



Tinku Saini  
Mob - 9549053316

  
Rajsthani Diagnostic &  
Medical Research Centre  
Jhunjhunu



# RAJSTHANI DIAGNOSTIC & MR CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	TINKU SAINI	AGE-	SEX: F
REF/BY:	BOB HEALTH CHECKUP	DATE	9-Mar-24

### ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is normal in size, shape and echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

**Gall bladder:** is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

**Pancreas:** is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

**Rt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Lt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Spleen:** is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

**Urinary Bladder:** is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

**Uterus:** is normal in size, regular in shape and outline. Uterus is anteverted and ante flexed. Endometrium is normal in thickness. No sonolucent or echogenic mass lesion seen.

**Adenexa:** Both adenexal regions are seen normal. No focal mass or lesion is seen. Bilateral ovaries are normal in appearance.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

### IMPRESSION:

❖ NORMAL SONOGRAPHY STUDY.

Advised: clinicopathological correlation

**DR. ANUSHA MAHALAWAT**  
**MD RADIODIAGNOSIS**

Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/25457)



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Name: Tinku Saini Emergency  
Patient ID: d321b56c-9b6d-41e8-8643-8d7ff4ace0e0

09.03.2024 14:19:47  
Standard 12-Lead

Rajasthan Diagnostic & MR Centre  
B-110 Subhash Marg, Indira Nagar, Mandawa Road  
Jhunjhunun (Raj.)

Date of birth: 11.05.1991  
Gender: Female  
Height:   
Weight:   
Ethnicity: Undefined  
Pacemaker: Unknown

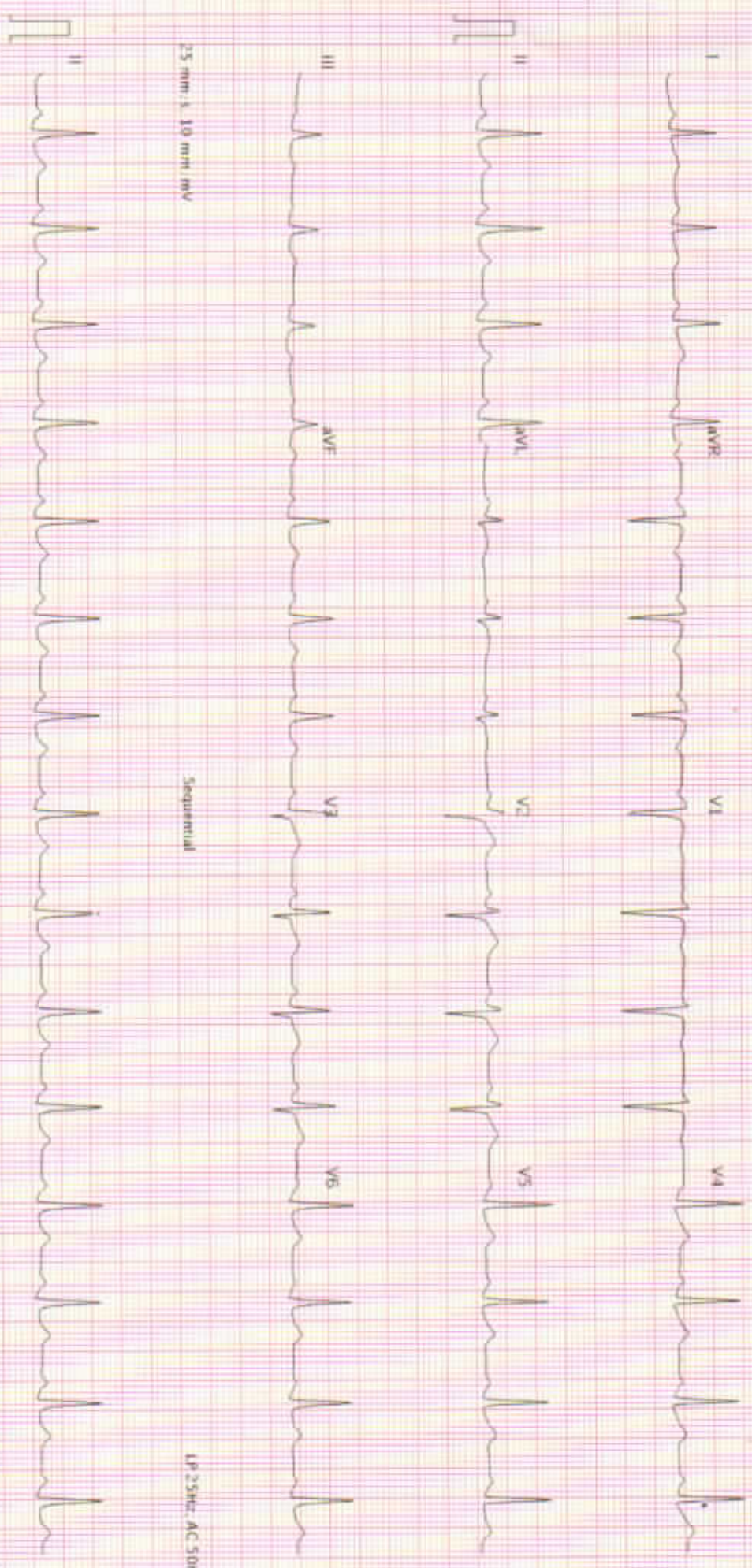
Visit ID:   
Room:   
Medication:   
Order ID:   
Ord. prov:   
Ord. prot:

HR 91 bpm  
RR 66 bpm  
PR 127 ms  
QR 94 ms  
QT 338 ms  
QTc 415 ms

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

Indication:  
Remark:

Normal



25 mm x 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm x 10 mm/mV

LP 25Hz, AC 50Hz

AT 102-C2 1.2.0 (1080 0098311)

Printed on 09.03.2024 14:20:02

Page 1 of 1



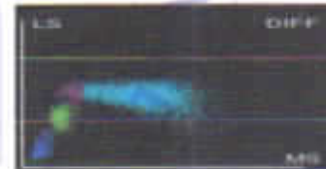
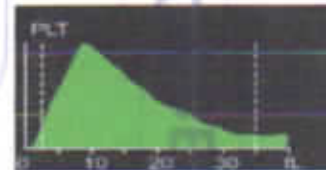
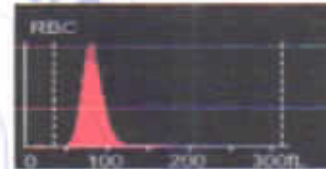
## Hematology Analysis Report

First Name: TINKU SAINI  
Last Name:  
Gender: Female  
Age: 32 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 14  
Test Time: 09/03/2024 13:09  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	7.98	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	76.9 H	50.0-70.0	%
3 Lym%	17.4 L	20.0-40.0	%
4 Mon%	3.3	3.0-12.0	%
5 Eos%	2.2	0.5-5.0	%
6 Bas%	0.2	0.0-1.0	%
7 Neu#	6.13	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.39	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.26	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.18	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.63	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	11.4	11.0-16.0	g/dL
14 HCT	40.4	37.0-54.0	%
15 MCV	87.3	80.0-100.0	fL
16 MCH	24.6 L	27.0-34.0	pg
17 MCHC	28.2 L	32.0-36.0	g/dL
18 RDW-CV	12.3	11.0-16.0	%
19 RDW-SD	44.4	35.0-56.0	fL
20 PLT	228	100-300	10 <sup>3</sup> /uL
21 MPV	10.6	6.5-12.0	fL
22 PDW	14.7	9.0-17.0	%
23 PCT	0.243	0.108-0.282	%
24 P-LCR	42.3	11.0-45.0	%
25 P-LCC	96 H	30-90	10 <sup>3</sup> /uL



*Hansa Khute*  
Dr. Mamta Khuteta  
M D. (Path.)  
RMC No - 4720/16260

Submitter: Operator: admin Approver:  
Draw Time: 09/03/2024 13:08 Received Time: 09/03/2024 13:08 Validated Time:  
Report Time: 09/03/2024 13:39 Remarks:

\*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



24x7 SERVICE

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# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY



Patient Name: **TINKU SAINI**  
 Sr. No. : 3238  
 Patient ID No.: 3049  
 Gender : FEMALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 09-03-2024 11:12 AM  
 Collected On : 09-03-2024 11:12 AM  
 Received On : 09-03-2024 11:12 AM  
 Reported On : 09-03-2024 01:57 PM  
 Bar Code   
 LIS Number 2 9 6 7

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh )	B- Negative		

## HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	91.06	mg/dL	
eAG (Estimated Average Glucose)	5.05	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200 ) ERBA MANNHEIM.

### Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemc Control) and Quarterly in Patients with Diabetes whos' therapy has changed or that are not meeting Glycemc Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.



Ashish Sethi  
 Consultant Biochemist



Kavita Khatri  
 M.D. (Pathology)  
 TMC No. : 4720/2024

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PATHOLOGIST

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 R-110, Subhash Marg, Indira Nagar, Jhunjhunun (Baj.) Ph. No. : 1592-294977

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MC - 5248

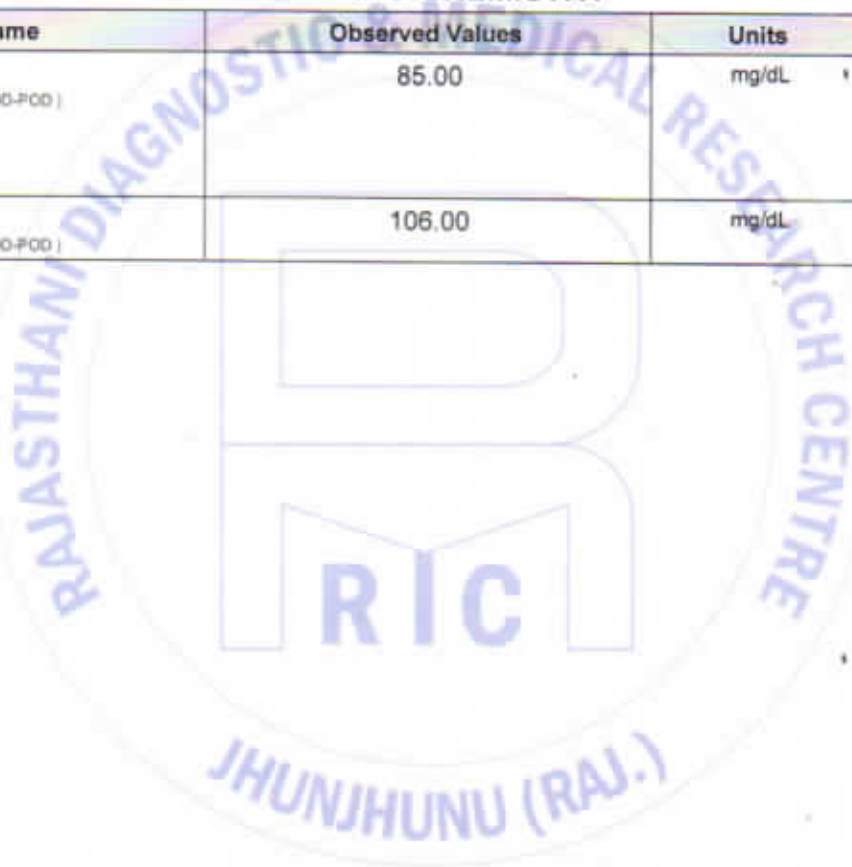
Patient Name: **TINKU SAINI**  
 Sr. No. : **3238**  
 Patient ID No.: **3049**  
 Gender : **FEMALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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**BIO-CHEMISTRY**

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	85.00	mg/dL	Glucose Fasting Cord: 45-95 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121
Blood Sugar PP (Method: GOD-POD)	106.00	mg/dL	Glucose 2 h Postprandial: <120



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MC - 5346

Patient Name: **TINKU SAINI**  
 Sr. No. : **3238**  
 Patient ID No.: **3049**  
 Gender : **FEMALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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**BIO-CHEMISTRY**  
**KIDNEY FUNCTION TEST**

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	26.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method: Enzymatic Creatinase)	0.89	mg/dL	0.6-1.30
Calcium	9.88	mg/dL	8.5-11
Uric Acid (Method: Uricase-POD)	5.22	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	31.00	IU/L	15.0-85.0

*Ashish Sethi*  
 Ashish Sethi  
 24  
 Consultant Biochemist

TECHNOLOGIST

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*Kamla Khushi*  
 Kamla Khushi  
 M.D (Path)  
 Reg. No. : 4720

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## BIO-CHEMISTRY

### Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	26.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	31.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.95	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day :1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.73	mg/dL	0.1-1.0
Total Protein (Method: BIURET Method)	6.98	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin(Tech.: -BCG) (Method: BCG)	3.87	gm/dL	0-4 days:2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.11	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.24		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	168.00	U/L	108-306



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MC - 5248

Patient Name: **TINKU SAINI**  
 Sr. No. : **3238**  
 Patient ID No.: **3049**  
 Gender : **FEMALE**  
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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**BIO-CHEMISTRY**  
**LIPID PROFILE**

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	174.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	54.01	mg/dL	35-65
Triglycerides (Method: GPO)	98.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	100.39	mg/dL	10-150
VLDL Cholesterol	19.60	mg/dL	0-40



Ashish Sethi  
 Ashish Sethi  
 Consultant Biochemist

TECHNOLOGIST

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Nanda Datta  
 Dr. Nanda Datta  
 M.D. (Path)  
 MBBS No.: 47210

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## THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	1.14	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.65	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	0.75	µIU/mL	0.35 -- 5.50 µIU/mL

Sample Type : **Serum**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) Abbott USA

### Remarks :

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

JHUNJHUNU (RAJ.)



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**URINE EXAMINATION**  
**URINE COMPLETE**

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.5		4.5-6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	5-7	/h.p.f.	
Epithelial Cells	2-3	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

Note: This report is not valid for medico legal purposes.



**TECHNOLOGIST**

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**PATHOLOGIST**

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NAME : TINKU SAINI	AGE 32 /SEX F
REF. BY : BOB HEALTH CHECK UP	DATE: 09.03.2024

## **X-RAY CHEST PA**

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

**IMPRESSION :- NORMAL X-RAY CHEST (PA)**

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC - 38742/25457

Dr. Anusha Mah. lawat  
MD (Radiodiagnosis )  
(RMC. 38742/25457)



अपारंपारिक सेवाएं

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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

Email:

TINKU SAINI / 32 Yrs / F / 150 Cms / 51 Kg  
 Date: 09 - 03 - 2024 Technician : NIKITA Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	01:04	1:04	00.0	00.0	01.0	119	63 %	120/80	142	00	
Standing	02:07	1:03	00.0	00.0	01.0	124	66 %	120/80	148	00	
HV	03:11	1:04	00.0	00.0	01.0	125	66 %	120/80	150	00	
Warm Up	04:14	1:03	00.0	00.0	01.0	122	65 %	120/80	146	00	
ExStart	05:32	1:18	01.0	00.0	01.0	125	66 %	122/80	152	00	
BRUCE Stage 1	08:32	3:00	01.7	10.0	04.7	138	73 %	128/82	176	00	
BRUCE Stage 2	11:32	3:00	02.5	12.0	07.1	156	83 %	134/84	209	00	
PeakEx	11:36	0:04	01.1	00.0	07.2	161	86 %	134/84	215	00	
Recovery	12:06	0:30	01.1	00.0	04.1	156	83 %	134/84	209	00	
Recovery	12:36	1:00	01.1	00.0	01.1	150	80 %	136/86	204	00	
Recovery	13:36	2:00	00.0	00.0	01.0	138	73 %	134/84	184	00	
Recovery	14:36	3:00	00.0	00.0	01.0	142	76 %	128/82	181	00	
Recovery	15:28	3:53	00.0	00.0	01.0	139	74 %	122/80	169	00	

**REPORT :**

Sample Name: Stress Test Graded Exercise Treadmill  
 Description: Chest pain, Chest wall tenderness occurred with exercise.  
 INDICATIONS: Chest pain.  
 PROCEDURE DONE: Graded exercise treadmill stress test.  
 STRESS ECG RESULTS: The initial HR was recorded as 75.0 bpm, and the maximum predicted Target Heart Rate 166.0. The BP increased at the time of generating report as 138.0/90.0 mmHg The Max Dep went upto 0.0. 0.0 Ectopic Beats were observed during the Test.  
 The Test was completed because of Test Complete, Heart Rate Achieved.  
**CONCLUSIONS:**  
 1. Stress test is negative for ischemia.  
 2. Chest wall tenderness occurred with exercise.  
 3. Blood pressure response to exercise is normal.

TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

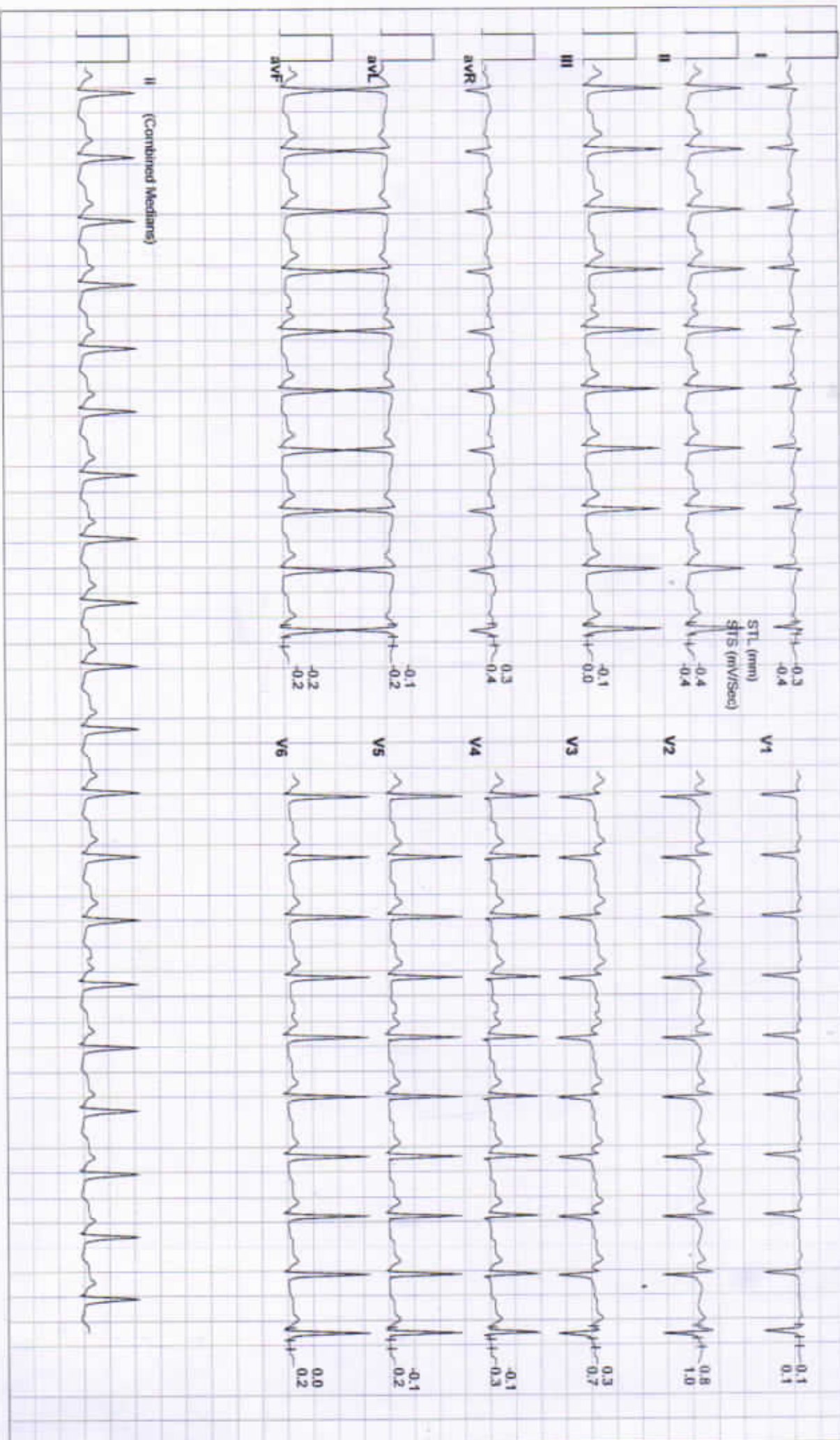
### 6X2 Combine Medians + 1 Rhythm

BRUCE:Supine(1:05)



Date: 09 - 03 - 2024 METs : 1.0 HR : 119 Target HR : 63% of 188 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

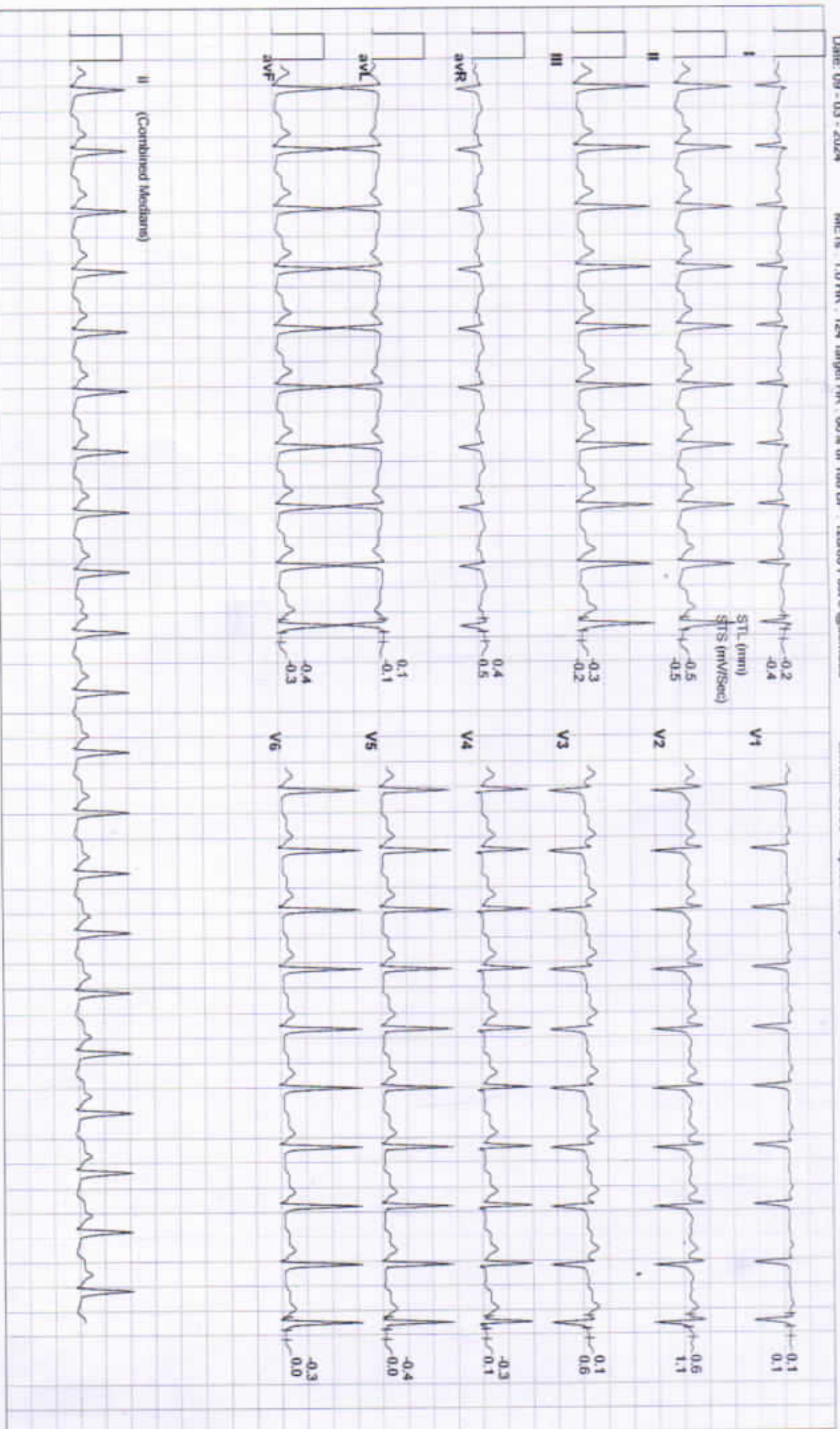
### 6X2 Combine Medians + 1 Rhythm

BRUCE: Standing(1:04)



Date: 09 - 03 - 2024 METs : 1.0 HR : 124 Target HR : 65% of 166 BP : 120/80 Post J @60mSec

ExTime: 00:00 Speed 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm

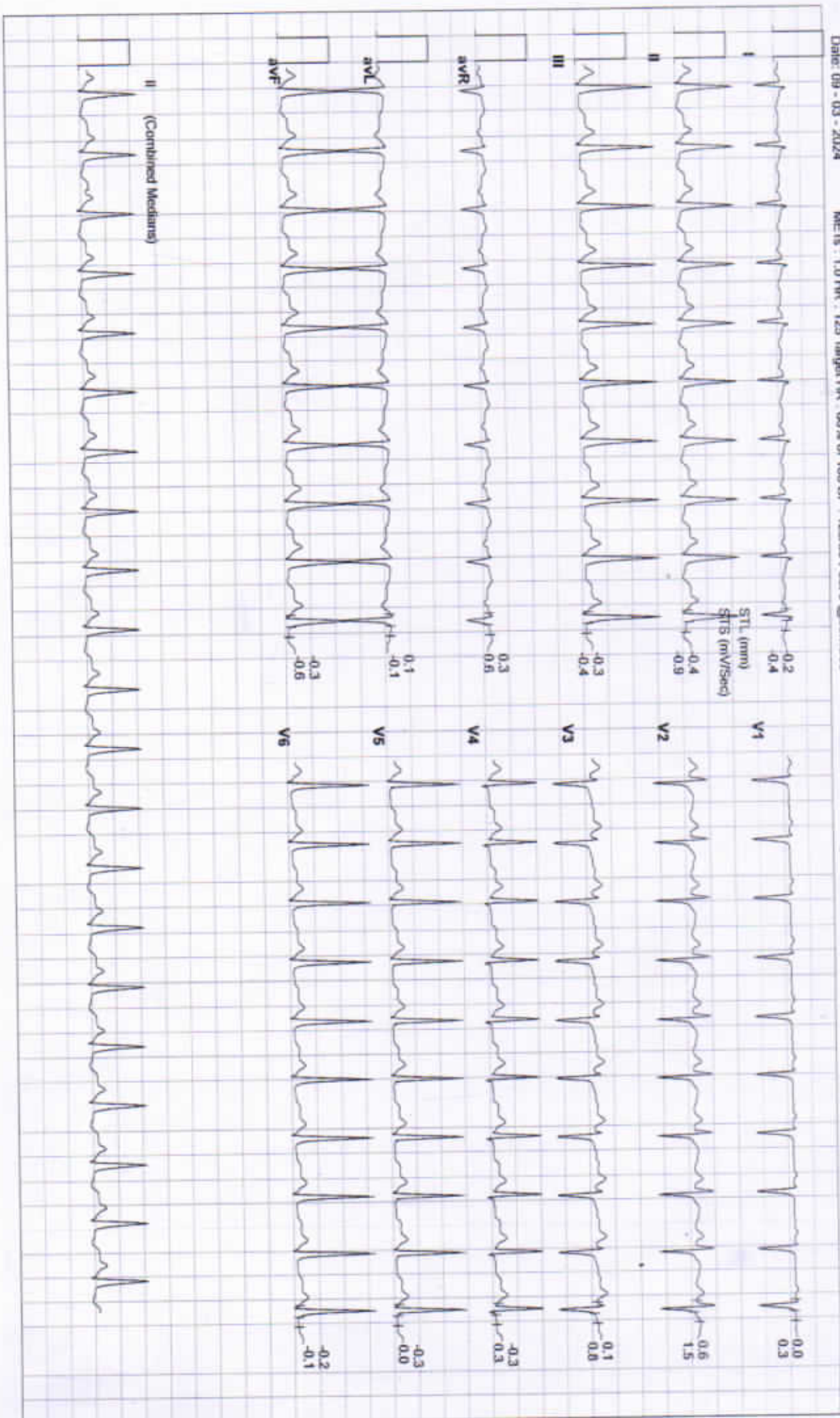
BRUCE:HV(1:05)



Date: 09 - 03 - 2024

MEFs : 1.0 HR : 125 Target HR : 66% of 166 BP : 120/80 Post J @60ms/Sec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm

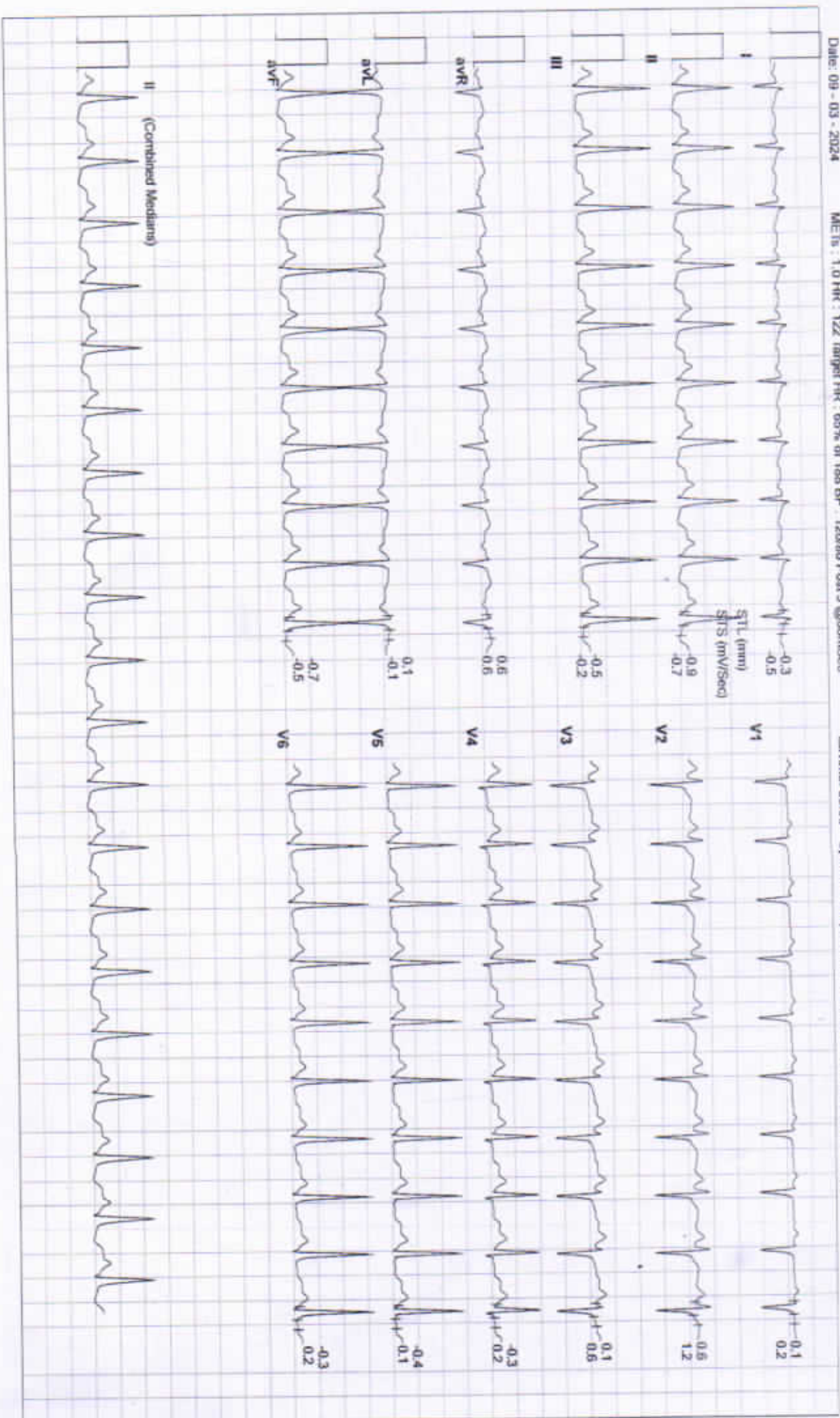
BRUCE:Warm Up(1:04)



Date: 09 - 03 - 2024

MEFs : 1.0 HR : 122 Target HR : 65% of 186 BP : 120/80 Post J @dhn:Sec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm ExStart

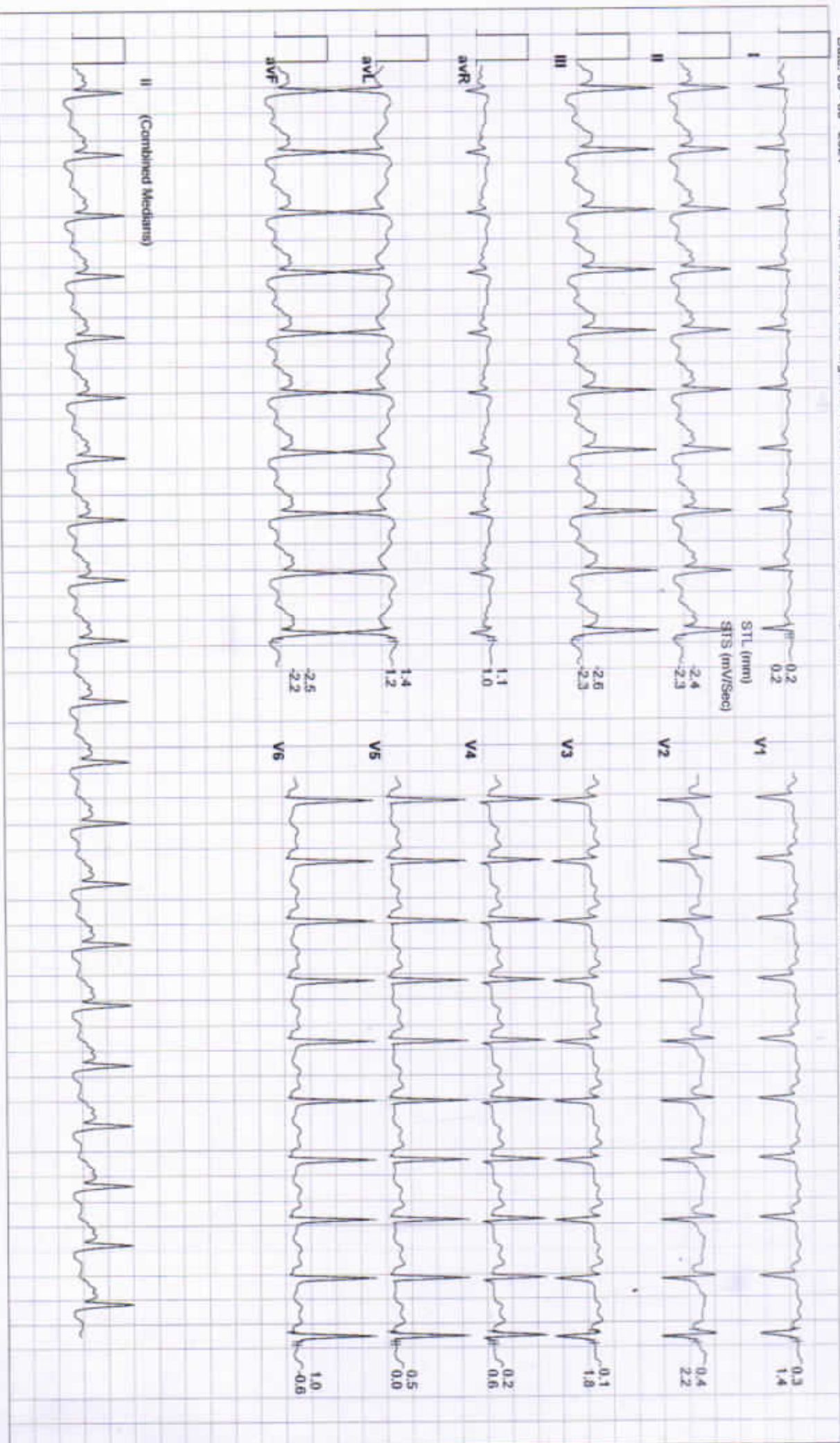


Date: 09 - 03 - 2024

MEFs : 1.0 HR : 125 Target HR : 66% of 188 BP : 122/80 Post J @30mSec

ExTime: 00:00

Speed: 1.0 rph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm

BRUCE:Stage 1(3:00)



Date: 09 - 03 - 2024

MEts : 4.7 HR : 138 Target HR : 73% of 188 BP : 128/82 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

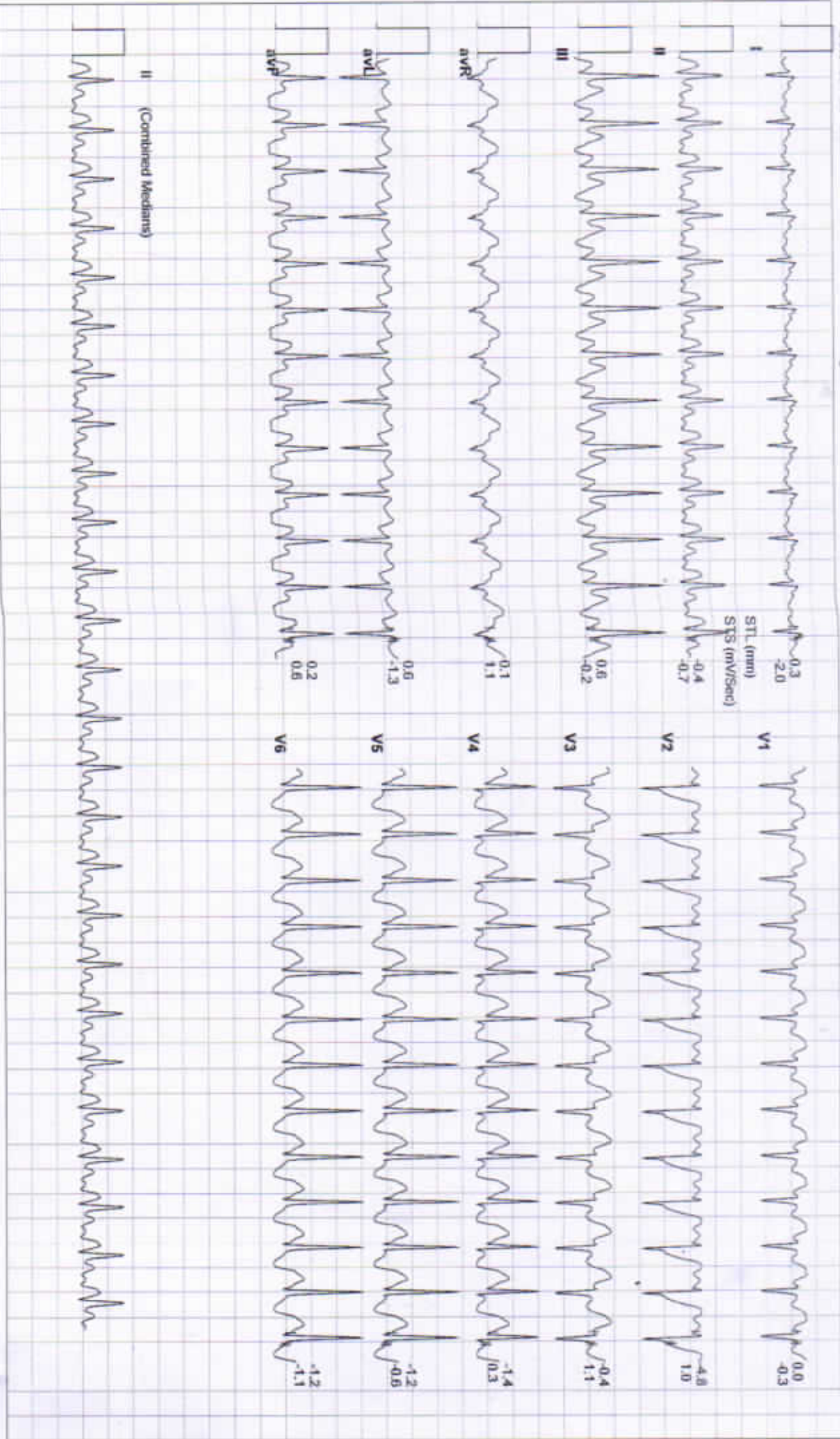
### 6X2 Combine Medians + 1 Rhythm

BRUCE:Stage 2(3:00)



Date: 09 - 03 - 2024 METs : 7.1 HR : 156 Target HR : 83% of 188 BP : 134/64 Post J @20mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 09 - 03 - 2024

MEts : 7.2 HR : 161 Target HR : 66% of 166 BP : 134/64 Post J @21m5ec

ExTime: 06:05 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



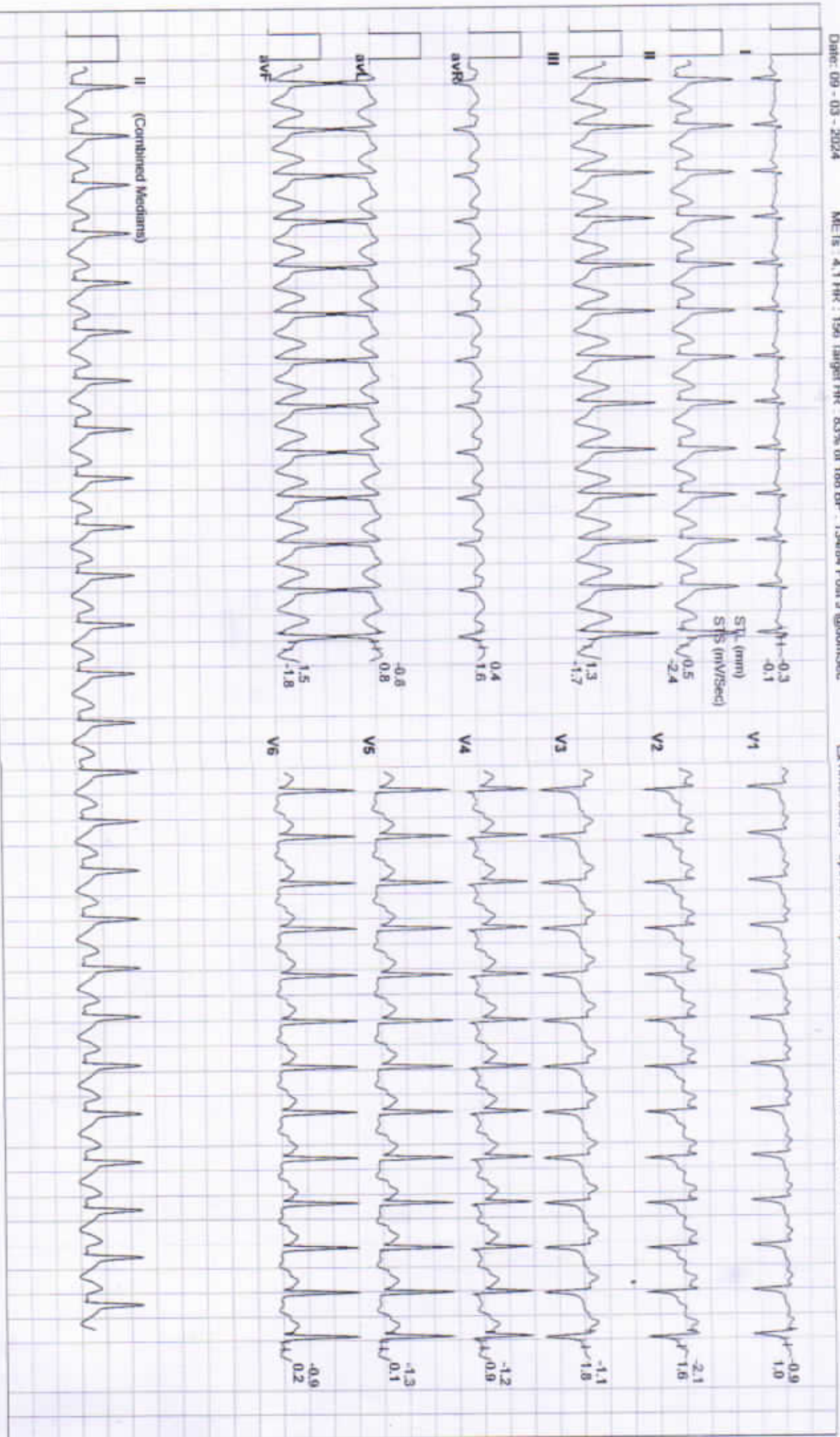
TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm Recovery(0:30)



Date: 09 - 03 - 2024 METs : 4.1 HR : 156 Target HR : 83% of 168 BP : 134/84 Post J @60mSec

ExTime: 06:04 Speed: 1.1 mph Grade : 00.00 % 25 mmSec. 1.0 Cm/mV



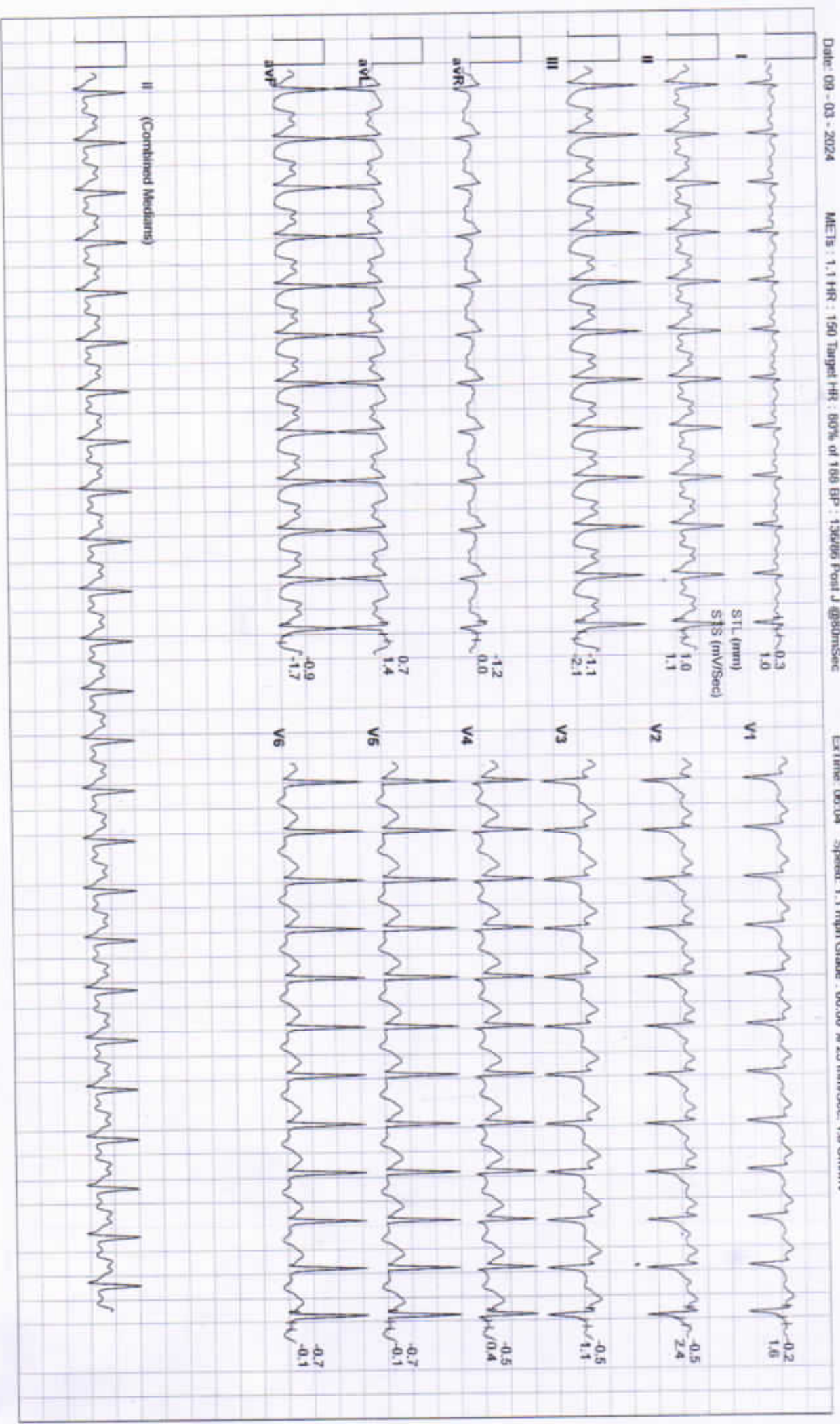
TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm Recovery(1:00)



Date: 09 - 03 - 2024 METs : 1.1 HR : 150 Target HR : 80% of 168 BP : 136/86 Post J @90mSec

ExTime: 06:04 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mv





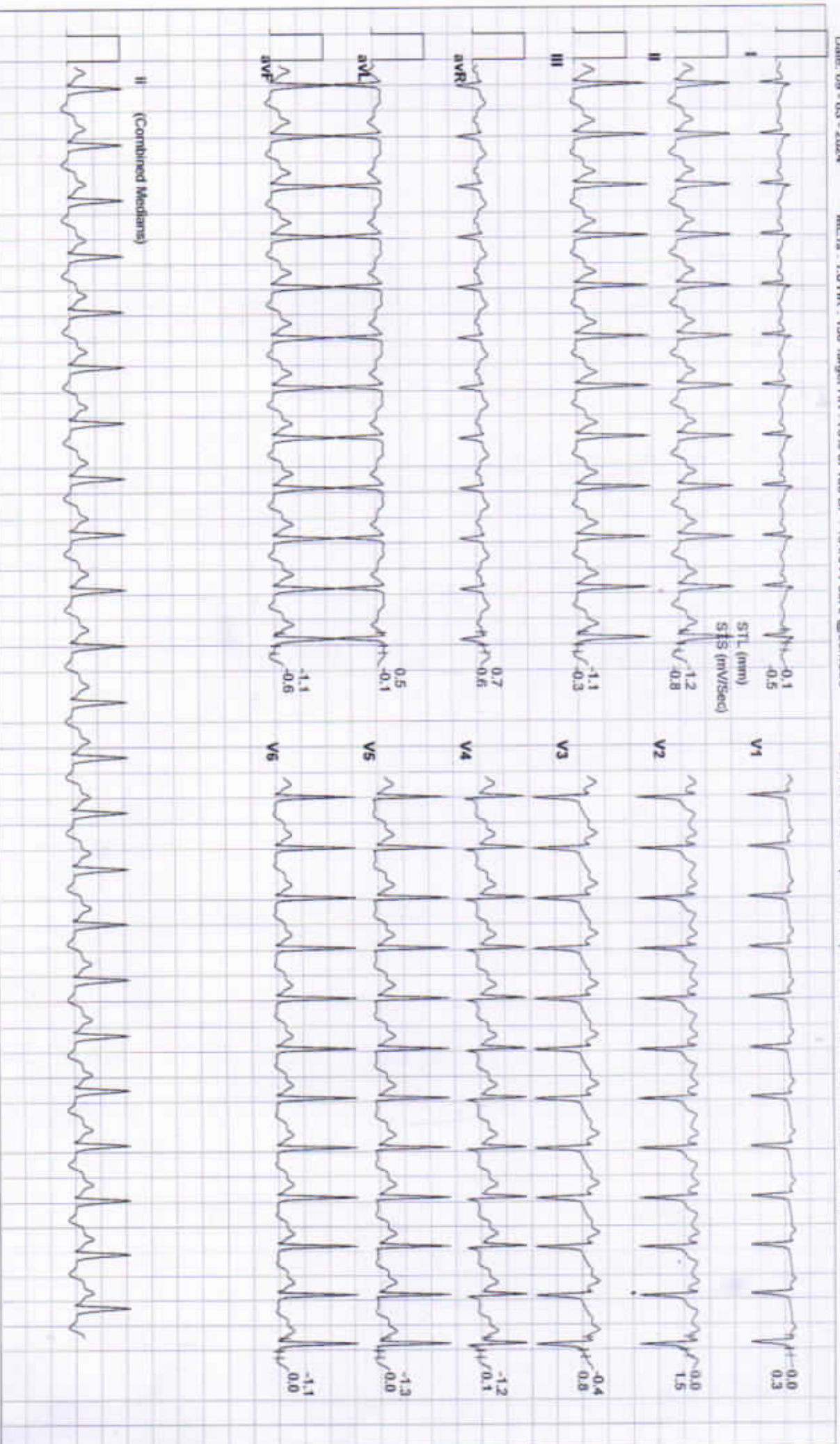
TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm Recovery(2:00)



Date: 09 - 03 - 2024 METs : 1.0 HR : 138 Target HR : 73% of 188 BP : 134/94 Post J @cdm5cc

EXTime: 06:04 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



TINKU SAINI / 32 Yrs / Female / 150 Cm / 51 Kg

### 6X2 Combine Medians + 1 Rhythm Recovery(3:00)



Date: 09 - 03 - 2024

MEFs : 1.0 HR : 142 Target HR : 75% of 166 BP : 129/62 Post J @60ms/Sec

EXTime: 06:04 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

