

WT - 60 kg  
BP - 110/70  
P - 78/min

Mrs. Ranjita Kumari  
Age - 40y / fe

18/11/23

CBC - 12.2 / 4.35 / 8.78 / 82 / 20  
RBS - F - 99.0 / PP - 130.0  
Creatinine - 0.76  
U. Acid - 3.6  
HbA1c - 5.6  
Lipid - 145.0 / 100.0 / 45.0 / 80  
LFT - 27 / 21 / 72  
TSH - 2.2

Rx  
- Tab Aspirin 75mg 1x1  
- Tab Acetaminophen 500mg 1x1  
- Cap Atorvastatin 20mg 1x1  
- Tab Calcium / Dolo 500mg 1x1

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



- 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

Mrs. Poojita Kumari

40/8

C/E - pt. do bad odour & deposits on teeth.

O/E -

- Calculus ++
- Gen. Spacing on UL anteriors.

Adv - oral prophylaxis

Ex

- Omnident tooth paste.

- Stolin gum paste (शुद्धि)

○ ○ ○ ○ ○ × / week

Rich



Ranjita Kumari / 40y / 1R

16/11

LMP - 15 days back.

o/n - P/L - Both cs.

- No % any illness.

o/c

P/L 2000

Vitals - stable

o/n - left

P/L - by Health  
white discharge + +

Adh  
pap sm

g  
- Pap sm - Has on x 10 days



*[Signature]*

Patient Name : Mrs RANJITA KUMARI  
UHID/ MR No : 7573  
Visit Date : 16/11/2023  
Sample Collected On : 16/11/2023 12:45PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y. Female  
OP Visit No : OPD-UNIT-II-4  
Reported On : 18/11/2023 04:21PM

### PAP SMEAR

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

#### PAP SMEAR

**SPECIMEN** : Cervical smears.

**GROSS** : 02 Unstained slides received.

**ADEQUACY** : Satisfactory for evaluation.  
Transformation zone is not seen.

**MICROSCOPY** : Smears show superficial and intermediate squamous cells predominantly and few parabasal cells.No atypical cells seen.

**IMPRESSION** : Negative for Intraepithelial Lesion/Malignancy (NILM).

**ADVICE** : Clinical correlation.

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

Lab Technician / Technologist  
path

Page 1 of 1

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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

Patient Name Mrs. Ranjita Kumari


Date 16/11/2023

Sex/Age 40/F

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):-		6/6	(LE):-	6/6
NEAR VISION:(RE):-		N6	(LE):-	N6
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				

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



PATIENT NAME: MRS. RANJITA KUMARI  
REF BY: BOB

AGE / SEX: 40YRS/F  
DATE: 16.11.2023

**USG ABDOMEN**

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

**Gall bladder:** - CONTRACTED PATIENT IS NOT NIL ORALIY

**Pancreas & Paraaortic Region:** Normal.

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

Kidneys	RIGHT	LEFT
SIZE	9.02X4.31Cm	9.70x4.83Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size ( 8.98 x 4.05 x 5.04 cm,) and echotexture. Endometrial thickness 5.7 mm.

**Right Ovary:** Normal in size ( 2.17 x 1.75 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 2.08x1.52 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

**IMPRESSION:**

- USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.




**DR. ANIL WASTI**  
SONOLOGIST REG.NO. CGMC-1471

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.

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 0771 4033341/42

PATIENT NAME: MISS RANJITA KUMARI  
REF BY: BOB

AGE / SEX: 40Y/F  
DATE: 16/11/2023

### SONOGRAPHY BILATERAL BREASTS

#### FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

#### IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.



**DR. ANIL WASTI**  
SONOLOGIST REG.NO. CGMC-1471

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. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

\* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.







**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	12.2	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.35	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	36.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	84.1	fL	78.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.0	pg	26 - 34
MCHC (Mean Corpuscular Hb. Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.2	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.78	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	61	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 6 of 7

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

**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	82	lacs/cu.mm	150-400


Method: CELL COUNTER

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

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

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Page 7 of 7

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

Patient Name : MRS RANJITA KUMARI  
UHID/ MR No : 7573  
Visit Date : 16/11/2023  
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Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y Female  
OP Visit No : OPD-UNIT-II-2  
Reported On : 16/11/2023 02:24PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 20

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism


### 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  
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Page 5 of 7

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :


**Age/Gender** : 40 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	130.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	07	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.76	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
 path



Patient Name : MRS RANJITA KUMARI  
UHID/ MR No : 7573  
Visit Date : 16/11/2023  
Sample Collected On : 16/11/2023 12:45PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y Female  
OP Visit No : OPD-UNIT-II-1  
Reported On : 16/11/2023 02:24PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

**HbA1c (Glycosalated Haemoglobin)**

5.6

%

Non-diabetic: ≤6.6, 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 cete

**End of Report**

*Results are to be correlated clinically*

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Page 4 of 7

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



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**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM


### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	145.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	100.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	80	mg/dl	Optimal < 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HI Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=1
Method: Spectrophotometric			
VLDL Cholesterol	20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.22		3.5 - 5
Method: Spectrophotometric			

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

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

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**0771 4033341/42**

**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	27	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	21	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	72	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.7	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	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	2.0	%	1.1 - 2.2

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

Lab Technician / Technologist  
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Page 3 of 7

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

Patient Name : Mrs.RANJITA KUMARI	Collected : 16/Nov/2023 12:37PM
Age/Gender : 40 Y 0 M 0 D /F	Received : 16/Nov/2023 12:41PM
UHID/MR No : DSUS.000005549	Reported : 16/Nov/2023 02:44PM
Visit ID : DSUSOPV8413	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OF NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.80	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.200	µIU/mL	0.35-5.5	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1-2.5
Second trimester	0.2-3.0
Third trimester	0.3-5.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

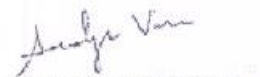
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormones. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

  
Dr. SANDHYA VERMA  
MBBS, MD, (Pathology)

Consultant Pathologist

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0771 4033341/42



**Patient Name** : MRS RANJITA KUMARI  
**UHID/ MR No** : 7573  
**Visit Date** : 16/11/2023  
**Sample Collected On** : 16/11/2023 12:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/11/2023 02:24PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	20ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.5		
<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)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	10-15	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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

Lab Technician / Technologist  
 path



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

**NAME OF PATIENT: MR. RANJITA KUMARI**

**AGE 40YRS / FEMALE**

**REFERRED BY: BOB**

**DATE: 16/11/2023.**

**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.**



*Dr. Zeeshan Ateeb Dani*  
MBBS, MD  
Consultant  
Reg. No. 2324/2002  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
CONSULTANT RADIOLOGIST

**This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.**

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**0771 4033341/42**

16-11-2023 10:01:18 AM

ID: 124

MRS RANJITA KUMARI  
Female 40 Years  
Pacemaker : Yes

HR : 80 bpm  
P : 90 ms  
PR : 144 ms  
QRS : 74 ms  
QT/QTc : 366/423 ms  
PQRS/T : 31/39/46  
RV5/SV1 : 0.778/0.520 mV

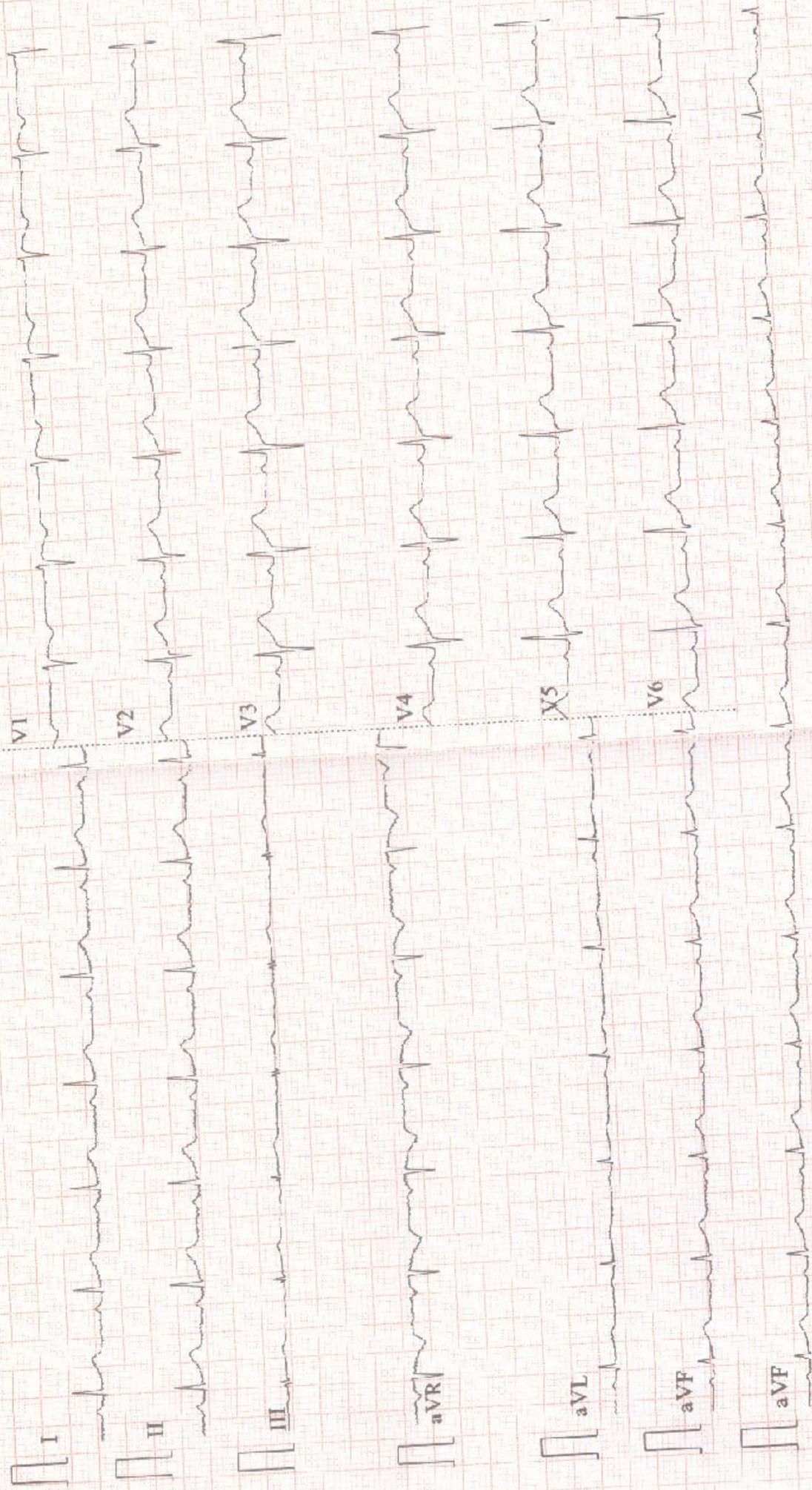
Diagnosis Information:

Sinus rhythm  
Normal ECG



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2017  
Apollo Clinic, Raipur

Report Confirmed by:



114 / MRS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg Date: 16-Nov-2023

Stage	Time	Duration	Belt Speed (Kmph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Standing	00:21	0:01	00.0	00.0	01.0	112	62 %	110/70	123	00	
EXStart	00:29	0:07	02.7	10.0	01.1	113	63 %	110/70	124	00	
BRUCE Stage 1	03:29	3:00	02.7	10.0	04.7	168	93 %	120/80	201	00	
PeakX	03:49	0:21	04.0	12.0	05.0	177	98 %	120/80	212	00	
Recovery	04:18	0:30	00.0	00.0	01.7	161	89 %	120/80	193	00	
Recovery	04:48	1:00	00.0	00.0	01.0	144	80 %	124/84	178	00	
Recovery	05:26	1:38	00.0	00.0	01.0	136	76 %	122/82	165	00	

**Findings :**

Exercise Time : 03:21  
 Max HR Attained : 177 bpm 98% of Target 180  
 Max BP Attained : (Sys) 124/84  
 Max Workload Attained : 6 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved, 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

Standing



114 / MRS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg / HR : 112

Date: 16-Nov-2023 12:23:43 PM METS: 1.0/ 112 bpm 62% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LE 20 Hz

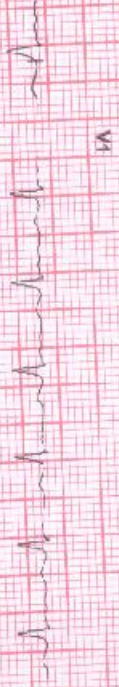
ExTime: 00:22 0.0 Km/h 0.0%  
25 mm/Sec: 1.0 Cm/mV

4X 80 ms Post J

I  
aVL 1.1  
aVR 0.7



V1  
0.3  
0.3  
0.3



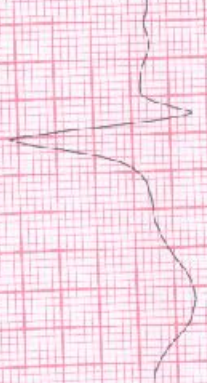
II  
1.1  
0.8



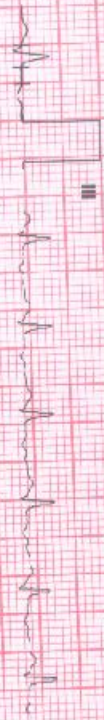
V2  
0.8  
1.0



V2  
0.8



III  
-0.1  
0.1



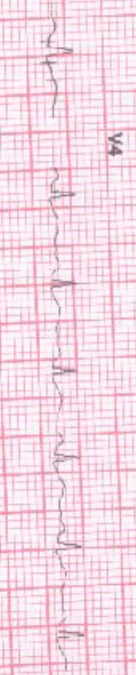
V3  
0.7  
0.9



aVR  
-1.1  
-0.8



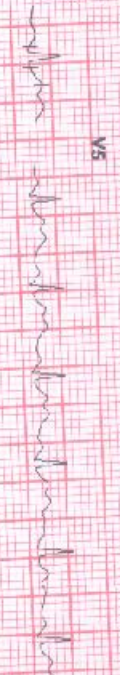
V4  
0.7  
0.9



aVL  
0.6  
0.3



V5  
1.5  
1.8



aVF  
0.5  
0.4



V6  
0.5  
0.3



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

(GEM2131807261)RJAAllengers



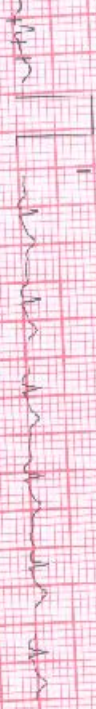
14 / MRS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg / HR : 113

Date: 16-Nov-2023 12:23:43 PM METS: 1.1/ 113 bpm 62% of THR EP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

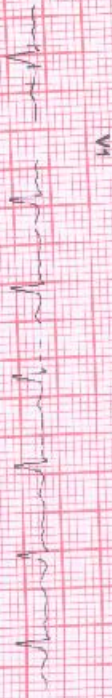
EXTime: 00:07 2.7 Km/h, 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J

I  
STL 1.1  
STB 0.7



V1  
-0.3



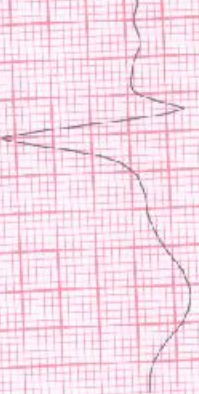
II  
1.1  
0.8



V2  
0.8  
1.0



V2  
0.8



III  
-0.4  
0.1



V3  
0.7  
0.9



aVR  
-1.1  
-0.8



V4  
0.7  
0.9



aVL  
0.6  
0.3



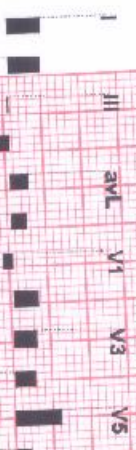
V5  
1.5  
1.8



aVF  
0.5  
0.4



V6  
0.5  
0.3



REMARKS:



114 / MRS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg / HR : 168

Date: 16-Nov-2023 12:23:43 PM

METS: 4.7 / 168 bpm 93% of THR

BP: 120/80 mmHg

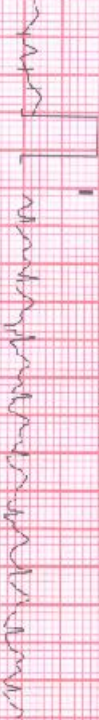
Combined Medians / BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

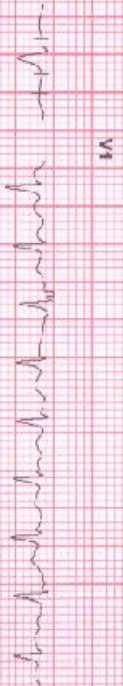
4X 60 mS Post J

25 mm/Sec - 1.0 Cm/mV

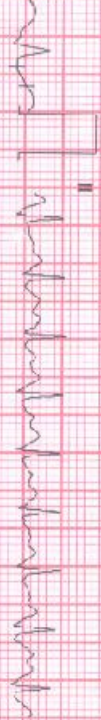
I  
STL 5.7  
STs 2.0



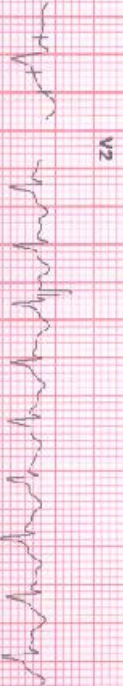
V1  
-0.2  
-0.5



II  
1.0  
2.3

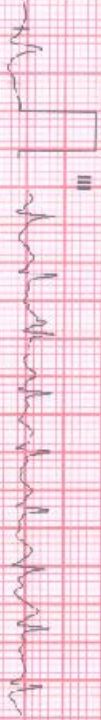


V2  
0.6  
2.6



V2  
0.6

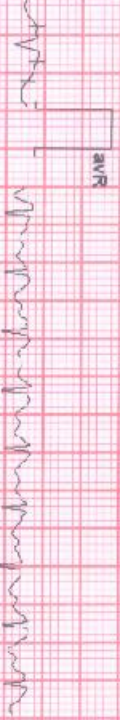
III  
-0.8  
1.3



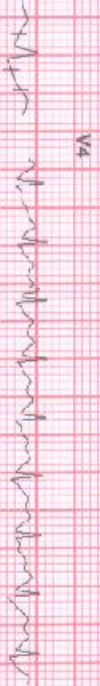
V3  
0.4  
1.2



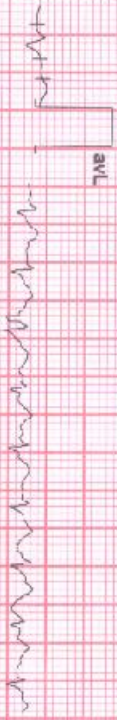
aVR  
-1.1  
-2.0



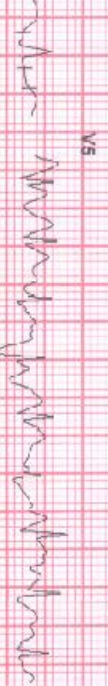
V4  
0.4  
2.1



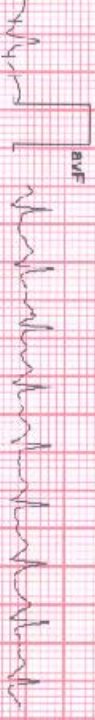
aVL  
1.0  
0.6



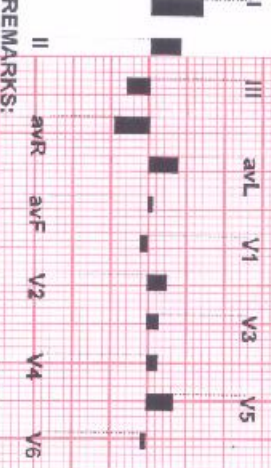
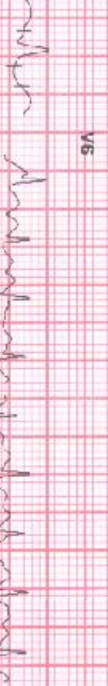
V5  
0.9  
1.2



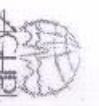
aVF  
0.2  
1.7



V6  
-0.1  
1.8



REMARKS:



114 / MRS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg / HR : 177

Date: 16-Nov-2023 12:23:43 PM

METS: 6.0/ 177 bpm 98% of THR

BP: 120/80 mmHg

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

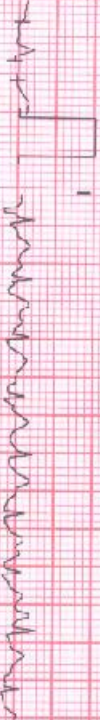
4X

60 mS Post J

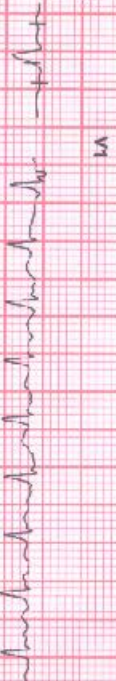
EXTime: 03:21 4.0 Km/h, 12.0%

25 mm/Sec, 1.0 Cm/mV

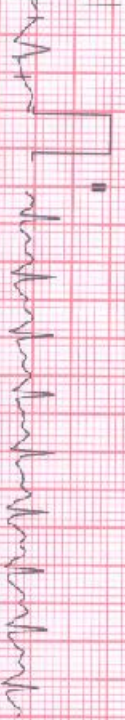
am -0.4  
avr 0.4



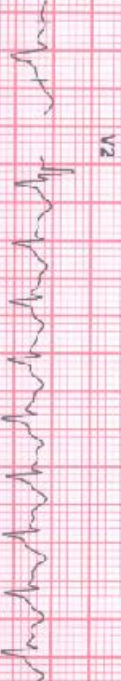
V1 0.4  
V3 1.3



II -1.4  
IV 1.0



V2 -0.4  
V4 3.1



III -1.4  
V5 -0.9



V3 -0.9  
V6 3.0



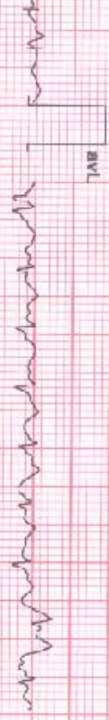
avR 0.8  
V6 -1.2



V4 -0.8  
V5 2.3



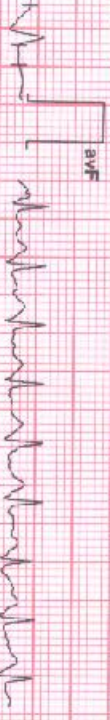
avL 0.4  
V5 -0.6



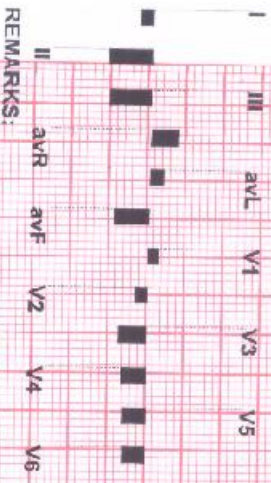
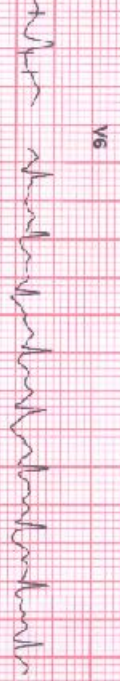
V5 -0.7  
V6 0.6



avF -1.1  
V6 0.3



V6 -0.7  
V6 1.2



REMARKS:



Aliengiers

14 / MRS RANJITA / 40 YRS / F / 154 Cms / 60 Kg / HR : 161

ate: 16-Nov-2023 12:23:43 PM

METS: 1.71/161 bpm 89% of THR

BP: 120/80 mmHg

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

EXTime: 03:21 0.0 Kmph, 0.0%

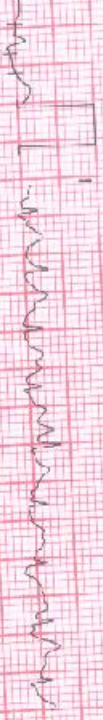
25 mm/Sec. 1.0 Cm/mV

Recovery(0:30)

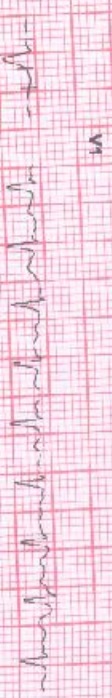


4X 60 mS PostEJ

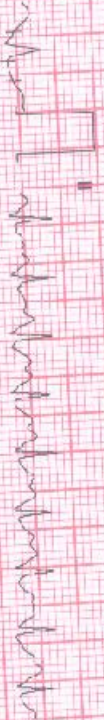
3TL 0.1  
STB 1.1



V1  
0.2  
0.5



II  
-0.2  
1.1



V2  
0.1  
2.2



III  
0.0  
0.5



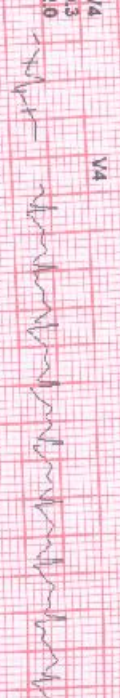
V3  
0.4  
1.8



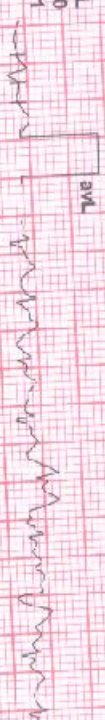
aVR  
0.1  
-1.1



V4  
0.3  
2.0



aVL  
0.0  
-0.1



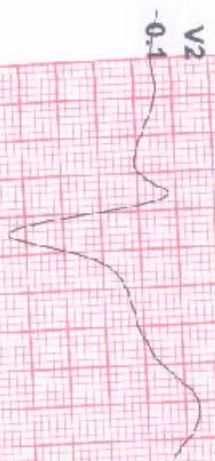
V5  
0.4  
1.5



aVF  
-0.1  
0.9



V6  
0.4  
1.1



REMARKS:

(GEM213180726YR)Aliengiers



114/118PS RANJITA / 40 Yrs / F / 154 Cms / 60 Kg / HR : 144

Date: 16-Nov-2023 12:23:43 PM METS: 1.0/ 144 bpm 80% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/E 20 Hz

EXTime: 03:21 0.0 Km/h, 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



I  
rS 0.5  
SRS 1.5

V1  
0.0  
0.5



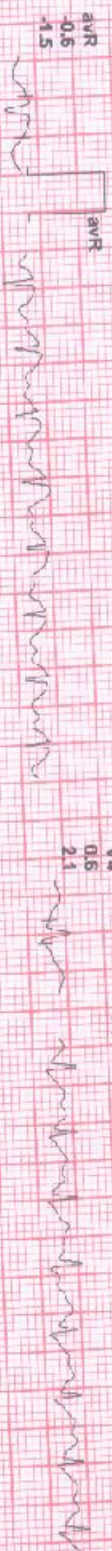
II  
0.6  
1.6

V2  
0.7  
2.5



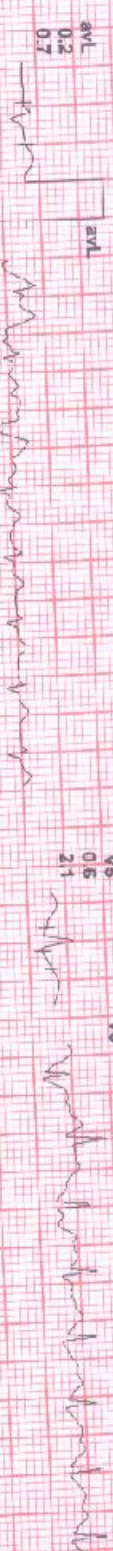
III  
0.1  
0.1

V3  
0.5  
2.6



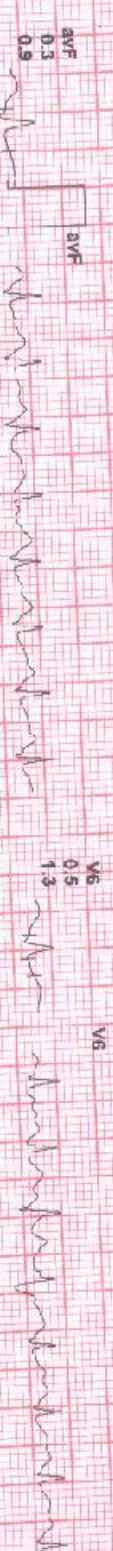
aVR  
-0.6  
-1.5

V4  
0.6  
2.1



aVL  
0.2  
0.7

V5  
0.6  
2.1



aVF  
0.3  
0.9

V6  
0.5  
1.3



REMARKS: