

Patient Name: DASARI THIRUPATHI	Date: 18/04/2024
Patient Id: 5849	Age/Sex: 35 Years / MALE
Ref Phy: DR. SARDA	Address :

RADIOGRAPH OF CHEST PA VIEW

Findings:

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhoutte is within normal limits.


Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.


DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging
Reg. No. 2019/05/3879

DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging



ANUSHREE SONOGRAPHY & X-RAY CENTRE

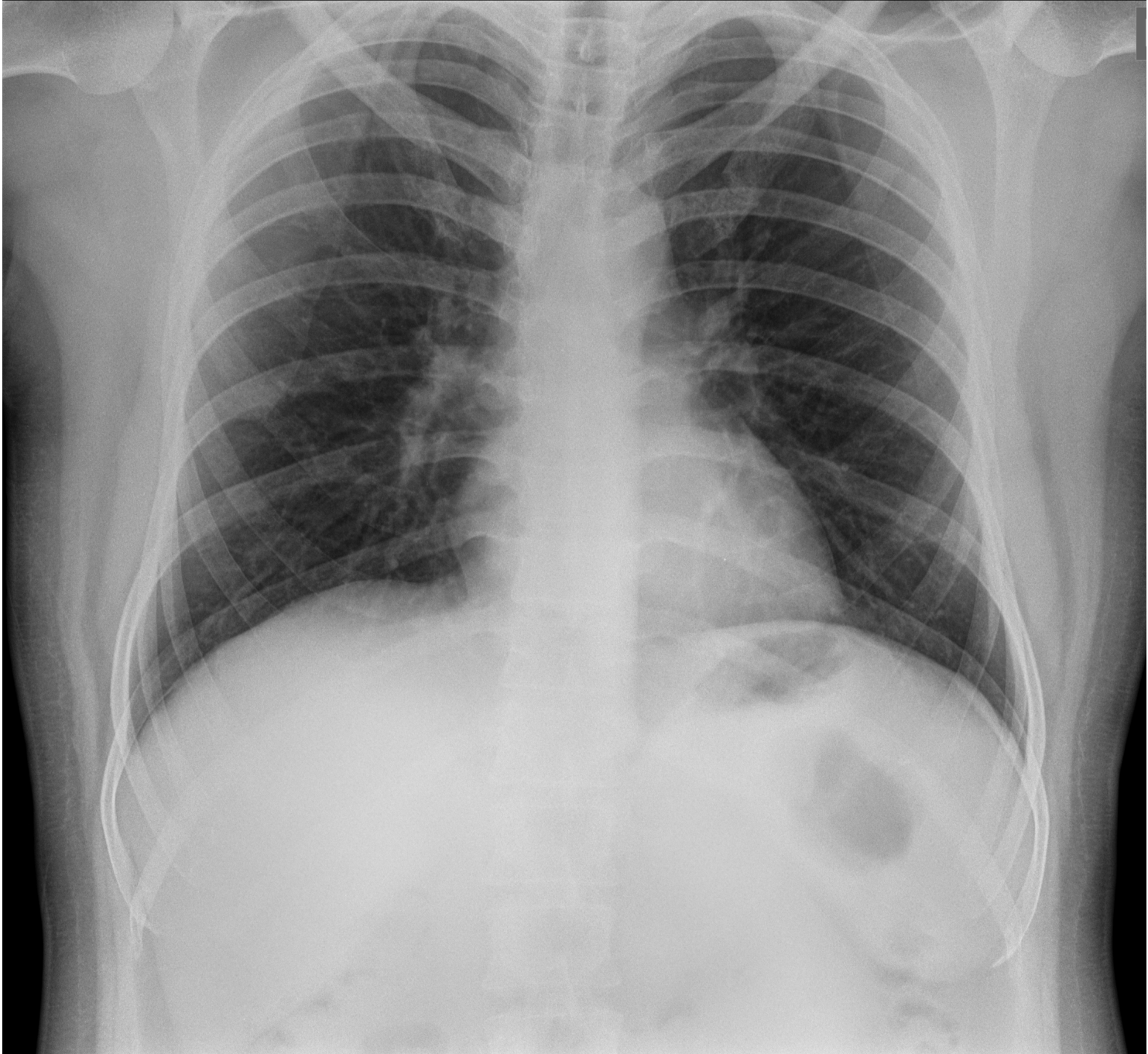
Name: Dasari Thirupathi

Age: 35 Y

Sex: Male

RefDr: Dr. Sarda

Date: 18-Apr-2024



Patient Name: DESARI THIRUPATHI	Date: 18/04/2024
Patient Id: 5850	Age/Sex: 35 Years / MALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 13.5 cm, shape, position. **Mild diffuse fatty changes are noted.** Normal respiratory movements are seen. No focal solid or cystic mass lesion is noted.

BILIARY SYSTEM: Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

PANCREAS: The pancreas is normal in size, shape, and echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

SPLEEN: The spleen is normal in size It measures 9.3 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 10.5 x 4.6 cm. Left kidney measures 9.0 x 4.7 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. Pelvicalyceal systems on both sides are normal.

URINARY BLADDER: The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

PROSTATE: The prostate is normal in shape, position, echogenicity and echotexture. The prostate measure 3.3 x 3.0 x 3.0 cm (volume = 15.4 gm). There is no focal solid or cystic mass lesion in it.

SEMINAL VESICALS: Both seminal vesicles are normal in size, shape, echogenicity and echotexture.

OTHERS: There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

CONCLUSION:

Grade I fatty changes in liver.


DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging
Reg. No. 2019/05/3879


DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging



ANUSHREE SONOGRAPHY & X-RAY CENTRE

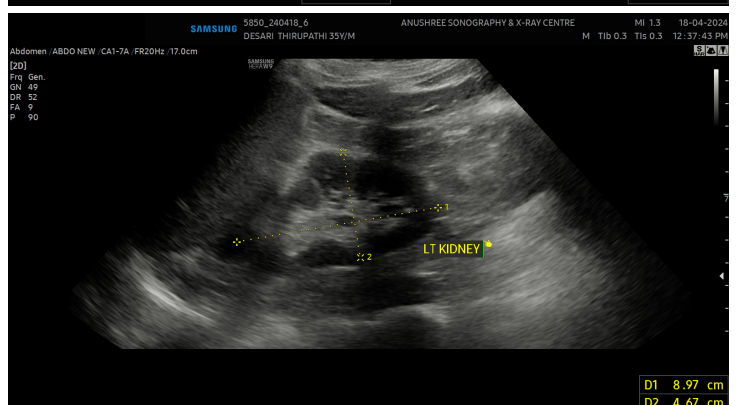
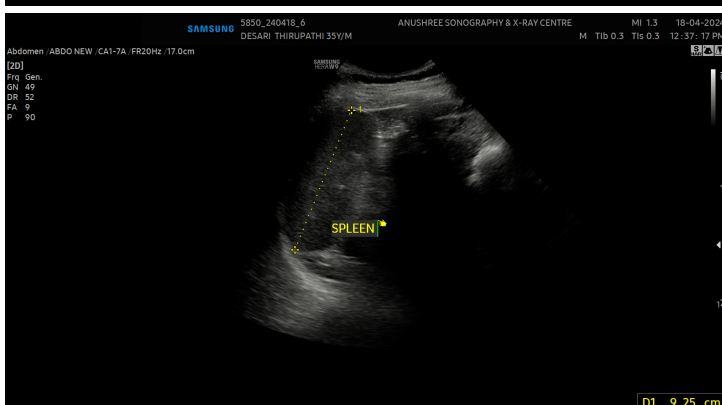
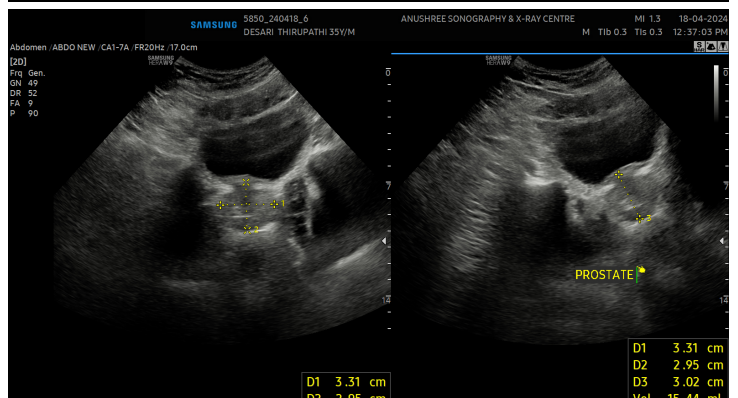
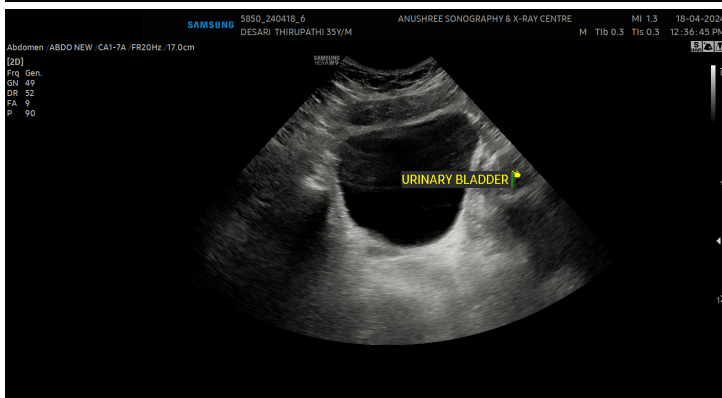
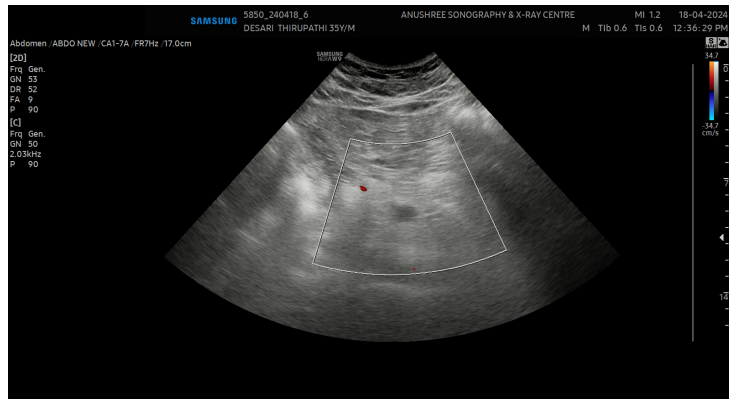
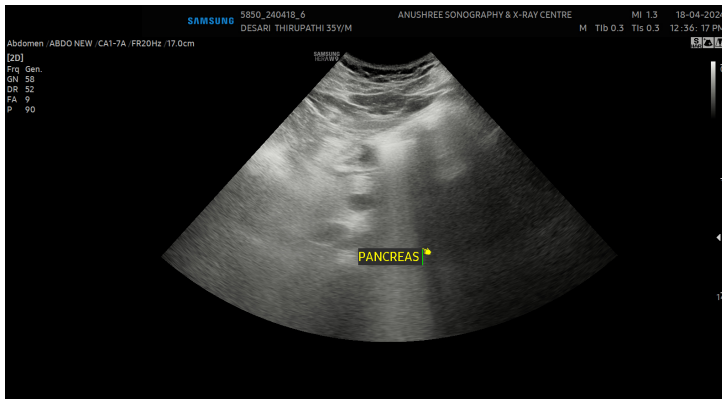
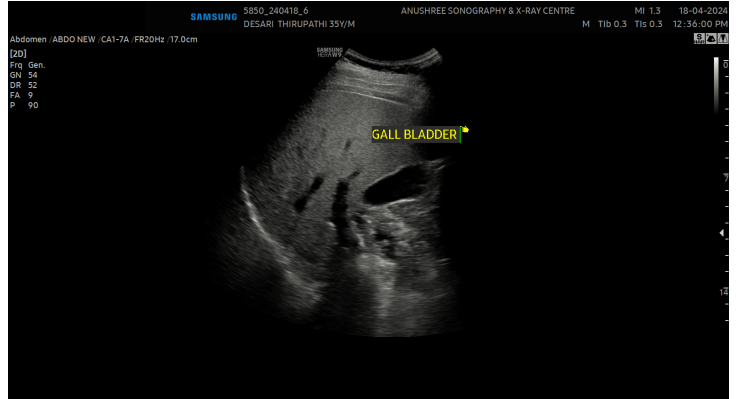
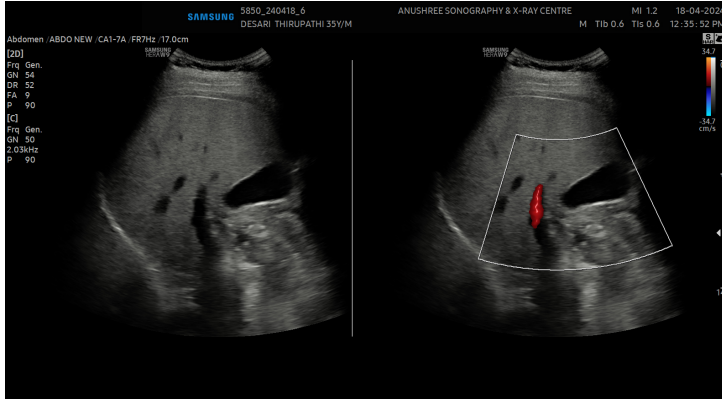
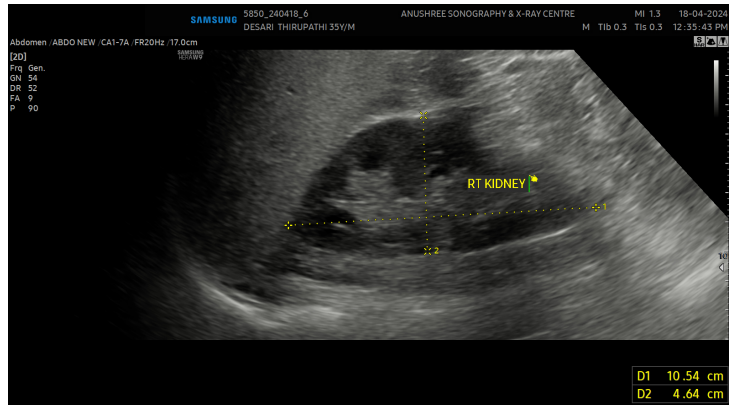
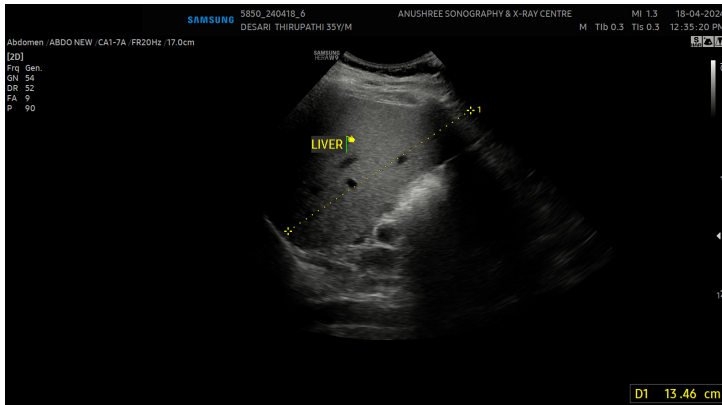
Name: DESARI THIRUPATHI

Age: 35 Y

Sex: Male

RefDr: Sarda

Date: 18-Apr-2024



Patient Name : MR DASARI THIRUPATI



SCD24/3595



Age/Gender : 35 Yrs/Male

Report Date

: 18/04/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD GROUP AND RH FACTOR			
Blood Group	'B'		
Rh Factor	POSITIVE(+VE)		

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.6 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 114 mg/dL

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	< 5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥ 6.5
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: < 7.5

ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	219	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	171	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	45	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	139.80	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	34.20	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.87	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	3.11	Ratio	0 - 3.5

Interpretation

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

Test	Comment
Total cholesterol:	measures all the cholesterol in all the lipoprotein particles
High-density lipoprotein cholesterol (HDL-C):	measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.
Low-density lipoprotein cholesterol (LDL-C):	measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis
Triglycerides:	measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI



SCD24/3595



Age/Gender : 35 Yrs/Male

Report Date

: 18/04/2024

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING	93	mg/dl	70 - 110
---------------------	----	-------	----------

Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA <i>Method: UV</i>	23	mg/dl	10 - 45
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.7	mg/dL	0.70 - 1.40
URIC ACID	5.5	mg/dl	2.5 - 7.2

Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.60	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.20	mg/dL	0.0 -0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.40	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	39	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	37	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	99	U/L	74 - 390
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.4	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.4	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	3.00	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.47		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	20	IU/L	15 - 73
<i>Method: Kinetic</i>			

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI



SCD24/3595



Age/Gender : 35 Yrs/Male

Report Date

: 18/04/2024

Ref. Dr. : MEDIWHEEL

IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM			
PSA (PROSTATE SPECIFIC ANTIGEN)-Serum	0.43	ng/ml	4.0

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



Thyroid Function Test (TFT)

T3	118.3	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 : 16 Yr-18 Yr, 87-173 : > 18 years,
T4	7.15	ng/dl	5.9-21.5 : 10-31 Days, 5.9-21.5 : 0-1 Month, 6.4-13.9 : 2-12 Months, 6.09-12.23 : >1 Yr
TSH(Serum)	2.67	ng/dl	0.52-16.0 : 1 Day - 30 Days 0.55-7.10 : 1 Mon-5 Years 0.37-6.00 : 6 Yrs-18 Years 0.38-5.33 : 18 Yrs-88 Years 0.50-8.90 : 88 Years

Method : ECLIA

Clinical features of thyroid disease

Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

Dr. R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI



SCD24/3595



Age/Gender : 35 Yrs/Male

Report Date

: 18/04/2024

Ref. Dr. : MEDIWHEEL

URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
URINE ROUTINE			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.010		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	Not seen	/hpf	Nil
Pus cells	2-3/hpf	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



SCD24/3595

Report Date

: 18/04/2024



Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

COMPLETE BLOOD COUNT

Total WBC Count	5,800	cell/cu.mm	4000 - 11000
Haemoglobin	15.1	g%	13 - 18
Platelet Count	1,99000	/cumm	150000 - 450000
RBC Count	4.92	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	88.6	fL	80 - 97
Mean Corp Hb MCH	30.7	pg	26 - 32
Mean Corp Hb Conc MCHC	34.6	gm/dL	31.0 - 36.0
Hematocrit HCT	43.6	%	36.0 - 48.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	64	%	40 - 75
Lymphocytes	30	%	20 - 45
Monocytes	03	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	08	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
-----	----	-------	---

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MR DASARI THIRUPATI

Age/Gender : 35 Yrs/Male

Ref. Dr. : MEDIWHEEL



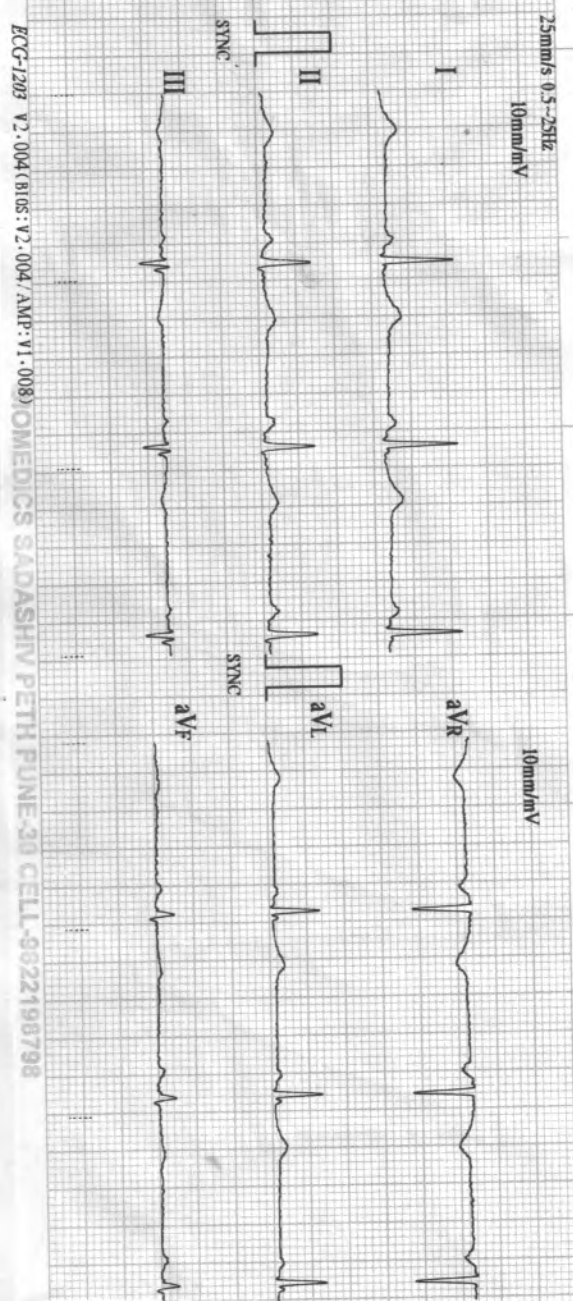
SCD24/3595

Report Date

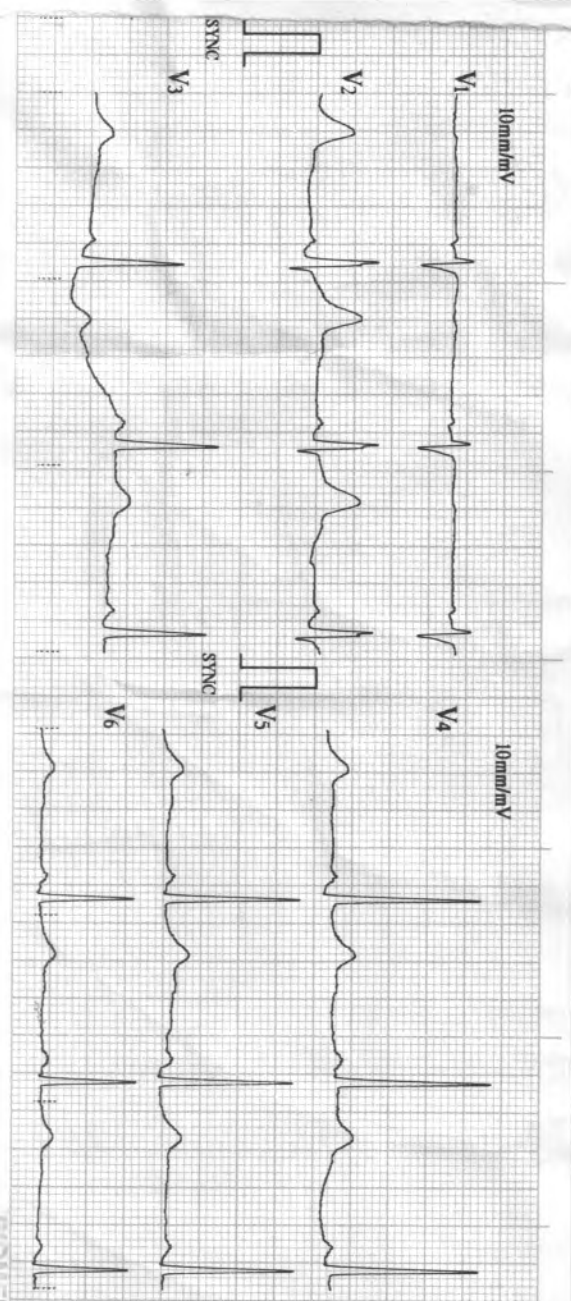
: 18/04/2024



Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858



25mm/s 0.5-25Hz
10mm/mV
ECG-1203 V2.004 (RDS: V2.004, AMP: V1.008) COMEDICS SADASHIV PETH PUNE-30 CELL-9822198798



04/18/2024 12:40
ID : 6113
Name : Mr. Dasari Thirupathu
Sex : M
Age : 55y

HR : 58 bpm
R-R : 1020 ms
P-R : 135 ms
QRS : 85 ms
QT/QTc : 413/408 ms
P/QRS/T : 32/17/17 °
RV5/SVL : 1.77/0.0470mV
RV5-SVL : 2.240 mV

COMEDICS SADASHIV PETH PUNE
Physician: Dr. G. P. S. (Med) D.T.C.D.

Dr. Gitesh R. Dalvi
M.B.B.S., D.C.C.D.
Cell: 9822198798

Machine Interpretation Only
Confirm with Physician

SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334658.

Name: Mr. Dasari Thirupathi Age: 55y M
BOB

CLINICAL SUMMARY:

Weight: _____ Height (Cms): _____ Blood Pressure: _____

ECG FINDINGS: WNL

Rate: 58/min ORS. Complex: ⊖

Rhythm: ⊖ ST Segment: ⊖

Mechanism: ⊖ T. Wave: ⊖

Axis: ⊖ QT Interval: ⊖

P. Wave: ⊖ PR Interval: ⊖

Recommendation: WNL

Date: 18.9.24

DR. GITESH R. DALVI
M.B.B.S., F.C.P.S. (Med) D.T.C.D.
Reg. No. 200306040418
SARDA CENTRE FOR DIABETES & SELF CARE
4, Vyankatesh Nagar, Jaina Road, Aurangabad
Ph. : (0240) 2333851, 2334658

Dasari, Thirupathi
 Patient ID 34357
 18.04.2024 Male 163 cm 64 kg
 4:02:00pm 35yrs Asian
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 09:02
 Max HR: 153 bpm 82% of max predicted 185 bpm HR at rest: 70
 Max BP: 160/80 mmHg BP at rest: 120/80 Max RPP: 22200 mmHg*bpm
 Maximum Workload: 10.10 METS

Max. ST: -1.05 mm, 0:00 mV/s in V4; EXERCISE STAGE 3 07:30
 ST/HR index: 0.91 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Exercise of bruce protocol for 09:02 min.

Target heart rate achieved.

No angina/arrhythmias.No S-T Changes.

Test is negative for induced ischemia.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	STLevel (V4 mm)	Comment
PRETEST	SUPINE	01:23	0.00	0.00	1.0	72	120/80	8640	0	0.35	
	STANDING	00:27	0.50	0.00	1.1	67			0	0.30	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	98	130/80	12740	0	0.25	
	STAGE 2	03:00	2.50	12.00	7.0	118	140/80	16520	0	-0.40	
	STAGE 3	03:00	3.40	14.00	10.1	150	150/80	22500	0	-0.40	
	STAGE 4	00:02	4.20	16.00	10.1	153			0	-0.25	
RECOVERY		04:01	0.00	0.00	1.0	93	160/80	14880	0	0.05	

Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:03:23pm

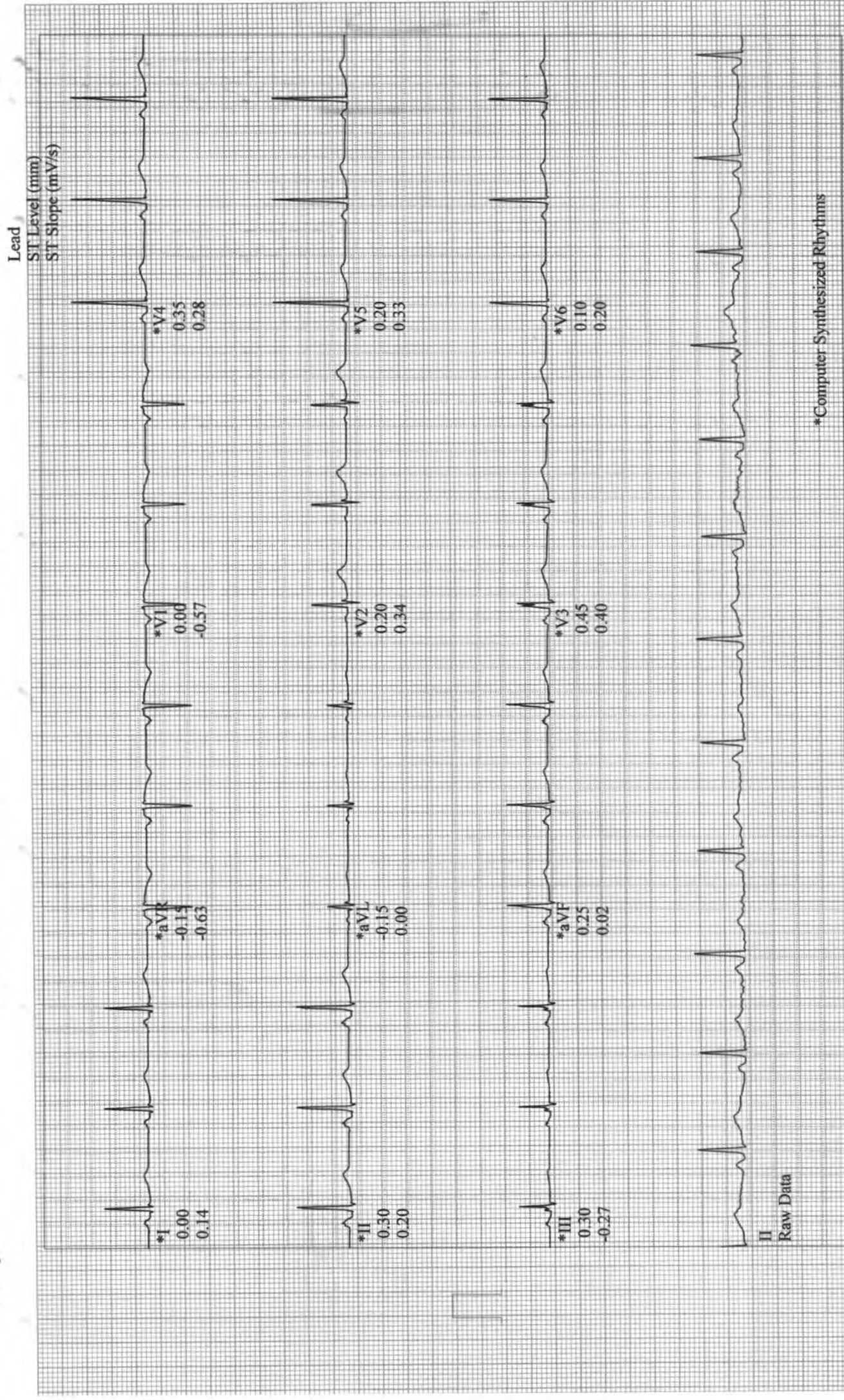
Linked Medians

PRETEST
SUPINE
01:21

71 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL



II
Raw Data

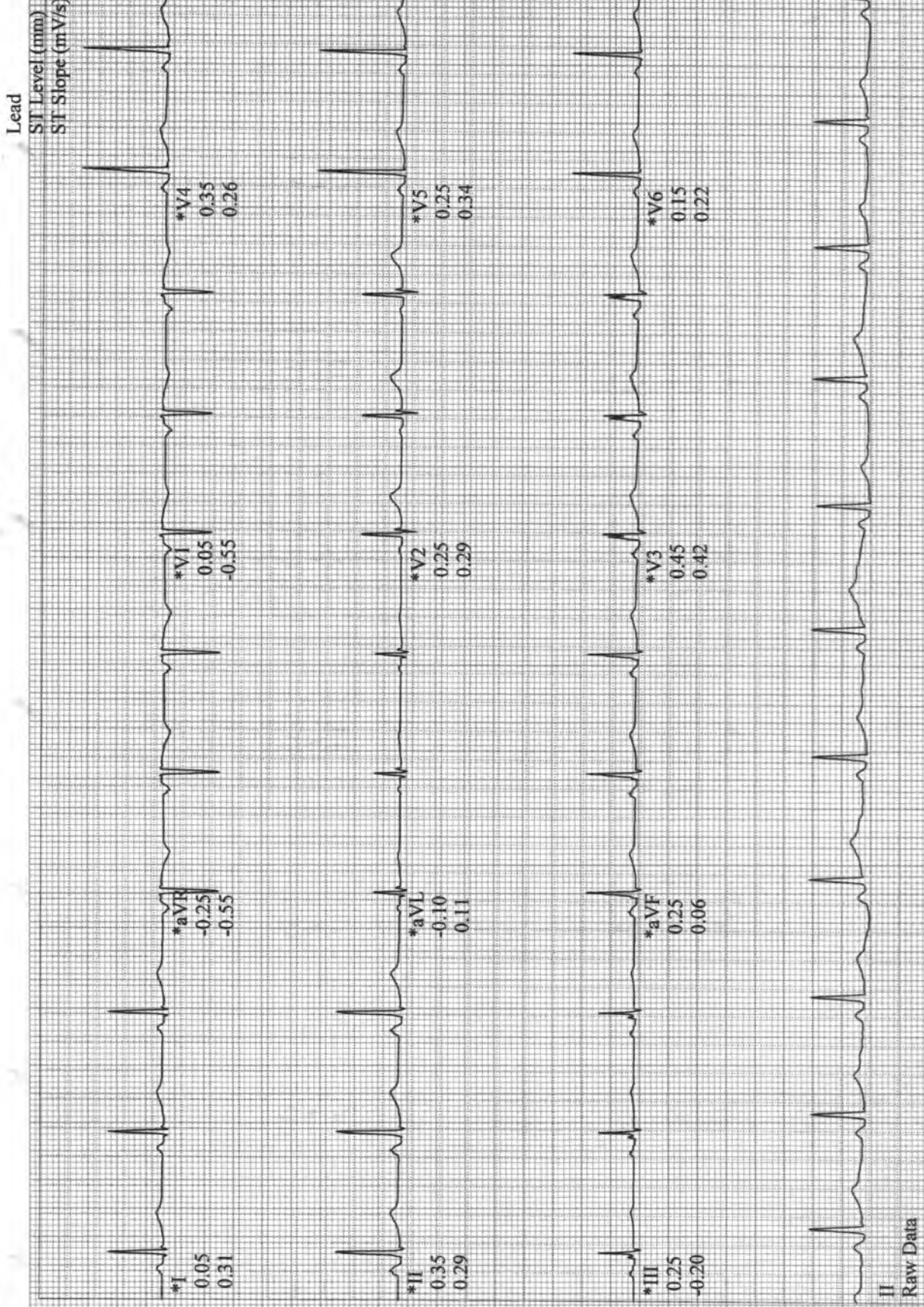
*Computer Synthesized Rhythms

Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:03:34pm

Linked Medians

PRETEST
STANDING
01:33
71 bpm
120/80 mmHg

ASIAN HOSPITAL



*Computer Synthesized Rhythms

Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:06:46pm

12-Lead Report

BRUCE
1.7 mph
10.0 %
EXERCISE
STAGE 1
02:50

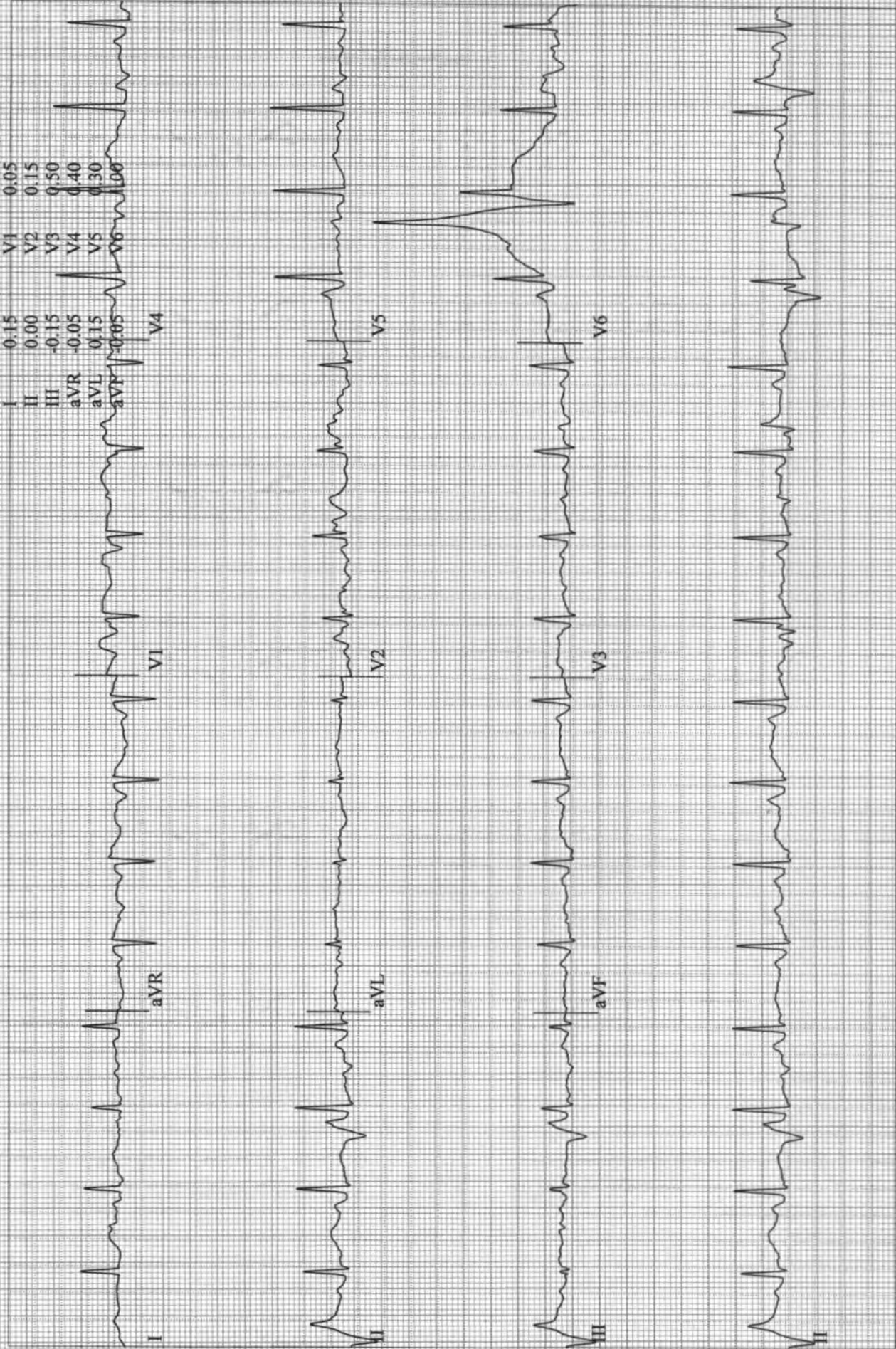
96 bpm
130/80 mmHg

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)
I	0.15
II	0.00
III	-0.15
aVR	-0.05
aVL	0.15
aVF	0.05
V1	0.05
V2	0.15
V3	0.50
V4	0.40
V5	0.30
V6	0.00



Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:09:46pm

12-Lead Report

BRUCE
2.5 mph
12.0 %
EXERCISE
STAGE 2
05:50

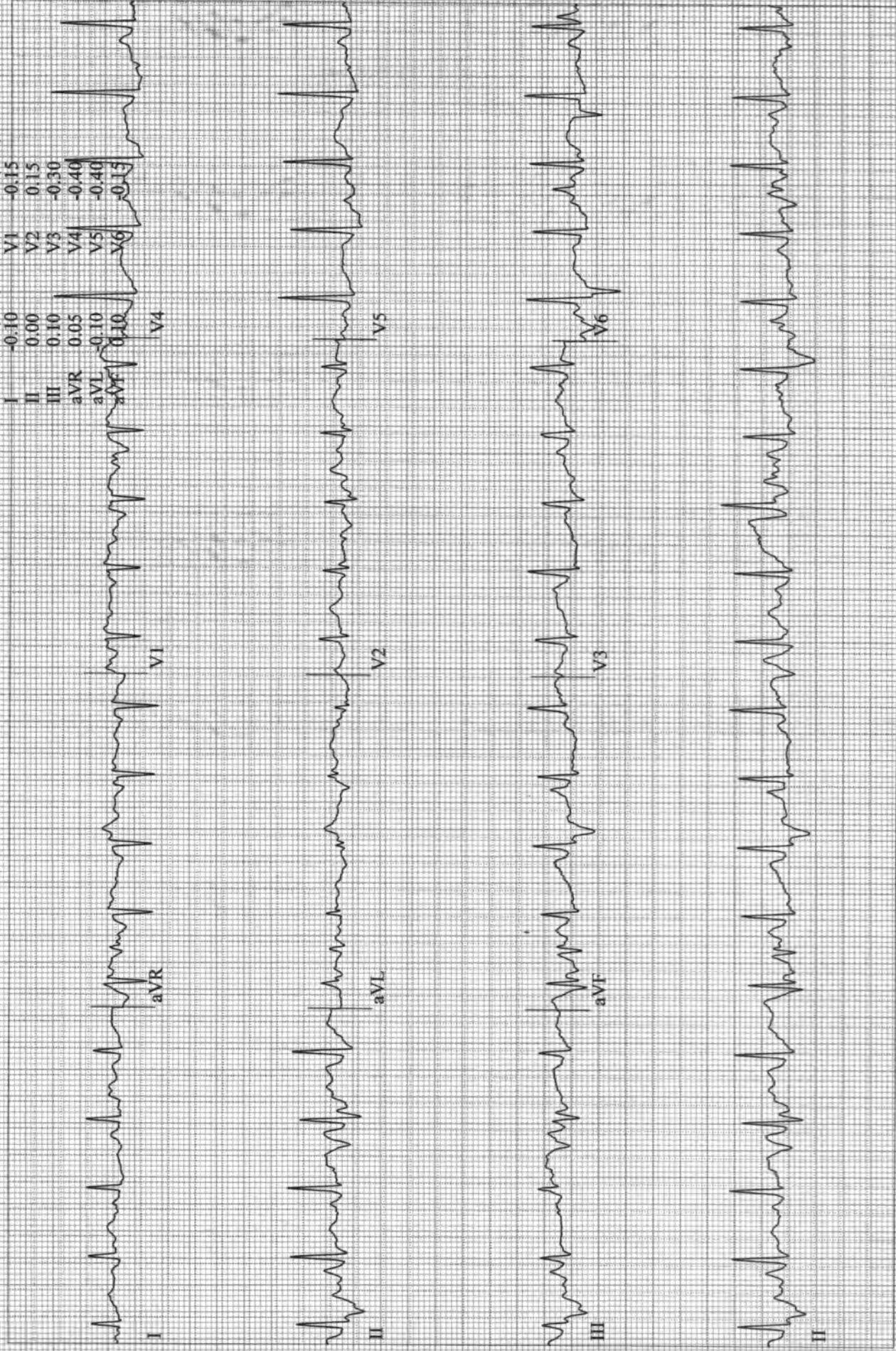
118 bpm
140/80 mmHg

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)
I	-0.10
II	0.00
III	0.10
aVR	0.05
aVL	0.10
aVF	0.10
V1	-0.15
V2	0.15
V3	-0.30
V4	-0.40
V5	-0.40
V6	-0.15



Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:12:46pm

12-Lead Report

EXERCISE
STAGE 3
08:50

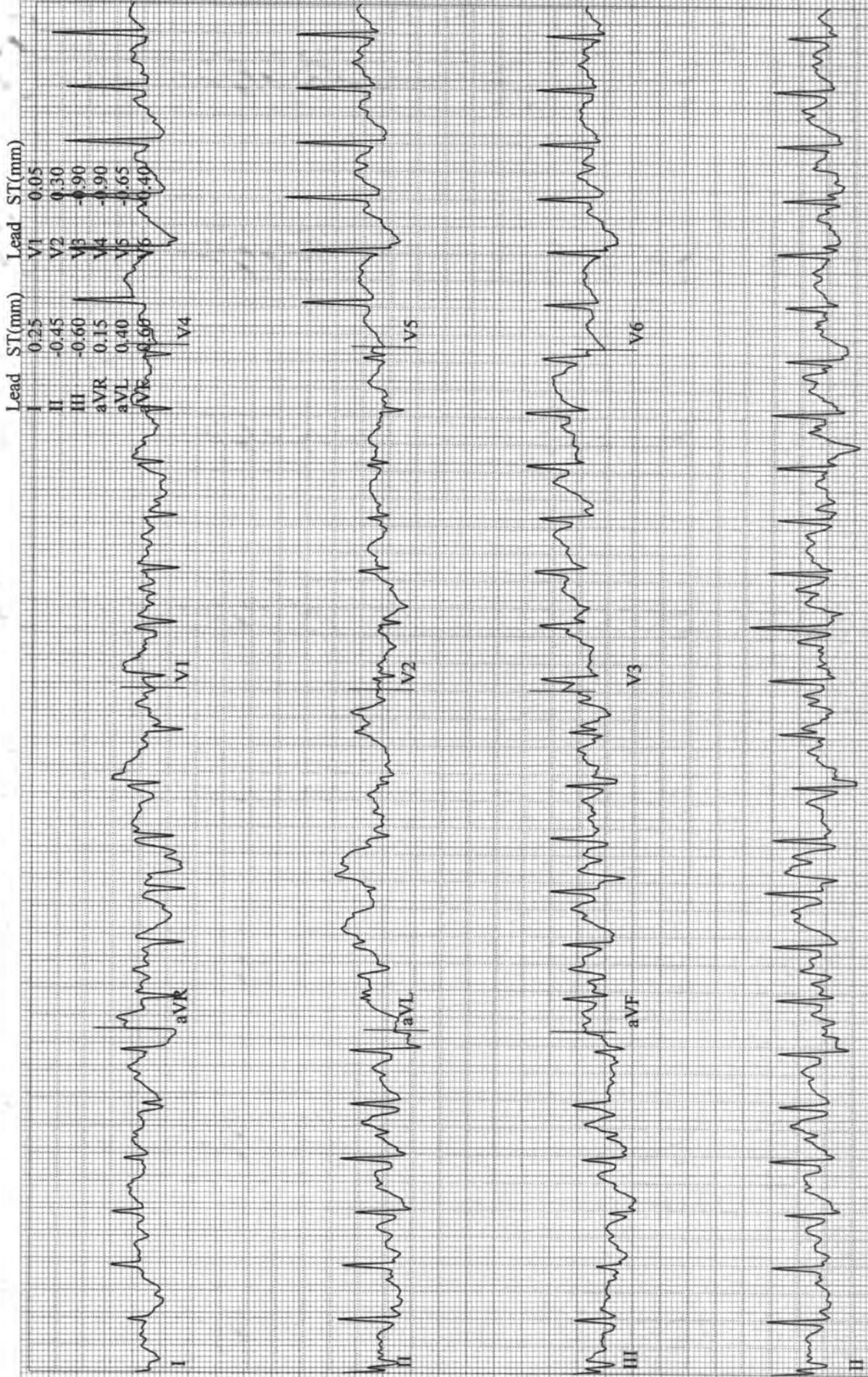
153 bpm
150/80 mmHg

BRUCE
3.4 mph
14.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	0.05
II	-0.45	V2	0.30
III	-0.60	V3	-0.90
aVR	0.15	V4	-0.90
aVL	0.40	V5	-0.65
V6	0.60	V6	-0.40

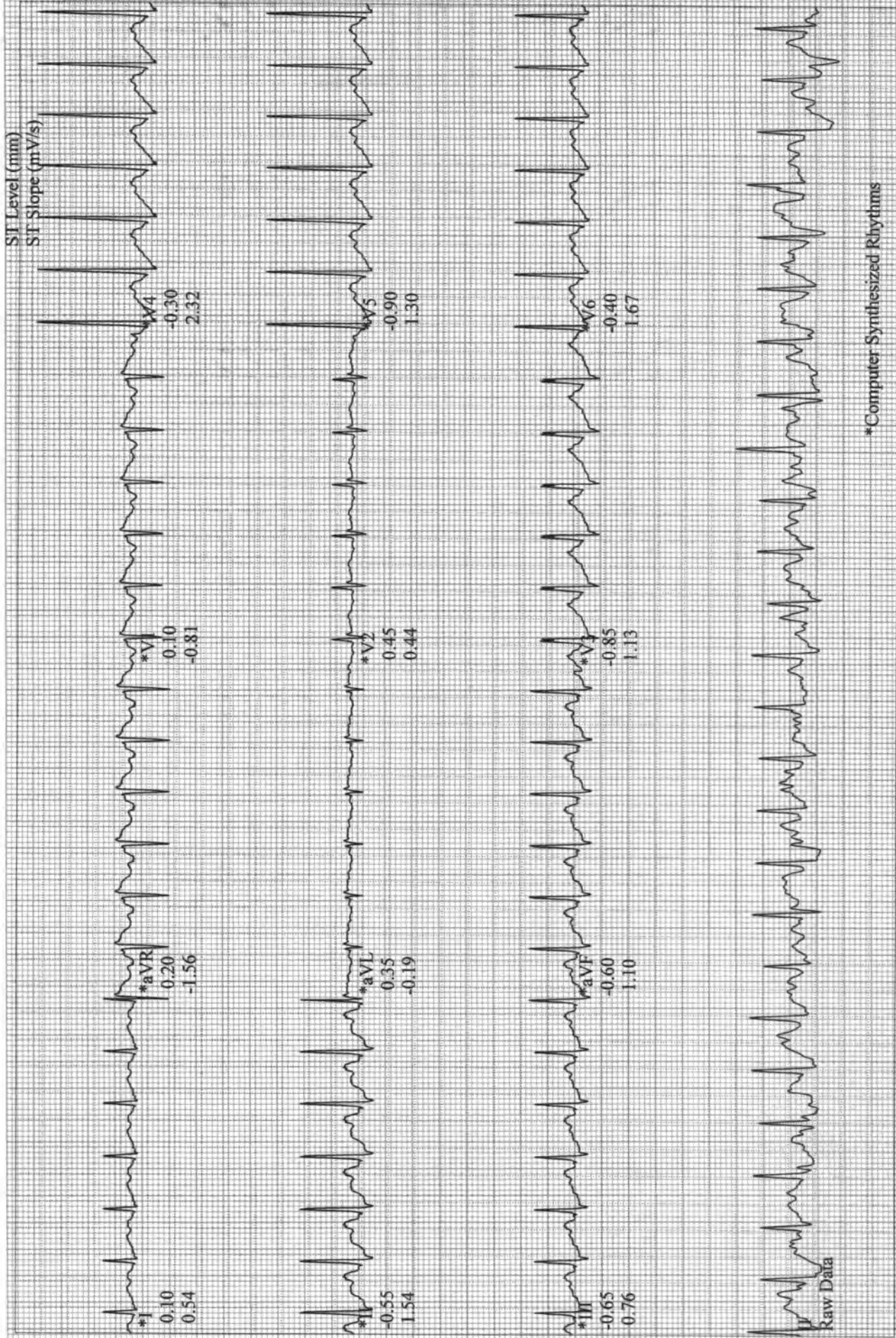


Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:12:52pm

Linked Medians (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 4 4.2 mph
09:02 16.0 %

ASIAN HOSPITAL

Lead



*Computer Synthesized Rhythms

Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:13:48pm

12-Lead Report

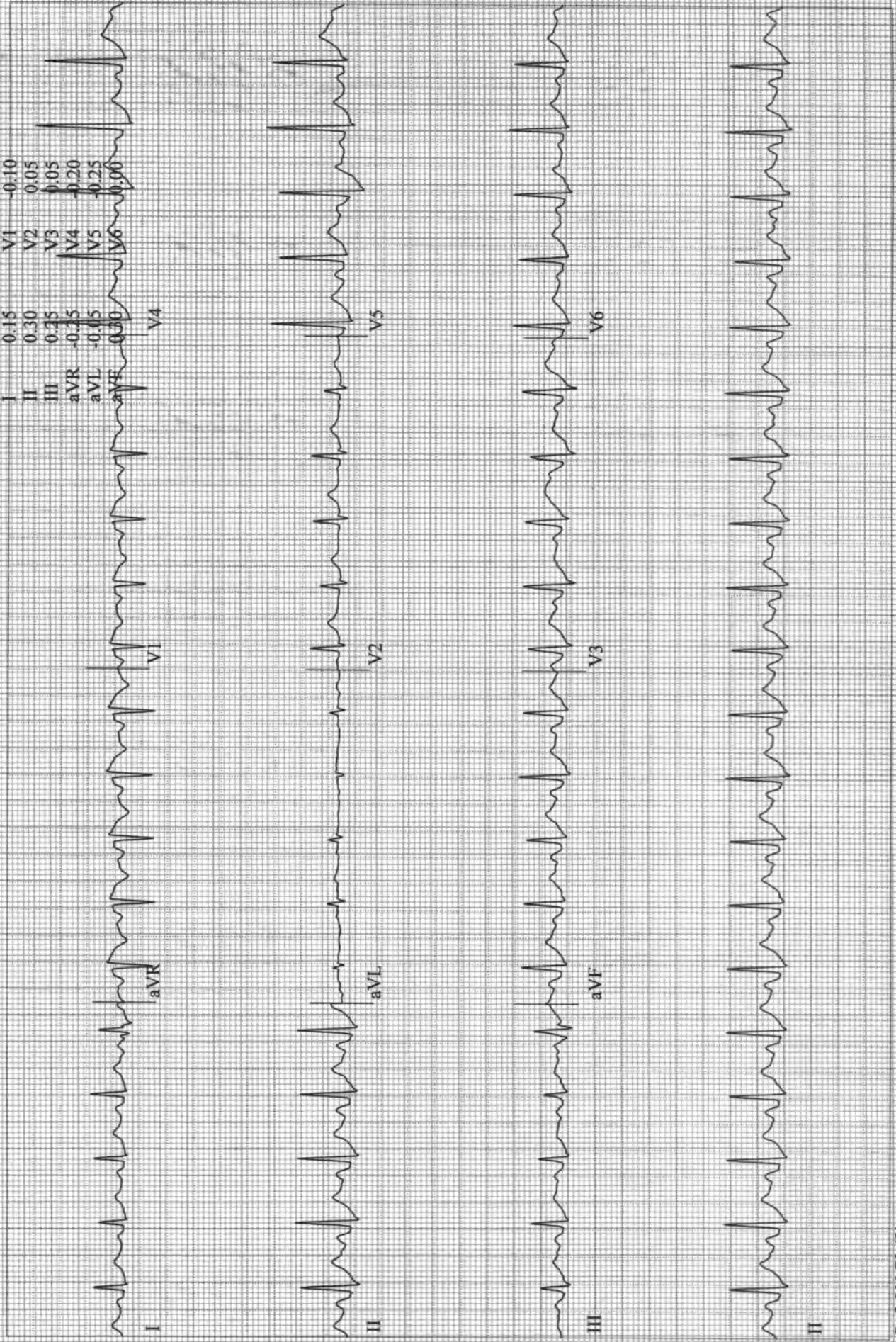
RECOVERY
#1
00:50
127 bpm

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)
I	0.15
II	0.30
III	0.25
aVR	-0.15
aVL	-0.05
aVF	0.30
V1	-0.10
V2	0.05
V3	0.05
V4	-0.20
V5	-0.25
V6	0.00



Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:14:48pm

12-Lead Report

RECOVERY
#1
01:50
108 bpm

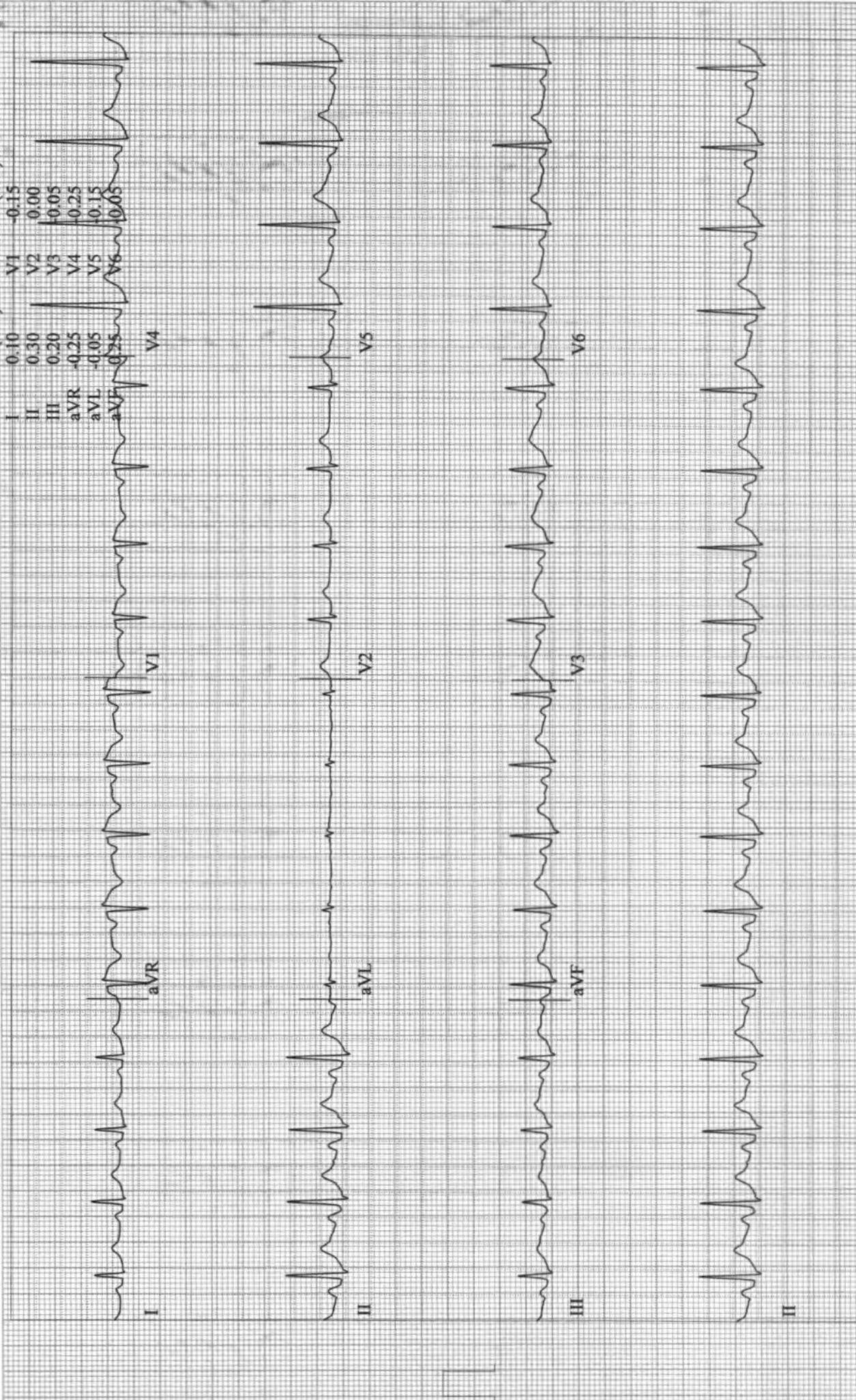
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)
I	0.10
II	0.30
III	0.20
aVR	-0.25
aVL	-0.05
aVF	0.25
V1	-0.15
V2	0.00
V3	-0.05
V4	-0.25
V5	0.15
V6	0.05

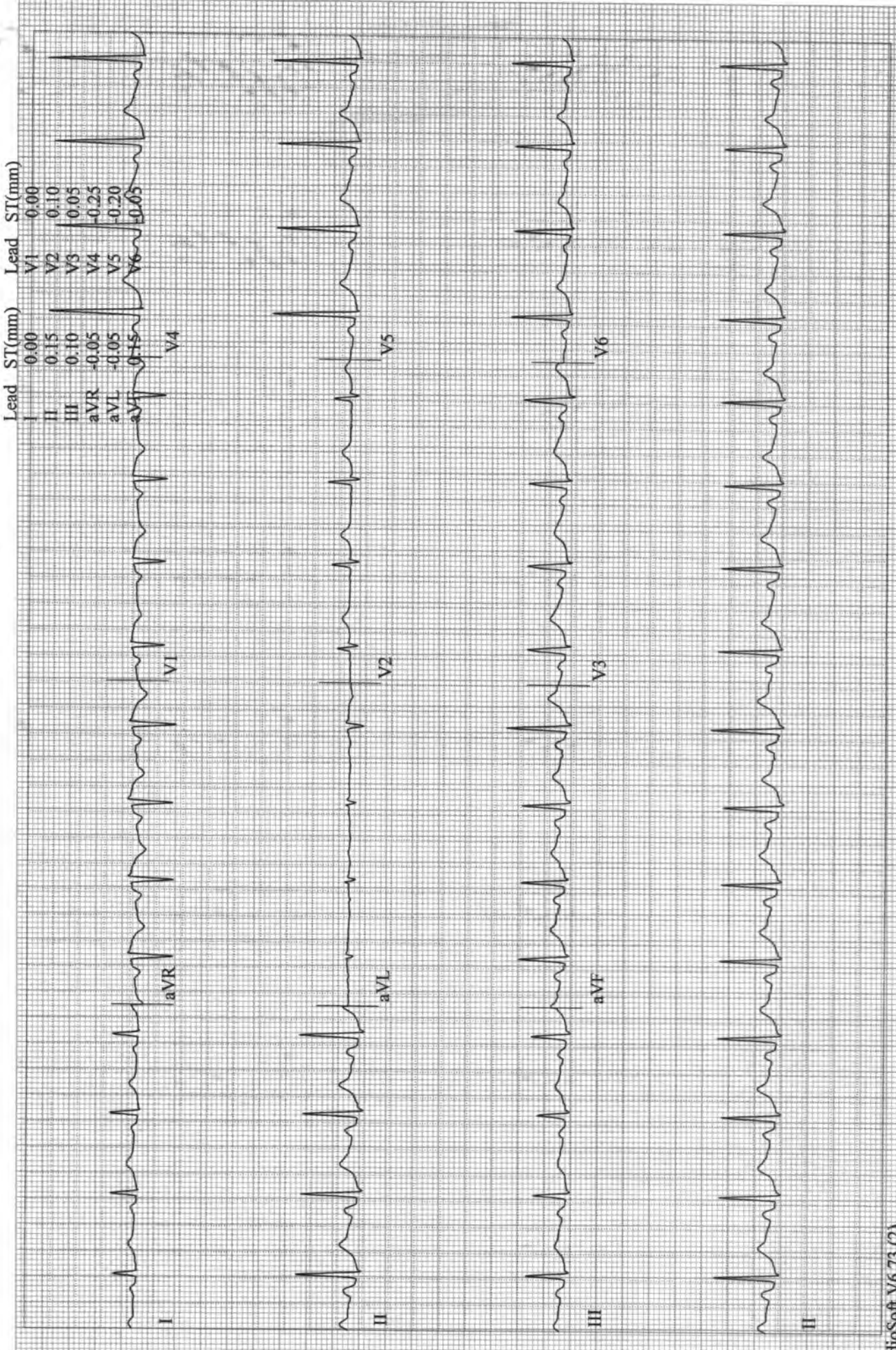


Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:15:48pm

12-Lead Report

RECOVERY #1 02:50
98 bpm
160/80 mmHg
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL
Measured at 60ms Post J (10mm/mV)
Auto Points



Dasari, Thirupathi
Patient ID 34357
18.04.2024
4:16:48pm

12-Lead Report

RECOVERY
#1
03:50

95 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-0.10
II	0.35	V2	0.10
III	0.25	V3	0.30
aVR	-0.25	V4	0.05
aVL	-0.10	V5	-0.05
aVF	0.30	V6	0.00

