

WT - 90 kg
H - 165 cm
BP - 140/100
P - 90

Mr. Raj Gaurav Tiwari
Age - 38 y/m

23/03/24

CBC - 13.4 / 4.58 / 9.43 / 156 / 10
RBS - F - 97.0 / PP - 119.0
Creatinine - 0.86
U. Acid - 3.0 L
HbA1c - 5.6
Lipid - 192.0 / 115.0 / 40.0 / 129
LFT - 20 / 29 / 100

fatty liver LFT

R
- Tab Voxar 4y dfr
Dinn
x 3 mes
- Carb Acids नाहने के लिए
x 3 months
- Carb SWIFICAL 2x1 (H)
x 3 mes
- HIGH Poo / D Proton Plus 1-2 x 30d
IHR
A



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

Ray gaurav Twarai
38/1A



CSNB Dr. Proneb Roy MS ENT

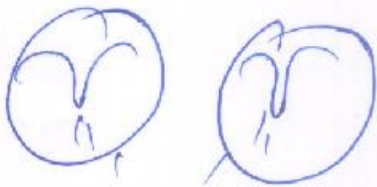
Name Raj Gourav Tiwar: 38y/M

No active Complaints

on Ex Rt Lt

EAC Clear Clear

TM



R

Tob ~~from~~ Lencet long 10000

Note

Bth TM intact

→

to 5 day

Throat

1-1/2 BU

proneb



ENT Examination is WNL

proneb
23/3/24



MR JAJ GAURAV TIWARI
Male 38Years

23-03-2024 10:38:52 AM

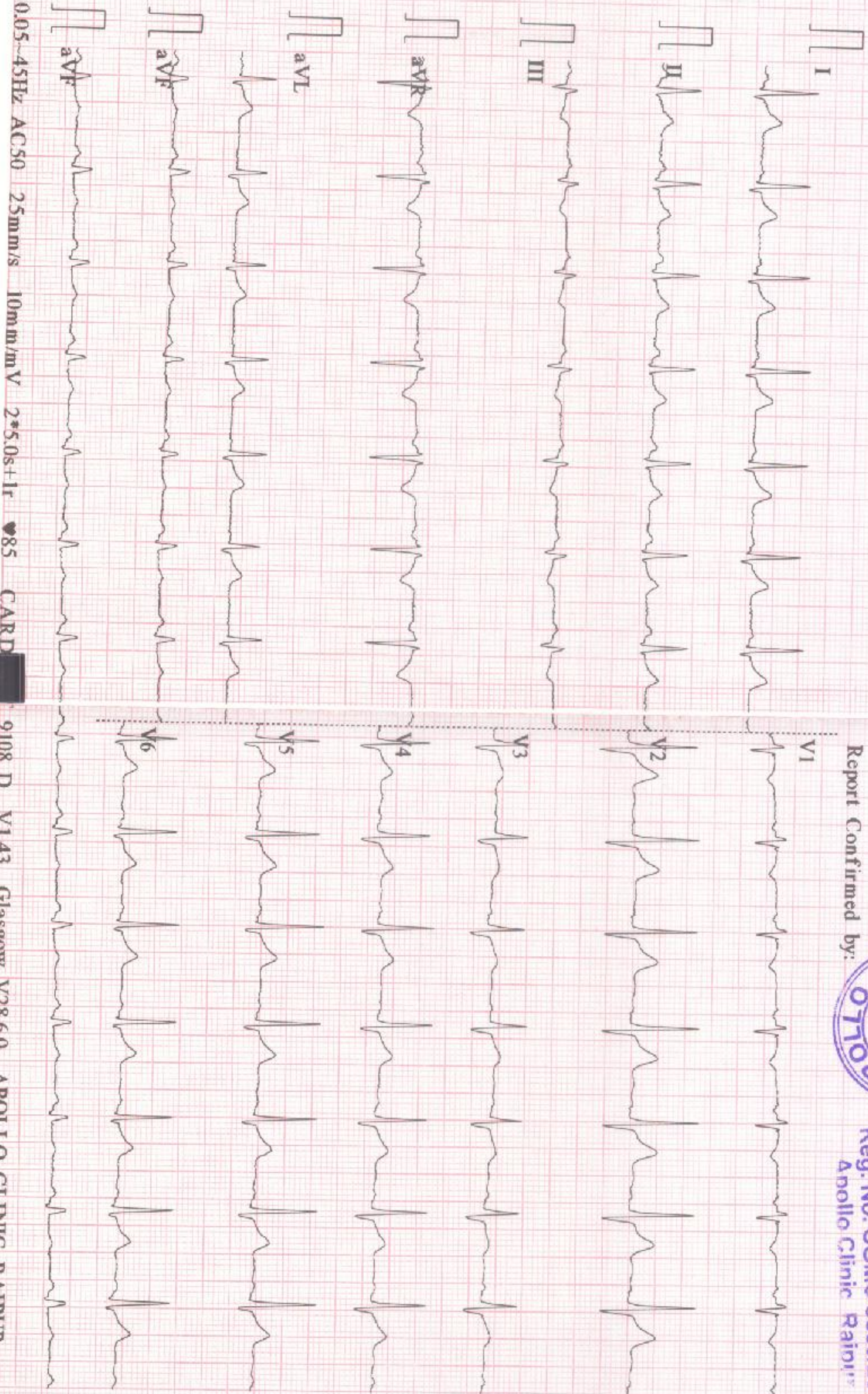
HR : 85 bpm
P : 100 ms
PR : 132 ms
QRS : 94 ms
QT/QTc : 358/426 ms
P/QRS/T : 63/26/12 °
RV5/SV1 : 1.198/0.395 mV

Diagnosis Information:
Sinus rhythm
Normal ECG



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

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 85 CARD

9108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

Patient Name : MR RAJ GAURAV TIWARI
UHID/ MR No : 9902
Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:29PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 13.4 | gm/dl | 12 - 17 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.58 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 40.20 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 87.8 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 29.3 | pg | 26 - 34 |
| MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER | 33.3 | g/dl | 32 - 35 |
| RDW (Red Cell Distribution Width) Method: CELL COUNTER | 13.3 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 9.43 | cells/cumm | 3.50 - 10.00 |
| Neutrophils Method: CELL COUNTER | 60 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 31 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 02 | % | 1-6% |
| Monocytes | 07 | % | 4.0 - 12.0 |
| Basophils Method: CELL COUNTER | 00 | % | 0.0 - 2.0 |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR RAJ GAURAV TIWARI
UHID/ MR No : 9902
Visit Date : 23/03/2024
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HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 156 | lacs/cu.mm | 150-400 |
| ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method | 10 | mm /HR | 0 - 10 |

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : NEGATIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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



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Sponsor Name :

Age/Gender : 38 Y. Male
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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) | | | |
| Glucose -Post prandial Method: REAGENT GRADE WATER | 119.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) | | | |
| Glucose- Fasting SUGAR REAGENT GRADE WATER | 97.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 0.86 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.01 | mg/dL | 2.6 - 7.2 |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



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Sponsor Name :

Age/Gender : 38 Y. Male
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Reported On : 23/03/2024 07:29PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|--|
| HbA1c (Glycosalated Haemoglobin) | 5.6 | % | Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5 |

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|-------------------------------------|----------------|-------|---|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 192.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 115.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric | | | |
| HDL Cholesterol | 40.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric | | | |
| LDL Cholesterol | 129 | mg/dl | Optimal:< 100 Near Optimal:100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| Method: Spectrophotometric | | | |
| VLDL Cholesterol | 23 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 4.80 | | 3.5-5 |
| Method: Spectrophotometric | | | |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



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Patient Name : MR RAJ GAURAV TIWARI
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Sample Collected On : 23/03/2024 05:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:29PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 1.0 | mg/dl | 0.1- 1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.80 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 20 | U/L | 0 - 40 |
| SGPT (ALT) Method: Spectrophotometric | 29 | U/L | 0 - 41 |
| ALKALINE PHOSPHATASE | 100 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.7 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.4 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.3 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 1.91 | % | 1.1 - 2.2 |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR RAJ GAURAV TIWARI
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Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:29PM

CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | 30ML | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity | 1.020 | | 1.001 - 1.030 |
| Reaction (pH) | 5.0 | | |
| Chemical Examination | | | |
| 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 |
| Microscopic Examination | | | |
| RBC (Urine) | NIL | /hpf | 0 - 2 |
| Pus cells | Occasional | /hpf | 0 - 5 |
| Epithelial Cell | Occasional | /hpf | 0 - 5 |
| Crystals | Not Seen | /hpf | Not Seen |
| Bacteria | Not Seen | /hpf | Not Seen |
| Budding yeast | Not Seen | /hpf | Not Seen |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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

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0771 4033341

Patient Name : Mr.RAJ GAURAV TIWARI
Age/Gender : 38 Y 0 M 0 D /M
UHID/MR No : DSUS.0000006975
Visit ID : DSUSOPV8118
Ref Doctor : APOLLO CLINIC
IP/OP NO :

Collected : 24/Mar/2024 12:11PM
Received : 24/Mar/2024 12:53PM
Reported : 24/Mar/2024 03:35PM
Status : Final Report
Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
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) | 1.2 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 10.4 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 4.330 | 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 - 3.0 |

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 hormone. 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 ***

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Apollo Clinic
DR. MARKAL KUJUR
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M.B.B.S., M.D (Pathology)

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

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NAME OF PATIENT; MR. RAJ GAURAV TIWARI

AGE: 38YRS/MALE

REFERRED BY: BOB

DATE: 23/03/2024

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 Radiologist
Reg. No. CGMC-2324/2009

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

PATIENT NAME:- MR. RAJ GAURAV TIWARI
REF BY :- BOB

AGE/SEX:- 38 YRS/M
DATE:-23.03.2024

USG ABDOMEN

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

Gall bladder: Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

| Kidneys | RIGHT | LEFT |
|----------------------------------|-------------|-------------|
| SIZE | 9.40X5.00cm | 9.92X4.76cm |
| CORTICAL ECHOGENICITY | Normal | Normal |
| CORTICOMEDULLARY DIFFERENTIATION | Maintained | Maintained |
| PCS | Not dilated | Not dilated |
| Any other remarks | Nil | Nil |

Urinary bladder.- Distended & normal..

Prostate: is normal in size. shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- LIVER : FATTY DIPOSITION GRADE – II

Advised clinical correlation/further evaluation if clinically indicated.



(Handwritten signature)

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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name ...Mr. Raj Chandra Tiwari...

Date...23/03/24.....

Sex/Age ...M/38y...

MR No

Employee Id

| | | | | |
|--|--------------|-----|--------------|--------------|
| EXTERNAL EXAMINATION | | | | |
| SQUINT | | | | |
| NYSTAGMUS | | | | |
| COLOUR VISION | | | | |
| FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u> | | | | |
| INDIVIDUAL COLOUR IDENTIFICATION | | | | |
| DISTANT VISION:(RE):- <u>6/24 E 6/6</u> (LE):- <u>6/36 E 6/6</u> | | | | |
| NEAR VISION:(RE):- <u>M6</u> (LE):- <u>M6</u> | | | | |
| NIGHT BLINDNESS | | | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | <u>-2.0</u> | | <u>—————</u> | <u>—————</u> |
| LEFT | <u>-2.25</u> | | <u>—————</u> | <u>—————</u> |
| REMARKS :- | | | | |



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

| Stage | Time | Duration | Speed(Kmph) | Elevation | METS | Rate | %THR | BP | RPP | PVC | Comments |
|----------|-------|----------|-------------|-----------|------|------|------|--------|-----|-----|----------|
| Ending | 00:09 | 0:09 | 00.0 | 00.0 | 01.0 | 103 | 57% | 130/80 | 133 | 00 | |
| Start | 00:13 | 0:04 | 00.0 | 00.0 | 01.0 | 103 | 57% | 130/80 | 133 | 00 | |
| Stage 1 | 03:13 | 3:00 | 02.7 | 10.0 | 04.7 | 157 | 86% | 132/82 | 207 | 00 | |
| Max Ex | 03:47 | 0:34 | 04.0 | 12.0 | 05.2 | 164 | 90% | 132/82 | 216 | 00 | |
| Recovery | 04:17 | 0:30 | 00.8 | 00.0 | 01.8 | 160 | 88% | 132/82 | 211 | 00 | |
| Recovery | 04:47 | 1:00 | 00.8 | 00.0 | 01.0 | 149 | 82% | 134/84 | 199 | 00 | |
| Recovery | 05:47 | 2:00 | 00.0 | 00.0 | 01.0 | 123 | 68% | 134/84 | 164 | 00 | |
| Recovery | 05:50 | 2:03 | 00.0 | 00.0 | 01.0 | 123 | 68% | 134/84 | 164 | 00 | |

FINDINGS :

Exercise Time : 03:34
 Max HR Attained : 164 bpm 90% of Target 182
 Max BP Attained : 134/84 (mm/Hg)
 Max Workload Attained : 5.2 Fair response to induced stress
 Test Objective : GHDFEWASFSAFD/ASSAS
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

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



Doctor : DR DEEPAN DAS MBBS DIP CARDIO



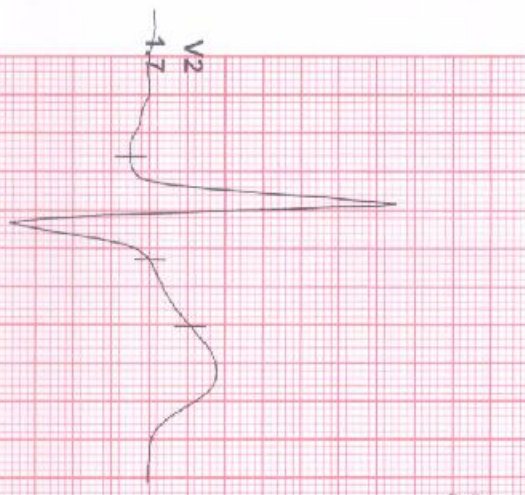
Date: 23 / 03 / 2024

METS: 1.0/ 103 bpm 57% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



STL 1.5
STB 1.5
V1 0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

II 1.4
III -0.1
aVR -1.5
aVL 0.8
aVF 0.6
V1 -0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

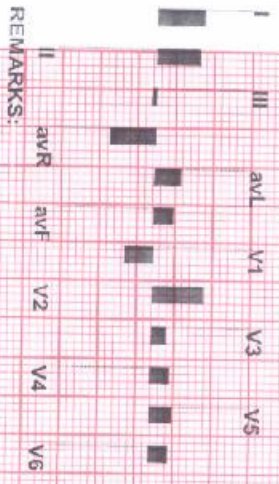
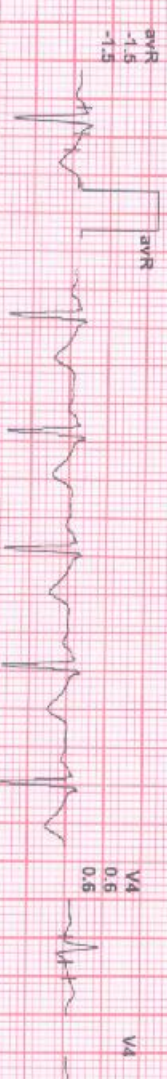
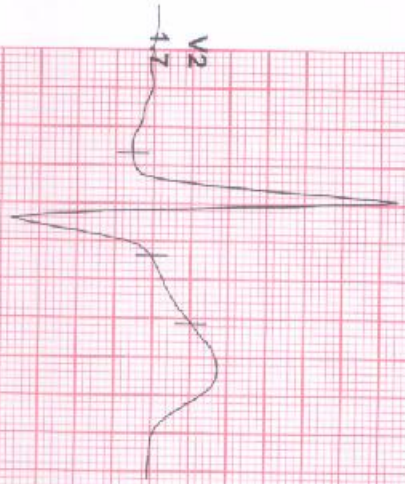
III -0.1
aVR -1.5
aVL 0.8
aVF 0.6
V1 -0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

aVR -1.5
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V1 -0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

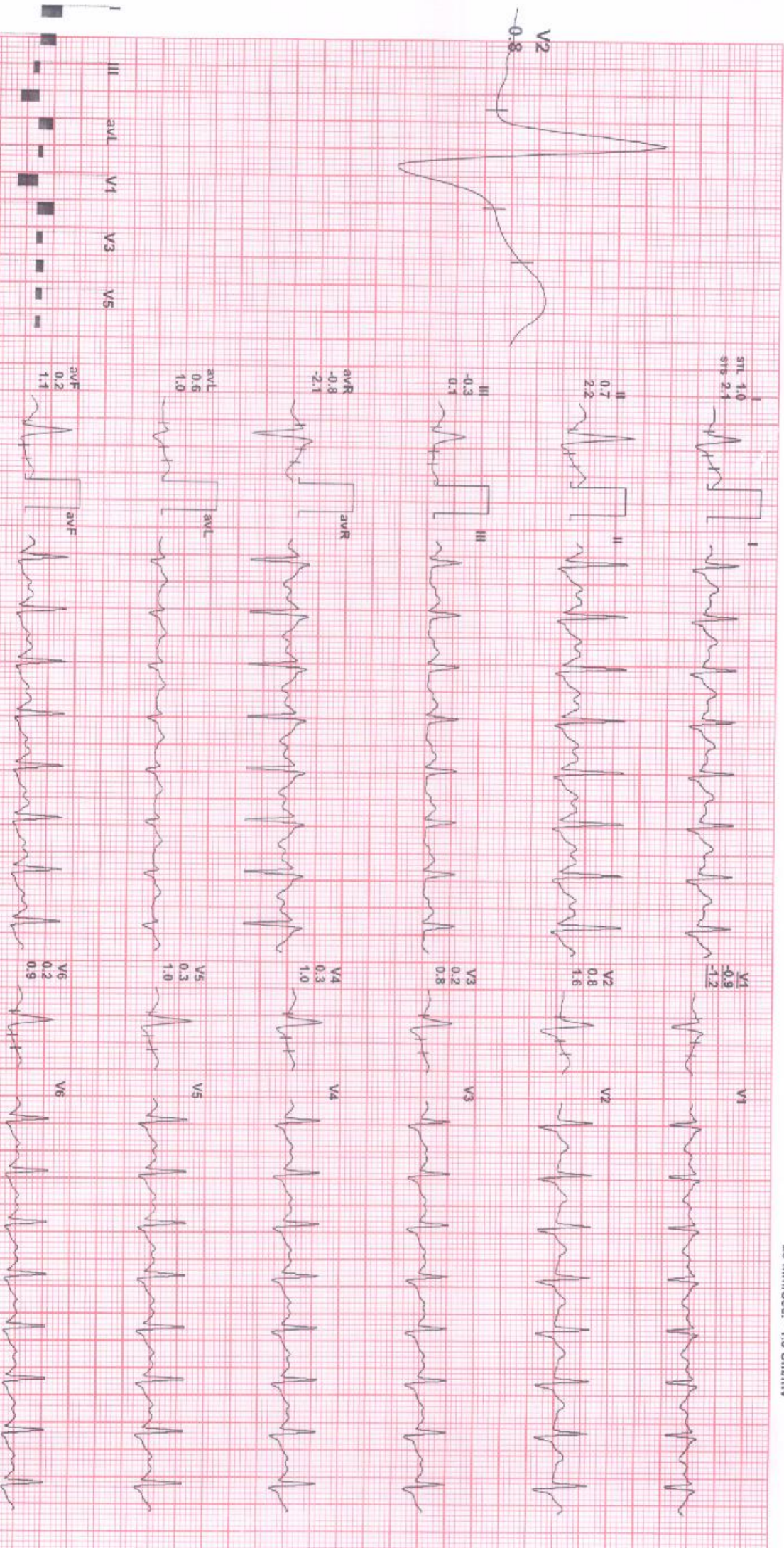
aVL 0.8
aVF 0.6
V1 -0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

aVF 0.6
V1 -0.9
V2 1.7
V3 0.5
V4 0.6
V5 0.7
V6 0.6

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



REMARKS:



REMARKS:

160 / MR RAJ GAURAV / 38 Yrs / M / 165 Cms / 90 Kg / HR : 164

PeakEX

ACHPL

Date: 23 / 03 / 2024

METS: 5.21 164 bpm 90% of THR

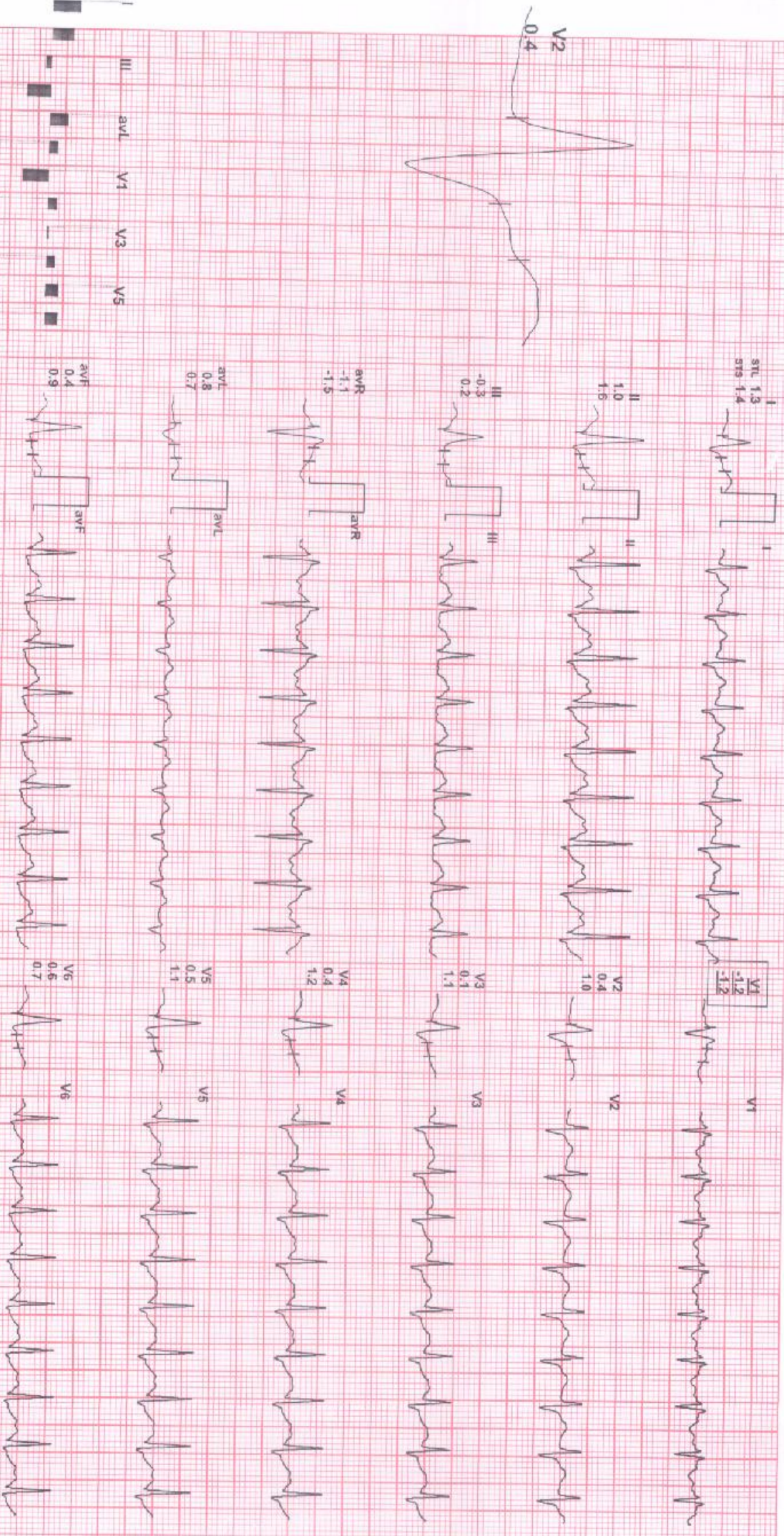
BP: 132/82 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

EXTime: 03:34 4.0 KmPh, 12.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 MS Post J



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

160 / MR RAJ GAURAV / 38 Yrs / M / 165 Cms / 90 Kg / HR : 160

Recovery(U:3u)



Date: 23 / 03 / 2024

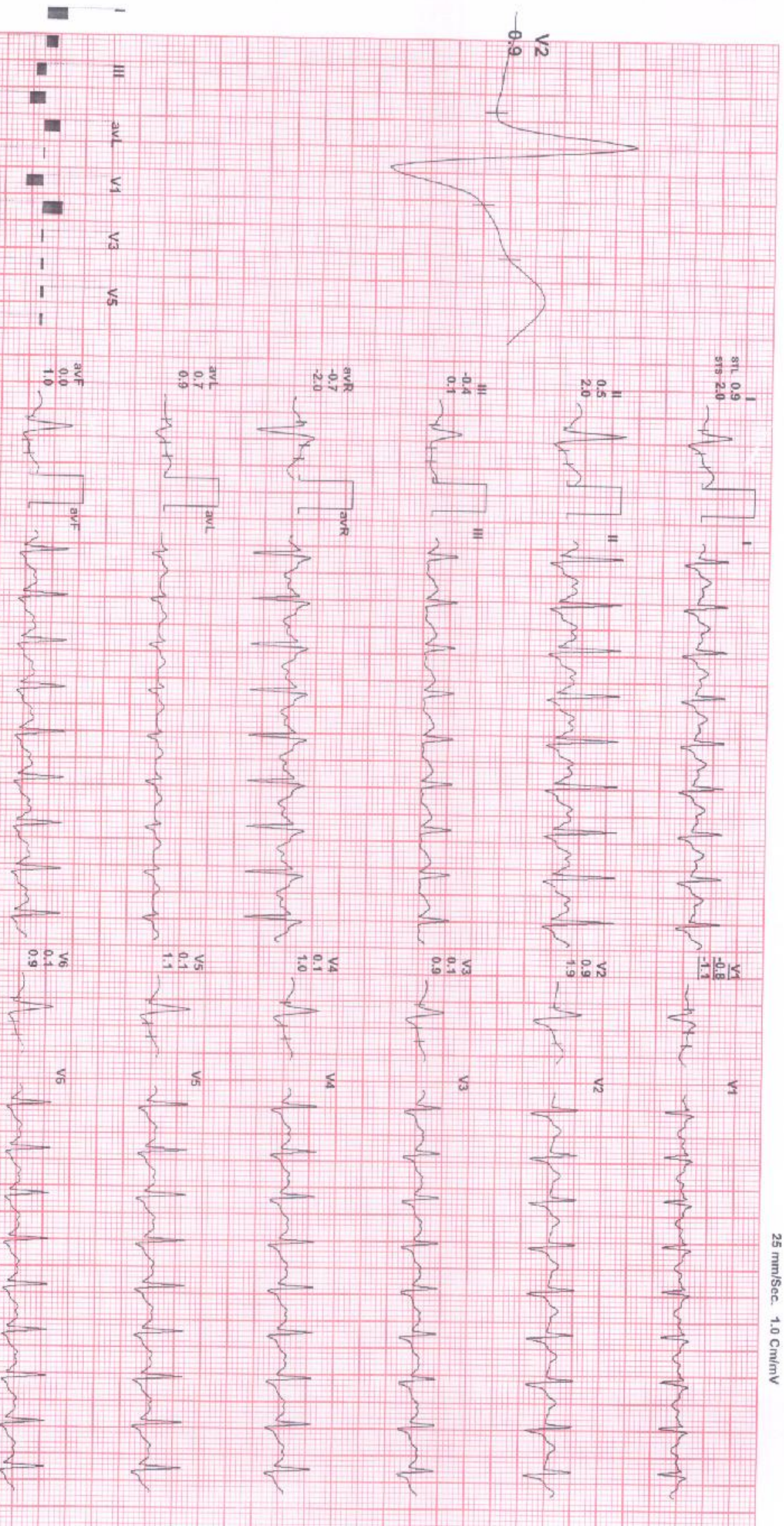
METS: 1.8/ 160 bpm 88% of THR

EP: 132/82 mmHg

Combined Medians/ BLC On/ Natch On/ HF 0.05 HzLF 35 Hz

4X 60 ms Post J

EXTime: 03:34 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

160 / MR RAJ GAURAV / 38 Yrs / M / 165 Cms / 90 Kg / HR : 149

Date: 23 / 03 / 2024

4X 60 mS Post J

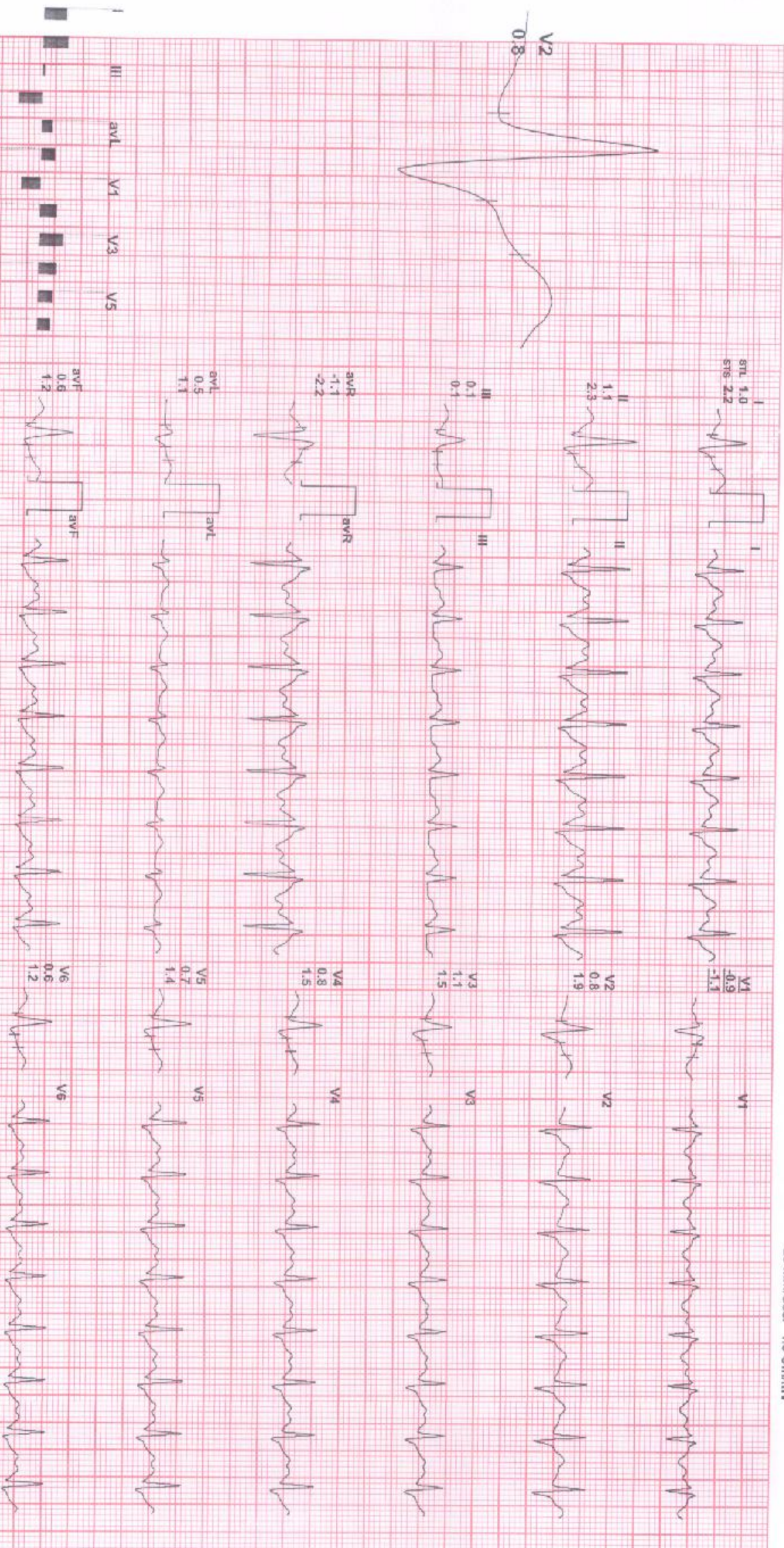
METS: 1.0/ 149 bpm 82% of THR BP: 134/84 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

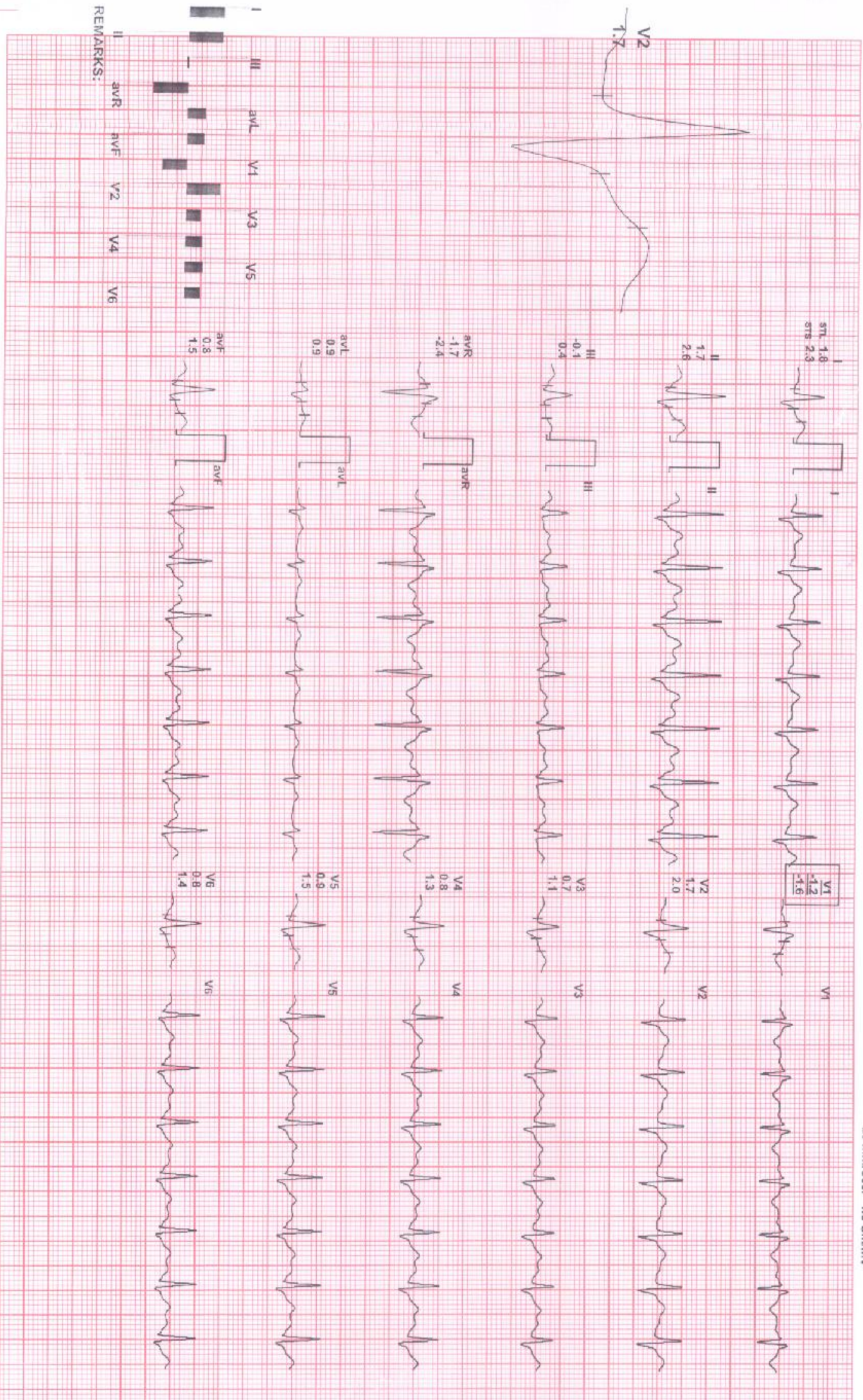
Recovery(1:uv)

ACHPL

ExTime: 03:34 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



REMARKS: