

❖ This medical fitness is only on the basis of clinical examination . No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name..... Santa Devi Age & Sex..... 35 yrs / F Date of MER..... 8/10/22
 Identification Mark..... NIL ID Proof..... VID Card
 Ht. 155 Wt. 55 Chest Exp/Insp. 90 / 95 Abd. 83 PR. 76 BP 118/85

Any Operation

H/o Jap. chole. cystectomy in Dec 2020

Any Medicine Taken

from. Kulu. Himachal

NO

Any Accident

NO

Alcohol/Tabacco/Drugs NO

Consumption..... Duration.....

Qty.....

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	<u>NO</u>	
Hypertension	<u>NO</u>	
Renal Complications	<u>NO</u>	
Heart Disease	<u>NO</u>	
Cancer	<u>NO</u>	
Any Other	<u>NO</u>	

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<u>✓</u>	
Lungs or other parts of respiratory system		<u>✓</u>	
GI Tract		<u>✓</u>	
Ears, Eyes, Nose, Throat, Neck		<u>✓</u>	
Cardiovascular System		<u>✓</u>	

Signature of client..... [Signature].....

Signature of Doctor.....

Seal of Centre.....

Dr. R.S. Maheshwari
 M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P
 Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 GILL ROAD, TUDHIANA-141003
 Registration No. 34970

Feedback –Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on _ to complete the requisite medical formalities towards my application for life insurance from Medi Wheel vide Proposal Form bearing no 118842 dated 8/10/22

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others <u>CXR, Stool, USG</u> | | |

I have furnished my ID Proof PAN CARD bearing ID No. BRPPD 8884E at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	----------------------------------	-------------------------------
- Upkeep of hospital

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	----------------------------------	-------------------------------
- Technology & Skills

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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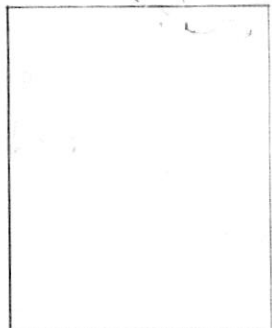
(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

Signature of the Life to be Insured (Proposer in case of Life insured being minor) <u>Santia</u> Name of the Life to be Insured with date <u>8/10/22</u> (Proposer (in case of Life insured being minor) <u>Santia Devi - 8/10/22</u>	Signature of Visiting/Attending Doctor <u>D.R.S. Maheshwari</u> M.B.B.S. (M.D. in Child) PC.M.S. (Ex.) M.I.A.P. Consultant Physio Child Specialist Name of Visiting/Attending Doctor <u>D.R.S. MAHESHWARI</u> GILL ROAD, LUDHIANA-141003 Registration No. <u>14970</u> MC Registration No: <u>34970</u> Doctor Stamp with date <u>8/10/22</u>
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08/10/22

Self Declaration & Special COVID-19 Consent



Date: Sarita Devi Day: October Time: _____
 Patient's Name/Client Name
 Age: 35 yrs Sex: female Case No/Proposal no _____
 Address: _____
 Profession: _____

- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes No
- 2) Have you travelled outside India and came back during pandemic of COVID 19 or Have you come from other country during pandemic of COVID 19? Yes No
- 3) Have you travelled anywhere in India in last 60 days? Yes No
- 4) Any Personal or Family History of Positive COVID 19 or Quarantine? Yes No
- 5) Any history of known case of Positive COVID 19 or Quarantine patient in your Neighbors/Apartment/Society area Yes No
- 6) Are you suffering from any following diseases? Diabetes/Hypertension/Lung Disease/Heart Disease Yes No
- 7) Are you healthcare worker or interacted/lived with Positive COVID 19 patients? Yes No

During the Lockdown period and with current situation of Pandemic of COVID 19, I came to this hospital/home visit by this hospital at my home for medical checkup..e.g. MER, Blood Sample, Urine sample and ECG.

I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IP.

Sarita Sarita
Patient's Signature with Name

Dr. R.S. Maheshwari
 M.B.B.S. M.D. (P) F.I.C.C. Specialist
 Consultant Physician
LIFE LINE HOSPITAL
 GILL ROAD
 Registration No 34570

Doctor's Signature & Name

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SARITA DEVI
RAM SHER

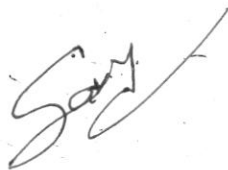
24/02/1987
Permanent Account Number

BF/PPD0884E

Signature



Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) PC.M.S. (Ex.) M.I.A.P
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141023
Registration No 34970

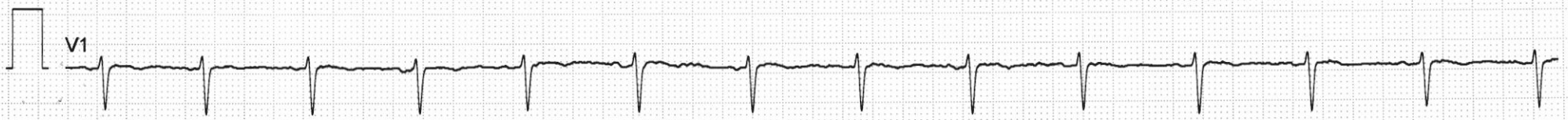
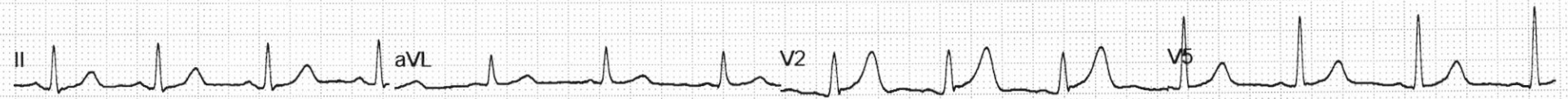
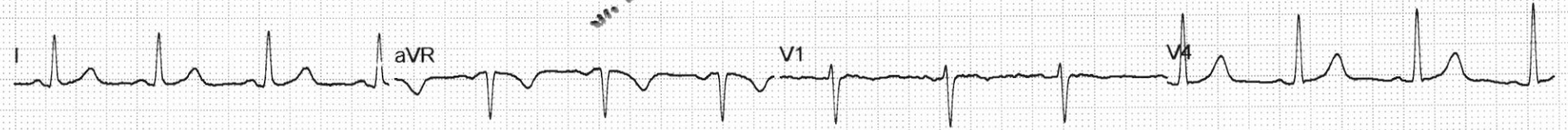


QRS : 70 ms
QT / QTcBaz : 376 / 436 ms
PR : 130 ms
P : 102 ms
RR / PP : 738 / 740 ms
P / QRS / T : 28 / 19 / 38 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

hm
DR. RUPAK K. GHOSH
MBBS, MD, DNB
Senior Consultant
Cardiology
All India Institute of Medical Sciences
New Delhi



Savita



Important

1. Please Bring Originals for Any Pre-Insurance Documents
 2. Center Will Not Conduct X-rays or Lab Test Without a Doctor's Order
 3. Please Come Fasting as Per the Instructions by Your Corporate or TPA
 4. Please Keep Silence, Vibrate your Mobiles and Switch Off Your Mobiles
 5. Please Fill the "Feedback Form" and Do Not Hesitate to Report Any Problem in the Hospital
- YOU ARE UNDER CCTV SURVEILLANCE

Dr. R.A. Maheshwari
M.B.B.S. M.D. (Paed) D.S. M.S. (Ex-M.I.A.F.)
Consultant Physician & Child Specialist
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 24970

ID.NO :- 9	Date : 08/10/2022
NAME :- SARITA DEVI	AGE/SEX: 35/Y /FEMALE
REF BY:- MEDI WHEEL	

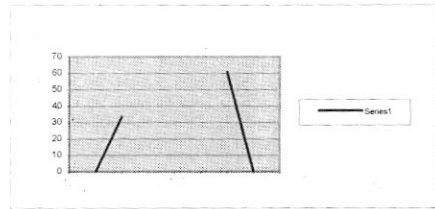
HAEMATOLOGY REPORT

C.B.C performed on fully automated haematology analyser, Model: Sysmex KX-21 (japan)

LEUCOCYTES

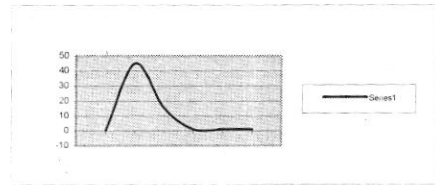
W.B.C	:	7.8	$10^3/uL$	4.0 - 11.0
LYM	:	33.6	%	20.0-45.0
MIXED	:	5.6	%	3.0 - 10.0
GRA	:	60.8	%	40.0-75.0

REFERENCE RANGE



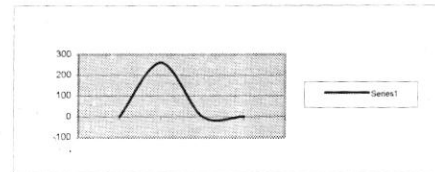
ERYTHROCYTES

R.B.C	:	4.17	$10^6/uL$	3.5-5.5
HB	:	10.4	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	34.2	%	26.0-50.0
MCV	:	82.0	fL	82.0-92.0
MCH	:	24.9	pg	27.0-32.0
MCHC	:	30.4	g/dL	32.0-36.0
RDW-SD	:	50.5	fL	37.0-52.0



THROMBOCYTES

PLT	:	261	$10^3/uL$	150 - 450
PDW	:	18.0	fL	9.0-17.0
MPV	:	13.1	fL	9.0-13.0
P-LCR	:	48.7	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 28 mm/1st Hr. 00 - 20

COMMENTS

Surbhi
Dr. SURBHI GOYAL
 M.B.B.S. M.D. (PATHOL -GY)
 CONSULTANT PATHOLOGIST
 Reg. No. 40195



NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	79mg/dl
PPBS	70-140mg/dl	98mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.68mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.18mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.50mg/dl
S.G.O.T.	5-50Units/L	29Units/L
S.G.P.T.	5-50 Units/L	34Units/L
GAMMA GT	9-52 Units/L	23Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.2mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.1gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.32:1gm/dl
ALK. PHOSPHATASE	108-305 Units/L	235Units/L
UREA(BUN)	15-45mg/dl	24mg/dl
CREATININE	0.7-1.5mg/dl	0.70mg/dl
URIC ACID	3.0-6.2mg/dl	4.13mg/dl
CHOLESTEROL	140-200mg/dl	160mg/dl
TRIGLYCRIDE	60-160mg/dl	115mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	91mg/dl
VLDL	20-40 mg/dl	23mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.9mg/dl

Recommendation:

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOL)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

CYTOPATHOLOGY REPORT

Specimen : cervical cytological preparation
Received two smears

Microscopic Examination : 2001 Bethesda system

Statement of Adequacy : Smear is satisfactory for evaluation

Microscopy : squamous epithelial and intermediate
Cells seen against a clean background.
No trichomonas or fungal organisms seen.

Impression : Normal cytology

Comments : Pap smear cytology is a screening procedure
Corroboration of cytopathologic findings
With colposcopic/local examination and
ancillary finding is recommended.

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No. 40195

NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.30	%

Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 6.0
At risk	≥ 6.0 to ≤ 6.5
Diagnosing diabetes	> 6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : < 7.0 Action suggested : > 8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of < 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl }
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHO)
CONSULTANT PATHOLOGIST
Reg. No. 40198

NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.015
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	2-3/hpf
PUS CELLS	3-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

***Recommendation:-**

1. This report is not valid for medico legal purposes.
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Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME : SARITA DEVI
AGE/SEX : 35Y/F
REF BY : MEDI WHEEL
DATE : 08.10.2022

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	0.789ng/ml	035-1.93 ng/ml
T4	6.97µg/dl	4.87-12.60 µg/dl
TSH	2.135 µIU/ml	0.35-5.50µIU/ml

Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
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4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGIST)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME: -SARITA DEVI

AGE/SEX: 35Y/M

REF. BY: - MEDI WHEEL

DATE: -8.10.2022

EYE CHECK UP

Vision Test:-

6/6 Right Eye: - SPH	CYL	AX
-0.00	+0.00	00°

6/6 Left Eye :- SPH	CYL	AX
-0.00	+0.00	00°

EYESIGHT: NORMAL

Color vision (Ishihara's Chart)

Color vision: Normal

Dr. R.S. Maheshwari
M.B.B.S. MD (Paed) P.C.M.S. (Ex.) M.D. (Dip)
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970
DR. R.S. MAHESHWARI
M.B.B.S., M.D.



NAME: SARITA DEVI

AGE/SEX: 35Y/M

HEIGHT: 155 cms

WEIGHT: 55 kgs

B.P: 118/85mmHg

PULSE: 76BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- ENT - N.A.D.
- Skin Examination - N.A.D.
- Hearing Examination - N.A.D.
- Dental Examination - Good Oral Hygiene.

Dr. R.S. Maheshwari
M.B.B.S., M.D. (Paed) P.C.M.S. (Ex) M.I.A.
Consultant Physician & Child Specialist
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970
Dr. R.S. Maheshwari
M.B.B.S., M.D.



NAME : SARITA DEVI

AGE/SEX : 35Y/M

DATE : 8/10/2022

X-RAY CHEST P.A. VIEW

Trachea is central.

Both domes of the diaphragm are normally outlined.

Both lung fields are normal.

Cardiac shadow is within normal limits.

Both C.P. angles are normal.

Haziness & Infiltration in B/L Lungs

PLEASE CORRELATE CLINICALLY.

Dr. R.K. Mittal
MBBS MD (Chest)
Registration No. 17707 (PMIC)
Consultant Physician & Chest Specialist

R.K. Mittal
DR. R.K. MITTAL
M.B.B.S, MD



Patient's Name: SARITA DEVI

AGE/SEX : 35 Y /F

DATE: 08/10/2022

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic bleary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abcess. Movements of diaphragm are not restricted. No evidence of secondries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder could not be seen. H/o Cholecystectomy.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in lesser sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : Right kidney is normal in size & shape . Cortical thickness is WNL, Corticomedullary differentiation is well maintained. Pelvi-calyceal system is normally outlined. No evidence of calculus , backpressure. Changes or S.O.L.

LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normally outlined . No evidence of calculus, backpressure changes or S.O.L.. Corticomedullary differentiation is well maintained.

URETERS: Both ureters are normal and not dilated

URINARY BLADDER ; U.B is seen in filled stage. Lumen is echo free. Walls are normal

UTERUS ; Uterus is normal in size & outline. No focal lesion is seen in myometrium . Endometrial echo is 4 mm in thickness. Both adenexa shows normal echogenic appearance.

No free fluid seen in peritoneal cavity

IMPRESSION:- NORMAL USG

Dr. R.S. Maheshwari

MBBS, M.D (Pead)

DR.R.S. MAHESHWARI ULTRASONOLOGIST

(ULTRASONOLOGIST) This is only professional opinion and the diagnosis. It should be correlated clinically & with either investigation to come to final diagnosis.

PATIENTS NAME : SARITA DEVI

AGE/SEX : 35 Y /F

DATE: 08/10/2022

SONOMAMMOGRAPHY

CONVENTIONAL MAMMOGRAPHY TAKING CARNIO-CAUDAL AND NEDIO-LATERAL VIEWS WAS DONE.

BOTH BREASTS SHOW NORMAL BREAST ARCHITEXTURE BOTH BREASTS SHOW NORMAL ECHOGENIC APPEARANCE.

NO AREA OF ABNORMAL MICRO-CALCIFICATIONS & LUMP/NODULE SEEN.

IMPRESSION: - B/L NORMAL SONOMAMMOGRAPHY.

DR.R.S.MAHESHWARI
M.B.B.S.MD.

Dr. R.S. Maheshwari
MBBS M.D (Peadi)
ULTRASONOLGIST
Ludhiana-141003
Reg No DAALDH/1159

NOTE :- This is only professional opinion and the diagnosis. It should be correlated clinically & with ether investigation to come to final diagnosis.

LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI 35 Yrs/Female 55 Kg/155 Cms
Date: 08-Oct-2022 12:55:25 PM

Ref.By : MEDIWHEEL
Medication :
Objective :

Protocol : BRUCE
History :

Summary



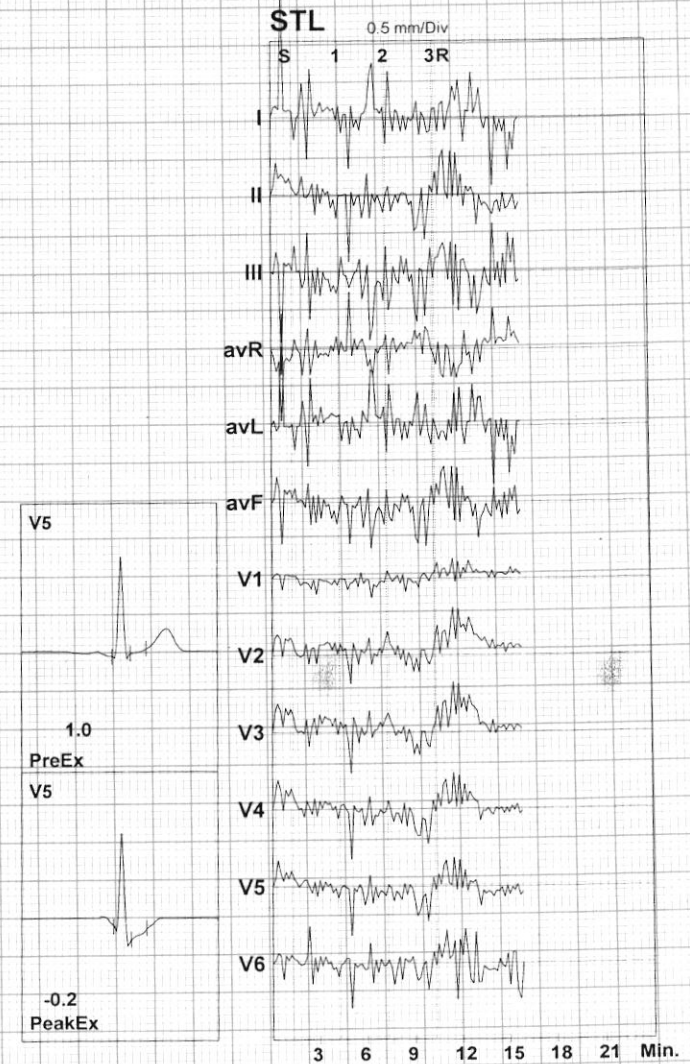
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	90	118/84	106	-	
Standing					1.0	82	118/84	96	-	
HV					1.0	82	118/84	96	-	
ExStart					1.0	83	118/84	97	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	153	126/86	192	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	165	132/90	217	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	194	140/98	271	-	
PeakEx	0:06	9:07	4.2	16.0	10.3	191	140/98	267	-	
Recovery	1:00		0.0	0.0	4.3	162	138/96	223	-	
Recovery	3:00		0.0	0.0	1.0	128	132/90	168	-	
Recovery	5:00		0.0	0.0	1.0	109	128/84	139	-	

Findings :

Exercise Time :09:07
Max HR Attained :194 bpm 105% of Max Predictable HR 185
Max BP : 140/98(mmHg)
Max WorkLoad attained :10.3(Good Effort Tolerance)

TMT negative for ischemia
AS

[Signature]



Advice/Comments:

Dr. Ravi Kant Singla
M.B.B.S, M.D.,
Medical Specialist
Ex-Registrar CMC, LDH.

ST Summary



Protocol : BRUCE

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL (mm) 96 mSecs Post J	Supine	0.8	2.1	1.3	-1.4	-0.3	1.7	0.4	1.4	1.9	1.9	1.7	0.7
	Standing	8.0	1.3	-6.6	-4.6	7.3	-2.7	-0.7	-0.1	0.4	-0.1	0.4	-1.0
	HV	0.5	1.1	0.6	-0.8	0.0	0.9	0.2	1.1	1.6	1.3	1.0	0.5
	ExStart	0.5	1.1	0.6	-0.8	-0.1	0.8	0.2	1.1	1.5	1.3	1.0	0.6
	Stage 1	-0.2	-1.5	-1.4	0.8	0.6	-1.4	-0.4	0.1	-0.2	-0.6	-0.8	-0.9
	Stage 2	0.7	-1.2	-1.8	0.2	1.2	-1.5	-0.3	0.9	0.8	-0.2	-0.6	-0.1
	Stage 3	-0.9	0.6	1.5	0.1	-1.2	1.1	0.2	-0.1	0.1	0.6	0.6	0.7
	PeakEx	0.5	0.1	-0.4	-0.3	0.4	-0.1	0.4	0.9	0.5	-0.2	-0.2	-0.1
	Recovery	0.3	-0.3	-0.5	0.0	0.4	-0.4	0.4	1.7	1.5	0.5	0.1	0.5
	Recovery	1.9	-0.1	-2.0	-0.9	1.9	-1.0	0.3	0.9	0.6	-0.1	-0.3	-0.2
	Recovery	-1.0	-0.4	0.5	0.8	-0.8	0.0	0.3	0.4	0.1	-0.1	-0.3	0.7
STS mV/Sec.	Supine	-0.4	0.1	0.4	0.2	-0.4	0.2	0.2	-0.6	-0.8	-0.5	-0.2	-0.4
	Standing	0.1	0.5	0.4	-0.3	-0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.4
	HV	0.5	1.0	0.5	-0.7	0.0	0.7	0.2	1.0	1.2	1.0	0.7	1.0
	ExStart	0.5	1.0	0.5	-0.7	-0.1	0.7	0.3	1.0	1.2	1.0	0.8	1.1
	Stage 1	1.2	1.7	0.5	-1.4	0.4	1.1	0.0	1.2	1.8	1.4	1.2	1.0
	Stage 2	1.2	0.9	-0.3	-1.1	0.7	0.3	0.0	2.1	2.7	1.9	1.2	0.8
	Stage 3	-0.2	1.4	1.6	-0.6	-0.9	1.5	-0.2	0.4	0.7	1.3	1.3	1.0
	PeakEx	1.1	2.3	1.2	-1.7	-0.1	1.8	0.9	2.2	2.4	2.0	1.8	1.3
	Recovery	1.4	4.2	2.8	-2.8	-0.8	3.5	1.4	3.9	4.4	3.7	3.1	2.3
	Recovery	1.2	0.1	-1.1	-0.7	1.2	-0.4	0.2	0.8	0.8	0.1	0.0	-0.1
	Recovery	-0.3	0.0	0.3	0.2	-0.3	0.2	0.2	0.3	0.2	0.1	0.0	0.5

STI on Next Page

Sam

STI	μVs	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
	Supine	10.3	22.0	11.7	-16.2	-0.8	16.7	2.4	15.6	22.4	22.1	18.8	10.3
	Standing	64.3	10.6	-53.5	-37.3	59.0	-21.6	-6.0	-0.9	3.4	-0.1	3.3	-8.2
	HV	1.9	5.1	3.4	-3.3	-0.8	4.1	1.6	5.3	7.8	6.2	4.6	1.0
	ExStart	1.9	4.9	3.3	-3.3	-0.8	4.2	1.2	5.7	7.3	6.4	4.9	1.2
	Stage 1	-6.2	-18.9	-12.6	12.6	3.1	-15.8	-3.0	-3.5	-8.0	-10.9	-10.7	-10.8
	Stage 2	-0.9	-14.4	-13.5	7.4	6.0	-13.9	-1.6	-0.3	-3.7	-9.2	-10.0	-5.4
	Stage 3	-6.9	0.1	6.9	3.4	-7.0	3.7	3.1	0.7	0.7	1.1	0.8	3.8
	PeakEx	-0.1	-8.0	-7.9	4.1	3.6	-8.0	0.5	0.3	-3.6	-8.8	-8.4	-6.4
	Recovery	-3.1	-19.0	-15.9	11.0	6.5	-17.6	-2.5	0.3	-3.5	-10.2	-11.7	-3.5
	Recovery	10.6	-1.0	-11.5	-4.8	10.8	-6.3	2.1	3.7	1.6	-1.6	-2.2	-1.4
	Recovery	-7.0	-3.1	3.8	5.2	-5.3	0.2	1.7	2.0	-0.4	-1.2	-2.0	4.2

Sam

LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms
Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 90 bpm
METS: 1.0
BP: 118/84

MPHR: 48% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:22
BLC :On
Notch :On

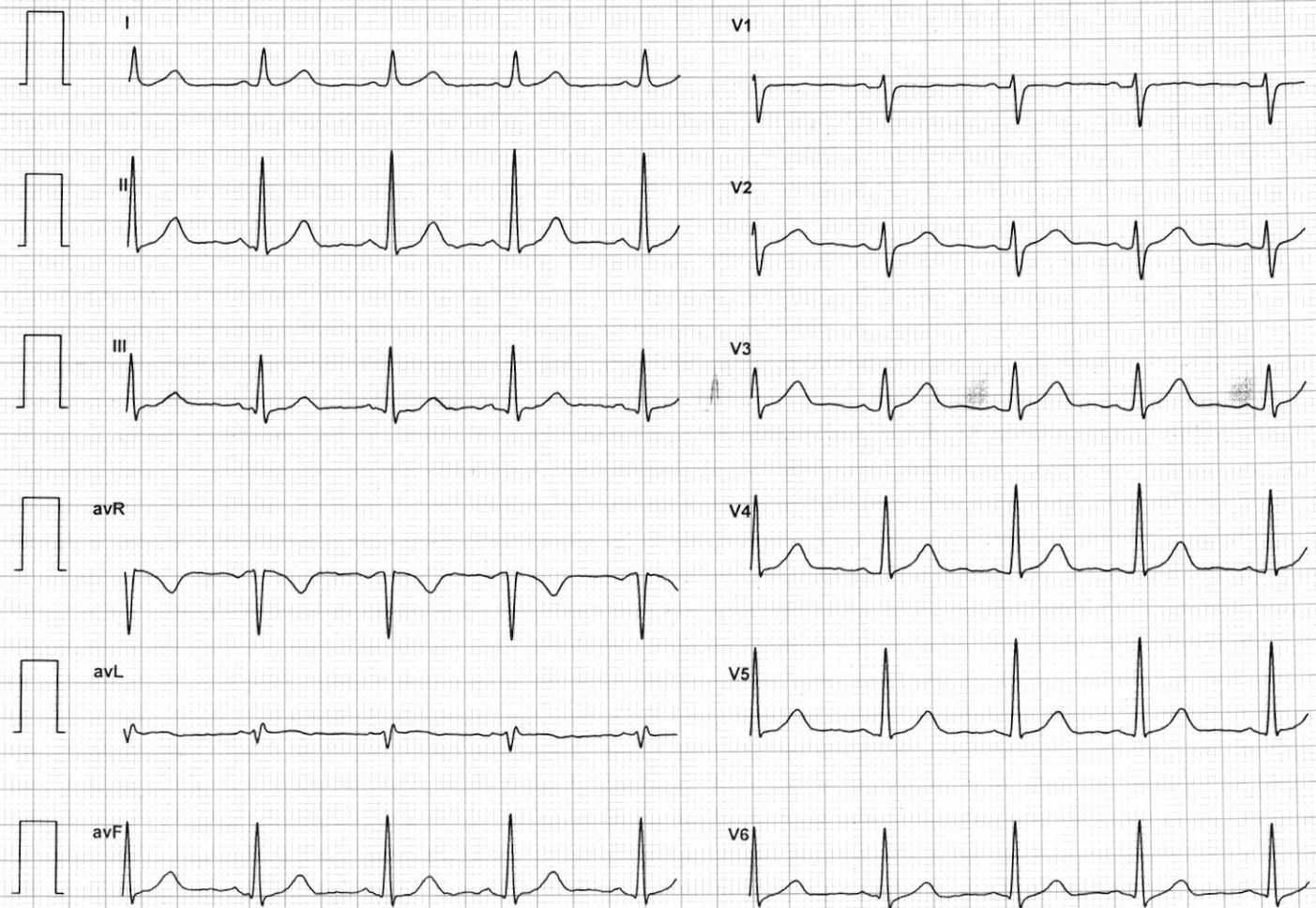
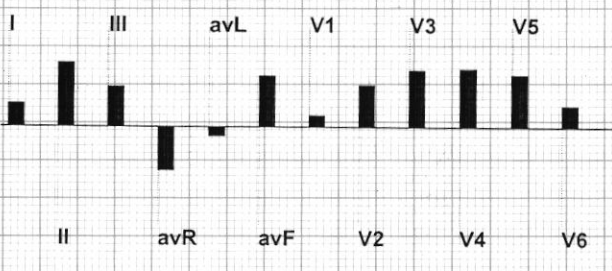
Supine
10.0 mm/mV
25 mm/Sec.



4X 97 mS Post J



Sam



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 82 bpm
METS: 1.0
BP: 118/84

MPHR: 44% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:40
BLC :On
Notch :On

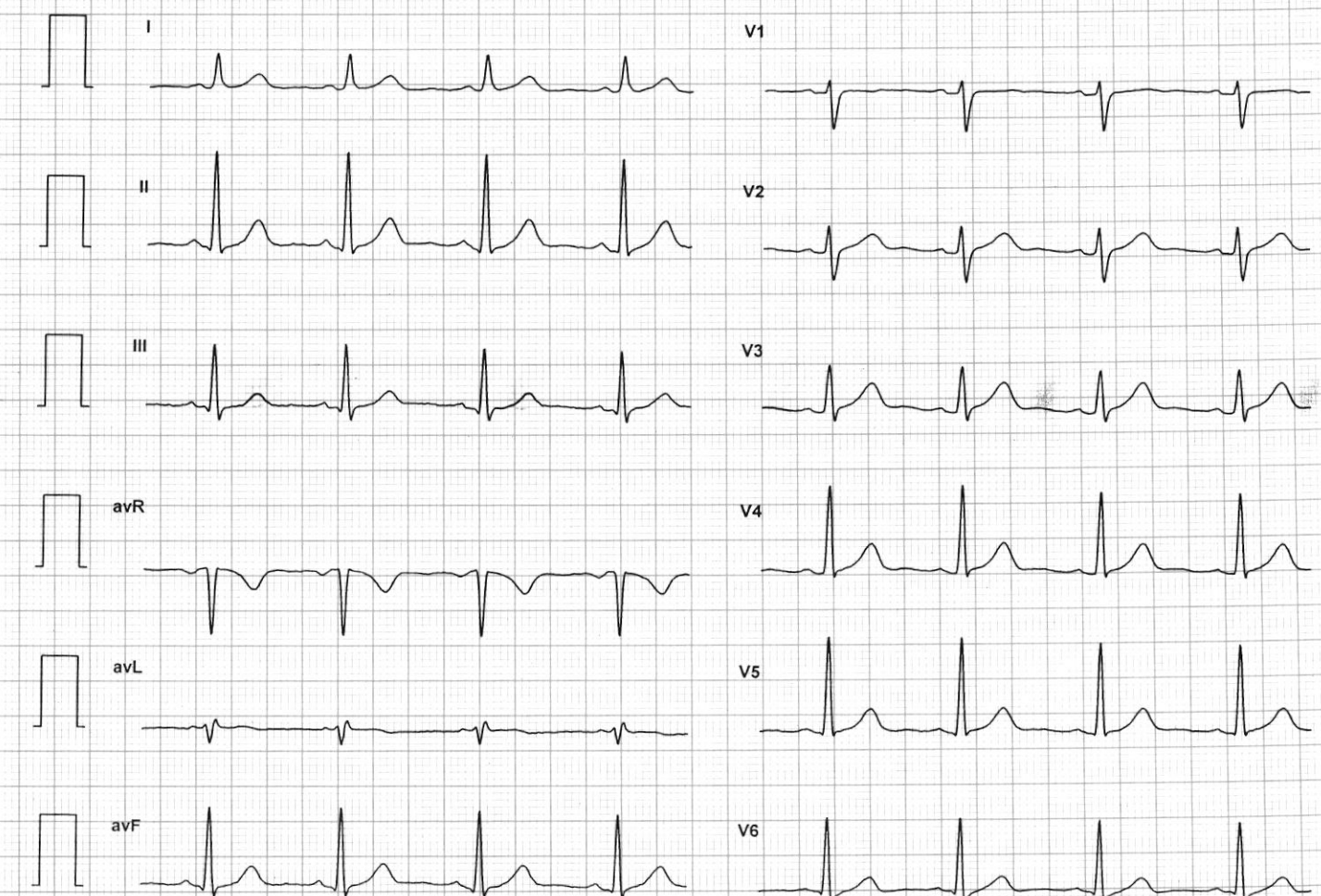
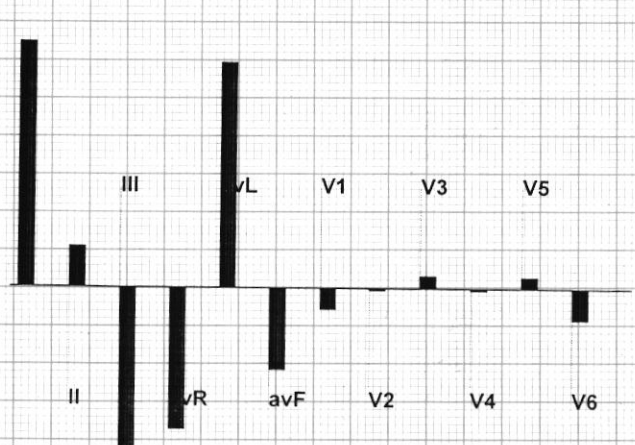
Standing
10.0 mm/mV
25 mm/Sec.



4X 97 mS Post J



Signature



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms
Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 82 bpm
METS: 1.0
BP: 118/84

MPHR: 44% of 185
Speed: 0.0 mph
Grade: 0.0%

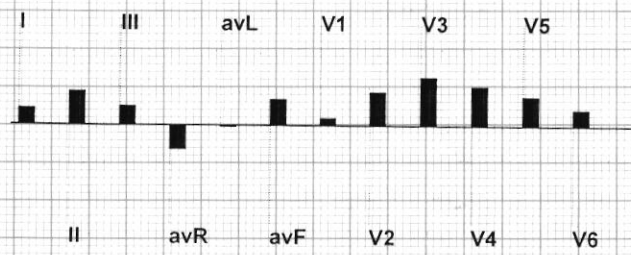
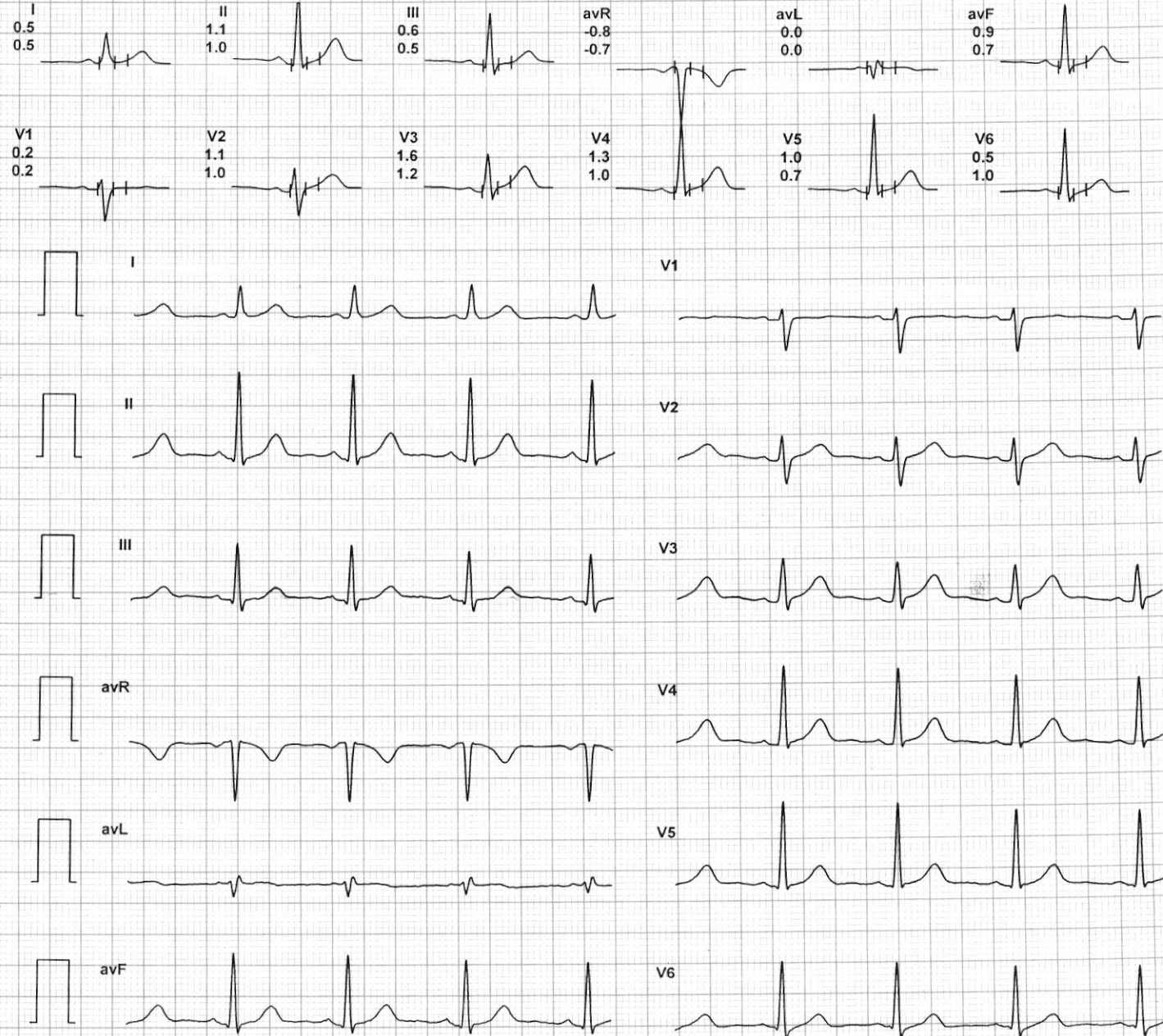
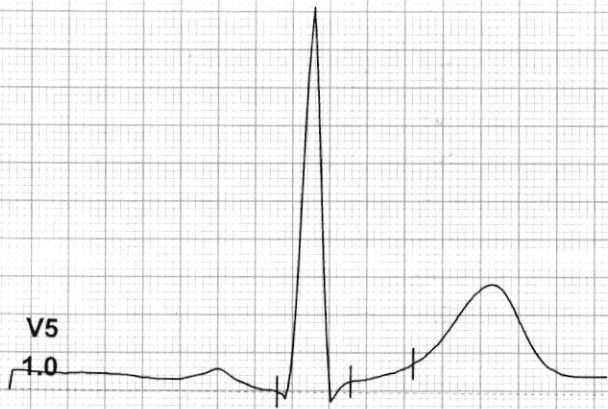
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:53
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



4X 97 mS Post J



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms
Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median



HR: 83 bpm
METS: 1.0
BP: 118/84

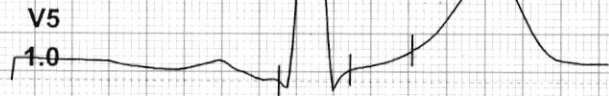
MPHR: 44% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

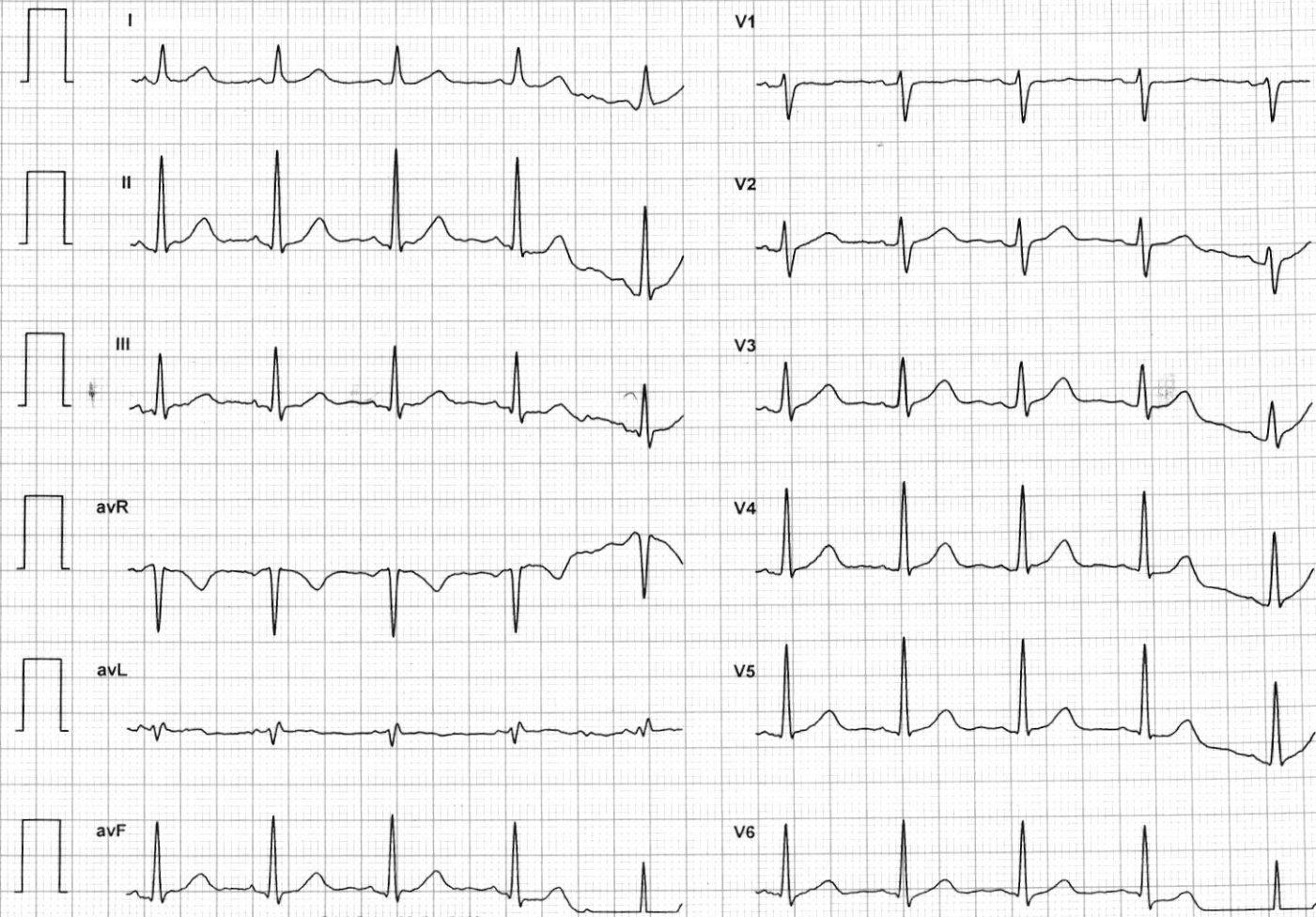
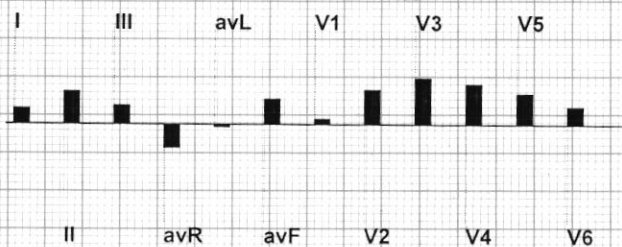
Ex Time 01:16
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.

4X 97 mS Post J



Sam



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 153 bpm
METS: 4.7
BP: 126/86

MPHR: 82% of 185
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC :On
Notch :On

BRUCE: Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.

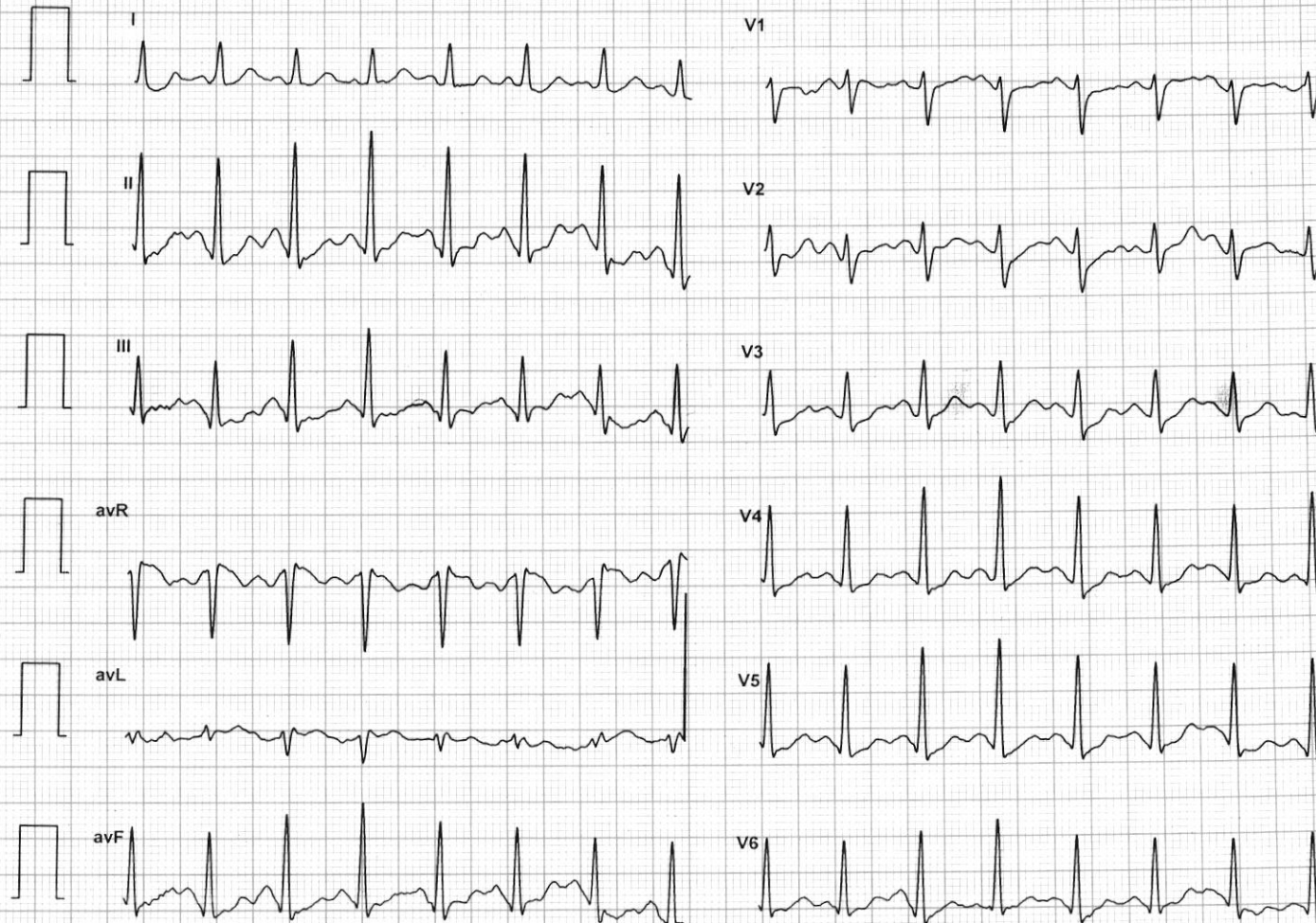
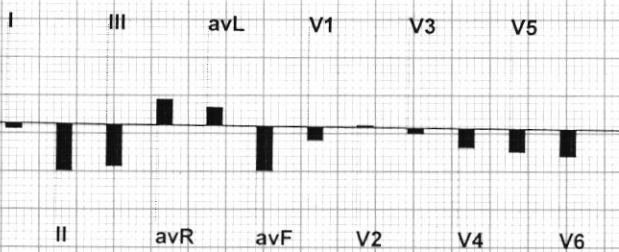


4X 97 mS Post J



V5
-0.8

Sam



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 159 bpm
METS: 7.1
BP: 132/90

MPHR: 85% of 185
Speed: 2.5 mph
Grade: 12.0%

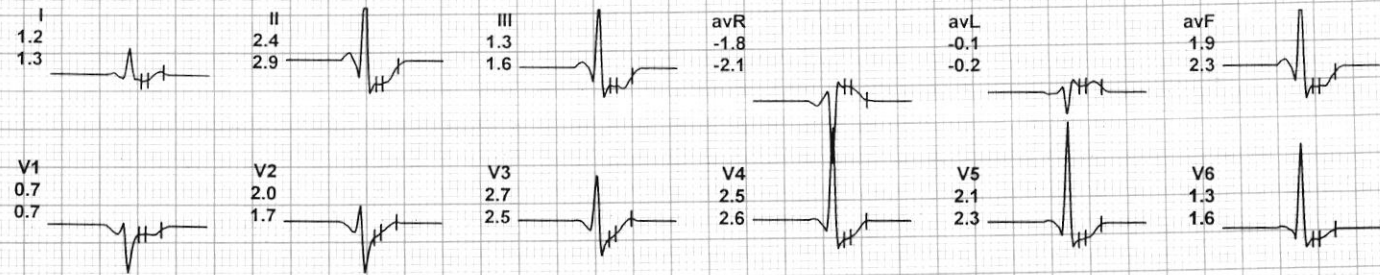
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC :On
Notch :On

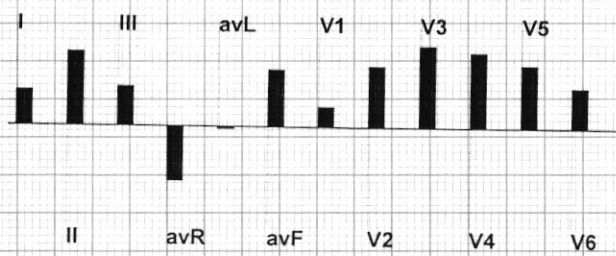
Stage 2 (03:00)
10.0 mm/mV
25 mm/Sec.



4X 80 mS Post J



Sam



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median



HR: 194 bpm
METS: 10.2
BP: 140/98

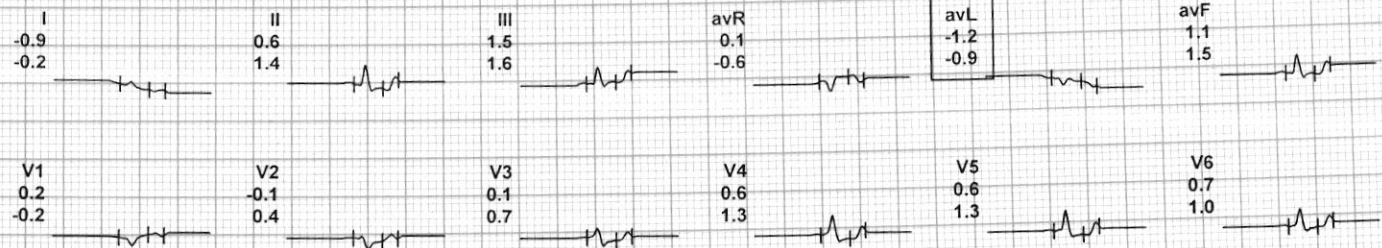
MPHR: 104% of 185
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(0.05-100)Hz

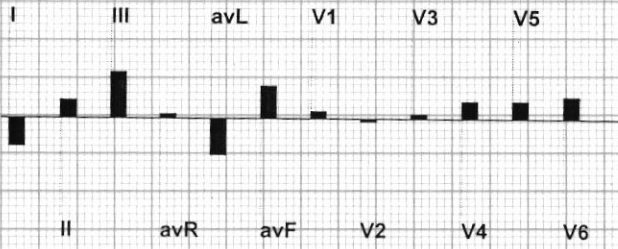
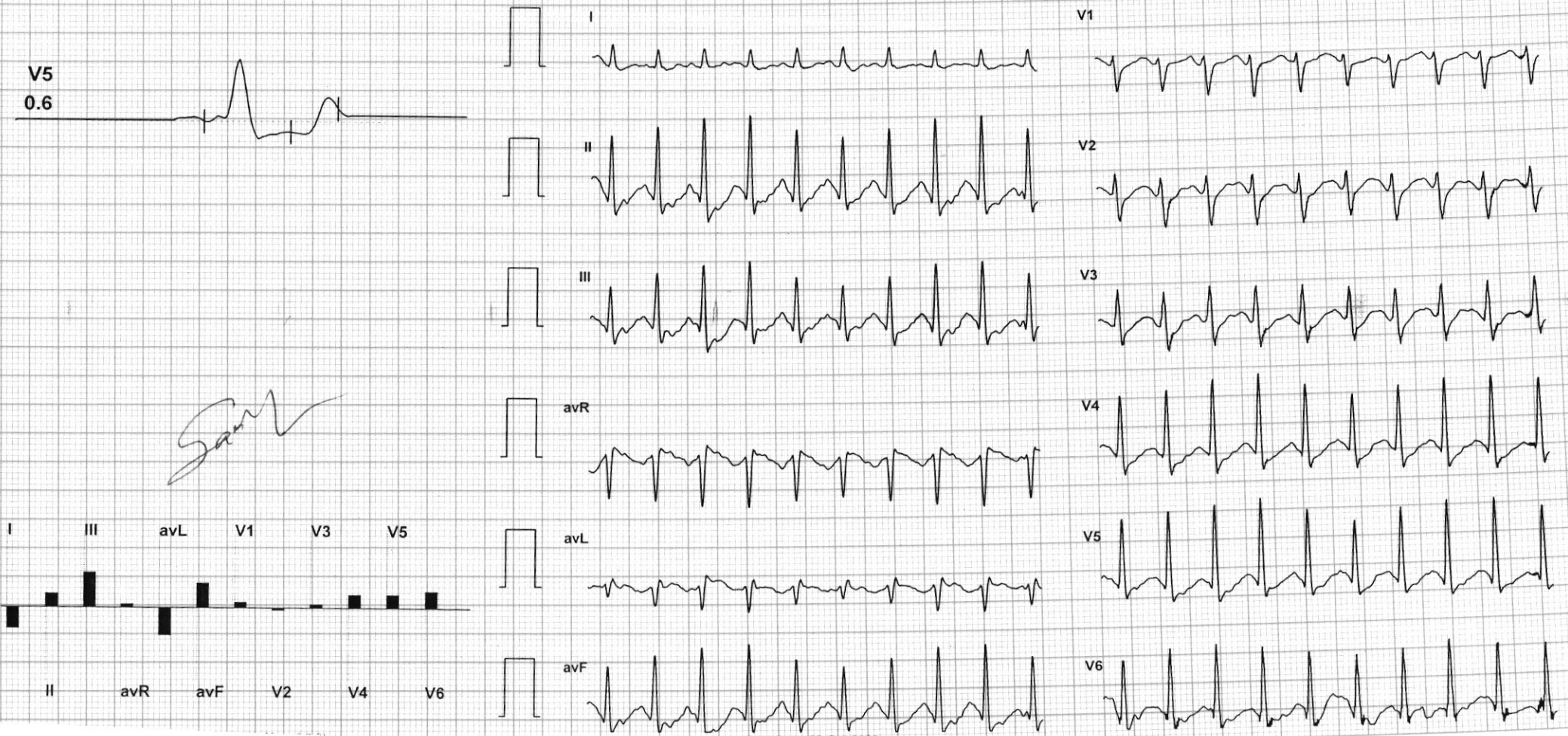
Ex Time 09:00
BLC :On
Notch :On

BRUCE: Stage 3(3:00)
10.0 mm/mV
25 mm/Sec.

4X 97 mS Post J



Sarita Devi



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 191 bpm
METS: 10.3
BP: 140/98

MHR: 103% of 185
Speed: 4.2 mph
Grade: 16.0%

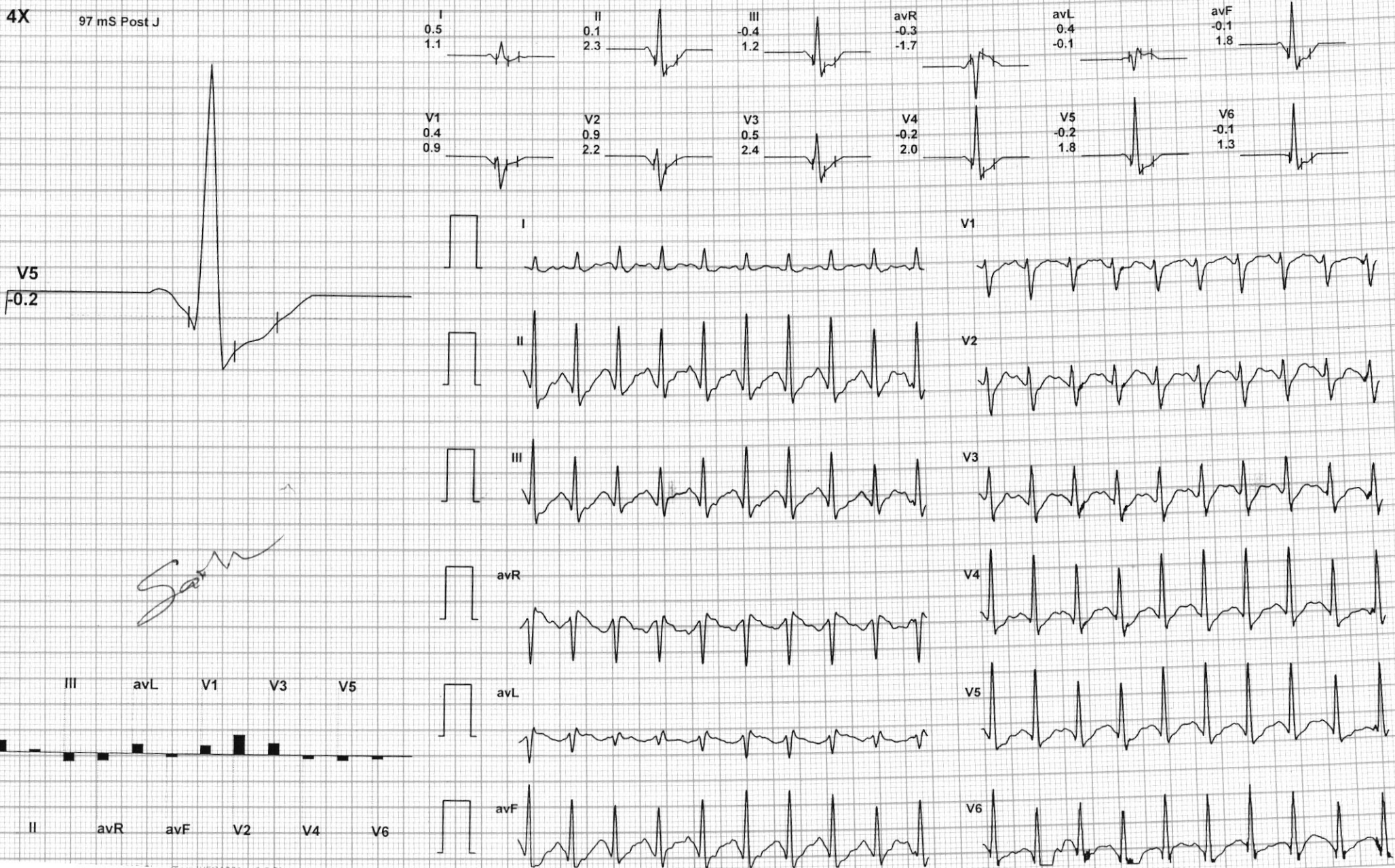
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:06
BLC :On
Notch :On

BRUCE:PeakEx(0:06)
10.0 mm/mV
25 mm/Sec.



4X 97 mS Post J



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 162 bpm
METS: 4.3
BP: 138/96

MPHR: 87% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

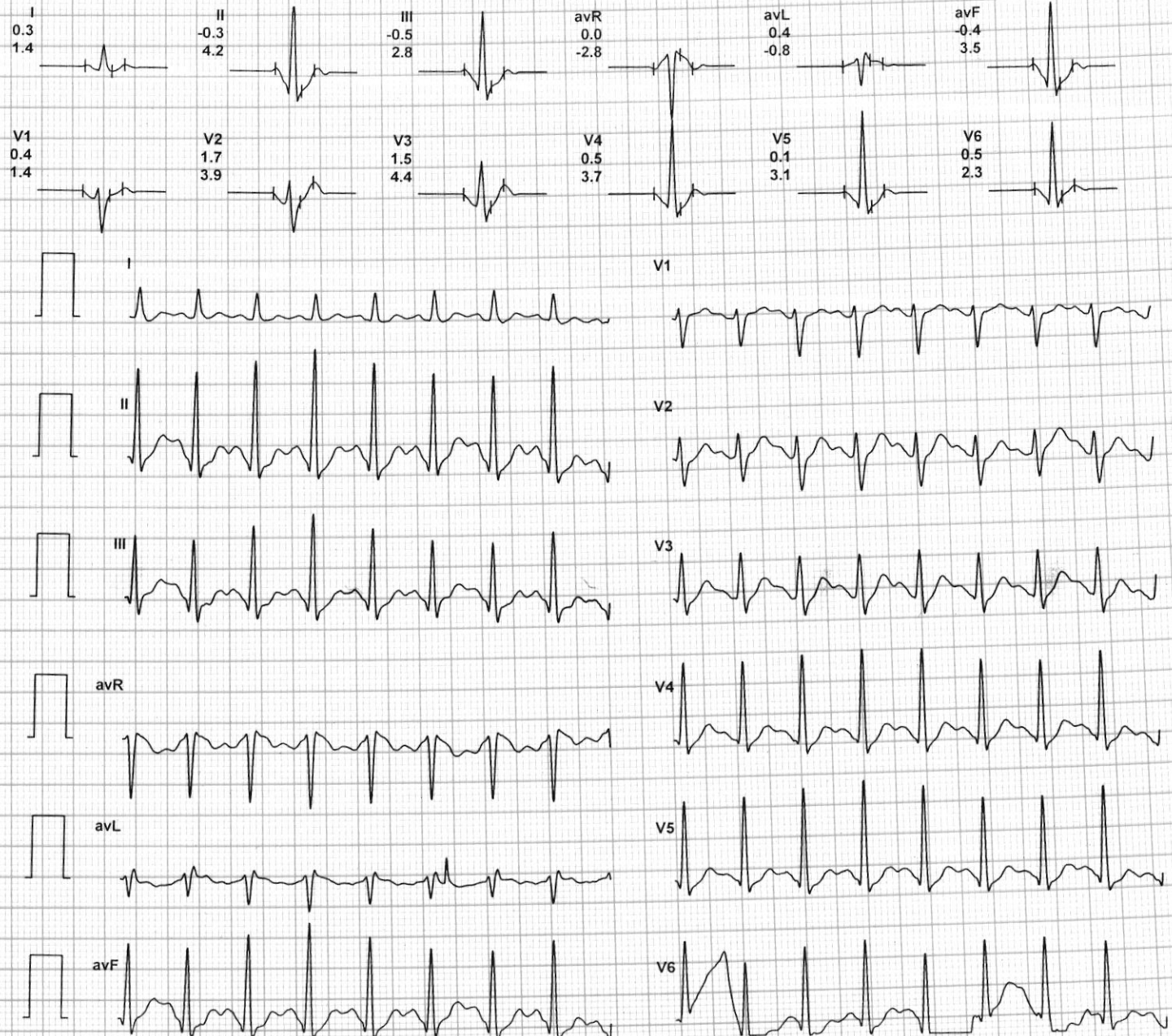
Ex Time 09:07
BLC :On
Notch :On

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

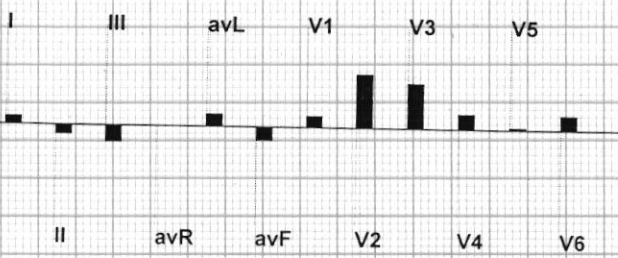


4X 97 mS Post J

V5
0.1



Signature



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms
Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 128 bpm
METS: 1.0
BP: 132/90

MPHR: 69% of 185
Speed: 0.0 mph
Grade: 0.0%

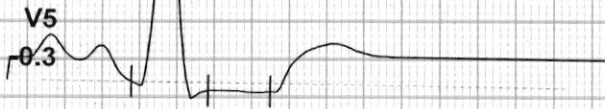
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:07
BLC :On
Notch :On

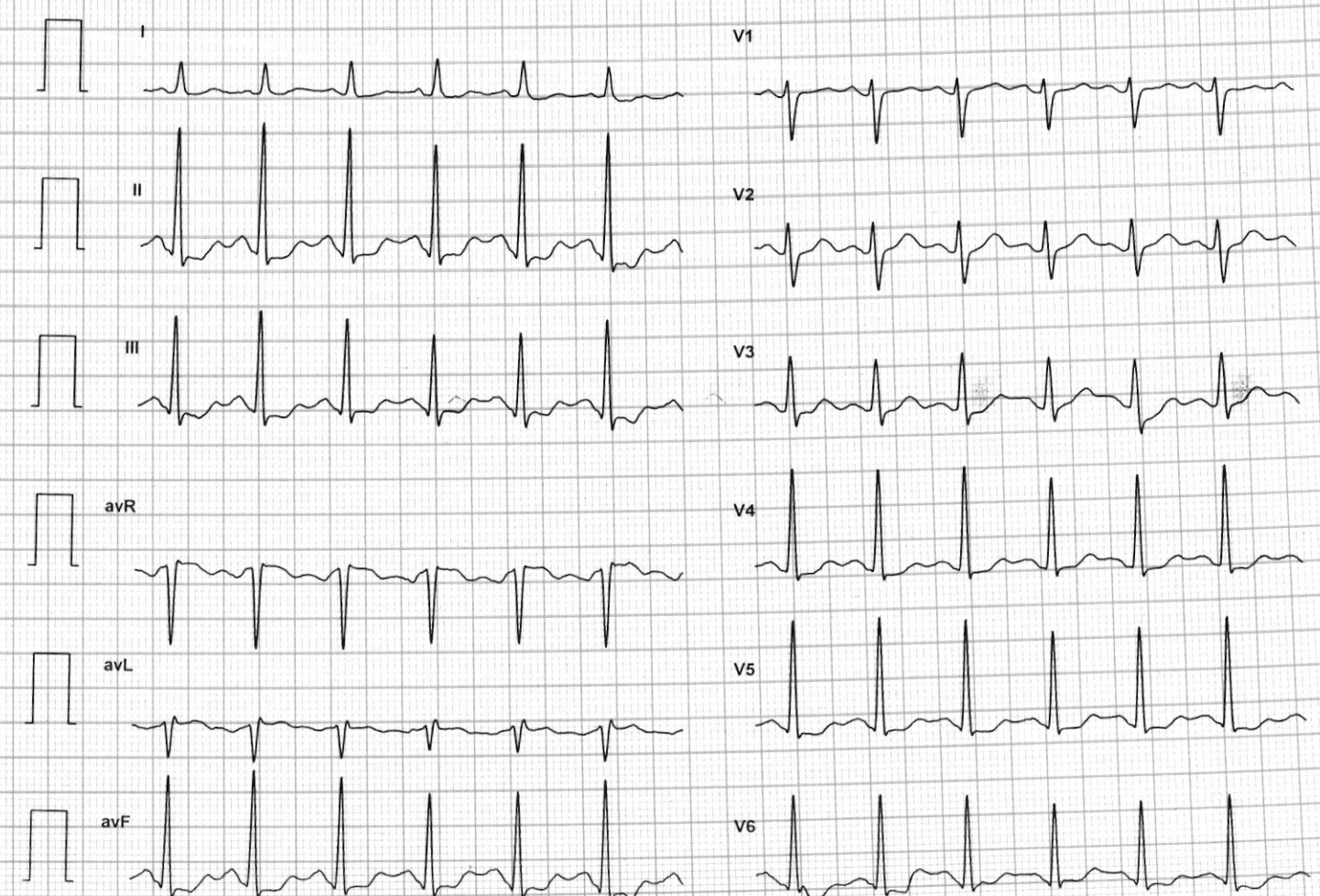
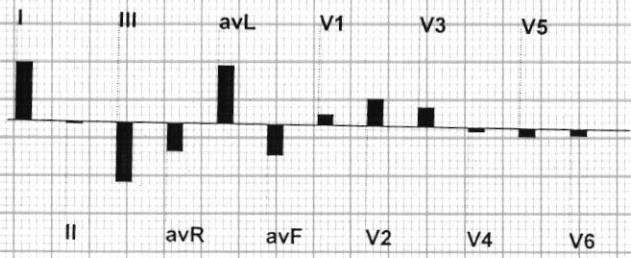
Recovery(3:00)
10.0 mm/mV
25 mm/Sec.



4X 97 mS Post J



Sam



LIFELINE HOSPITAL
GILL ROAD, LUDHIANA

464482/SARITA DEVI
35 Yrs/Female
55 Kg/155 Cms

Date: 08-Oct-2022 12:55:25 PM

12 Lead + Median

HR: 115 bpm
METS: 1.0
BP: 128/84

MPHR: 62% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 09:06
BLC :On
Notch :On

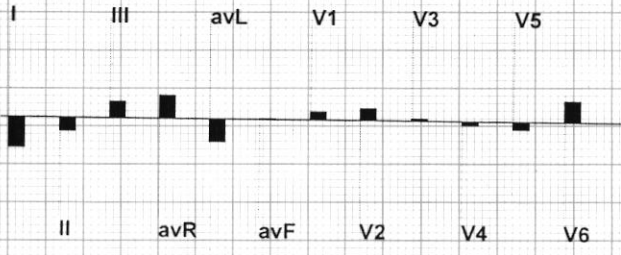
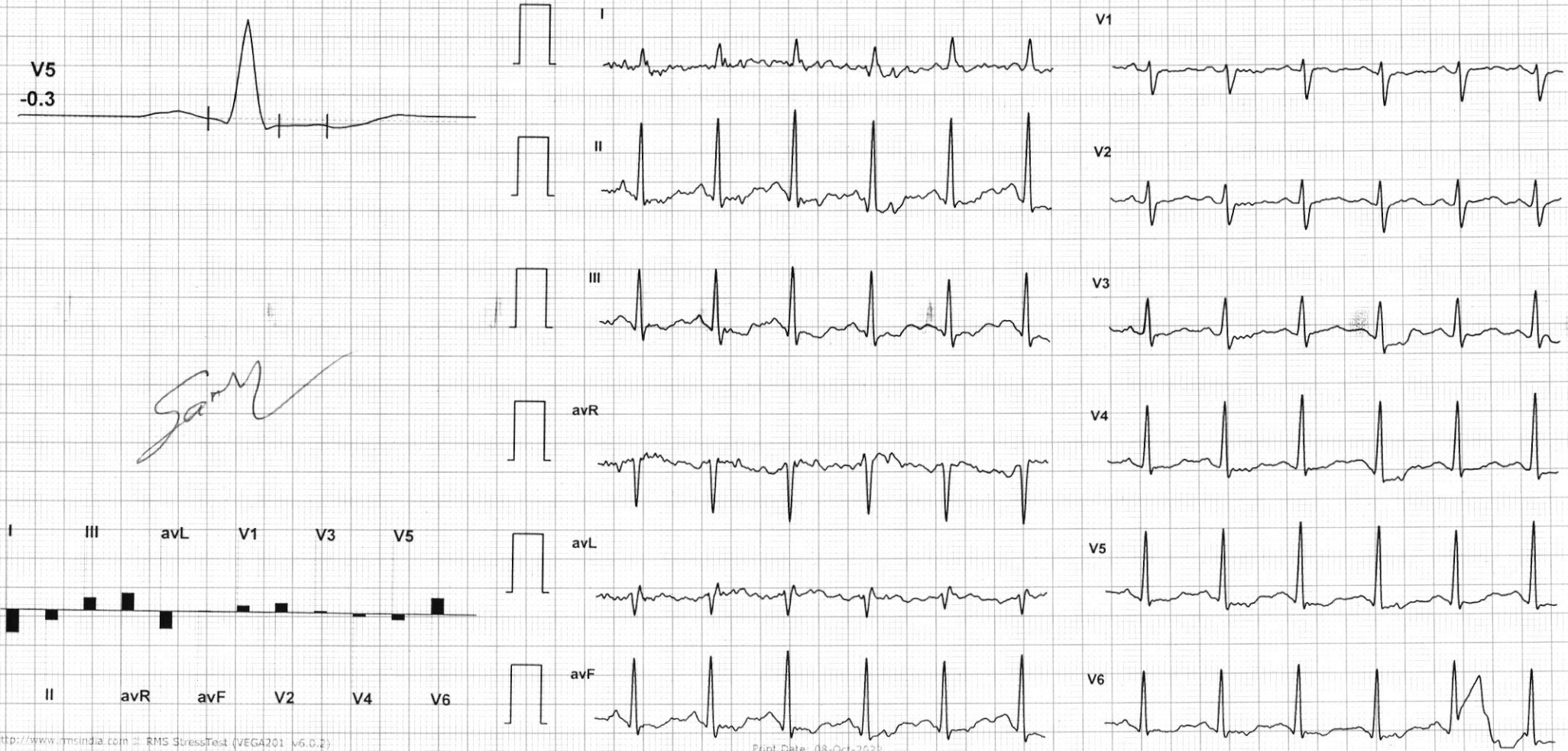
Recovery : (05:00)
10.0 mm/mV
25 mm/Sec.

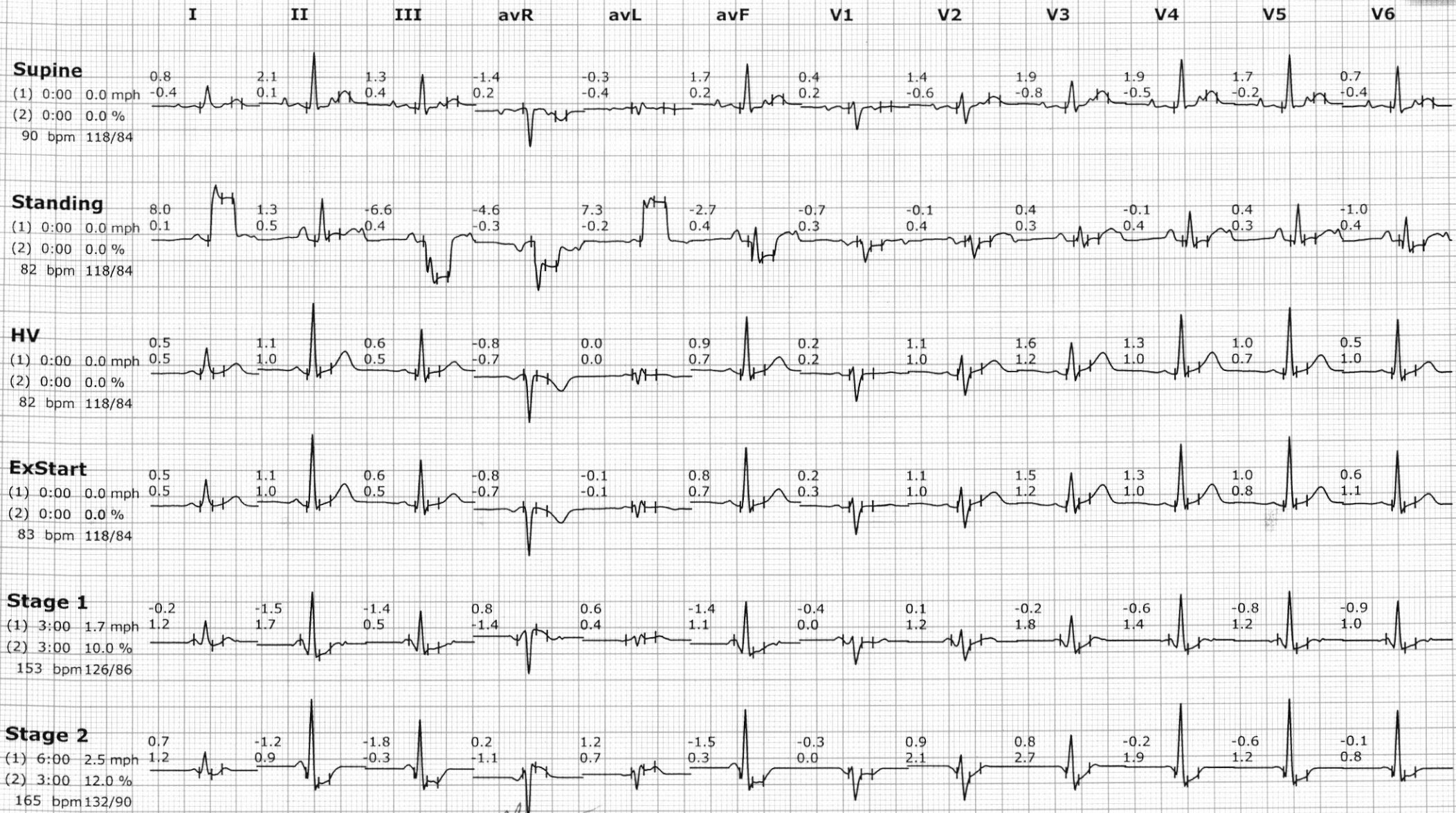


4X 80 mS Post J

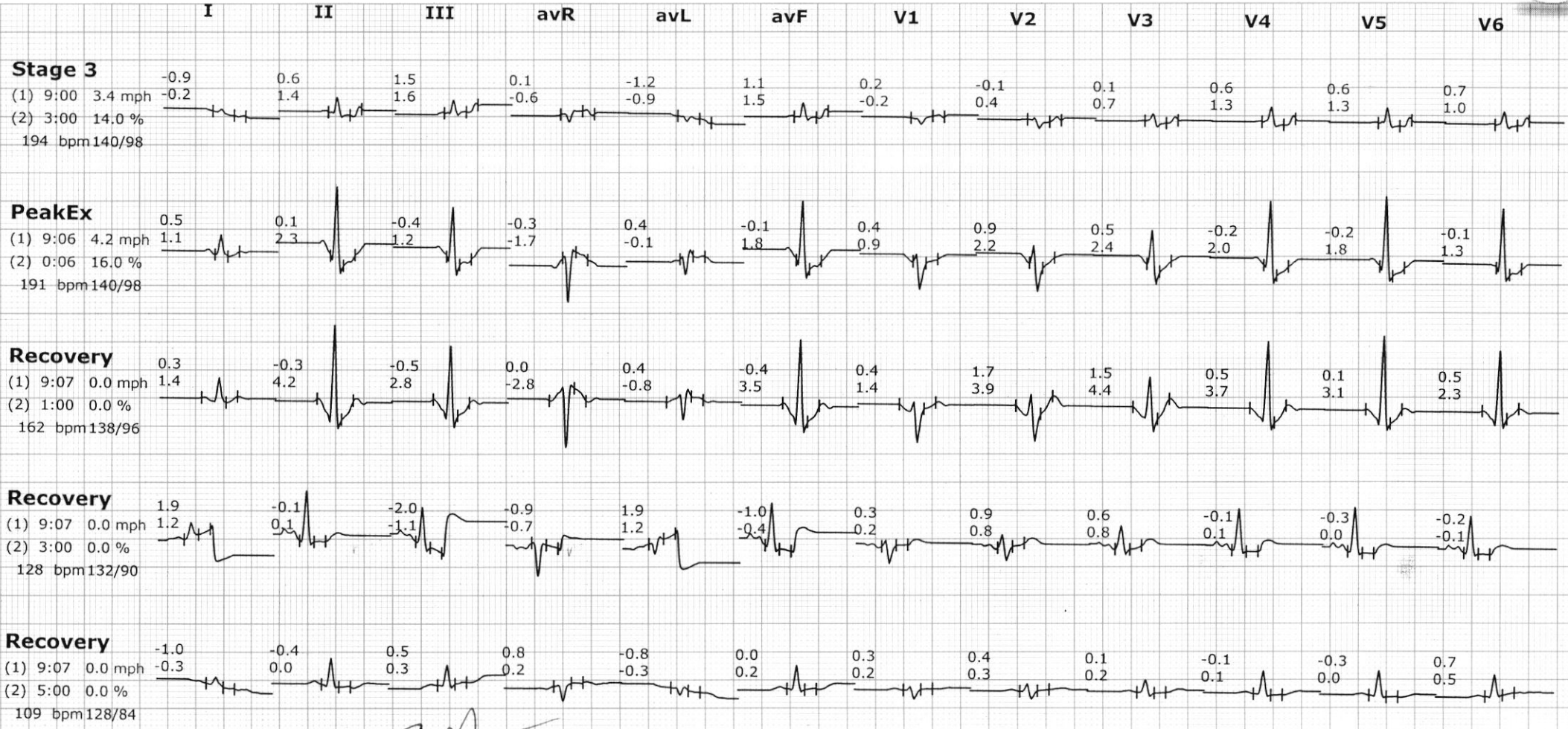


Sam





Sarita



Sam