

WT - 69 kg

H - 166 cm

BP - 120/80

P - 84/min

CBC - 13.9 / 5.22 / 7.37 / 291 / 08

RBS - F - 99.0 / PP - 100.0

Creatinine - 1.0

U. Acid - 4.26

Lipid - 165.0 / 98.0 / 45.0 / 100.40

LFT - 17 / 26 / 96

HbA1c - 5.3

TSH - 1.680

PSA - 0.440

Mr. Suresh Ku. Meher
Age - 45 y / M

17/04/22

⚡
- Cap med dm रात्र
+ 300

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




USIB Dr Pranab Roy M ENT

Name - Suresh Meher HS4/M


No. above Complaint

out R Y
EAC clear clear
Lm
BIL Trinitat



Wax A/BIL clear

Prost (M) pph clear



ENT Examination is with

Normal



ID: 163

MR SURESH KUMAR MEHER
Male 45Years

13-04-2024 10:35:14 AM

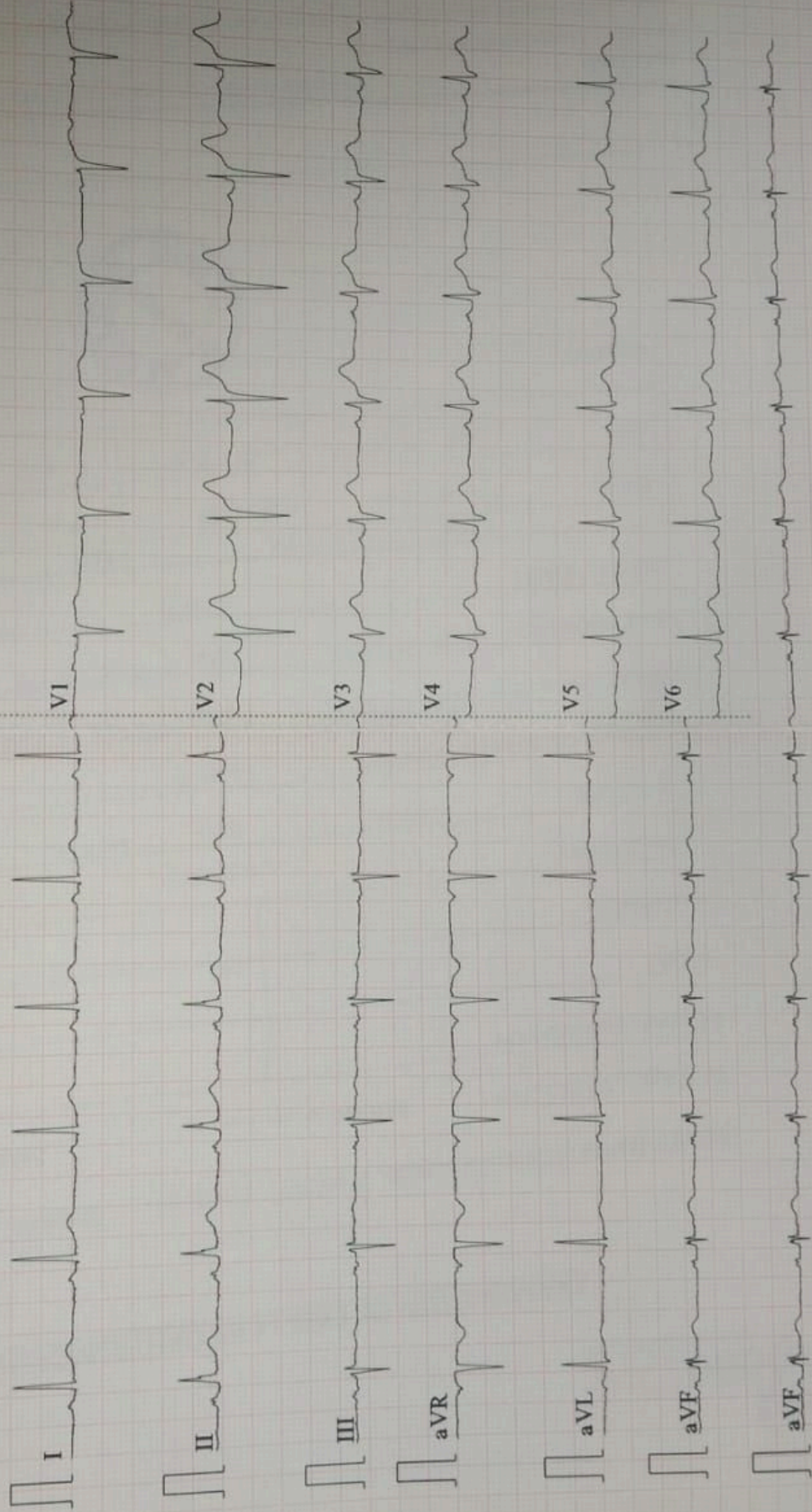
HR	: 72	bpm
P	: 102	ms
PR	: 152	ms
QRS	: 84	ms
QT/QTc	: 368/403	ms
P/QRS/T	: 33/9/40	°
RV5/SV1	: 0.660/0.774	mV

Diagnosis Information:
Sinus rhythm
Normal ECG



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

Report Confirmed by:



AGE/SEX: 45 YRS/M
DATE:- 13.04.2024

PATIENT NAME:- MR. SURESH KUMAR MEHER
REF BY :- BOB

USG ABDOMEN

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

Gall bladder : single small sessile GB polyp seen measuring approx 0.40X0.4.9 mm in size.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures 9.95 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.65X4.46cm	10.46X5.37cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 23.941CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- SINGLE SMALL GB POLYP
- GRADE - I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST



भारत सरकार
Government of India



Issue Date: 24/11/2011



Suresh Kumar Meher
DOB: 01/05/1979
Male



9870 7623 6102

मेरा आधार, मेरी पहचान

Scanned with OKEN Scanner

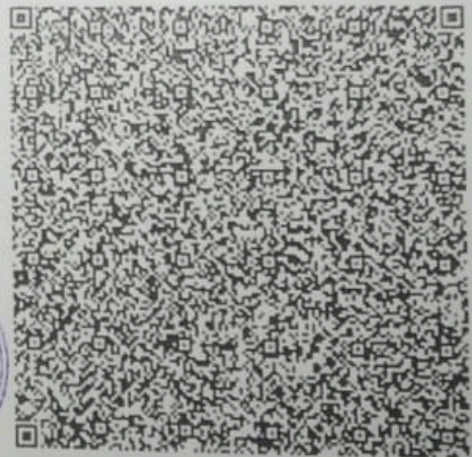


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 27/04/2022

Address: F-51, Rajdhani Vihar, Sardhoo
(sardhu), Raipur, Chhattisgarh, 492014



9870 7623 6102

1947

help@uidai.gov.in



www.uidai.gov.in

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Suresh Kumar Meher

Date 12/04/24

Sex/Age M/45/eye

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/24 E 6/6</u>	(LE):- <u>6/24 E 6/6</u>		
NEAR VISION:(RE):-	<u>N/A E 6/6</u>	(LE):- <u>N/A E 6/6</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT	<u>-0.75</u>	<u>-2.50</u>	<u>180</u>	<u>+1.75</u>
LEFT	<u>-2.50</u>	<u>-0.75</u>	<u>150</u>	<u>+1.75</u>
REMARKS :-				



Dr. Vikas [Signature]
MBBS, MS (Ophthalmology) (Regist)
Reg. No. CGMC 621/2006



NAME OF PATIENT; MR. SURESH KUMAR MEHER

AGE: 45YRS/MALE

REFERRED BY: BOB

DATE: 13/04/2024

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.



Zeeshan
Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-2321/2020 (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.

Suresh Kumar
45/m

H/O Re f CAP T 76 21/18



Patient Name : MR SURESH KUMAR MEHER
 UHID/ MR No : 10227
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 45 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:15AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	17	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	26	U/L	0 - 41
ALKALINE PHOSPHATASE	96	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Handwritten Signature

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SURESH KUMAR MEHER
 UHID/ MR No : 10227
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:27PM
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 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:15AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.22	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	79.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.6	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	12.0	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.37	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	33	%	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

Ramchand

Patient Name : MR SURESH KUMAR MEHER
UHID/ MR No : 10227
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/04/2024 11:15AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	291	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	08	mm /HR	0 - 10
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	A		
RhD factor (Rh Typing)	POSITIVE		

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 7 of 7

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SURESH KUMAR MEHER
 UHID/ MR No : 10227
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 45 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:15AM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.015		
Reaction (pH)	5.5		
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	

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Samudra

+91 96918 26363
0771 4033341/42

Patient Name : Mr.SURESH KUMAR MEHAR
 Age/Gender : 45 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007211
 Visit ID : DSUSOPV8399
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 13/Apr/2024 02:02PM
 Received : 13/Apr/2024 03:24PM
 Reported : 13/Apr/2024 04:30PM
 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)	1.03	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	11.7	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.680	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

- 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.
- 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.
- 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.
- 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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apolló Clinic
 LIC. DR. MAIKAL KUIJUR - AROGYAM PVT. LTD.
 M.B.B.S. M.D.(Pathology)
 Consultant Pathologist
 Email: raipur1@apolloclinic.com | Website: www.apolloclinic.com
 Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



+91 98260 12363

0771 4033341/42

Patient Name : MR SURESH KUMAR MEHER
 UHID/ MR No : 10227
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 45 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:15AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	165.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	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	100.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High :>=190
Method: Spectrophotometric VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.67		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

(Handwritten Signature)

+91 96918 26363

0771 4033341/42

Patient Name : MR SURESH KUMAR MEHER
UHID/ MR No : 10227
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/04/2024 11:15AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	100.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.26	mg/dL	2.6 - 7.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : Mr.SURESH KUMAR MEHAR
 Age/Gender : 45 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007211
 Visit ID : DSUSOPV8399
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 13/Apr/2024 02:02PM
 Received : 14/Apr/2024 04:27PM
 Reported : 14/Apr/2024 05:47PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

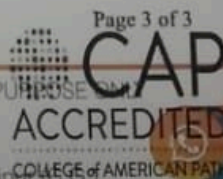
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (TPSA) , SERUM	0.440	ng/mL	0-4	CLIA

*** End Of Report ***



K Anusha
 Dr. K. Anusha
 M.B.B.S, M.D (Biochemistry)
 Consultant Biochemist

* THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY *



Patient Name : Mr.SURESH KUMAR MEHAR	Collected : 13/Apr/2024 02:02PM
Age/Gender : 45 Y 0 M 0 D /M	Received : 13/Apr/2024 02:26PM
UHID/MR No : DSUS.0000007211	Reported : 13/Apr/2024 03:41PM
Visit ID : DSUSOPV8399	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

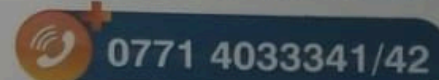
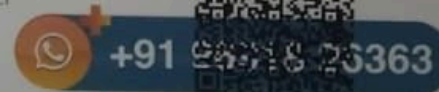
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



RAIPUR Email:

184 / MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg
Date: 13 / 04 / 2024

Report



Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Standing	00:11	0:11	00.0	00.0	01.0	083	47%	120/80	099	00	
ExStart	00:15	0:04	00.0	00.0	01.0	083	47%	120/80	099	00	
BRUCE Stage 1	03:15	3:00	02.7	10.0	04.7	130	74%	122/82	158	00	
PeakEX	06:04	2:49	04.0	12.0	07.0	155	89%	124/84	192	00	
Recovery	06:34	0:30	00.8	00.0	01.8	139	79%	124/84	172	00	
Recovery	07:04	1:00	00.8	00.0	01.0	130	74%	124/84	161	00	
Recovery	07:43	1:39	00.0	00.0	01.0	120	69%	122/82	146	00	

FINDINGS :

- Exercise Time : 05:49
- Max HR Attained : 155 bpm 89% of Target 175
- Max BP Attained : 124/84 (mm/Hg)
- Max Workload Attained : 7 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



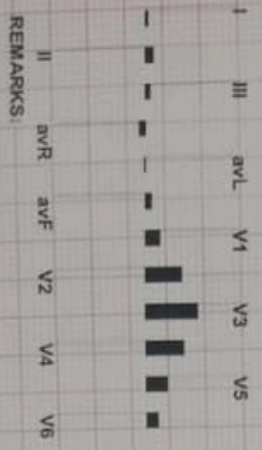
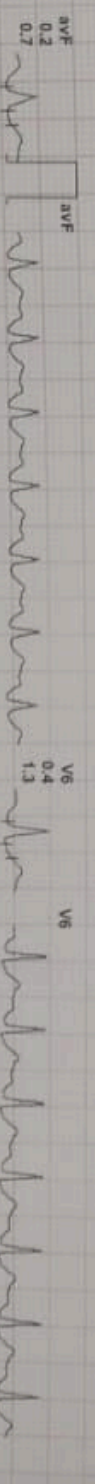
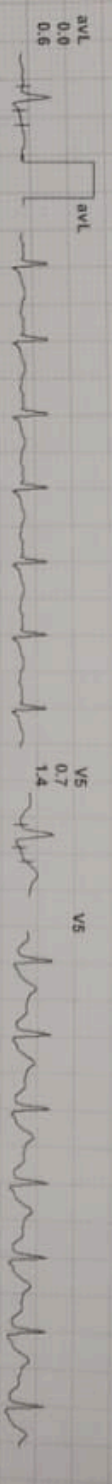
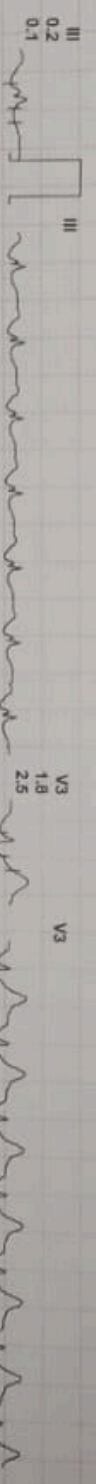
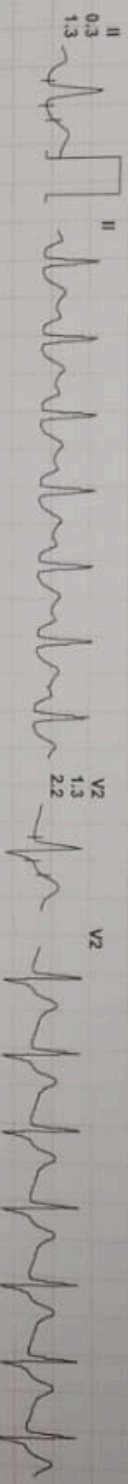
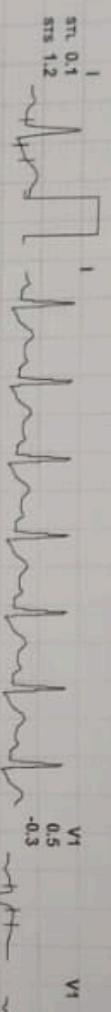
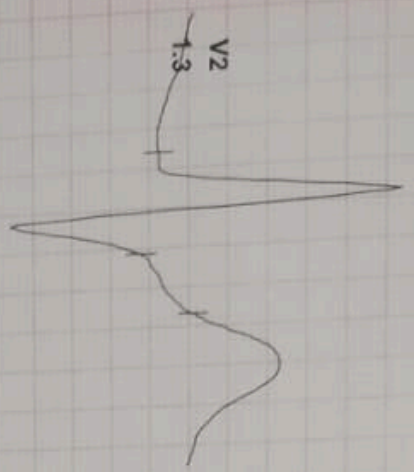
// MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 130

Date: 13 / 04 / 2024
4X 60 MS Post J

METS: 1.0/ 130 bpm 74% of THR BP- 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

EXTime: 05:49 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

Recovery(1:00)



REMARKS:

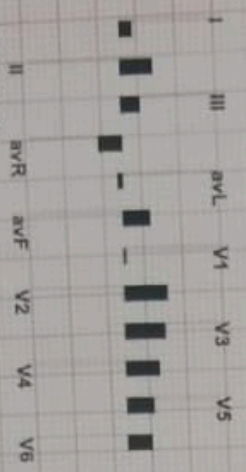
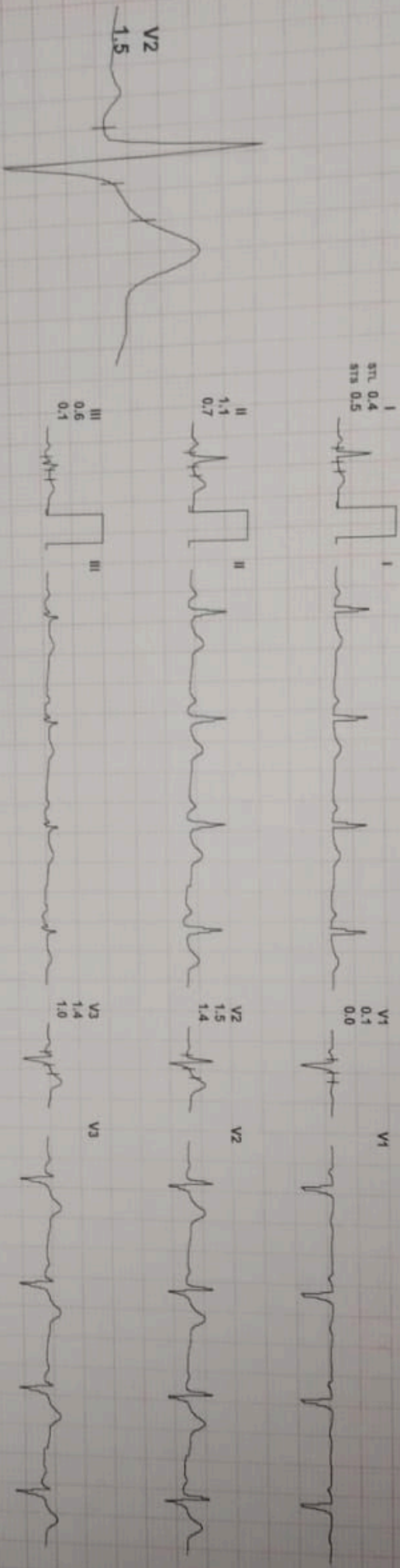
/ MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 83

Date: 13 / 04 / 2024
4X 80 ms Post J

METS: 1.0/ 83 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

BRUCE: Standing(0:11)



REMARKS:

MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 130

BRUCE: Stage 1(3:00)



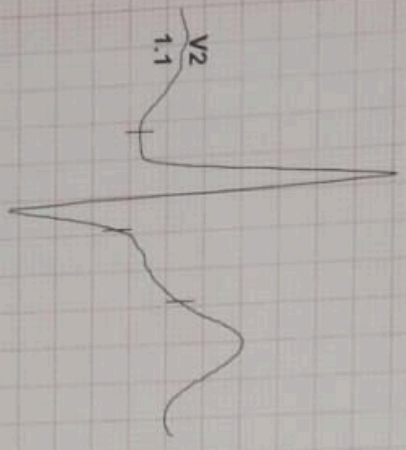
Date: 13 / 04 / 2024

METS: 4.71 130 bpm 74% of THR BP: 122/82 mmHg Combined Medians/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STI 0.3
STB 0.9

II
0.9
1.2

III
0.6
0.5

aVR
-0.6
-1.1

aVL
-0.2
0.3

aVF
0.7
0.8

V1
0.2
-0.1

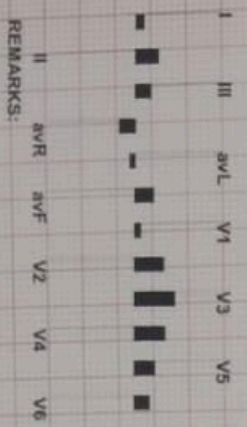
V2
1.1
1.9

V3
1.5
1.7

V4
1.1
1.4

V5
0.8
0.9

V6
0.6
0.7



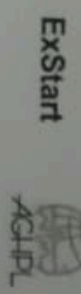
REMARKS:

/ MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 83

date: 13 / 04 / 2024
4X 80 MS PAPER J

NETS: 1.0/ 83 bpm 47% of THIR BP: 120/80 mmHg Combined Medians/ BLC Or/ Natch Or/ HF 0.05 Hz/ LF 35 Hz

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



I
RI 0.4
RII 0.5

II
RI 1.5
RII 0.7

III
RI 0.6
RII 0.1

aVR
RI -0.8
RII -0.6

aVL
RI -0.2
RII 0.1

aVF
RI 0.9
RII 0.4

V1
RI 0.1
RII 0.0

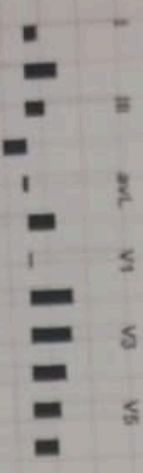
V2
RI 1.5
RII 1.4

V3
RI 1.8
RII 1.0

V4
RI 1.1
RII 0.8

V5
RI 0.8
RII 0.6

V6
RI 0.8
RII 0.6



REMARKS:

1 / MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 155

Date: 13 / 04 / 2024

4X

60 mS Post J

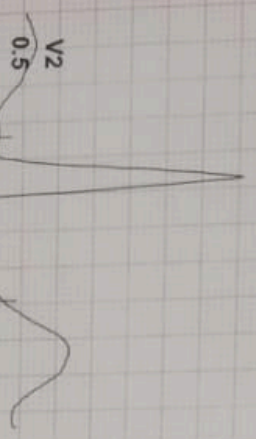
METS: 7.0/ 155 bpm 89% of THR BP: 124/84 mmHg

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

PeakEx



EXTime 05:49 4.0 Kmph, 12.0%
25 mm/Sec. 1.0 Cm/mV



I
STL -0.4
STB 1.2

II
-0.6
0.6

III
-0.3
-0.6

aVR
-0.5
-0.9

aVL
0.1
1.0

aVF
-0.4
0.0

V1
0.6
-0.1

V2
0.5
2.2

V3
1.1
2.1

V4
0.7
1.7

V5
0.2
1.2

V6
0.0
0.8

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

REMARKS:

MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 139

Date: 13/04/2024

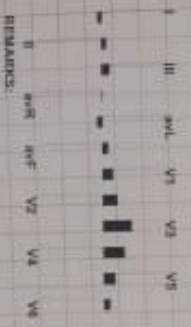
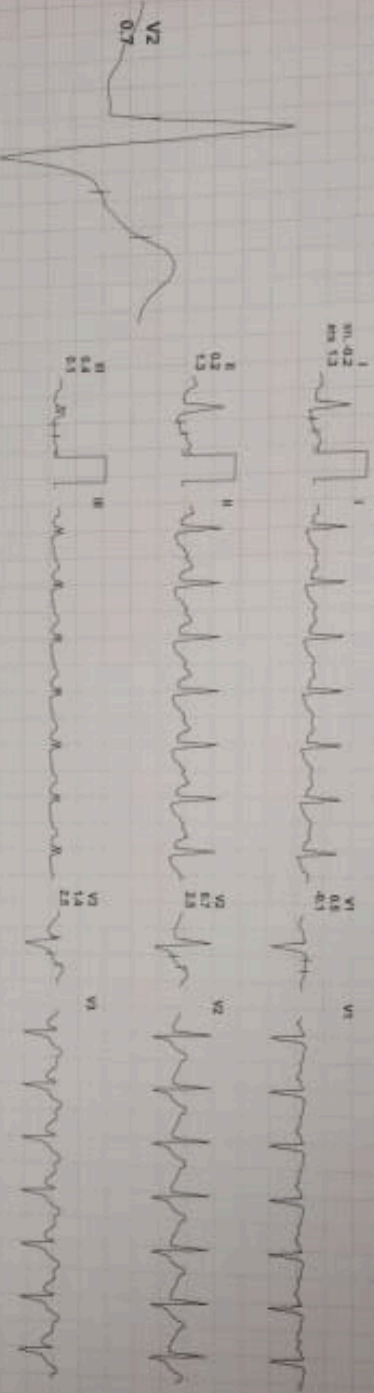
NETS: LMI 139 bpm 79% of THR BP: 124/84 mmHg

Combined leadless BL CoM NaOH ON HF 0.00 HOLE 35 Hz

Recovery(0:30) Extrac 05:49 0.0 KcpA 0.0% 25 mmSec 1.0 CmV



4X 88 mm Print 1



REMARKS:

1 / MR SURESH / 45 Yrs / M / 166 Cms / 69 Kg / HR : 120

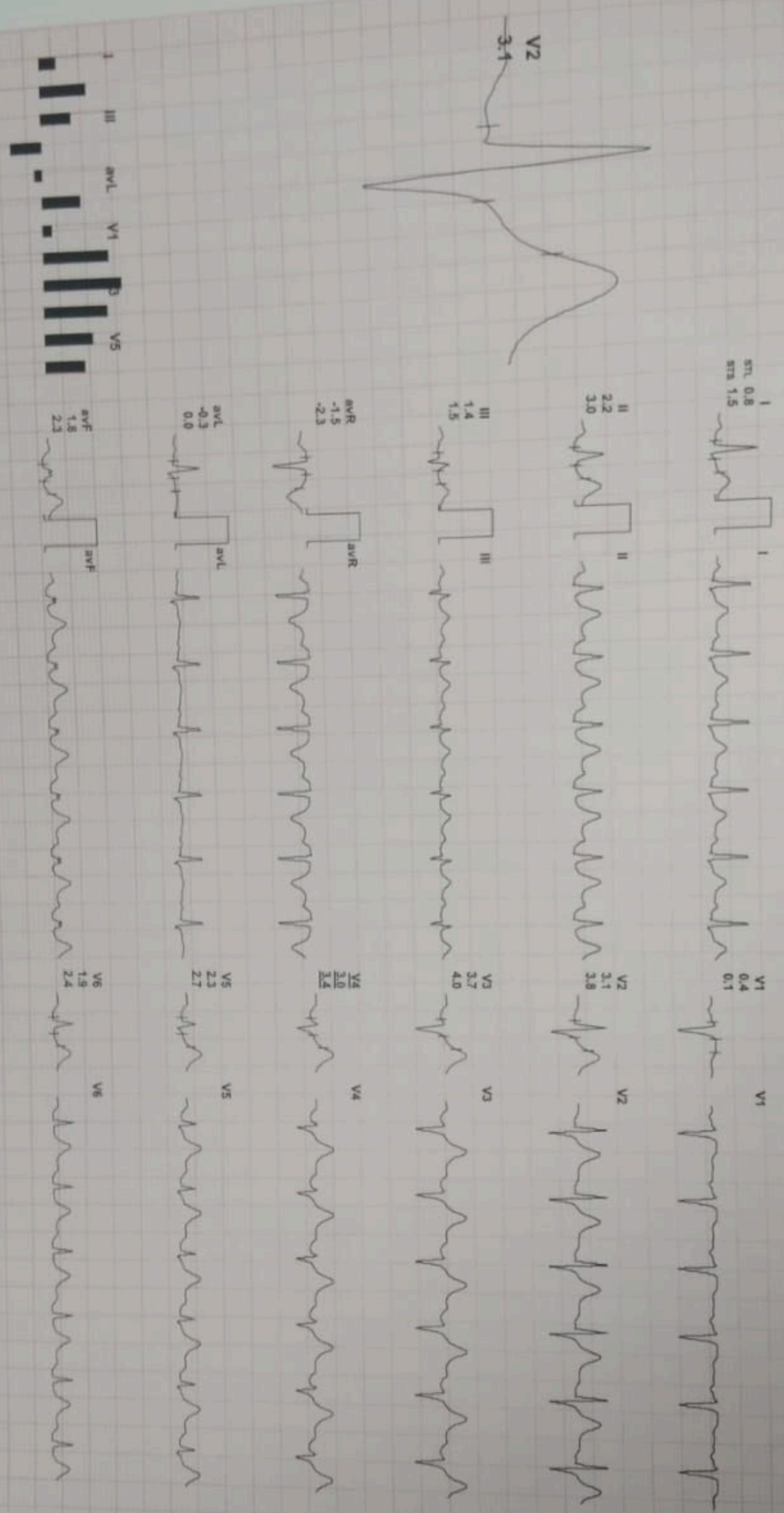
Date: 13 / 04 / 2024

4X 80 mS Post J

METS: 1.0/ 120 bpm 69% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HZLF 35 Hz

EXTime: 05:49 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

Recovery(1:39)



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