


Patient Name : Ms. PARUL KASHYAP	Reg No. : 4557/UH/D23DL	Lab ID. : 4311/OPDPB23DL
Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 10.32
Refd. By : Dr. .		Received : 14-Oct-2023 10.32
Sample Type : OTHER	Sample ID : 233275	Report : 18-Oct-2023 11.09

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

Pap Smear(LBC)

PAP SMEAR CYTOLOGY

SPECIMEN RECEIVED - Pap Smear Preparation of the Cervical Cytology.

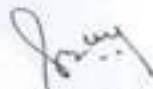
ADEQUACY OF SPECIMEN - Satisfactory for evaluation.
Transformation Zone component seen.

GENERAL CATEGORIZATION - Smears studied show dispersed population of superficial, intermediate and parabasal squamous cells with normal N:C ratio, some show benign reactive changes. Mild neutrophilic infiltrate and doderlein bacilli seen.

No atypical cells/ features of malignancy noted.

INTERPRETATION - Negative for intra-epithelial lesion

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Radiology No.	: 4311/OPDPB23DL	Date	: 14-Oct-2023
Patient Name	: Ms. PARUL KASHYAP	Age/Sex	: 37Y Female
Guardian Name	:	UHID No.	: 4557/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9811535733

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.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 9.19x3.29cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 9.33x4.78cm

Renal artery pulsation appear normal.



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





Radiology No.	: 4311/CPDPB23DL	Date	: 14-Oct-2023
Patient Name	: Ms. PARUL KASHYAP	Age/Sex	: 37Y Female
Guardian Name	:	UHID No.	: 4557/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9811535733

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

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

Endometrial is normal measuring 7.6mm and is in mid line.

Both ovaries are visualized. **A dominant follicle is seen in right ovary.**

Left ovary is normal in echoanatomy.

Right ovary measures 20x20x30mm(6.72cc)

Left ovary measures 24x17x24mm(5.43cc)

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Essentially Normal Scan

Dr. Harshita Surange
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Reg.No. MCI/16522, DMC/18402



NO-CL APPOINTMENT



CELEBRATING 10th ANNIVERSARY EXCELLENCE



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Patient Name	: Ms. PARUL KASHYAP	Age/Sex	: 37Y Female
Guardian Name	:	UHID No.	: 4557/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9811535733

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.

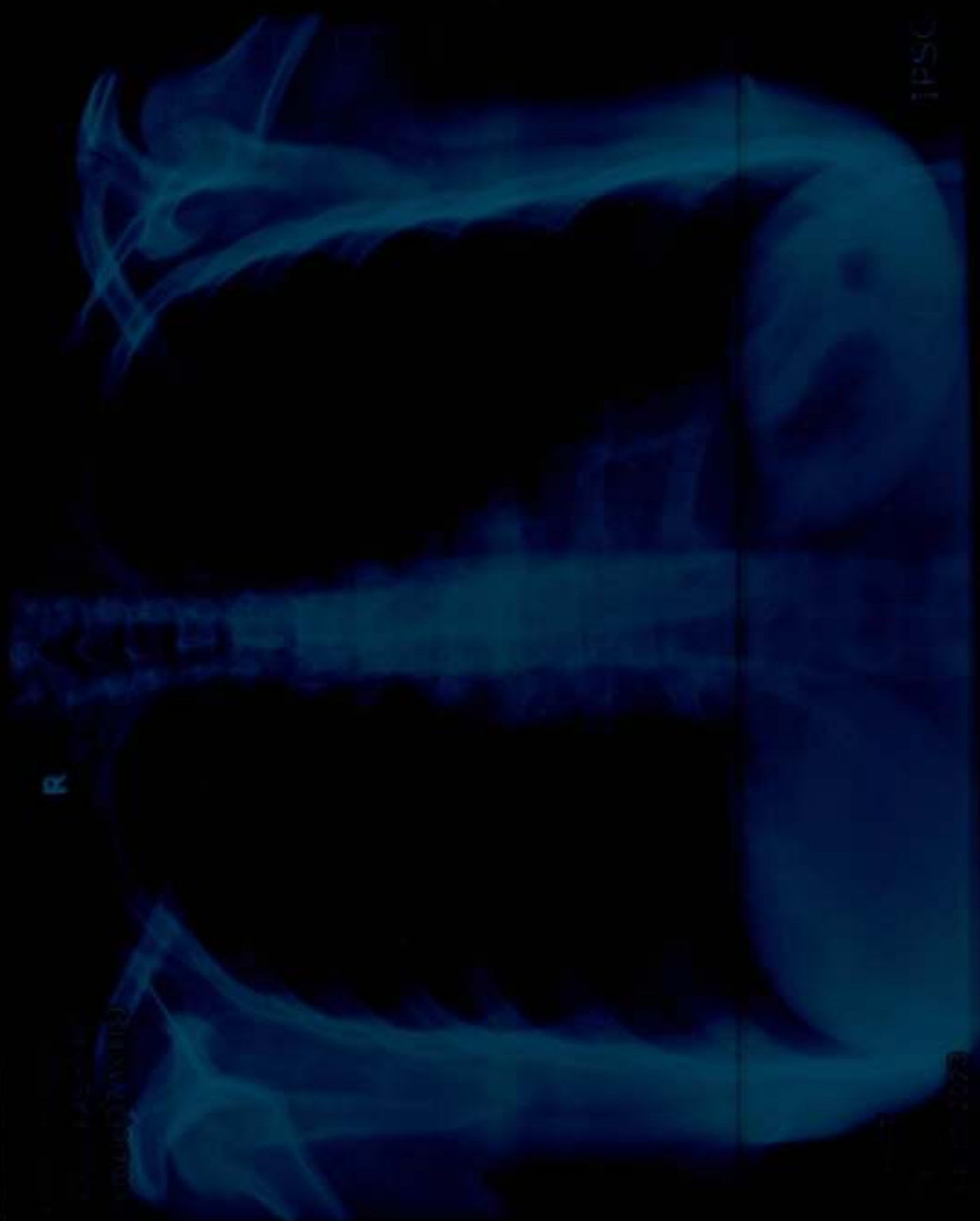
Impression: No significant abnormality detected.



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IPSC



R

ANTERIOR

POSTERIOR

Patient Name : Ms. PARUL KASHYAP	Reg No. : 4557/UHID23DL	Lab ID. : 4311/OPDPB23DL
Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 12:44
Refd. By : Dr. .		Received : 14-Oct-2023 12:44
Sample Type : Plasma(Sodium fluoride)	Sample ID : 233275	Report : 14-Oct-2023 16:22

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	110.1	mg/dl	70-150	GOD-POD
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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)

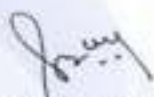
2-hr PG > 200 mg/dl during OGTT(75-G)*

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-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : Chand



MOCK AFFIRMATION



Patient Name : Ms. PARUL KASHYAP	Reg No. : 4557/UHID23DL	Lab ID. : 4311/OPDPB23DL
Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09:37
Refd. By : Dr. .		Received : 14-Oct-2023 09:38
Sample Type : Plasma(Sodium fluoride)	Sample ID : 233275	Report : 14-Oct-2023 14:28

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	99.2	mg/dl	74-100	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)

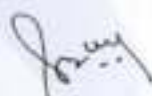
2-hr PG > 200 mg/dl during OGTT(75-G)*

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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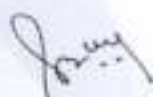


BOOK APPOINTMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09:37
Refd. By : Dr. .		Received : 14-Oct-2023 09:38
Sample Type : EDTA whole blood	Sample ID : 233275	Report : 14-Oct-2023 14:28

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMATOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	11.7	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	7.0	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	70	%	40-75	Electrical impedance
Lymphocyte	24	%	20-45	Electrical impedance
Eosinophil	03	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	20	mm/1sthr	0-20	Westergren's
RBC COUNT	4.21	milli/cmm	3.8-5.5	Electrical impedance
PCV	35	%	35-45	Calculated
MCV	84.20	fL	80-100	Calculated
MCH	27.8	Picogram	27.5-33.2	Calculated
MCHC	33.00	gm/dl	32-36	Calculated
PLATELET COUNT	151	10 ³ /uL	150-450	Electrical impedance
-----End of Report-----				




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DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.4	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

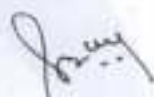
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above ->7.0 %

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-----



Dr. Sangeeta B
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Lab Technician : chand



BOOK APPORMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09.37
Refd. By : Dr. .		Received : 14-Oct-2023 09.38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 14.28

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	15.9	mg/dl	15.0-45.0	urease
Serum Creatinine	0.6	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	2.69	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.54	g/dl	6.4-8.3	Biuret
ALBUMIN	3.5	g/dl	3.4-4.8	Bcg
GLOBULIN	3.04	g/dl	2.3-3.5	
A/G RATIO	1.15	g/dl		
Calcium	8.2	mg/dl	8.6-10.2	Arsenazo
Sodium	142.1	mmol/L	136.0-149.0	ISE Indirect
Potassium	3.7	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.5	mmol/L	98.0-109.0	ISE Indirect

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




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BOOK APPOINTMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09:37
Refd. By : Dr. .		Received : 14-Oct-2023 09:38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 14:28

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	166.00	mg/dl	123-199	CHOD-PAP
Triglycerides	108.6	mg/dl	35-135	Gpo
HDL Cholesterol Direct	43.7	mg/dl	42-88	Direct
Vldl	22	mg/dl	4.7-22.1	
LDL Cholesterol Direct	100.6	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.8		0.0-4.97	
LDL/HDL Ratio	2.3		0.0-3.55	

INTERPRETATION:-

Acceptable/Low Risk : < 200 mg/dL : <130 mg/dL : < 4.5

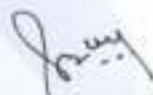
Borderline High Risk : 200-239 mg/dL : 130-159 mg/dl : 4.5 - 6.0

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




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BOOK APPOINTMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09.37
Refd. By : Dr. .		Received : 14-Oct-2023 09.38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 14.28

pancreatitis.

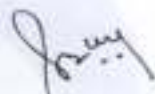
CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased 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**

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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BOOK APPOINTMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09.37
Refd. By : Dr. .		Received : 14-Oct-2023 09.38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 14.28

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.14	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.10	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.04	mg/dl	0-0.8	Calculated

Total Protein

PROTEN	6.54	g/dl	6.4-8.3	Biuret
ALBUMIN	3.5	g/dl	3.4-4.8	Bcg

GLOBULIN	3.04	g/dl	2.3-3.5	
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A/G RATIO	1.15	g/dl		
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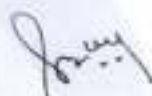
SGOT	18	U/L	0-31	IFCC
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SGPT	13	U/L	0.0-34	IFCC
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Gamma GT	13.8	U/L	0-38	Glupa-c
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Alkaline Phosphatase	93	U/L	42-98	Amp
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-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
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BOOK APPOINTMENT



Patient Name : Ms. PARUL KASHYAP	Reg No. : 4557/UHID23DL	Lab ID. : 4311/OPDPB23DL
Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09.37
Refd. By : Dr.		Received : 14-Oct-2023 09.38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 16.22

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3	1.05	ng/dl		CLIA
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All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4	6.99	µg/dl		CLIA
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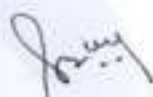
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2nd Trimester 8.92-17.38

3rd Trimester 7.98-17.70




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DMC/25252

Lab Technician : chand



QR APPROVED



Patient Name : Ms. PARUL KASHYAP	Reg No. : 4557/UHID23DL	Lab ID. : 4311/OPDP623DL
Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 09.37
Refd. By : Dr.		Received : 14-Oct-2023 09.38
Sample Type : Serum	Sample ID : 233275	Report : 14-Oct-2023 16.22

TSH 2.01 μ IU/ml CLIA

Adults

21-100 yrs 0.42 - 5.45

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

Pregnancy

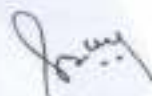
First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

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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BOOK APPPOINTMENT



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Age / Gender : 37Y / Female	Date : 14-Oct-2023	
Mobile No. : 9811535733	Manual No.	Collected : 14-Oct-2023 13.25
Refd. By : Dr. .		Received : 14-Oct-2023 13.25
Sample Type : URINE	Sample ID : 233275	Report : 14-Oct-2023 14.28

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

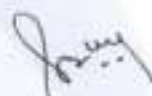
BACTERIA

NIL

OTHERS

NIL

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



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DMC/25252

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QR APPROVEMENT



IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
DWARAKA NEW DELHI-110075, PH: 9555437357

PABUL KASHYAP

ID : 66718

DATE : 14-10-2023

AGE/SEX : 37 / F

HT/WT : 0 / 0

REF. BY :

TREADMILL TEST REPORT

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)			METTS
								II	V1	V5	
SUPLINE					64	120 / 80	76	0.8	0.2	0.2	
STANDING					86	120 / 80	103	1.9	0.8	-0.7	
HYPERVENT					86	120 / 80	103	1.4	1	-0.3	
Stage 1	2:55	0:21	2.7	10	125	130 / 80	162	1	0.6	-0.1	4.67
Stage 2	5:55	2:55	4	12	153	140 / 90	214	-0.6	-0.4	0.1	7.04
Stage 3	6:38	0:38	5.4	14	169	150 / 90	253	-0.9	-1.2	0	7.71
PK-EXERCISE	6:48	0:48		14	171	150 / 90	256	-1.3	-1.2	-0.2	
RECOVERY	7:58	0:55			115	140 / 90	161	0.1	-0.5	-0.5	
RECOVERY	8:58	1:55			84	130 / 90	109	-0.5	-0.6	-0.6	
RECOVERY	9:58	2:55			97	120 / 80	116	-0.1	-0.2	-0.2	

RESULTS

EXERCISE DURATION : 6:48 MAX WORK LOAD : 7.87 METTS

MAX HEART RATE : 171 bpm 93 % of target heart rate 183 bpm

MAX BLOOD PRESSURE : 150 / 90 mm Hg

REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,

ARRHYTHMIA : None,

H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS

Negative for Provocable myocardial ischemia,

DR. ANIL SAHOO
M.D., PGDCC
Regn. No. 333201

Technician :



IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP
I.D. 66718
Age 37/F
Date 14-10-2023

PATE 64bpm
B.P. 120/80

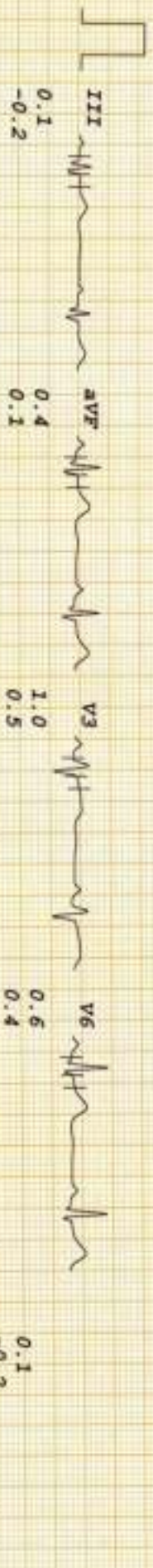
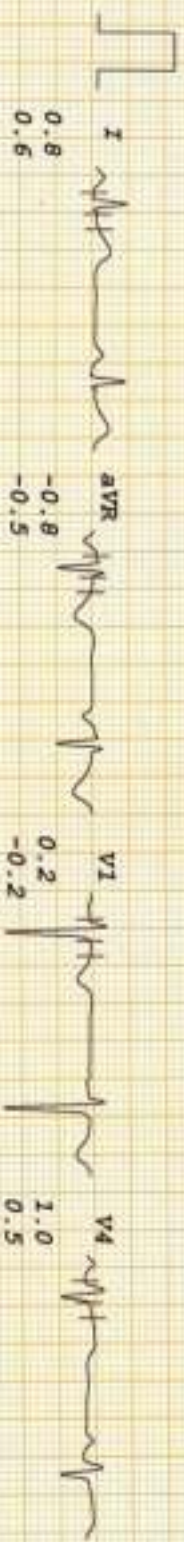
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. ANIL SAHOO
MD, FRCPC, FRCR
Resident

II aVR aVL V1 V2 V3 V4 V5 V6 V7

IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP
I.D. 66718

Age 37/F
Date 14-10-2023

Rate 96bpm
B.P. 120/80

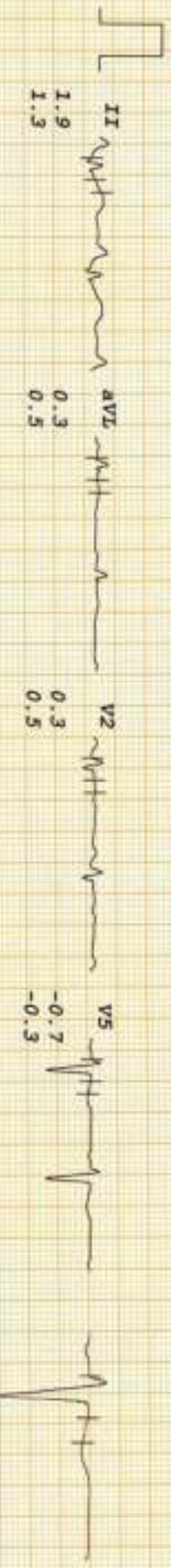
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V5



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M.D. PCCOCC
Reg. No. 332001

IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP

I.D. 66718

Age 37/F

Date 14-10-2023

RATE 86bpm

B.P. 120/80

PHASE TIME 0:21

PRETEST

HYPERVENT

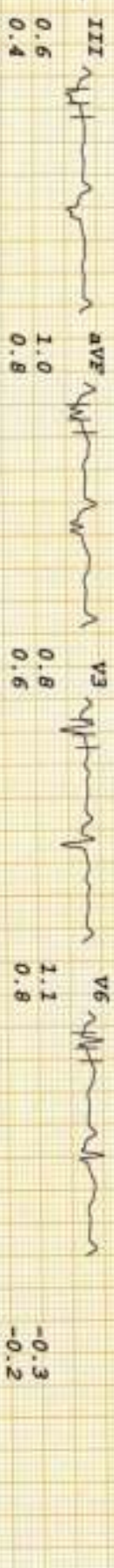
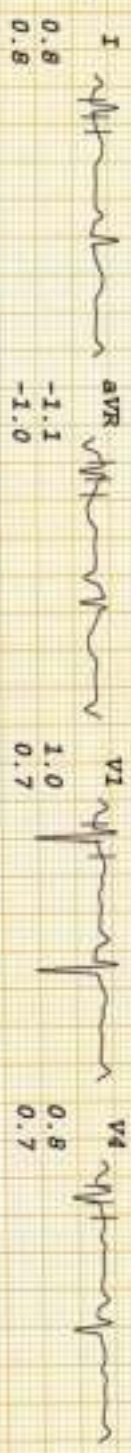
ST @ 10mm/mV

80ms PostCJ

LINKED MEDIAN

Mag. X 2

V5



Dr. ANIL SAHOO
MD, PGD,CC
Regn. No. 33201

IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP
 I.D. 66718
 Age 37/F
 Date 14-10-2023

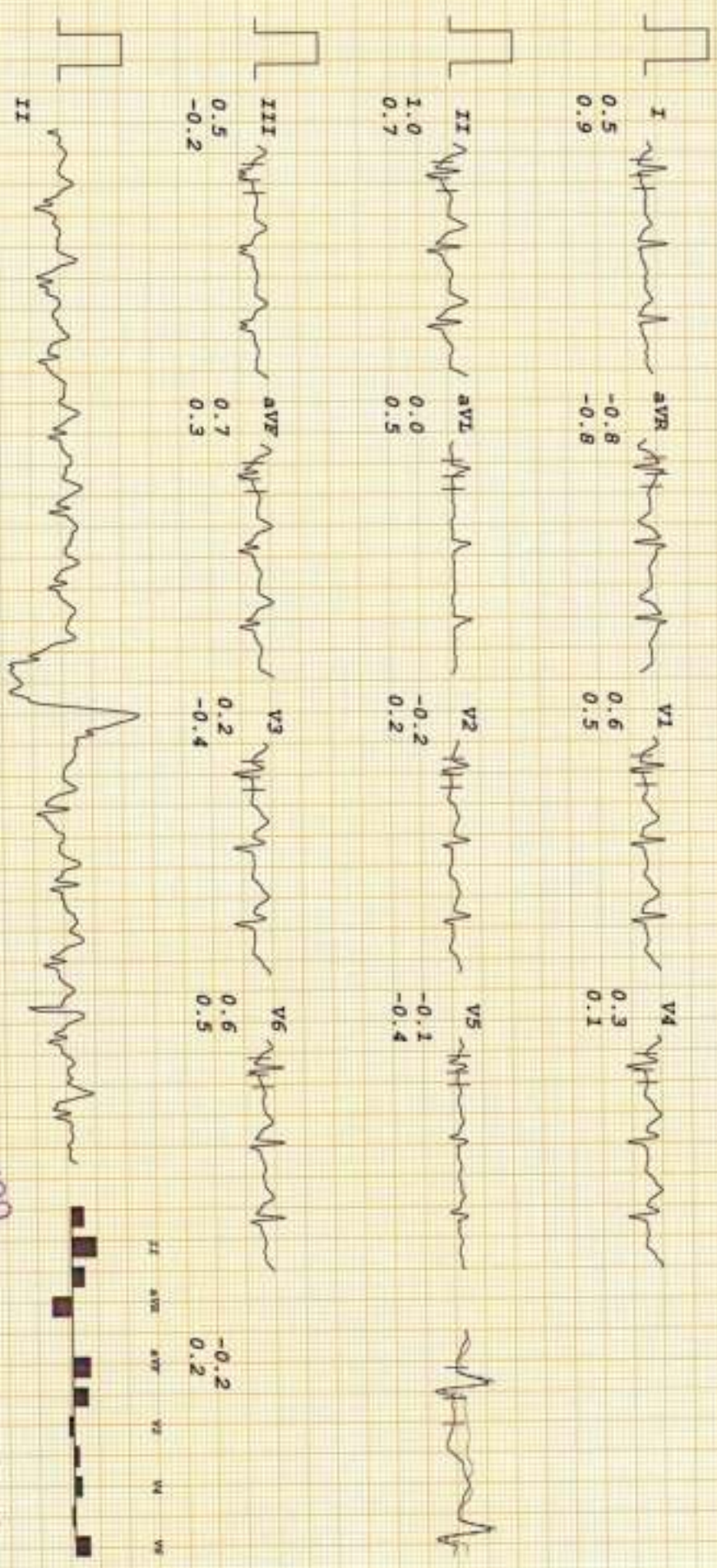
PATE 125bpm
 R.P. 130/80

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. ANIL SAHOO
 MD. PGCCG
 Regn. No. 393201



IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP
 I.D. 66718
 Age 37/E
 Date 14-10-2023

RATE 153bpm
 B.P. 140/90

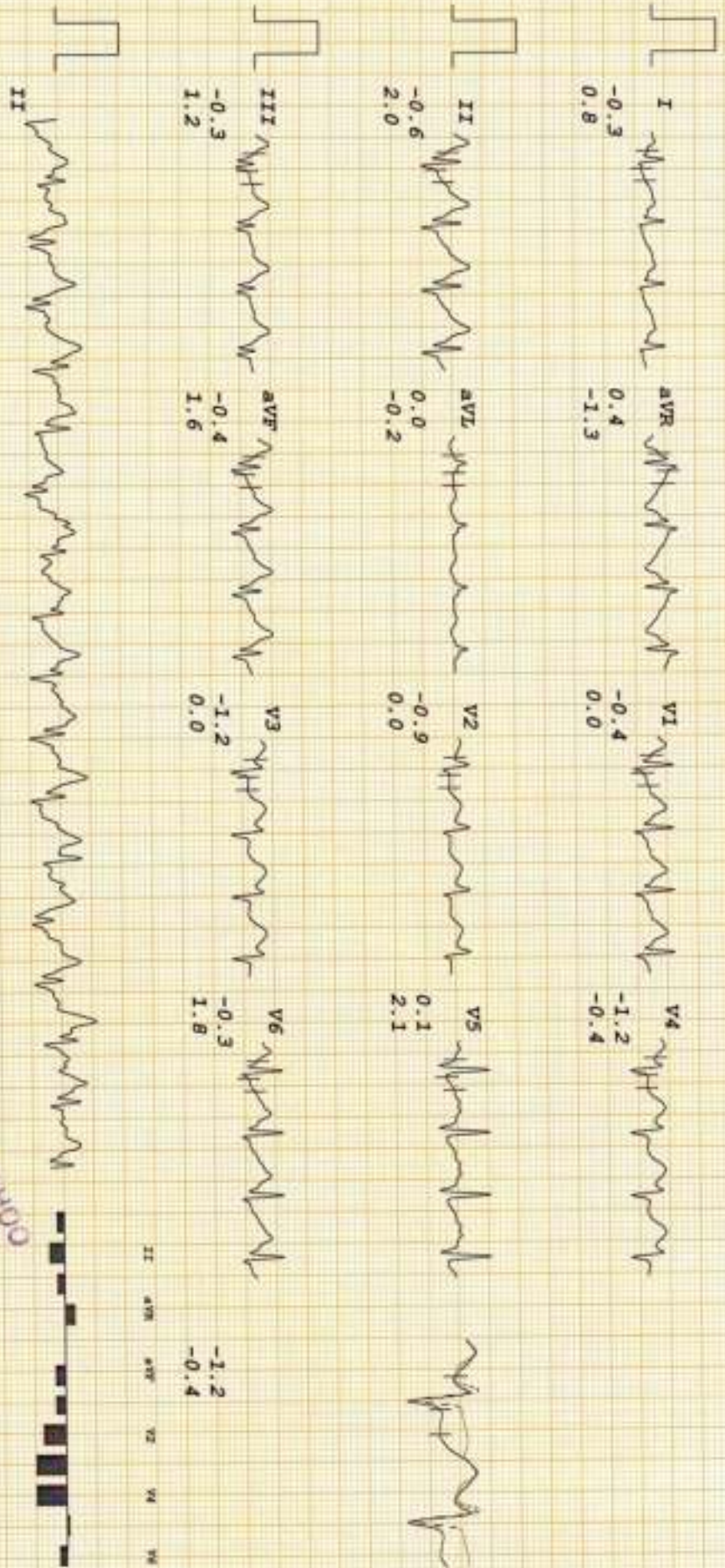
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostCJ
 Speed 4 km/hr
 SLOPE 12 °

LINKED MEDIAN

Mag. X 2

V4



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 MD. PGDCC
 Regn. No. 35201



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PARUL KASHYAP

I.D. 66718

Age 37/F

Date 14-10-2023

RATE 169bpm
B.P. 150/90

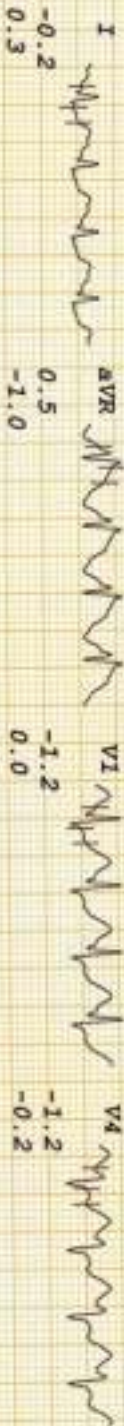
Brice
Stage 3
TOTAL TIME 6:38
PHASE TIME 0:38

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

LINKED MEDIAN

Mag. X 2

V1



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MD, PGDCC
Regn. No. 33201

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PARUL KASHYAP
 I.D. 66718
 Age 37/F
 Date 14-10-2023

RATE 171bpm
 H.P. 150/90

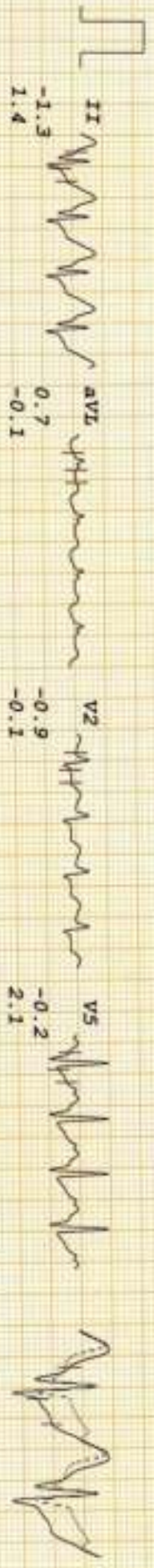
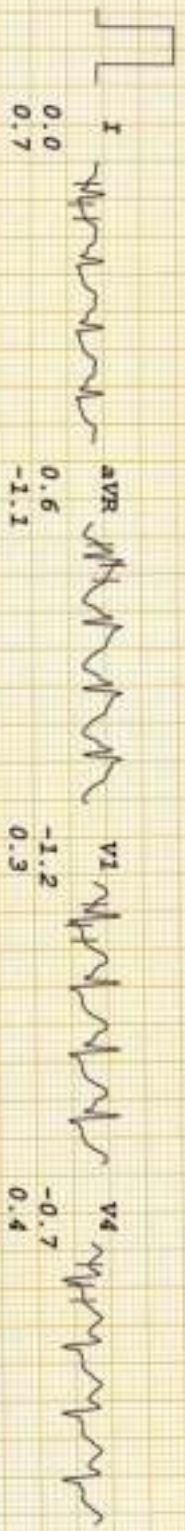
Bruce
 PK-EXERCISE
 TOTAL TIME 6:48
 PHASE TIME 0:48

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

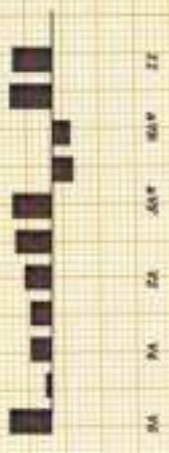
LINKED MEDIAN

Mag. X 2

II



Dr. ANIL SAHOO
 MD, PGCC
 Regn. No. 35201



IPSC PAIN AND SPINE HOSPITAL

PARUL KASHYAP

I.D. 66718

Age 37/F

Date 14-10-2023

RATE 115bpm
B.P. 140/90

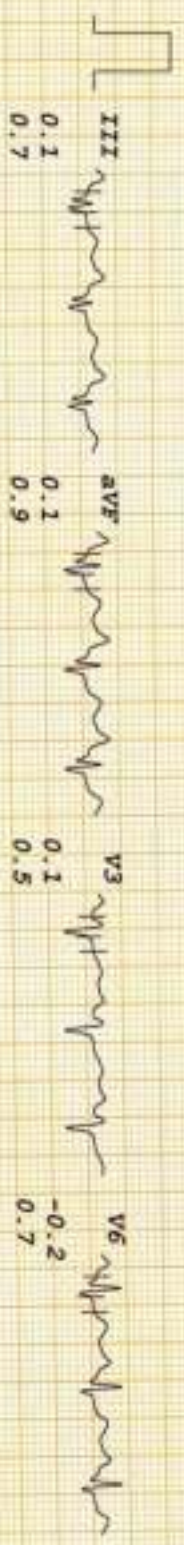
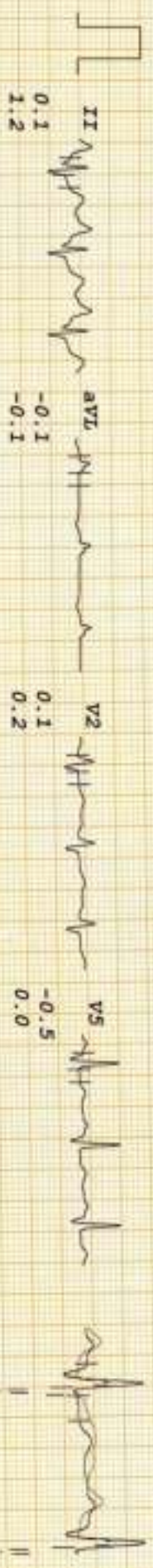
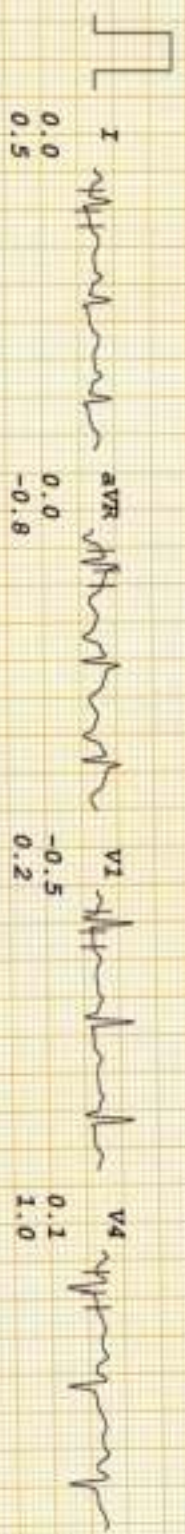
RECOVERY Bruce
TOTAL TIME 7:58
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



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Regn. No. 35201

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PARDI KASHYAP

I.D. 66718

Age 37/F

Date 14-10-2023

RATE 84bpm

B.P. 130/90

Brace

RECOVERY

TOTAL TIME 8:58

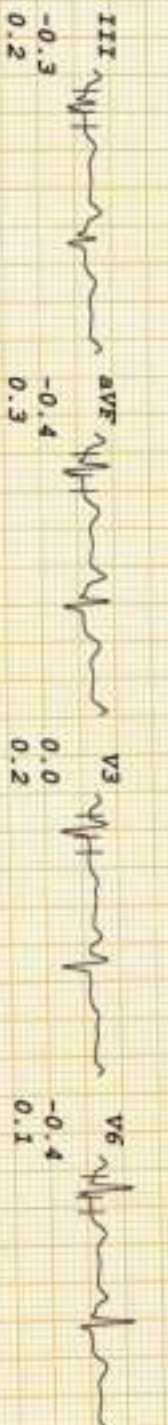
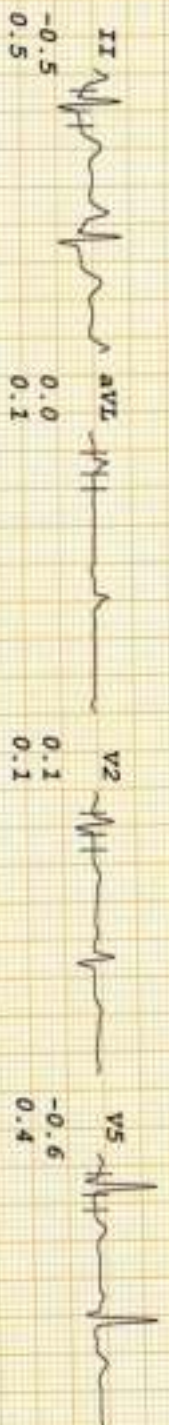
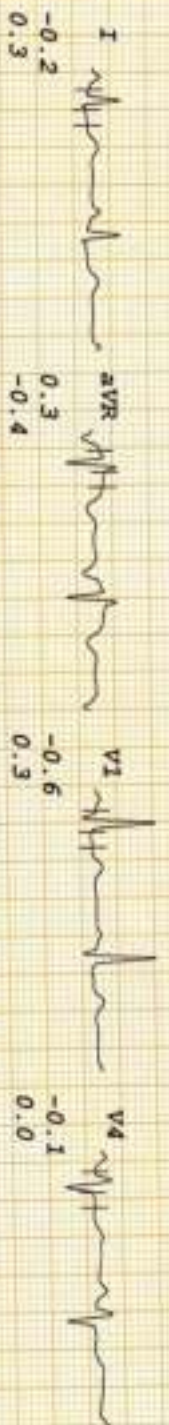
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



-0.6
0.3

II aVR aVF V1 V2 V3 V4 V5 V6

Dr. ANIL SATHU
MD, PGDCC
Regn. No. 33201

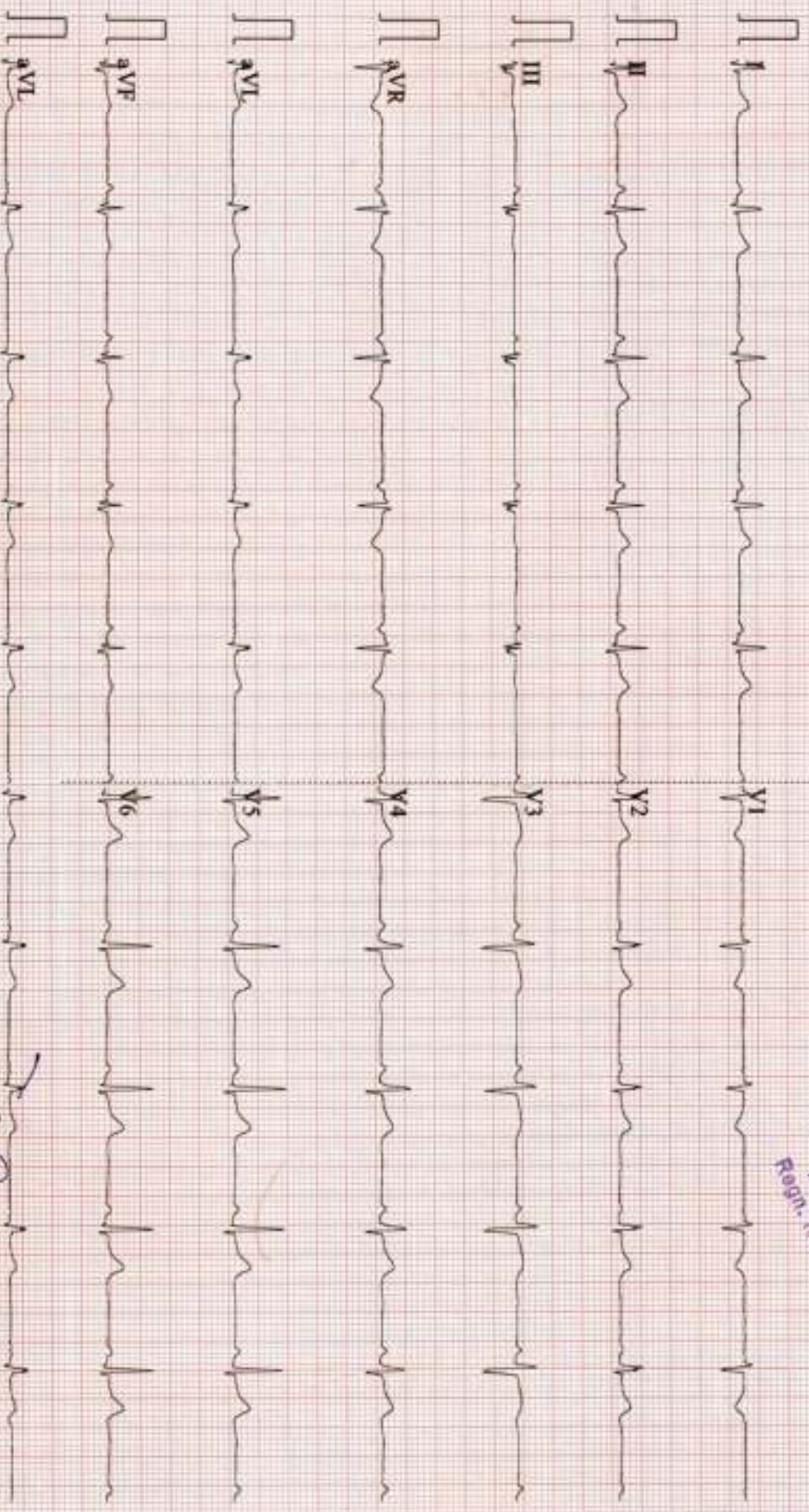
ID: 086
Mrs. Jaral Kashyap
Female 37Years
Req. No. :

14-10-2023 09:18:13 AM
HR : 59 bpm
P : 84 ms
PR : 132 ms
QRS : 88 ms
QT/QTcBz : 406/403 ms
P/QRST : 54/13/29 °
RV5/SV1 : 0.844/0.368 mV

Diagnosis Information:
Sinus bradycardia
Possible sequence error: V2,V3 omitted
Normal ECG except for rate

Report Confirmed by:

EMR
Dr. ANIL SAHOO
No. POCDC
Regn. No. 33201



[Handwritten signature]