

Health Check up Booking Request(43E1169)

1 message

5 October 2024 at 17:55

Medsave <it@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : NITTI KHURANA
Proposal No : 5701
Branch Code : 11J
Contact Details : 9811162424
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049
Appointment Date : 07-10-2024

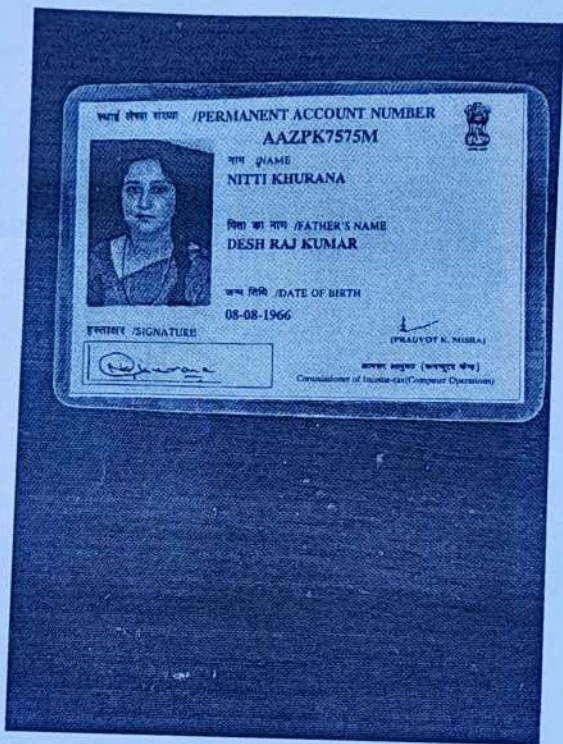
Member Information		
Booked Member Name	Age	Gender
NITTI KHURANA	58 year	Female

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Computerised Tread Mill Test (TMT)
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,
Medsave
Team





व्यक्ति का खाता / PERMANENT ACCOUNT NUMBER
AAZPK7575M



नाम / NAME
NITTI KHURANA

पिता का नाम / FATHER'S NAME
DESH RAJ KUMAR

जन्म तिथि / DATE OF BIRTH
08-08-1966

हस्ताक्षर / SIGNATURE

(Handwritten signature)

(Signature of Pradyot K. Mishra)
(PRADYOT K. MISHRA)

मुख्य अधिकारी (कंप्यूटर ऑपरेशन्स)
Commissioner of Income-tax (Computer Operations)

(Handwritten signature)

Dr. PREET DHIMAN
M.B.B.S



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-J

Proposal No

5701

Name of Life to be assured:

Nitti Khurana

The Life to be assured was identified on the basis of:

Pan

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at

ND

06/10/24

day of 2024

at 11.02 a.m.

Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:

Dr. Preeti DHIMAN
M.B.B.S

Signature of the Cardiologist (if LA has undergone CTMT / ECG)
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured
Name.....

Reports enclosed.

- 1..... FMR
- 2..... ECG
- 3..... HbA1c
- 4..... SBT-12
- 5..... RUA

6 CTMT (TMT)

7 HbA1c





MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code: 11-5
 Proposal/ Policy No: 5701
 MSP name/code: 6018
 Date & Time of Examination: 06/10/24 11:2 Am
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
 Identity Proof verified: Pan ID Proof No. AA2PK7575M
 (In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]
 For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr P. Prath..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

Signature/ Thumb impression of Life to be assured
 (In case of Physical Examination)

1	Full name of the life to be assured: <u>Mithi Khurana</u>		
2	Date of Birth: <u>8/8/66</u>	Age: <u>58</u>	Gender: <u>Female</u>
3	Height (In cms): <u>158</u>	Weight (in kgs) : <u>59</u>	
4	Required only in case of Physical MER		
	Pulse : <u>80</u>	Blood Pressure (2 readings): 1. Systolic <u>128</u> Diastolic <u>86</u> 2. Systolic <u>128</u> Diastolic <u>86</u>	

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED
 If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date , reason ,advised by whom & findings.	NO
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	NO



Dr. P. Prath MAN
M.B.B.S

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability/amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/ Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



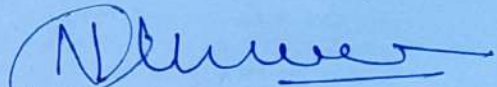
DR. PREETI MANI
M.B.B.S.

For Female Proponents only		
i.	Whether pregnant? If so duration.	NP NO
ii	Suffering from any pregnancy related complications	NP
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Yes
---	-----

Declaration

You Mr/Ms Nishi Khazane declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.



Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ___ day of ___ 20___ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:
Date:
Stamp:

ND
06/10/24

Dr. PREET MANI
M.B.B.S.
Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Nidhi Khazane

Age/Sex _____

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness _____

[Signature]
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at ND on the day of 06/10/2024 11.02 Am

[Signature]
Signature of L.A.

-Signature of the Cardiologist

Dr. RAJ KUMAR
Name & Address

Qualification _____ Code No. _____

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
158	59	128/86	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 L	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60 L	T-wave	Normal
Ventricular Rate	60 L	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

MD

on the day of

06/10/24

20 24

11:02

DR RAJ KUMAR
M.D. (Medicine) D Card. FNI

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

Ms. NITTI KHURANA

ID : 58

AGE/SEX : 58 Yr./F

HT/WT : /

DATE : 06-10-2024 11:25:36 AM

REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.

RATE : 88 bpm

BP : N/A

P Axis : 60 deg

QRS Axis : 13 deg

T Axis : 37 deg

P Duration : 115 ms

PR Duration : 155 ms

QRS Duration : 76 ms

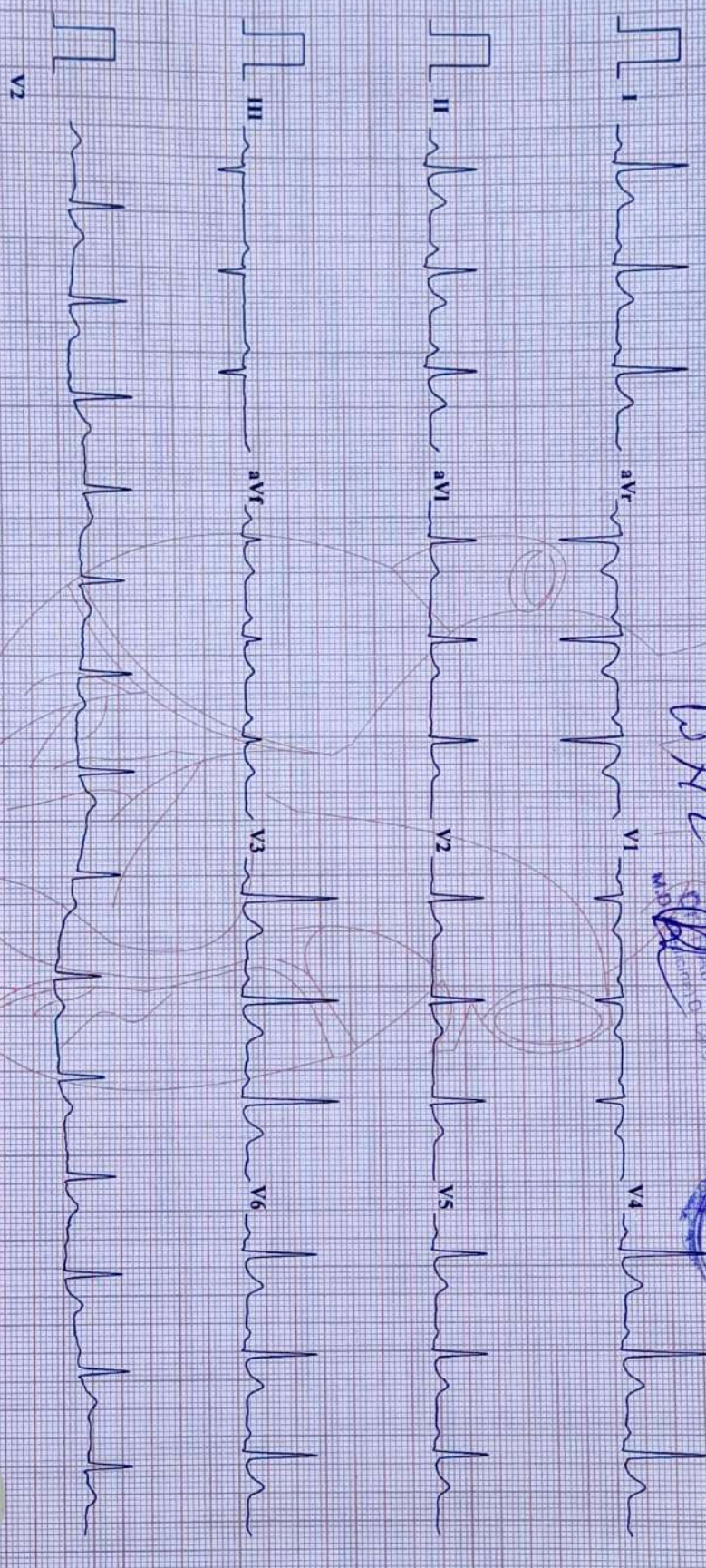
QT Interval : 313 ms

QTc Interval : 359 ms

Linked Median

Speed : 25 mm/s
Sensitivity : 10 mm/mV

WHL
Dr. Nitti Khurana
M.D. (General Medicine)



Filtered(35 Cycle) And Base Corrected

UNIT-EM, Indore. Tel: +91-731-4030015, Fax: +91-731-4031180, E-Mail: em@electromedics.net, Web: www.uni-em.com, ECG Ver: 14.0.1



Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

Haemogram

TEST NAME	VALUE	UNIT	NORMAL VALUE
Hemoglobin (HB)	12.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,100	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	66	%	45 - 75
Lymphocyte	30	%	20 - 35
Eosinophil	02	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.3	million/cmm	3.5 - 5.5
PCV	38	%	36 - 52
MCV	88	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	34	%	32 - 38
E S R (Wintrob's method)	12	mm/hr	0 - 15
PLATELETS COUNT	2.05	Lac/cmm	1.5 - 4.5

*****End of Report*****

DR. SAFIA BANA
MBBS, M.D. (Path)



SDHC



63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age	58
Date:	6/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	86	mg/dl	70 - 110
Total Cholesterol	180	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	114	mg/dl	50 - 150
S. Triglycerides	127	mg/dl	25 - 160
S. Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	6.9	g/dl	6.4 - 8.2
Albumin	3.6	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.0	g/dl	
S. Bilirubin	0.5	mg/dl	0.1 - 1.00
Direct	0.2	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	30	IU/L	11 - 50
S. Alkaline Phosphatase	101	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

DR. SAFIA RANA
MBBS MD (Path)



SDHC



3, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.020	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-3	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

SDHC



63, Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.5%

Reference Range:

- Below 6.0 % -Normal Value
- 6.0 % - 7.0 % -Good Control
- 7.0 % - 8.0 % -Fair Control
- 8.0 % - 10 % -Unsatisfactory Control
- Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

*****End of Report*****



3, Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049
 Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

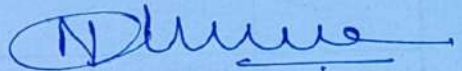
COMPUTERISED TREADMILL TEST

Zone: _____
Proposal No.: _____
Full Name of Life to be assured: Natti Chandra
Age/ Sex: _____

Division: _____
Branch: _____

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.



Witness

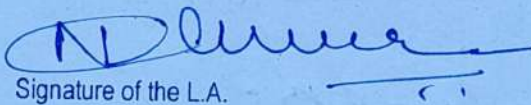
Signature or Thumb Impression of L.A.

Note : *Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? -Y/N-
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? -Y/N-
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? -Y/N-

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

Dated at ND on the 06/10/24 day of 2024 at 11.02 a.m./p.m.



Signature of the L.A.

Dr. PREETI KUMAR
M.D. (Medicine) D. Card. F.N.C.

Signature of the Cardiologist
Cardiologist's Name & Address

Qualification: **Dr. RAJ KUMAR**
M.D. (Medicine) D. Card. F.N.C.



COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					79	128/86	101
	SITTING							
	STANDING					75	128/86	96
	HYPERVENTILATION					75	128/86	93
	WARM UP							
EXERCISE	STAGE 1	2:55	2.7	10	4.65	133	128/86	130
	STAGE 2	2:55	4	12	7.104	159	164/102	228
	STAGE 3							
	PEAK EXERCISE	1:5	5.4	14	8.15	169	164/102	277
RECOVERY	RECOVERY	0:29				159	124/102	260
	RECOVERY	2:55				111	146/96	162
	RECOVERY	5:55				104	128/84	133

The protocol used - BRUCE

Total Exercise Time - 7.5

Maximum Blood Pressure - 164/102

Maximum Workload - 8:15

Maximum heart rate - 169

Maximum predicted heart rate 104 %

Reason for termination -

Comments:

Negative for RMI



Dr. RAJ KUMAR
M.D. (Medicine) D Card. FNIIT
Signature of the Cardiologist

Name & Address:

Qualification:



Each stage should have 12-lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded. Signature of the L.A. to be obtained on the tracings)

SHRI DURGA HEALTH CARE

NITTI KHURANA

TREADMILL TEST REPORT

ID : 78
 DATE : 06/10/2024
 AGE/SEX : 58 / F
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE					79	128 / 86	101	0.8			0.7	
STANDING					75	128 / 86	96	0.9			0.7	
HYPERTENT					73	128 / 86	93	1			0.9	
Stage 1	2:55	2:55	2.7	10	133	128 / 86	170	1.1			0	4.67
Stage 2	5:55	2:55		12	159	144 / 92	228	2.6			0	7.04
PK-EXERCISE	7:5	1:5	5.4	14	169	164 / 102	277	2.4			0.1	
RECOVERY	7:42	0:29			159	146 / 102	260	3.2			0.7	
RECOVERY	10:8	2:55			111	146 / 96	162	0.4			0	8.15
RECOVERY	13:8	5:55			104	128 / 84	133	0.3			-0.2	0.1

RESULTS

EXERCISE DURATION : 7:5
 MAX HEART RATE : 169 bpm
 MAX BLOOD PRESSURE : 164 / 102 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
IMPRESSIONS

MAX WORK LOAD : 8.15 METS

*Negative for RMI
 fair effort follow*



MD. ANIL KUMAR
 MD. GENERAL PHYSICIAN

Technician :



NIPTI KHOSRANA
I.D. 78
Age 58/F
Date 06/10/2024

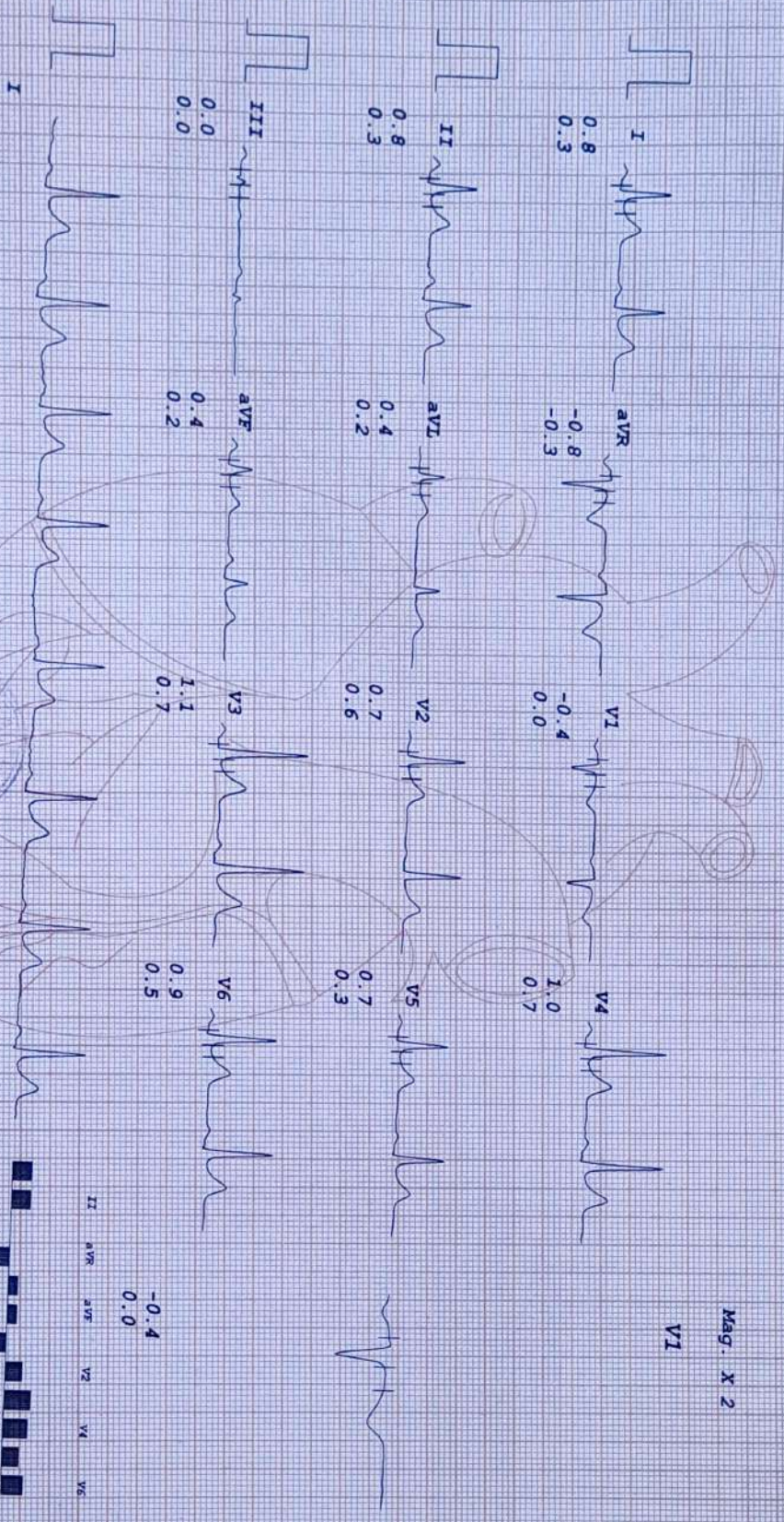
RAPE 79bpm
B.P. 128/86

SHRI DURGA HEALTH CARE

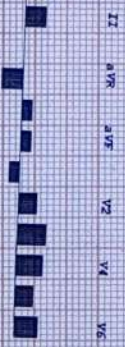
PRETEST
SUDHINE

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN



Mag. X 2



NITTI KHURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 75ppm
B.P. 128/86

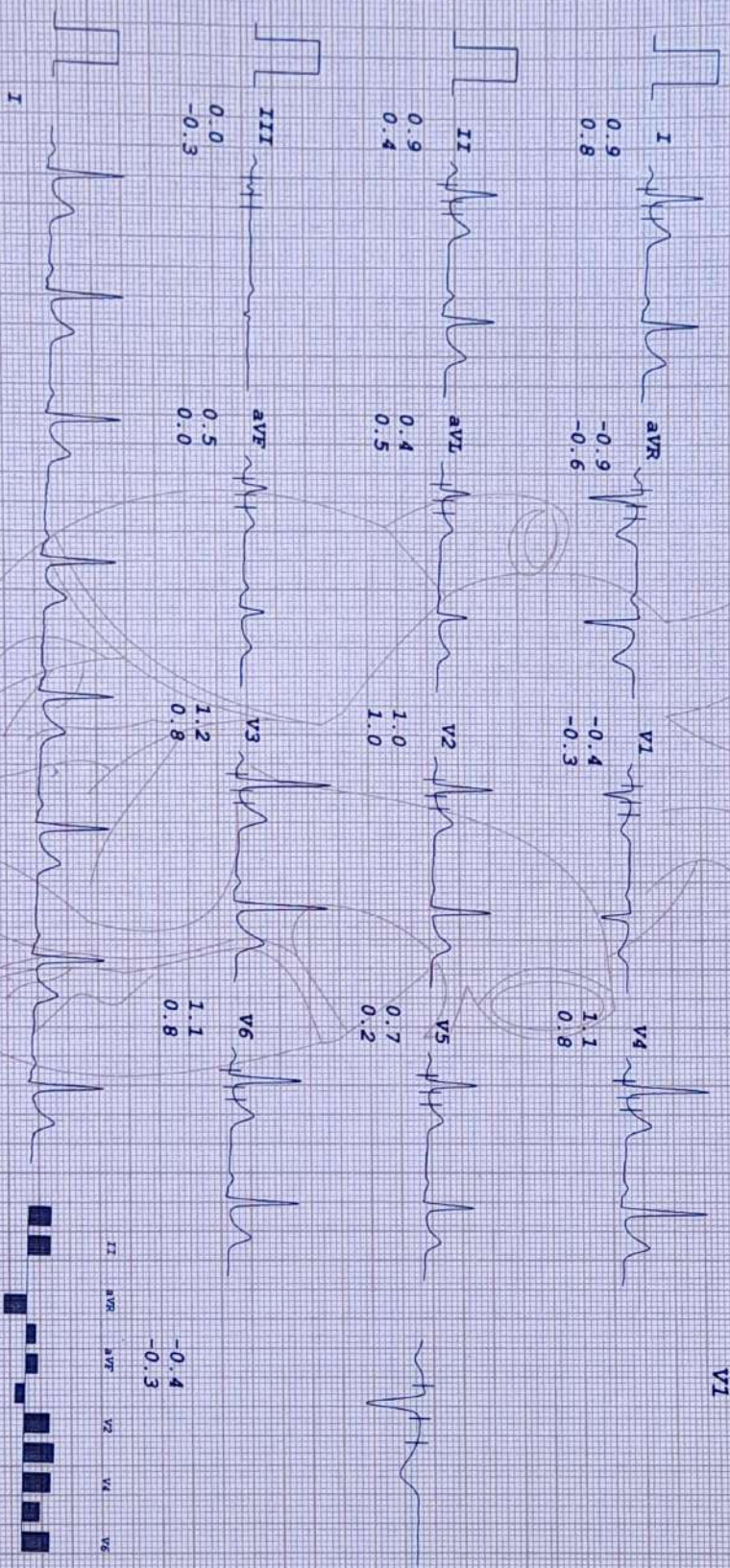
SHRI DURGA HEALTH CARE

PRETEST
STANDING

ST @ 10mm/mV
80ms PostI

LINKED MEDIAN

Mag. X 2



DR. RAJ KUMAR
MD, MBBS
D. Cardiol. F.S.C.I.



NITTI KHURANA
I.D. 78

Age 58/F

Date 06/10/2024

RATE 73bpm
B-P. 128/86

SHRI DURGA HEALTH CARE

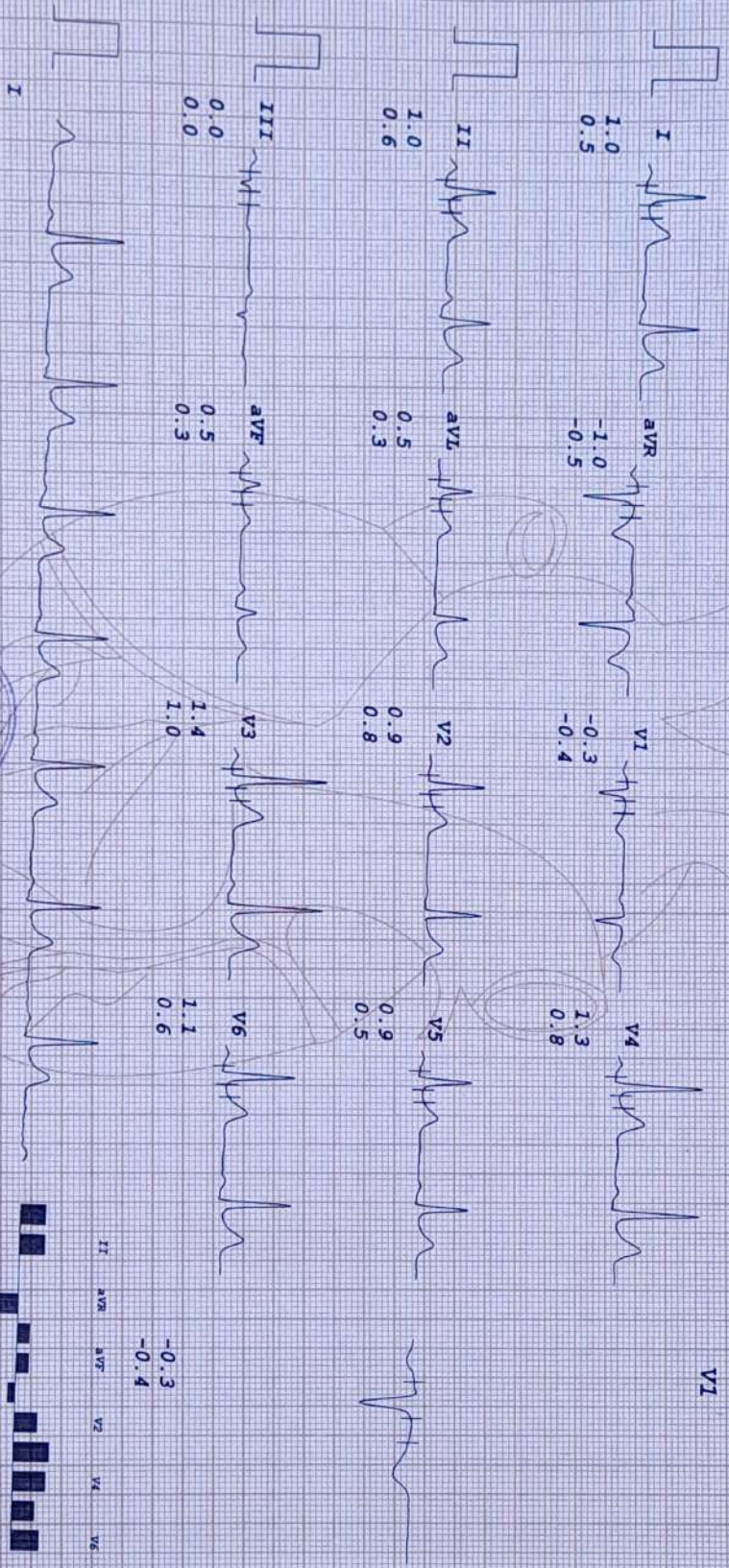
PRETEST
HYPERVENT

ST @ 10mm/mV
80ms PostT

PHASE TIME 0:25

LINKED MEDIAN

Mag. X 2



Dr. Anil Kumar
MD



NITTI KHURANA
I.D. 78

Age 58/F
Date 06/10/2024

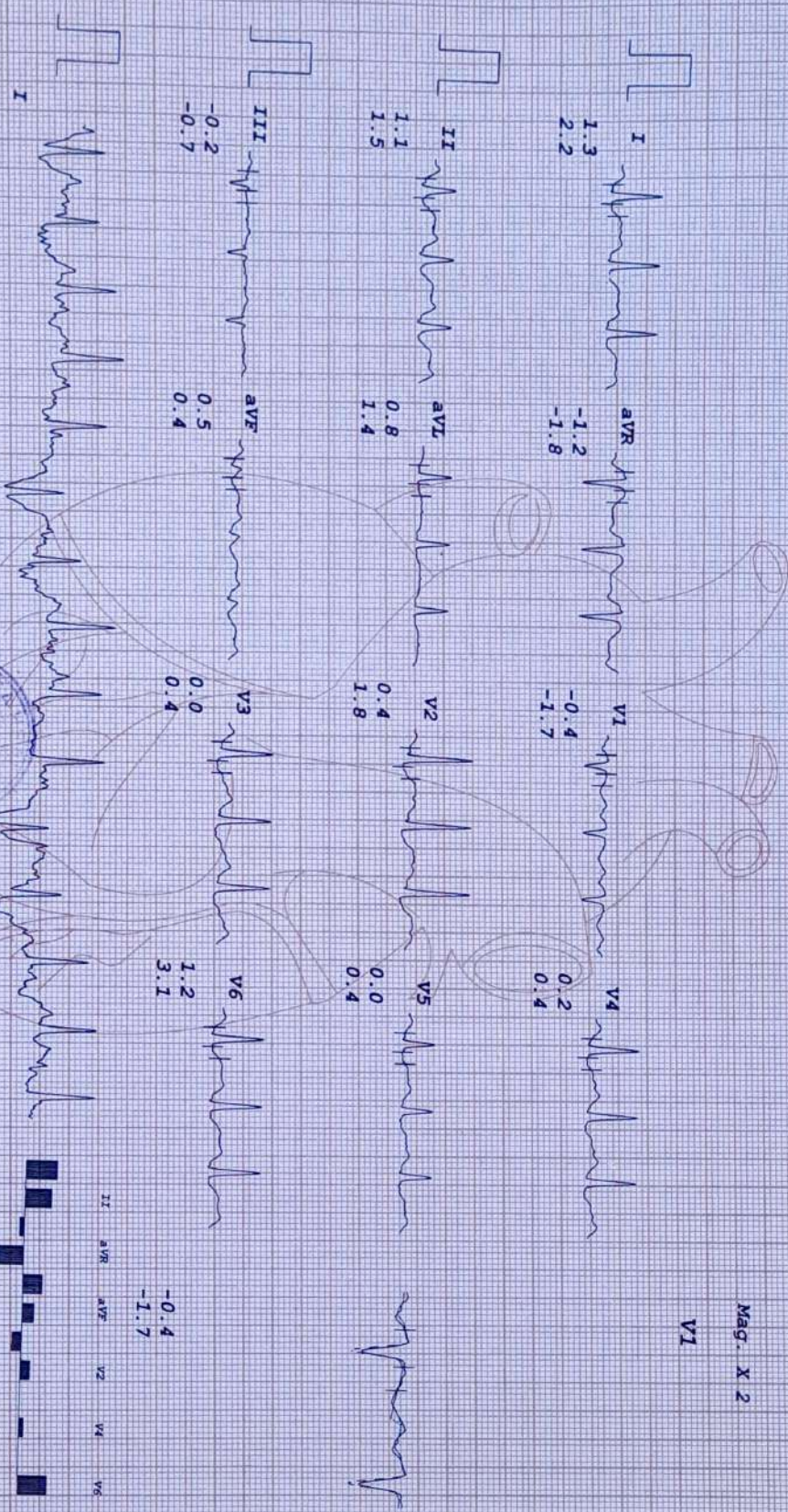
RATE 133bpm
B.P. 128/86

SHRI DURGA HEALTH CARE

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55
ST @ 10mm/mV
80ms Post-T
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

MAG. X 2



DR. PRAJESH KUMAR
MD (General Medicine)



SHRI DURGA HEALTH CARE

NITTI KHURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 159bpm

B.P. 144/92

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

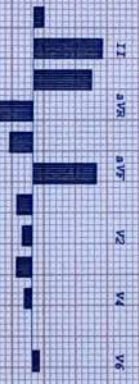
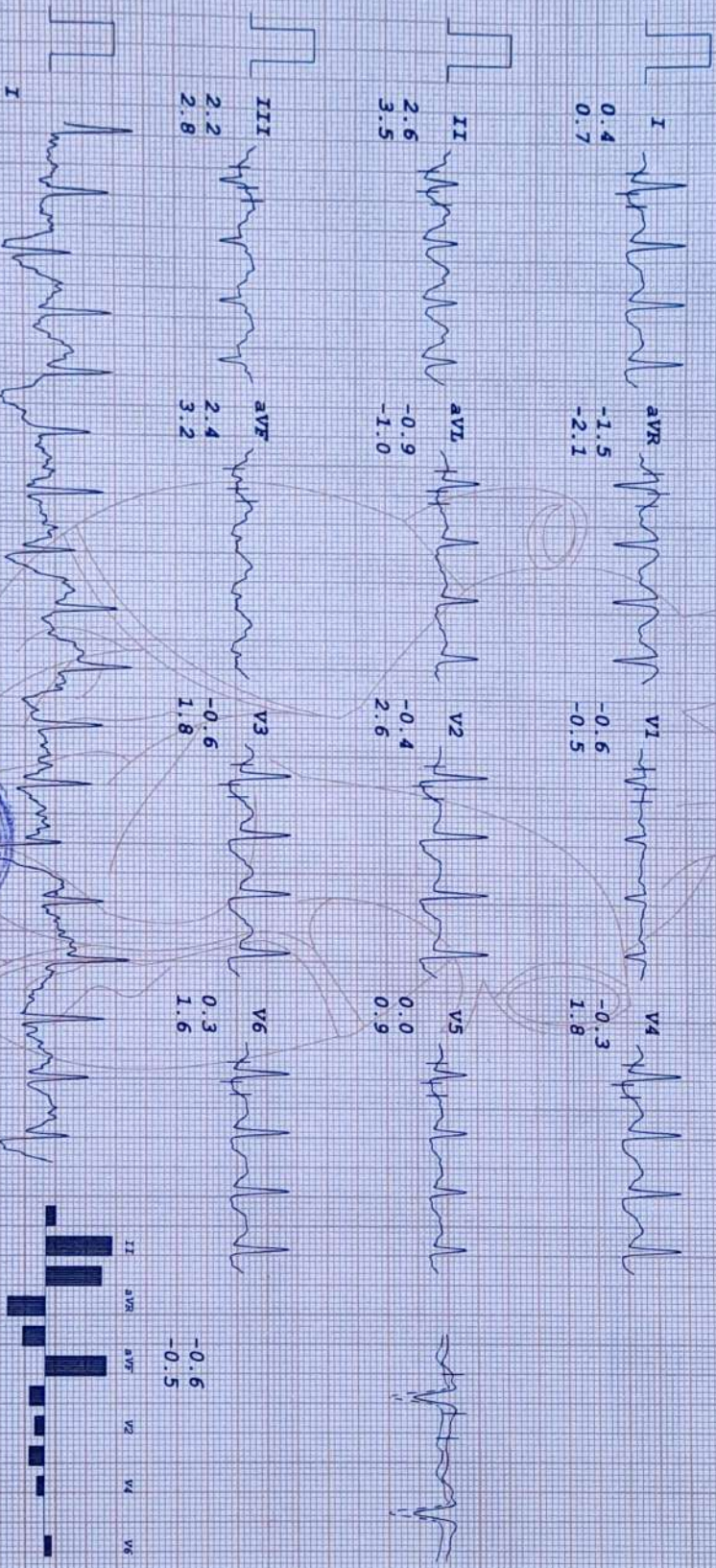
80ms PostJ

Speed 4 km/hr

SLOPE 12 °

LINKED MEDIAN

Mag. X 2



Abhythm: Filtered (35) Overload Base Corrected Avg Complex: FURT. BH, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: info@medelectromedical.in Web: www.wms-gm.com, TSP Ver: 1.0.4



Dr. NITTI KHURANA
 Consultant
 Cardiology



SHRI DURGA HEALTH CARE

NITTI KHURANA

I.D. 78

Age 58/F
Date 06/10/2024

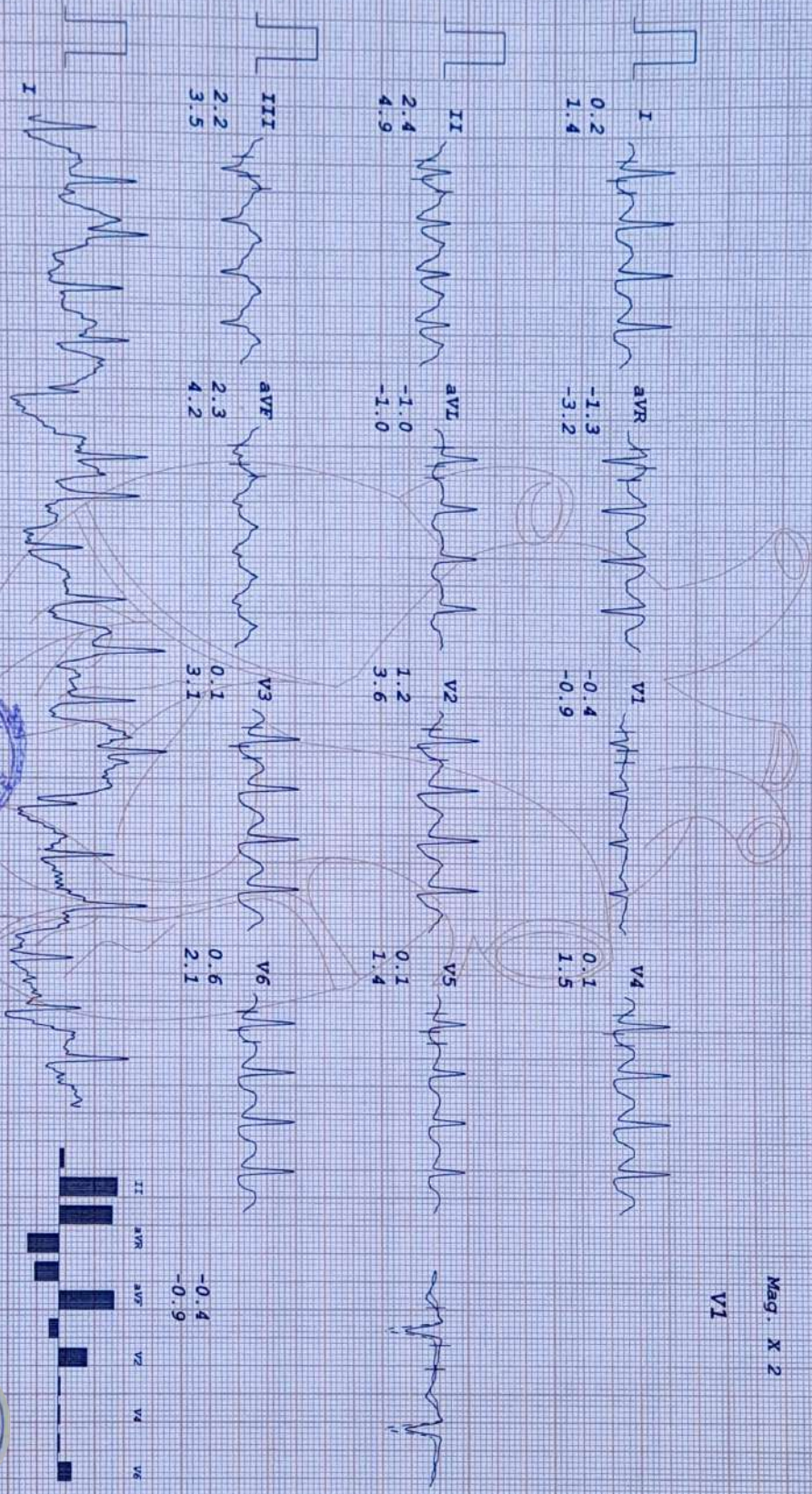
RATE 169bpm
B.P. 164/102

Brace
PR-EXERCISE
TOTAL TIME 7:05
PHASE TIME 1:05

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

LINKED MEDIAN

Mag. X 2



Dr. NITTI KHURANA
M.D. (C) (G) (S) (N) (I) (S)



SHRI DURGA HEALTH CARE

NIPTI KHURANA
I.D. 78

Age 58/F
Date 06/10/2024

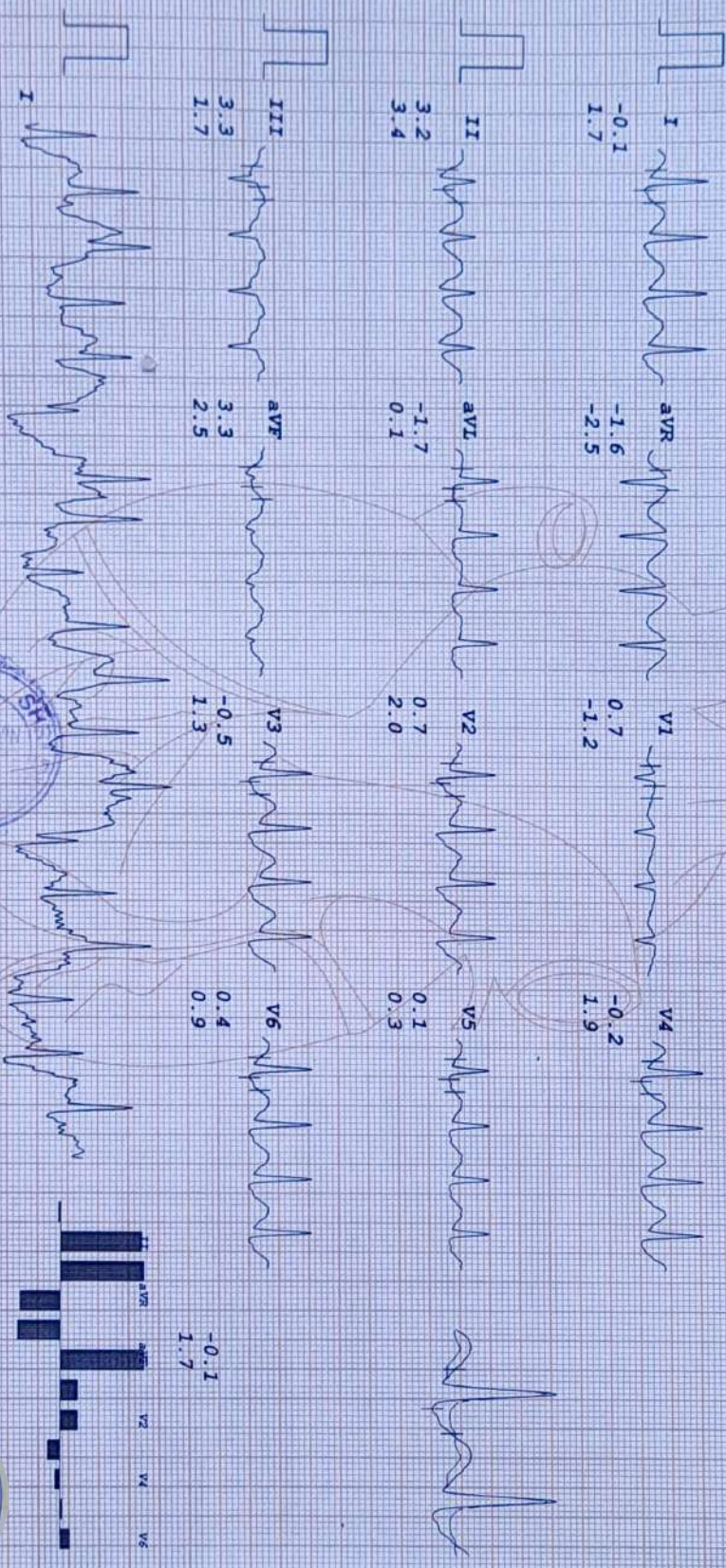
RATE 159bpm
B.P. 164/102

Brice
RECOVERY
TOTAL TIME 7:42
PHASE TIME 0:29

ST @ 10mm/mv
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. NITESH KUMAR
MD, DNB (Cardiology)
Senior Consultant



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SHRI DURGA HEALTH CARE

NITTI KOURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 111bpm

B.P. 146/96

Bruce

RECOVERY

TOTAL TIME 10:08

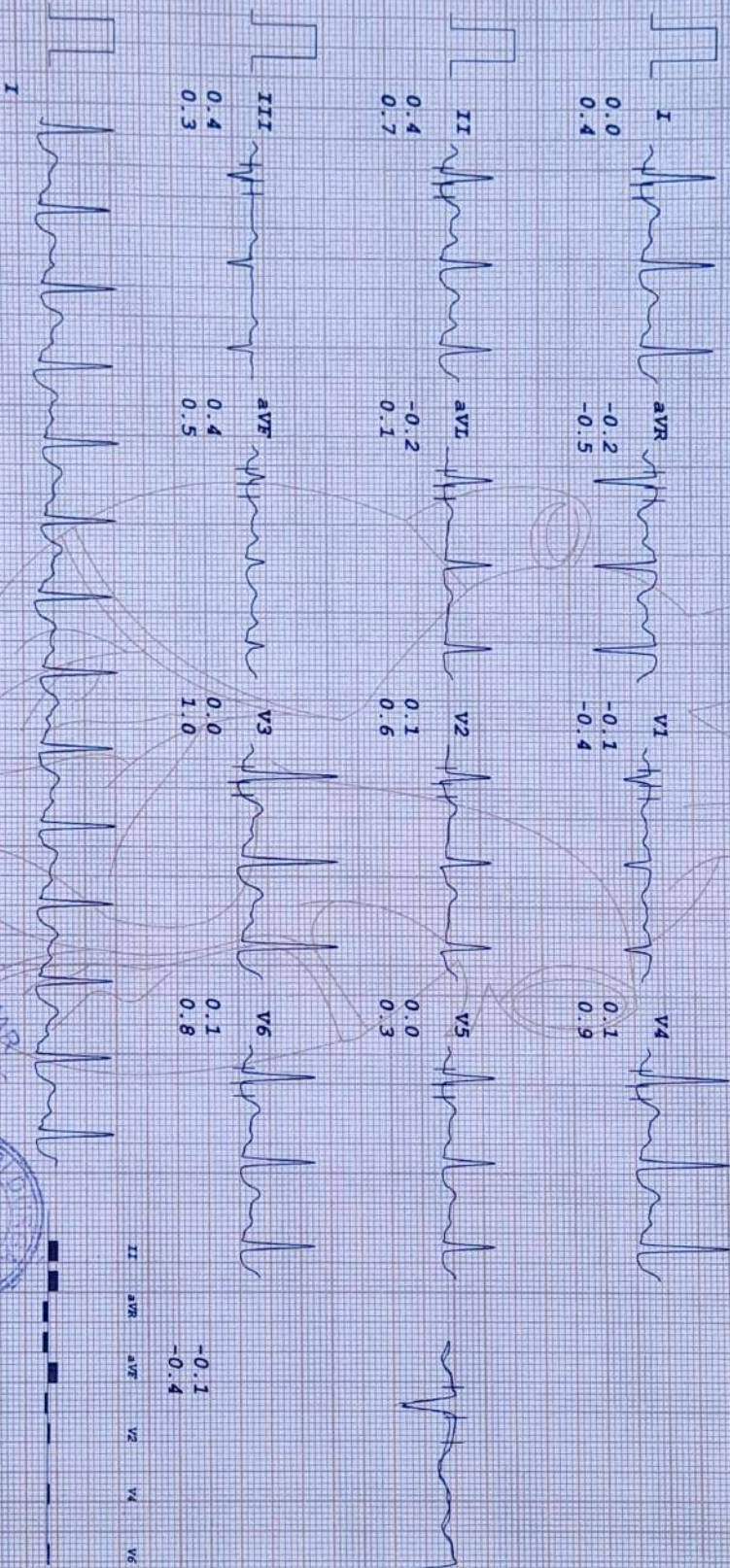
PHASE TIME 2:55

ST @ 10mm/mv

80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. RAJESH KUMAR
M.D. (General Medicine)



SHRI DURGA HEALTH CARE

NIPTI KHURANA

I.D. 78
Age 58/F
Date 06/10/2024

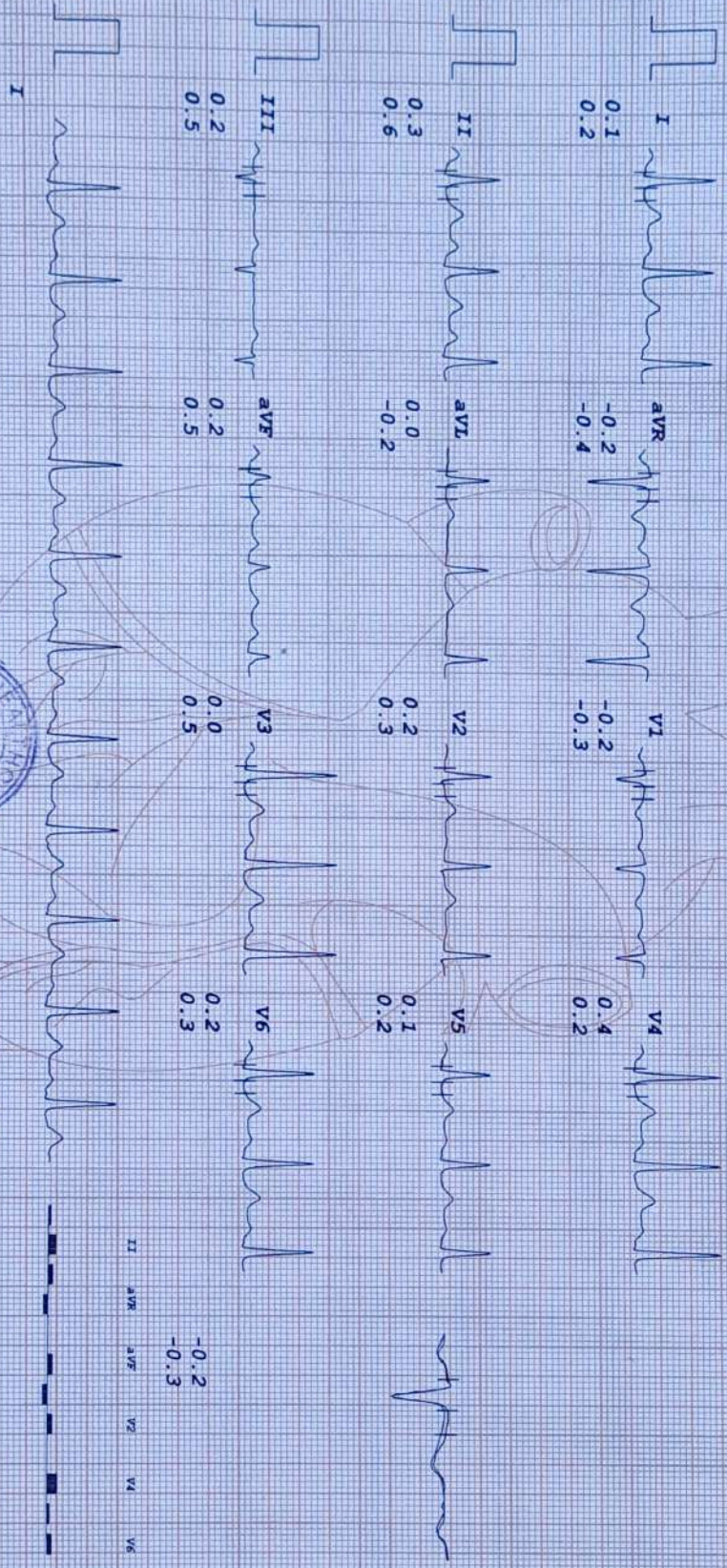
RATE 104bpm
R.P. 128/84

Bruce
RECOVERY
TOTAL TIME 13:08
PHASE TIME 5:55

ST @ 10mm/mV
80ms Post-T

LINKED MEDIAN

Mag. X 2



DR. S. S. KUMAR
M.D.



durga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDEI
DR. SIDDHAR
DR. POOJA



 **GPS Map Camera**

New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.572248°

Long 77.221445°

06/10/24 11:14 AM GMT +05:30



Google



Dr. Preeti Duman
M.B.B.S

