

ID: 1
deepak verma
Male 28 Years
Req. No. :

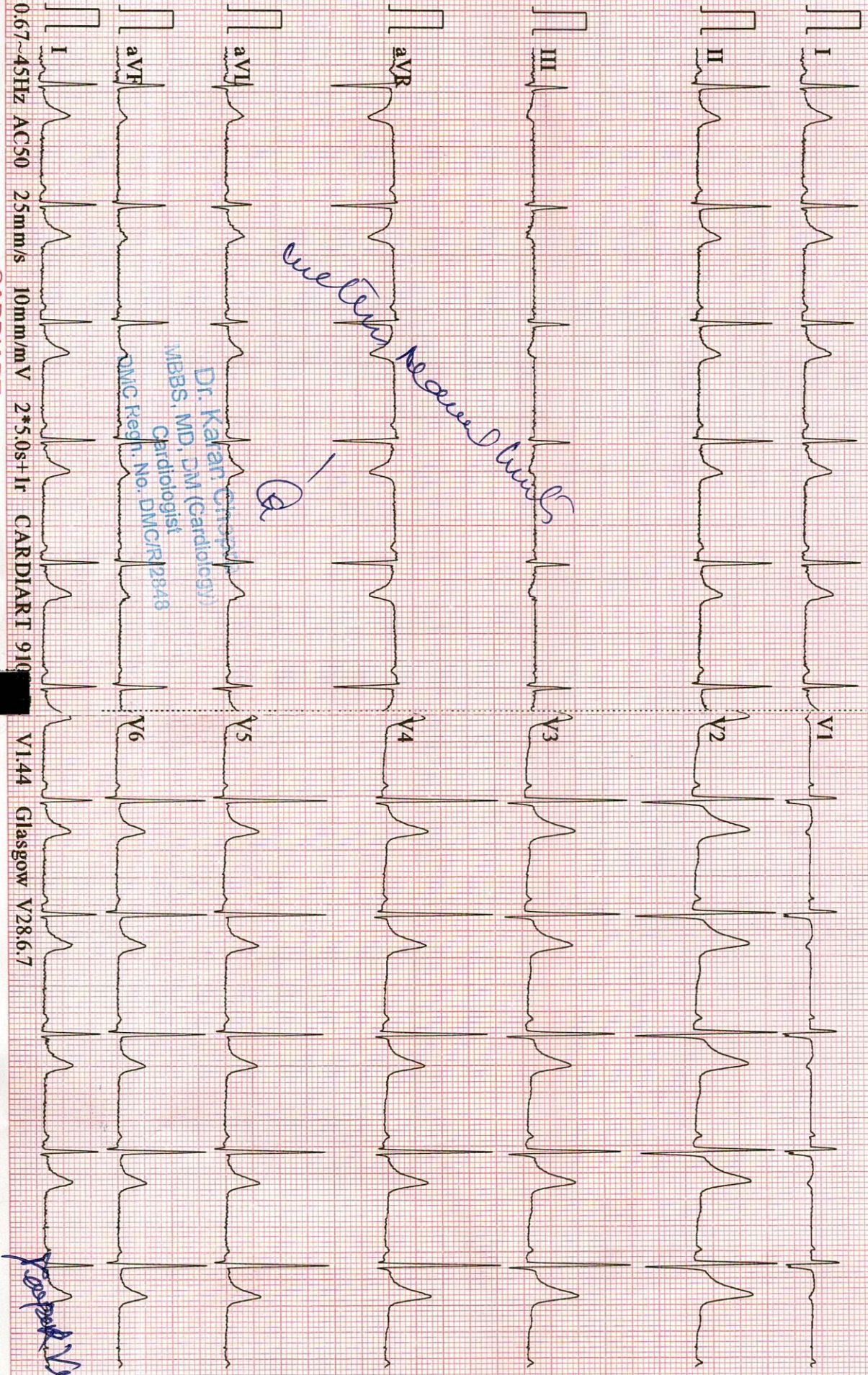
26-03-2022 11:27:15 AM
HR : 67 bpm
P : 84 ms
PR : 120 ms
QRS : 72 ms
QT/QTcBz : 360/380 ms
P/QRS/T : 13/48/18 °
RV5/SV1 : 1.853/0.467 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

multifocal PVCs

⊖



0.67 45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 910

V1.44 Glasgow V28.6.7

Deepak Verma

CARDIART

Radiology No.	: 3100/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mr. DEEPAK VERMA	Age/Sex	: 28Y
Guardian Name	:	UHID No.	: 3344/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8368231154

Part:X-ray Chest

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
FLOMA IN MSK, UCAM (Spain)
No. MCI/16522, DMC/18402

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भारत सरकार
GOVERNMENT OF INDIA



दीपक वर्मा
Deepak Verma
जन्म तिथि/ DOB: 24/07/1993
पुरुष / MALE



8632 1150 5850

आधार-आम आदमी का अधिकार

*Self attested
Deepak Verma*

Deepak Verma

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:
S/O विनोद कुमार वर्मा, S/O Vinod Kumar Verma, 514,
488, एमजेई जलाल नगर, Emerald Jalal Nagar, Shahjahanpur,
शाहजहांपुर, शाहजहांपुर, Shahjahanpur
उत्तर प्रदेश - 242001 Uttar Pradesh - 242001

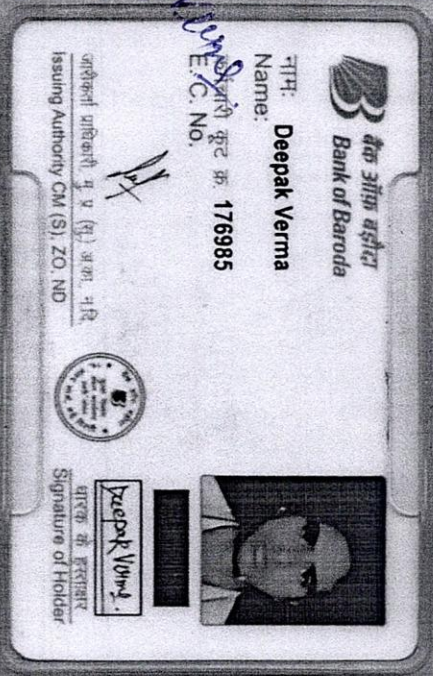
8632 1150 5850

Aadhaar-Aam Admi ka Adhikar

International Path and Optic Centre
Plot No 453, D...
New Delhi - 110075
Pocket 1,




Interventional Pain and spine Centre
Plot No 453, Durga Park, Pocket 1,
New Delhi - 110070

1
Deepak Verma





Bank of Baroda
नाम: Deepak Verma
Name: Deepak Verma
आधार क्र. 176985
E.C. No.

आधार प्राधिकारी ए. ए. (ए) अ. अ. प्रा. प्रा.
Issuing Authority CM (S) ZO, ND



Deepak Verma
Signature of Holder



Patient Name : Mr. DEEPAK VERMA	Reg No. : 3344/UHID21DL	Lab ID. : 3111/OPDPB21DL
Age / Gender : 28Y / Male	Date : 26-Mar-2022	
Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 12.01
	Manual No.:	Received : 26-Mar-2022 12.02
Sample Type : EDTA whole blood	Sample ID : 221982	Report : 26-Mar-2022 16.37

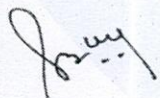
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	13.1	gm/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5700.0	/cumm	4000-11000	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	31	%	20-45	Electrical impedance
Eosinophil	03	%	01-06	Microscopy
Monocyte	05	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10.0	mm/1sthr	0-20	Westergren's
RBC COUNT	4.70	mili/cmm	3.8-4.8	Electrical impedance
PCV	42	%	35-45	Calculated
MCV	88.3	Fl	80-100	Calculated
MCH	27.8	Picogram	27.0-31.0	Calculated
MCHC	31.5	gm/dl	31.5-34.5	Calculated
PLATELET COUNT	2.03	Lakh/cm m	1.5-4.50	Electrical impedance

-----End of Report-----



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Age / Gender : 28Y / Male	Date : 26-Mar-2022	
Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 16.23
	Manual No. :	Received : 26-Mar-2022 16.23
Sample Type : Plasma(Sodium fluoride)	Sample ID : 221979	Report : 26-Mar-2022 16.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar F&PP BLOOD SUGAR FASTING	100.0	mg/dl	74-100	GOD-POD
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INTTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Gidlines

Criteria for Diabetes Diagnosis:

FPG>126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

2-hr PG >200 mg/dl during OGTT(75-G)*

Using a glucose lond containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG<200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

Blood Sugar PP	125.0	mg/dl	70-150	GOD-POD
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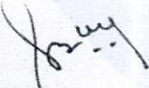
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	Manual No. :	Received : 26-Mar-2022 16.23
Sample Type : Plasma(Sodium fluoride)	Sample ID : 221979	Report : 26-Mar-2022 16.39

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for > 8 hours)

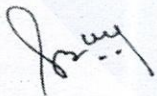
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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl


in individuals with symptoms of hyperglycemia or hyperglycemic crisis


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Age / Gender : 28Y / Male	Date : 26-Mar-2022	
Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 10.55
	Manual No.:	Received : 26-Mar-2022 10.56
Sample Type : EDTA whole blood	Sample ID : 221979	Report : 26-Mar-2022 16.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.7	%	4-6	PEIT
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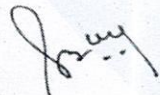
Good control : 4.5 - 6.4 %

Fair control : 6.5 - 7.4 %

Poor control : Above - 7.5 %


COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.


-----End of Report-----



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Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 10.55
	Manual No.:	Received : 26-Mar-2022 10.56
Sample Type : Serum	Sample ID : 221979	Report : 26-Mar-2022 16.39

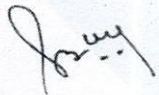
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	29.6	mg/dl	15.0-45.0	urease
Serum Creatinine	0.71	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	7.30	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.32	g/dl		
Calcium	10.1	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.6	mmol/L	3.5-5.5	
Chloride	103.2	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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Age / Gender : 28Y / Male	Date : 26-Mar-2022	
Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 10.55
	Manual No.:	Received : 26-Mar-2022 10.56
Sample Type : Serum	Sample ID : 221979	Report : 26-Mar-2022 16.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
LIPID PROFILE				
Total Cholesterol	183.00	mg/dl	123-199	CHOD-PAP
Triglycerides	258.5	mg/dl	40-160	Gpo
HDL Cholesterol Direct	42.2	mg/dl	35.3-79.5	Direct
Vldl	52	mg/dl	4.7-22.1	
LDL Cholesterol Direct	89.1	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.3		0.0-4.97	
LDL/HDL Ratio	2.1		0.0-3.55	

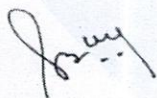
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.
 CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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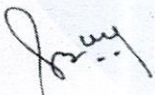
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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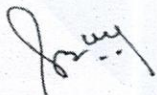
BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	1.06	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.39	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.67	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.32	g/dl		
SGOT	31	U/L	0-35	IFCC
SGPT	39	U/L	0.0-45	IFCC
Gamma GT	23.9	U/L	0-55	Glupa-c
Alkaline Phosphatase	71	U/L	53-128	Amp

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Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 10.55
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Sample Type : BLOOD TEST	Sample ID : 221979	Report : 26-Mar-2022 16.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

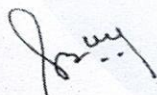
PSA TOTAL	0.72	ng/ml	0-4.1	
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< 4.1
 0-40 yrs : < 1.4
 41-50 yrs : < 2.0
 51-60 yrs : < 3.1
 61-70 yrs : < 4.1
 71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----



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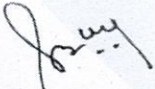
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HORMONES

THYROID PROFILE

T3	0.98	ng/dl	0.80 - 2.0	CLIA
<p style="text-align: right;">All values Adults (euthyroid) 0.80-2.0 Newborns 0.73-2.88 6d - 3 mth 0.80-2.75 4 - 12 mth 0.86-2.65 1 - 6 yr 0.92-2.48 7 - 11 yr 0.93-2.31 12- 20 yr 0.91-2.18</p>				
T4	8.25	ug/dl	5.1 - 14.1	CLIA
<p style="text-align: right;">All values Adults 5.1-14.1 Newborns 5.04-18.5 6 d - 3 mth 5.41-17.0 4 - 12 mth 5.67-16.0 1 - 6 yr 5.95-14.7 7 - 11 yr 5.99-13.8 12 - 20 yr 5.91-13.2</p>				
TSH	4.0	uIU/ml		CLIA
<p style="text-align: right;">Adults 21-100 yrs 0.35 - 5.50 Pediatric 0-12 Months 0.98-5.63 1-5 years 0.64-5.76 6-10 Years 0.51-4.82 11-14 Years 0.53-5.27 15-20 years 0.43-4.20</p>				

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are


Dr. Sangeeta B
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 Lab Technician : chand



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BOOK DIAGNOSTICS

Bengaluru Centre:
 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

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bengaluru@ipscindia.com

Patient Name : Mr. DEEPAK VERMA
Age / Gender : 28Y / Male
Mobile No. : 8368231154
Sample Type : Serum

Reg No. : 3344/UHID21DL
Date : 26-Mar-2022
Refd. By : Dr. INSURANCE
Manual No.:
Sample ID : 221979

Lab ID. : 3100/OPDPB21DL

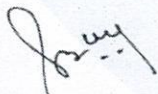
Collected : 26-Mar-2022 10.55
Received : 26-Mar-2022 10.56
Report : 26-Mar-2022 16.39

normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

Adults 21-100 yrs 0.35 - 5.50
 Pediatric 0-12 Months 0.98-5.63
 1-5 years 0.64-5.76
 6-10 Years 0.51-4.82
 11-14 Years 0.53-5.27
 15-20 years 0.43-4.20

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



Dr. Sangeeta B
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 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

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 bengaluru@ipscindia.com

Patient Name : Mr. DEEPAK VERMA	Reg No. : 3344/UHID21DL	Lab ID. : 3100/OPDPB21DL
Age / Gender : 28Y / Male	Date : 26-Mar-2022	
Mobile No. : 8368231154	Refd. By : Dr. INSURANCE	Collected : 26-Mar-2022 15.11
	Manual No. :	Received : 26-Mar-2022 15.11
Sample Type : URINE	Sample ID : 221979	Report : 26-Mar-2022 16.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.030 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

NIL /hpf

Automated/Manual

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

NIL

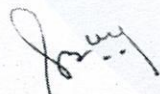
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



Dr. Sangeeta B
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DMC/25252
Lab Technician : chand



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IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

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bengaluru@ipscindia.com

Radiology No.	: 3100/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mr. DEEPAK VERMA	Age/Sex	: 28Y
Guardian Name	:	UHID No.	: 3344/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8368231154

ULTRASOUND OF WHOLE ABDOMEN

Convex Probe was used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

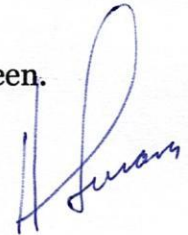
Kidneys are of normal size, shape and echo pattern. **Multiple concretions are seen in the bilateral kidneys.** No mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 96 x 37mm.

Left kidney measures 86 x 36mm.

Spleen is of normal size(9.7cm) and shape. Ecotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402

*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)
Not all congenital anomalies can be detected by ultrasound only*

Radiology No.	: 3100/OPDPB21DL	Date	: 26-Mar-2022
Patient Name	: Mr. DEEPAK VERMA	Age/Sex	: 28Y
Guardian Name	:	UHID No.	: 3344/UHID21DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8368231154

Prostate is normal in size for age with regular contours and normal echo-texture. It measures 26 x 37 x 36 mm which is equal to 13 gms.

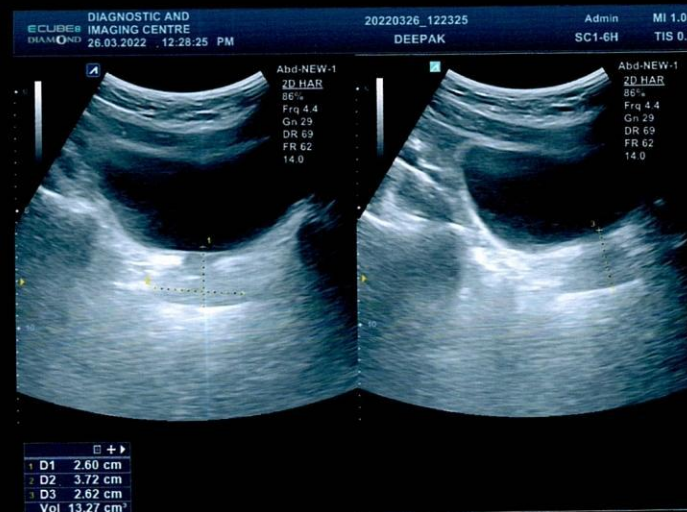
Urinary bladder does not show any calculus or mass lesion. Floaters are seen in lumen ? significance.

Impression: Bilateral renal concretions.



Dr. Harshita Surange
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DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402

*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)
Not all congenital anomalies can be detected by ultrasound only*



1 D1 2.60 cm
2 D2 3.72 cm
3 D3 2.62 cm
Vol 13.27 cm³

E + >

THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

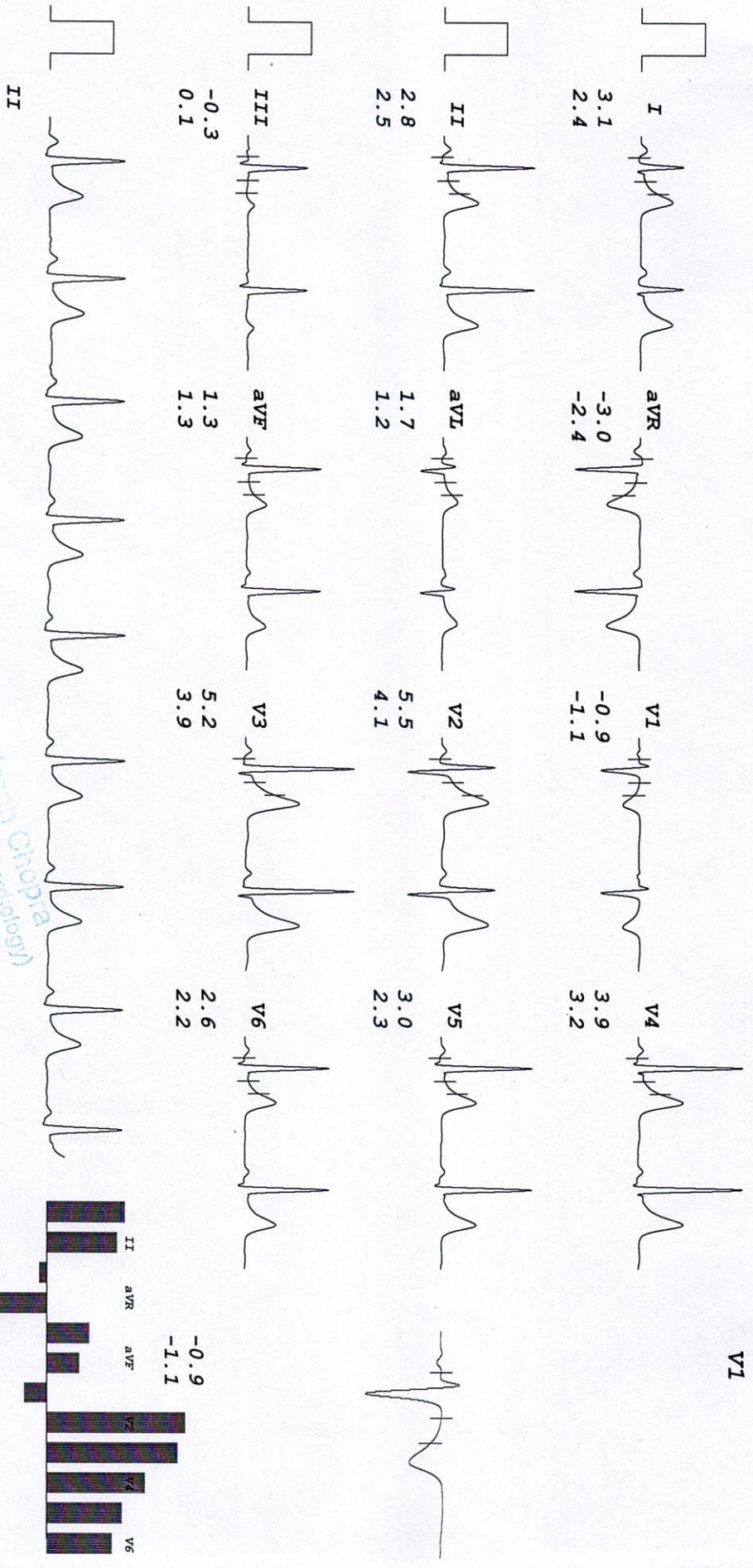
RATE 77bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2



Dr. Kamal Chandra
 M.D. (Cardiology)
 Cardiac Catheterization
 No. 21/10/22848

DEEPAK VERMA

THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
I.D. 1573
Age 28/M
Date 26-03-2022

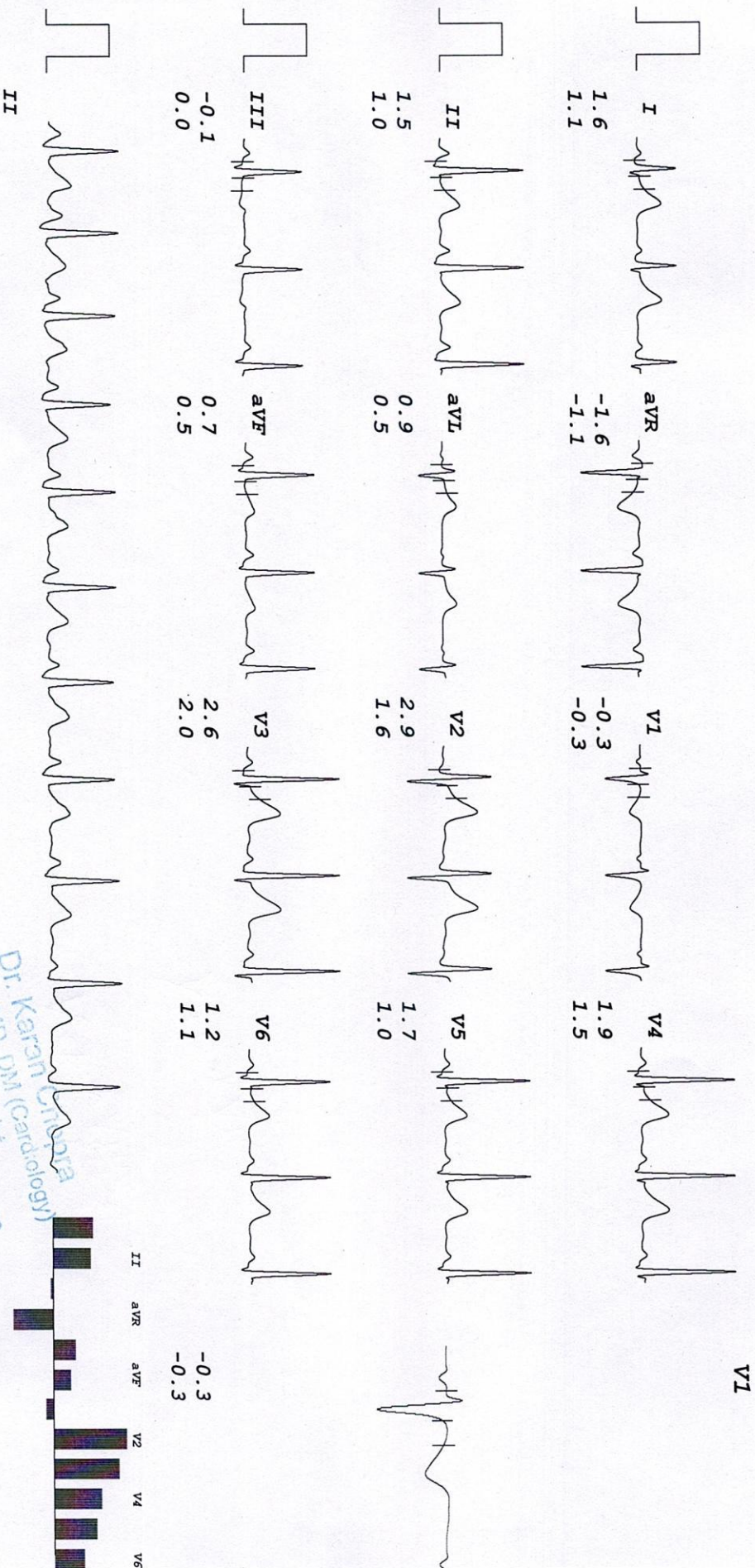
RATE 98bpm
B.P. 120/80

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chandra
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMCI/R/2848

THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
I.D. 1573
Age 28/M
Date 26-03-2022

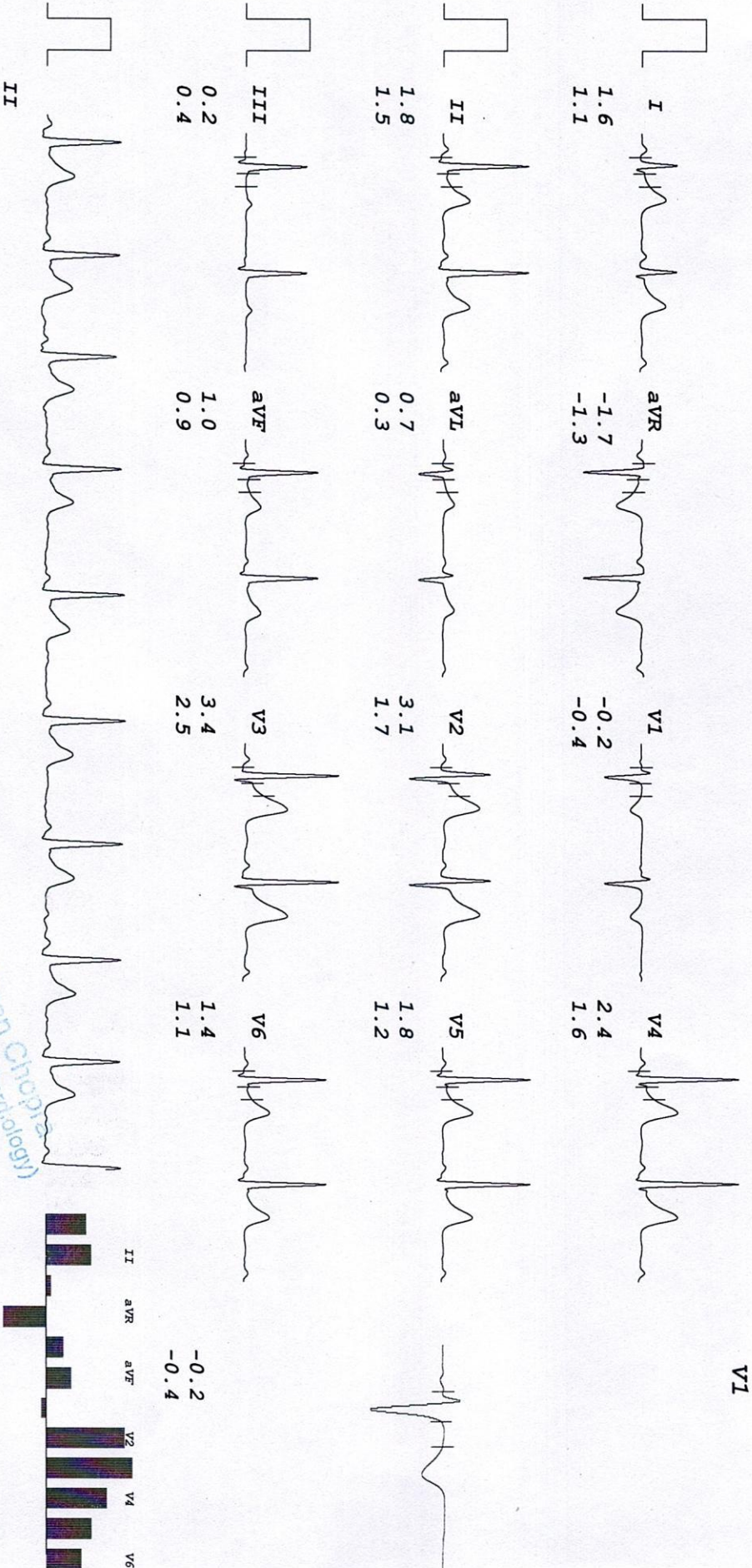
RATE 90bpm
B.P. 120/80

PRETEST
HYPERVENT
PHASE TIME 0:30

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
MBBS, MD, DM (Cardiology)
Dinc Regn. No. DMC/R/2848

THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

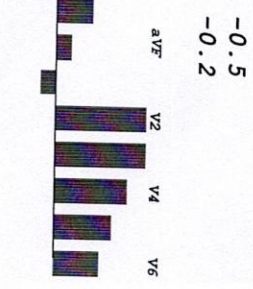
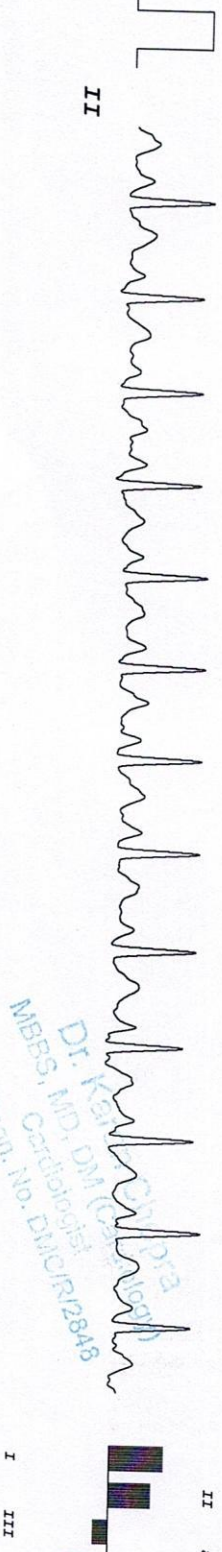
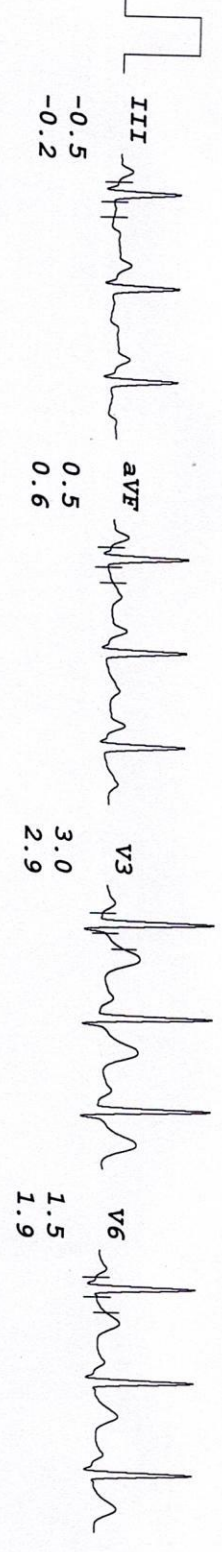
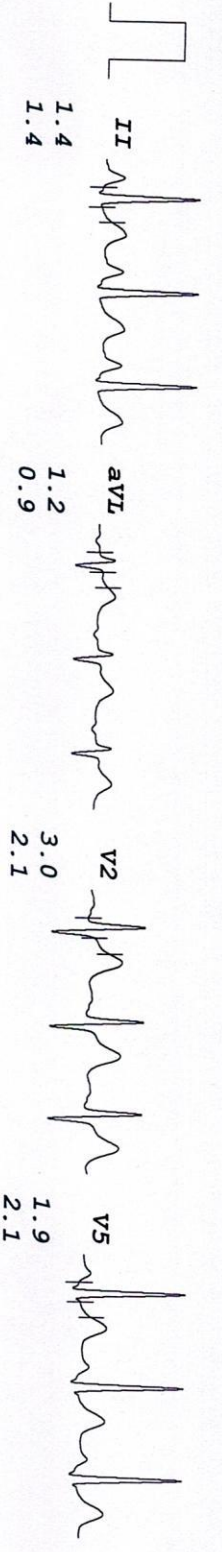
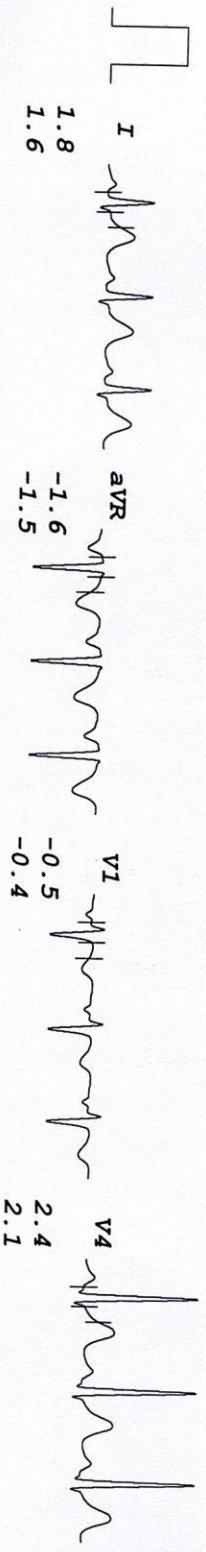
RATE 123bpm
 B.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

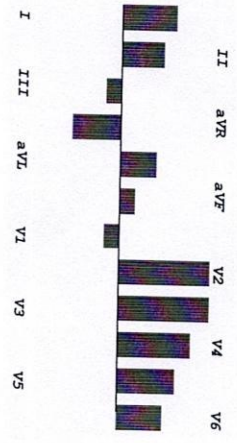
ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 &

LINKED MEDIAN

Mag. X 2



Dr. Karan Chugh (D) MBBS, MD, DM (Cardiology) DMC T-301, No. DMC/R/2848



DEEPAK VERMA

I.D. 1573
Age 28/M
Date 26-03-2022

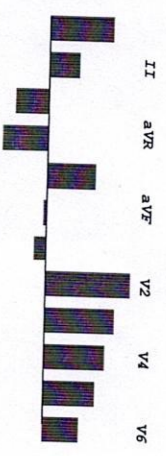
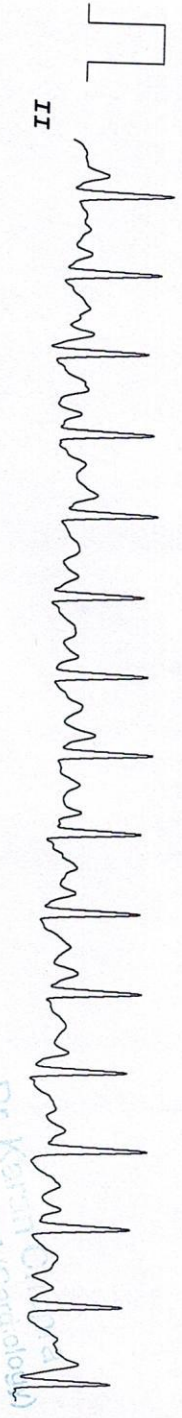
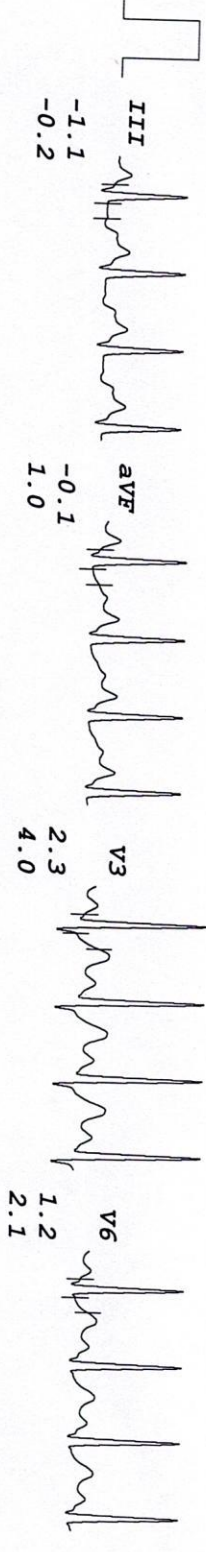
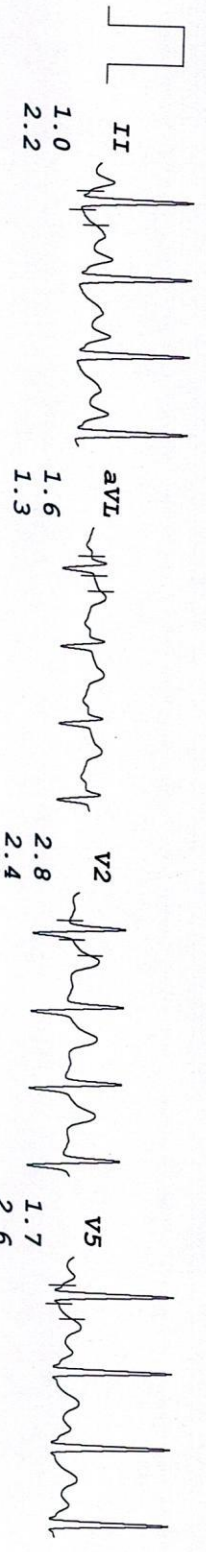
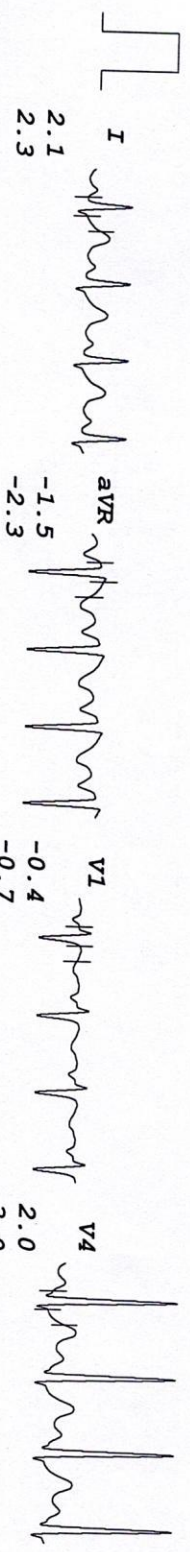
THE DIAGNOSTIC & IMAGING CENTRE

Rate 148bpm
B.P. 140/80
Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN

Mag. X 2



Dr. Karan Chandra
MBBS, MD, DM (Cardiology)
Cardiologist
DNO Regn. No. ENCR/2848

I III aVR aVF V1 V2 V3 V4 V5

THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

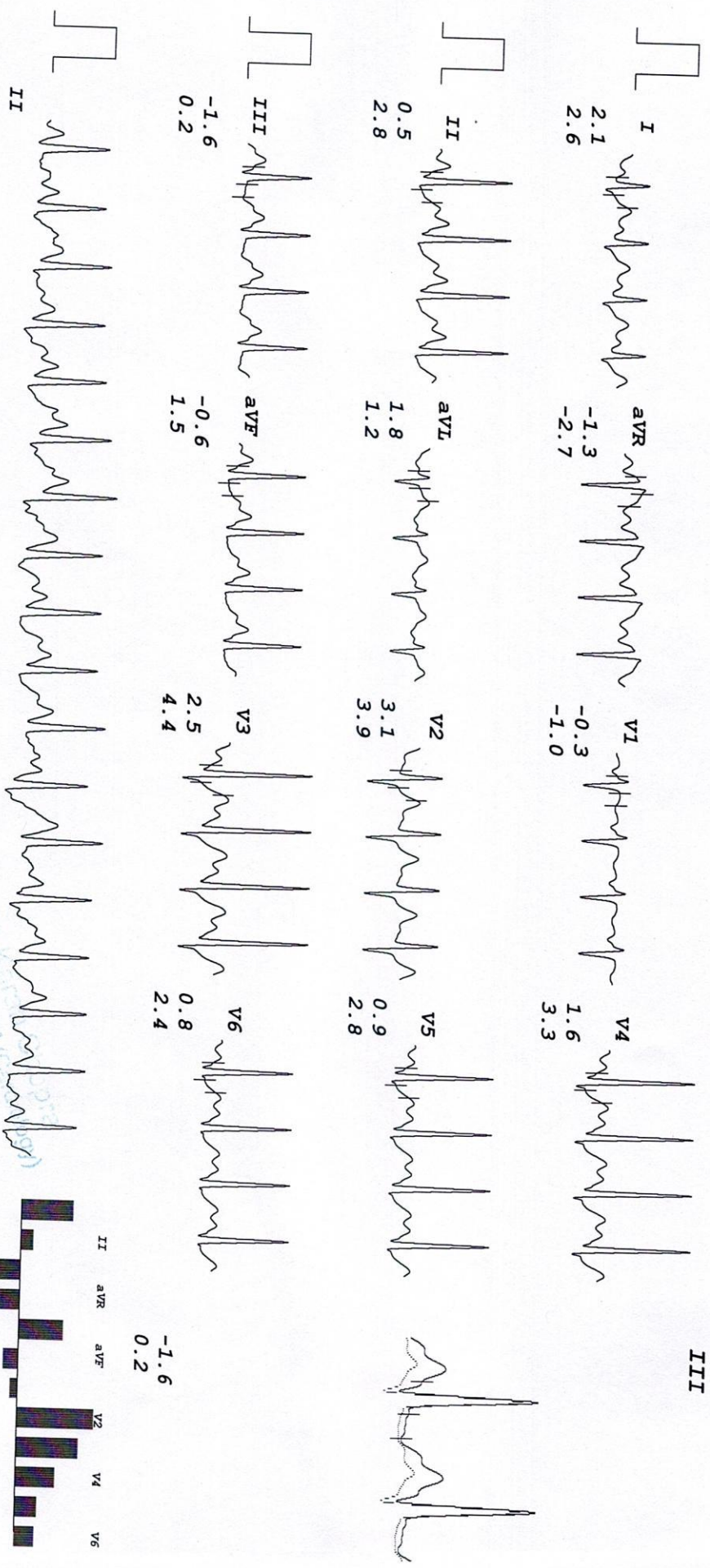
RATE 166bpm
 B.P. 150/80

Bruce
 Stage 3
 TOTAL TIME 7:44
 PHASE TIME 1:44

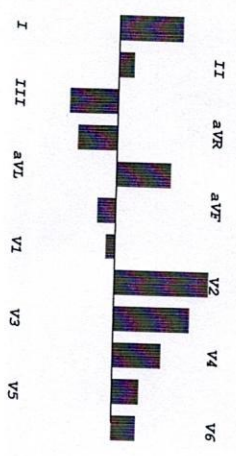
ST @ 10mm/mV
 80ms PostU
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



Dr. Anand Kumar (Cardiologist)
 MBBS, MD, DM (Cardiology)
 Cardiol. Reg. No. DMCR/28848



Rhythm: Filtered (20 Cycle) & Base Corrected, Avg. Complex: Filtered

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THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

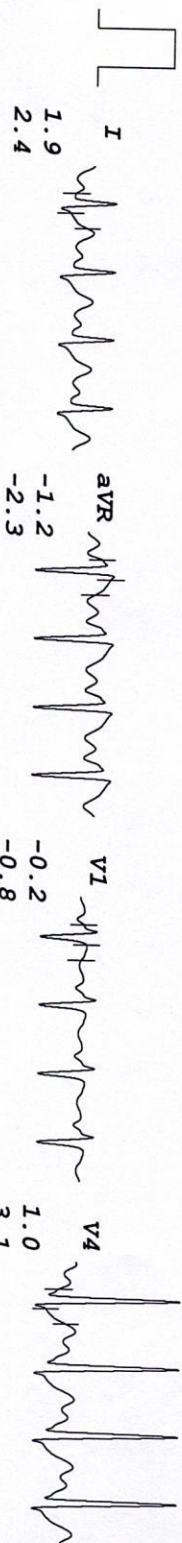
RATE 168bpm
 B.P. 150/80

Bruce
 PK-EXERCISE
 TOTAL TIME 8:02
 PHASE TIME 2:02

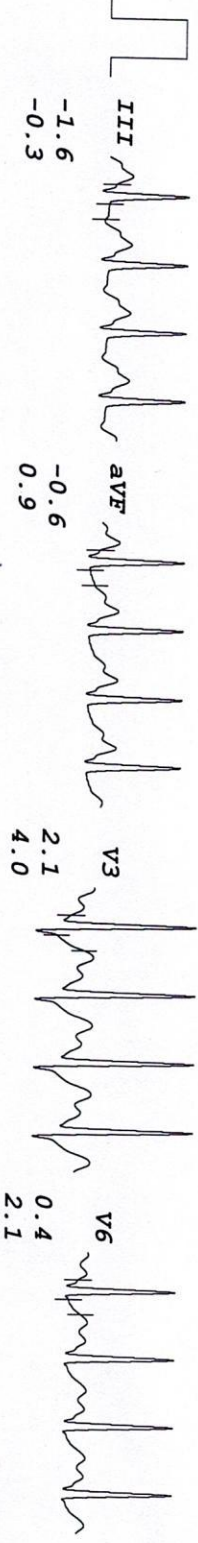
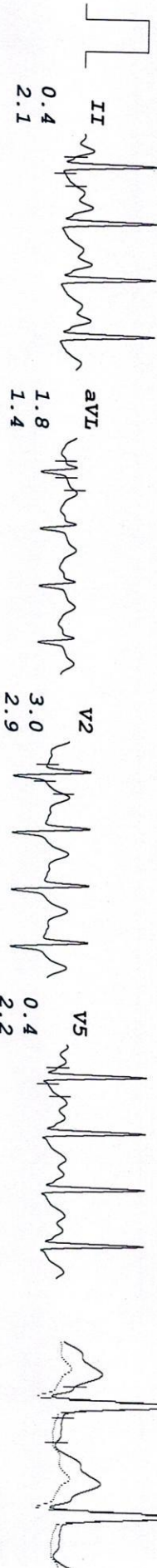
ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

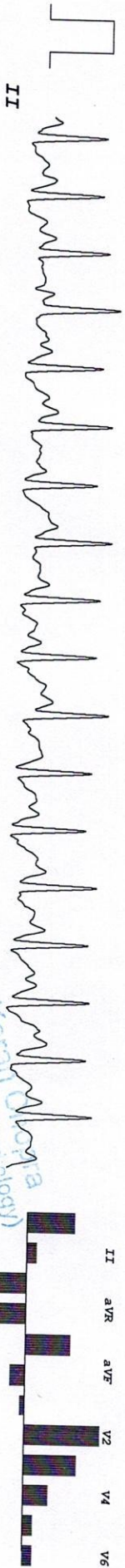
Mag. X 2



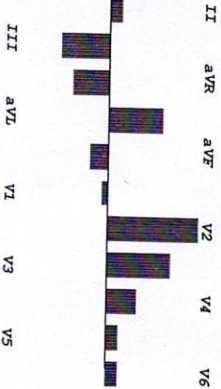
III



-1.6
 -0.3



Dr. Karan Dhotra
 MBBS, MD, DM (Cardiology)
 Cardiac Regn. No. DMCR/2848



THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

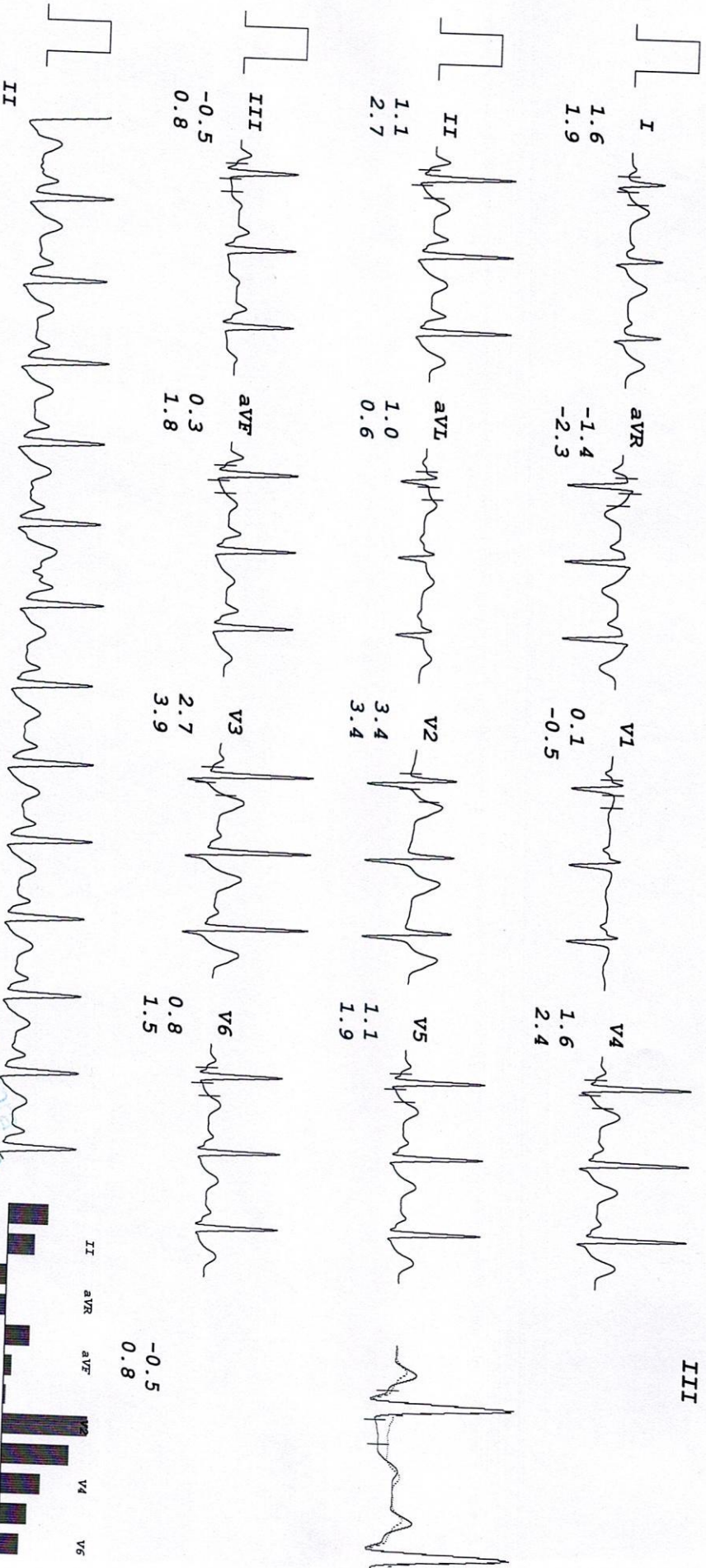
RATE 124bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 9:12
 PHASE TIME 0:55

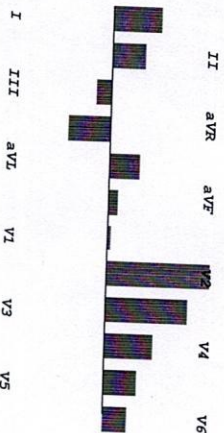
ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chhabra
 MBBS, MD, DM (Cardiology)
 Cardiolologist
 DMC Regn. No. DMC/R/2848



THE DIAGNOSTIC & IMAGING CENTRE

DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

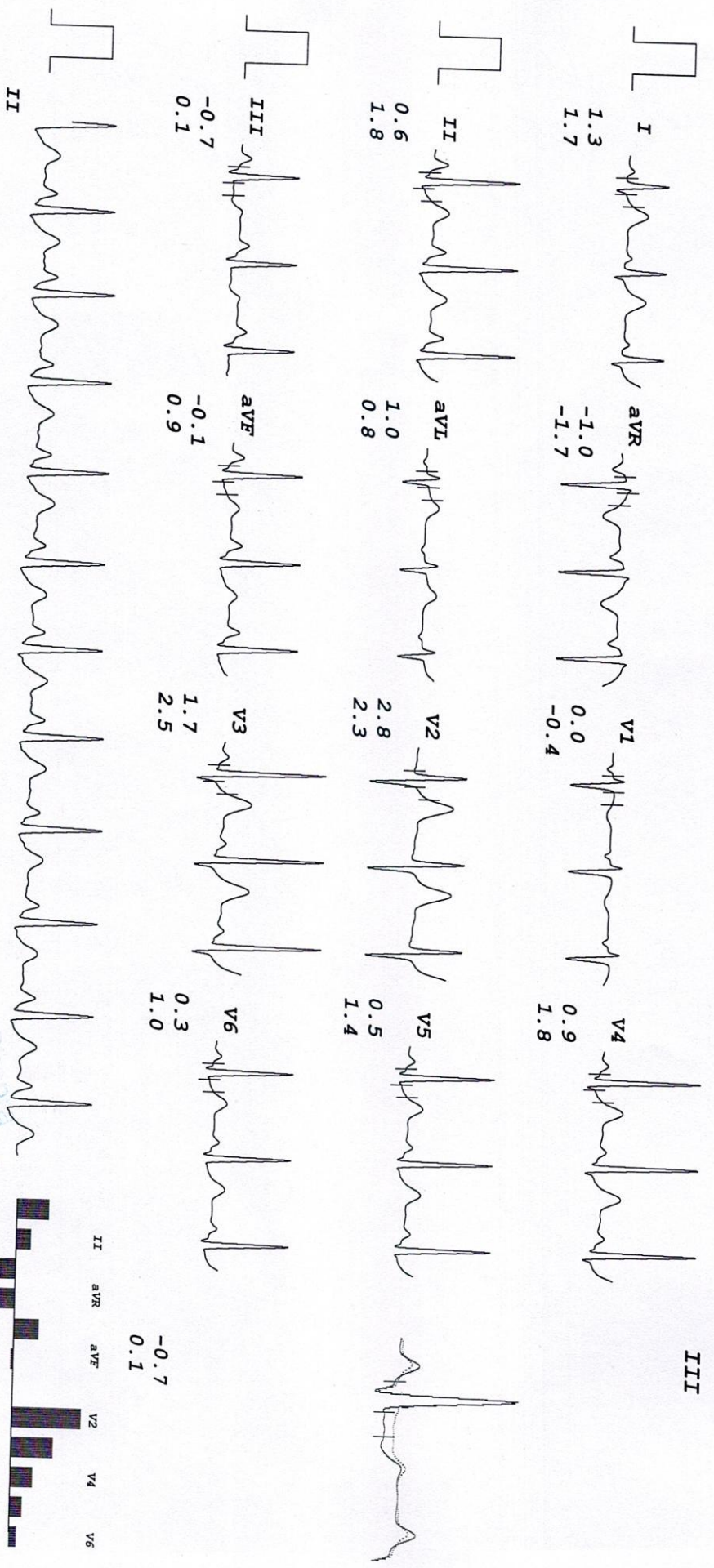
RATE 107bpm
 B.P. 130/80

Bruce
 RECOVERY
 TOTAL TIME 10:12
 PHASE TIME 1:55

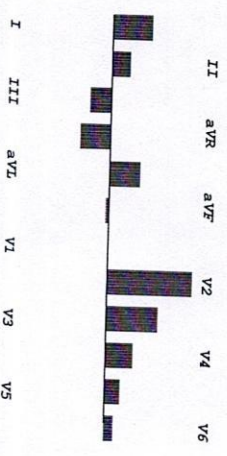
ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiolink
 DMIC Regn. No. DMICR/2846



DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

RATE 97bpm
 B.P. 120/80

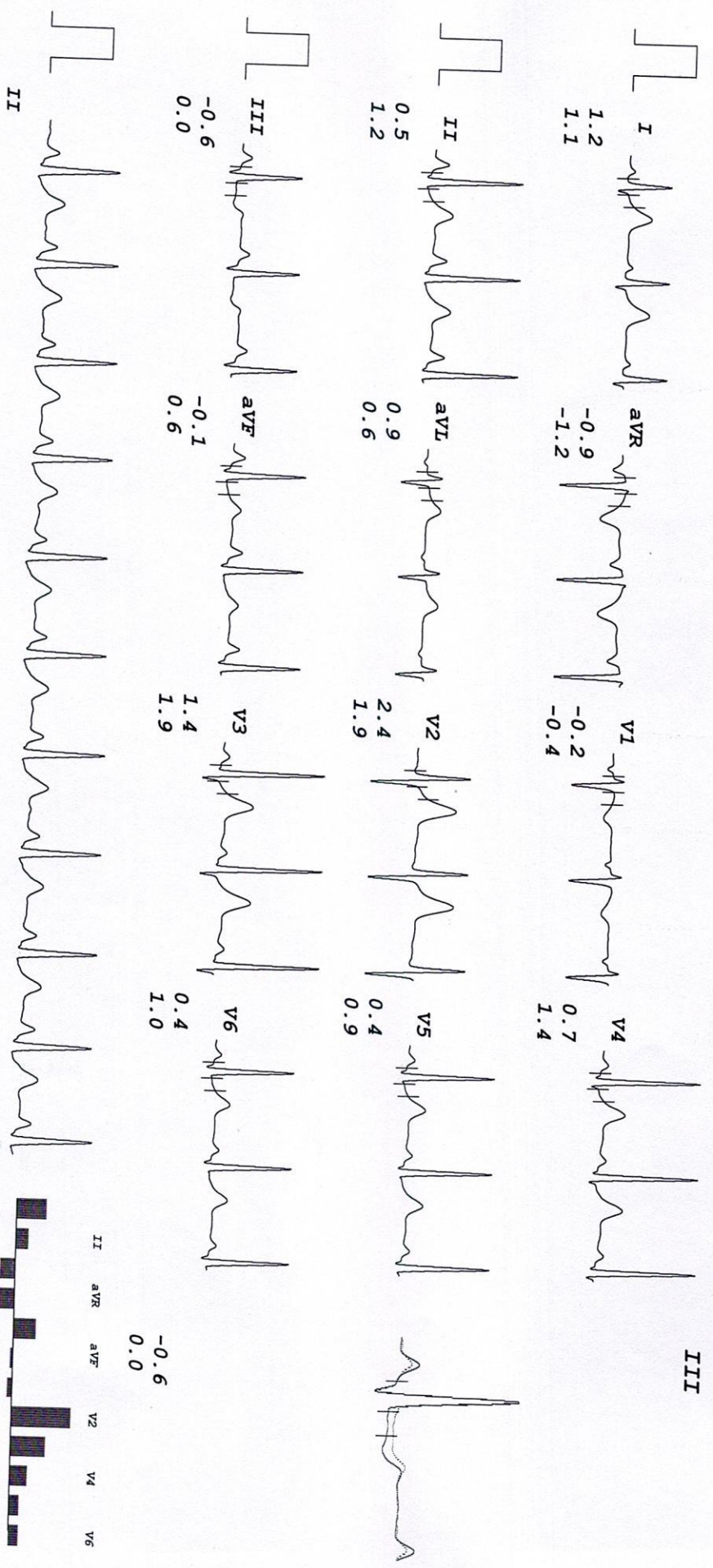
Bruce
 RECOVERY
 TOTAL TIME 11:12
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

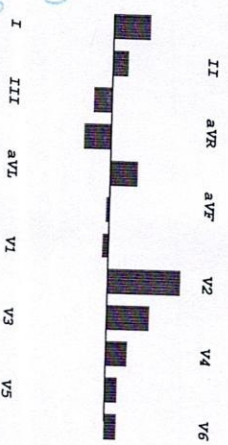
THE DIAGNOSTIC & IMAGING CENTRE

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/R/2848



Rhythm: Filtered (20 Cycle) Base Corrected, Avg. Complex: Filtered

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THE DIAGNOSTIC & IMAGING CENTRE

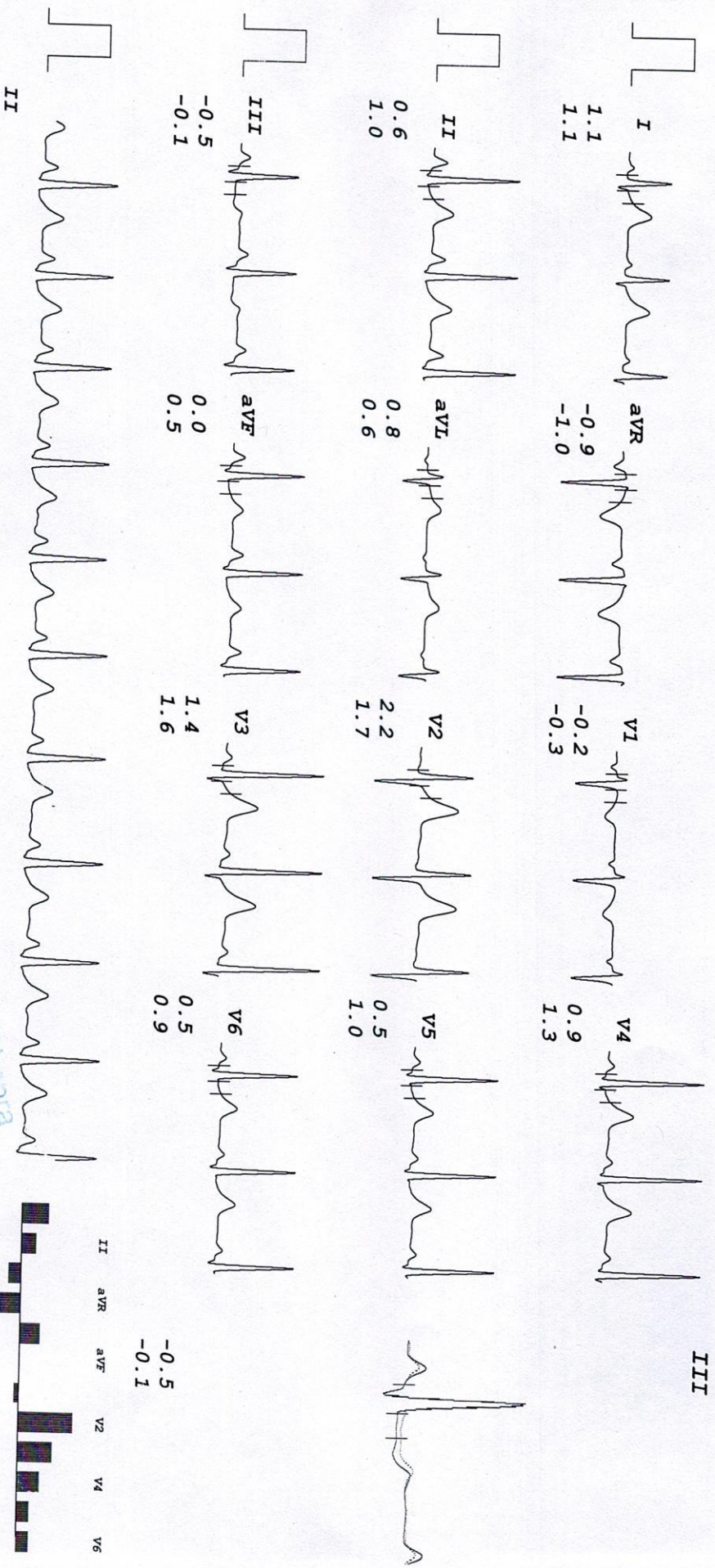
DEEPAK VERMA
 I.D. 1573
 Age 28/M
 Date 26-03-2022

Rate 97bpm
 B.P. 120/80
 Bruce RECOVERY
 TOTAL TIME 11:53
 PHASE TIME 3:36

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Reg. No. DMC/CR/2848