

Radiology No.	: 3855/OPDPB22DL	Date	: 04-Sep-2022
Patient Name	: Mr. VIKAS KUMAR SINHA	Age/Sex	: 56Y
Guardian Name	:	UHID No.	: 3437/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7028082788

ULTRASOUND OF WHOLE ABDOMAN

Convex and linear probes were used.

The liver is normal in size (13 in RML) contour however is increased in 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-105 x 44mm.

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-107 x 49mm.



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BOOK APPOINTMENT



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Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prevoid-200cc.

Postvoid-5cc

Prostate is increased in size for age with median lobe hypertrophy indenting the base of bladder. It measures 41 x 42 x 47mm. Its volume is 43gms.

Impressions:1)Fatty liver Grade I.
2) Prostatomegaly.

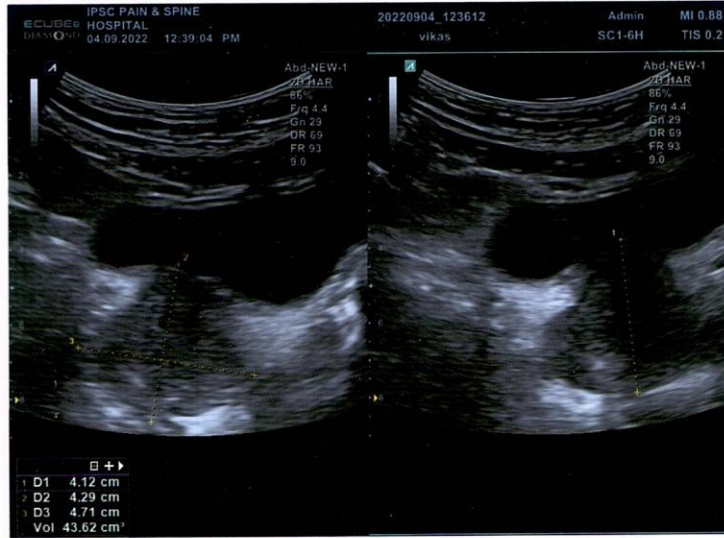
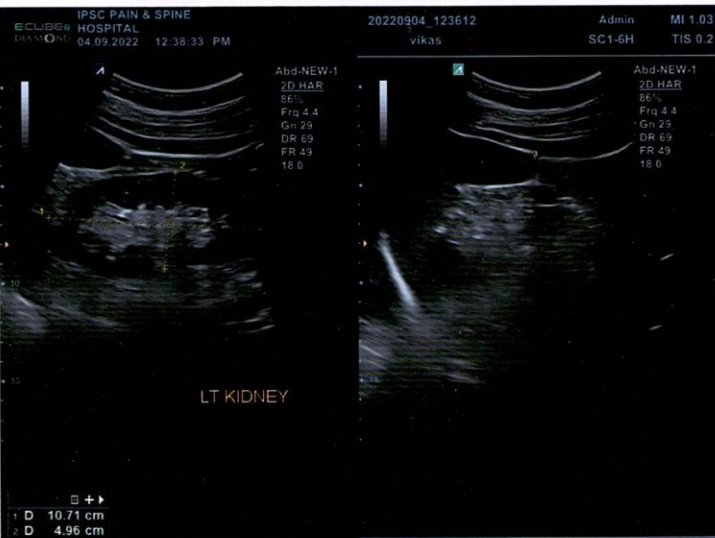
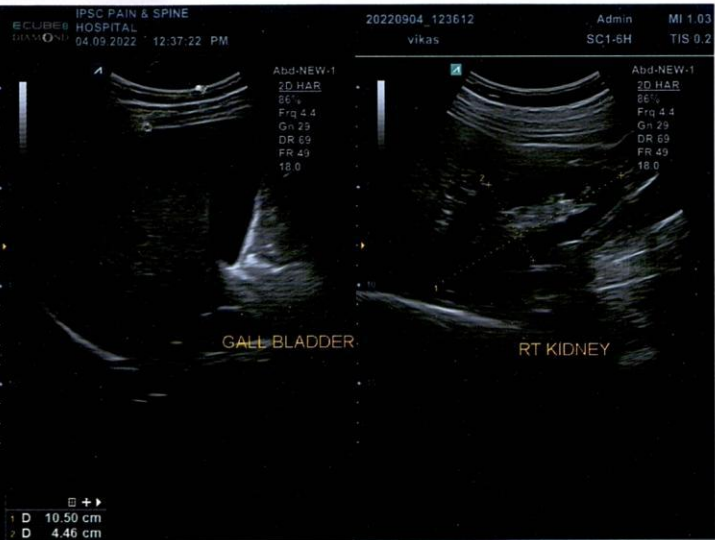


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X-RAY CHEST

Indication: Routine checkup.

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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BOOK APPOINTMENT



ID: 5

Vikas sinha

Male 56Y

Req. No.

04-09-2022 09:10:19 AM
IP : 70 hnm

Diagnosis Information:

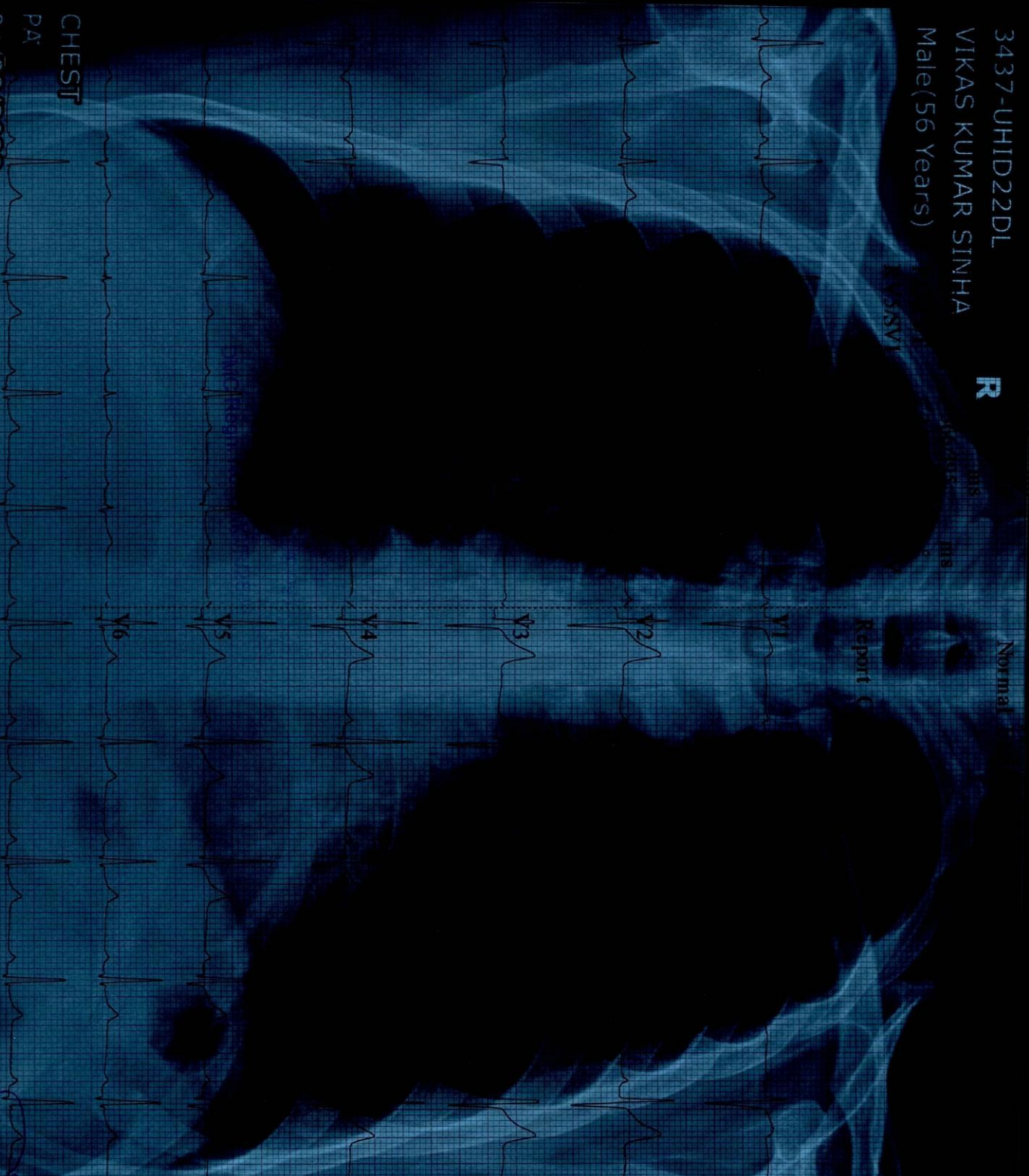
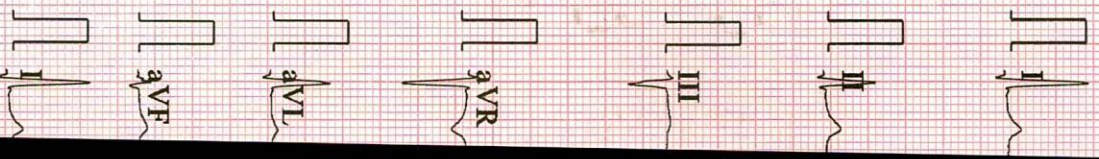
BPL - 02

3437-UHID22DL
VIKAS KUMAR SINHA
Male(56 Years)

R

Normal

Report of




CHEST

PA

04/09/2022

067~45Hz
10mm/mV 2*5.0s+1r CARDIART 9 V144 Glasgow V2867

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Mobile No. : 7028082788	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 09.28
Sample Type : EDTA whole blood	Manual No. :	Received : 04-Sep-2022 09.29
	Sample ID : 221046	Report : 04-Sep-2022 18.13

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh

FACTOR

BLOOD GROUP ABO

RH TYPING

"O"

"POSITIVE"

Manual

Manual

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

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Age / Gender : 56Y / Male	Date : 04-Sep-2022	
Mobile No. : 7028082788	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 09.28
Sample Type : Plasma(Sodium fluoride)	Manual No. :	Received : 04-Sep-2022 09.29
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TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	119.5	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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Mobile No. : 7028082788 **Refd. By** : Dr. INSURANCE
Sample Type : EDTA whole blood **Manual No.** :
Sample ID : 221046

"A Unit of Surange Healthcare North India Pvt. Ltd."
Lab ID. : 3855/OPDPB22DL



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<u>HEAMOTOLOGY</u>				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	14.1	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	4.3	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	60	%	40-75	Electrical impedance
Lymphocyte	32	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.97	mili/cmm	3.8-5.5	Electrical impedance
PCV	45	%	35-45	Calculated
MCV	90.30	fL	80-100	Calculated
MCH	28.3	Picogram	27.5-33.2	Calculated
MCHC	31.30	gm/dl	32-36	Calculated
PLATELET COUNT	135	10 ³ /uL	150-450	Electrical impedance

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HBA1C (GLYCOSYLATED HB)	6.4	%	4-6	PEIT
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HEAMOTOLOGY

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 within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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

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Mobile No. : 7028082788	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 09.28
Sample Type : Serum	Manual No.:	Received : 04-Sep-2022 09.29
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TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE	Serology		Immunochromatography

Interpretation:-

<1 Negative

>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:- Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

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

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE			<u>Serology</u> Immunochromatography
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Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

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

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	17.6	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	4.70	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.68	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.18	g/dl	2.3-3.5	
A/G RATIO	2.06	g/dl		
Calcium	9.3	mg/dl	8.6-10.2	Arsenazo
Sodium	142.2	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.3	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.0	mmol/L	98.0-109.0	ISE Indirect

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TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
LIPID PROFILE				
Total Cholesterol	152.00	mg/dl	123-199	CHOD-PAP
Triglycerides	137.6	mg/dl	40-160	Gpo
HDL Cholesterol Direct	46.5	mg/dl	35.3-79.5	Direct
Vldl	28	mg/dl	4.7-22.1	
LDL Cholesterol Direct	78.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.3		0.0-4.97	
LDL/HDL Ratio	1.7		0.0-3.55	

INTERPRETATION:-

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

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.
 CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the

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management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.66	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.32	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.34	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.68	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.15	g/dl	2.3-3.5	
A/G RATIO	2.11	g/dl		
SGOT	25	U/L	0-35	IFCC
SGPT	22	U/L	0.0-45	IFCC
Gamma GT	25.4	U/L	0-55	Glupa-c
Alkaline Phosphatase	67	U/L	53-128	Amp

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<u>HORMONES</u>				
TSH	2.51	uIU/ml		CLIA
Adults				
21-100 yrs 0.35 - 5.50				
Pediatric				
0-12 Months 0.98-5.63				
1-5 years 0.64-5.76				
6-10 Years 0.51-4.82				
11-14 Years 0.53-5.27				
15-20 years 0.43-4.20				
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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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00

ml

10-30

Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.030

1.015-1.025

PH

6.0

5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3

/hpf

Automated/Manual

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

BACTERIA

NIL

OTHERS

NIL

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

Dr. Sangeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



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

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

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

Contact Us : +91-7028207222



bengaluru@ipscindia.com

भारत सरकार
GOVERNMENT OF INDIA

विकास कुमार सिन्हा
Vikas Kumar Sinha
जन्म तिथि/DOB: 26/10/1966
पुरुष / MALE

8379 9030 2454

मेरा आधार, मेरी पहचान



IFSC PAIN AND SPINE HOSPITAL
Plot No 453 Dwarka Sector-19,
New Delhi-110016


भारतीय विभिन्न पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: महेंद्र कुमार सिन्हा,
मकान न0-2784, सेक्टर
23, कार्तारपुरी अलिअस
दौलतपुर नसीराबाद ६३,
गुडगाँव,
हरियाणा - 122017

Address:
S/O: Mahendra Kumar Sinha,
House N0-2784, Sector 23,
Cartarpuri Alias Daultpur
Nasirabad (63, Gurgaon,
Haryana - 122017

8379 9030 2454

MEERA AADHAAR, MERI PEHACHAN



THE DIAGNOSTIC & IMAGING CENTRE

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

VIKAS KUMAR SINHA

TREADMILL TEST REPORT

ID : 3432
 DATE : 04-09-2022
 AGE/SEX : 56 /M
 HT/WT : 0 / 0
 REF.BY :

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

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METTS
								II	V1	V5	
SUPINE					66	120 / 80	79	0.7	0.3	0.7	
STANDING					76	120 / 80	91	1.1	0.1	1	
HYPERVENT					72	120 / 80	86	0.8	0.1	1.1	
Stage 1	2:55	0:30	2.7	10	86	130 / 80	111	1	-0.1	1.5	4.67
Stage 2	5:55	2:55	4	12	101	140 / 80	141	0.7	0.1	1.2	7.04
Stage 3	8:55	2:55	5.4	14	113	150 / 80	169	0.5	0.5	0.4	9.92
Stage 4	11:55	2:55	6.7	16	127	160 / 80	203	-0.3	0.6	-0.9	13.89
Stage 5	14:55	2:55	8	18	135	170 / 80	229	-0.8	1	-1.7	19.83
Stage 6	15:44	0:44	8.8	20	142	170 / 80	241	-1	1.1	-2.1	20.00
PK-EXERCISE	15:57	0:57	8.8	20	144	170 / 80	244	-0.7	1	-1.9	20.00
RECOVERY	17:19	0:55			106	160 / 80	169	-0.1	0.7	-0.8	
RECOVERY	18:19	1:55			97	150 / 80	145	-0.6	0.8	-1.2	
RECOVERY	19:19	2:55			88	140 / 80	123	-0.5	0.7	-0.9	
RECOVERY	20:19	3:55			85	130 / 80	110	-0.5	0.8	-0.7	
RECOVERY	20:36	4:12			82	120 / 80	98	-0.5	0.8	-0.6	

RESULTS

EXERCISE DURATION : 15:57
 MAX HEART RATE : 144 bpm
 MAX BLOOD PRESSURE : 170 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
POSITIVE for Provocable myocardial ischemia,
 MAX WORK LOAD : 20.00 METTS


Dr. Karan
MBBS, MD, EM (Cardiology)
Cardiologist
 DMC Regn. No. DMC-1180

Technician :

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 76bpm
 B.P. 120/80

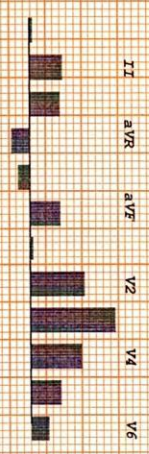
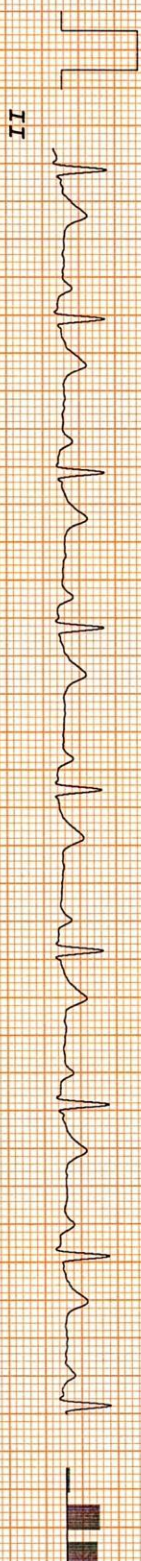
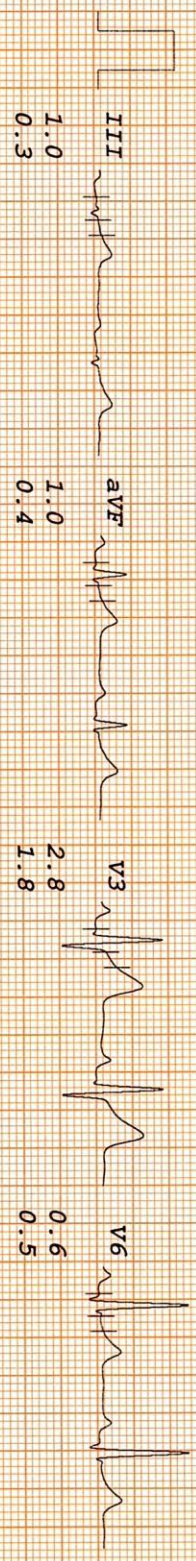
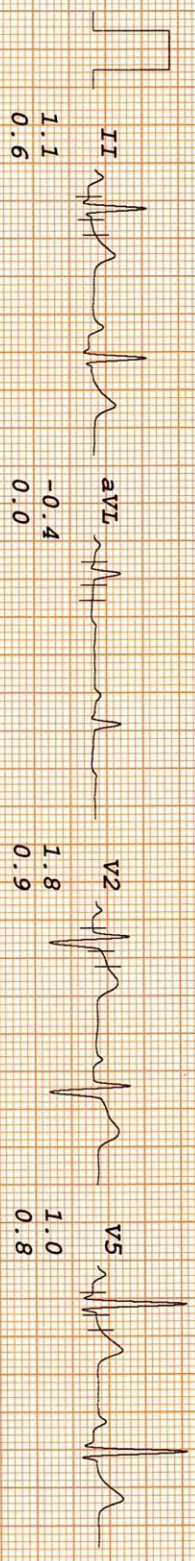
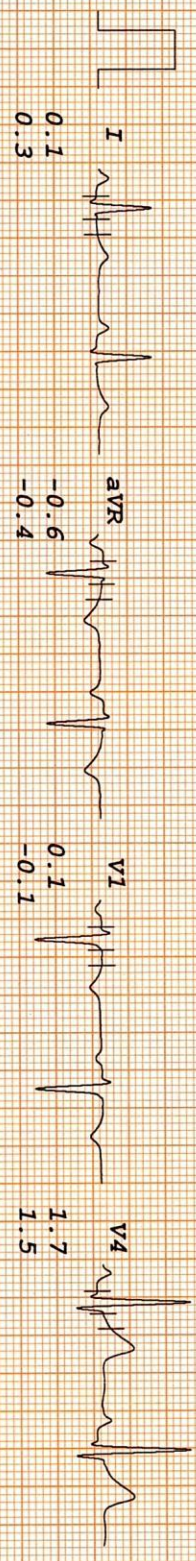
PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



DR. VIKAS KUMAR SINHA
 Cardiology
 DMC Reg. No. DMC/2017/48

THE DIAGNOSTIC & IMAGING CENTRE

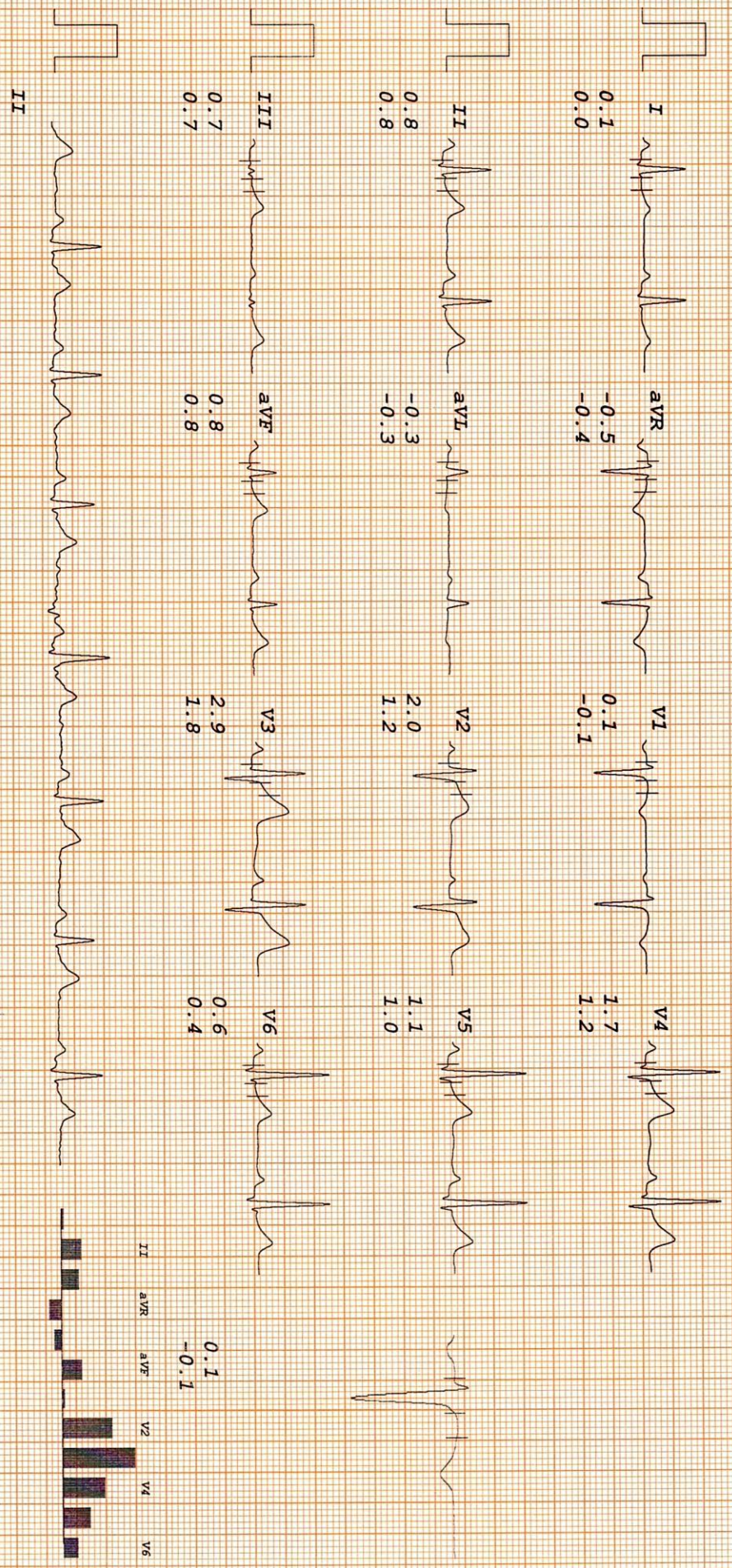
VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 72bpm
 B.P. 120/80

PRETEST
 HYPERVENT

ST @ 10mm/mV
 80ms PostJ
 LINKED MEDIAN

Mag. X 2



THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

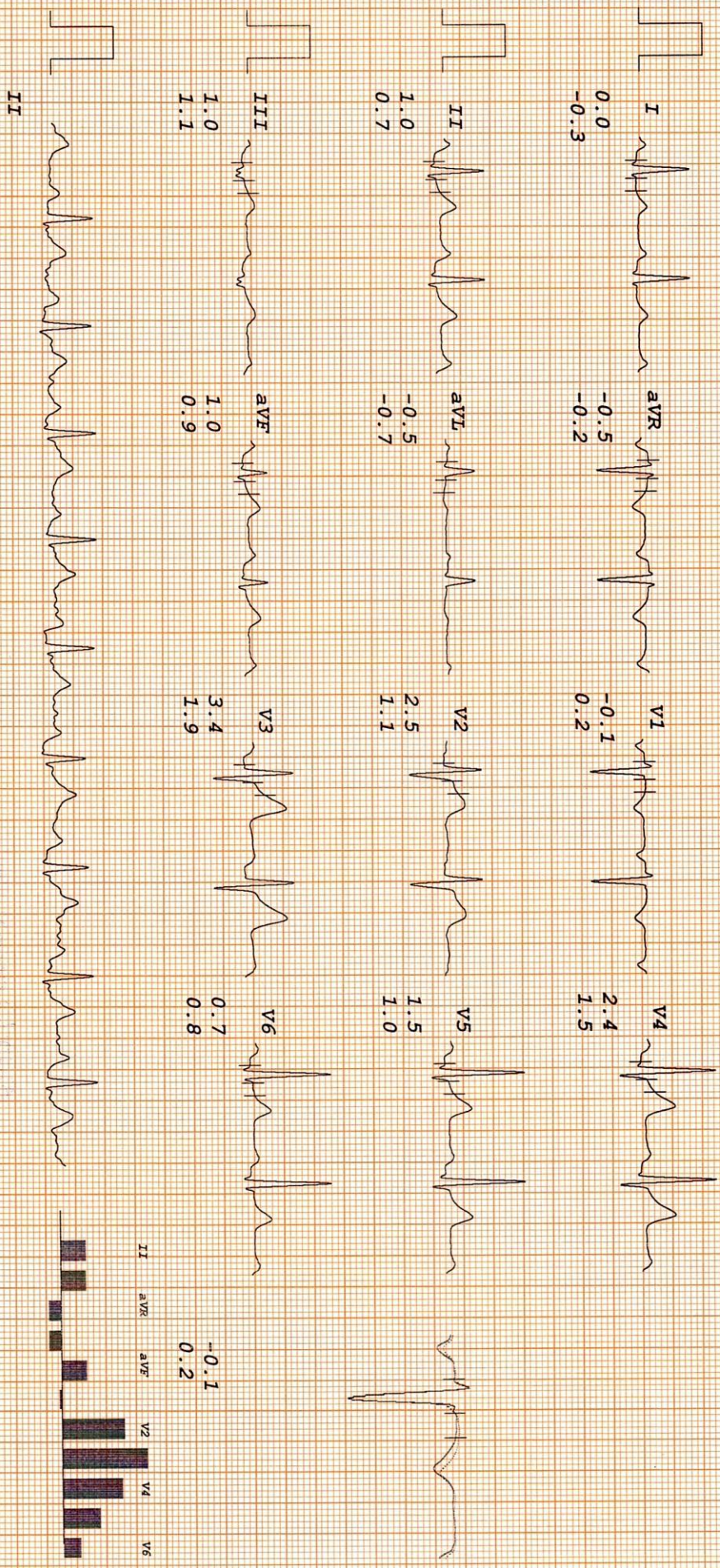
RATE 86bpm
 B.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



Dr. Vikas Kumar Sinha
 Cardiology
 DMC Regd. No. DMC/2012/48

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 101bpm
 B.P. 140/80

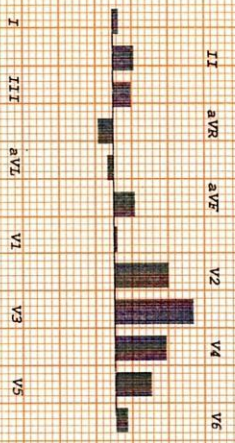
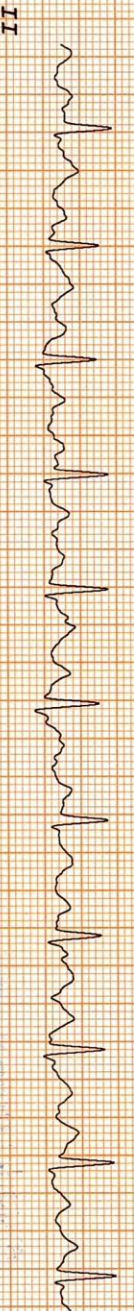
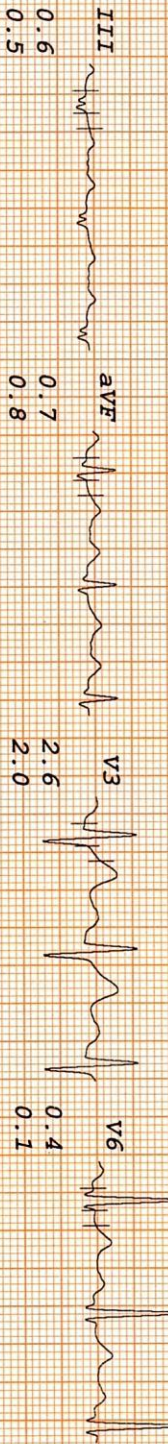
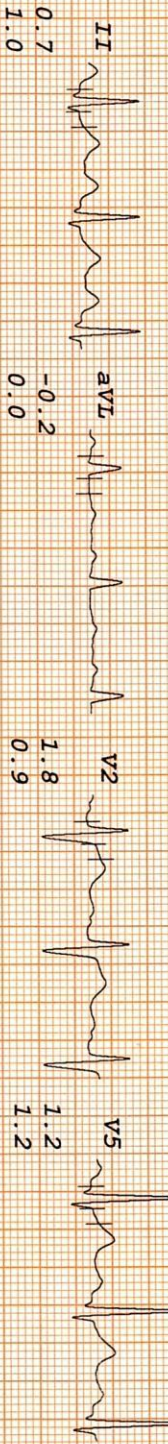
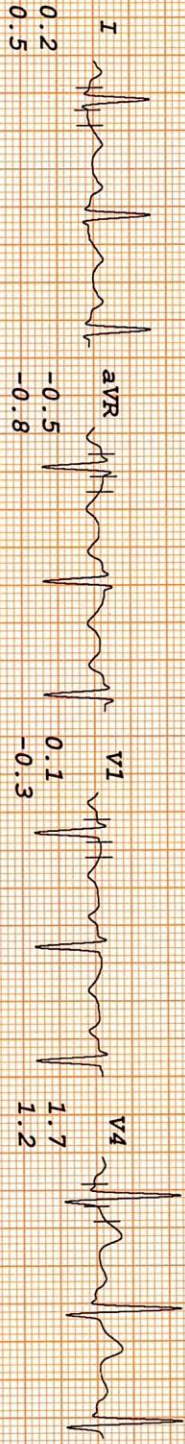
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 &

LINKED MEDIAN

Mag. X 2

V1



DR. VIKAS KUMAR SINHA
 Cardiologist
 DMC Regn. No. DMC/2019/481

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA

I.D. 3432

Age 56/M

Date 04-09-2022

RATE 113bpm

B.P. 150/80

Bruce

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

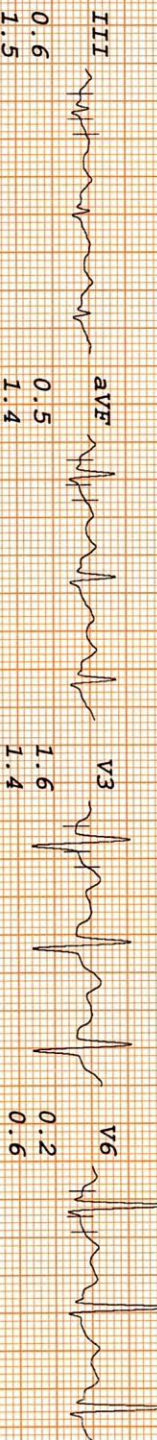
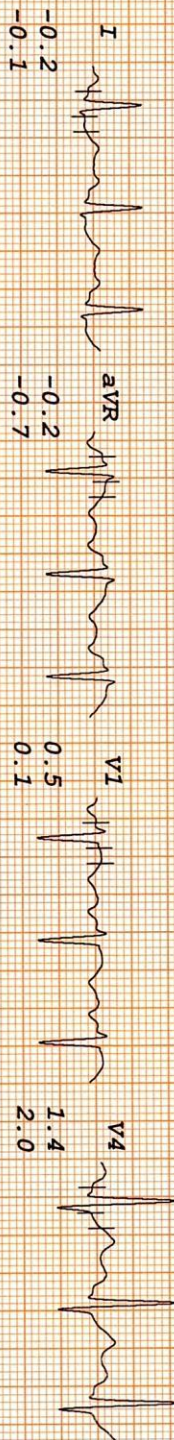
Speed 5.4 km/hr

SLOPE 14 %

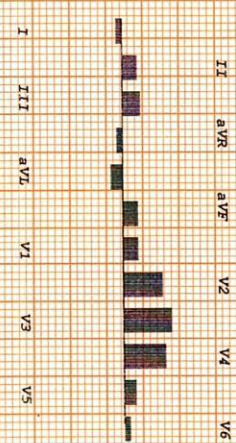
LINKED MEDIAN

Mag. X 2

V1



UNICARD
Cardiology
UNICARD



THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KOMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 127bpm
 B.P. 160/80

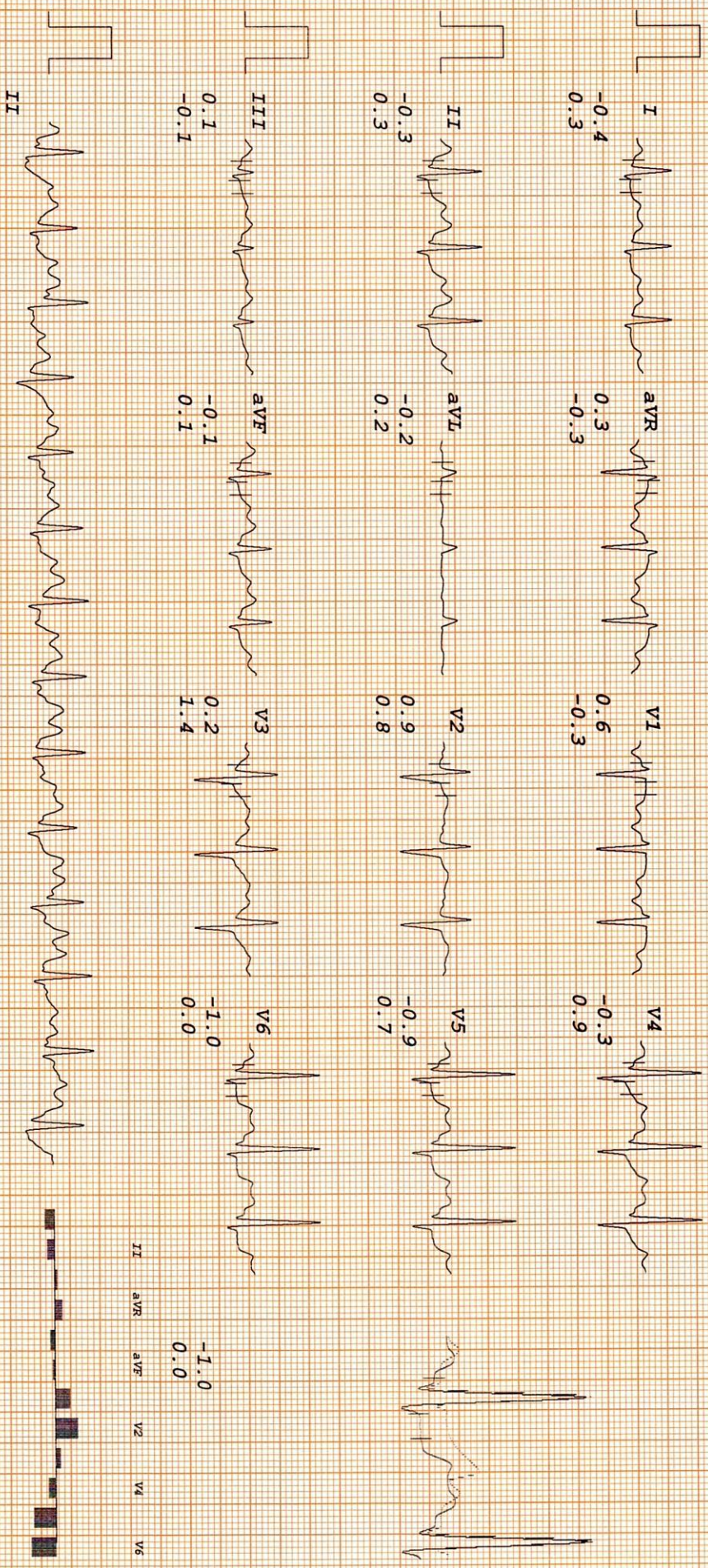
Bruce
 Stage 4
 TOTAL TIME 11:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

LINKED MEDIAN

Mag. X 2

V6



Dr. Vikas Komar Sinha
 Cardiac Registrar
 DMC Regn. No. DMC/111/148

THE DIAGNOSTIC & IMAGING CENTRE

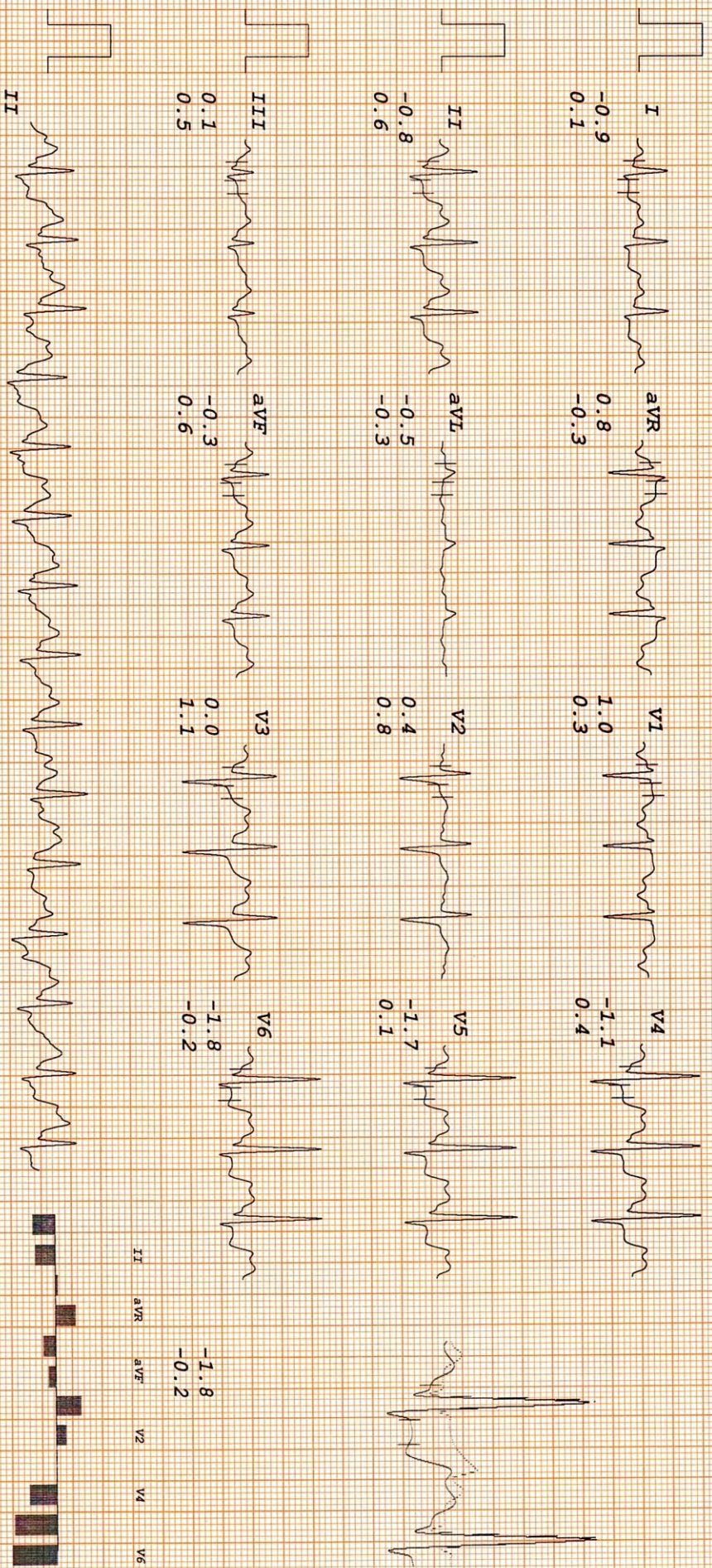
VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

Rate 135bpm
 B.P. 170/80
 Bruce Stage 5
 TOTAL TIME 14:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 8 km/hr
 SLOPE 18 %

LINKED MEDIAN

Mag. X 2



V6

UNIVERSITY OF GANDHARVA
 CARDIOPHYSICIAN
 DR. VIKAS KUMAR SINHA
 DMC REGD. NO. DMC/IND/11/18

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

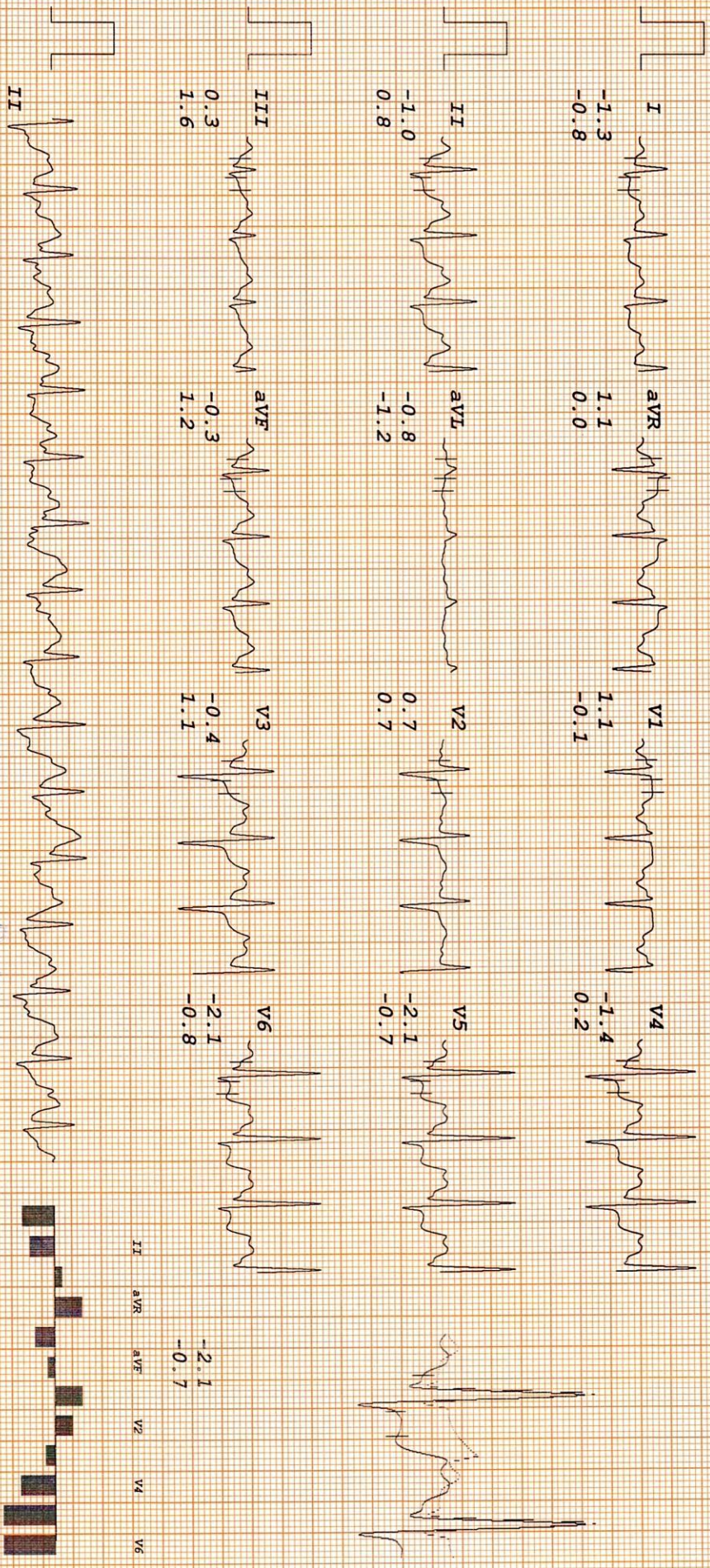
RATE 142bpm
 B.P. 170/80

Bruce
 Stage 6
 TOTAL TIME 15:44
 PHASE TIME 0:44

ST @ 10mm/mV
 80ms PostJ
 Speed 8.8 km/hr
 SLOPE 20 %

LINKED MEDIAN

Mag. X 2



Dr. Vikas Kumar Sinha
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/102846

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 144bpm
 B.P. 170/80

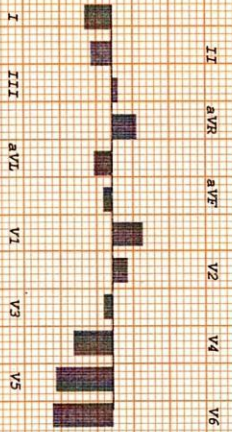
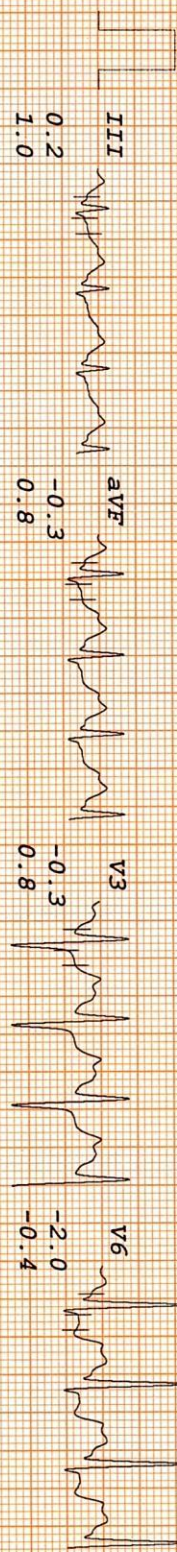
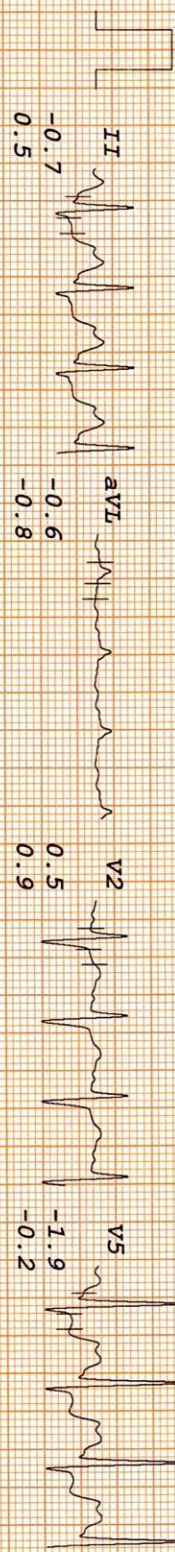
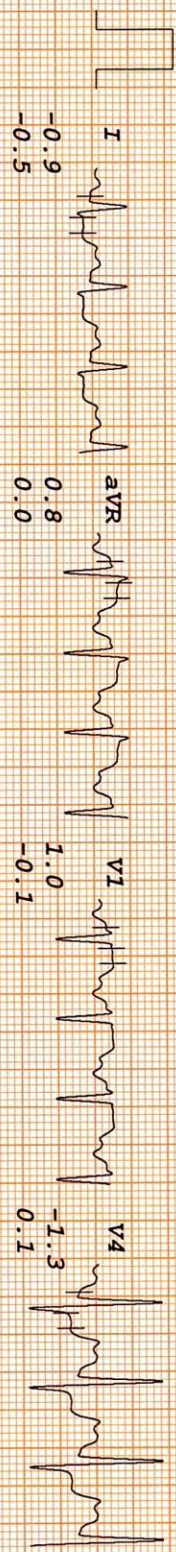
Bruce
 PK-EXERCISE
 TOTAL TIME 15:57
 PHASE TIME 0:57

ST @ 10mm/mv
 80ms Post J
 Speed 8.8 km/hr
 SLOPE 20 %

LINKED MEDIAN

Mag. X 2

V6



Dr. KARAN V. SINGH
 MD, DM (CARDIOLOGY)
 Cardiologist
 DMC Regn. No. DMC/R/2018/48

THE DIAGNOSTIC & IMAGING CENTRE

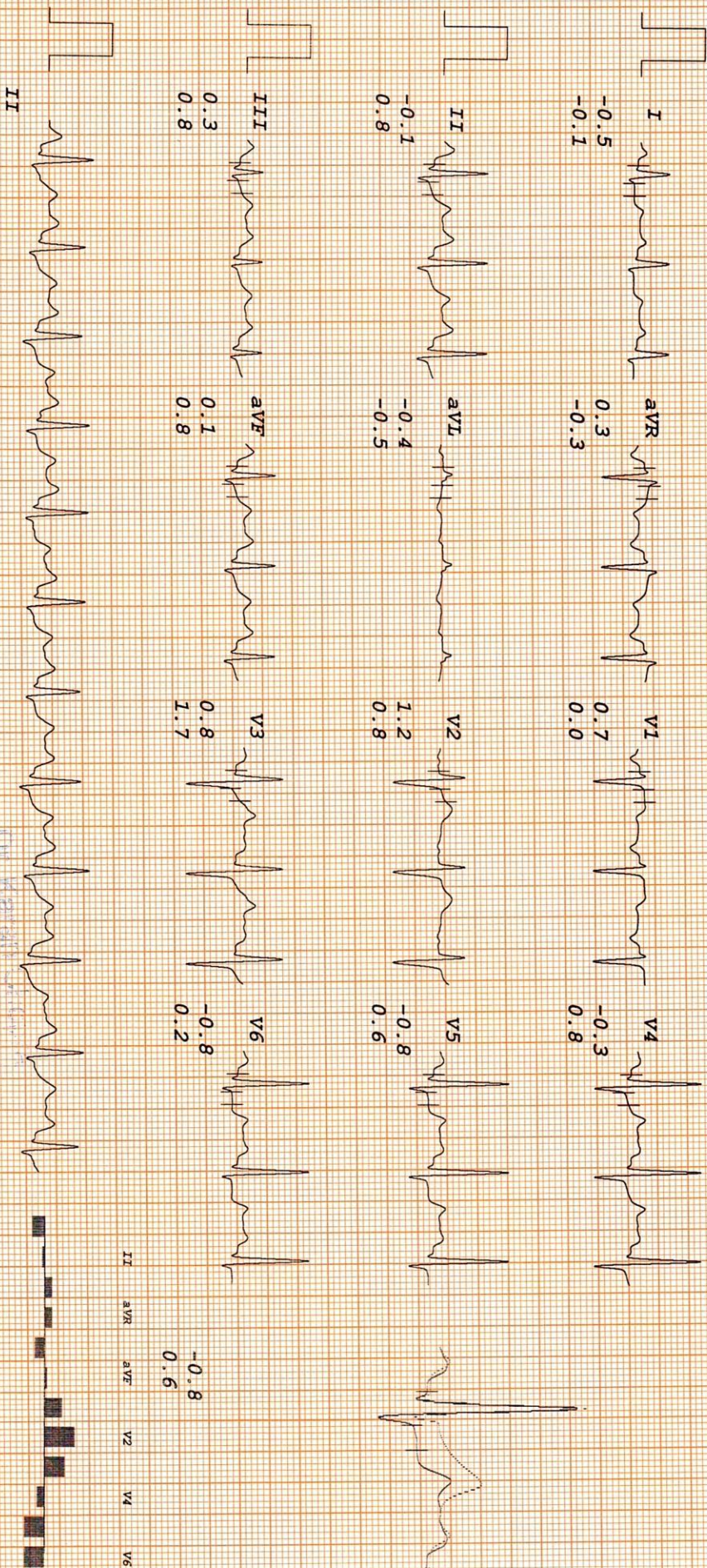
VIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

RATE 106bpm
 B.P. 160/80

Bruce
 RECOVERY
 TOTAL TIME 17:19
 PHASE TIME 0:55

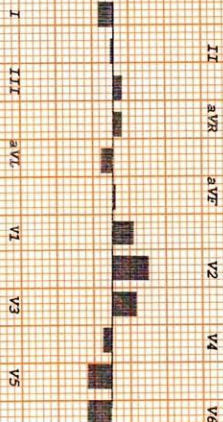
ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN



Mag. X 2

Dr. Vikas Kumar Sinha
 MD, DM, FRCG
 Cardiologist
 DVC Hospital, Durgam
 #8



Rhythm Filtered/20 Cyclical Base Corrected, Avg. Complex Filtered

UNI-EM, Indore - 461 001 - 4030035, Fax: +91-731-4031180. E-Mail: info@electromedics.in E: web@www.uni-em.com

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
 I. D. 3432
 Age 56/M
 Date 04-09-2022

RATE 97bpm
 B. P. 150/80

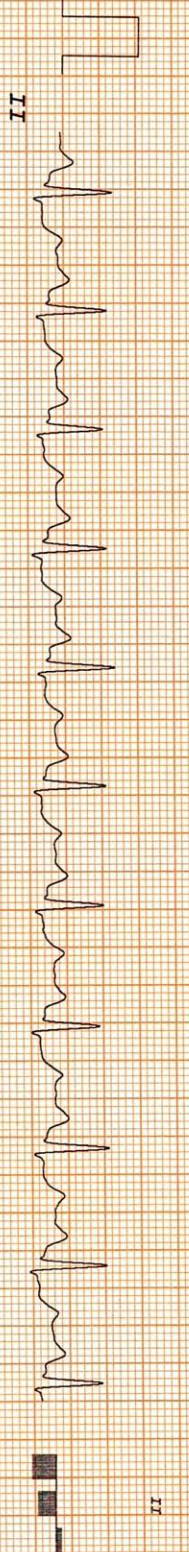
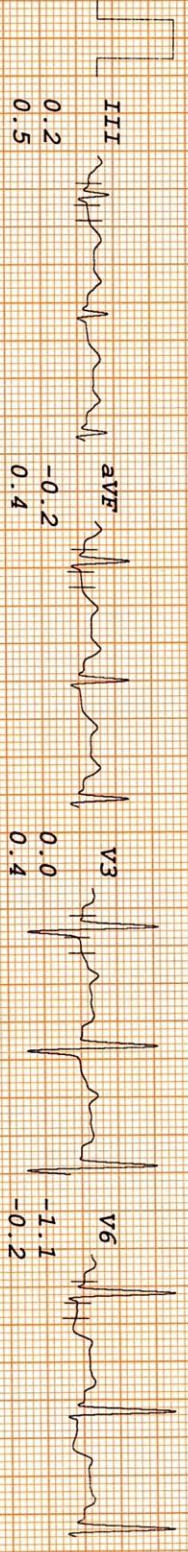
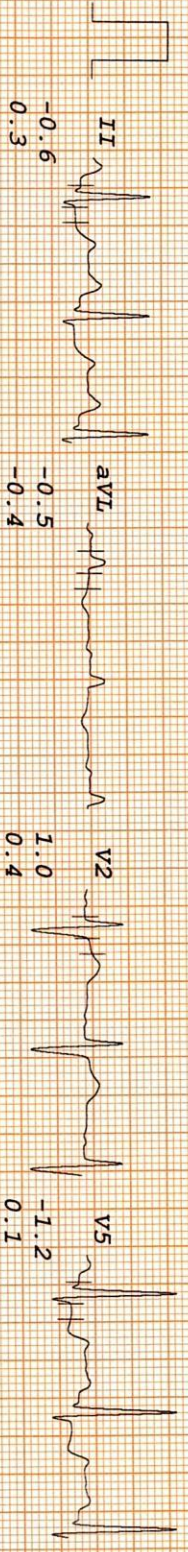
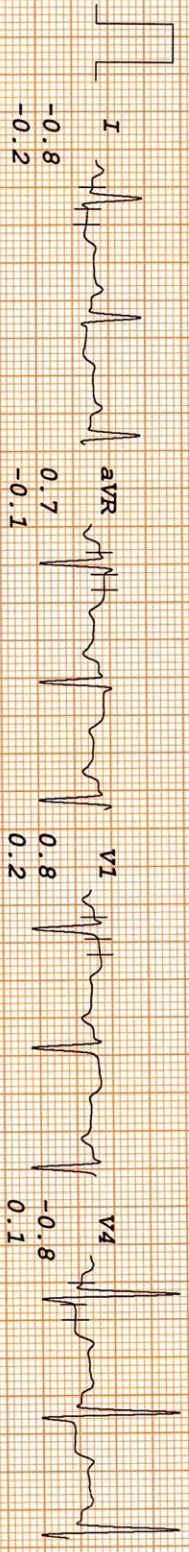
Bruce
 RECOVERY
 TOTAL TIME 18:19
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V5



-1.2
 0.1

III aVR aVF V2 V4 V6

I III aVL V1 V3 V5

LINKED MEDIAN
 VIKAS KUMAR SINHA
 I. D. 3432
 Age 56/M
 Date 04-09-2022

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
I.D. 3432
Age 56/M
Date 04-09-2022

RATE 88bpm
B.P. 140/80

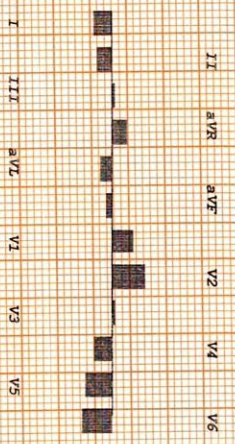
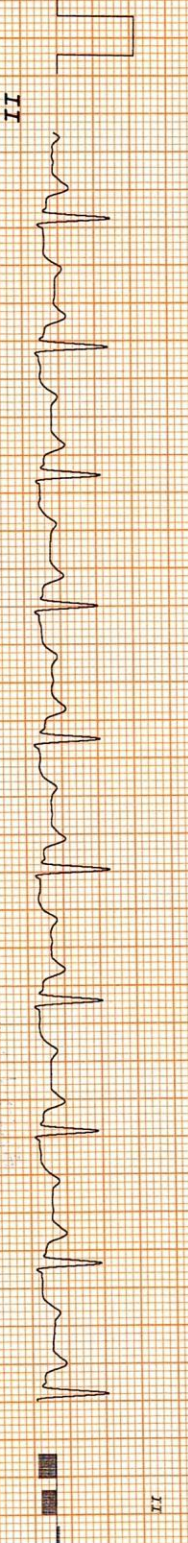
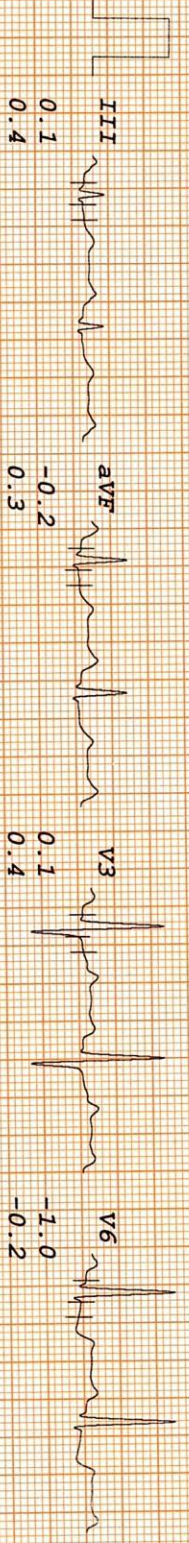
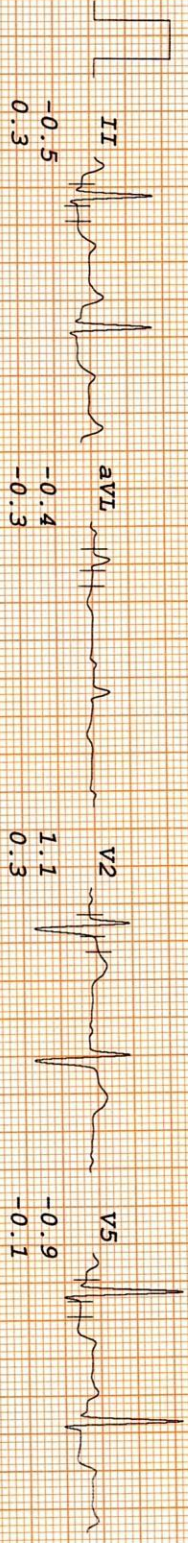
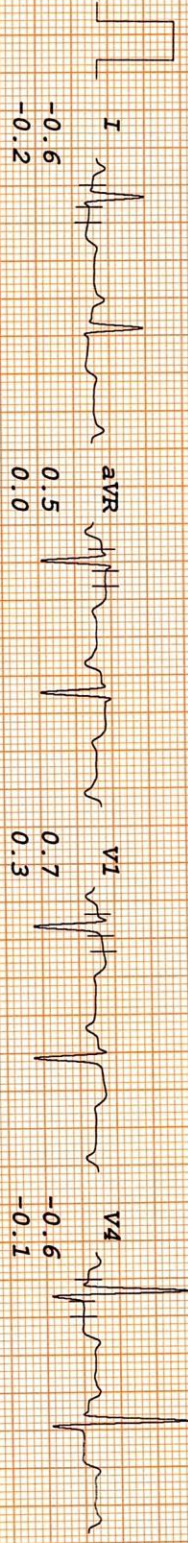
Bruce
RECOVERY
TOTAL TIME 19:19
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V6



DR. HARSH JAIN
MR. VIKAS KUMAR
CARDIOPHYSIOLOGIST
LINKED MEDIUM

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
I.D. 3432
Age 56/M
Date 04-09-2022

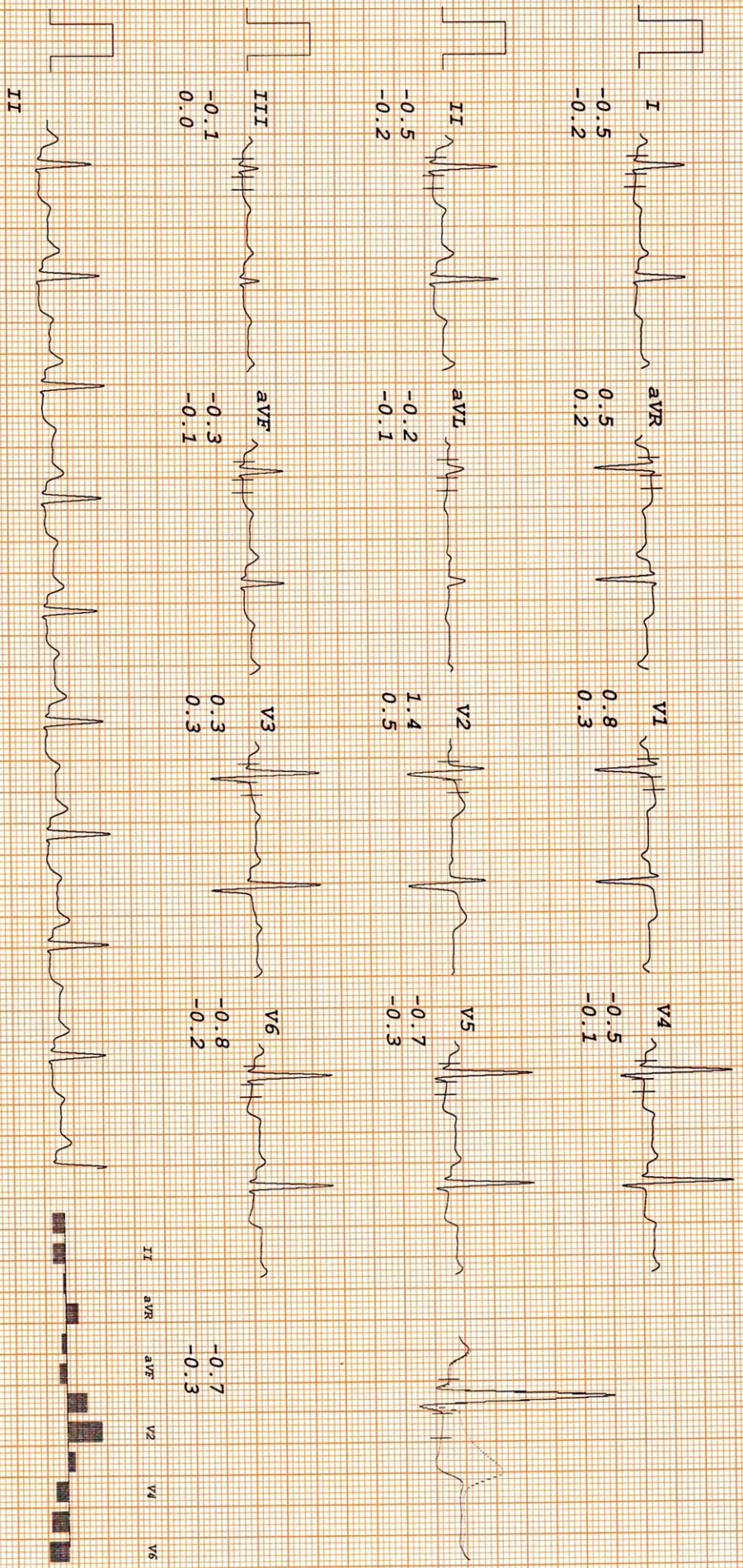
RATE 85bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 20:19
PHASE TIME 3:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. P. K. SINGH
MD, MBBS, MCh, FRCG
Cardiologist
DNC Regn. No. DNC/121148

THE DIAGNOSTIC & IMAGING CENTRE

YIKAS KUMAR SINHA
 I.D. 3432
 Age 56/M
 Date 04-09-2022

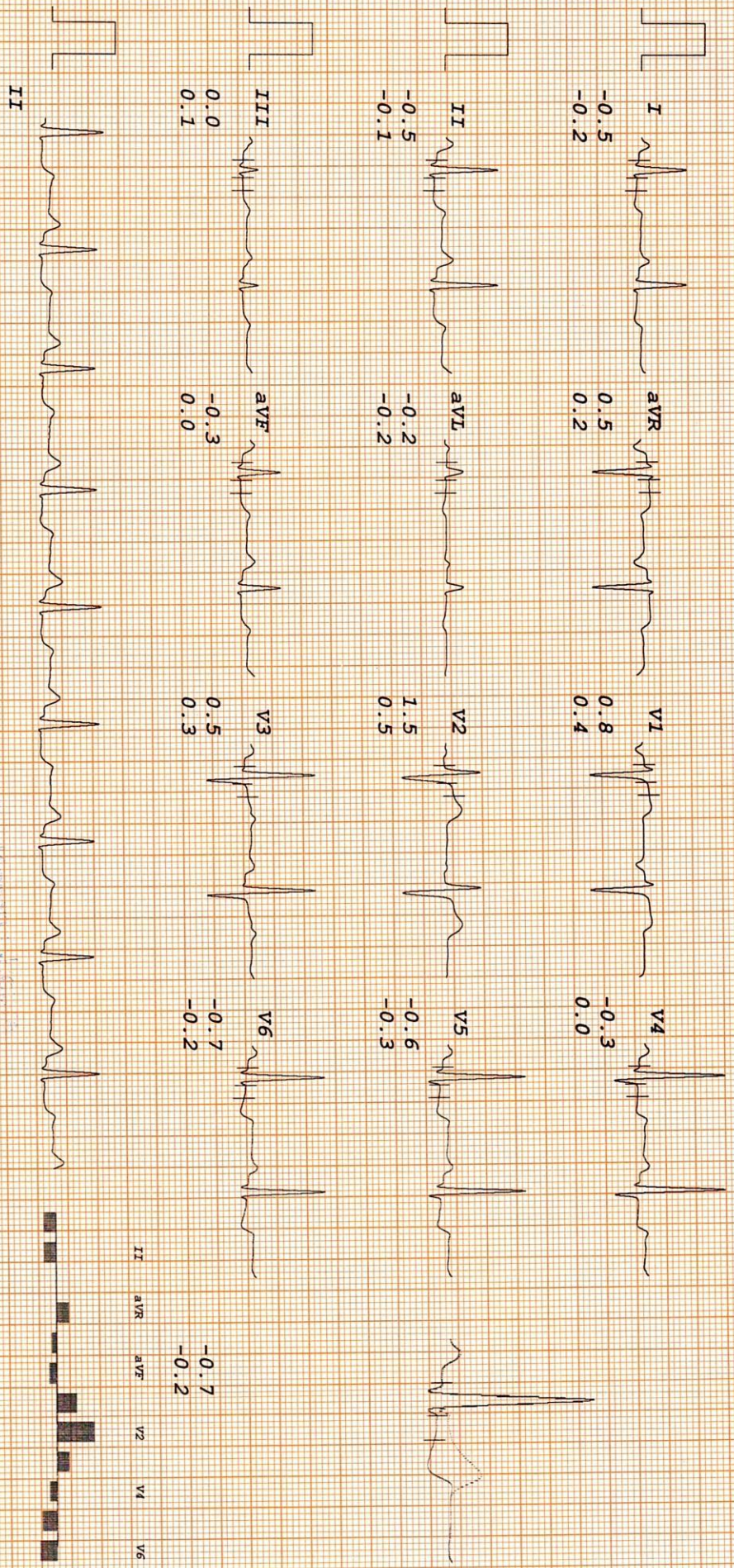
RATE 82bpm
 B.P. 120/80

Brucce
 RECOVERY
 TOTAL TIME 20:36
 PHASE TIME 4:12

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Y. K. Sinha
 MBBS, MD, JCI
 Cardiology
 DMCC Regd. No. DMC/11/146

THE DIAGNOSTIC & IMAGING CENTRE

VIKAS KUMAR SINHA
I. D. 3432
Age 56/M
Date 04-09-2022

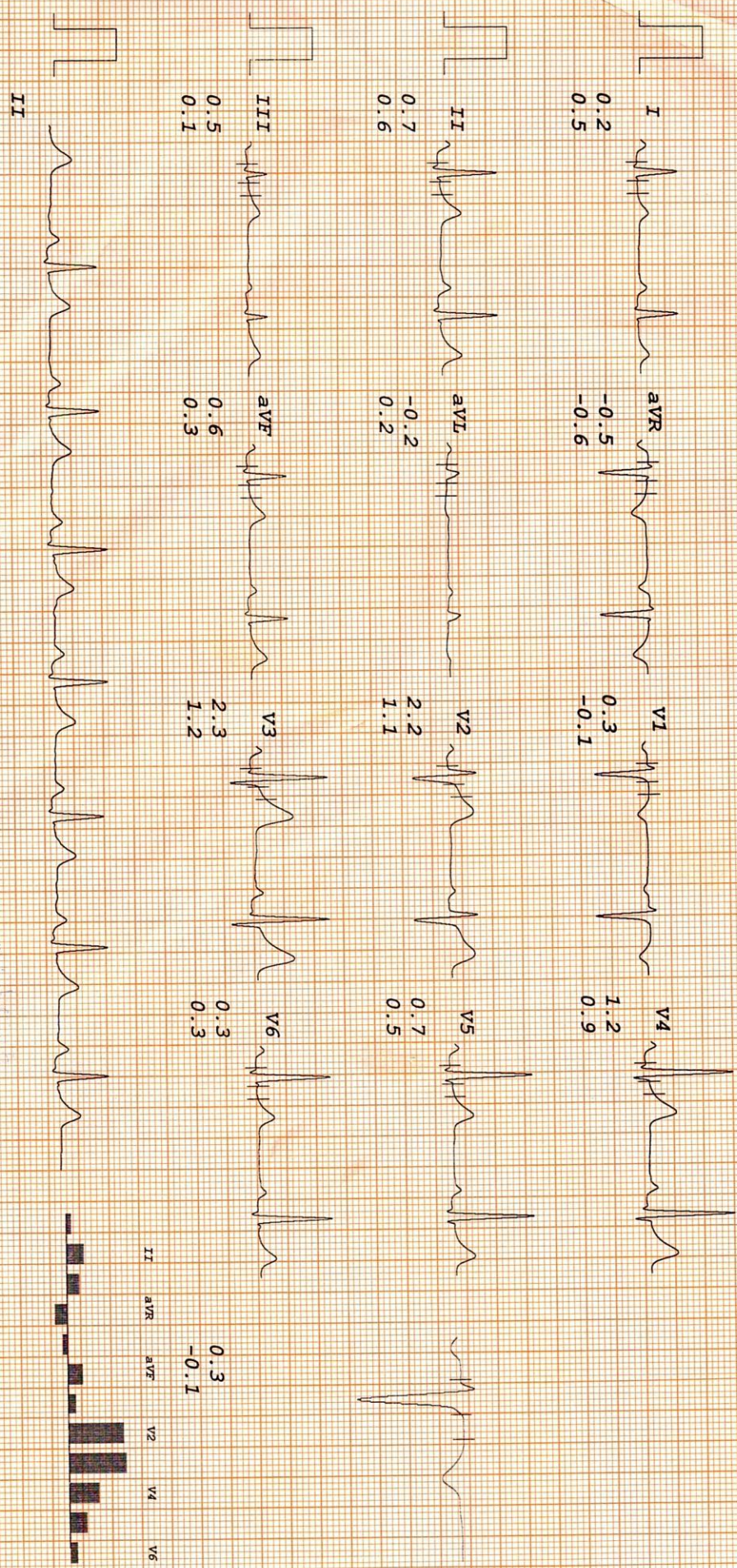
RATE 66bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2



Dr. Vikas Kumar Sinha
MBBS, MD, DM (Cardiology)
Cardiologist
LIC Hospital, No. 10, Durgam Chouk, Hyderabad - 500011

[Handwritten Signature]