

**Patient Name** : Mrs. SOMA DAS

**Age / Gender** : 31Y / Female

**Mobile No.** : 7275106541

**Sample Type** : Plasma(Sodium fluoride)

**Reg No.** : 2345/UHID21DL

**Date** : 12-Feb-2022

**Refd. By** : Dr. INSURANCE

**Manual No.** :

**Sample ID** : 1191/PATNS21DL

**Lab ID.** : 1956/OPDPB21DL



**Collected** : 12-Feb-2022 10.41

**Received** : 12-Feb-2022 10.43

**Report** : 12-Feb-2022 16.24

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
Blood Sugar F&PP				
BLOOD SUGAR FASTING	92.0	mg/dl	74-100	GOD-POD
Blood Sugar PP	106.0	mg/dl	70-150	GOD-POD

### 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)

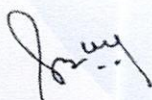
2-hr PG > 200 mg/dl during OGTT(75-G)\*

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

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



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**Patient Name** : Mrs. SOMA DAS

**Age / Gender** : 31Y / Female

**Mobile No.** : 7275106541

**Sample Type** : EDTA whole blood

**Reg No.** : 2345/UHID21DL

**Date** : 12-Feb-2022

**Refd. By** : Dr. INSURANCE

**Manual No. :**

**Sample ID** : 1191/PATNS21DL

**Lab ID.** : 1956/OPDPB21DL



**Collected** : 12-Feb-2022 10.41

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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HEAMATOLOGY</b>				
HBA1C (GLYCOSYLATED HB)	5.5	%	4-6	PEIT

**INTERPRETATION :**

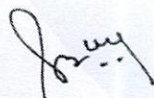
Good control : 4.5 - 6.4 %

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 with in 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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<b>Patient Name</b> : Mrs. SOMA DAS	<b>Reg No.</b> : 2345/UHID21DL	<b>Lab ID.</b> : 1979/OPDPB21DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 16.22
<b>Sample Type</b> : EDTA whole blood	<b>Manual No.:</b>	<b>Received</b> : 12-Feb-2022 16.22
	<b>Sample ID</b> : 1201/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.23

TEST NAME	RESULT	UNIT	RANGE	METHOD
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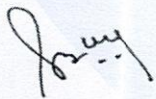
**HEAMOTOLOGY**

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"O"  
"POSITIVE"

Manual  
Manual

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



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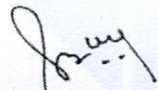
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<b>Patient Name</b> : Mrs. SOMA DAS	<b>Reg No.</b> : 2345/UHID21DL	<b>Lab ID.</b> : 1956/OPDPB21DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 10.41
<b>Sample Type</b> : Serum	<b>Manual No.:</b>	<b>Received</b> : 12-Feb-2022 10.43
	<b>Sample ID</b> : 1191/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.24

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>KIDNEY FUNCTION TEST</b>				
Blood Urea	27.1	mg/dl	15.0-45.0	urease
Serum Creatinine	0.78	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	<b>7.30</b>	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	7.38	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.98	g/dl	2.3-3.5	
A/G RATIO	<b>1.48</b>	g/dl		
Calcium	10	mg/dl	8.6-10.2	Arsenazo
Sodium	141.8	mmol/L	136.0-149.0	ISE Indirect
Potasium	3.9	mmol/L	3.5-5.5	
Chloride	102.0	mmol/L	98.0-109.0	ISE Indirect

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



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<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 10.41
<b>Sample Type</b> : Serum	<b>Manual No.</b> :	<b>Received</b> : 12-Feb-2022 10.43
	<b>Sample ID</b> : 1191/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.24

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>LIPID PROFILE</b>				
Total Cholesterol	171.00	mg/dl	123-199	CHOD-PAP
Triglycerides	177.2	mg/dl	35-135	Gpo
HDL Cholesterol Direct	49.2	mg/dl	42-88	Direct
Vldl	35	mg/dl	4.7-22.1	
LDL Cholesterol Direct	86.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.5		0.0-4.97	
LDL/HDL Ratio	1.8		0.0-3.55	

**INTERPRETATION:-**

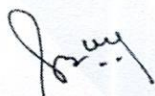
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

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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<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 10.41
<b>Sample Type</b> : Serum	<b>Manual No.:</b>	<b>Received</b> : 12-Feb-2022 10.43
	<b>Sample ID</b> : 1191/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.24

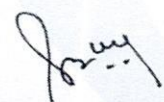
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary 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
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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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Patient Name : Mrs. SOMA DAS

Age / Gender : 31Y / Female

Mobile No. : 7275106541

Sample Type : Serum

Reg No. : 2345/UHID21DL

Date : 12-Feb-2022

Refd. By : Dr. INSURANCE

Manual No. :

Sample ID : 1191/PATNS21DL

Lab ID. : 1956/OPDPB21DL

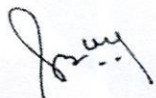


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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>LIVER FUNCTION TEST</b>				
Serum Bilirubin				
Total Bilirubin	0.74	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.28	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.46	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.38	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.98	g/dl	2.3-3.5	
A/G RATIO	1.48	g/dl		
SGOT	18	U/L	0-31	IFCC
SGPT	20	U/L	0.0-34	IFCC
Gamma GT	25.7	U/L	0-38	Glupa-c
Alkaline Phosphatase	134	U/L	42-98	Amp
-----End of Report-----				



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<b>Patient Name</b> : Mrs. SOMA DAS	<b>Reg No.</b> : 2345/UHID21DL	<b>Lab ID.</b> : 1956/OPDPB21DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 10.41
<b>Sample Type</b> : Serum	<b>Manual No. :</b>	<b>Received</b> : 12-Feb-2022 10.43
	<b>Sample ID</b> : 1191/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.24

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HORMONES**

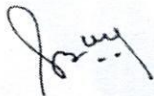
**THYROID PROFILE**

T3	1.00	ng/dl		CLIA
T4	9.20	ug/dl		CLIA
TSH	3.40	uIU/ml		CLIA

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-----



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<b>Patient Name</b> : Mrs. SOMA DAS	<b>Reg No.</b> : 2345/UHID21DL	<b>Lab ID.</b> : 1956/OPDPB21DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 12-Feb-2022	
<b>Mobile No.</b> : 7275106541	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 12-Feb-2022 10.41
<b>Sample Type</b> : URINE	<b>Manual No.</b> :	<b>Received</b> : 12-Feb-2022 10.43
	<b>Sample ID</b> : 1191/PATNS21DL	<b>Report</b> : 12-Feb-2022 16.24

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 1.005-1.030

**PH**

6.0

**CHEMICAL EXAMINATION**

**ALBUMIN**

NIL

Automated/Manual

**SUGAR**

NIL

**MICROSCOPIC EXAMINATION**

**PUS CELLS**

2-3 /hpf

Automated/Manual

**RBC'S**

NIL

NIL

**CASTS**

NIL

**CRYSTALS**

NIL

**EPITHELIAL CELLS**

3-4

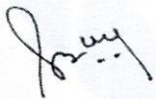
**BACTERIA**

NIL

**OTHERS**

NIL

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



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<b>Radiology No.</b>	: 1956/OPDPB21DL	<b>Date</b>	: 12-Feb-2022
<b>Patient Name</b>	: <b>Mrs. SOMA DAS</b>	<b>Age/Sex</b>	: 31Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2345/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>7275106541</b>

## 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.

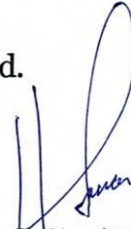
**Pancreas** is of normal size and contour with normal echotexture.

**Kidneys** are of normal size, shape and echo pattern. No calculus, 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 103 x 42 mm.**

**Left kidney measures 102 x 46 mm**

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.



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*(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*

<b>Radiology No.</b>	: 1956/OPDPB21DL	<b>Date</b>	: 12-Feb-2022
<b>Patient Name</b>	: <b>Mrs. SOMA DAS</b>	<b>Age/Sex</b>	: 31Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2345/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>7275106541</b>

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.  
No mass or lesion is noted.

**Endometrial** is normal measuring 8.9 mm and is in mid line.

**Left ovary is polycystic in appearance with multiple follicles arranged in periphery with increased stromal echotexture. Right ovary shows complex cyst of 28 x 28 mm (post aspiration residual cyst). Two mural echogenic nodules of 7 and 9 mm are seen.**

Right ovary measures 36 x 35 x 40 mm(vol-27cc)

Left ovary measures 30 x 24 x 37 mm(vol-14cc)

No free fluid is seen in the pouch of douglas.

**Urinary bladder** does not show any calculus or mass lesion.

**Please correlate clinically**



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Reg.No. MCI/16522, DMC/18402

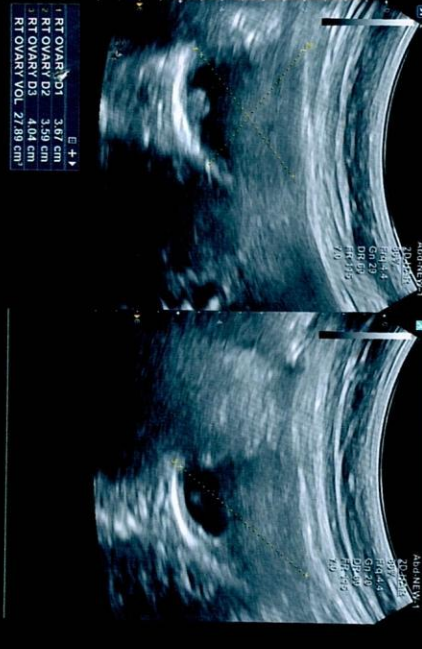
*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)  
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 AndNew-1  
 2D HAR  
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 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 15.0  
 100%



DIAGNOSTIC AND  
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 15.0  
 100%



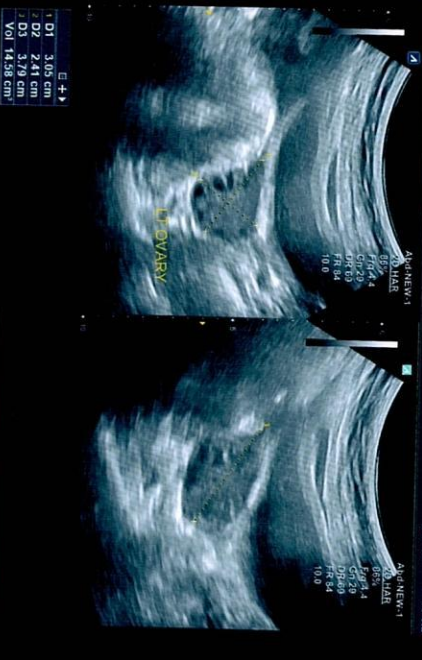
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 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 15.0  
 100%



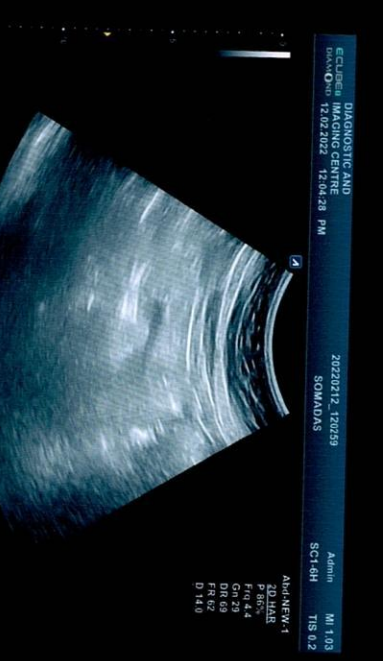
DIAGNOSTIC AND  
 ECLIPSE IMAGING CENTRE  
 Date/Time: 12/02/2022 12:05:07 PM  
 20220212\_120259  
 Admin M 0.92  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 15.0  
 100%



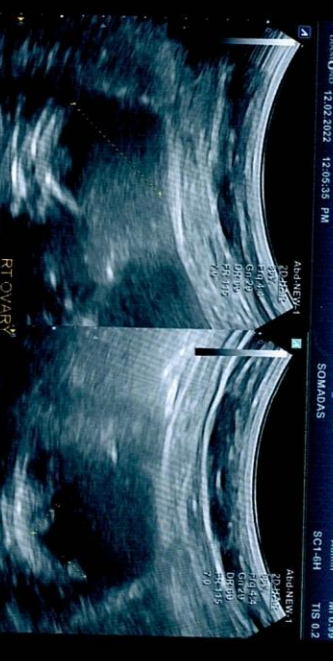
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 Admin M 0.99  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 10.0  
 100%



DIAGNOSTIC AND  
 ECLIPSE IMAGING CENTRE  
 Date/Time: 12/02/2022 12:05:44 PM  
 20220212\_120259  
 Admin M 0.99  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 10.0  
 100%



DIAGNOSTIC AND  
 ECLIPSE IMAGING CENTRE  
 Date/Time: 12/02/2022 12:05:33 PM  
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 Admin M 1.03  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 69  
 FS: 40  
 15.0  
 100%



DIAGNOSTIC AND  
 ECLIPSE IMAGING CENTRE  
 Date/Time: 12/02/2022 12:07:34 PM  
 20220212\_120259  
 Admin M 0.99  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 72  
 FS: 40  
 17.0  
 100%



DIAGNOSTIC AND  
 ECLIPSE IMAGING CENTRE  
 Date/Time: 12/02/2022 12:07:34 PM  
 20220212\_120259  
 Admin M 0.99  
 SCl-6H TIS 0.2  
 SOMADAS  
 AndNew-1  
 2D HAR  
 Pr: 4.4  
 Gr: 29  
 DR: 69  
 FR: 72  
 FS: 40  
 17.0  
 100%

Plot No 453, Sector 19, Dwarka, New Delhi-110075

<b>Radiology No.</b>	: 1956/OPDPB21DL	<b>Date</b>	: 12-Feb-2022
<b>Patient Name</b>	: <b>Mrs. SOMA DAS</b>	<b>Age/Sex</b>	: 31Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2345/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>7275106541</b>

**Part:X-ray Chest**

**Indication: Routine check-up.**

**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.**

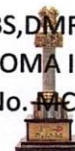


**Dr. Harshita Surange**

**MBBS,DMRD(RADIODIAGNOSIS**

**DIPLOMA IN MSK,UCAM(Spain)**

**Reg.No. MCI/16522,DMC/18402**



**Delhi Centre:**  
IPSC Delhi : Plot No 453, Sector 19  
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

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

Contact Us : +91-7028207222

bengaluru@ipscindia.com

# THE DIAGNOSTIC & IMAGING CENTRE

Plot No. 147, 2nd Floor, Main Road, Sec. 7,  
Dwarka, New Delhi-110078 Ph. 011-49078567

## TREADMILL TEST REPORT

sona das  
ID : 1915  
DATE : 12-02-2022  
AGE/SEX : 31 / F  
HT/WT : 1 / 0  
REF. BY :

PROTOCOL : Bruce  
HISTORY :  
INDICATION : Checkup/Physical fitness,  
MEDICATION :

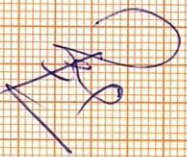
PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			MET'S
								II	V1	V5	
SUPINE					77	120 / 80	92	1.4	0.1	2.3	
STANDING		0:22			97	120 / 80	116	0.9	0.5	1.1	
HYPERVENT					97	120 / 80	116	0.9	0.6	1.1	
Stage 1	2:55	2:55	2.7	10	141	130 / 80	183	0.8	0.2	1.5	
PK-EXERCISE	4:51	1:51		12	165	140 / 80	231	0.1	1.2	0.9	4.61
RECOVERY	5:57	0:55			113	130 / 80	146	0.9	0.5	0.8	
RECOVERY	6:57	1:55			106	130 / 80	137	0.3	0.3	0.2	
RECOVERY	7:57	2:55			101	120 / 80	121	0.5	0.4	0.4	

### RESULTS

EXERCISE DURATION : 4:51  
MAX HEART RATE : 165 bpm 87 % of target heart rate 189 bpm  
MAX BLOOD PRESSURE : 140 / 80 mm Hg  
REASON OF TERMINATION : Achieved THR,  
BP RESPONSE : Normal,  
ARRHYTHMIA : None,  
H.R. RESPONSE : Normal Chronotropic Response,  
IMPRESSIONS :  
Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 6.22 METS

Dr. Karan Chopra  
MBBS, MD, DM (Cardiology)  
Cardiologist  
DMC Regn. No. DMC/R/2946



Technician :

# THE DIAGNOSTIC & IMAGING CENTRE

soma das  
I.D. 1515  
Age 31/F  
Date 12-02-2022

RATE 77bpm  
B.P. 120/80

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



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

*[Handwritten Signature]*

soma das  
I.D. 1515  
Age 31/F  
Date 12-02-2022

RATE 97bpm  
B.P. 120/80

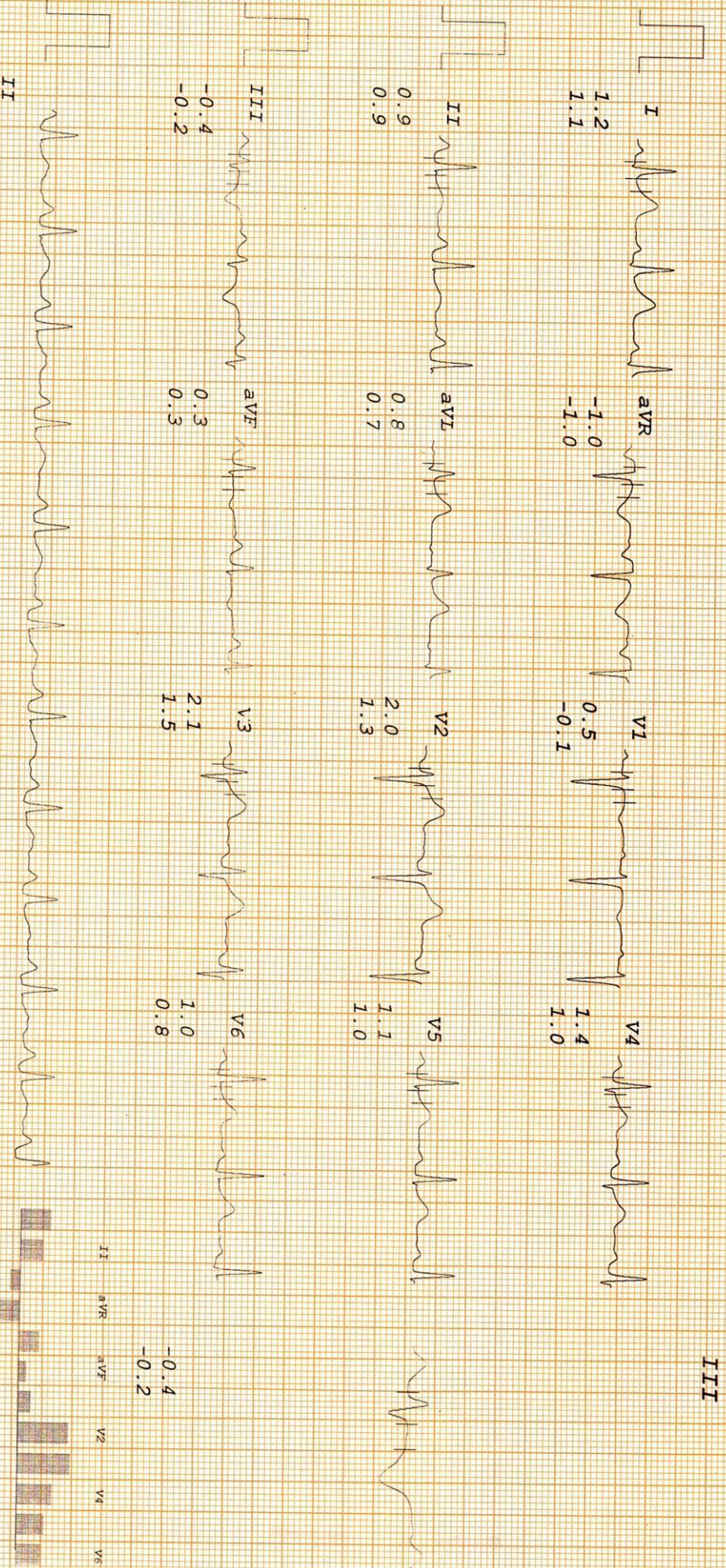
PRETEST  
STANDING

ST @ 10mm/mV  
80ms Post J

# THE DIAGNOSTIC & IMAGING CENTRE

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra  
MBBS, MD, DM (Cardiology)  
Cardiologist  
DMC Regn. No. LW0112948



soma das  
I.D. 1515  
Age 31/F  
Date 12-02-2022

RATE 97bpm  
B.P. 120/80

PRETEST  
HYPERVENT

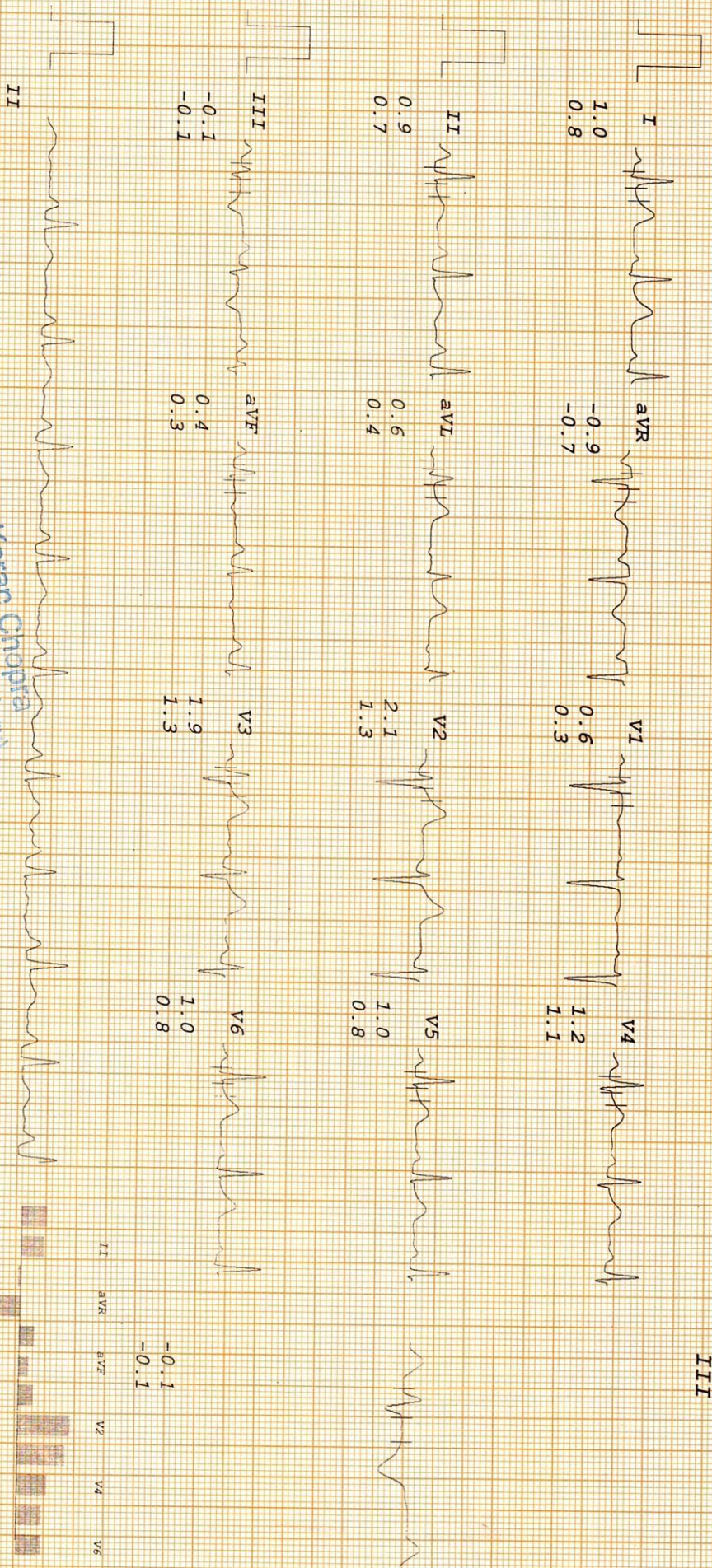
ST @ 10mm/mV  
80ms PostJ

# THE DIAGNOSTIC & IMAGING CENTRE

PHASE TIME 0:22

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra  
MBBS, MD, DM (Cardiology)  
Cardiologist  
DMC Regn. No. DMC/CP/2343

# THE DIAGNOSTIC & IMAGING CENTRE

Soma das  
I.D. 1515  
Age 31/F  
Date 12-02-2022

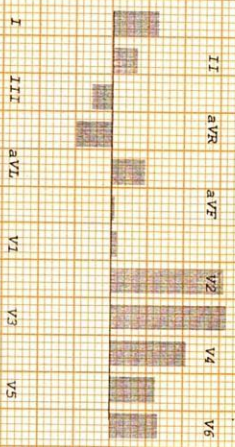
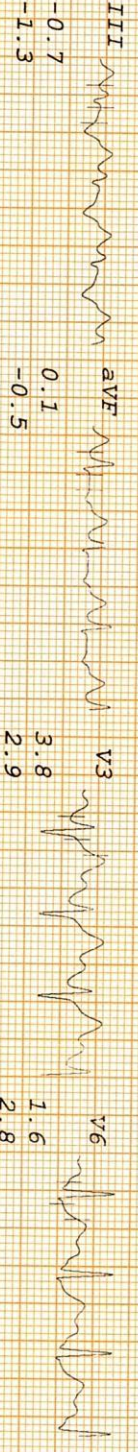
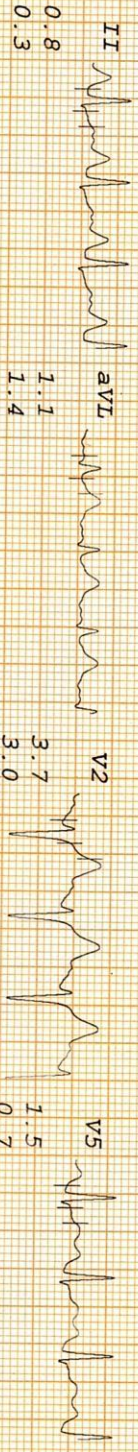
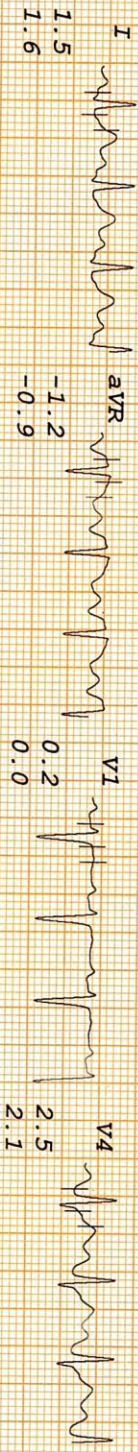
RATE 141bpm  
B.P. 130/80

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 Chopra  
MBBS, MD, DM (Cardiology)  
Cardiologist  
DMC Regn. No. DMC/CR/2348



# THE DIAGNOSTIC & IMAGING CENTRE

soma das  
 I.D. 1515  
 Age 31/F  
 Date 12-02-2022

RATE 113bpm  
 B.P. 130/80

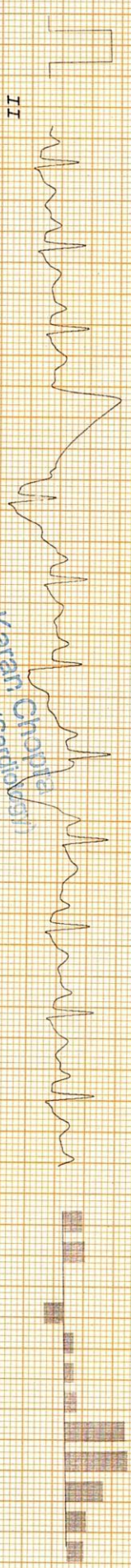
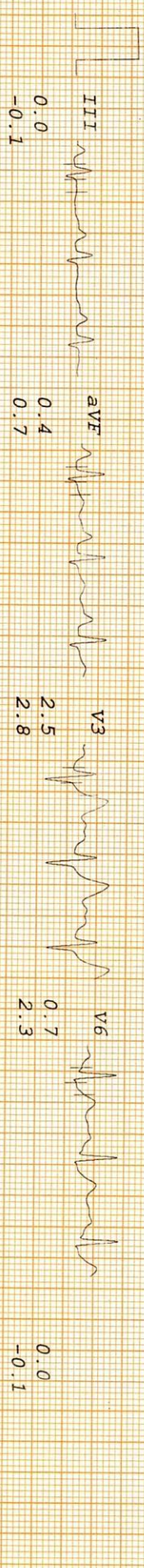
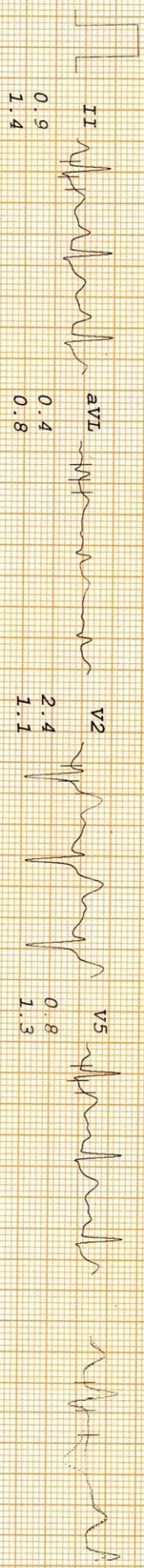
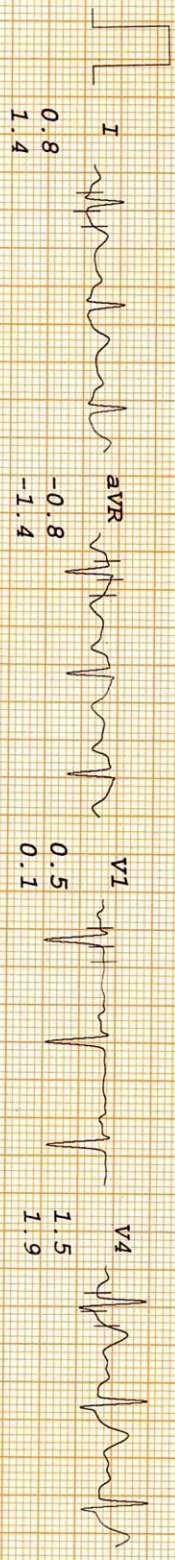
Bruce  
 RECOVERY  
 TOTAL TIME 5:57  
 PHASE TIME 0:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



**Dr. Karan Choudhary**  
 MBBS, MD, DM (Cardiology)  
 Cardiologist  
 DMC Reg. No: DDMC/R/2848

# THE DIAGNOSTIC & IMAGING CENTRE

soma das

I.D. 1515

Age 31/F

Date 12-02-2022

RATE 106bpm  
B.P. 130/80

Bruce  
RECOVERY

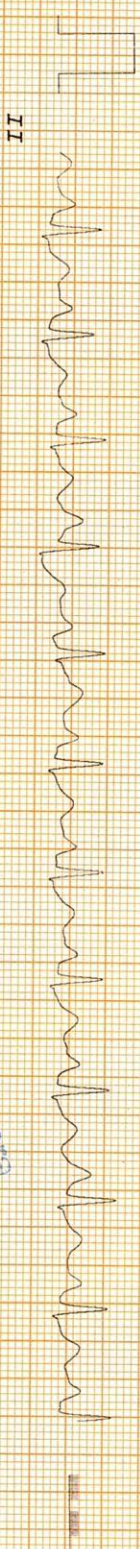
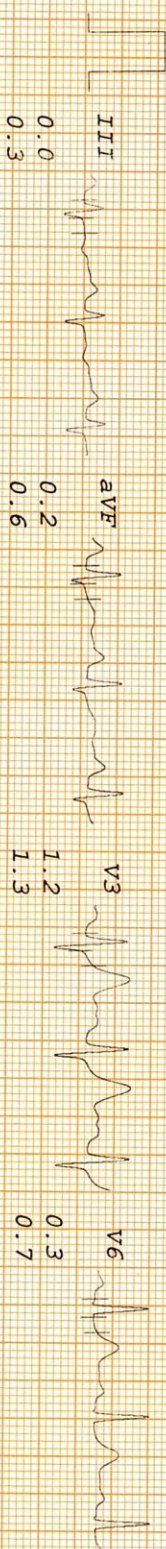
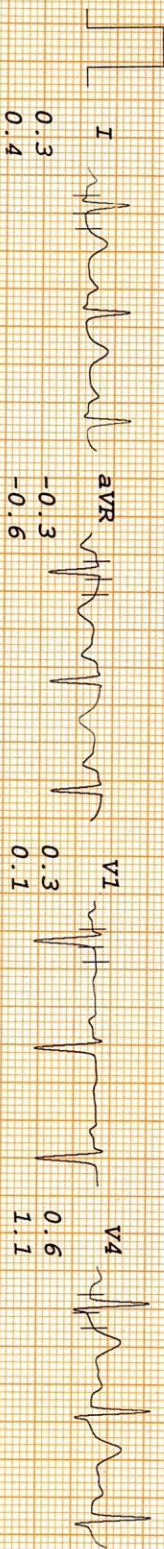
TOTAL TIME 6:57  
PHASE TIME 1:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



I III avR avL V1 V2 V3 V4 V5

Dr. Karan Chhpre  
MBBS, MD, DM (Cardiology)  
DMC Regn. No. DMC/R/2008

# THE DIAGNOSTIC & IMAGING CENTRE

Soma das  
I.D. 1515  
Age 31/F  
Date 12-02-2022

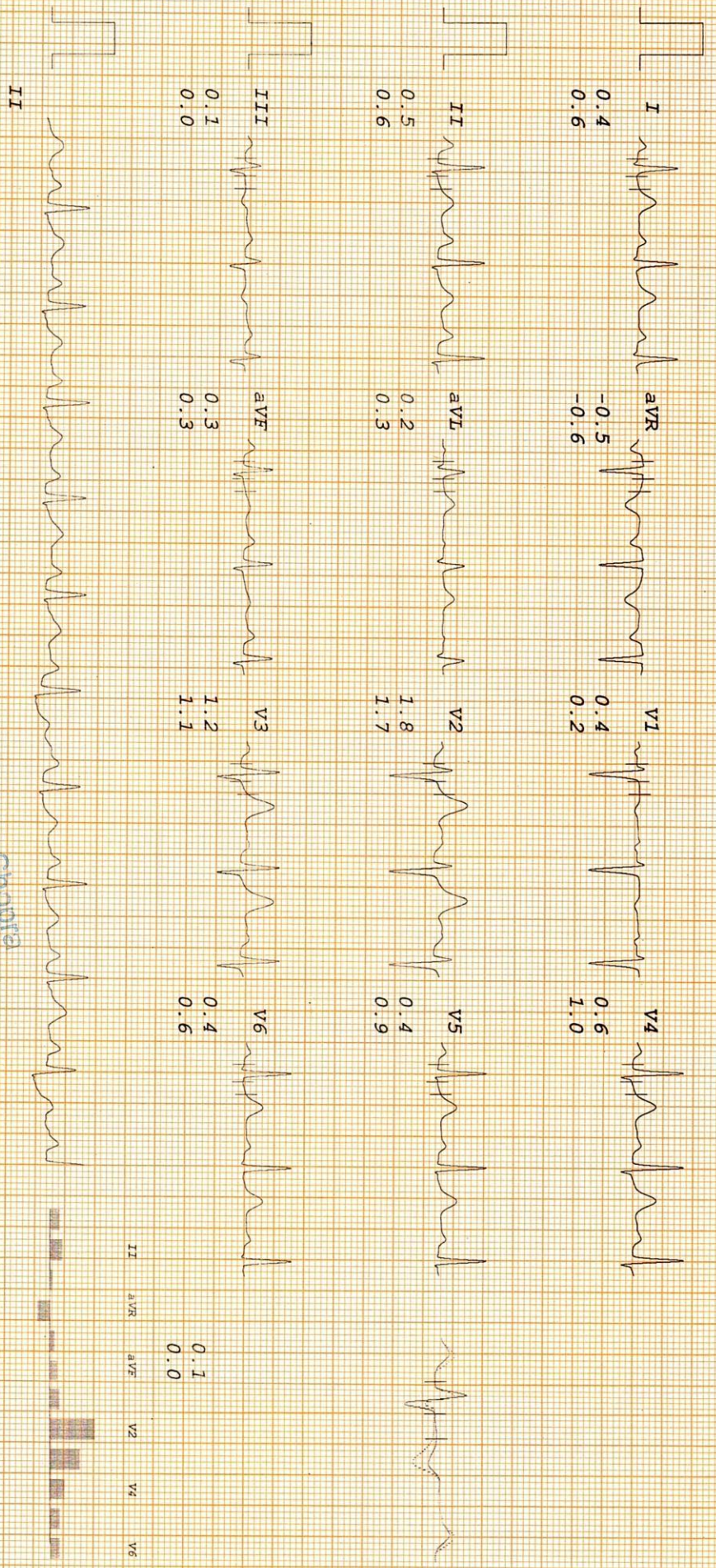
RATE 101bpm  
B.P. 120/80

Recovery  
TOTAL TIME 7:57  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



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

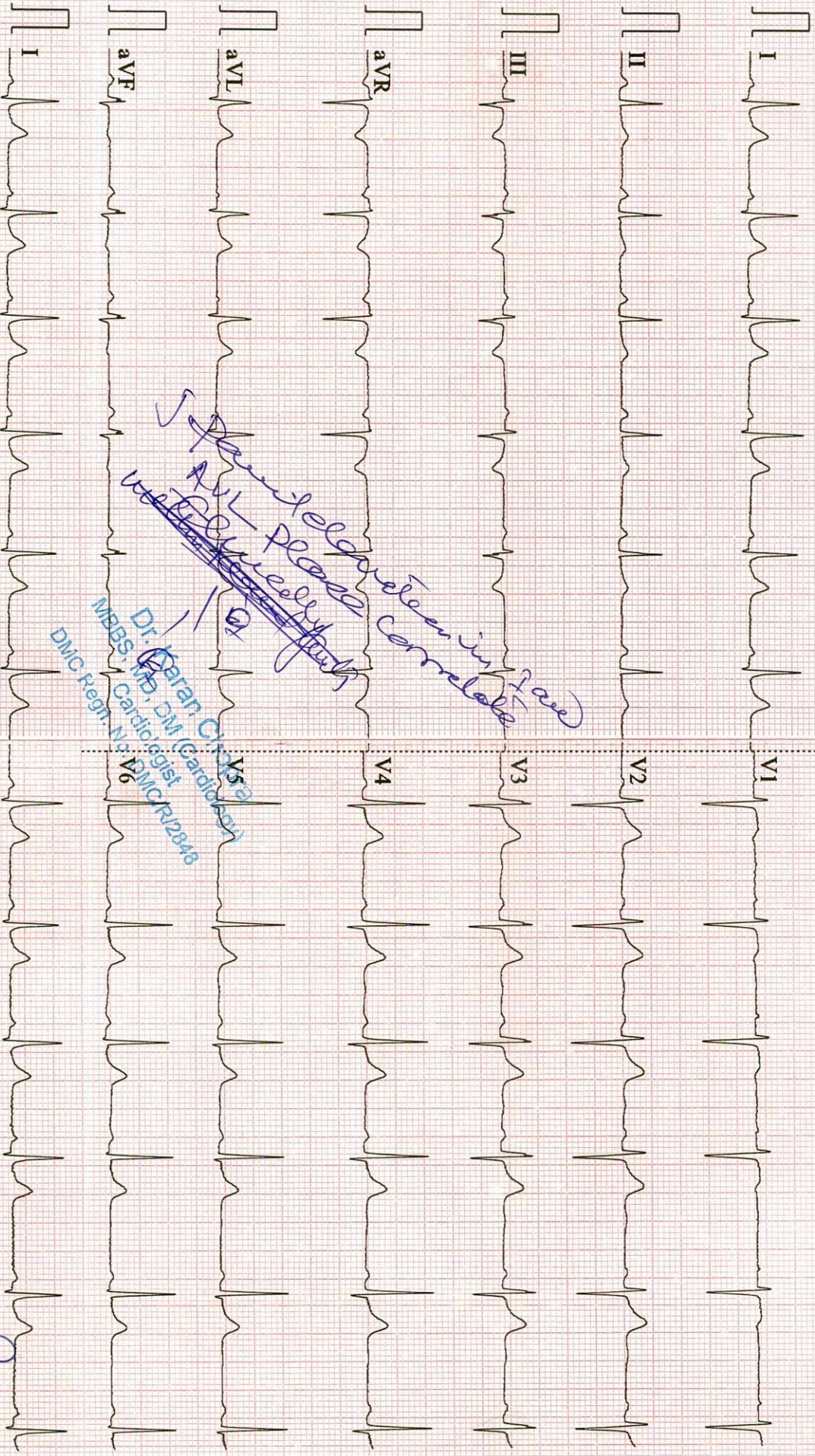
ID: 69  
soma das  
Female 31Years  
Req. No. :

12-02-2022 11:27:52 AM

HR : 69 bpm  
P : 104 ms  
PR : 160 ms  
QRS : 80 ms  
QT/QTcBz : 364/390 ms  
P/QRS/T : 50/19/-5 °  
RV5/SV1 : 1.143/0.905 mV

Diagnosis Information:  
Sinus arrhythmia  
Inferior T wave abnormality is borderline for age and gender  
Borderline ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 9

V1.44 Glasgow V28.6.7

CARDIART