



# CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)  
Ph: 7232903044,9161222228  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIL KUMAR PANDEY	Registered On	: 08/Jun/2024 08:21:42
Age/Gender	: 49 Y 0 M 0 D /M	Collected	: 08/Jun/2024 09:24:13
UHID/MR NO	: CGKP.0000030120	Received	: 08/Jun/2024 09:34:05
Visit ID	: CGKP0040172425	Reported	: 08/Jun/2024 12:09:47
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	13.70	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	5,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	56.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	16.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	4.00	Mm for 1st hr.	<9	
PCV (HCT)	42.30	%	40-54	
Platelet count				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.29	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	98.60	fl	80-100	CALCULATED PARAMETER
MCH	32.00	pg	27-32	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,806.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	300.00	/cu mm	40-440	

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING \* , Plasma

Glucose Fasting	114.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP Sample: Plasma After Meal

Glucose PP	126.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.80	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	123	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)	NGSP mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.





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## DEPARTMENT OF BIOCHEMISTRY

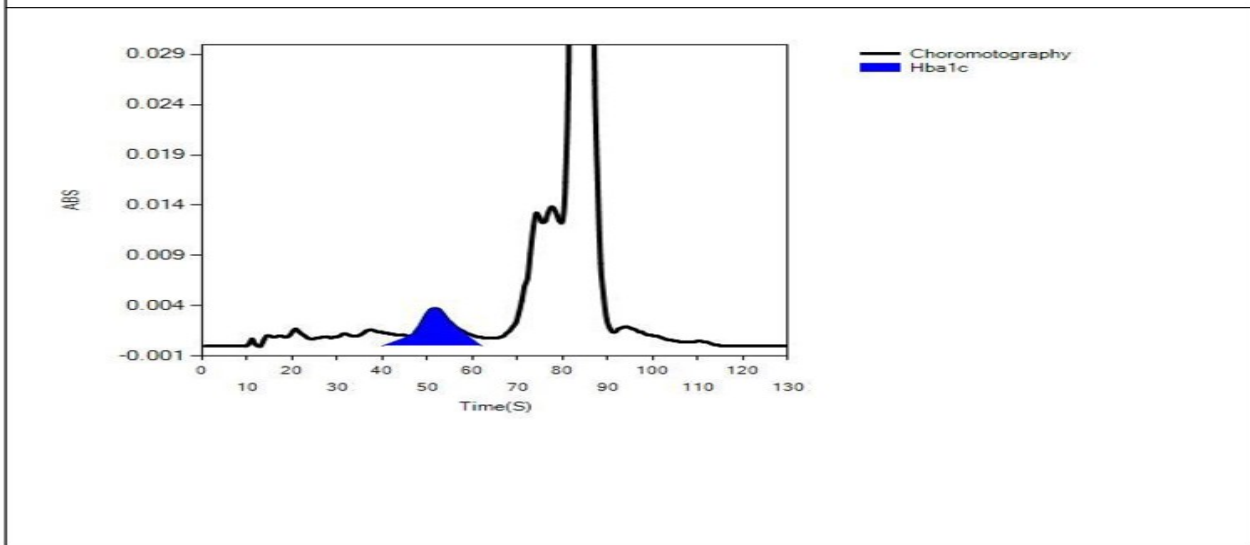
### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Sample Id : 65738685
Age :	Department :	Sample Type : Whole Blood EDTA	Total Area : 7575
Gender :			

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	84	1347	6944	91.7
HbA1c	51	37	424	5.9
La1c	37	16	114	1.6
HbF	26	9	12	0.2
Hba1b	20	17	62	0.9
Hba1a	14	11	19	0.3



BUN (Blood Urea Nitrogen) Sample:Serum	9.74	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.97	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	4.26	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	31.10	U/L	<35	IFCC WITHOUT P5P





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGPT / Alanine Aminotransferase (ALT)	41.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.49	gm/dl	6.2-8.0	BIURET
Albumin	4.45	gm/dl	3.4-5.4	B.C.G.
Globulin	3.04	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.46		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	94.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.32	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.13	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.19	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	229.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	94.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	112	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.08	mg/dl	10-33	CALCULATED
Triglycerides	110.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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UHID/MR NO	: CGKP.0000030120	Received	: 08/Jun/2024 09:34:05
Visit ID	: CGKP0040172425	Reported	: 08/Jun/2024 11:46:11
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE\* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

Vasundhara

DR VASUNDHARA MD PATHOLOGIST







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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.47	ng/mL	<4.1	CLIA
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#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	156.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.975	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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DR VASUNDHARA MD PATHOLOGIST





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## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA \*

### X-RAY REPORT

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)  
CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are prominent.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.
- *Malunited fracture of right clavicle is noted.*

*Adv: clinico-pathological correlation and further evaluation.*

Dr Aditya Agarwal  
(MD Radiology)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

**Liver – Normal in size- 12.2 cm with mildly increased parenchymal echogenicity.** No IHBR dilatation is seen. Portal vein shows normal diameter and flow pattern. No definite focal or diffuse mass lesion noted.

**Gall bladder – Adequately distended.** No calculus in lumen. Wall thickness is normal.

**CBD – Normal.** No intra-ducal calculus is seen.

**Pancreas-** is normal in thickness. Clearly defined margins are seen.

**Spleen-** shows normal size and parenchymal echotexture.

**Right kidney-** is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

**Left kidney-** is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

**Urinary bladder-** is partially distended.

**Prostate –** Grossly normal.

No ascites is seen.

#### IMPRESSION

- **Grade I fatty liver.**

#### ADV-CLINICAL CORRELATION AND FOLLOW UP STUDY.

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

SU, ECG / EKG, Tread Mill Test (TMT)



*Aditya*  
Dr Aditya Agarwal  
(MD Radiology)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location

Page 12 of 12



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018

Name: **ANIL KUMAR PANDEY**  
 Details: 49years(Male), Kg,cm

ID: 5698  
 Doctor: **Dr. Deepak Tewari**  
 01234567890  
 Tested On: 08-06-2024,04.48 PM

**Test Summary Report**

Target HR = 171  
 Protocol = BRUCE  
 HR achieved = 153 (89%)  
 Total time = 13:47  
 Peak Ex = Exercise 4  
 Exercise time = 10:06  
 Max ST deviation = 4.08(Lead V2)  
 Recovery time = 02:02

Object of test	:	Ex tolerance	:
Risk factor	:	Ex Arrhythmia	:
Activity	:	Hemo Response	:
Other Investigation	:	Chrono response	:

**Reason for Termination :**

**Stagewise Summary**

Stage Name	Duration (mm:ss)	Max HR (bpm)	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia(map) (mmHg)	RPP	Comments
Supine	00:24	103	4.08(V2)	---	0.0	0.0	0.00	---/---(---)		
Standing	00:24	108	3.02(V2)	-0.53(III)	0.0	0.0	0.00	---/---(---)		
Hyperventilation	00:26	111	2.36(II)	-1.08(AVR)	0.0	0.0	0.00	---/---(---)		
Waiting for Exercise	00:25	114	2.46(V2)	-0.49(AVR)	0.0	0.0	0.00	---/---(---)		
Exercise 1	03:00	120	3.34(V2)	-1.68(III)	2.7	10.0	5.10	---/---(---)		
Exercise 2	03:00	125	2.42(V2)	-1.37(II)	4.0	12.0	7.10	---/---(---)		
Exercise 3	03:00	139	3.04(V2)	-1.51(III)	5.5	14.0	10.00	---/---(---)		
Peak Exercise 4	01:06	151	3.13(V2)	-2.21(AVF)	6.8	16.0	13.00	---/---(---)		
Recovery 1	01:00	153	4.08(V2)	-1.49(AVR)	6.8	16.0	0.00	---/---(---)		
Recovery 2	01:00	136	3.74(V2)	-0.92(AVR)	6.8	16.0	0.00	---/---(---)		
Recovery 3	00:02	121	---	---	6.8	16.0	0.00	---/---(---)		

Medication: \_\_\_\_\_ History: \_\_\_\_\_

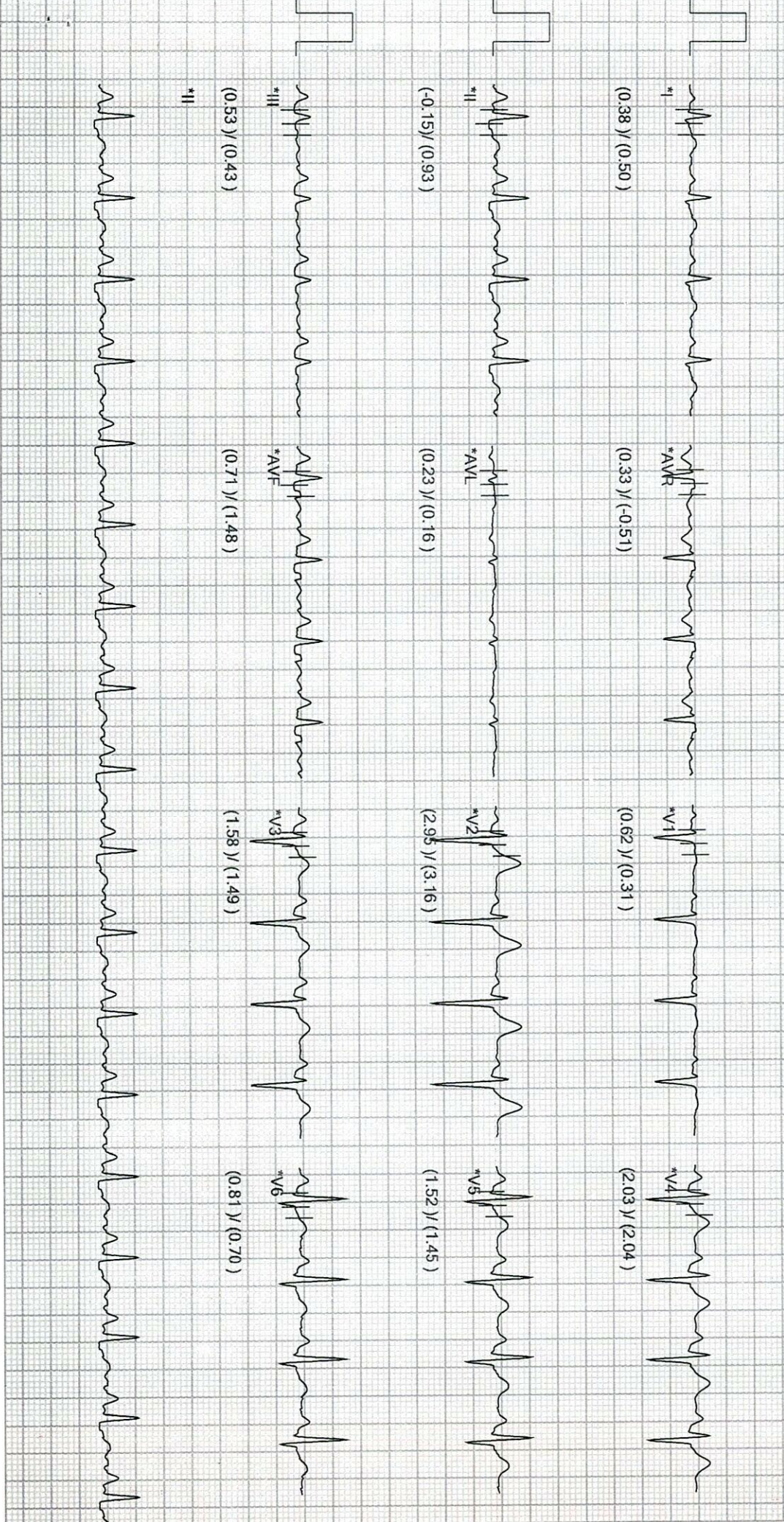
**Observations:**

**Final Impression:** TMT - Negative for inducible ischemia

BPL DYNATRAC NEO Technician: Done By: Dr. Deepak Tewari Confirmed by: \_\_\_\_\_

**HOSPITAL NAME**  
01234567890

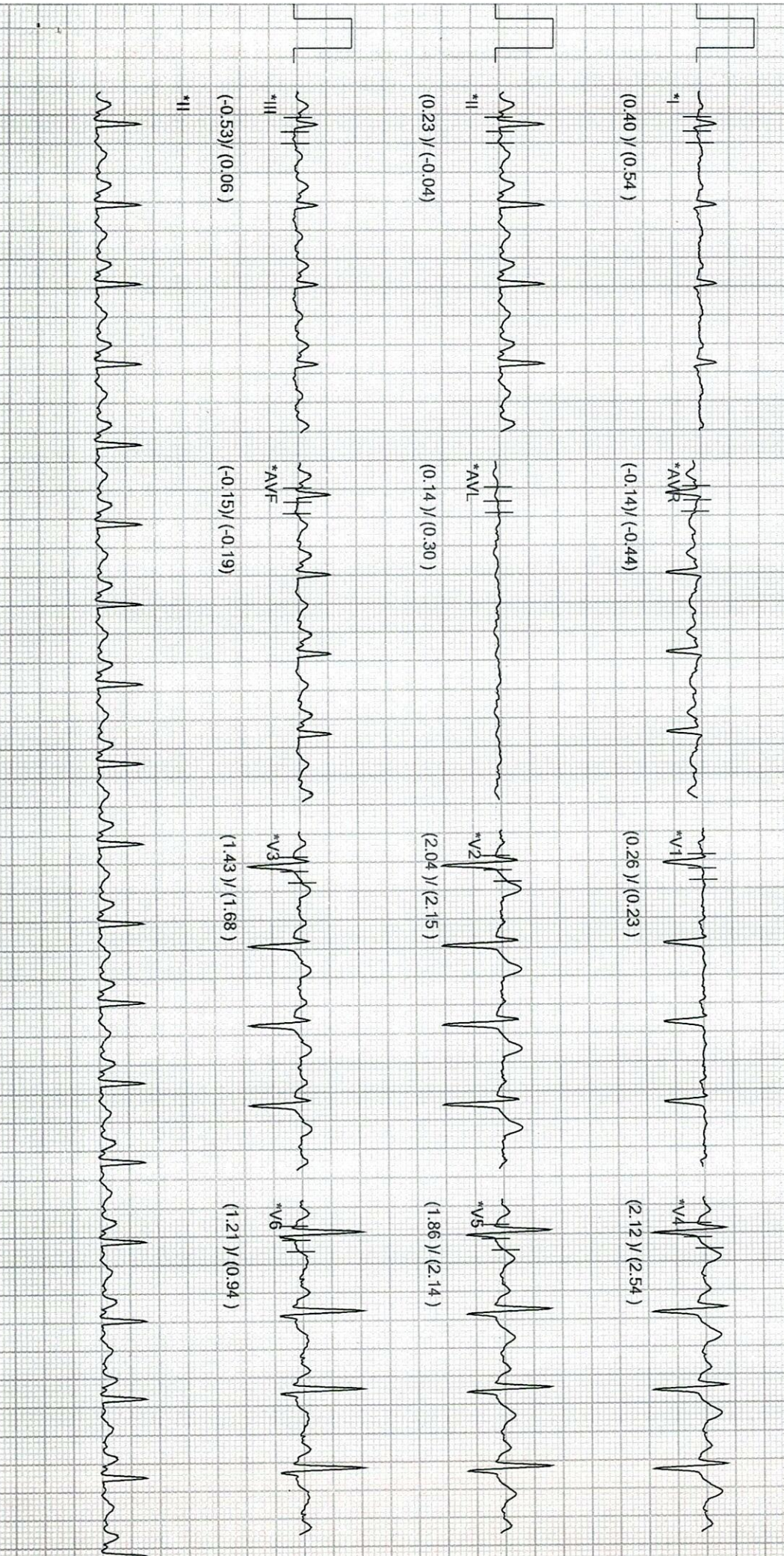
IE : 5698	Stage : Supine	Protocol : BRUCE
NAME : ANIL KUMAR PANDEY	Pre Test Time : 90:24	Speed(Km/h) : 0.0
AGE : 49	Stage Time : 00:24	Gradel(%) : 0.00
NIBP : ---/---(---)	HR : 103 (60%)	Doctor : Dr. Deepak Tewari
		METS : 0.00
		BPL DYNATRAC NEO
ST Level(r.m), ST Slope (mv/sec) at 80ms PJ		



Linked Median Report

**HOSPITAL NAME**  
01234567890

**ID : 5698**      **Stage : Standing**      **Protocol : BRUCE**  
**NAME : ANIL KUMAR PANDEY**      **Pre Test Time : 00:48**      **Speed(Km/h) : 0.0**      **Test on : 08-06-2024,04:48 PM**  
**AGE : 49**      **Stage Time : 00:24**      **Grade(%) : 0.00**      **Doctor : Dr. Deepak Tewari**  
**NIBP : ---/---(---)**      **HR : 108 (63%)**      **METS : 0.00**  
**ST Level(nm), ST Slope (mv/sec) at 80ms PJ**



\*\*Waveforms are computer synthesized.

Technician:

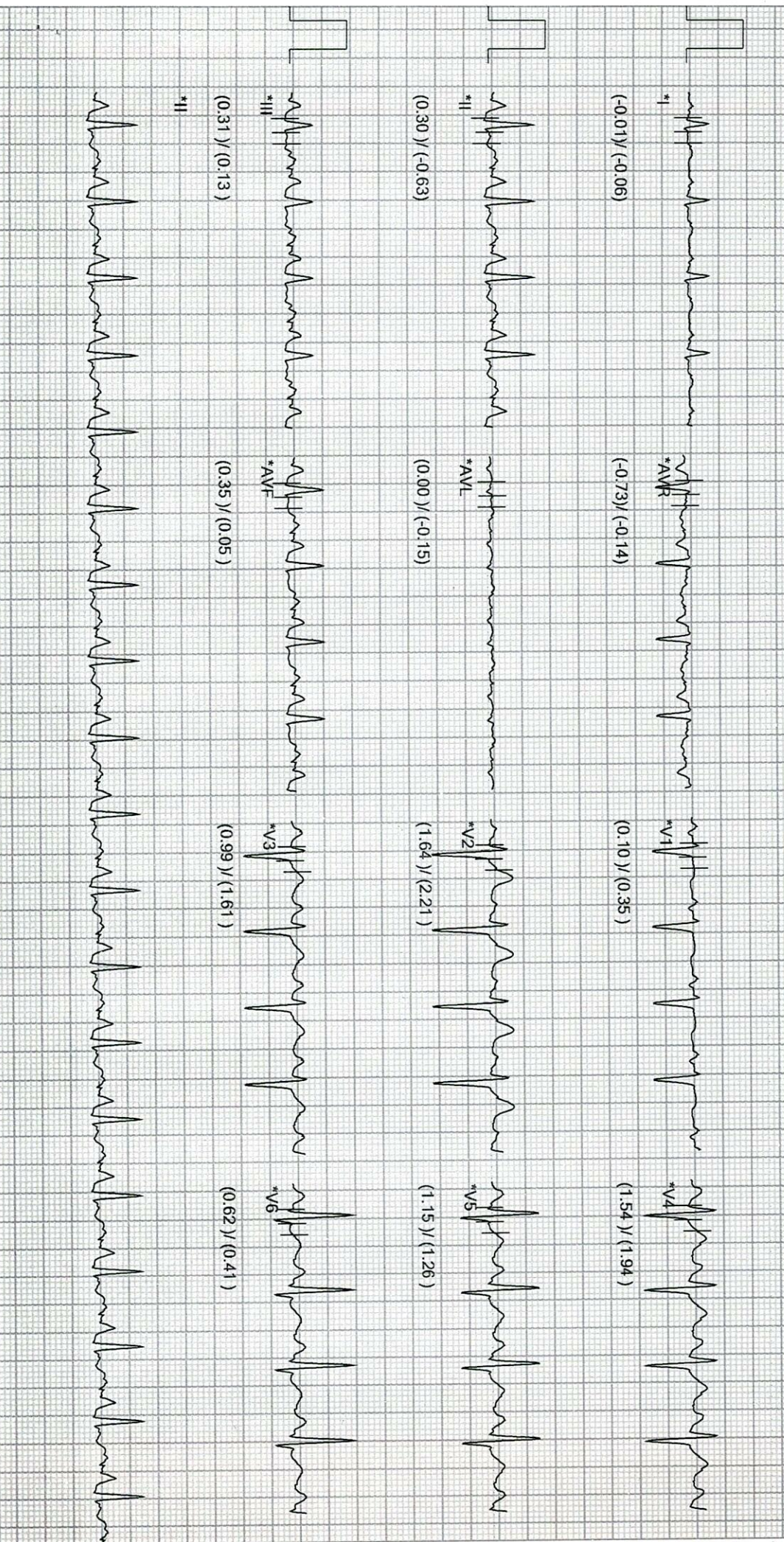
20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec

**HOSPITAL NAME**  
01234567890

**ID : 5698**      Stage : **Hyperventilation**      Protocol : **BRUCE**  
**NAME : ANIL KUMAR PANDEY**      Pre Test Time : **01:14**      Speed(Km/h) : **0.0**      Test on : **08-06-2024,04:48 PM**  
**AGE : 49**      Stage Time : **00:26**      Grade(%) : **0.00**      Doctor : **Dr. Deepak Tewari**  
**NIBP : ---/---(---)**      HR : **111 (64%)**      METS : **0.00**  
 ST Level(mm), ST Slope (mv/sec) at 80ms P:

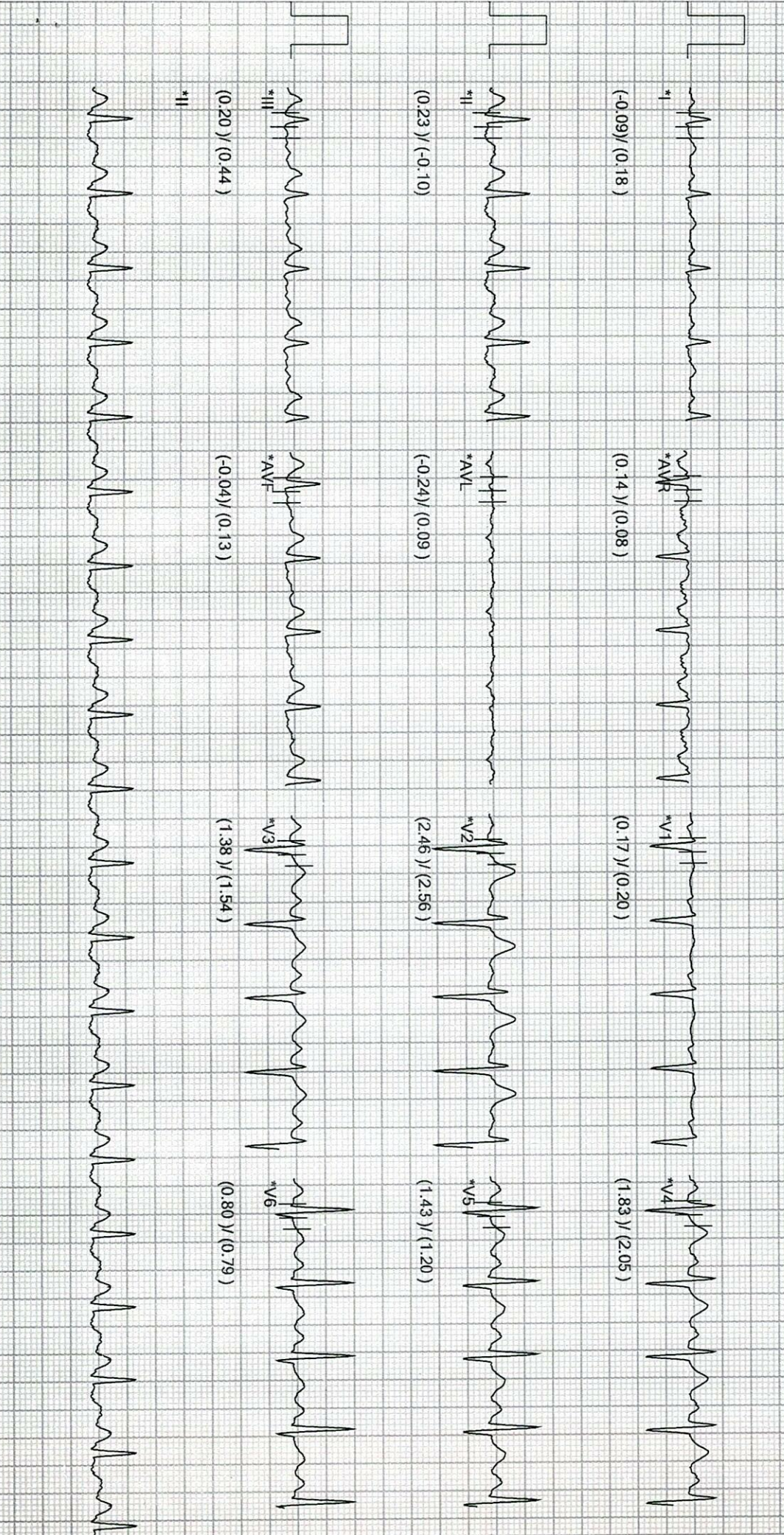




Linked Median Report

**HOSPITAL NAME**  
01234567890

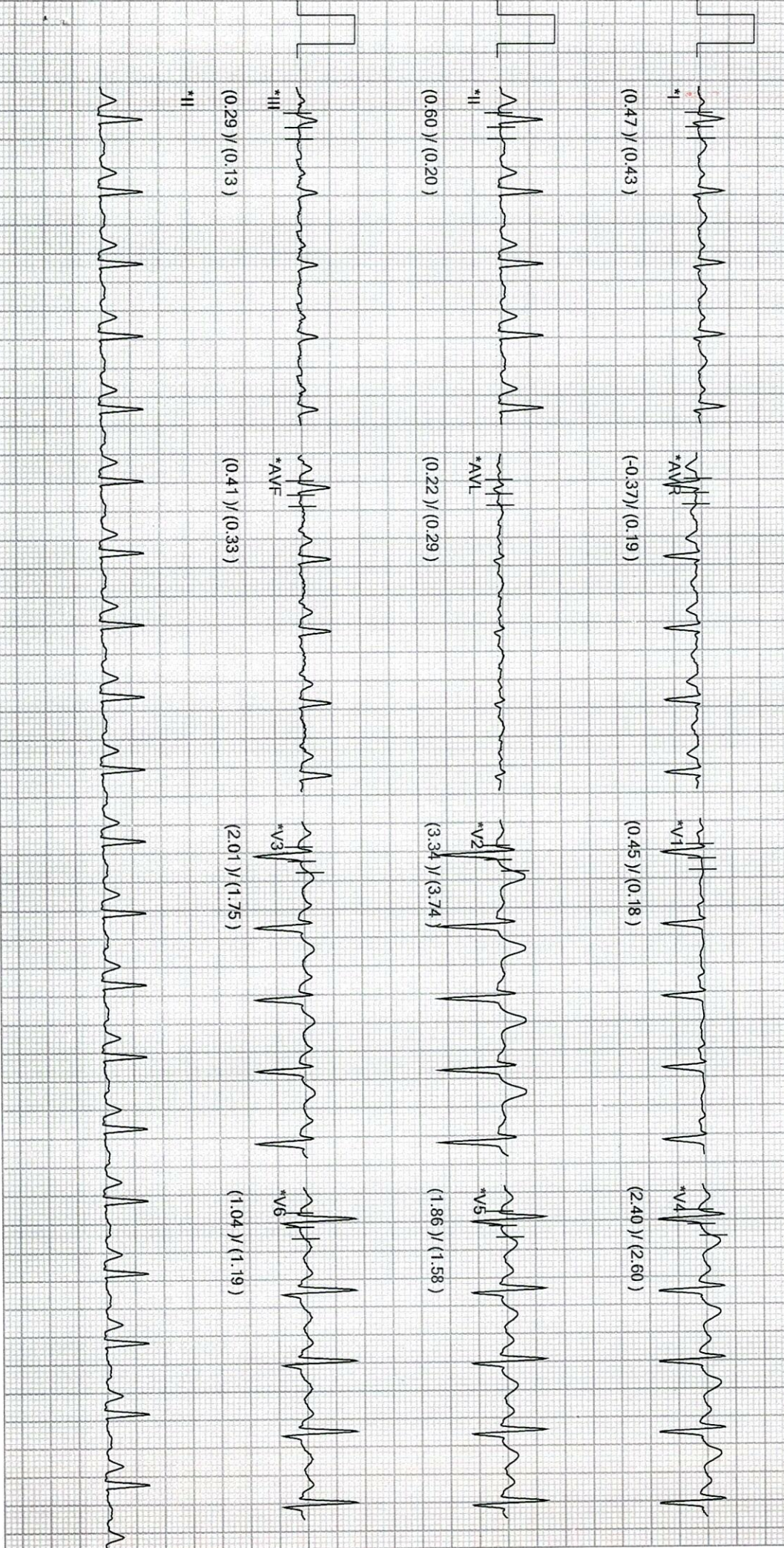
**ID : 5698**      Stage : **Waiting for Exe .. Protocol**      : **BRUCE**  
**NAME : ANIL KUMAR PANDEY**      Pre Test Time : **01:39**      Speed(Km/h) : **0.0**      Test on : **08-06-2024,04:48 PM**  
**AGE : 49**      Stage Time : **00:25**      Grade(%) : **0.00**      Doctor : **Dr. Deepak Tewari**  
**NIBP : ---/---(---)**      HR : **114 (66%)**      METS : **0.00**  
 ST Level(mm), ST Slope (mV/sec) at 80ms FJ      **BPL DYNATRAC NEO**



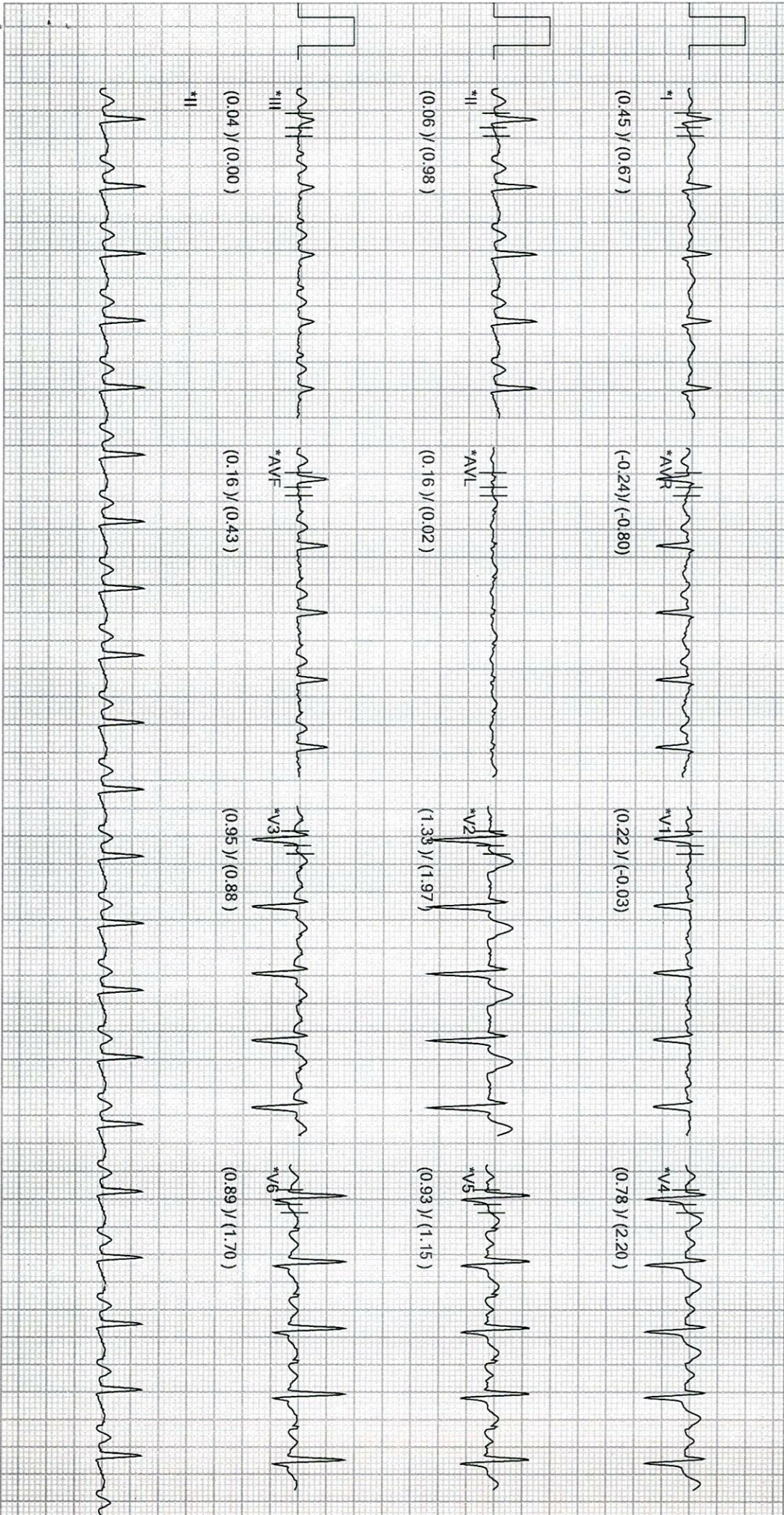
Linked Median Report

**HOSPITAL NAME**  
01234567890

ID : 5698	Stage : Exercise 1	Protocol : BRUCE
NAME : ANIL KUMAR PANDEY	Exercise Time : 03:00	Speed(Km/h) : 2.7
AGE : 49	Stage Time : 03:00	Test on : 08-06-2024 04:48 PM
NIBP : ---/---(---)	HR : 118 (69%)	Grade(%) : 10.00
		Doctor : Dr. Deepak Tewari
		BPL DYNATRAC NEO
ST Level(mm), ST Slope (mV/sec) at 80ms PJ		

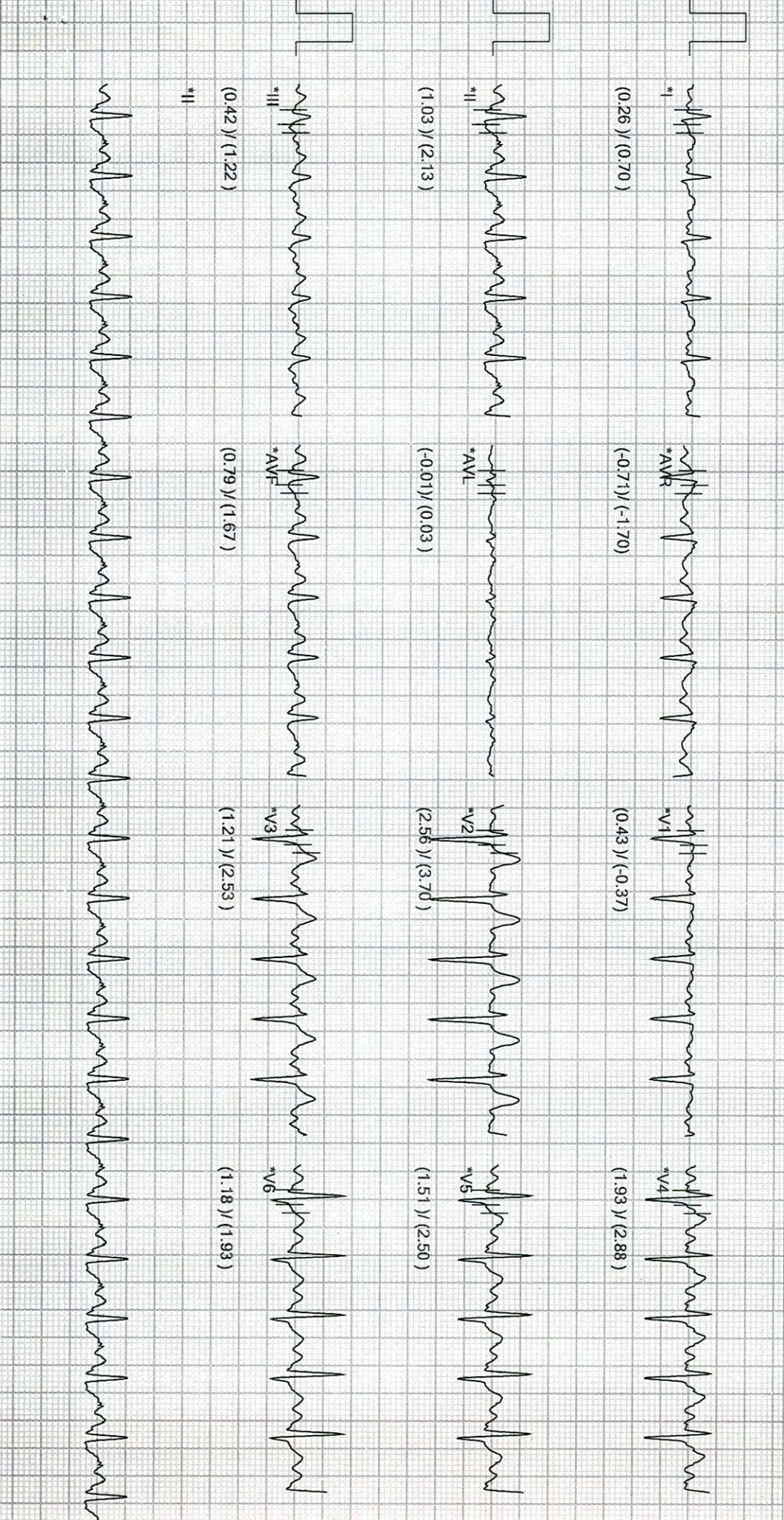


**ID : 5698**      **Stage : Exercise 2**      **Protocol : BRUCE**  
**NAME : ANIL KUMAR PANDEY**      **Exercise Time : 06:00**      **Speed(Km/h) : 4.0**      **Test on : 08-06-2024,04:48 PM**  
**AGE : 49**      **Stage Time : 03:00**      **Grade(%) : 12.00**      **Doctor : Dr. Deepak Tewari**  
**NIBP : ---/---(---)**      **HR : 125 (73%)**      **METS : 7.10**  
**ST Level(mm), ST Slope (mV/sec) at 63ms PJ**



**HOSPITAL NAME**  
01234567890

ID : 5698	Stage : Exercise 3	Protocol : BRUCE
NAME : ANIL KUMAR PANDFY	Exercise Time : 09:00	Speed(Km/h) : 5.5
AGE : 49	Stage Time : 03:00	Test on : 08-06-2024,04:48 PM
NIBP : ---/---(---)	HR : 139 (81%)	Grade(%) : 14.00
ST Level(mm), ST Slope (mV/sec) at 60ms PJ	METS : 10.00	Doctor : Dr. Deepak Tewari
		BPL DYNATRAC NEO



01234567890

ID : 5698

Stage

: Peak Exercise 4

Protocol

: BRUCE

NAME : ANIL KUMAR PANDEY

Exercise Time

: 10:06

Speed(Km/h)

: 6.8

Test on

: 08-06-2024,04:48 PM

AGE : 49

Stage Time

: 01:06

Grade(%)

: 16.00

Doctor : Dr. Deepak Tewari

NIBP : ---/---(---)

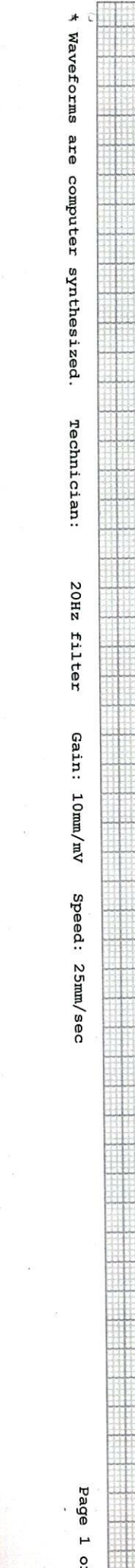
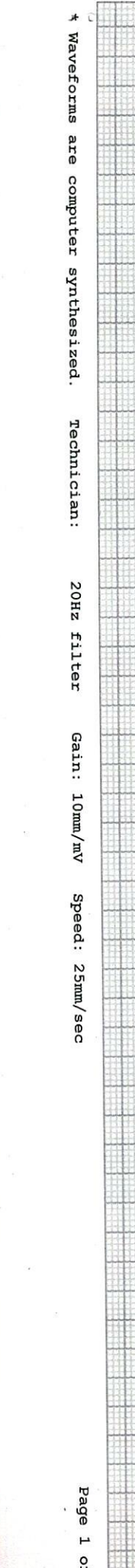
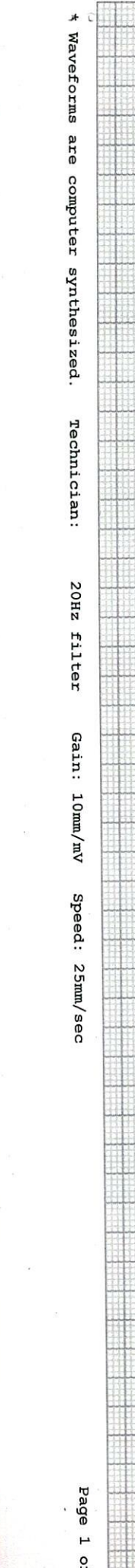
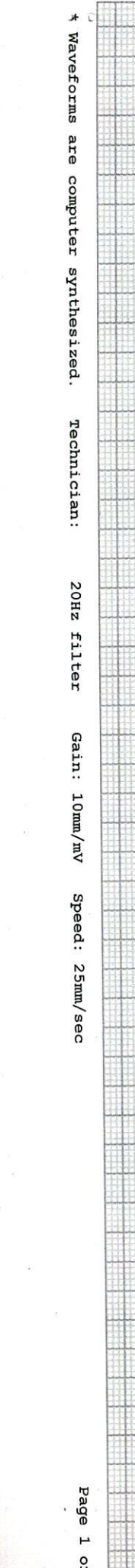
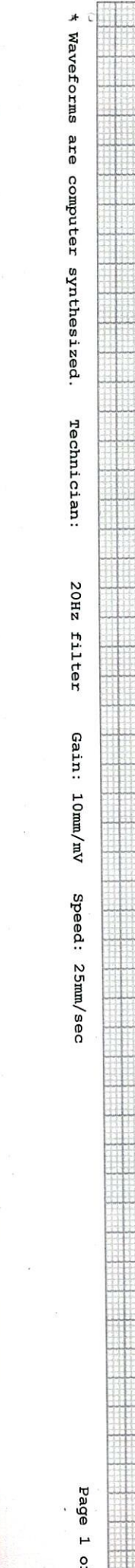
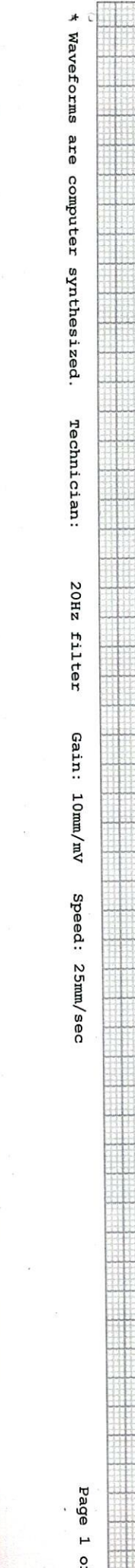
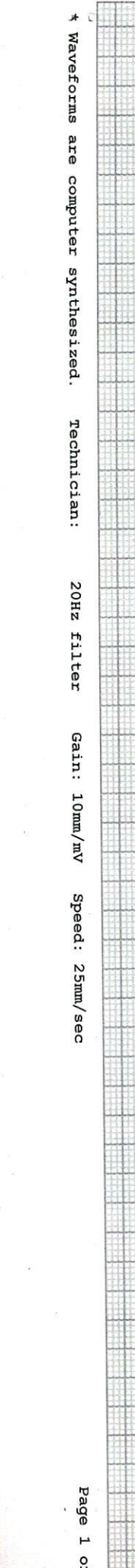
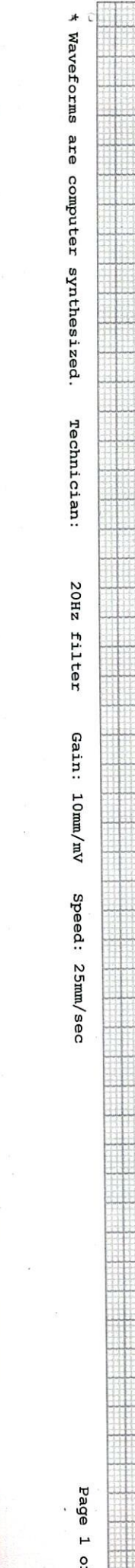
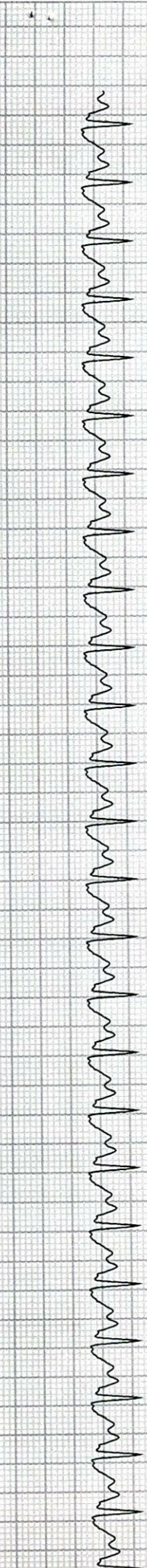
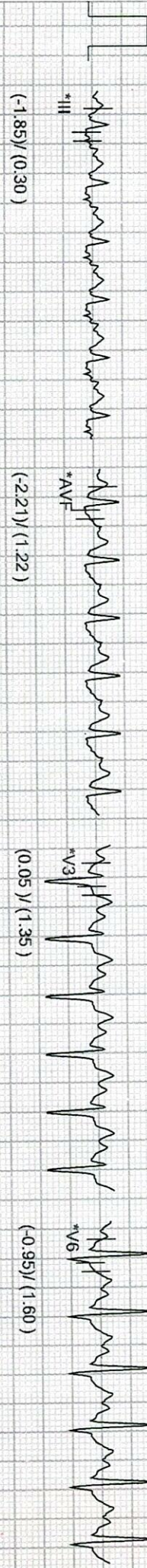
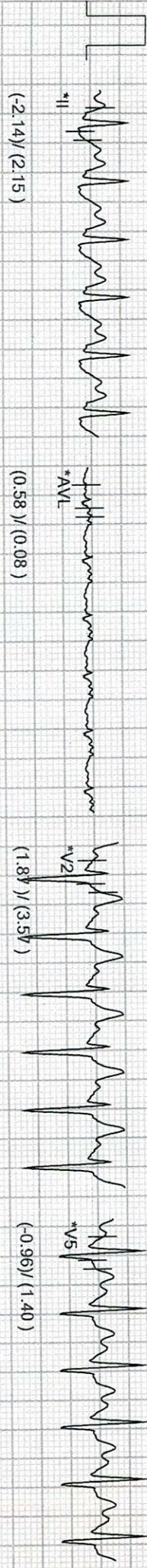
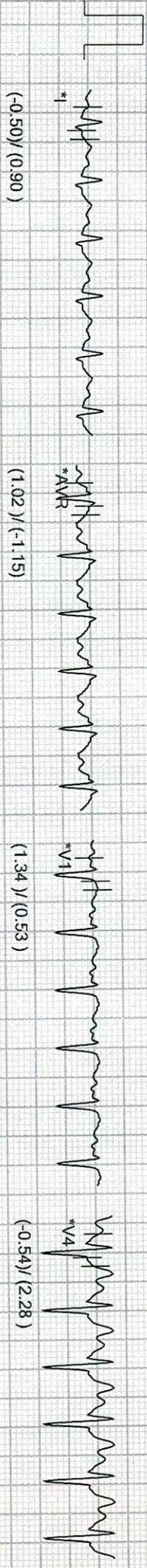
HR

: 151 (88%)

METS

: 13.00

ST Level(mm), ST Slope (mV/sec) at 60ms PJ



\* Waveforms are computer synthesized. Technician:

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec

01234567890

ID : 5698

Stage

: Recovery 1

Protocol

: BRUCE

NAME : ANIL KUMAR PANDEY

Recovery Time

: 01:00

Speed(Km/h)

: 6.8 Test on : 08-06-2024,04:48 PM

AGE : 49

Stage Time

: 01:00

Grade(%)

: 16.00 Doctor : Dr. Deepak Tewari

NIBP : ---/---(---)

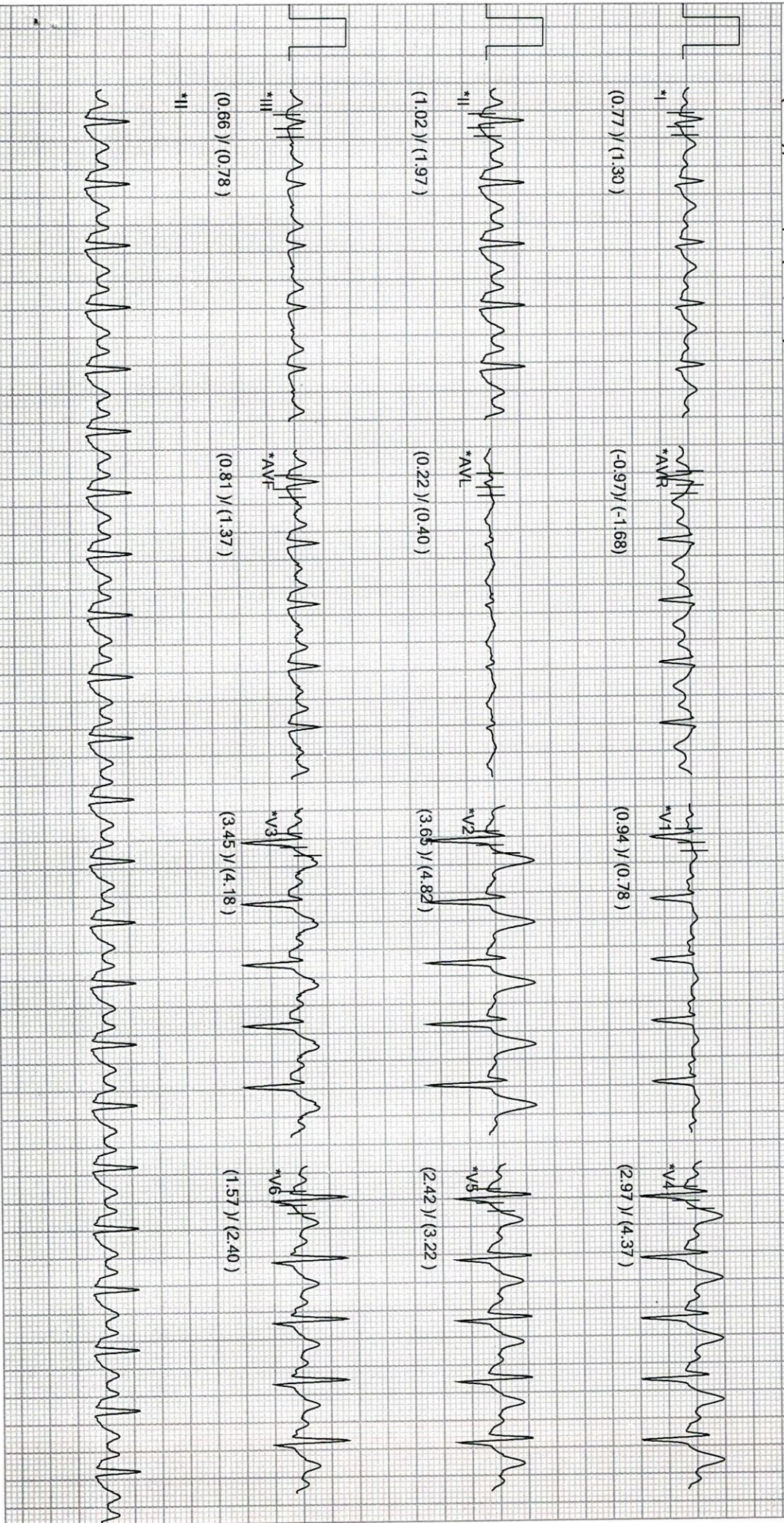
HR

: 136 (79%)

METS

: 0.00

ST Level(mm), ST Slope (mV/sec) at 60:ns PJ



\* Waveforms are computer synthesized.

Technician:

20Hz filter

Gain: 10mm/mV

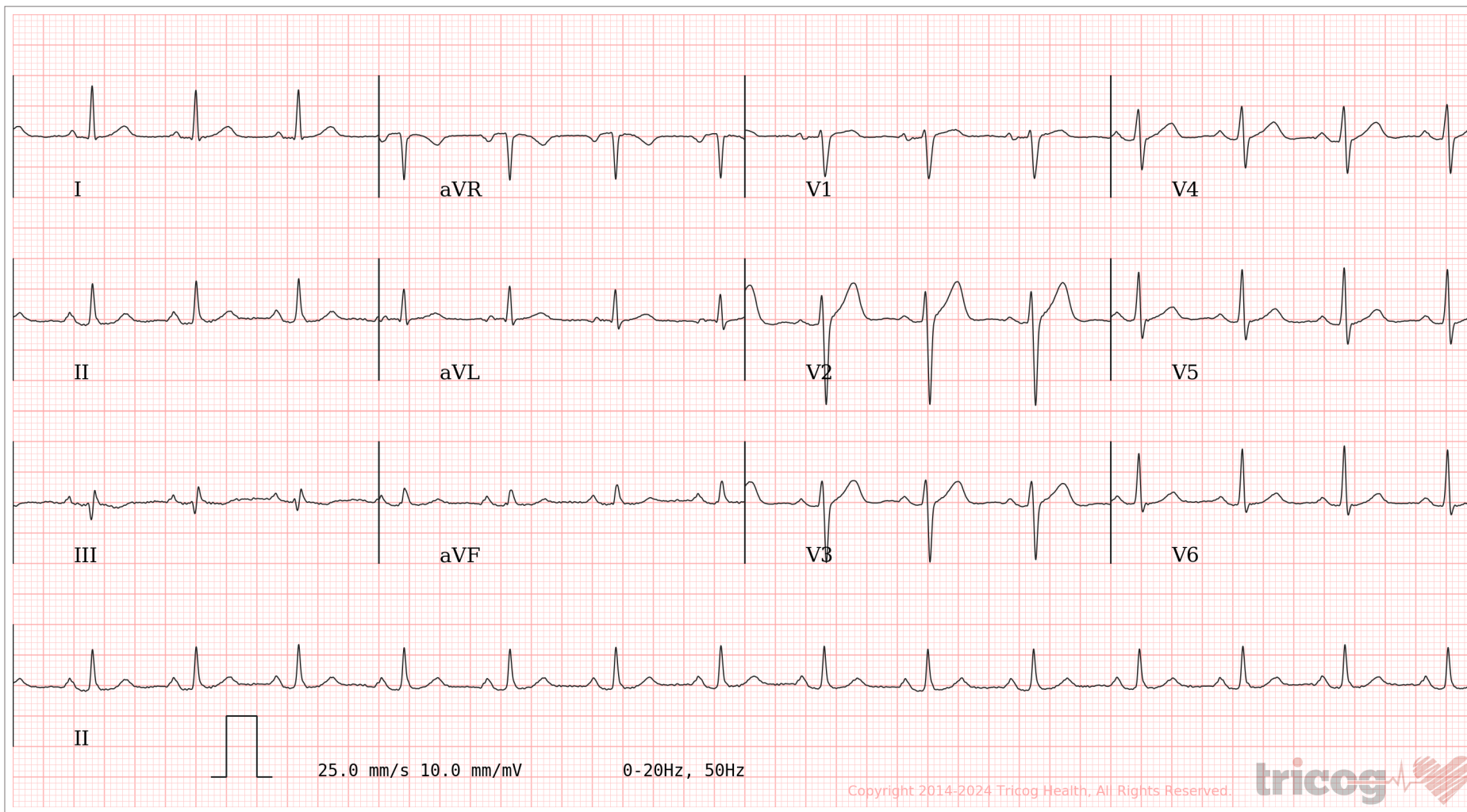
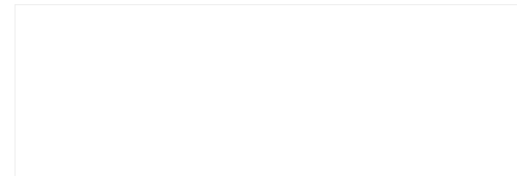
Speed: 25mm/sec

# Chandan Diagnostic



Age / Gender: 49/Male  
Patient ID: CGKP0040172425  
Patient Name: Mr.ANIL KUMAR PANDEY

Date and Time: 8th Jun 24 9:33 AM



AR: 88bpm    VR: 88bpm    QRSD: 80ms    QT: 338ms    QTcB: 408ms    PRI: 152ms    P-R-T: 63° 29° 29°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Jameel ahammad gandikota

KMC 171992

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.