

162 / MR DUMAN / 46 Yrs / M / 165 Cms / 67 Kg / HR : 136

Date: 28 / 03 / 2024

METS: 1.2/ 136 bpm 78% of THR

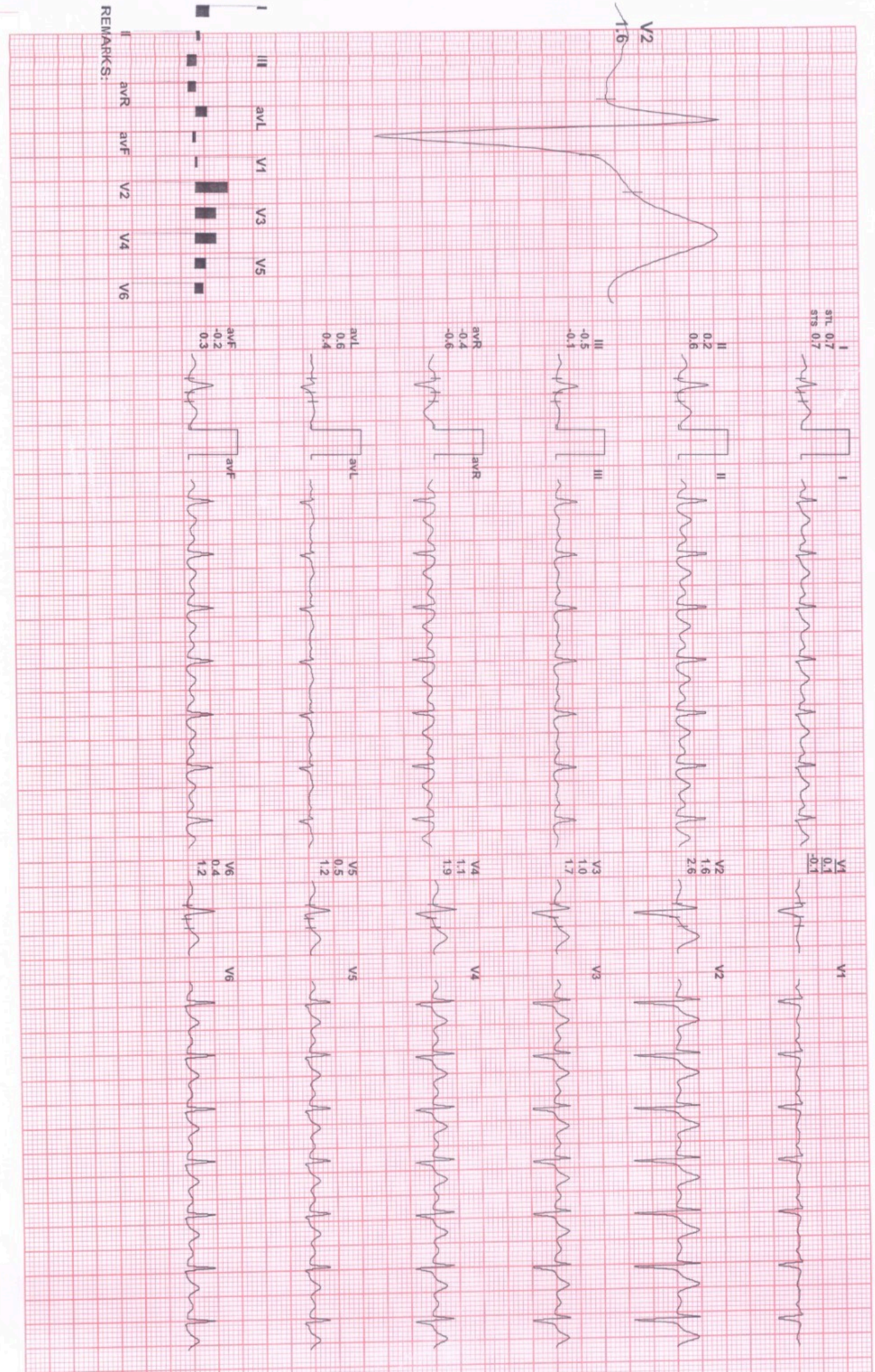
BP: 124/84 mmHg

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

EXTime: 06:28 0.8 Km/ph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

ID: 659
MR DUMAN LAL SAHU
Male 46 Years

28-03-2024 10:00:41 AM

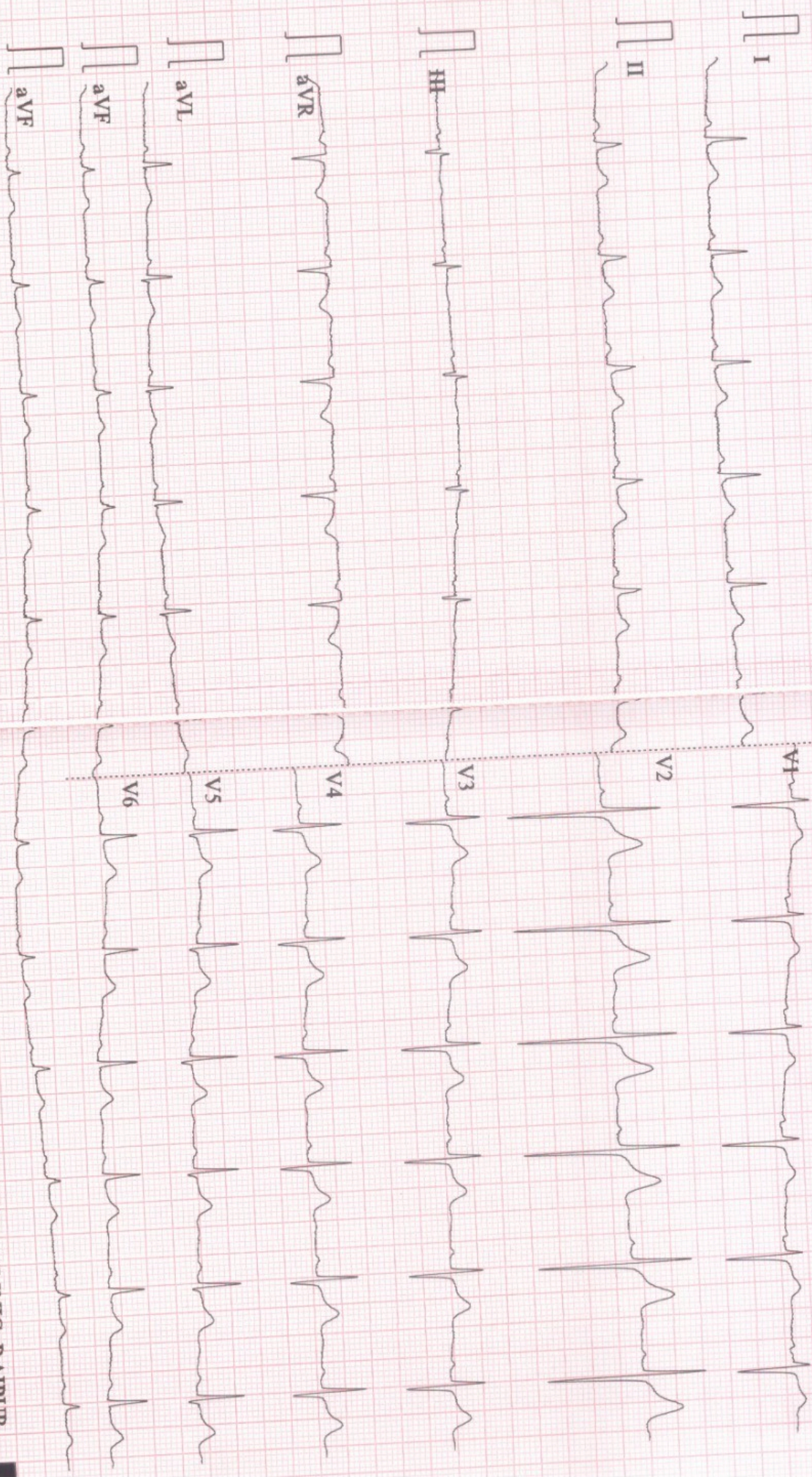
HR : 74 bpm
P : 104 ms
PR : 148 ms
QRS : 84 ms
QT/QTc : 386/429 ms
P/QRS/T : 22/25/31
RV5/SV1 : 0.802/1.042 mV

Diagnosis Information:
Sinus rhythm
Normal ECG



Dr. Animesh Choudha
MD Medicine
Reg. No. CGMC 3582
Apollo Clinic, Raipur

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 74 CA

ART 9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Patient Name : Mr.DUMAN LAL SAHU
 Age/Gender : 46 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000006999
 Visit ID : DSUSOPV8143
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 28/Mar/2024 12:36PM
 Received : 28/Mar/2024 01:04PM
 Reported : 28/Mar/2024 04:14PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI 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) | 0.64 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 6.0 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.710 | 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 ***

Result/s to Follow:

Page 2 of 3




 Apollo Clinic
 DR. MAIKAL KUJUR
 LICENSEE, SAMRIDDI AROGYAM PVT. LTD.
 M.B.B.S, M.D.(Pathology)

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic @ Patna Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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0771 4033341

Patient Name : MR DUMAN LAL SINGH
UHID/ MR No : 9964
Visit Date : 28/03/2024
Sample Collected On : 28/03/2024 02:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 46 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 28/03/2024 06:51PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 15.9 | gm/dl | 12 - 17 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 5.07 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 47.70 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 94.1 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 31.4 | 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 | 15.3 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 7.18 | cells/cumm | 3.50 - 10.00 |
| Neutrophils Method: CELL COUNTER | 57 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 35 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 01 | % | 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

Page 4 of 5

Amal
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

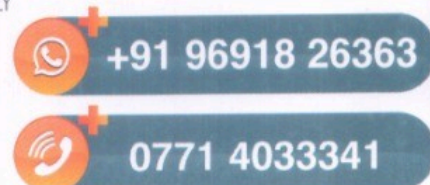
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PATIENT NAME:- MR. DUMAN LAL SAHU
REF BY :- BOB

AGE/SEX: 46 YRS/M
DATE:- 28.03.2024

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 : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

| Kidneys | RIGHT | LEFT |
|----------------------------------|-------------|-------------|
| SIZE | 9.27X5.19cm | 8.74X4.99cm |
| 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 measures weight gm shape & echotexture.

No free fluid in abdomen.

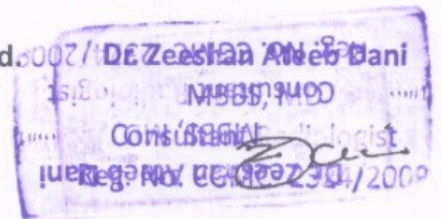
Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.




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. 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.

APOLLO CLINIC RAIPUR

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 **0771 4033341**

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Duman Lal Sahu

Date 28/02/24

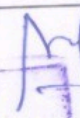
Sex/Age M/46 year

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>6/6</u> | (LE):- | <u>6/6</u> |
| NEAR VISION:(RE):- | | <u>18 e 4 N6</u> | (LE):- | <u>18 e 4 N6</u> |
| NIGHT BLINDNESS | | | | |
| NAD | | | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | | | | <u>+1.75</u> |
| LEFT | | | | <u>+1.75</u> |
| REMARKS :- | | | | |




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

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Apollo Clinic

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NAME OF PATIENT; MR. DUMAN LAL SAHU

AGE: 46YRS/MALE

REFERRED BY: BOB

DATE: 28/03/2024

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 27315
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.



२४/०३/२४

Mr Duman Lal Sah 464117

HT - 165cm

WT - 67kg

BP - 120/80

P - 74b/min

CBC - 15.9 | 5.07 | 7.18 | 210 | 10

FBS - 92.0 | PP - 98.0

KFT - 10 | 0.89 | 3.26

LFT - 0.5 | 13 | 17 | 66

Lipid - 157.0 | 101.0 | 44.0 | 92.80

TFT

HbA1c

For Annual Health
examination

Review is AL at time
of examination

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



CLINIC Dr Pradeep Roy MS ENT

Name - DUMAN hal Sahu. Age 64yrs

No Active Complaints

On Ex RT LF
 EAC clear clear
 TM
 Bu TM intact
 Nose Ad Bu cua
 Throat (C) pus clear

ENT Examination is well



Pradeep
28/3/24

Patient Name : MR DUMAN LAL SINGH
 UHID/ MR No : 9964
 Visit Date : 28/03/2024
 Sample Collected On : 28/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

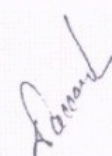
Age/Gender : 46 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 28/03/2024 06:51PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 210 | 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) | POSITIVE | | |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



| | |
|-----------------------------------|--|
| Patient Name : Mr. DUMAN LAL SAHU | Collected : 28/Mar/2024 12:36PM |
| Age/Gender : 46 Y 0 M 0 D /M | Received : 28/Mar/2024 01:40PM |
| UHID/MR No : DSUS.0000006999 | Reported : 28/Mar/2024 03:18PM |
| Visit ID : DSUSOPV8143 | 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 | 5.0 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 97 | 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 | |
| FAIR TO GOOD CONTROL | 6 – 7 |
| UNSATISFACTORY CONTROL | 7 – 8 |
| POOR CONTROL | 8 – 10 |
| | >10 |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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)

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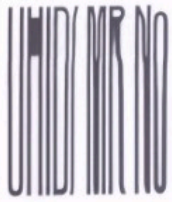
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Online appointments: www.askapollo.com

Patient Name : MR DUMAN LAL SINGH

Age/Gender : 46 Y. Male



OP Visit No : OPD-UNIT-II-2

Visit Date : 28/03/2024

Reported On : 28/03/2024 06:51PM

Sample Collected On : 28/03/2024 02:33PM

Ref. Doctor : SELF

Sponsor Name :

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) | | | |
| Glucose -Post prandial Method: REAGENT GRADE WATER | 98.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) | | | |
| Glucose- Fasting SUGAR REAGENT GRADE WATER | 92.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 0.89 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.26 | mg/dL | 2.6 - 7.2 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR DUMAN LAL SINGH
UHID/ MR No : 9964
Visit Date : 28/03/2024
Sample Collected On : 28/03/2024 02:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 46 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 28/03/2024 06:51PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 0.5 | mg/dl | 0.1- 1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.30 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 13 | U/L | 0 - 40 |
| SGPT (ALT) Method: Spectrophotometric | 17 | U/L | 0 - 41 |
| ALKALINE PHOSPHATASE | 66 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.4 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.2 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.2 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 1.90 | % | 1.1 - 2.2 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 5

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR DUMAN LAL SINGH
 UHID/ MR No : 9964
 Visit Date : 28/03/2024
 Sample Collected On : 28/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 46 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 28/03/2024 06:51PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 157.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 101.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric HDL Cholesterol | 44.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric LDL Cholesterol | 92.80 | mg/dl | Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| Method: Spectrophotometric VLDL Cholesterol | 20.20 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.57 | | 3.5-5 |
| Method: Spectrophotometric | | | |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR DUMAN LAL SINGH
UHID/ MR No : 9964
Visit Date : 28/03/2024
Sample Collected On : 28/03/2024 02:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 46 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 28/03/2024 06:51PM

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 | 1.015 | | 1.001 - 1.030 |
| Reaction (pH) | 6.0 | | |
| 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



/ MR DUMAN / 46 Yrs / M / 165 Cms / 67 Kg

e: 28 / 03 / 2024

| Time | Duration | Speed(Kmph) | Elevation | METS | Rate | %THR | BP | RPP | PVC | Comments |
|-------|----------|-------------|-----------|------|------|------|--------|-----|-----|----------|
| 00:07 | 0:07 | 00.0 | 00.0 | 01.0 | 069 | 40% | 120/80 | 082 | 00 | |
| 00:12 | 0:05 | 02.7 | 10.0 | 01.1 | 075 | 43% | 120/80 | 090 | 00 | |
| 03:12 | 3:00 | 02.7 | 10.0 | 04.7 | 120 | 69% | 122/82 | 146 | 00 | |
| 06:12 | 3:00 | 04.0 | 12.0 | 07.1 | 139 | 80% | 124/84 | 172 | 00 | |
| 06:40 | 0:28 | 05.5 | 14.0 | 07.6 | 149 | 86% | 124/84 | 184 | 00 | |
| 07:10 | 0:30 | 00.8 | 00.0 | 04.2 | 146 | 84% | 124/84 | 181 | 00 | |
| 07:40 | 1:00 | 00.8 | 00.0 | 01.2 | 136 | 78% | 124/84 | 168 | 00 | |
| 08:17 | 1:37 | 00.0 | 00.0 | 01.0 | 116 | 67% | 122/82 | 141 | 00 | |

INDINGS :

Exercise Time : 06:28
 Max HR Attained : 149 bpm 86% of Target 174
 Max BP Attained : 124/84 (mm/Hg)
 Max Workload Attained : 7.6 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



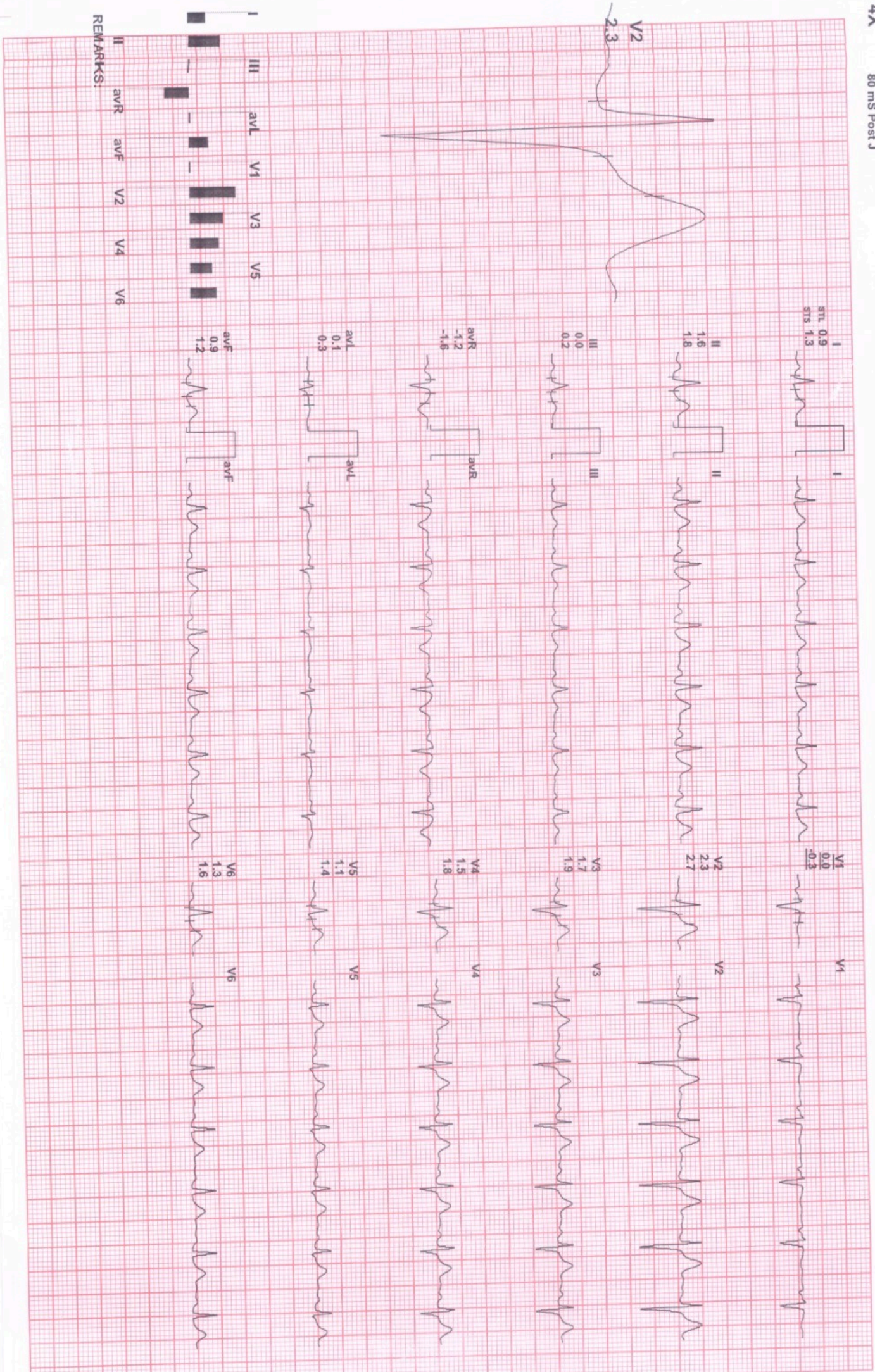
Doctor : DR DEEPAN DAS MBBS DIP CARDIO

Date: 23 / 03 / 2024

METS: 1.0/ 116 bpm 67% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:28 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

162 / MR DUMAN / 46 YRS / M / 165 Cms / 67 Kg / HR : 149

Date: 28 / 03 / 2024

4X 60 ms Post J

METS: 7.6 / 149 bpm 86% of THR

BP: 124/84 mmHg

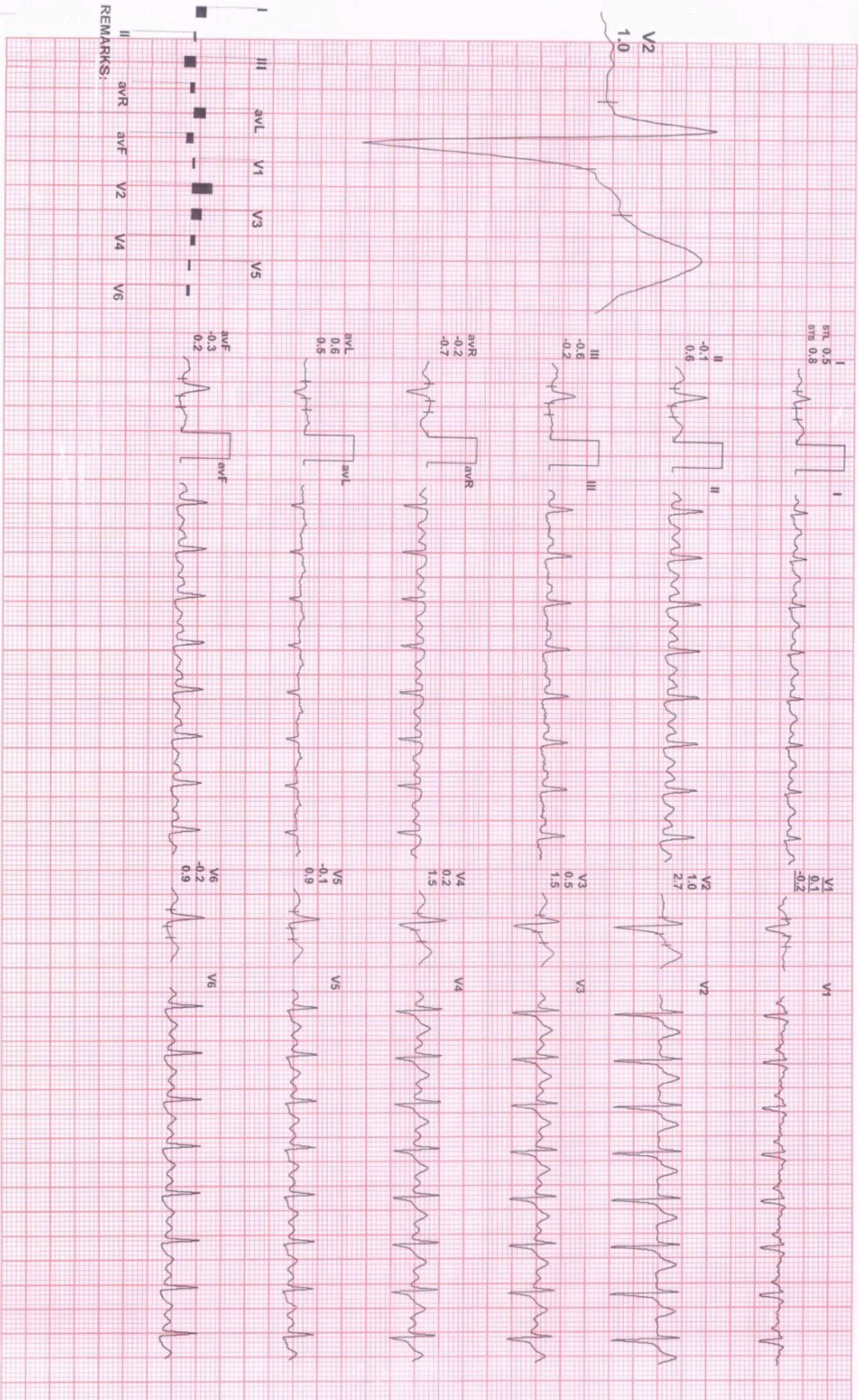
Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

PeaKcX



ExTime: 06:28 5.5 Kmph, 14.0%

25 mm/Sec. 1.0 Cm/mV



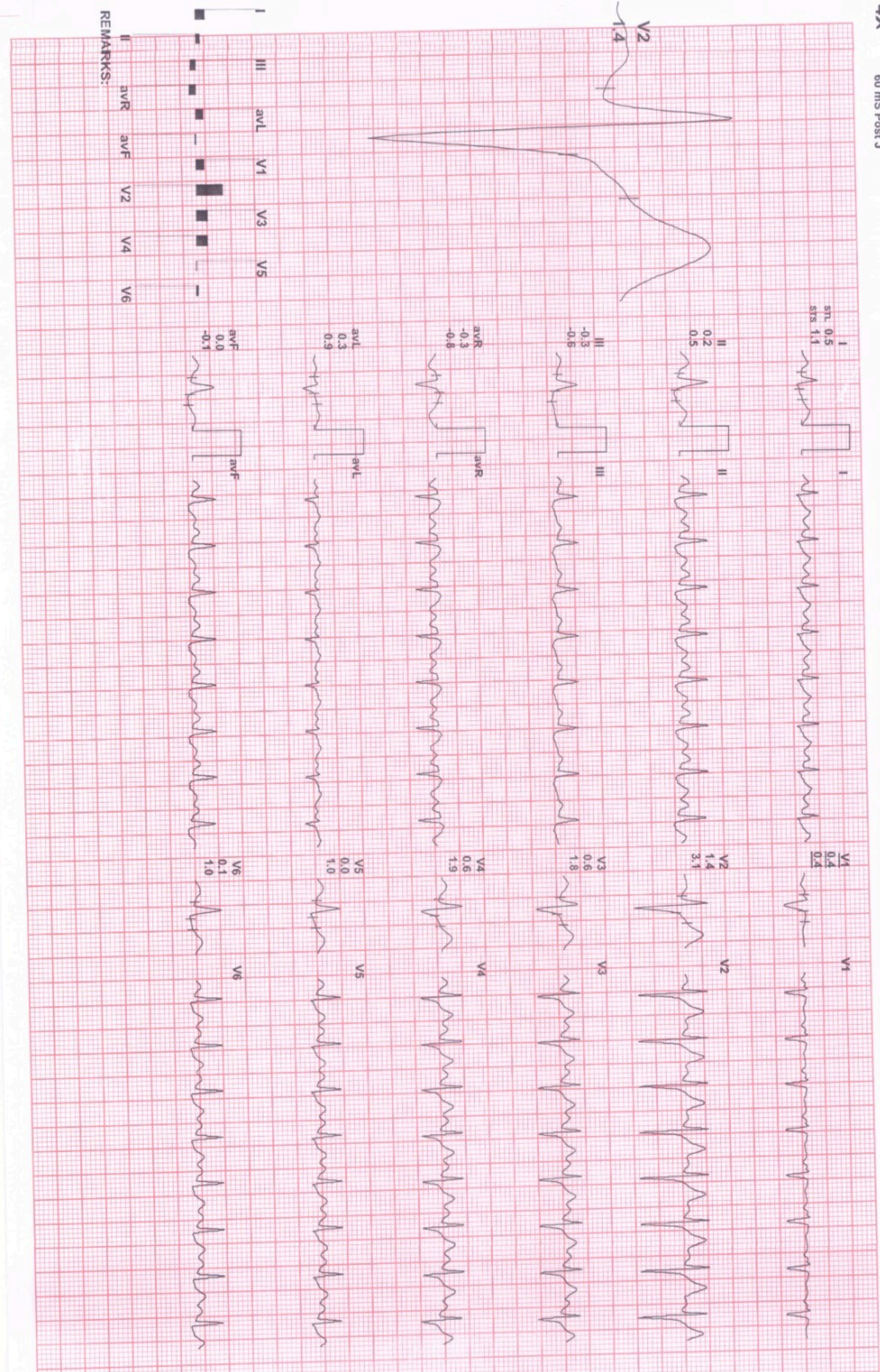
REMARKS:

Date: 28 / 03 / 2024

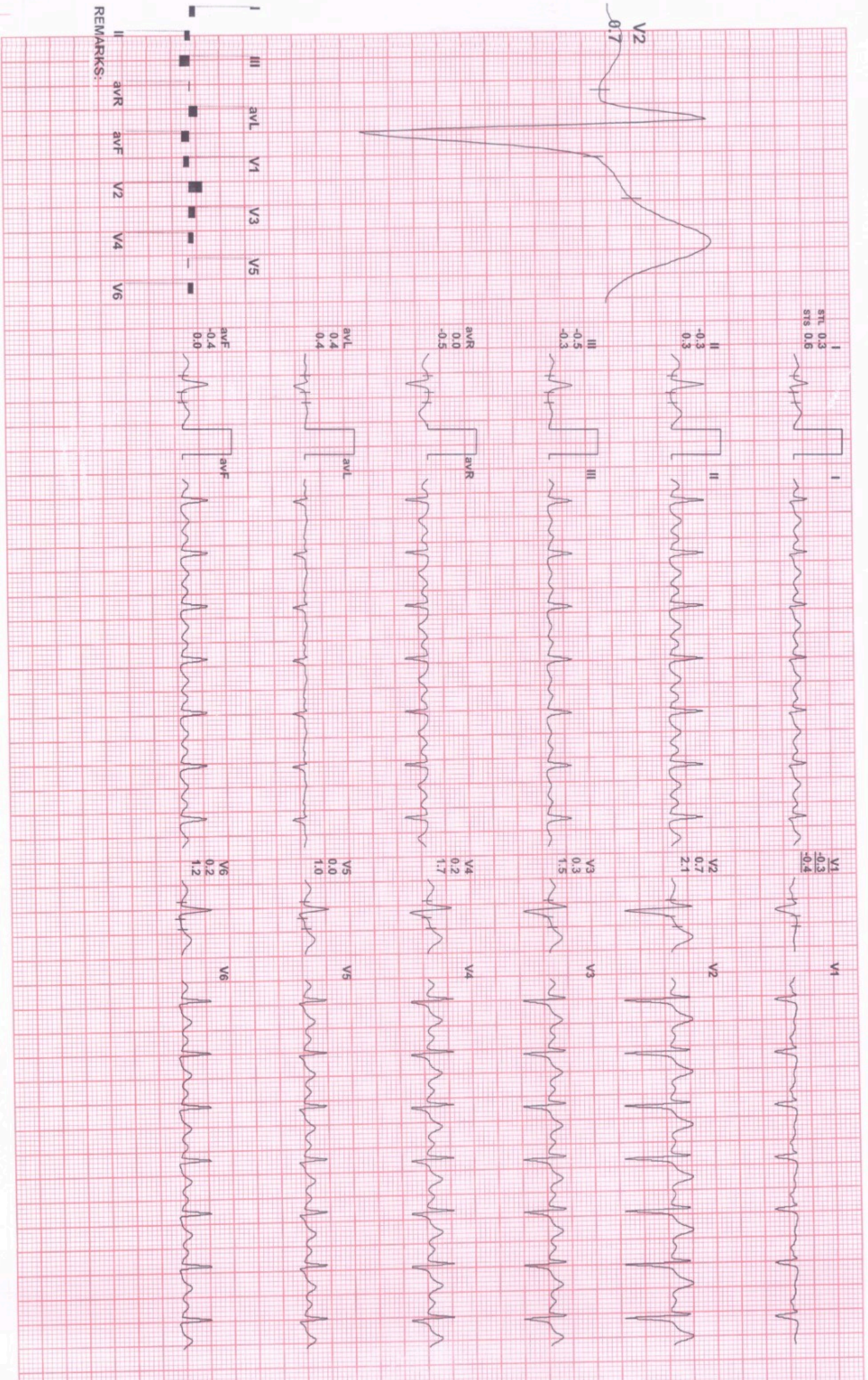
METS: 4.2/ 146 bpm 84% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:28 0.8 KmPh, 0.0%
25 mm/Sec. 1.0 Cm/mV

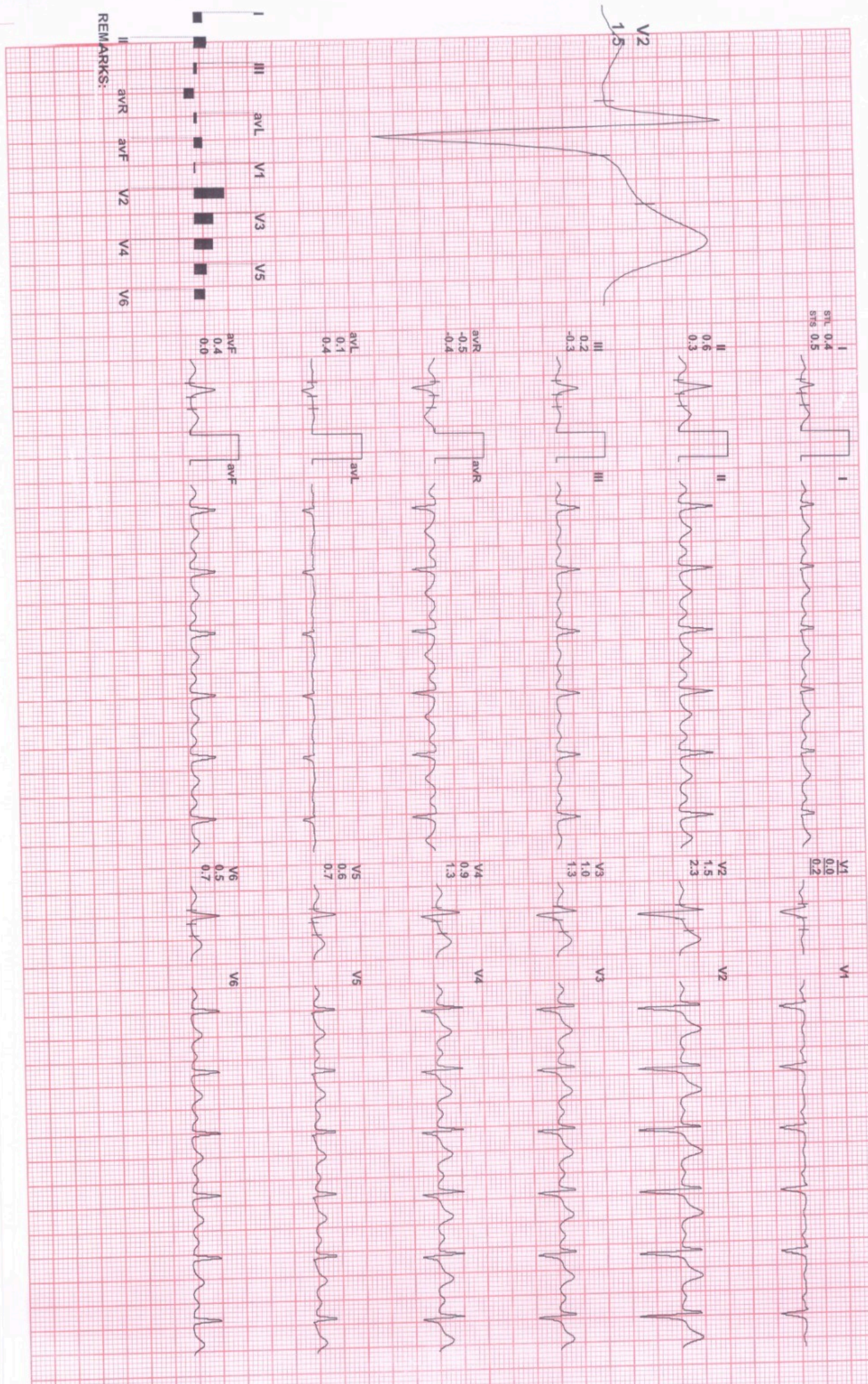
4X 60 ms Post J



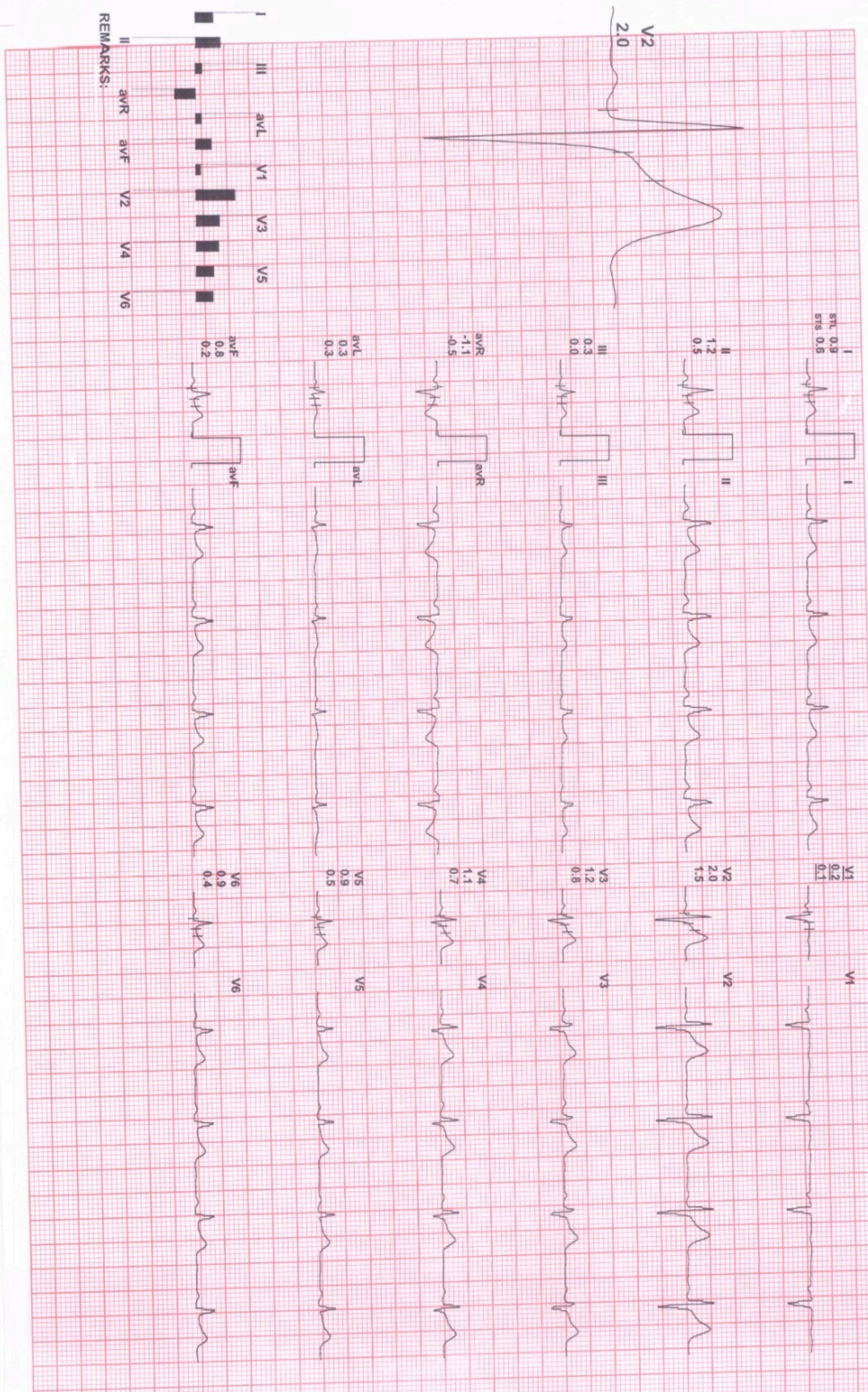
REMARKS:



REMARKS:



REMARKS:



REMARKS:

Date: 28 / 03 / 2024

METS: 1.1/ 75 bpm 43% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 00:00 2.7 KmPh, 10.0% 25 mm/Sec. 1.0 Cm/mV

