

MR. BHUPENDRA SINGH SAWLE

41 Years /M

MEDIWHEEL

22-06-2024

**HAEMATOLOGY PROFILE**

Test Name	Results	Normal Range
-----------	---------	--------------

Haemoglobin (HB)	13.6	13 - 18 gm%
R.B.C. Count	4.99	4.5 - 5.5 milli./cu.mm
PCV	41.2	40 - 50 %
MCV	82.57	80 - 95 fl
MCH	27.25	27 - 32 pg
MCHC	33.01	31.5 - 34.5 %
TOTAL WBC COUNT	6,600	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	:-	
Neutrophils	65	40 - 75 %
Lymphocytes	30	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.09	1.5 - 4 Lacs/cu.mm.
E.S.R	10	M-0-10 at the end of 1 hr. F-0-20 at the end of 1 hr.

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

**DR. POOJA PRAPANNA**  
M.D.  
DR. POOJA PRAPANNA

MR. BHUPENDRA SINGH SAWLE  
MEDIWHEEL41 Years /M  
22-06-2024**RENAL PROFILE**

Test Name	Results	Normal Range
BLOOD GLUCOSE (RANDOM)	88.0	mg/dl
BUN	11.0	5 - 21 Mg/dl
CREATININE	1.18	0.6 - 1.4 mg\dl
CHOLESTROL	148.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
URIC ACID	5.20	3.5 - 7 mg\dl
CALCIUM	8.50	8.5 - 10.5 mg\dl

  
**DR. POOJA PRAPANNA**  
DR. POOJA PRAPANNA MD

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M.D.

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41 Years /M

MEDIWHEEL

22-06-2024

**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	442	400 - 700 mg/dl
CHOLESTROL	148.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	37.0	35- 60 mg/dl
TRIGLYCERIDE	96.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	91.8	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	19.2	<40 mg/dl
RISK RATIO	4	3 - 6

  
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MD  
DR. POOJA PRAPANNA

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22-06-2024

Test Name	Results	Normal Range
-----------	---------	--------------

**HAEMATOLOGY PROFILE**

BLOOD GROUP

:-

"ABO " GROUP

"O"

Rh (D) Factor

Positive

.

.

.

(Cross matching & recheck of Blood  
Group is mandatory before any  
transfusion)

HBA1C

5.60

Normal 4-6 %

Good Control 6-7 %

Fair Control 7-8 %

Unsatisfactory

Control 8-10 %

Poor Control Above 10 %

**SEROLOGY PROFILE**

HBsAg

Non Reactive

.

.

\* Test done by screening methods.  
Requires confirmation at referral  
centre.**BIOCHEMISTRY**

P.P. BLOOD SUGAR

99.0

upto 140 mg/dl

  
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MDDR. POOJA PRAPANNA  
M.D.

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MEDIWHEEL41 Years /M  
22-06-2024**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.15	<0.25 mg/dl
INDIRECT BILIRUBIN	0.71	< 1.0 mg/dl
S.G.O.T	28.0	0 - 45 IU/L
S.G.P.T	31.0	0 - 45 IU/L
ALKALINE PHOSPHATE	102.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.55	6.0 to 8.0 g/dl
ALBUMIN	3.65	3.2 to 5.0 g/dl
GLOBULIN	2.9	1.9 to 3.5
A:G RATIO	1.26	1.2 TO 2.3
GAMA GT	24.0	5 - 43 Iu/l

  
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22-06-2024

**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

  
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M.D.



## LABORATORY REPORT



Name : <b>BHUPENDRA SINGH SAWLE</b>	Sex/Age : <b>Male / 41 Years</b>	Case ID : <b>40601605764</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 10:54	Sample Type : Serum	Mobile No. :
Sample Date and Time : 22-Jun-2024 10:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jun-2024 11:59	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> CMIA	<b>104.70</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> CMIA	<b>5.87</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> CMIA	<b>2.38</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5



Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Adawani*

**Dr Astha Dawani**  
Consultant Pathologist.

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

Printed On : 22-Jun-2024 12:10



## LABORATORY REPORT



Name : BHUPENDRA SINGH SAWLE	Sex/Age : Male / 41 Years	Case ID : 40601605764
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Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
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### Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Prostate Specific Antigen (PSA)</b>				

**Prostate Specific Antigen**                      **0.493**                      ng/mL                      0.00 - 4.00  
*CMIA*

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

### Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

### FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----



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Reg Date and Time : <b>22-Jun-2024 10:54</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>22-Jun-2024 10:54</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>22-Jun-2024 11:59</b>	Acc. Remarks : <b>-</b>	Ref Id2 :

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.



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*Astha Dawani*

**Dr Astha Dawani**  
Consultant Pathologist.

Page 4 of 4

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

Printed On : 22-Jun-2024 12:10

### Neuberg Diagnostics Private Limited

Laboratory : 3/3, South Tukoganj, Gokuldas Hospital Road, Near Madhumilan  
Chouraha, Indore - 452001 Madhya Pradesh ☎ 0731-4964961 / 62, 9713963333  
neuberg.indore@supratechlabs.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
www.neubergsupratech.com

MR. BHUPENDRA SINGH SAWLE

41 Yrs./M

MEDIWEEL

22nd June, 2024

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



**DR.D.S.CHHABRA.**

M.D.



MR. BHUPENDRA SINGH SAWLE

41 Yrs./M.

MEDIWEEL

22nd June, 2024

**ABDOMINAL SONOGRAPHY**

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes ( Grade I )**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [ measure about 11.5 cms. in length ], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 17 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

**IMPRESSION :**

Fatty changes in liver ( Grade I ).

**DR.D.S.CHHABRA.**

M.D.

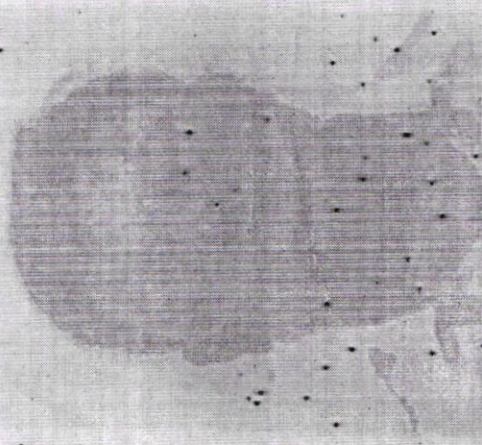




भारत सरकार

Government of India

भूपेंद्र सिंह सावले  
Bhupendra Singh Sawle  
जन्म तिथि/DOB: 06/07/1978  
पुरुष/ MALE



*[Handwritten Signature]*



6890 8722 7166

VID: 9193 8464 7162 8297

भारत आधार, मेरी पहचान

1	Sr No.	LUBIMOIST - ED	Quantity	1	4 times a day	1 Months	Both Eyes	Instruction
---	--------	----------------	----------	---	---------------	----------	-----------	-------------

New:

Medication(Rx)

ADVICE :

1. Presbyopia - H52.4

**DIAGNOSIS**

**R/OD**

Appearance: Normal  
 Appendages: Normal  
 Conjunctiva: Normal  
 Sclera: Normal  
 Cornea: Size/Shape/Surface Normal  
 Anterior Chamber: Normal depth, No cells/flare  
 Pupil: Round shape, Normal direct & Consensual reflex  
 Iris: Within normal Limits  
 Lens: Clear, Crystalline, Central  
 Extra Ocular Movements: Unilateral and Binocular movements full and normal  
 Fundus: Media-Clear, CupRatio-0.3, PVD-Absent, OptDiscSize-Medium, OptDiscSize-Medium, Macula-Foveal Reflex, Foveal Reflex-Present, Fundus-within normal limits

**L/OS**

Appearance: Normal  
 Appendages: Normal  
 Conjunctiva: Normal  
 Sclera: Normal  
 Cornea: Size/Shape/Surface Normal  
 Anterior Chamber: Normal depth, No cells/flare  
 Pupil: Round shape, Normal direct & Consensual reflex  
 Iris: Within normal Limits  
 Lens: Clear, Crystalline, Central  
 Extra Ocular Movements: Unilateral and Binocular movements full and normal  
 Fundus: Media-Clear, PVD-Absent, OptDiscSize-Medium, CupRatio-0.3, OptDiscSize-healthy, Bloodvessel-normal, Macula-Foveal Reflex, Foveal Reflex-Present, Fundus-within normal limits

**EXAMINATION**

Dry Retraction: • same pg



**For Followup :** - Visit **Dr. HARSH MONE** after 1 Year or as and when necessary at Dr Agarwal's Eye Hospitals-Janjeerwala Square



**Dr. Harsh Mone**

Reg. No : MC112-44962

Printed on: 22 Jun'2024, 12:09 PM





Axis	Sph	Cyl	Dry
155	-0.25	-0.25	
--	--	--	

Auto Refraction:

Axis	Sph	Cyl	Near
155	+1.25	--	
--	--	--	
Axis	Sph	Cyl	Distant
155	--	--	
--	--	--	
Axis	Sph	Cyl	PGP :
155	--	--	
--	--	--	

PGP :

Avg. K: 44.75  
Cyl: -2.50

Axis	Value	Kv
16	43.50	46.00
106		

Keratometry:

IOP(1): 20 at 11:21 AM

VA: UCVA - 6/6 UCVA Near- N8

L/OS

Axis	Sph	Cyl	Dry
65	+0.50	-0.75	
--	--	--	

Auto Refraction:

Axis	Sph	Cyl	Near
65	+1.25	--	
--	--	--	
Axis	Sph	Cyl	Distant
65	--	--	
--	--	--	
Axis	Sph	Cyl	PGP :
65	--	--	
--	--	--	

PGP :

Avg. K: 43.88  
Cyl: -0.25

Axis	Value	Kv
180	43.75	44.00
90		

Keratometry:

IOP(1): 17 at 11:21 AM

VA: UCVA - 6/6 UCVA Near- N8

R/OD

REFRACTION

Visit: Routine Checkup  
Chief Complaints : None  
Ophthalmic History :  
• Glasses  
Systemic History : None  
Allergies : None

HISTORY

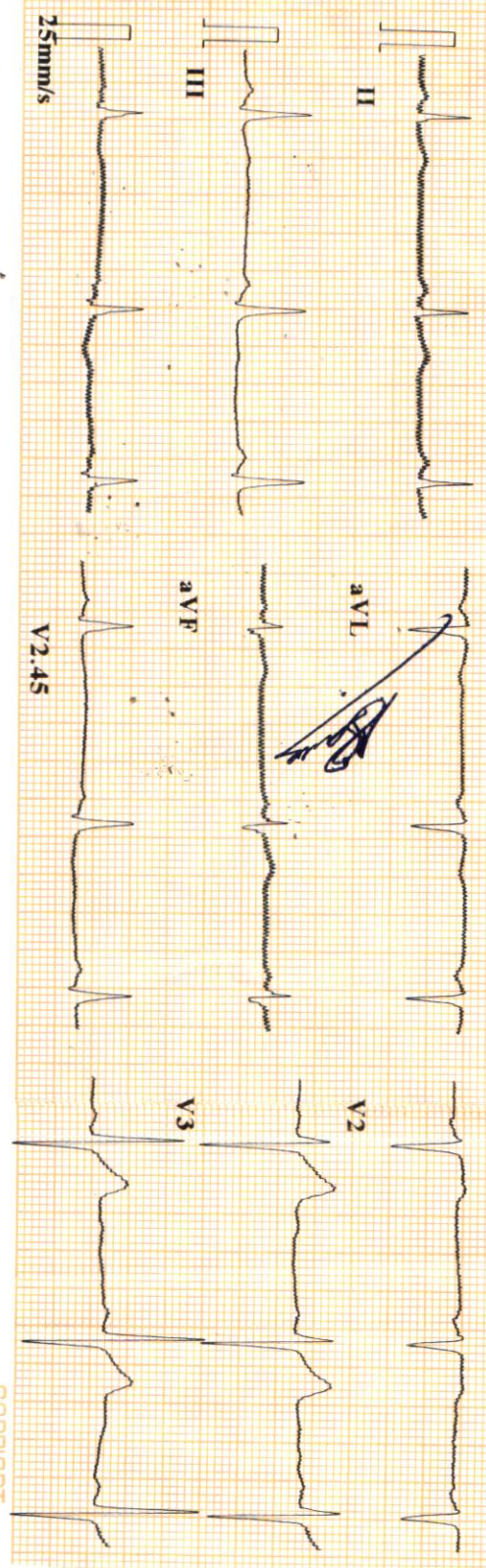
OPD SUMMARY

MR. BHUPENDRA SINGH SAWLE	Doctor :	DR. HARSH MONE
44 years 0 months /Male	Facility :	Dr Agarwals Eye Hospitals-Janjeerwala
7415777215	Appt. Dt :	22 Jun'24
JWS/78219/24	Address :	GEETA BHAWAN, Indore G.P.O., Indore, MADHYA PRADESH 452001
22 Jun'24	Note Dt :	



10mm/mV 0.25-35Hz ACS0

29-06-2024 07:53:36 Mr. Bhupendra Singh  
AVR V1



CARDIART



ID : 050608-0753  
 Name :  
 Age : 44 yr  
 Sex : Male  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 64 bpm  
 P Dur : 105 ms  
 PR int : 149 ms  
 QRS Dur : 94 ms  
 QT/QTc int : 354/366 ms  
 P/QRS/T axis : 46/62/-9 °  
 RV5/SV1 amp : 1.751/0.777 mV  
 RV5+SV1 amp : 2.528 mV  
 RV6/SV2 amp : 1.497/1.289 mV

Minnesota Code:

5-5-0(V6)  
 9-4-V(V3)

Diagnosis Information:  
 800: Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:



DR. PRIYANKA JAIN  
 MBBS, MD, DM.  
 Reg. No. 19547



Summary

Ref. By : MEDIWHEEL

Protocol : BRUCE

Objective : NIL

UNIQUE DIAGNOSTIC CENTER  
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE  
 271/BHUPENDRA SINGH SAWLE  
 Date: 22-Jun-2024 01:30:00 PM  
 44 Yrs/Male 0 Kg/0 Cms

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	72	124/80	89	-	
Standing					1.0	72	124/80	89	-	
HV					1.0	84	124/80	104	-	
ExStart					1.0	81	124/80	100	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	107	130/82	139	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	133	136/88	180	-	
PeakX	2:57	8:58	0.0	0.0	10.1	157	144/92	226	62	
Recovery	1:00		1.1	0.0	1.2	122	144/92	175	-	
Recovery	3:00		0.0	0.0	1.0	100	140/90	140	1	
Recovery	5:00		0.0	0.0	1.0	95	134/86	127	-	
Recovery	7:00		0.0	0.0	1.0	92	128/80	117	-	

Medication : NIL

History : NIL

Test End Reason :

Findings :

The patient exercised according to BRUCE for 8:57, achieving a work level of Max METS:10.1. Resting heart rate initially 72 bpm, rose to a max. heart rate of 157 bpm which represents 89% of maximum age predicted heart rate. Resting blood pressure 124/80 mmhg, rose to a maximum blood Pressure of 144/92 mmhg. The exercise stress test was stopped due to

Parameters :

Exercise Time : 8:57 minutes

Max HR attained : 157 bpm 89% of Max Predictable HR 176

Max BP : 144/92(mmHg)

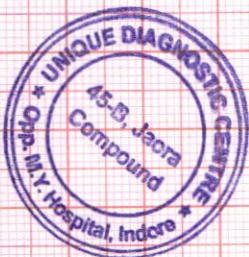
Workload attained : 10.1 (\$ Fair effort Tolerance)

Final Impressio NEGATIVE FOR INDUCIBLE ISCHAEMIA.

**DR. PRYANK JAIN**

M.B.B.S.,M.D.,D.M.

Reg. No. 19547



Advice/Comments:

*(Signature)*



12 Lead + Comparison

271/BHUPENDRA SINGH ~~BRVJZ~~ bpm  
44 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 124/80  
Date: 22-Jun-2024 01:30:00 PM

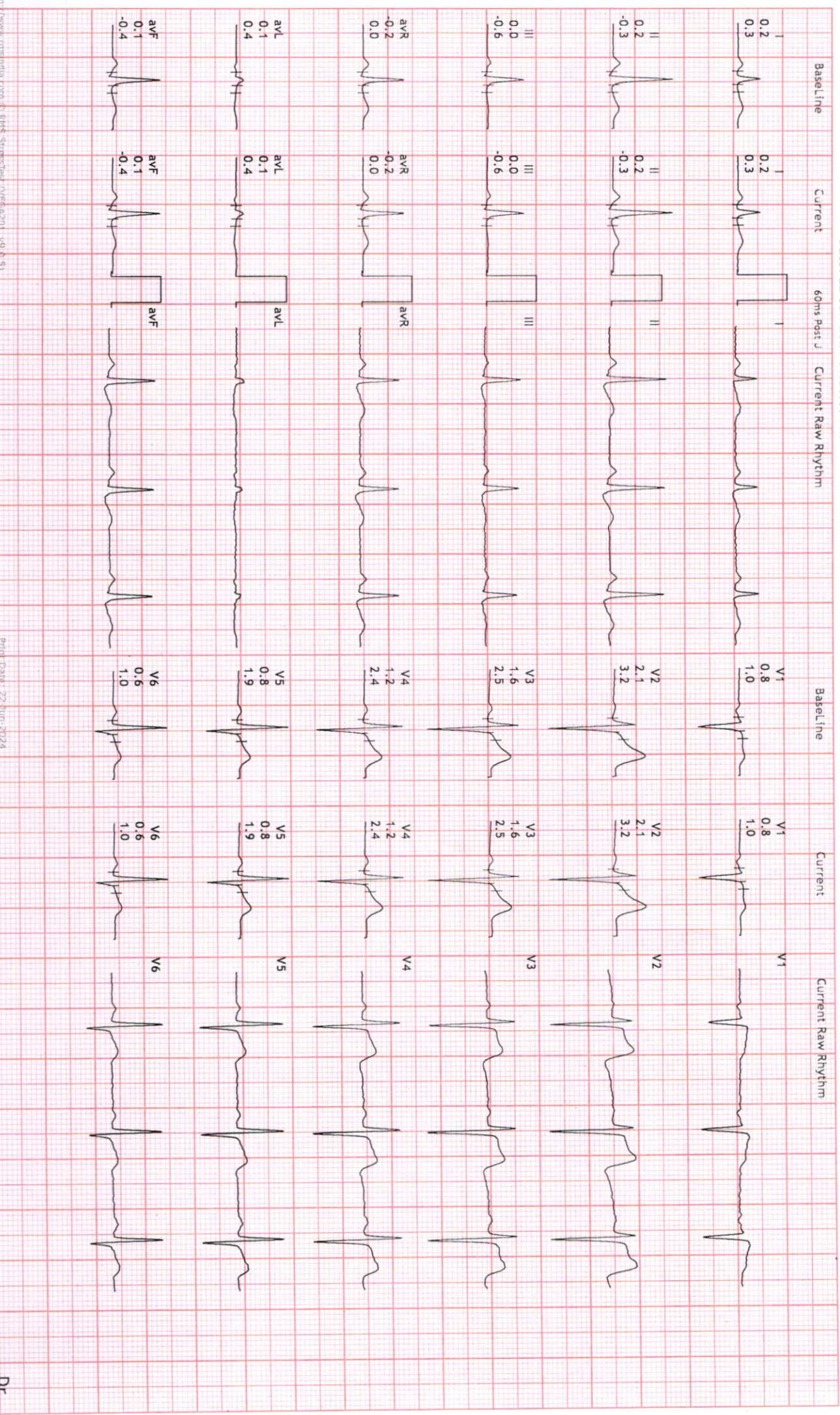
MPHR:40% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:48  
BLC :On  
Notch :On

SUPINE  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

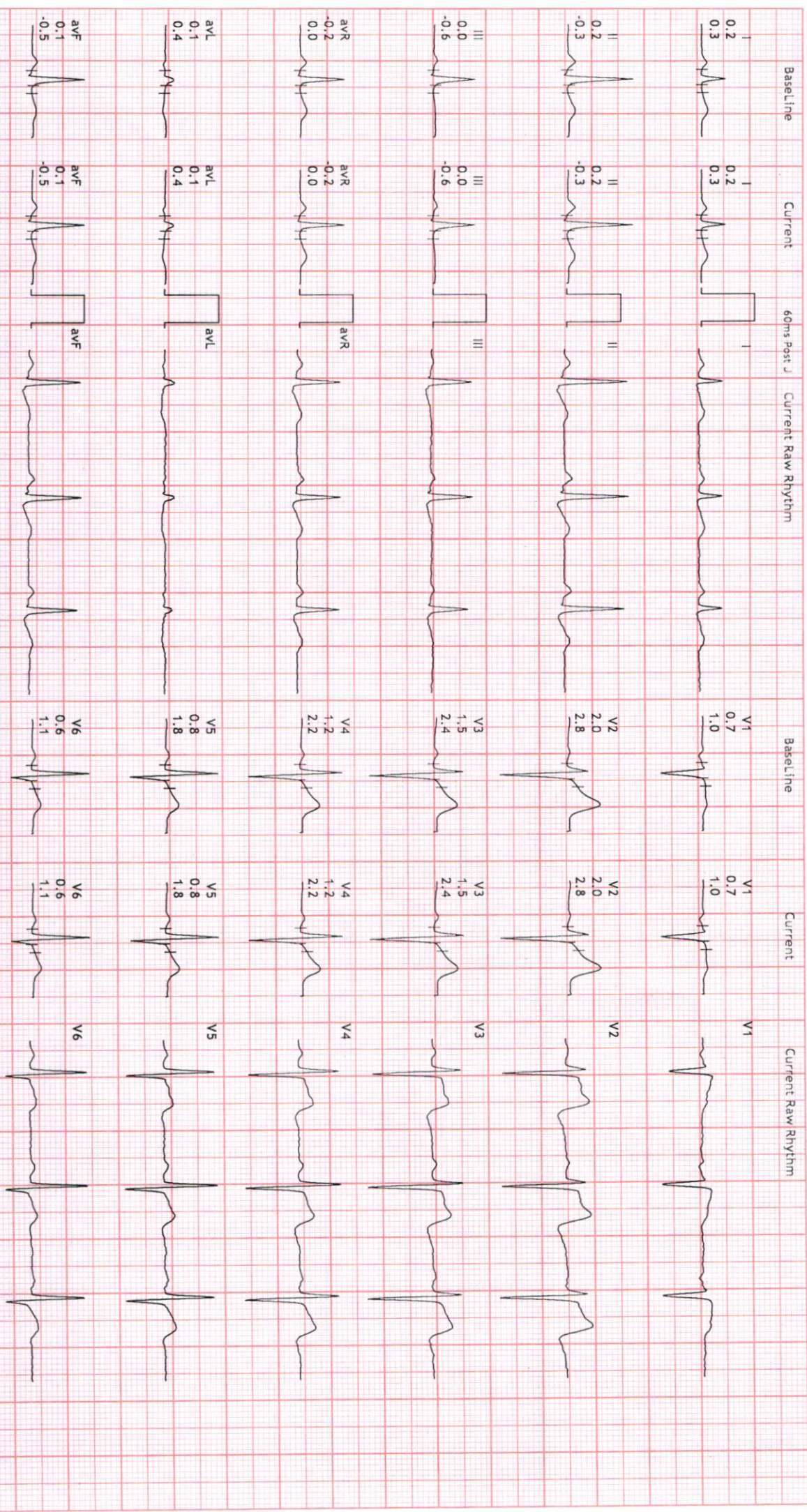
271/BHUPENDRA SINGH BARYAZ 44 Yrs/Male  
0 Kg/0 Cms  
Date: 22-Jun-2024 01:30:00 PM

MHR: 41% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 01:06  
BLC : On  
Notch : On

STANDING  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

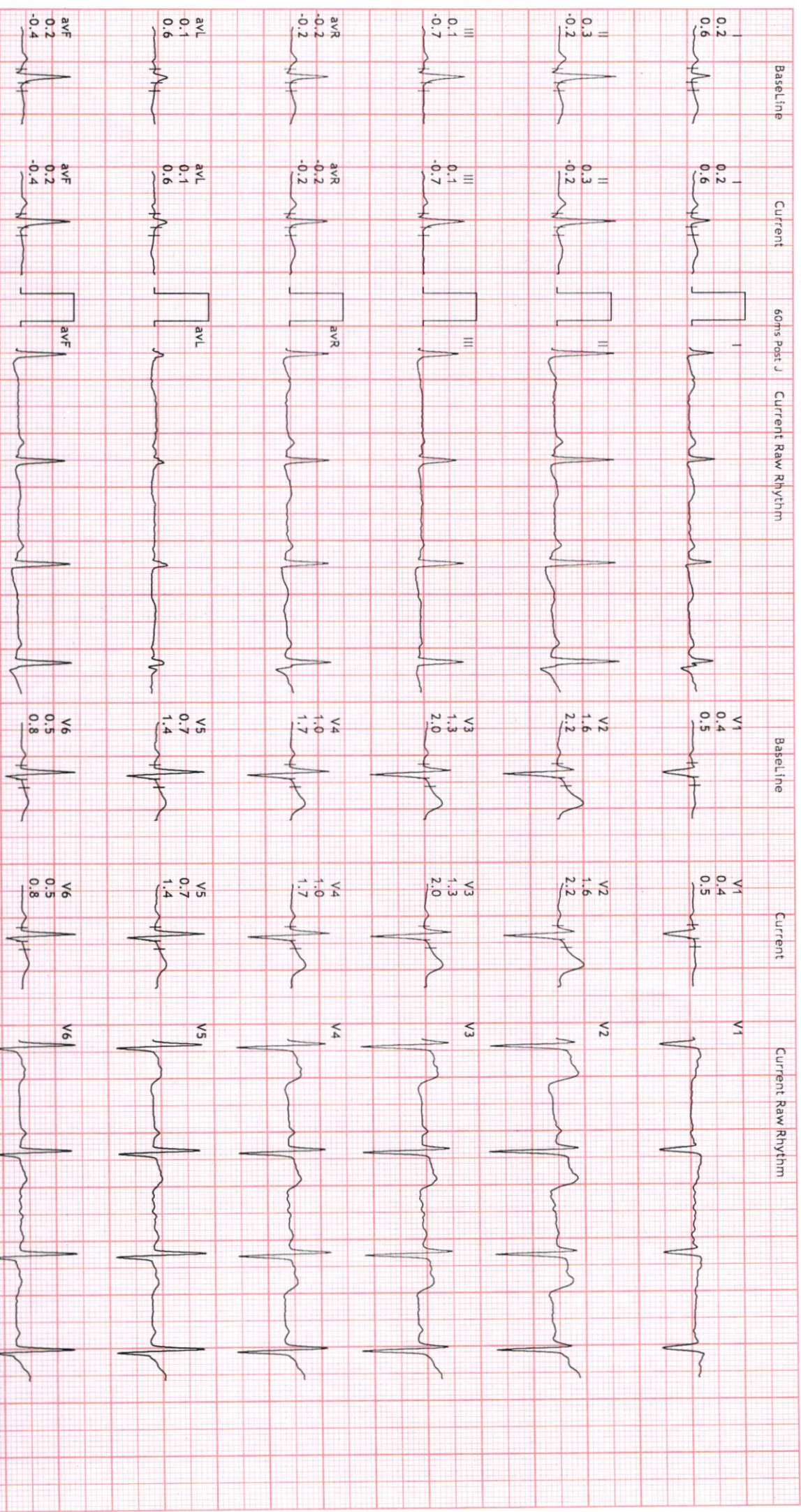
271/BHUPENDRA SINGH **BRUCE** 85 bpm  
44 Yrs/Male METS: 1.0  
0 Kg/10 Cms BP: 124/80  
Date: 22-Jun-2024 01:30:00 PM

MPHR: 48% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 01:23  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.





# 12 Lead + Comparison

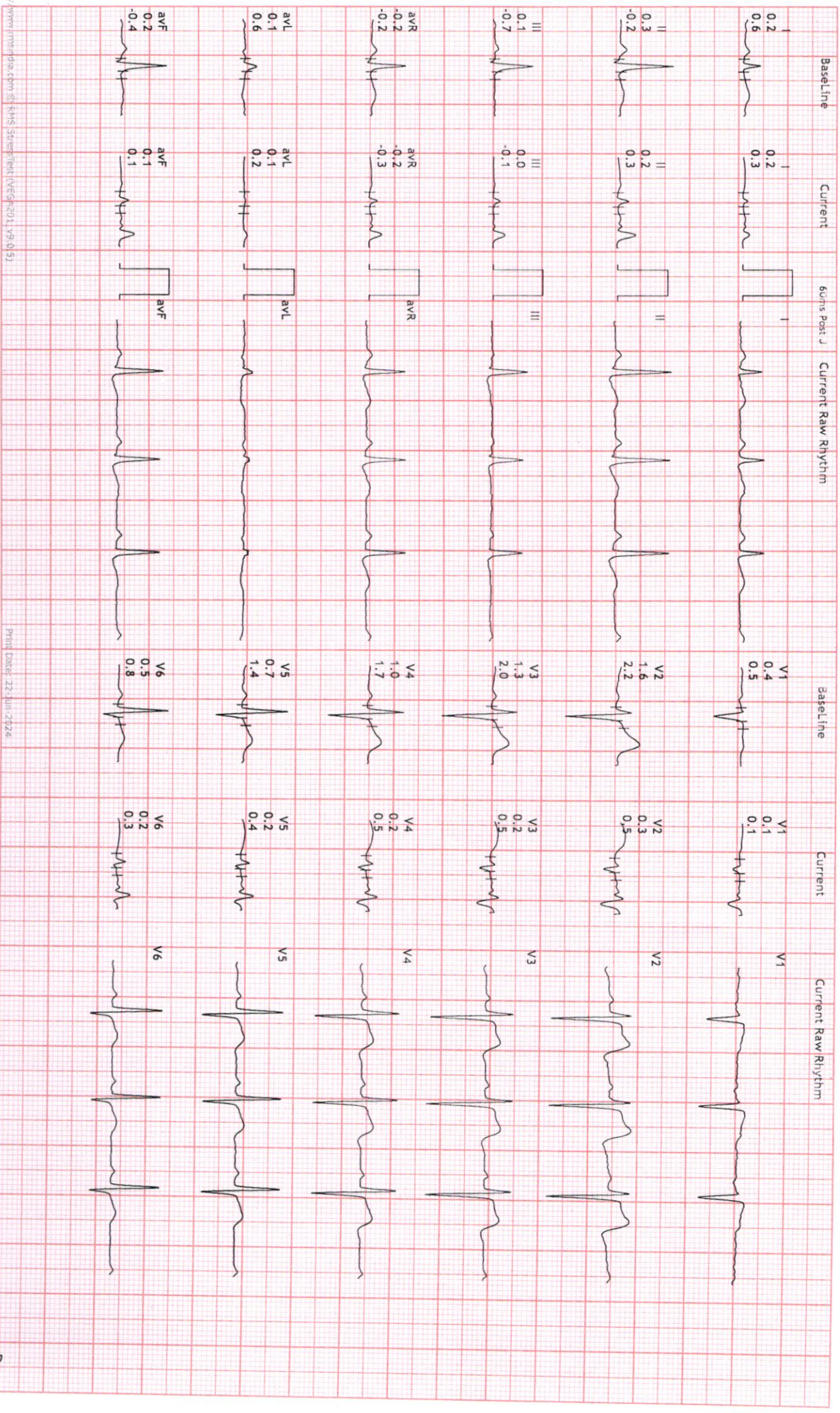
271/BHUPENDRA SINGH **BRU/BR** bpm  
 44 Yrs/Male METS: 1.0  
 0 Kg/0 Cms BP: 124/80  
 Date: 22-Jun-2024 01:30:00 PM

MPHR: 46% of 176  
 Speed: 0.0 mph  
 Grade: 0.0%

## UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
 BRUCE  
 (1.0-100)Hz  
 Ex Time 00:00  
 BLC :0n  
 Notch :0n

ExStart  
 10.0 mm/mV  
 25 mm/Sec.





12 Lead + Comparison

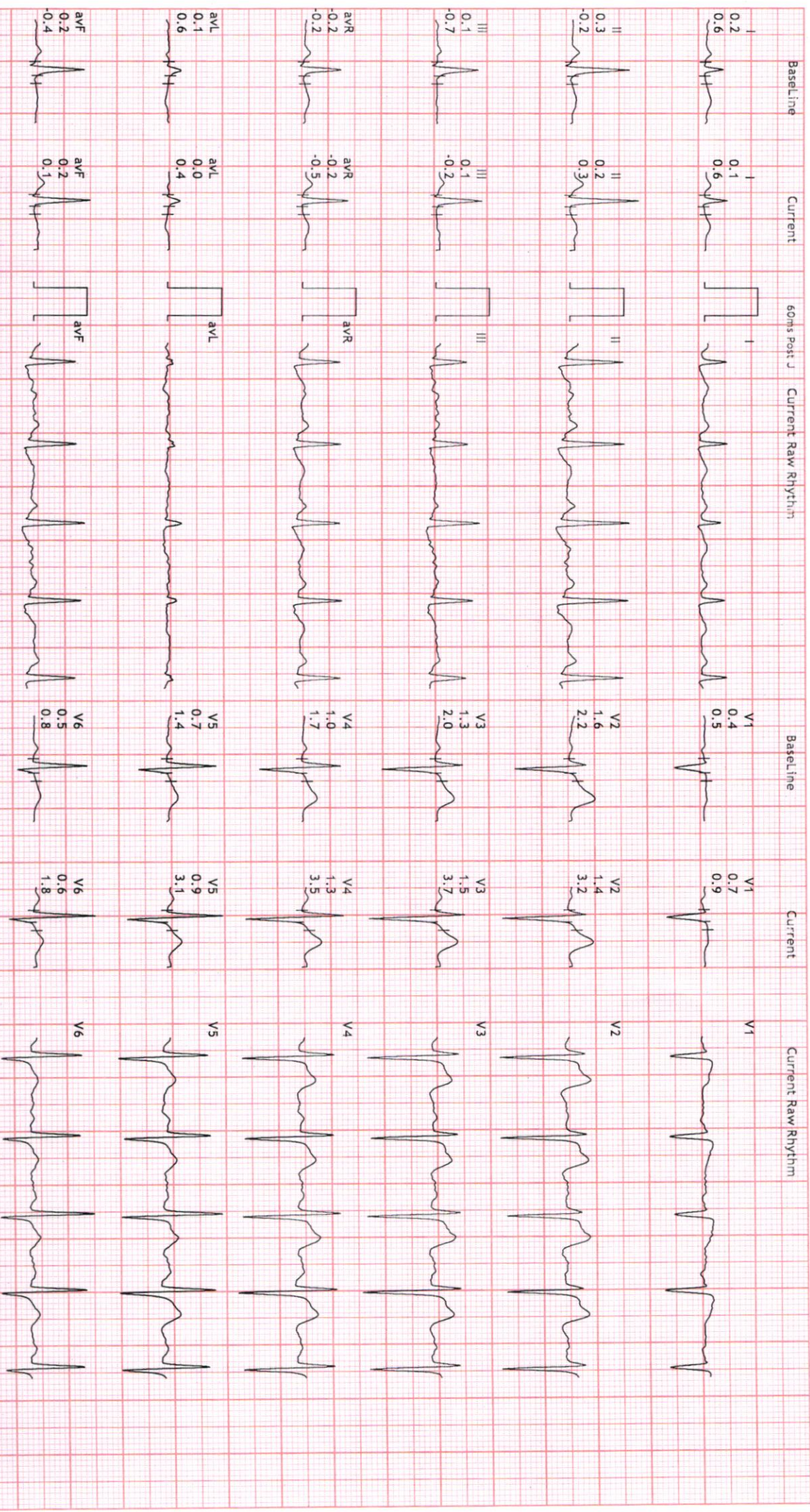
271/BHUPENDRA SINGH BRAW/JED7 bpm  
44 Yrs/Male METS: 4.7  
0 Kg/0 Cms BP: 130/82  
Date: 22-Jun-2024 01:30:00 PM

MPHR:60% of 176  
Speed: 1.7 mph  
Grade: 10.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG BRUCE (1.0-100)HZ  
Ex Time 03:00  
BLC : On  
Notch : On

Stage 1 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

271/BHUPENDRA SINGH BRUYE3 bpm  
44 Yrs/Male METS: 7.1  
0 Kg/0 Cms BP: 136/88  
Date: 22-Jun-2024 01:30:00 PM

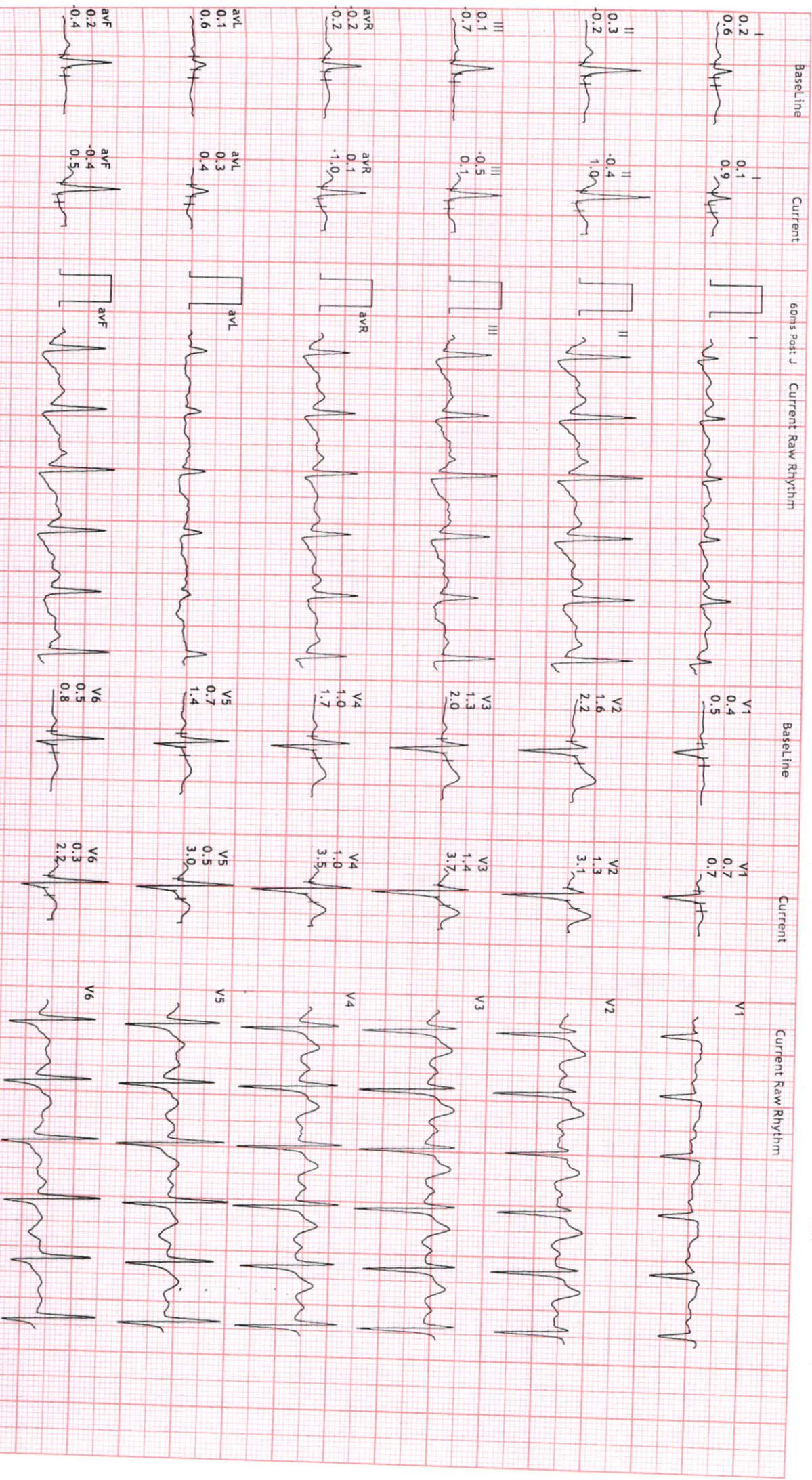
MPHR: 75% of 176  
Speed: 2.5 mph  
Grade: 12.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

Stage 2 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.







12 Lead + Comparison

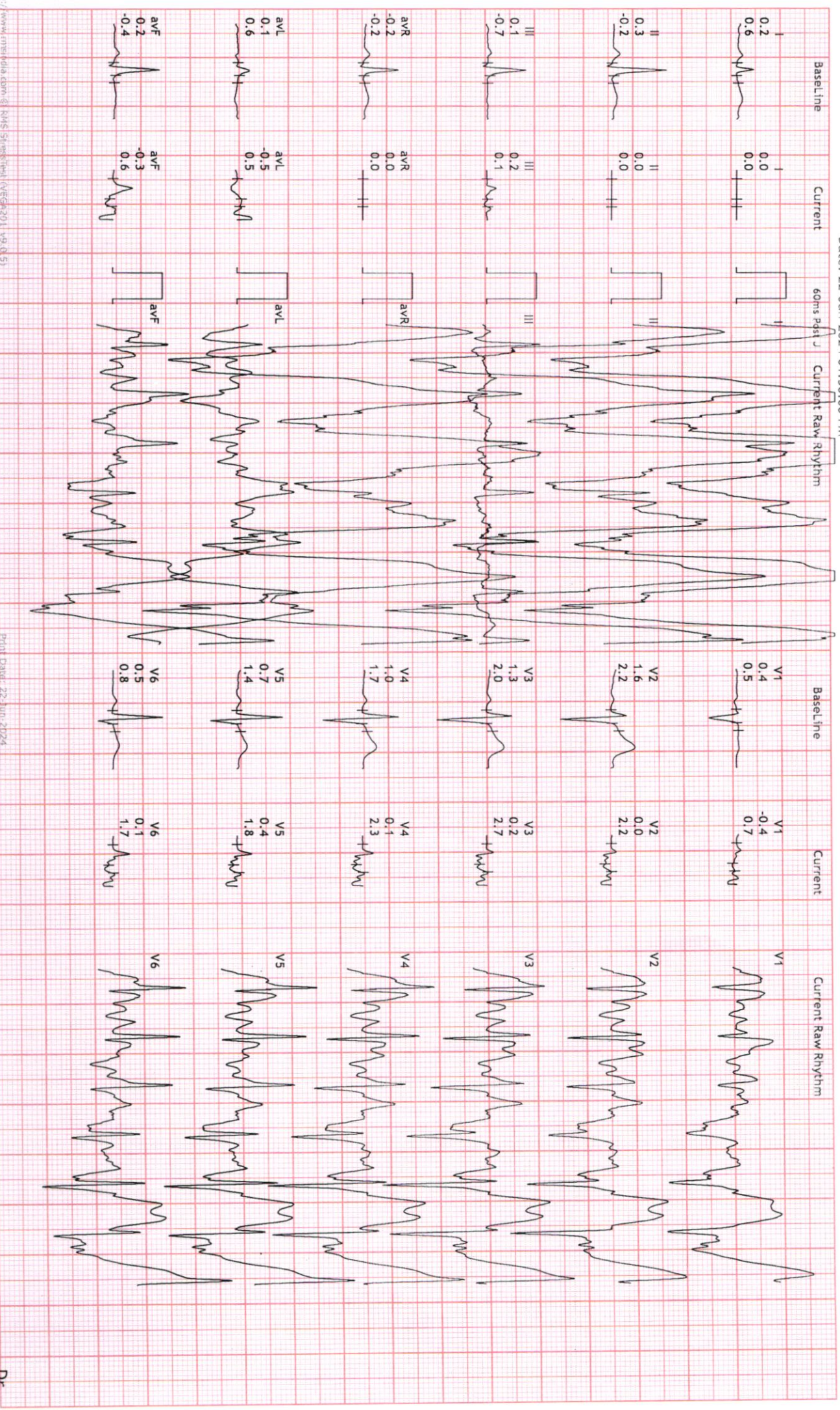
271/BHUPENDRA SINGH **BRUCE** 57 bpm  
44 Yrs/Male METS: 10.1  
0 Kg/0 Cms BP: 144/92  
Date: 22-Jun-2024 01:30:00 PM

MpHR: 99% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 08:56  
BLC : On  
Notch : On

PeakEx  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

271/BHUPENDRA SINGH BRAWJIBO bpm  
44 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 144/92  
Date: 22-Jun-2024 01:30:00 PM

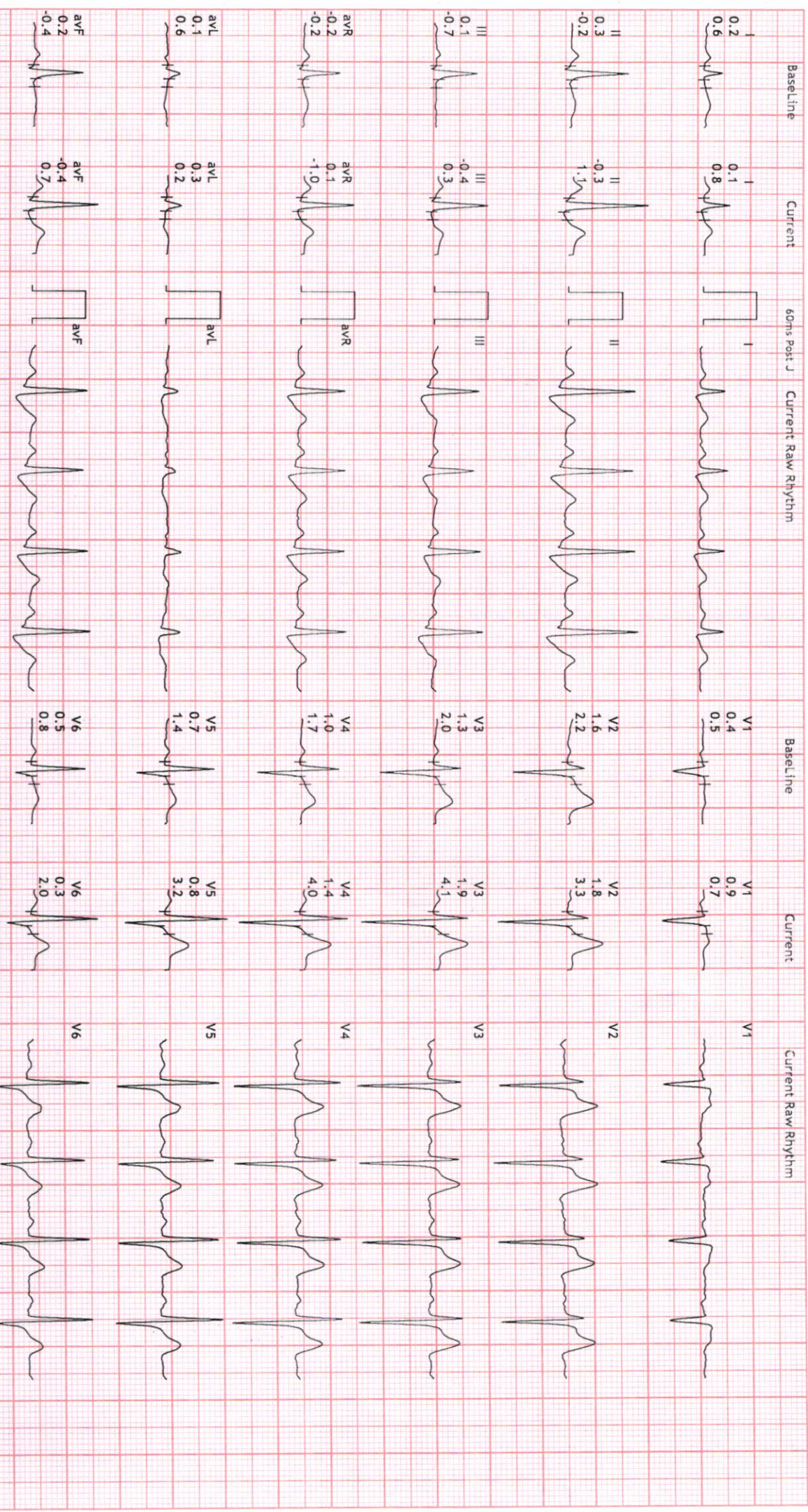
MpHR: 56% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)HZ

Ex Time 08:56  
BLC : On  
Notch : On

Recovery : ( 02:00 )  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

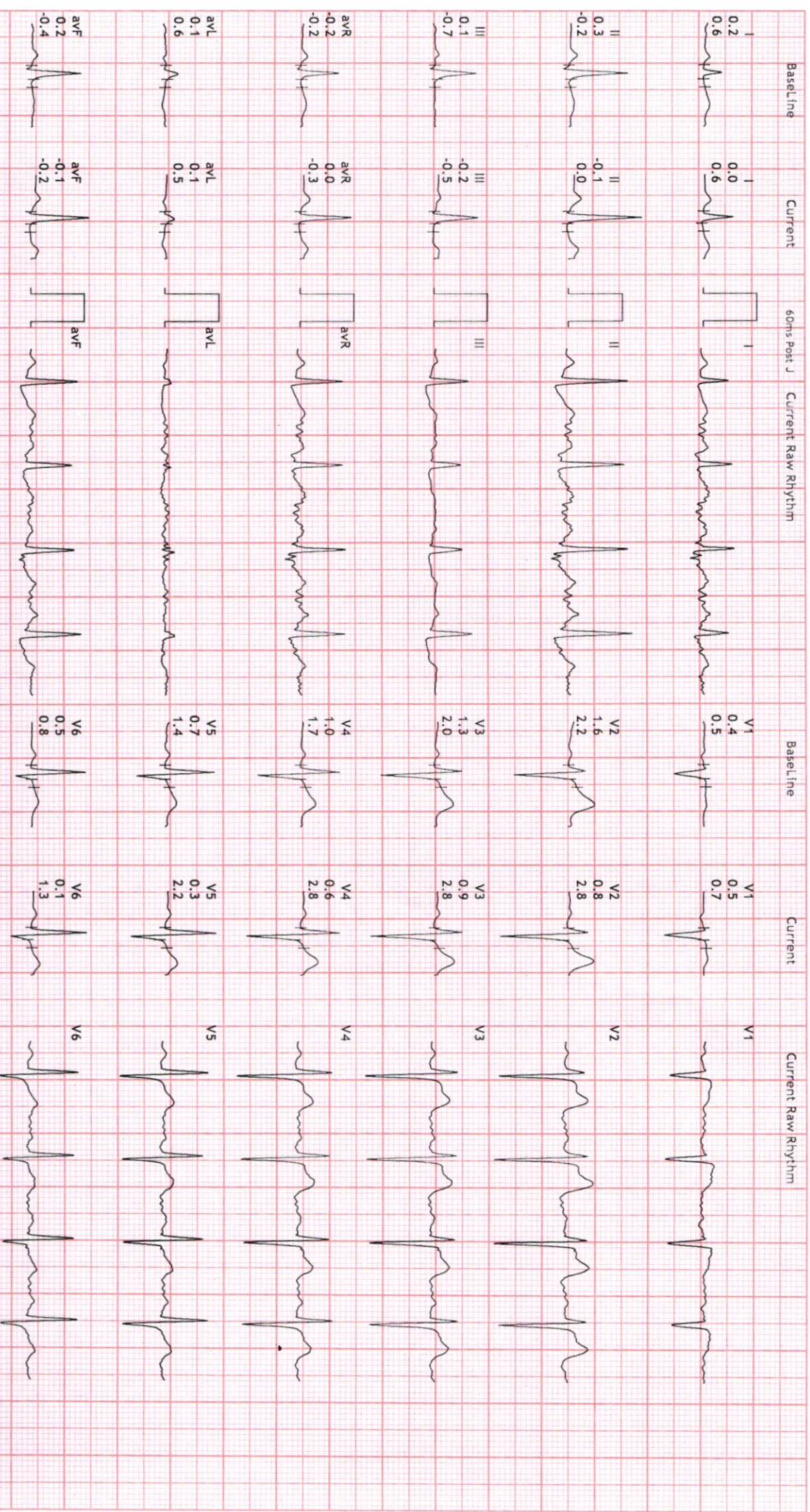
Z71/BHUPENDRA SINGH BRAHJID 1 bpm  
44 Yrs/Male  
0 Kg/0 Cms  
Date: 22-Jun-2024 01:30:00 PM

MPHR:57% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 08:56  
BLC : On  
Notch : On

Recovery : ( 04:00 )  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

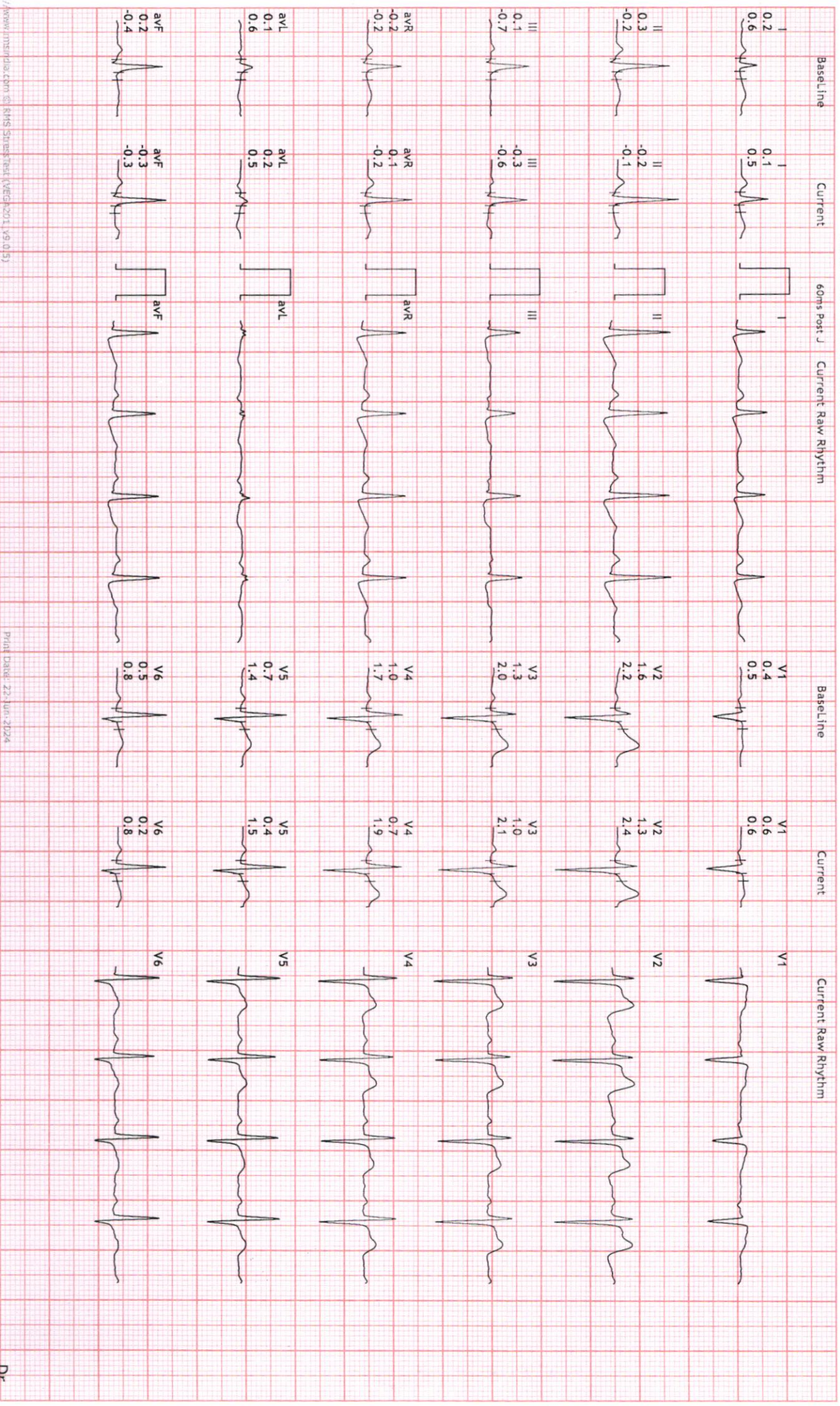
271/BHUPENDRA SINGH BRU/93 bpm  
44 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 134/86  
Date: 22-Jun-2024 01:30:00 PM

MPHR: 52% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 08:56  
BLC : On  
Notch : On

Recovery : ( 06:00 )  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Comparison

271 / BHUPENDRA SINGH BRV/BB bpm  
44 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 128/80  
Date: 22-Jun-2024 01:30:00 PM

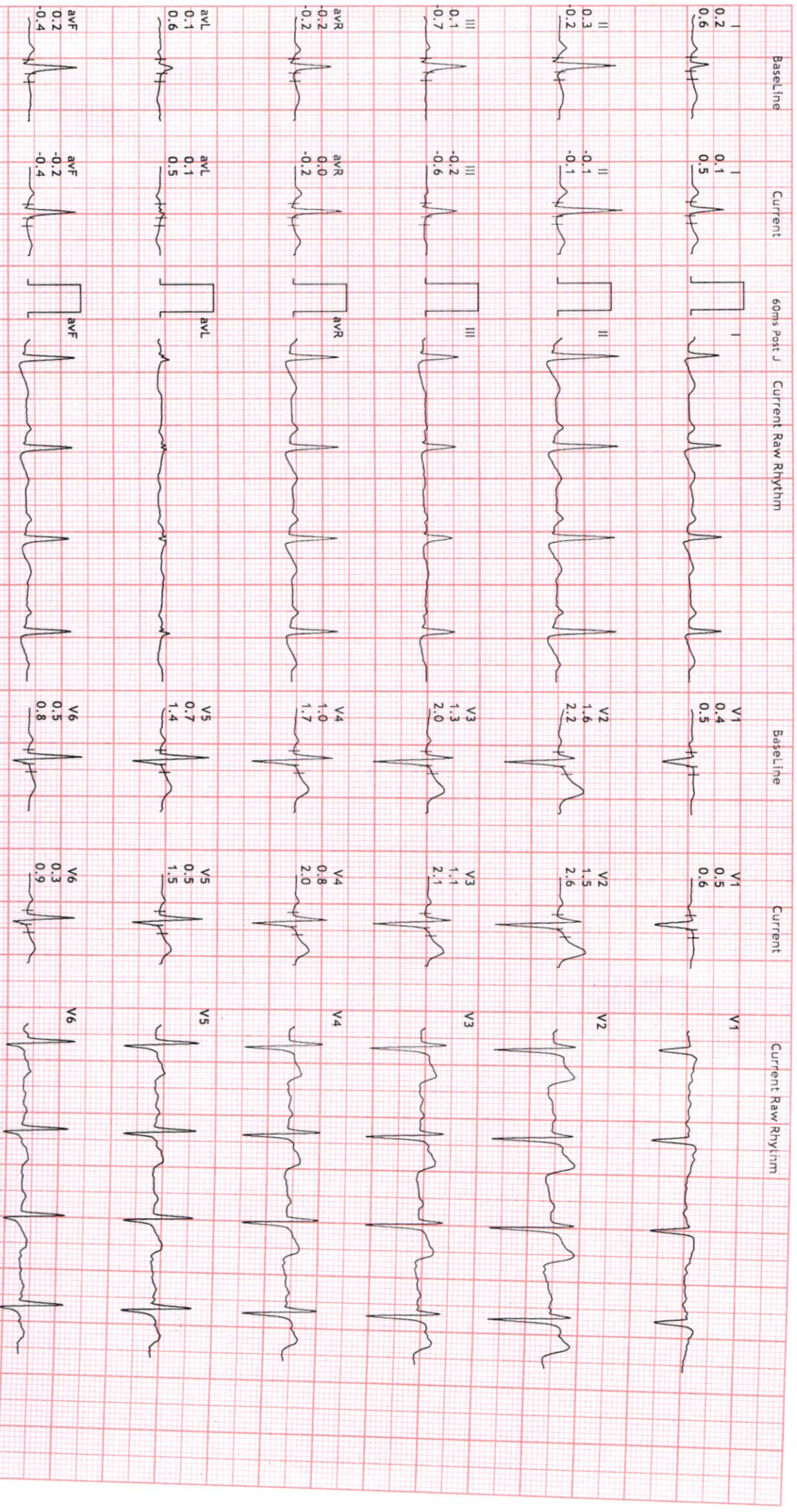
MPHR: 50% of 176  
Speed: 0.0 mph  
Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER  
JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 08:56  
BLC : On  
Notch : On

Recovery : ( 08:00 )  
10.0 mm/mV  
25 mm/Sec.



BHUPENDRA SINGH SAWLE

41 YEARS /FEMALE

MEDIWHEEL

22/06/2024

Height: - 178

Weight: - 96

BP: - 25/78mmhg

Pulse: -71/- Regular

BMI: - 23.2

The Medical Examiner should record the findings under one of the following categories:-

Overweight

DR. D.S. CHHABRA

MBBS, MD

Dr. D. S. Chhabra

B.B.S., M.D.

Reg. No. - 5007

