 11-14 Years 0.53-5.27 15-20 years 0.43-4.20</p>				

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are

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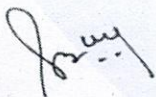
Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.35
	Manual No.:	Received : 26-Mar-2022 12.35
Sample Type : Serum	Sample ID : 221980	Report : 26-Mar-2022 17.14

normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

- Adults 21-100 yrs 0.35 - 5.50
- Pediatric 0-12 Months 0.98-5.63
- 1-5 years 0.64-5.76
- 6-10 Years 0.51-4.82
- 11-14 Years 0.53-5.27
- 15-20 years 0.43-4.20

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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



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Patient Name : Mrs. SHIKHA KUMAR	Reg No. : 3351/UHID21DL	Lab ID. : 3109/OPDPB21DL
Age / Gender : 31Y / Female	Date : 26-Mar-2022	
Mobile No. : 8588940606	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 14.00
	Manual No.:	Received : 26-Mar-2022 14.00
Sample Type : URINE	Sample ID : 221980	Report : 26-Mar-2022 17.14

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

7.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf Automated/Manual

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2


BACTERIA

NIL

OTHERS

NIL

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



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 Dwarka, New Delhi-110078 Ph. 011-49078567

TREADMILL TEST REPORT

SHIKHA KUMAR
 ID : 1574
 DATE : 26-03-2022
 AGE/SEX : 31 / F
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					86	120 / 80	103	0.2	0.9	0.1	
STANDING					108	120 / 80	129	0	1	0.2	
HYPERVENT					106	120 / 80	127	0.4	1	0.3	
Stage 1	2:55	2:55	2.7	10	145	130 / 80	188	0.3	0.8	0.2	4.67
Stage 2	5:55	2:55	4	12	153	140 / 80	214	0.1	1.2	0.5	7.04
Stage 3	6:51	0:51	5.4	14	162	140 / 80	226	0.2	1.2	0.2	7.92
PK-EXERCISE	7:12	1:12	5.4	14	171	150 / 80	256	0.3	1	0.5	8.26
RECOVERY	8:22	0:55			113	140 / 80	158	0.7	1.3	0.7	
RECOVERY	9:22	1:55			100	130 / 80	130	0.3	1.1	0.1	
RECOVERY	10:22	2:55			98	120 / 80	117	0.1	1.1	-0.1	
RECOVERY	10:59	3:32			94	120 / 80	112	0.2	1	0.1	
RECOVERY	11:22	3:55			97	120 / 80	116	0.2	0.9	0.1	

RESULTS

EXERCISE DURATION : 7:12
 MAX HEART RATE : 171 bpm
 MAX BLOOD PRESSURE : 150 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 8.26 METS



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 Cardiologist
 DMC Regn. No. DMCR/2848

Technician :

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SHIKHA KUMAR
 I.D. 1574
 Age 31/F
 Date 26-03-2022

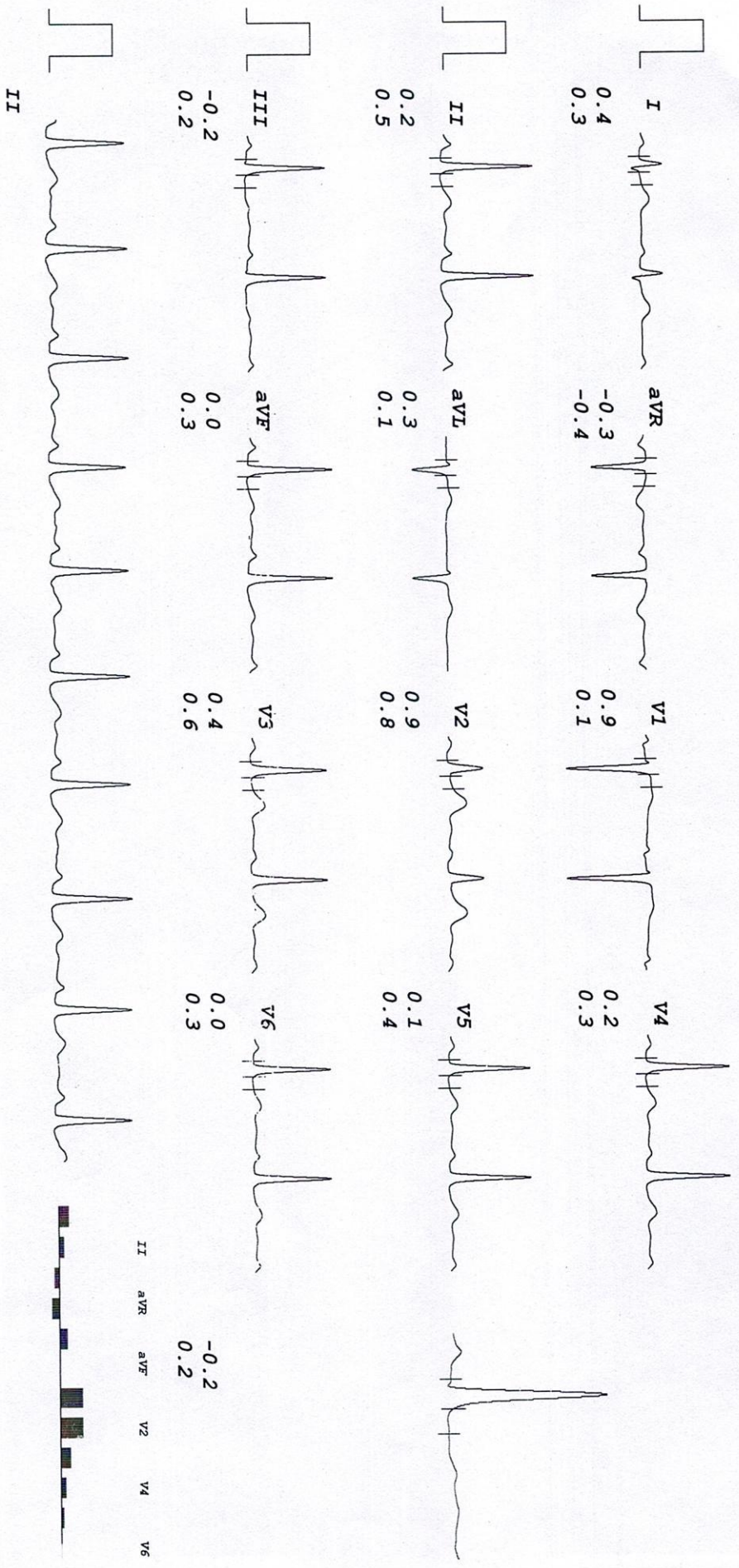
RATE 86bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

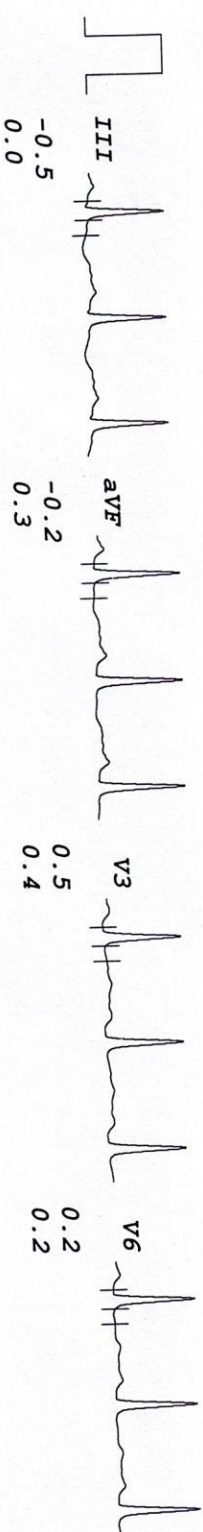
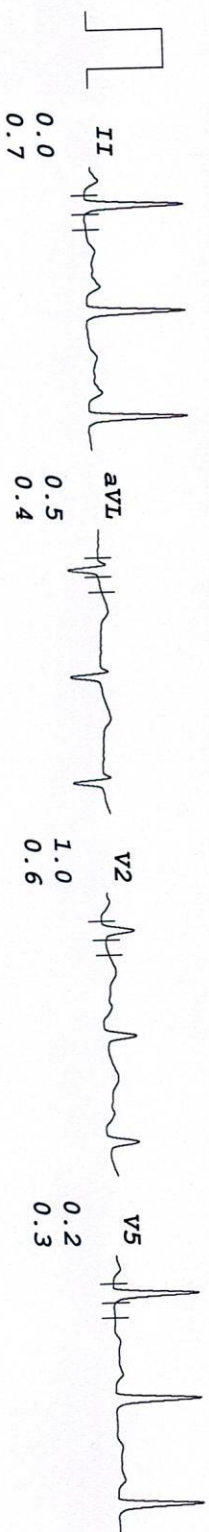
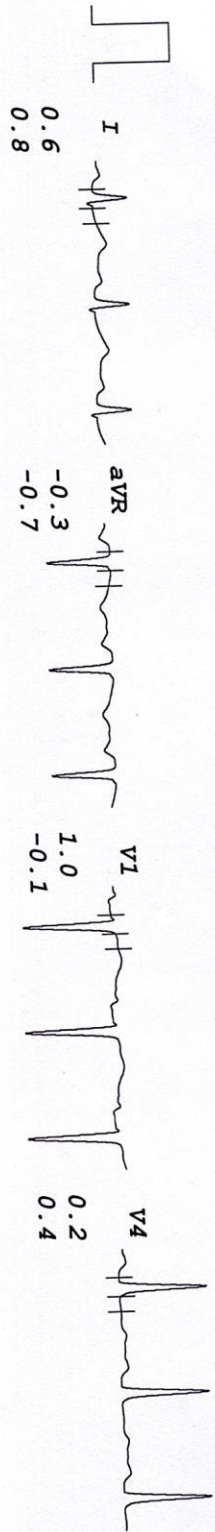
LINKED MEDIAN

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 108bpm
B.P. 120/80

Mag. X 2

III



II



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

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SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 106bpm
B.P. 120/80

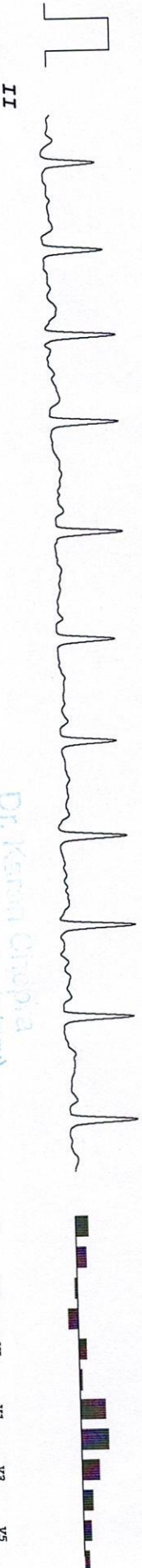
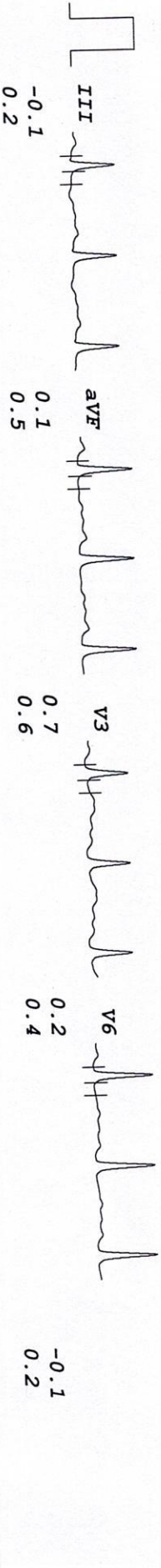
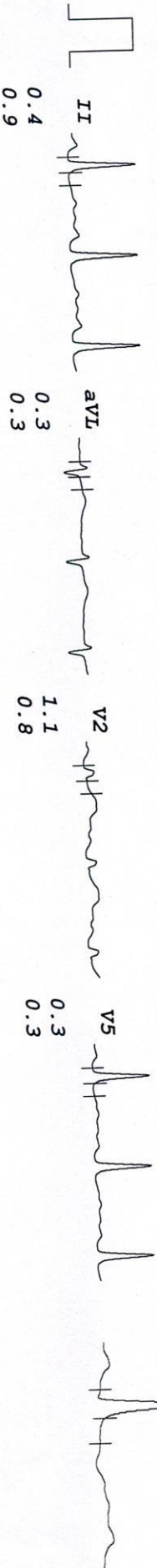
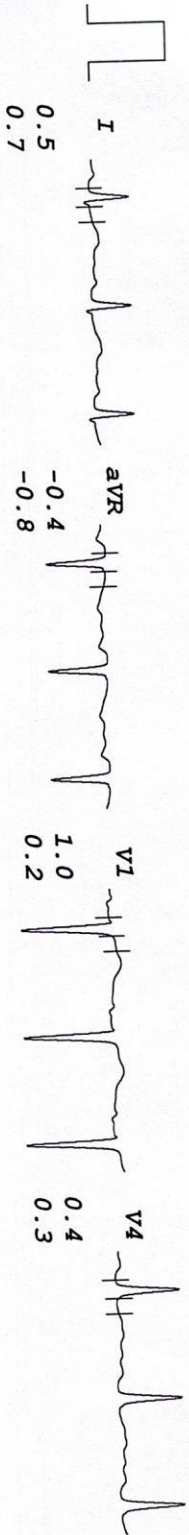
PRETEST
HYPERVENT
PHASE TIME 0:53

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



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I III aVR aVL V1 V3 V5

THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 145bpm
B.P. 130/80

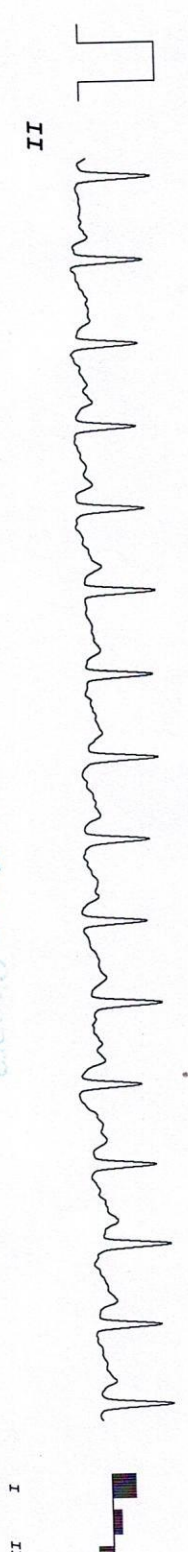
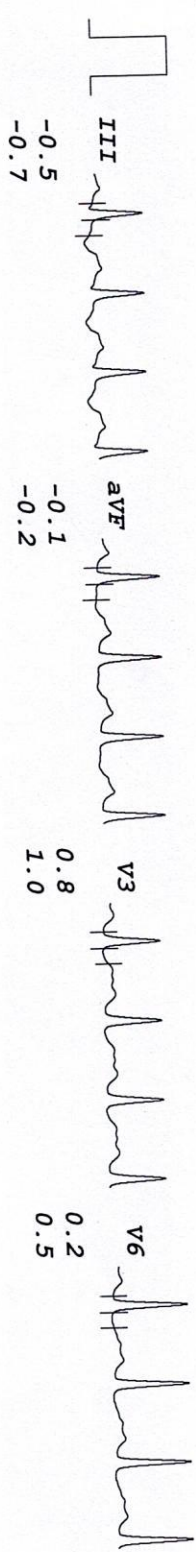
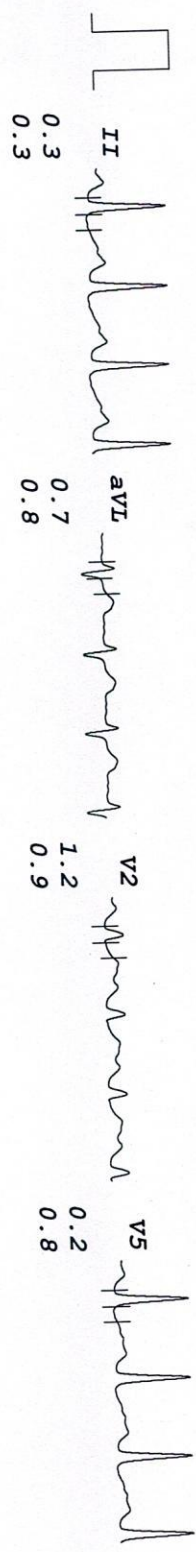
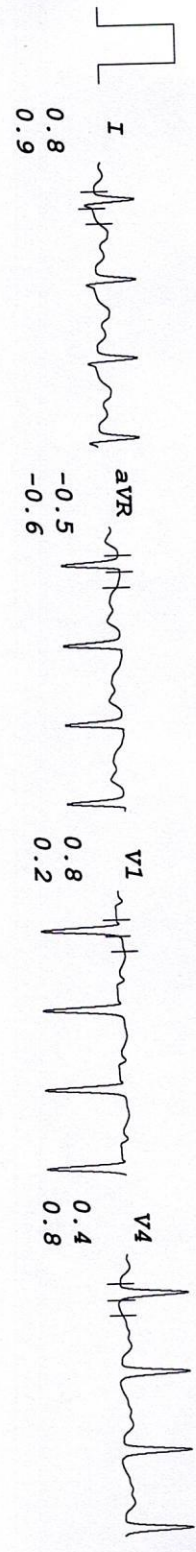
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms Post J
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 153bpm
B.P. 140/80

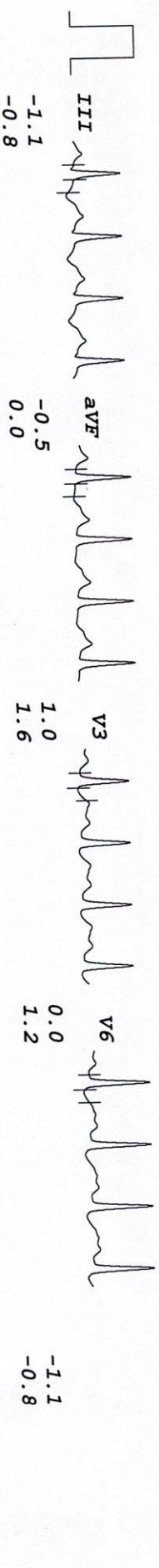
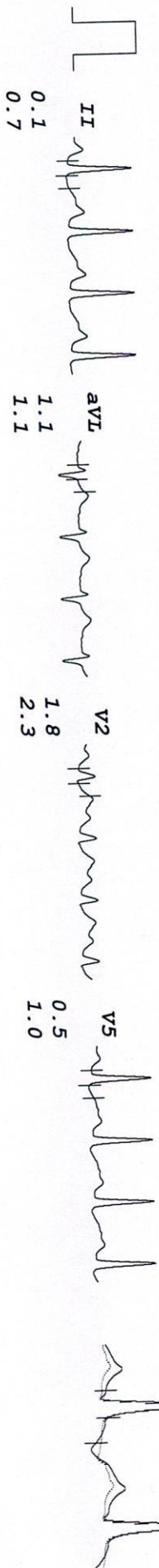
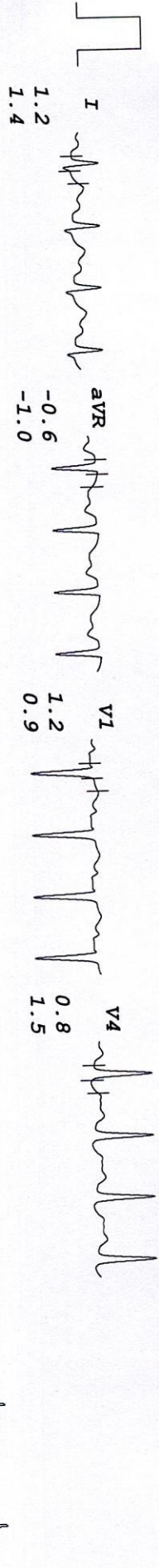
Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

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

LINKED MEDIAN

MAG. X 2

III



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
 I.D. 1574
 Age 31/F
 Date 26-03-2022

RATE 162bpm
 B.P. 140/80

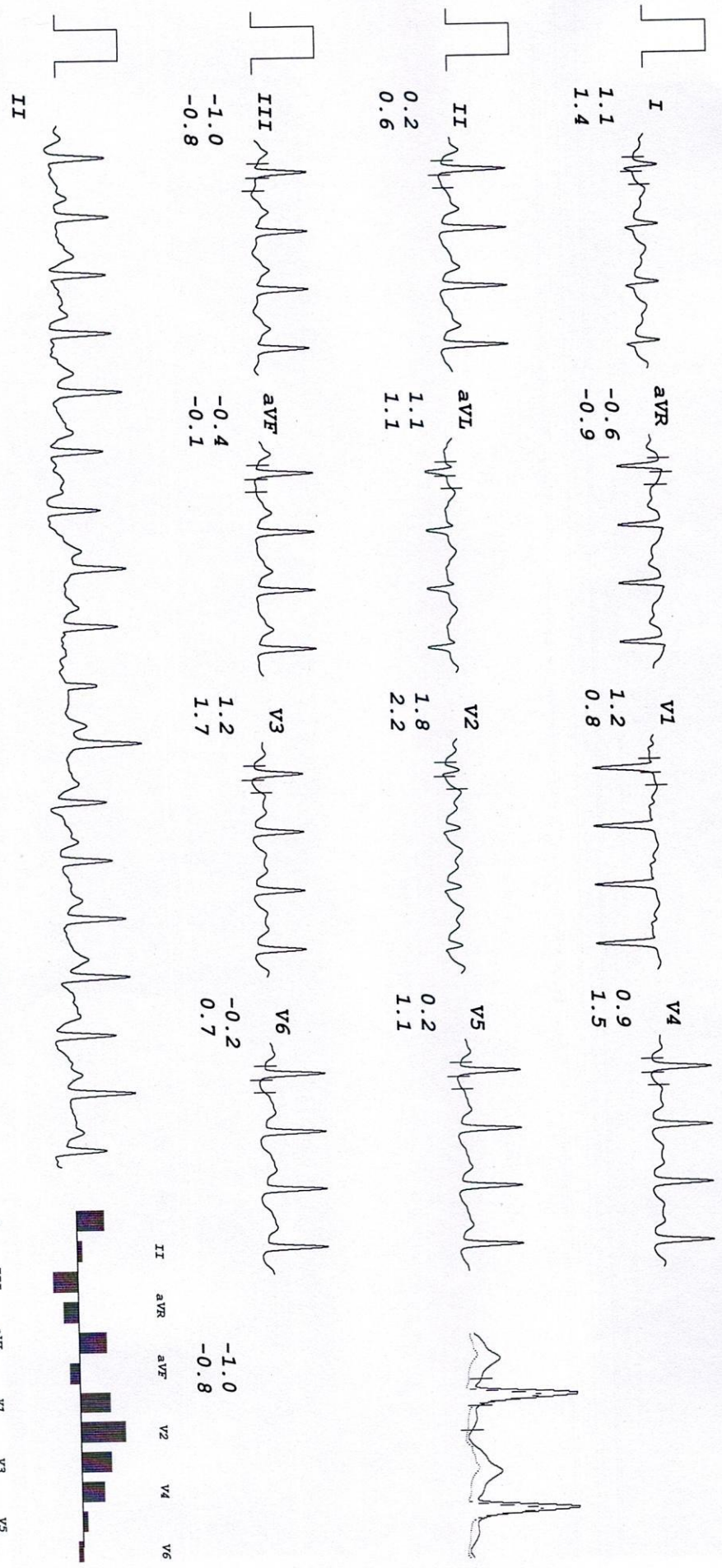
Bruce
 Stage 3
 TOTAL TIME 6:51
 PHASE TIME 0:51

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 171bpm
B.P. 150/80

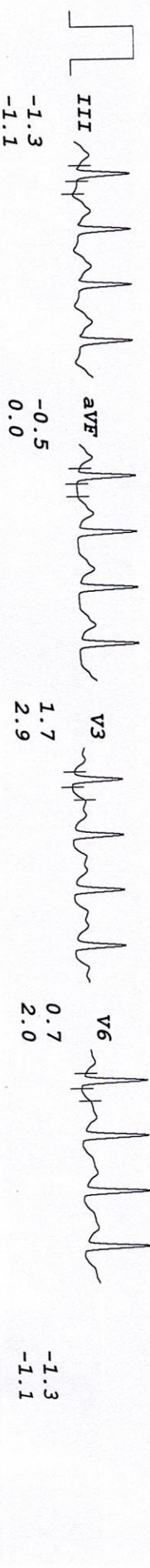
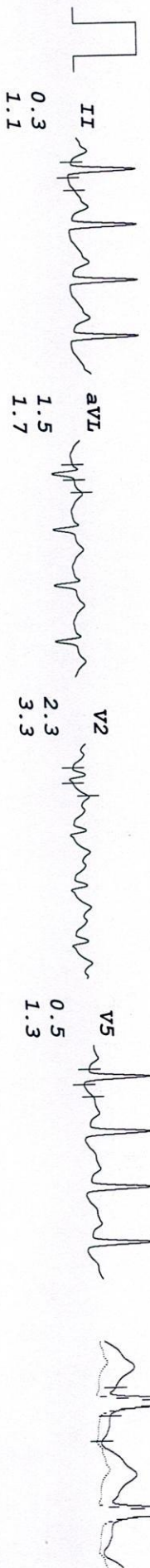
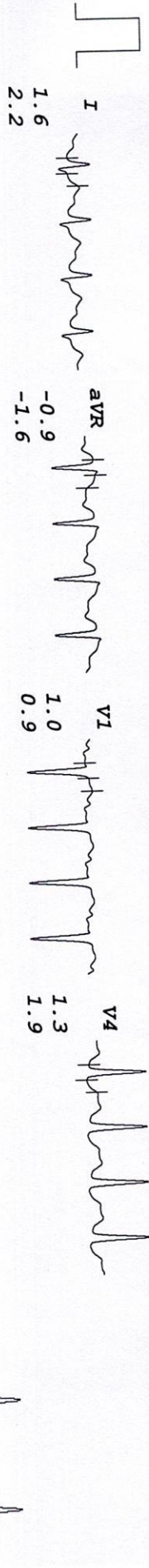
Bruce
PK-EXERCISE
TOTAL TIME 7:12
PHASE TIME 1:12

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

RATE 113bpm
B.P. 140/80

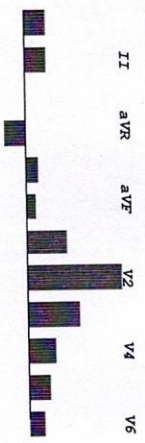
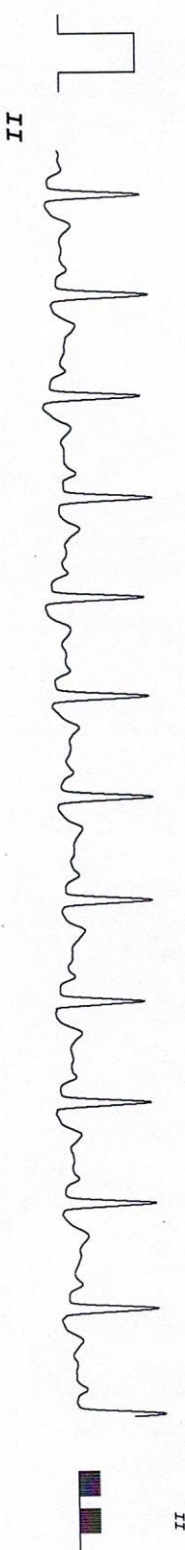
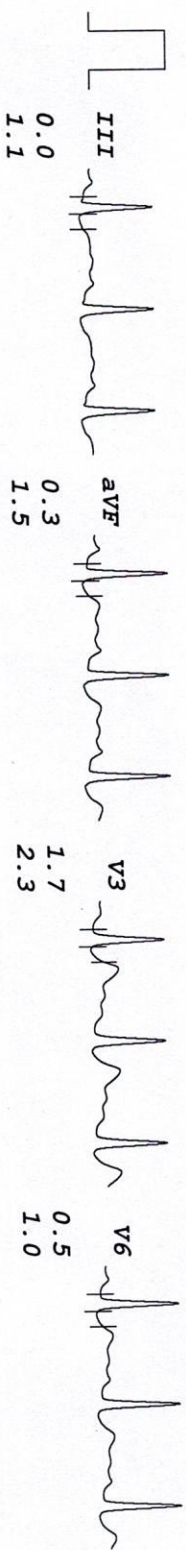
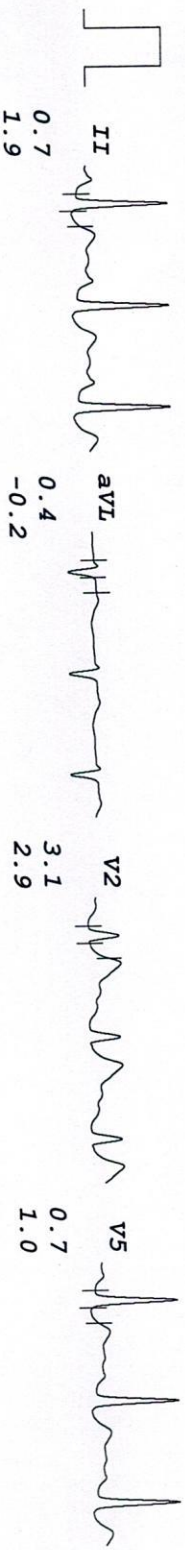
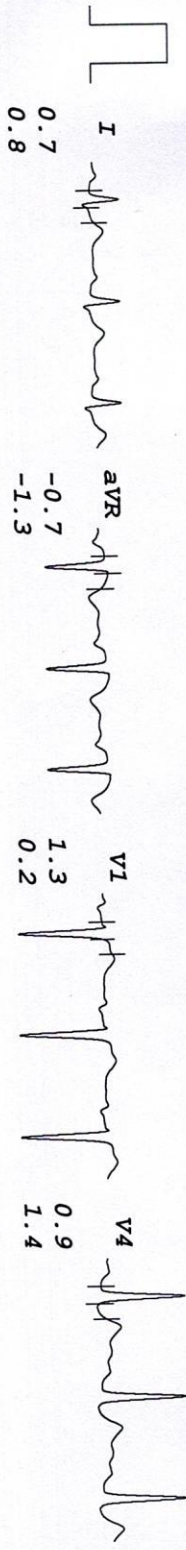
Bruce
RECOVERY
TOTAL TIME 8:22
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

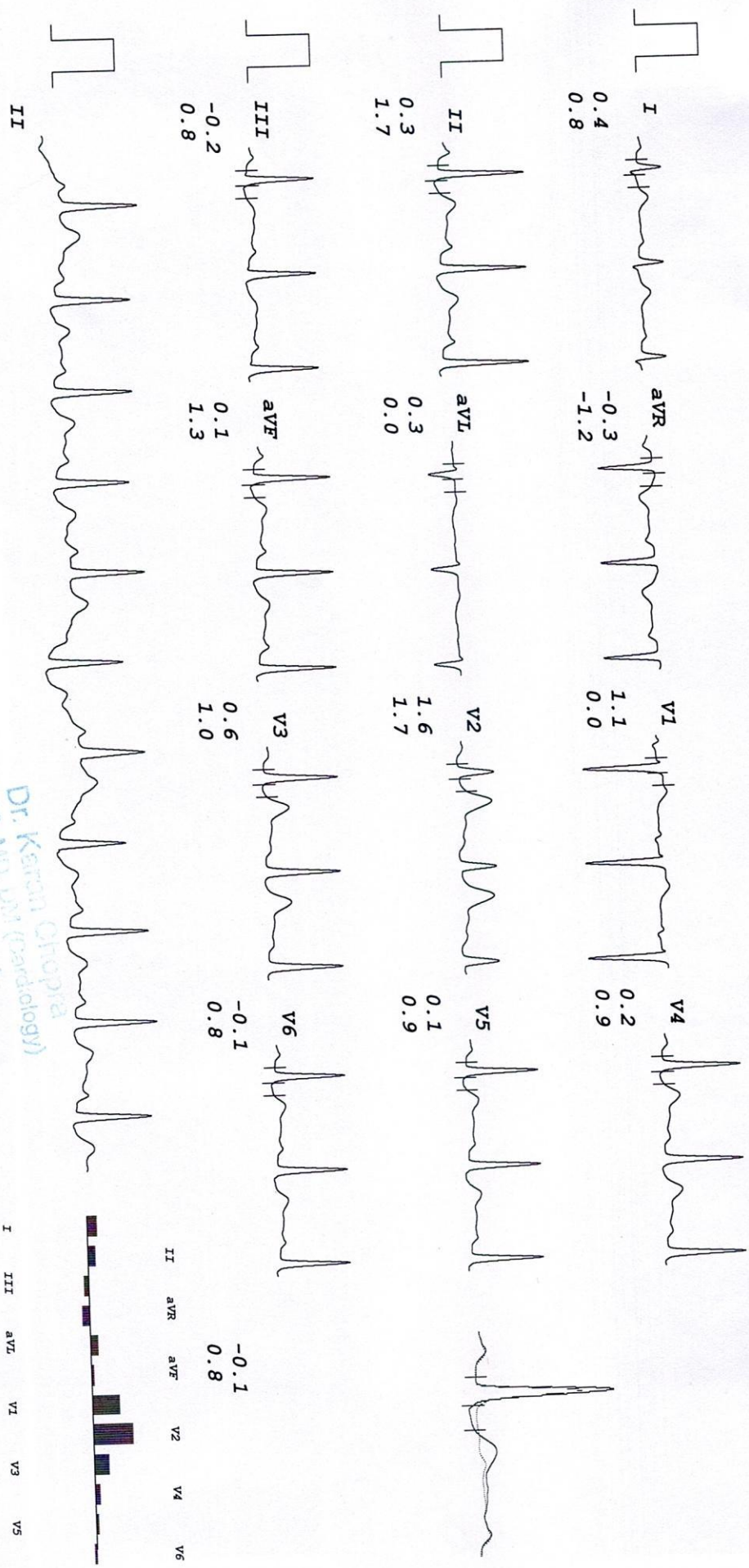
RATE 100bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 9:22
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



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I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
I.D. 1574
Age 31/F
Date 26-03-2022

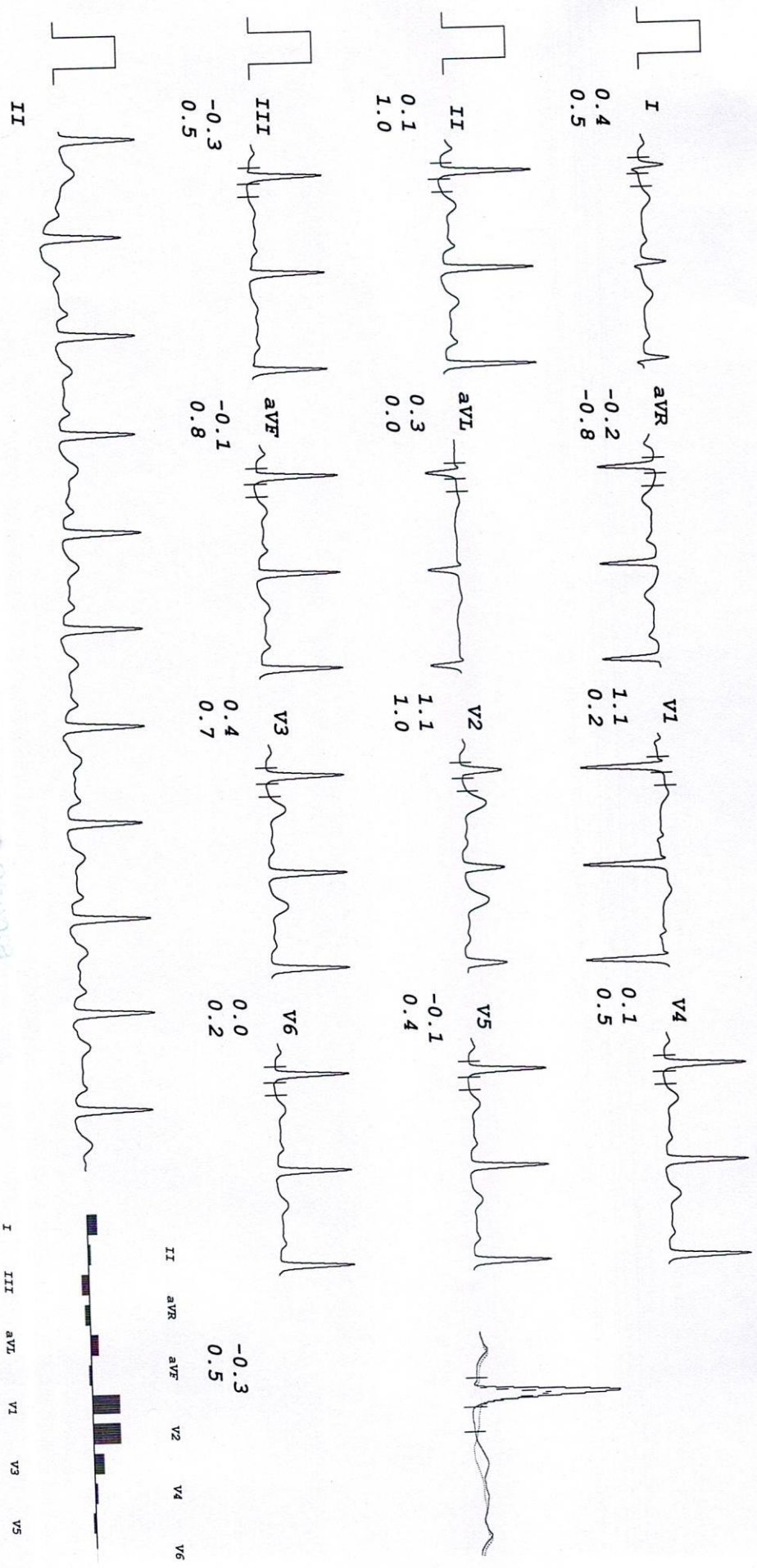
RATE 98bpm
B.P. 120/80

Bruce
RECOVERY
TOTAL TIME 10:22
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



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THE DIAGNOSTIC & IMAGING CENTRE

SHIKHA KUMAR
 I.D. 1574
 Age 31/F
 Date 26-03-2022

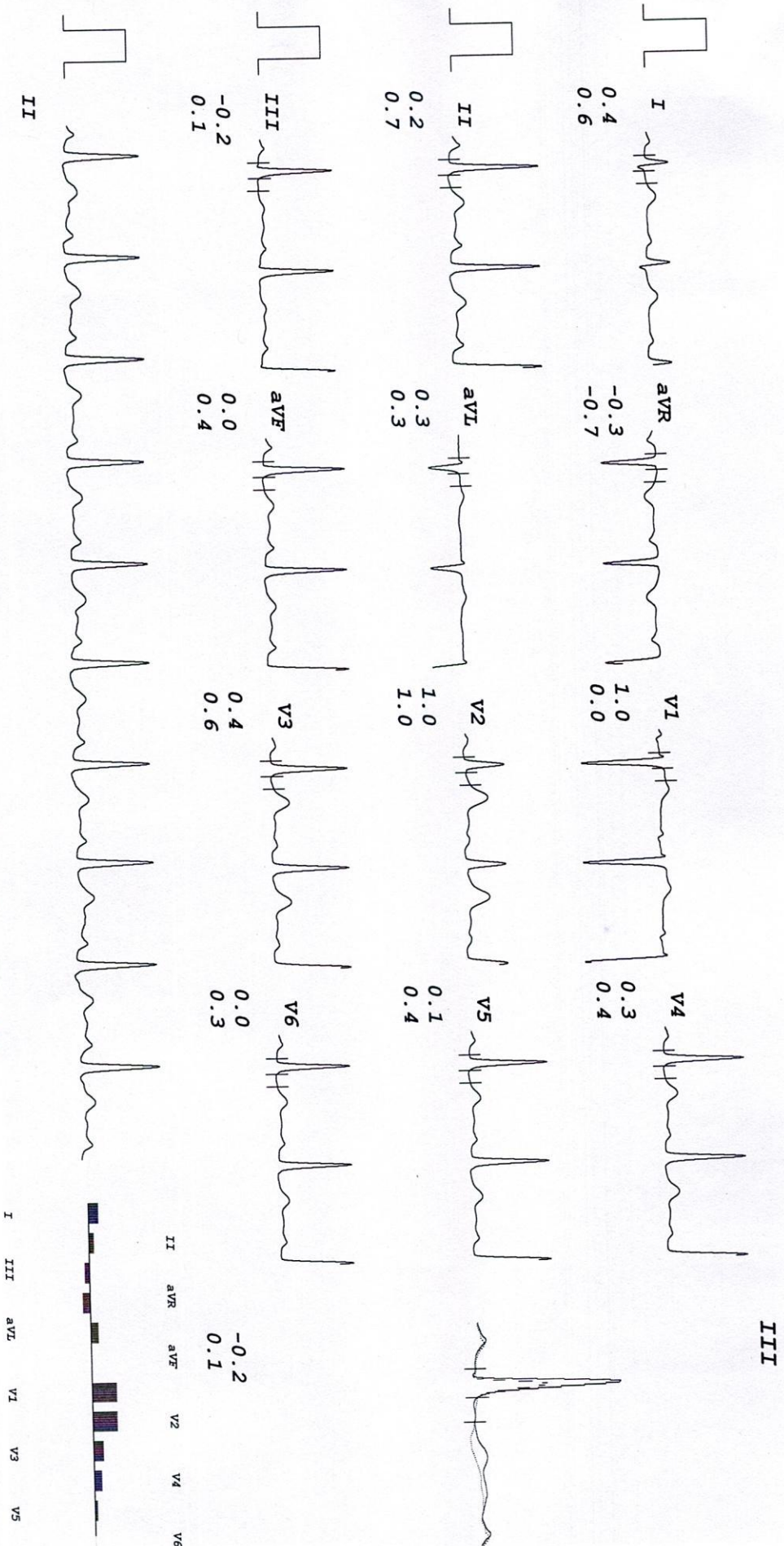
RATE 94bpm
 B.P. 120/80

Bruce
 RECOVERY
 TOTAL TIME 10:59
 PHASE TIME 3:32

ST @ 10mm/mV
 80ms PostU

LINKED MEDIAN

Mag. X 2



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