


बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम : भाग चन्द बैरवा  
Name : Bhag Chand Bairwa  
कर्मचारी फ़ूट क.  
E.C. No. : 92850



जारीकर्ता प्राधिकारी  
Issuing Authority

  
धारक के हस्ताक्षर  
Holder's Signature

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019  
 Tele: 0141-2293346, 4049787, 9887049787  
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 13/09/2021 10:26:33  
**NAME :- Mr. BHAG CHAND BAIRWA**  
 Sex / Age :- Male 34 Yrs  
 Company :- MediWheel

Patient ID :- 12212230  
 Ref. By Dr:- BOB  
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 13/09/2021 10:30:32

Final Authentication : 13/09/2021 14:48:35

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.8	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.19	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	53.1	%	40.0 - 80.0
LYMPHOCYTE	39.0	%	20.0 - 40.0
EOSINOPHIL	1.4	%	1.0 - 6.0
MONOCYTE	6.3	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.82	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.81	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.10	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.45	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.77 H	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	47.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.7 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.1	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	303	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.33		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

BANWARI

**Dr. Chandrika Gupta**  
 MBBS.MD ( Path )  
 RMC NO. 21021/008037



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HAEMATOLOGY			
Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	10	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.  
 Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)  
 Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.  
 The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)  
 Levels are higher in pregnancy due to hyperfibrinogenaemia.  
 The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia  
 (CBC) Methodology: PL-C-D-L-C Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and  
 MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
 Method:- HPLC

7.9 H %

Non-diabetic: < 5.7  
 Pre-diabetics: 5.7-6.4  
 Diabetics: = 6.5 or higher  
 ADA Target: 7.0  
 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE  
 Method:- Calculated Parameter

174 H mg/dL

Non Diabetic < 100 mg/dL  
 Prediabetic 100- 125 mg/dL  
 Diabetic 126 mg/dL or Higher

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA PLAIN/SERUM, URINE Sample Collected Time 13/09/2021 10:30:32

Final Authentication : 13/09/2021 14:50:41

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.2	mg/dl	0.0 - 23.0

Technologist

BANWARI, POOJABOHRA, SURENDRAKHANGA

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Sample Type :- PLAIN/SERUM

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	246.57 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	327.02 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	65.40	mg/dl	Very high >500 0.00 - 80.00

Technologist

SURENDRAKHANGA

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BIOCHEMISTRY			
Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	30.90	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	161.17 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	7.98 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	5.22 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	904.18	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid hyperlipoproteinemia disorders.</small>			
<small>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases in all mg lipid metabolism and various inducing disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</small>			
<small>DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</small>			
<small>DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.54	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	54.0 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	81.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	69.60	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.79	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	5.06 H	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.73	gm/dl	2.20 - 3.50
A/G RATIO	1.85		1.30 - 2.50

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Test Name	BIOCHEMISTRY		Biological Ref Interval
	Value	Unit	
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.37	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	87.90 H	U/L	11.00 - 50.00

**Total Bilirubin Methodology:** Colorimetric method. Instrument Name: Randox RA 7000. Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver (e.g. hepatitis B) or obstruction of the bile duct and in chronic incompatible haemolytic high levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not adequately treating the haemoglobin breakdown product.

**AST Aspartate Aminotransferase Methodology:** IFCC Instrument Name: Randox RA 7000. Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase Methodology:** IFCC Instrument Name: Randox RA 7000. Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase Methodology:** AMP Buffer Instrument Name: Randox RA 7000. Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and assessment of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN Methodology:** Biuret Reaction Instrument Name: Randox RA 7000. Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow, as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB) Methodology:** Bromocresol Green Instrument Name: Randox RA 7000. Interpretation: Albumin measurements are used in the diagnosis and treatment of nephrotic syndrome, liver dysfunction and primary biliary cirrhosis. Globulin & A/G ratio is calculated.

**Instrument Name:** Randox RA 7000. Interpretation: Elevations in GGT levels are more specific and more pronounced than those with other liver enzymes in cases of obstructive jaundice and alcoholic hepatoma. It may be useful to detect alcohol levels in intra- or post-hepatic biliary obstruction. Only moderate elevations of the enzyme level (2 to 3 times normal) are observed with infectious hepatitis.

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.020	$\mu$ IU/mL	0.465 - 4.680

Technologist

C.L.SAINI

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3  
 Method:- Chemiluminescence(Competitive immunoassay) 1.200 ng/ml 0.970 - 1.690

SERUM TOTAL T4  
 Method:- Chemiluminescence(Competitive immunoassay) 7.580 ug/dl 5.530 - 11.000

**InstrumentName:** VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 30% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**InstrumentName:** VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**InstrumentName:** VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

#### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Technologist

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence InstrumentName: VITROS EC1	0.829	ng/ml	0.000 - 4.000

**Interpretation :-** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BPH) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

\*\*\* End of Report \*\*\*

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 13/09/2021 10:30:32

Final Authentication 13/09/2021 11:21:24

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

POOJABOHRA

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Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

POOJABOHRA

Page No: 10 of 15

Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021008037

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 13/09/2021 10:26:33  
**NAME :- Mr. BHAG CHAND BAIRWA**  
Sex / Age :- Male 34 Yrs  
Company :- MediWheel

Patient ID :- 12212230  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 13/09/2021 14:02:08

BOB PACKAGE MALE

### X RAY CHEST PA VIEW:

Old healed fracture of right clavicle.

Few small calcified radio opacities are seen in left upper lung zone -  
S/o old infective etiology

A small sclerotic lesion is seen in anterior 3rd rib on left side.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)

\*\*\* End of Report \*\*\*

Page No. 1 of 1

**Dr. Piyush Goyal**  
(D.M.R.D.) BILAL

**Dr. Piyush Goyal**  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

**Dr. Poonam Gupta**  
MBBS/MD (Radio Diagnosis)  
RMC No. 32495

**Dr. Uma Mathuria**  
M.B.B.S.- M.D.  
RMC Reg No. 22541

**Dr. Hitesh Kumar Sharma**  
M.B.B.S.- D.M.R.D.  
RMC Reg No. 27380

Transcript by.

# Dr. Goyal's

## Path Lab & Imaging Centre

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Date :- 13/09/2021 10:26:33	Patient ID :- 12212230
<b>NAME :- Mr. BHAG CHAND BAIRWA</b>	Ref. By Doctor:-BOB
Sex / Age :- Male 34 Yrs	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 13/09/2021 13:36:55

BOB PACKAGE MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation.

**Few (2-3 in number) calculi, are seen in right kidney, largest measuring 6.8 mm in mid calyx. Two calculi are seen in left kidney measuring approx. 4.3 mm and 3.7 mm in mid calyx.**

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline.  
No enlarged nodes are visualised.No retro-peritoneal lesion is identified  
No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

\*Grade I fatty changes.

\*Bilateral renal calculi.

Needs clinical correlation for further evaluation

\*\*\* End of Report \*\*\*

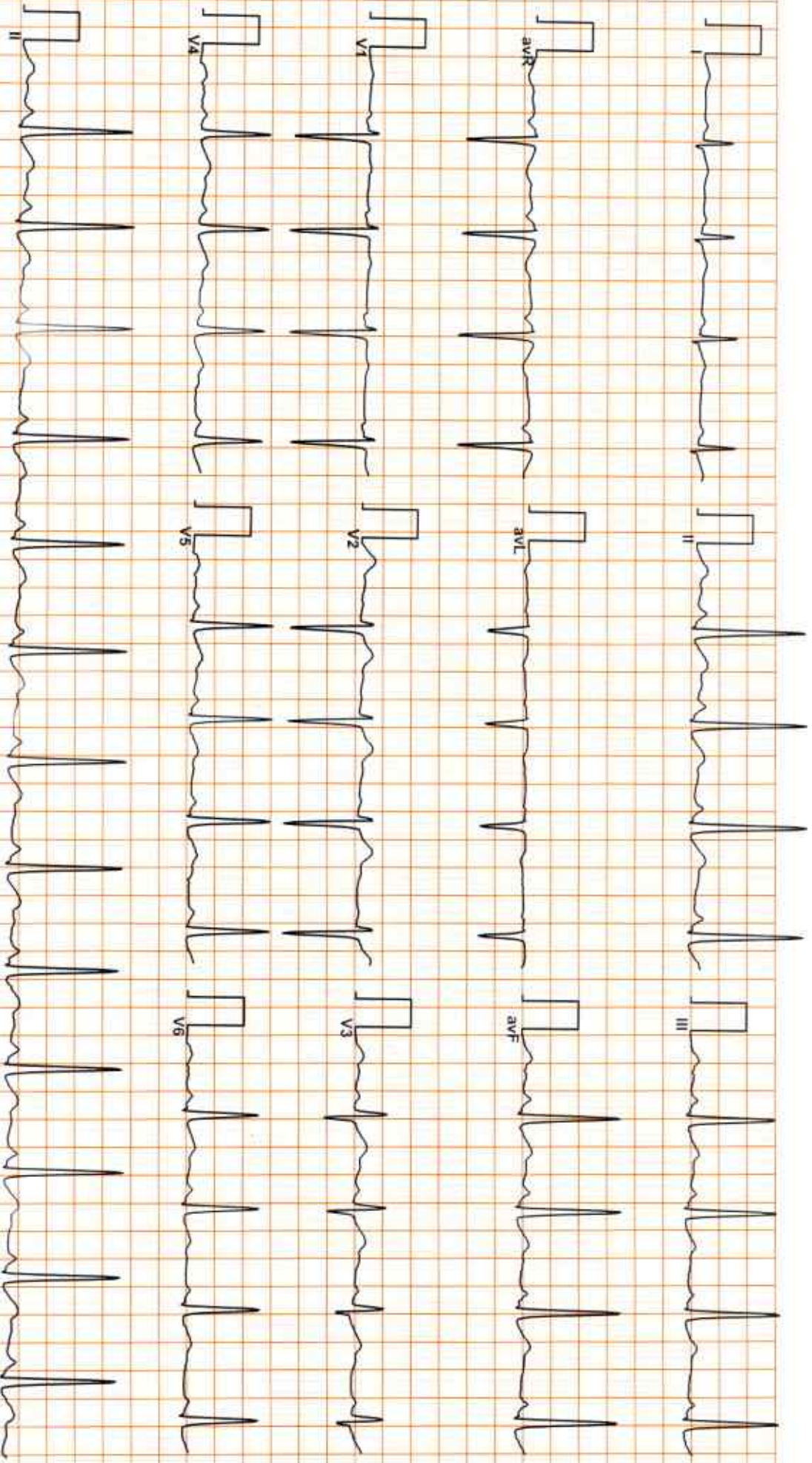






8763 / MR. BHAG CHAND BAIRWA / 34 Yrs / M / Non Smoker

Heart Rate : 81 bpm / Refd By: BANK OF BARODA / Tested On : 13-Sep-21 11:58:25 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s







1290 / MR. BHAG CHAND BAIRWA / 34 Yrs / M / 0 Cms / 0 Kg Date: 13-Sep-2021 Refd By : BANK OF BARODA

(GEM210151123)Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:05	0:01	01.1	00.0	01.0	84	120/80	100	00	
Standing	00:24	0:01	01.1	00.0	01.0	124	120/80	148	00	
HV	00:29	0:01	01.1	00.0	01.0	121	120/80	145	00	
ExStart	01:02	0:06	01.7	10.0	01.1	123	120/80	147	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	153	120/80	183	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	176	130/82	228	00	
PeakEx	08:13	1:11	03.4	14.0	08.3	184	130/82	239	00	
Recovery	09:12	1:00	00.0	00.0	01.2	144	130/82	187	00	
Recovery	10:12	2:00	00.0	00.0	01.0	126	140/86	176	00	
Recovery	12:12	4:00	00.0	00.0	01.0	115	120/80	138	00	
Recovery	12:32	4:19	00.0	00.0	01.0	110	120/80	132	00	

**Findings :**

Exercise Time : 07:12  
 Max HR Attained : 186 bpm 100% of Target 186  
 Max BP Attained : 140/86  
 Max Workload Attained : 8.3 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

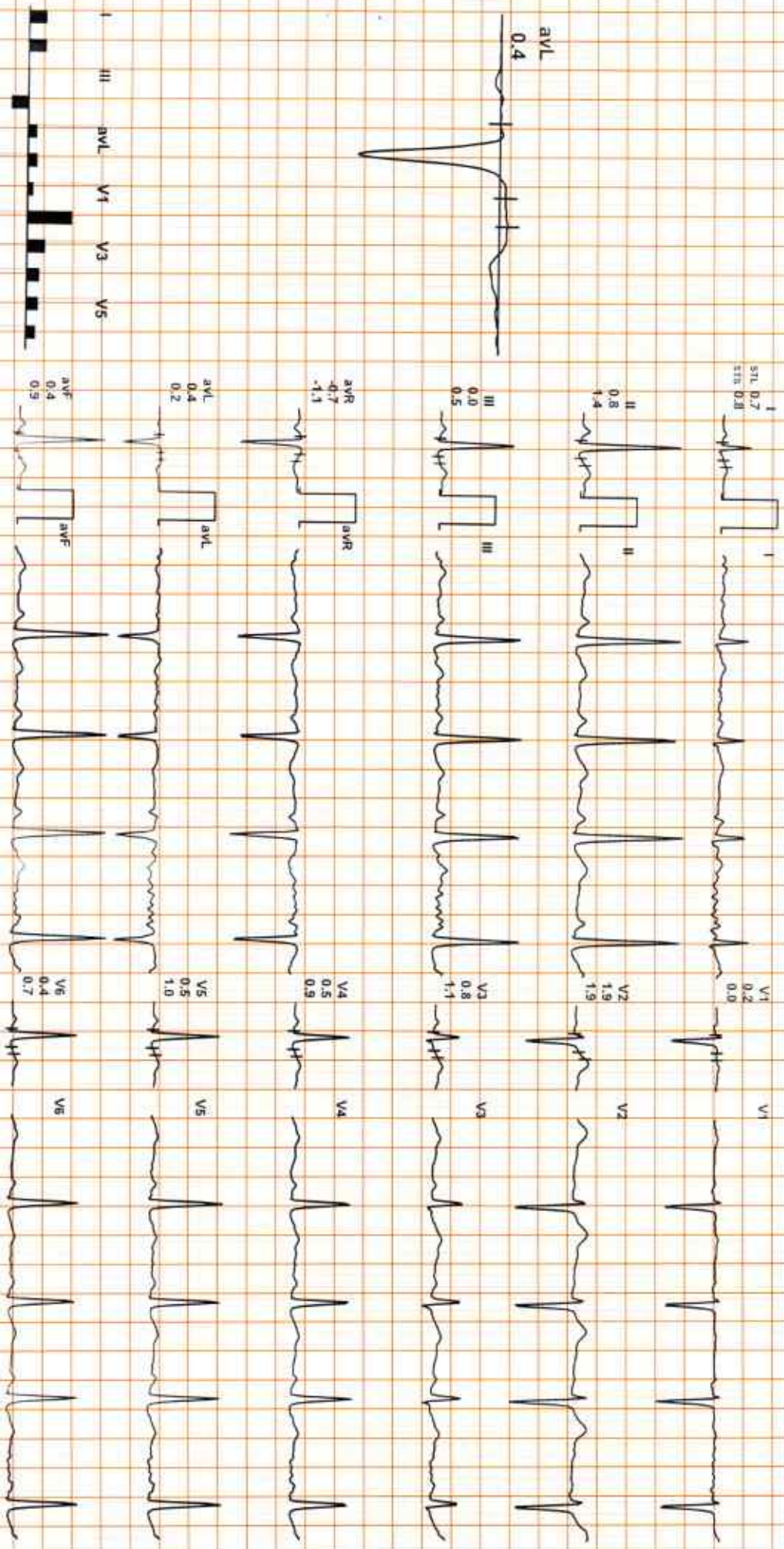
*TMT Negative for MIT of Peak Exercise*

*✓*



Date: 13-Sep-2021 11:59:01 AM METS: 1.0/ 84 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz  
4X 60 ms Post J

EXTime: 00:05 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVF V2 V4 V6



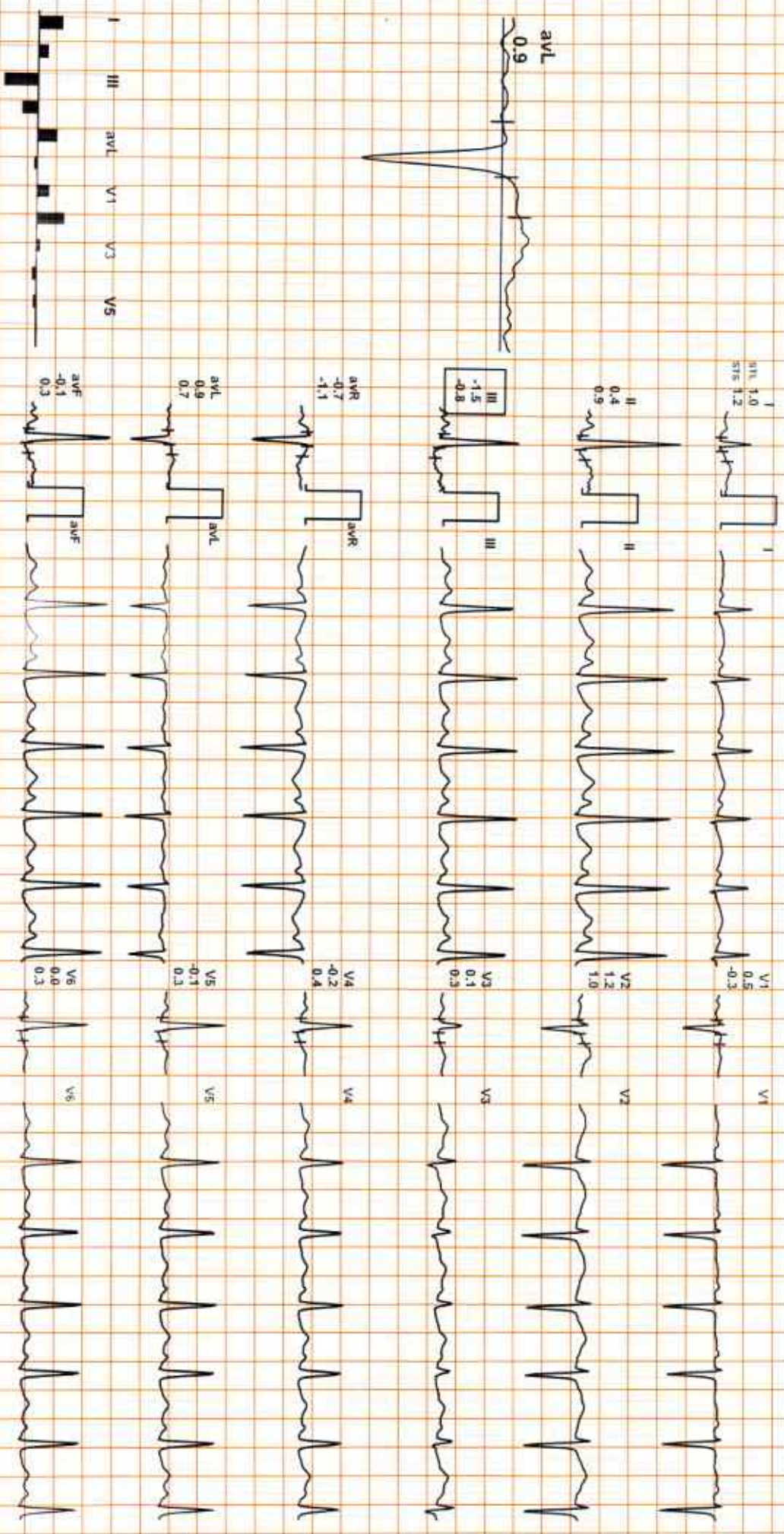


1290 / MR BHAG CHAND BAIRWA / 34 YRS / M

Date: 13-Sep-2021 11:59:01 AM METS: 1.0/ 124 bpm 66% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 00:24 1.1 mph 0.0% 25 mm/Sec: 1.0 Cm/mV



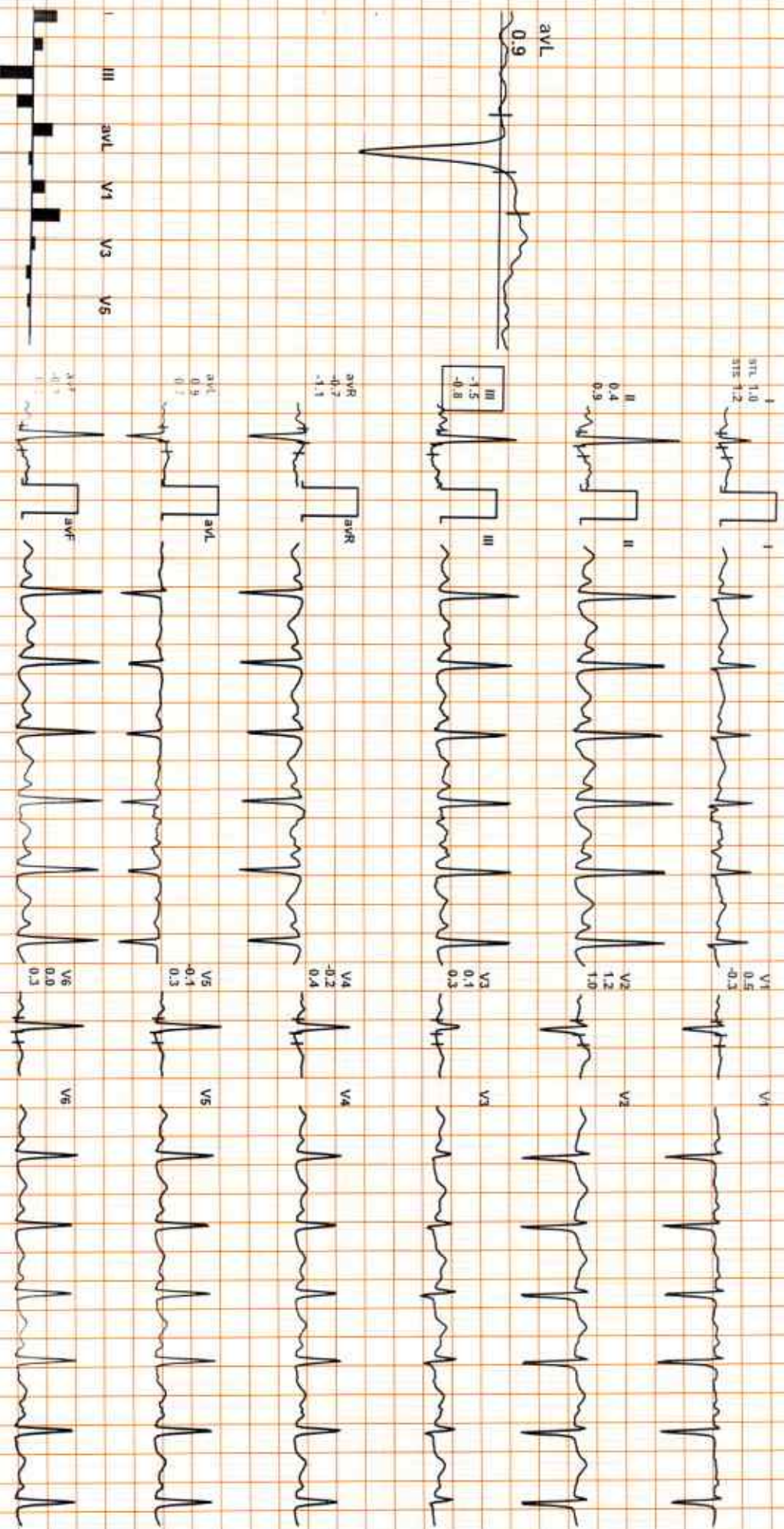
REMARKS:

I      III      aVR      aVL      aVF      V1      V2      V3      V4      V5      V6



Date: 13-Sep-2021 11:59:01 AM METS: 1.0/ 121 bpm 65% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz 4X 80 ms Post J

EXTime: 00:29 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVF V2 V4 V6



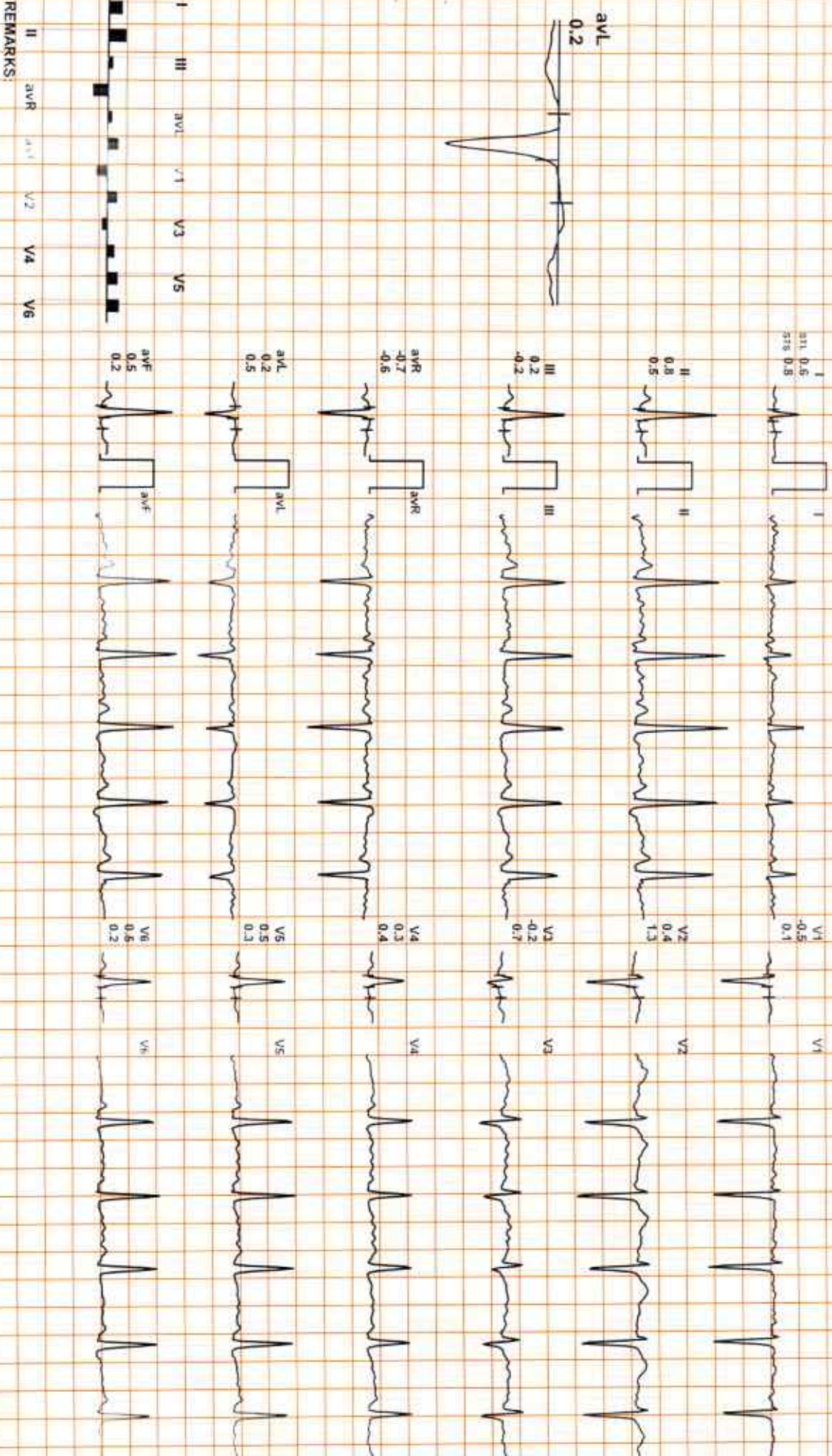
1290 / MR. BHAG CHAND BAIRWA / 34 Yrs / M

Date: 13-Sep-2021 11:59:01 AM METS: 1:1/123 bpm 66% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LE 100 Hz

ExTime: 00:06 1.7 mph, 10.0%

4X 80 mS Post J

25 mm/Sec., 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

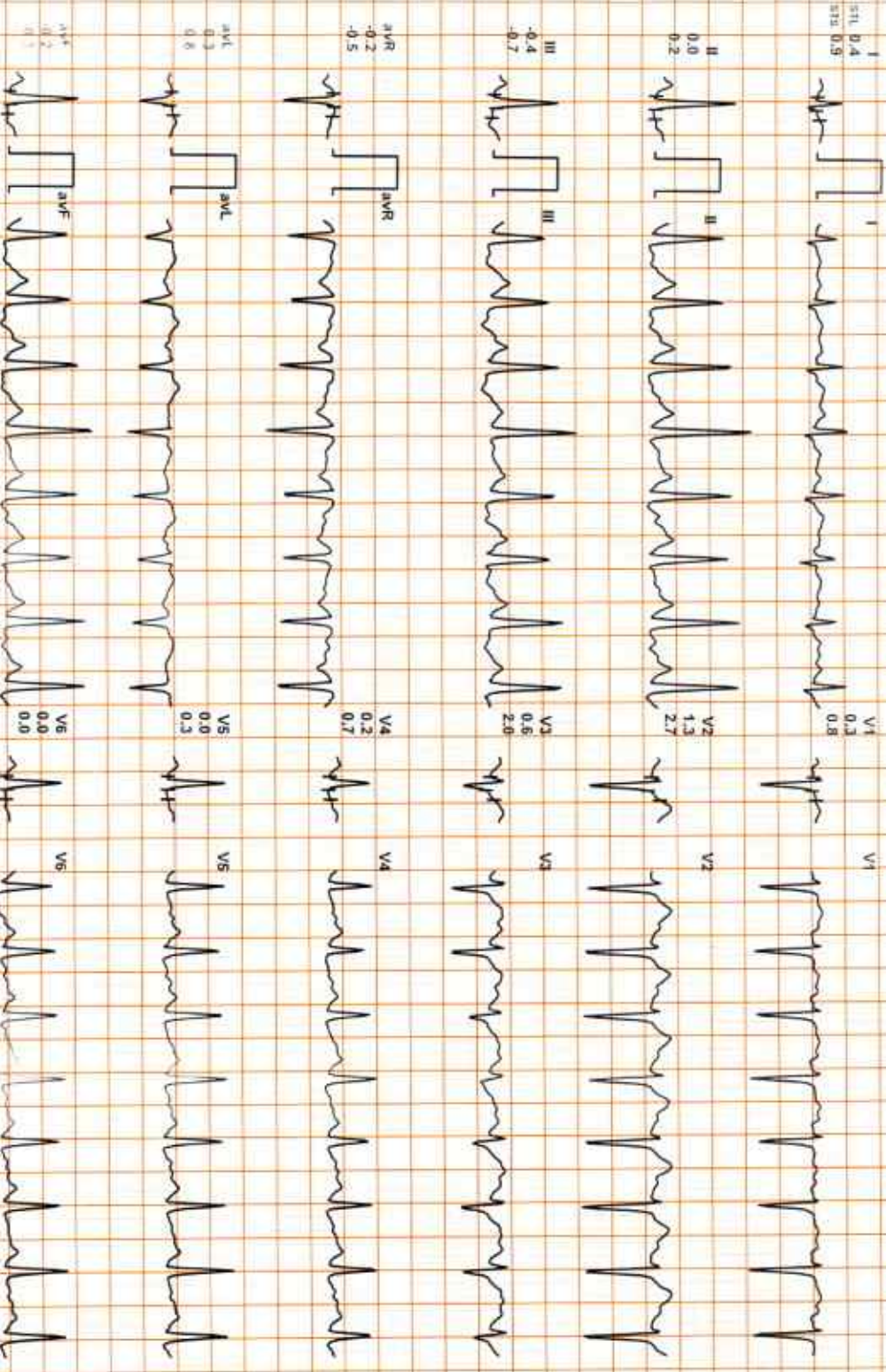
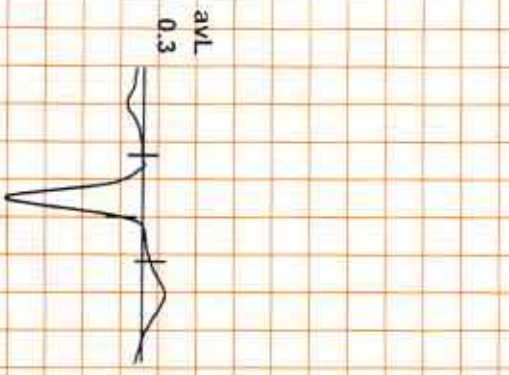
(GEM210151123)Gemini A-DX by All





Date: 13-Sep-2021 11:59:01 AM METS: 4.7/153 bpm 82% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz  
4X 60 ms Post J

EXTime: 03:00 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



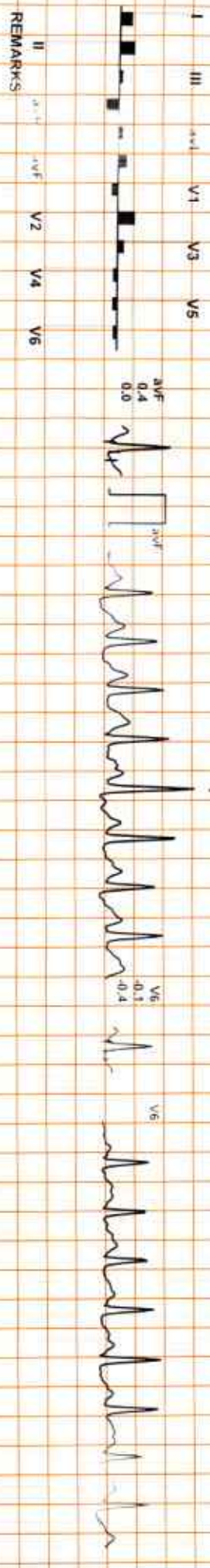
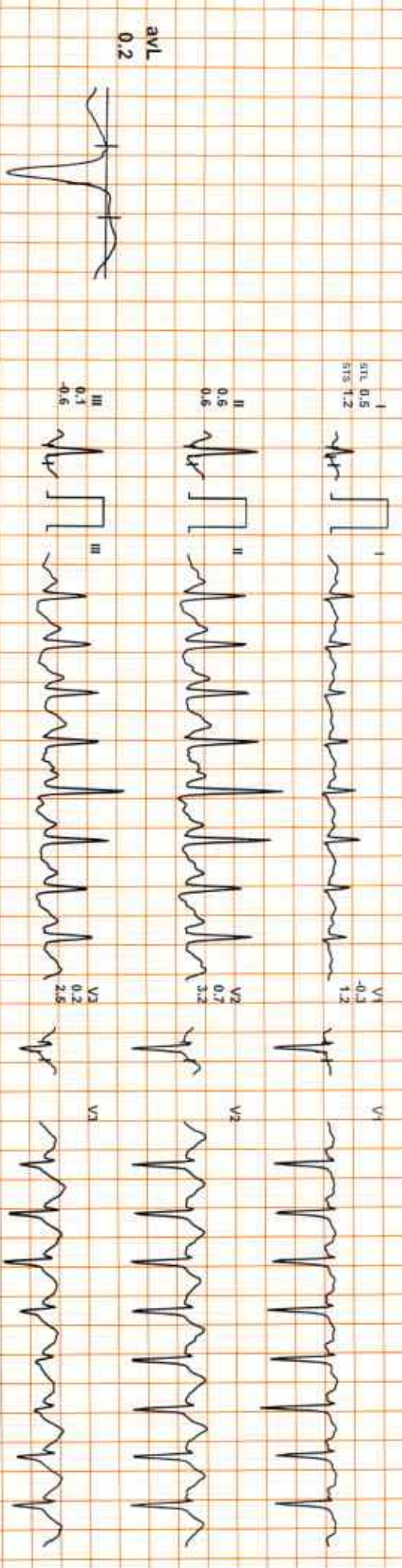
REMARKS:  
II aVR aVF V2 V4 V6





Date: 13-Sep-2024 11:59:01 AM METS: 7.1/176 bpm 94% of THR BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz  
4X 60 ms Post J

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/Div



(GEM21015/1123)GEMINI A-1X



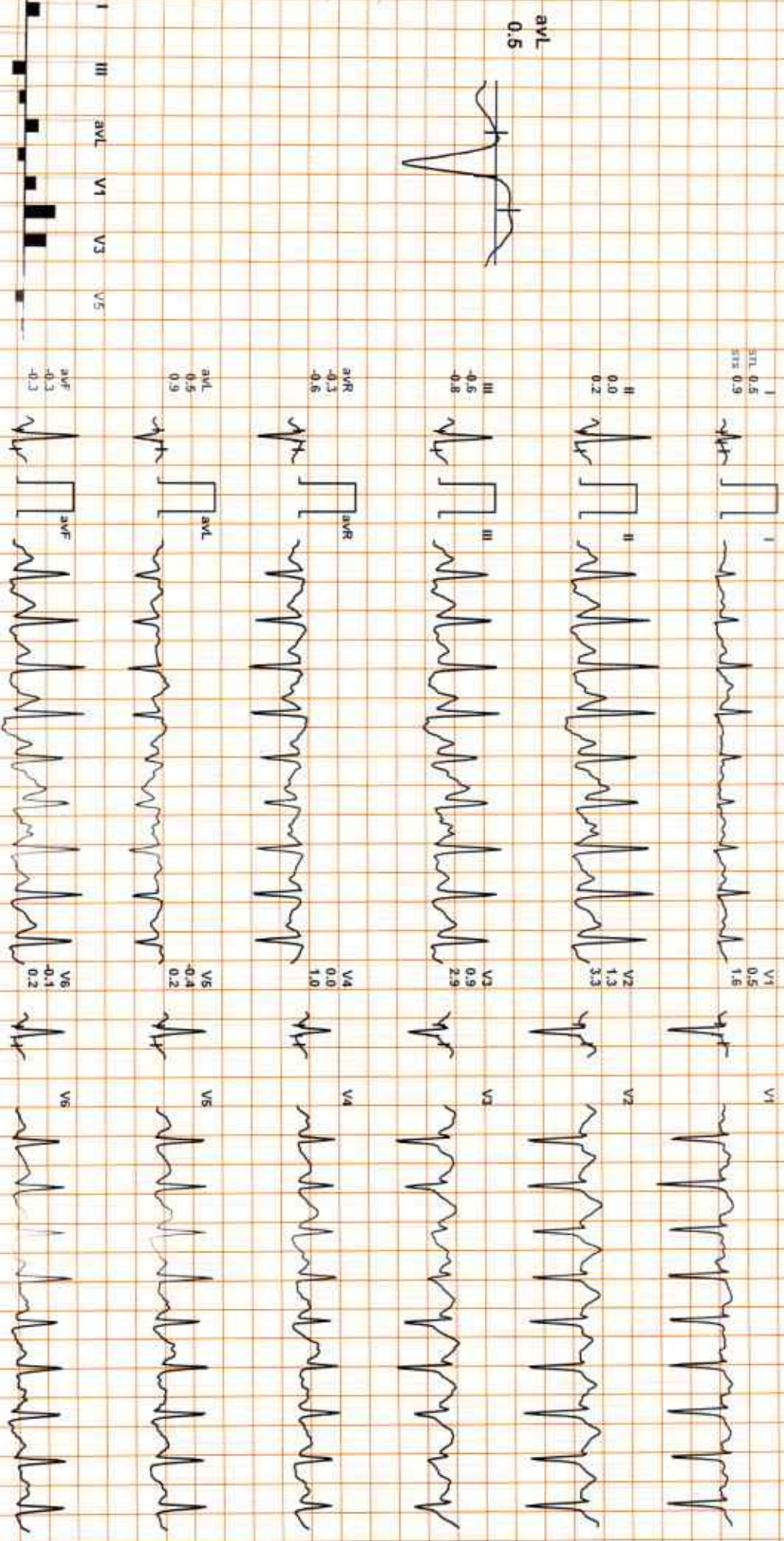


1290 / MR BHAG CHAND BAIRWA / 34 Yrs / M

Date: 13-Sep-2021 11:59:01 AM METS: 8.3/ 184 bpm 98% of THR BP: 130/82 mmHg Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 100 Hz

4X 60 mS Post J

EXTime: 07:11 3.4 mph, 14.0% 25 mm/Sec. 1.0 Cm/mV



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





Date: 13-Sep-2021 11:59:01 AM METS: 1.2/ 144 bpm 77% of THR BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz 4X 60 ms Post J

EXTime: 07:12 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



I  
SRL 0.6  
RTS 1.0



V1  
0.6  
1.5

II  
1.1  
1.7



V2  
2.0  
3.8

III  
0.5  
0.7



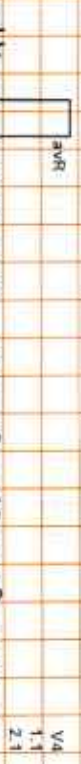
V3  
2.2  
4.2

aVR  
-0.8  
-1.4



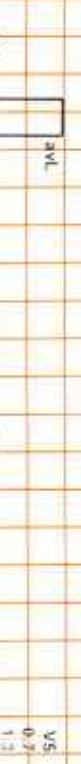
V4  
1.1  
2.1

aVL  
0.1  
0.1



V5  
0.7  
1.3

aVF  
0.8  
1.2



V6  
0.6  
0.7



REMARKS



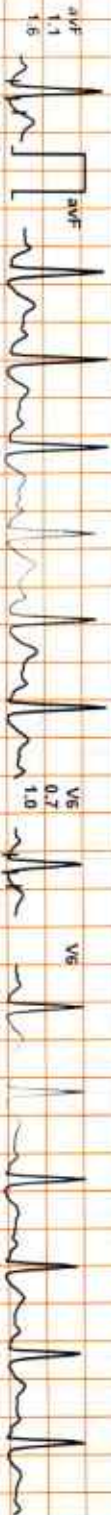
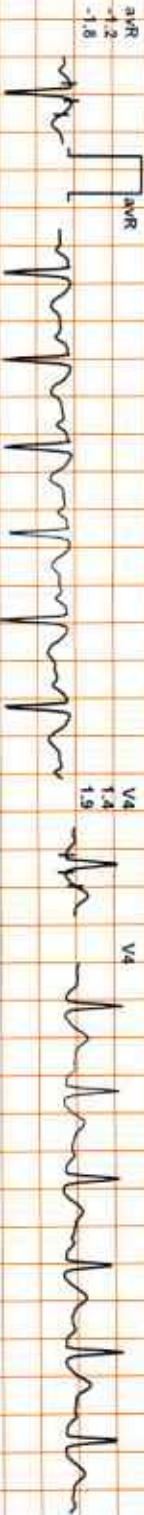
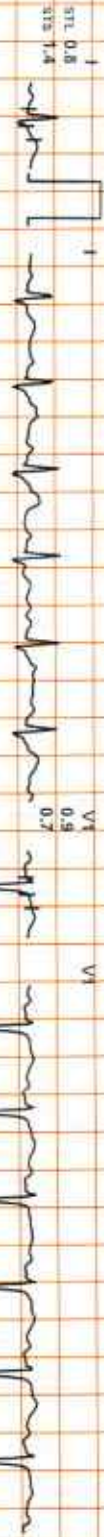


1290 / MR BHAG CHAND BAIRWA / 34 Yrs / M

Date: 13-Sep-2021 11:59:01 AM  
4X 80 ms Post J

METS: 1.0/ 126 bpm 67% of THR BP: 140/86 mmHg  
Raw ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:12 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



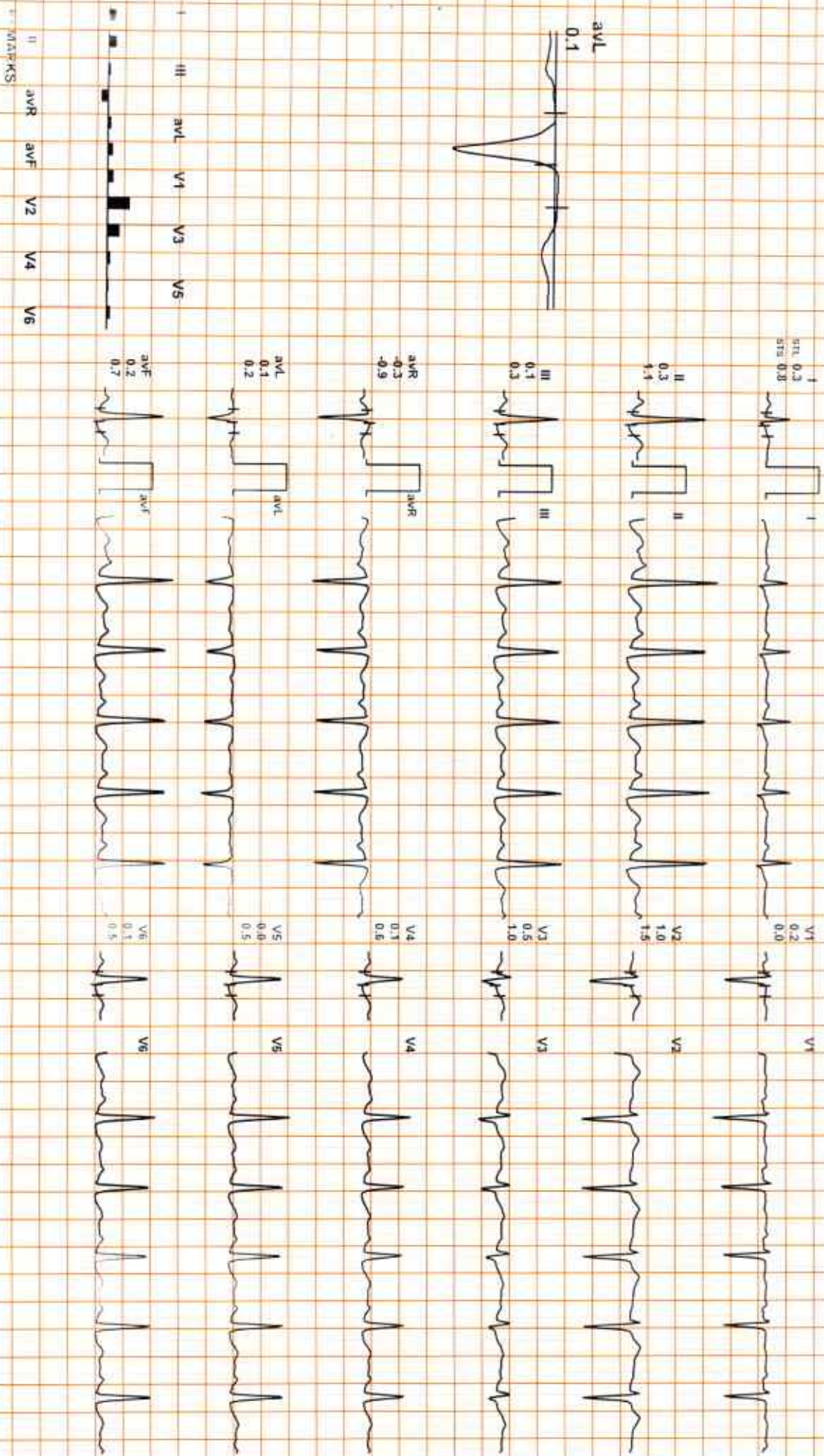
REMARKS:





Date: 13-Sep-2021 11:59:01 AM METS: 1.0/115 bpm 61% of THR BP: 120/80 mmHg RAW ECG/ BLC Off/ Notch Off/ HF: 0.05 HZ/LF: 100 HZ  
4X 80 ms Post J

EXTime: 07:12 0.0 mph, 0.0%,  
25 mm/Sec, 1.0 Cm/mV



(GEM21015110)

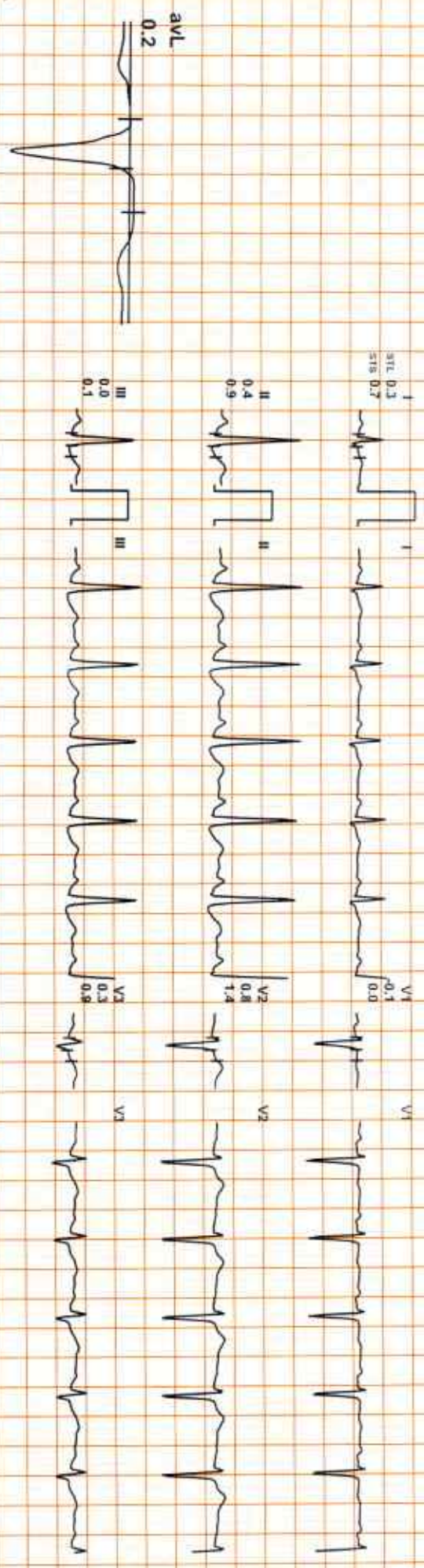
by Allengers





Date: 13-Sep-2021 11:59:01 AM METS: 1.0/ 110 bpm 59% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J ExTime: 07:12 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



I                    III                    aVL                    V1                    V3                    V5

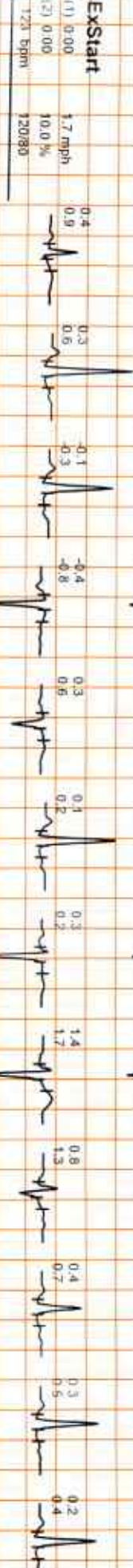
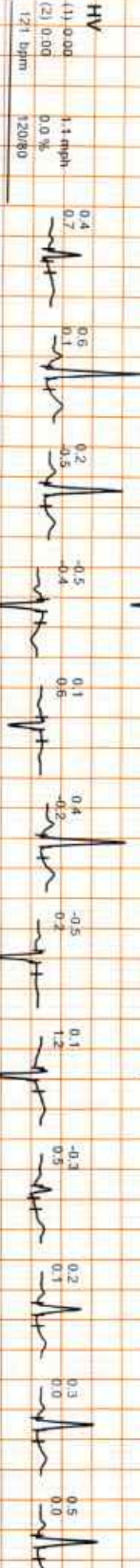
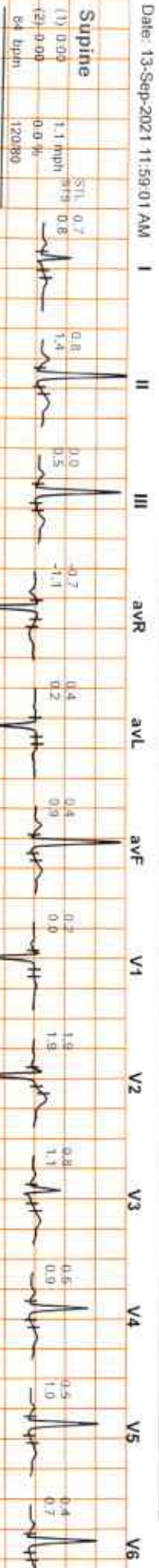
II                    aVR                    aVF                    V2                    V4                    V6

REMARKS:





Date: 13-Sep-2021 11:59:01 AM







Date: 13-Sep-2021 11:59:01 AM

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

