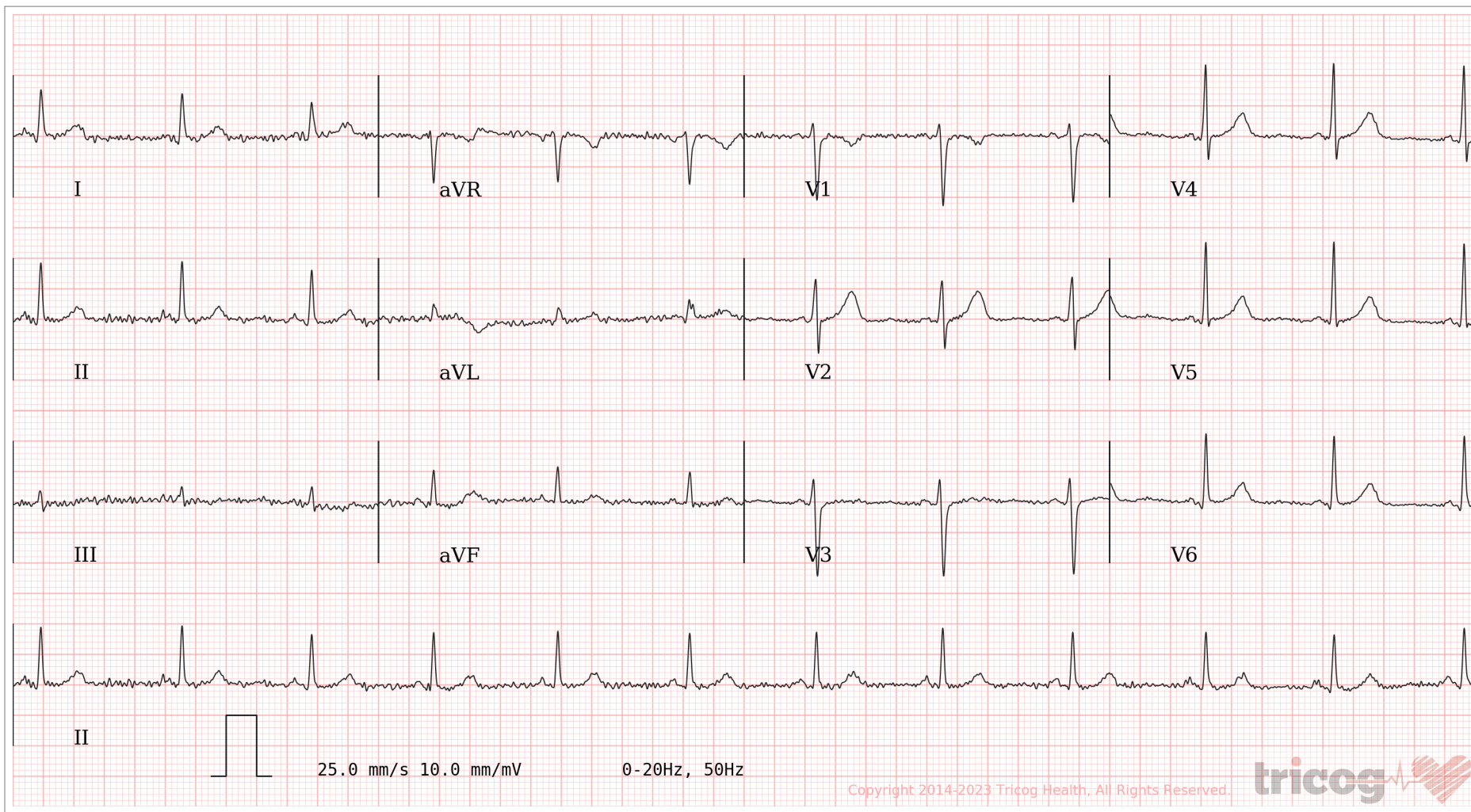


# Chandan Diagnostic



Age / Gender: 40/Female  
Patient ID: CHLD0134882223  
Patient Name: Mrs.LAXMI DEVI KOTNALA

Date and Time: 28th Jan 23 11:06 AM



AR: 71bpm    VR: 71bpm    QRSD: 72ms    QT: 368ms    QTc: 399ms    PRI: 114ms    P-R-T: 30° 37° 27°

ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Vishwanath. A

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382



# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.LAXMI DEVI KOTNALA	Registered On	: 28/Jan/2023 10:14:15
Age/Gender	: 40 Y 0 M 27 D /F	Collected	: 28/Jan/2023 10:33:24
UHID/MR NO	: CHLD.0000086673	Received	: 28/Jan/2023 10:48:56
Visit ID	: CHLD0134882223	Reported	: 28/Jan/2023 13:29:40
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	13.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	6,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	16.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 20	
PCV (HCT)	44.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	55.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.63	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	91.80	fl	80-100	CALCULATED PARAMETER
MCH	30.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,538.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	183.00	/cu mm	40-440	



  
Dr Vinod Ojha  
MD Pathologist





# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CHLD.0000086673	Received	: 28/Jan/2023 10:48:56
Visit ID	: CHLD0134882223	Reported	: 28/Jan/2023 12:27:36
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	95.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

142.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	8.65	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.75	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	3.05	mg/dl	2.5-6.0	URICASE





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	27.28	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.01	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	20.10	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.91	gm/dl	6.2-8.0	BIRUET
Albumin	4.51	gm/dl	3.8-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.88		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	79.88	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.85	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.65	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	<b>294.00</b>	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	<b>212</b>	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	20.20	mg/dl	10-33	CALCULATED
Triglycerides	101.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

  
Dr Vinod Ojha  
MD Pathologist





# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mrs.LAXMI DEVI KOTNALA	Registered On	: 28/Jan/2023 10:14:16
Age/Gender	: 40 Y 0 M 27 D /F	Collected	: 28/Jan/2023 14:55:51
UHID/MR NO	: CHLD.0000086673	Received	: 28/Jan/2023 15:23:24
Visit ID	: CHLD0134882223	Reported	: 28/Jan/2023 16:13:42
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	5-7/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



  
Dr Vinod Ojha  
MD Pathologist







# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CHLD.0000086673	Received	: 28/Jan/2023 10:48:56
Visit ID	: CHLD0134882223	Reported	: 28/Jan/2023 13:49:07
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	98.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.70	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

  
Dr Vinod Ojha  
MD Pathologist





# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.LAXMI DEVI KOTNALA	Registered On	: 28/Jan/2023 10:14:16
Age/Gender	: 40 Y 0 M 27 D /F	Collected	: N/A
UHID/MR NO	: CHLD.0000086673	Received	: N/A
Visit ID	: CHLD0134882223	Reported	: 28/Jan/2023 10:55:34
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

#### **DIGITAL CHEST P-A VIEW:-**

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

#### **IMPRESSION:-**

*No significant abnormality is seen.*

**Adv:-Clinico-pathological correlation.**

Dr Sushil Pandey(MD Radiodignosis)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is normal in size and echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

**GALL BLADDER:** Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

**CBD:** Normal in caliber and smoothly tapering towards its lower end.

**PANCREAS:** Normal in size and echotexture.

**SPLEEN:** Normal in size and echotexture.

#### **KIDNEYS:-**

**Right kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**Left kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**URINARY BLADDER:** Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

#### **UTERUS & CERVIX:**

- Uterus is normal in size, shape and echotexture.
- Endometrial and myometrial echoes are normal. (ET ~5.4 mm). No focal lesion seen.
- Cervix appears normal.

#### **OVARIES & ADNEXA:**

- Both ovaries are normal in size, shape and echo pattern.
- No adnexal mass/ cyst seen.
- No free fluid is seen in POD.





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

No evidence of any free fluid/retroperitoneal lymphadenopathy.

***IMPRESSION:- Essentially a normal scan.***

***(Adv:- Clinico-pathological correlation and further evaluation).***

**\*\*\* End Of Report \*\*\***

**(\*\*) Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Dr Sushil Pandey(MD Radiodignosis)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



S K NURSING HOME AND HOSPITAL  
G B PANT MARG TIKONIA HALDWANI  
HALDWANI

**Station**  
Telephone: 05946-221040,220263

## EXERCISE STRESS TEST REPORT

Patient Name: LAXMI DEVI KOTNALA ,  
Patient ID: 88798799  
Height: 162 cm  
Weight: 50 kg

DOB: 01.01.1983  
Age: 40yrs  
Gender: Female  
Race:

Study Date: 28.01.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC  
Attending Physician: DR.DEVASHISH GUPTA(MD)  
Technician: MR.BHUWAN

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:39	0.00	0.00	113	130/80	
	STANDING	00:26	0.00	0.00	92		
	HYPERV.	00:37	0.80	0.00	97		
EXERCISE	STAGE 1	03:00	2.70	10.00	110	130/80	
	STAGE 2	03:00	4.00	12.00	130	140/90	
	STAGE 3	02:18	5.40	14.00	155	150/90	
RECOVERY		03:08	0.00	0.00	97	120/80	

The patient exercised according to the BRUCE for 8:17 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 83 bpm rose to a maximal heart rate of 155 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Max HR.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: above average (>20%).  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

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Physician-

DR DEVASHISH GUPTA (MD)

Chandan Diagnostic Centre  
Plot No. 1051, Near Chaudhary Kothi  
Nainital Road, HALDWANI  
Cont. No. 05946-235400975





LAXMI DEVI KOTNALA,  
Patient ID 88798799  
28.01.2023  
2:09:14pm

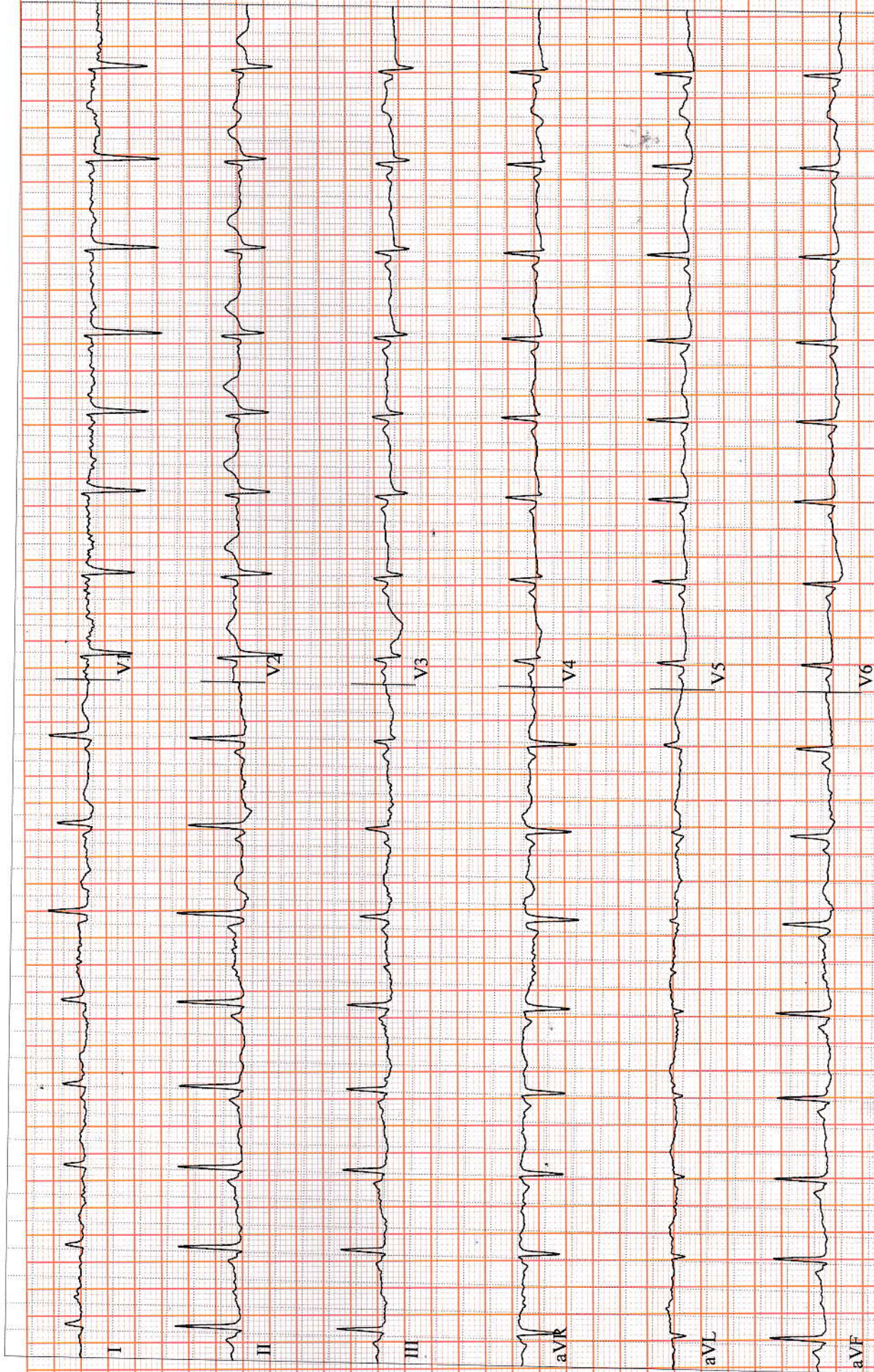
12-Lead Report

PRETEST  
HYPERV.  
01:32

96 bpm

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL







LAXMI DEVI KOTNALA,

Patient ID 88798799

28.01.2023

2:15:21pm

12-Lead Report

EXERCISE

STAGE 2

06:00

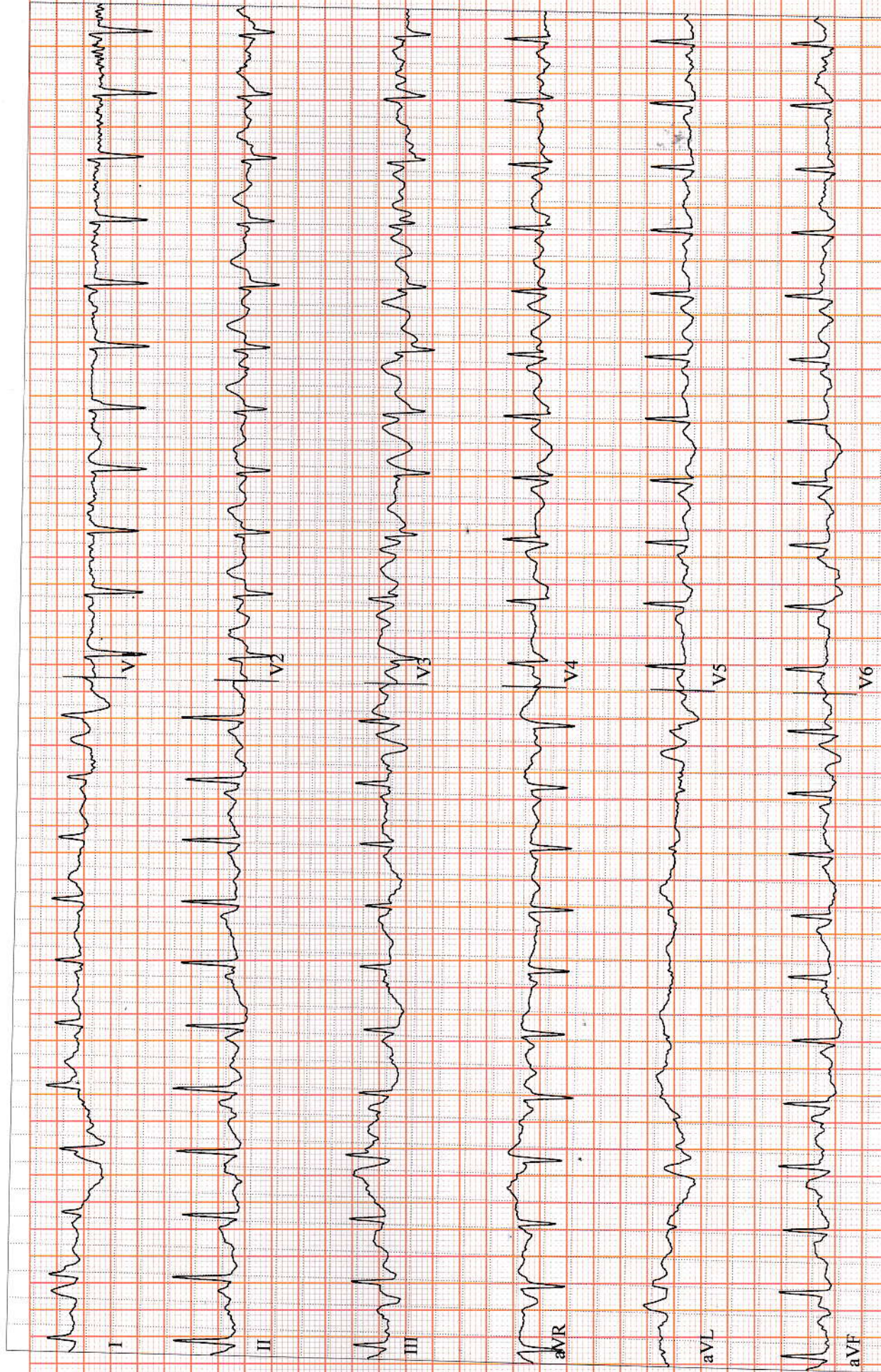
130 bpm  
140/90 mmHg

S K NURSING HOME AND HOSPITAL

BRUCE

4.0 km/h

12.0 %



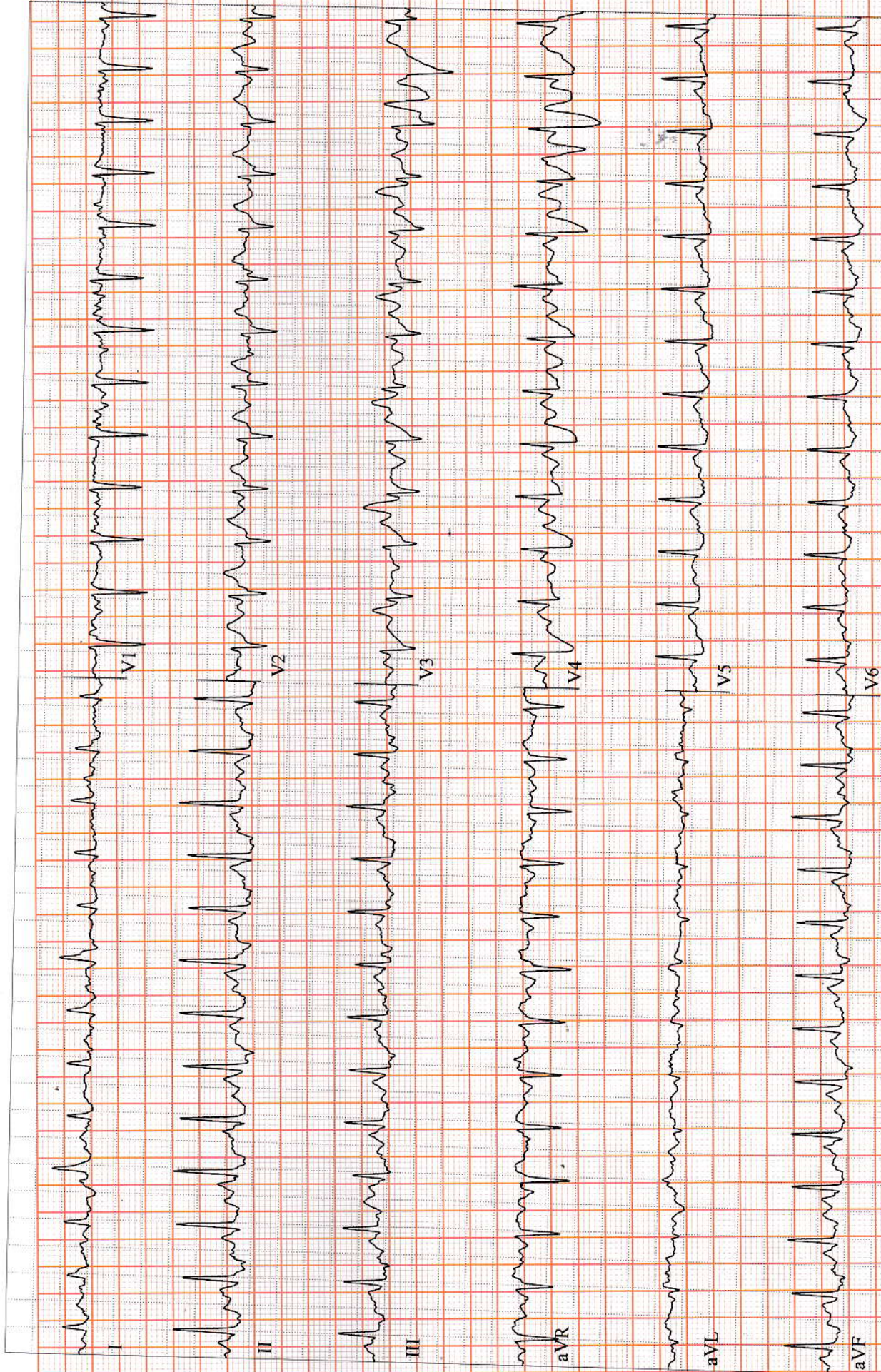
GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V1)

Start of Test: 2:07:36pm

LAXMI DEVI KOTNALA,  
Patient ID 88798799  
28.01.2023  
2:17:39pm

12-Lead Report ( PEAK EXERCISE )  
EXERCISE BRUCE  
STAGE 3 5.4 km/h  
08:18 14.0 %

S K NURSING HOME AND HOSPITAL



GE CardioSoft V6.73 (2)  
25 mm/s - 10 mm/mV - 50Hz - 0.01 - 20Hz S+ HR(IL,VI)

Start of Test: 2:07:36pm

MICRO MED CHARTS

LAXMI DEVI KOTNALA,  
Patient ID 88798799  
28.01.2023  
2:18:38pm

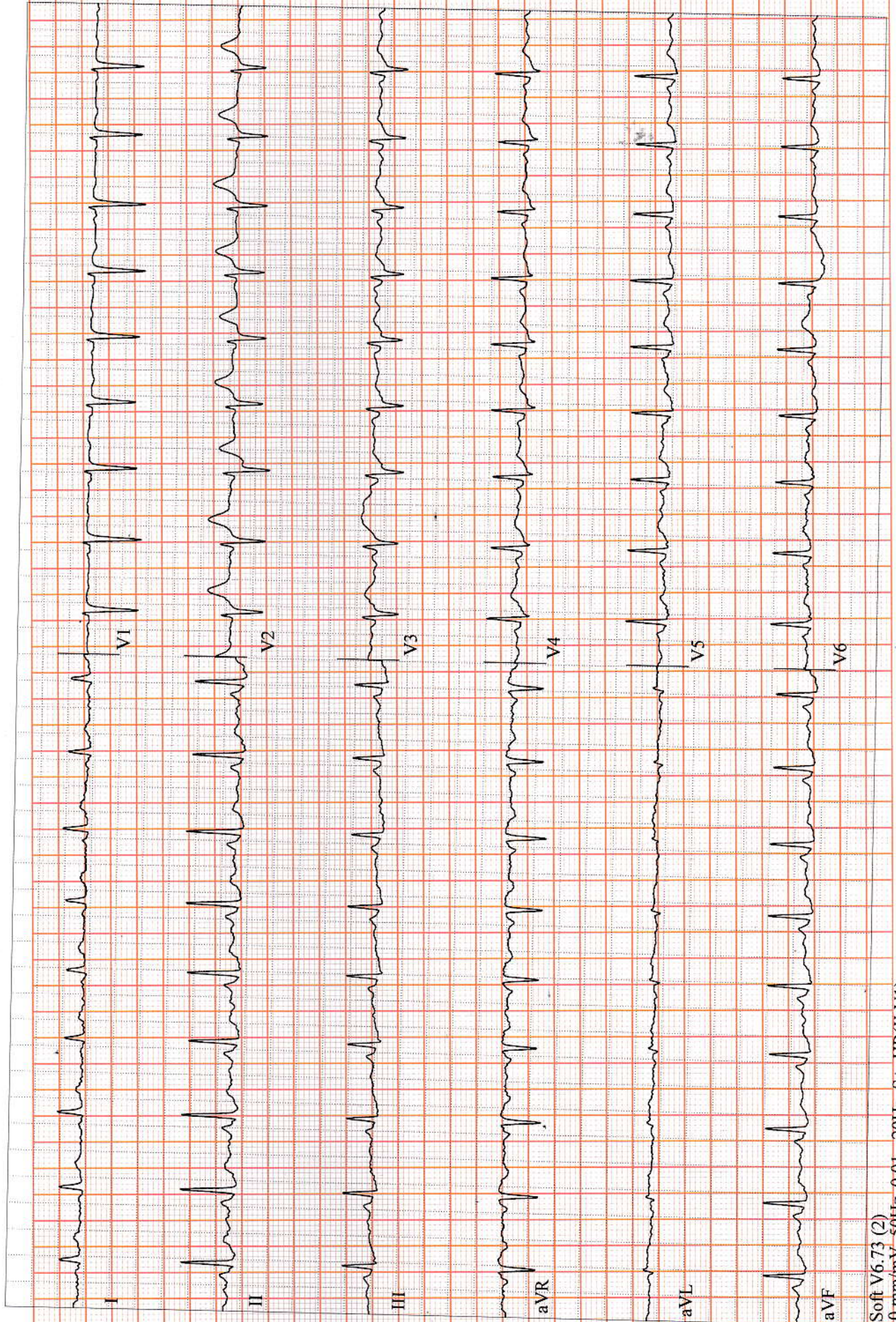
12-Lead Report

RECOVERY  
#1  
01:00

108 bpm  
140/90 mmHg

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BRUCE  
0.0 km/h  
0.0 %



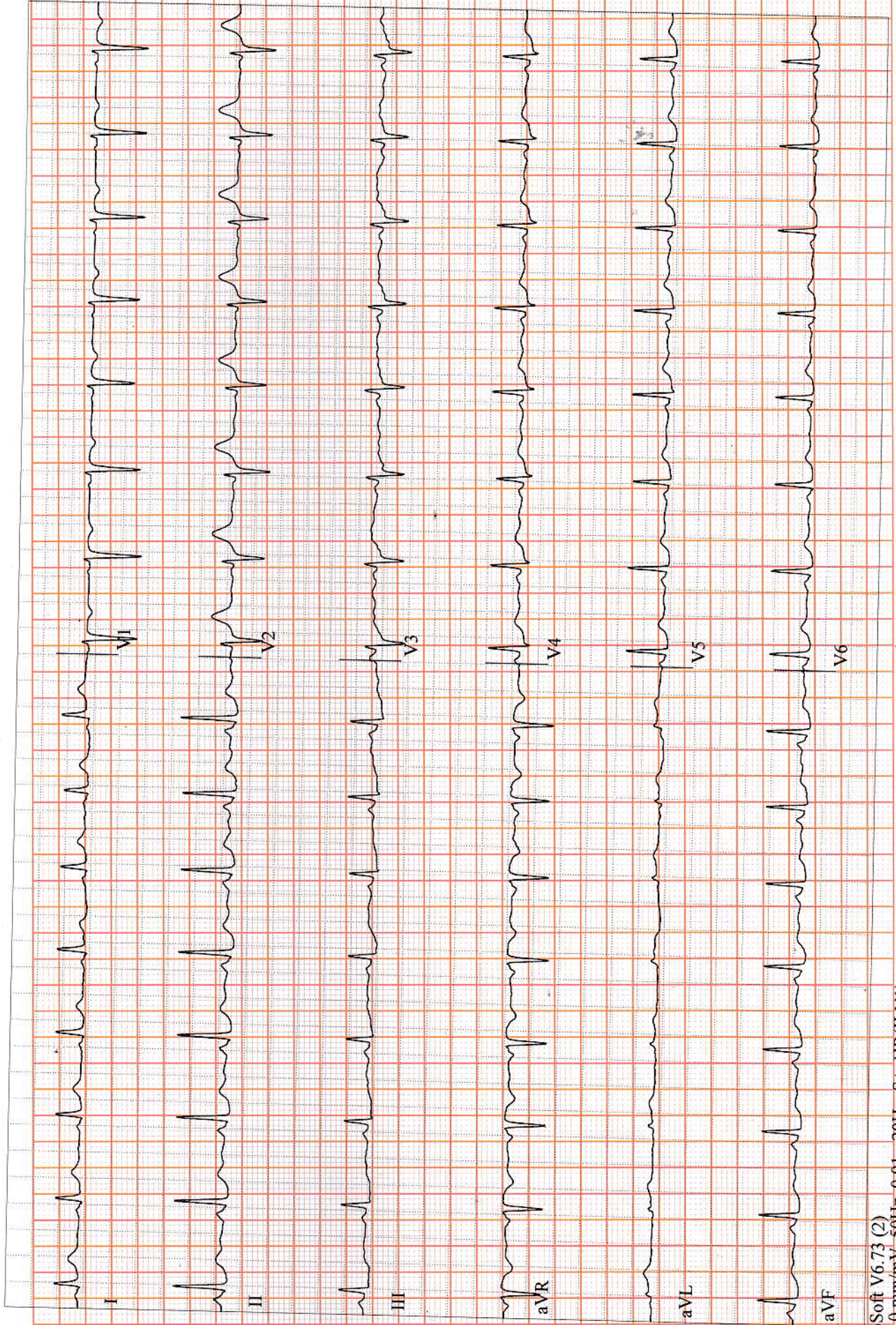
LAXMI DEVI KOTNALA,  
Patient ID 88798799  
28.01.2023  
2:19:38pm

12-Lead Report  
RECOVERY  
#1  
02:00

S K NURSING HOME AND HOSPITAL

BRUCE  
0.0 km/h  
0.0 %

99 bpm  
130/80 mmHg



LAXMI DEVI KOTNALA,  
Patient ID 88798799  
28.01.2023  
2:20:38pm

12-Lead Report  
RECOVERY  
#1  
03:00

94 bpm  
120/80 mmHg

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL

