



ELITE HEALTH CENTRE

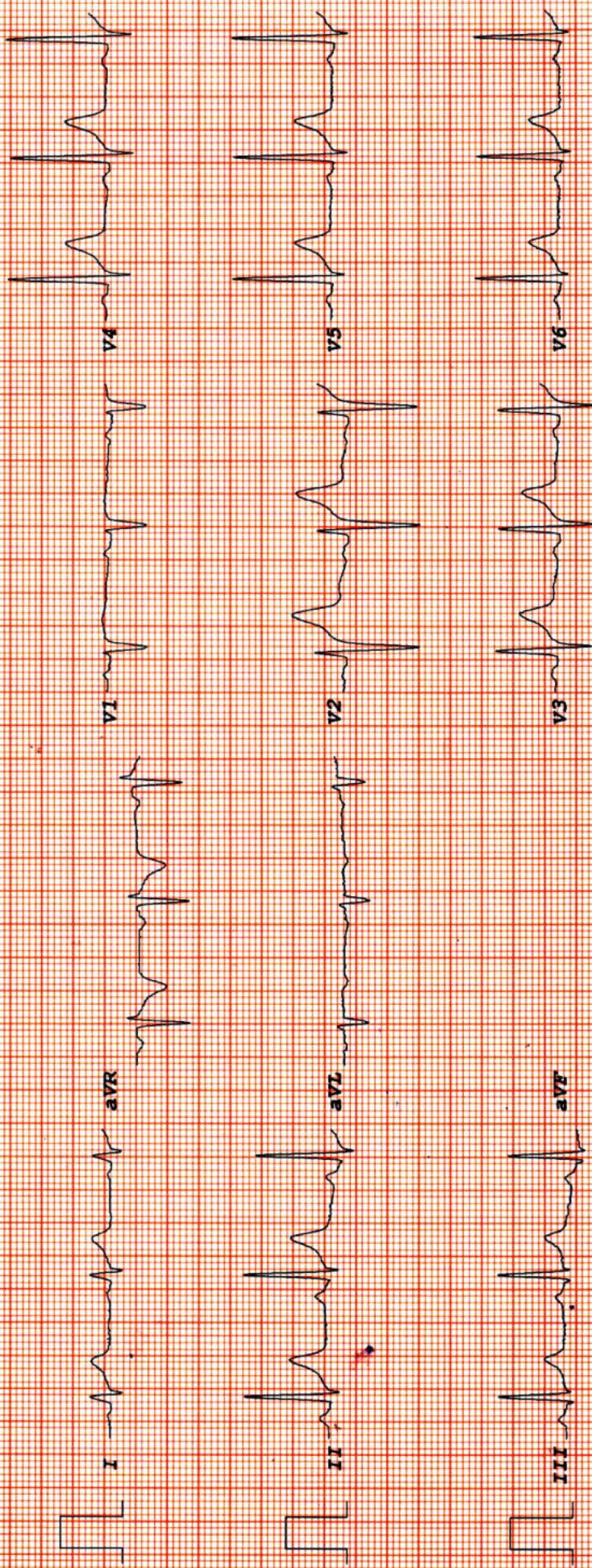
ST @ 10mm/mV
80ms PostJ

PRETEST
ECG

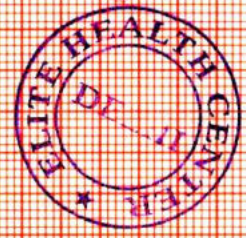
RATE 77bpm
B.P. 120/80

VENKATESH M SHENOY
I.D. 5464564
Age 39/M
Date 09/10/2024

RAW ECG



ECG with in normal limit



Dr. BINDU
MD
Reg No - 33435

ELITE HEALTH CENTRE

KAROL BAGH 110005

VENKATESH M SHENOY
ID : 5464564

DATE : 09/10/2024
AGE/SEX : 39 / M
HT/WT : 0 / 0
REF. BY : LIFE INSURANCE CO LTD

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION : NIL



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						120 / 80	92	1.6	1	1.6	1.6
HYPERTENT						120 / 80	81	1.5	0.9	1.6	1.6
VALSALVA						120 / 80	81	1.4	1	1.6	1.6
STANDING						120 / 80	105	1.5	1.1	1.6	1.6
Stage 1	2:55	0:5	2.7	10	113	130 / 80	146	2	1	2	4.67
Stage 2	5:55		4	12	122	134 / 86	163	1.4	0.7	1.7	7.04
Stage 3	8:55		5.4	14	155	140 / 86	217	1.5	-0.2	1.5	9.92
PK-EXERCISE	9:46	0:46	6.7	16	169	146 / 90	246	1.7	0.5	1.6	11.02
RECOVERY	10:57	0:59			132	146 / 90	192	2.6	1	2.5	
RECOVERY	12:53	2:55			108	136 / 84	146	1.3	0.6	1.2	
RECOVERY	15:53	5:55			103	124 / 80	127	1.2	1	1	

RESULTS

EXERCISE DURATION : 9:46
MAX HEART RATE : 169 bpm 93 % of target heart rate 181 bpm
MAX BLOOD PRESSURE : 146 / 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,

MAX WORK LOAD : 11.02 METS



Dr. Bidu
Reg. No. 25826

Technician :

ELITE HEALTH CENTRE

VENKATESH M SHENOY
I.D. 5464564
Age 39/M
Date 09/10/2024

RATE 77bpm
B.P. 120/80

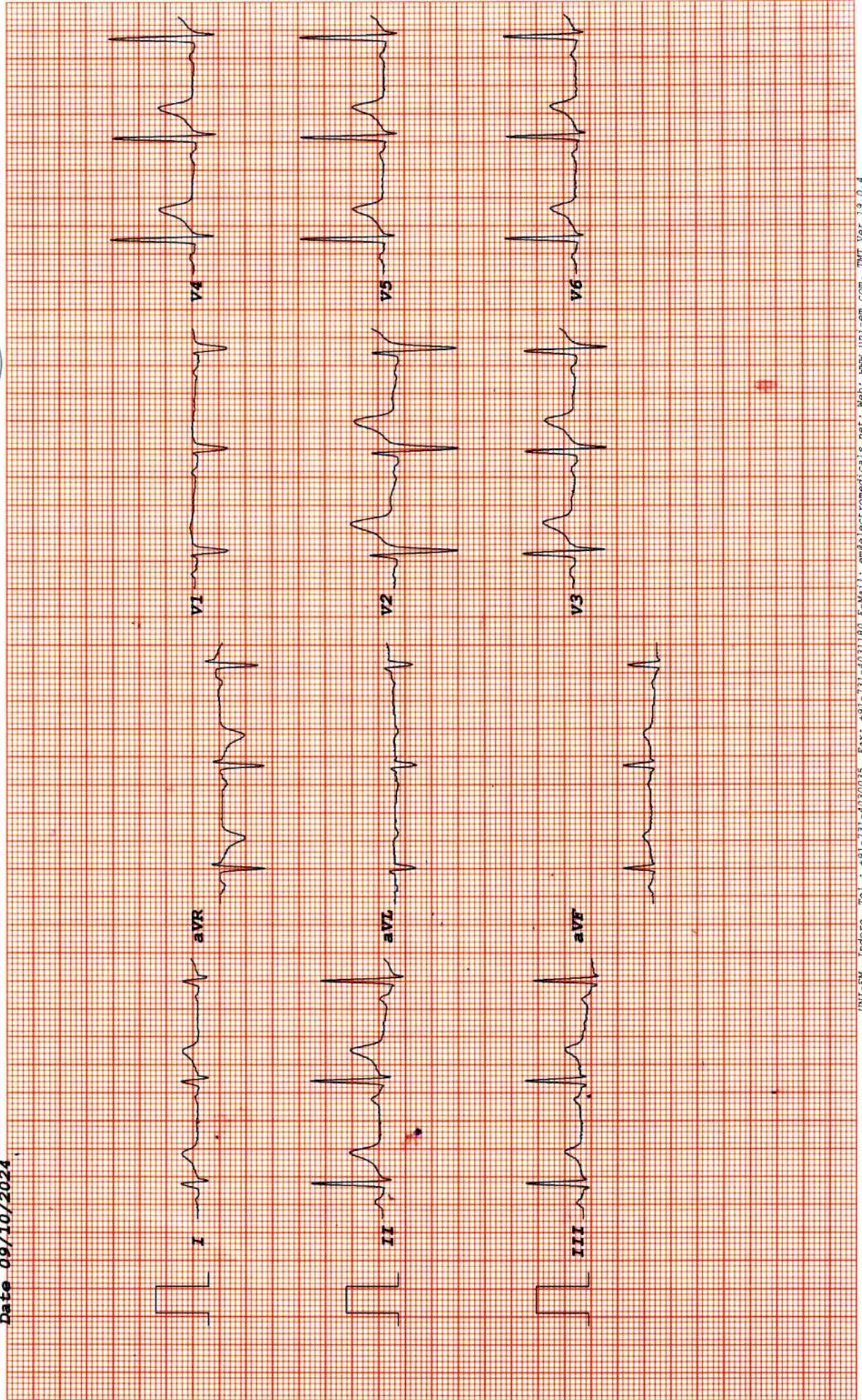
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG



Handwritten signature in blue ink.





ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

RATE 68bpm
 B.P. 120/80

PRETEST
 HYPERTENT

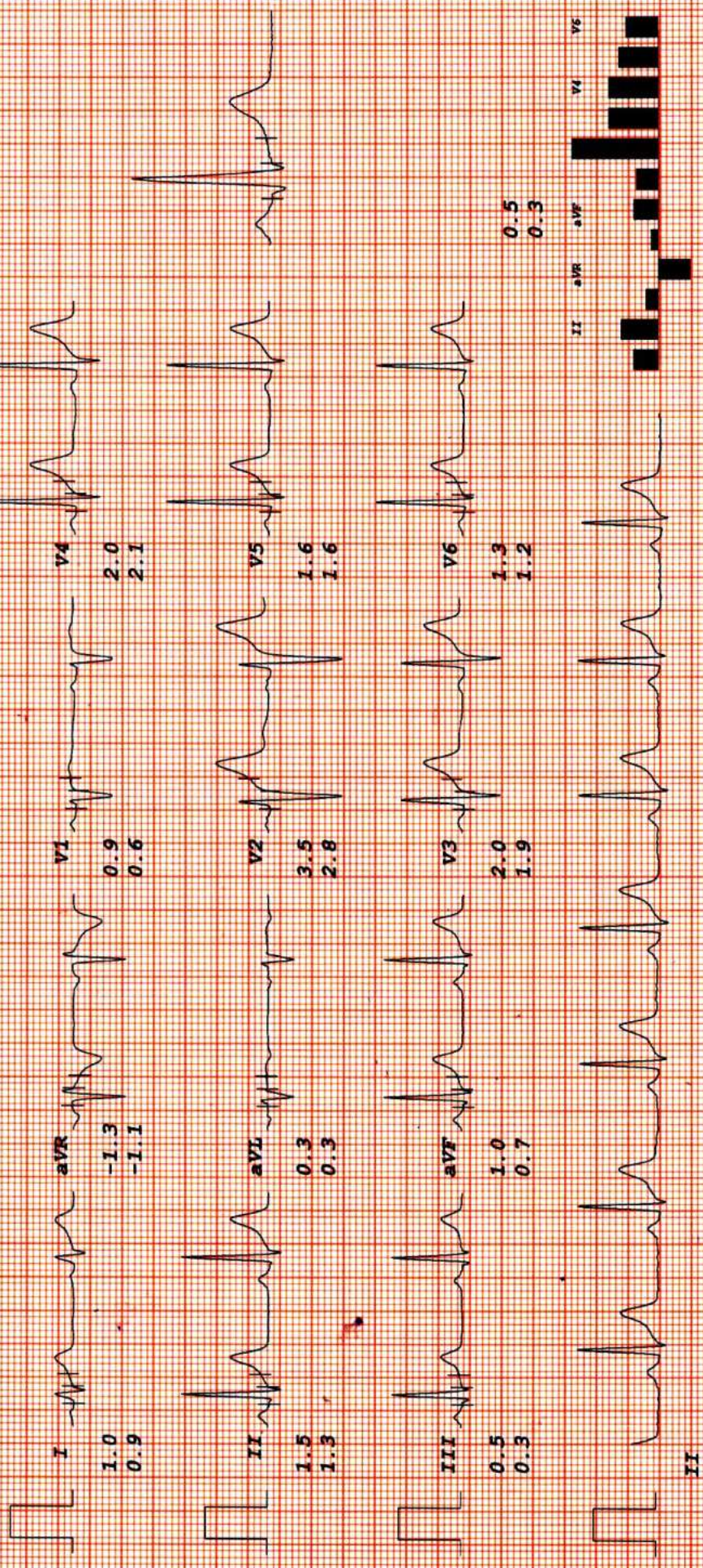
ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

PHASE TIME 0:05

Mag. X 2

III



II

I III aVL aVF V4 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
I.D. 5464564
Age 39/M
Date 09/10/2024

RATE 68bpm
B.P. 120/80

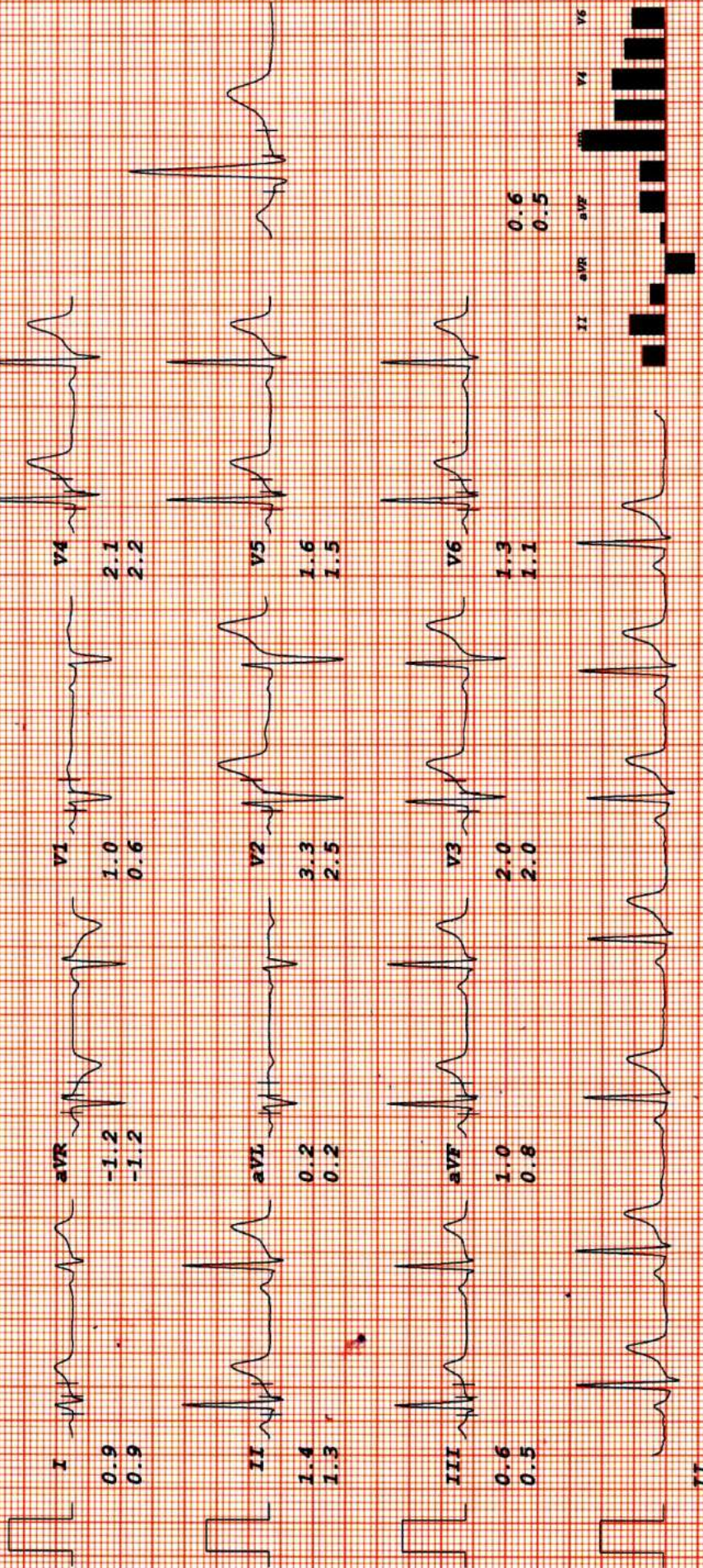
PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



II

I III aVL aVF V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY

I.D. 5464564

Age 39/M

Date 09/10/2024

RATE 88bpm
B.P. 120/80

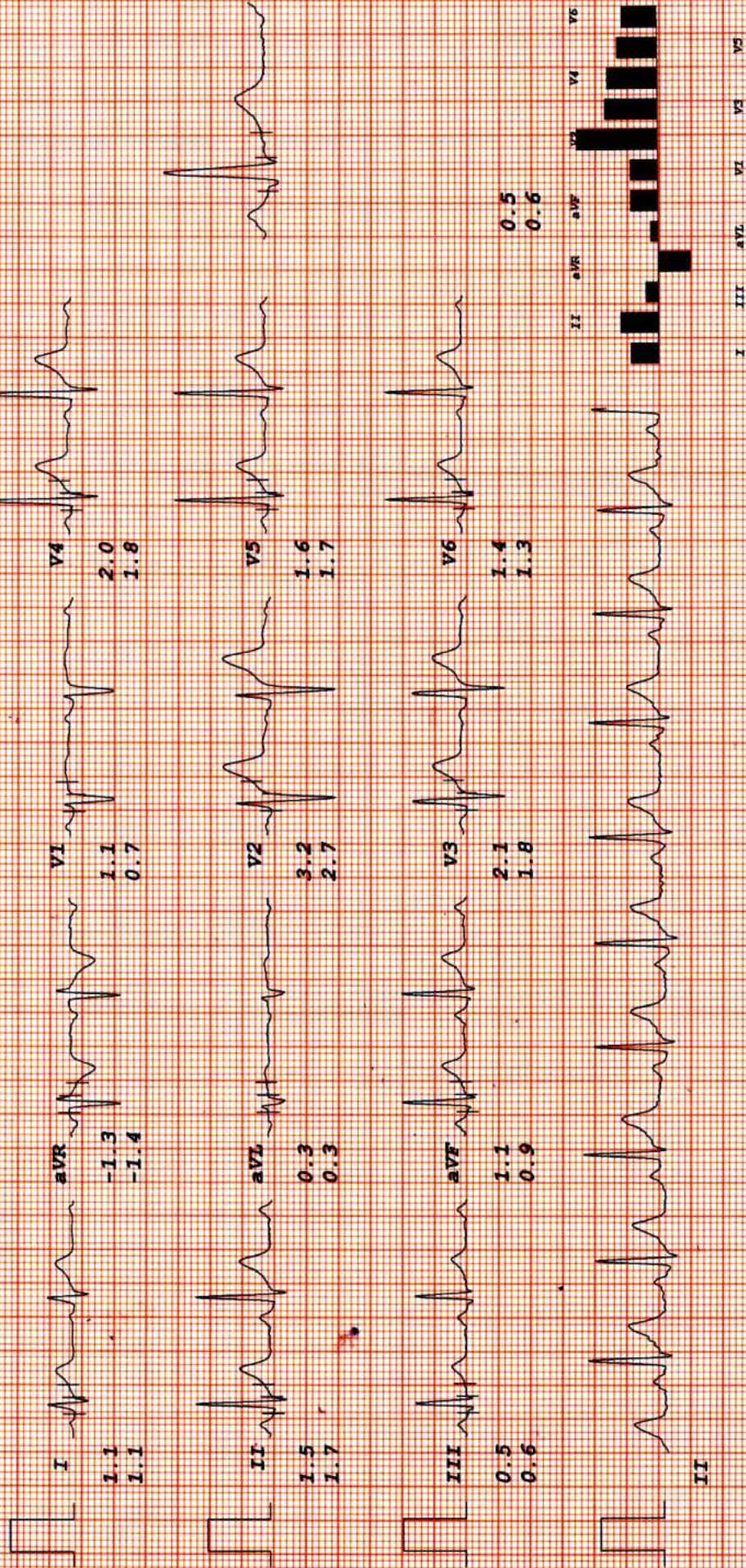
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III





ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

Rate 113bpm
 B.P. 130/80

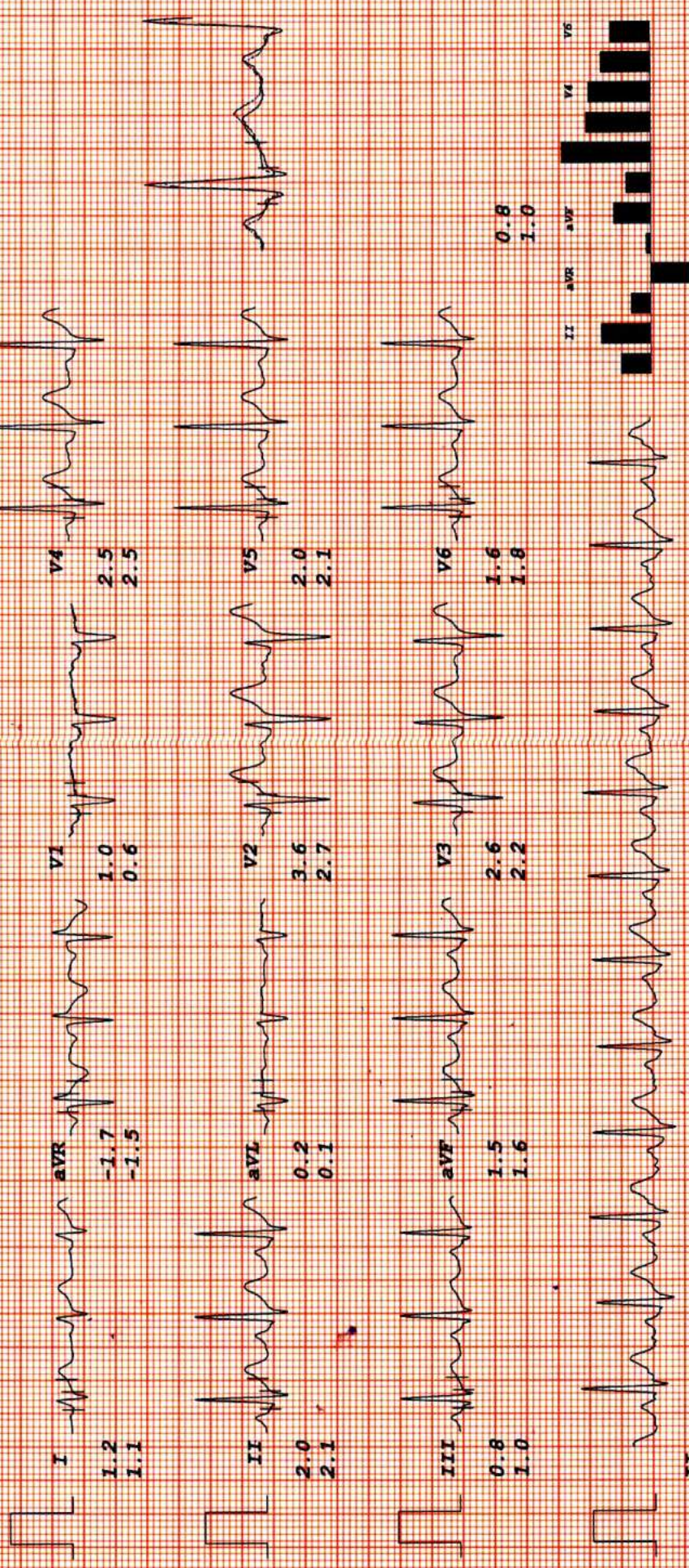
Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

III



VI

I III aVR aVL V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

RATE 122bpm
 B.P. 134/86

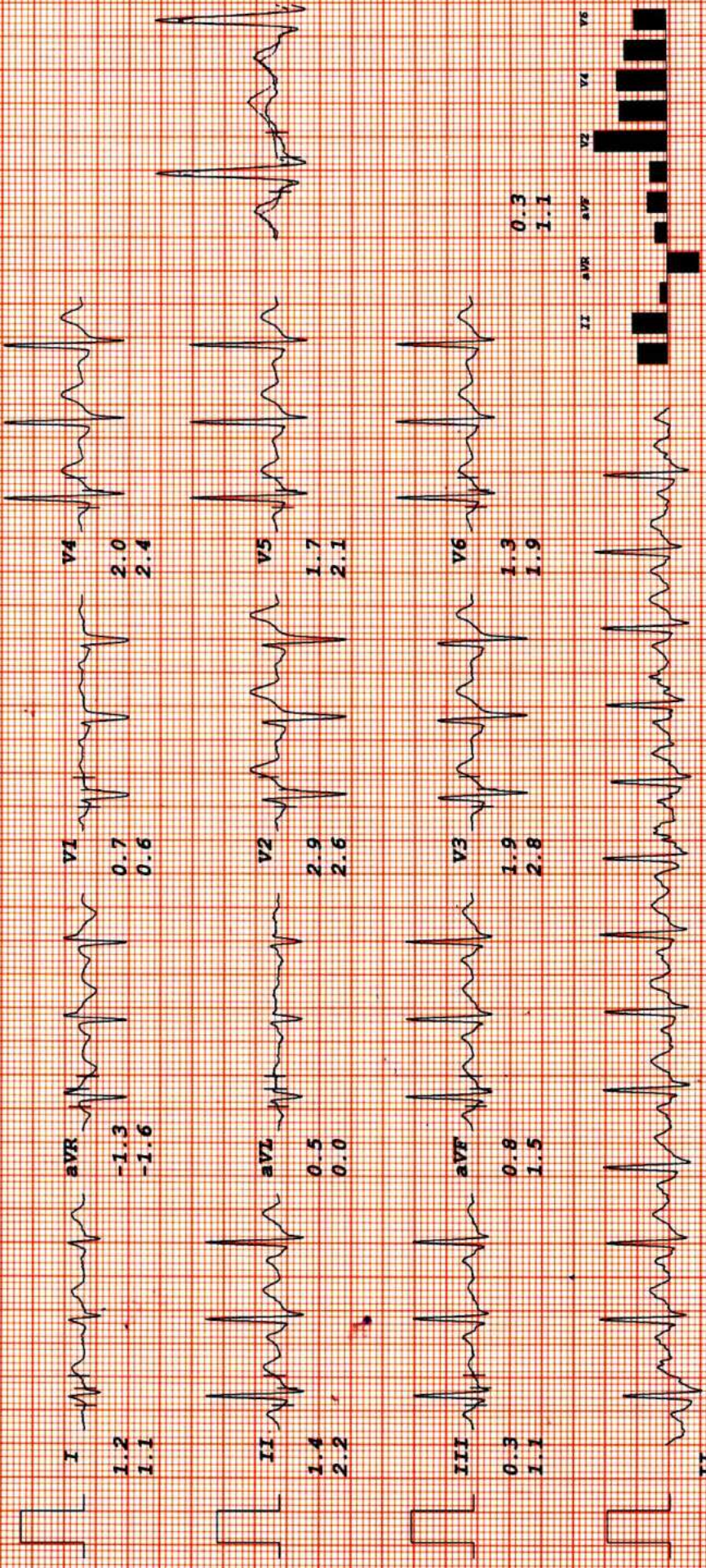
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

III



I III aVR aVL aVF V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

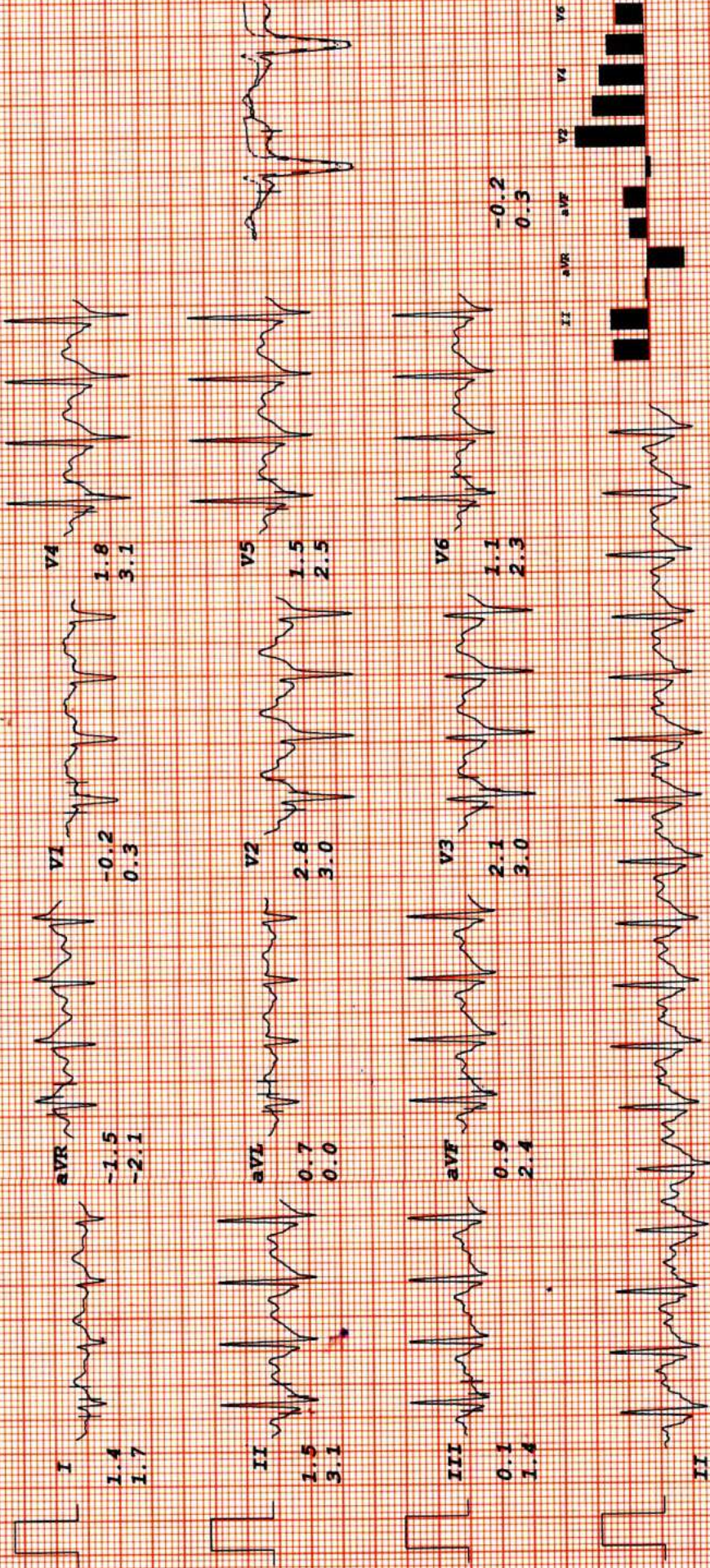
BRUCE
 Stage 3
 RATE 155bpm
 B.P. 140/86

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

LINKED MEDIAN

Mag. X 2

V1



I III aVR aVL V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

RATE 169bpm
 B.P. 146/90

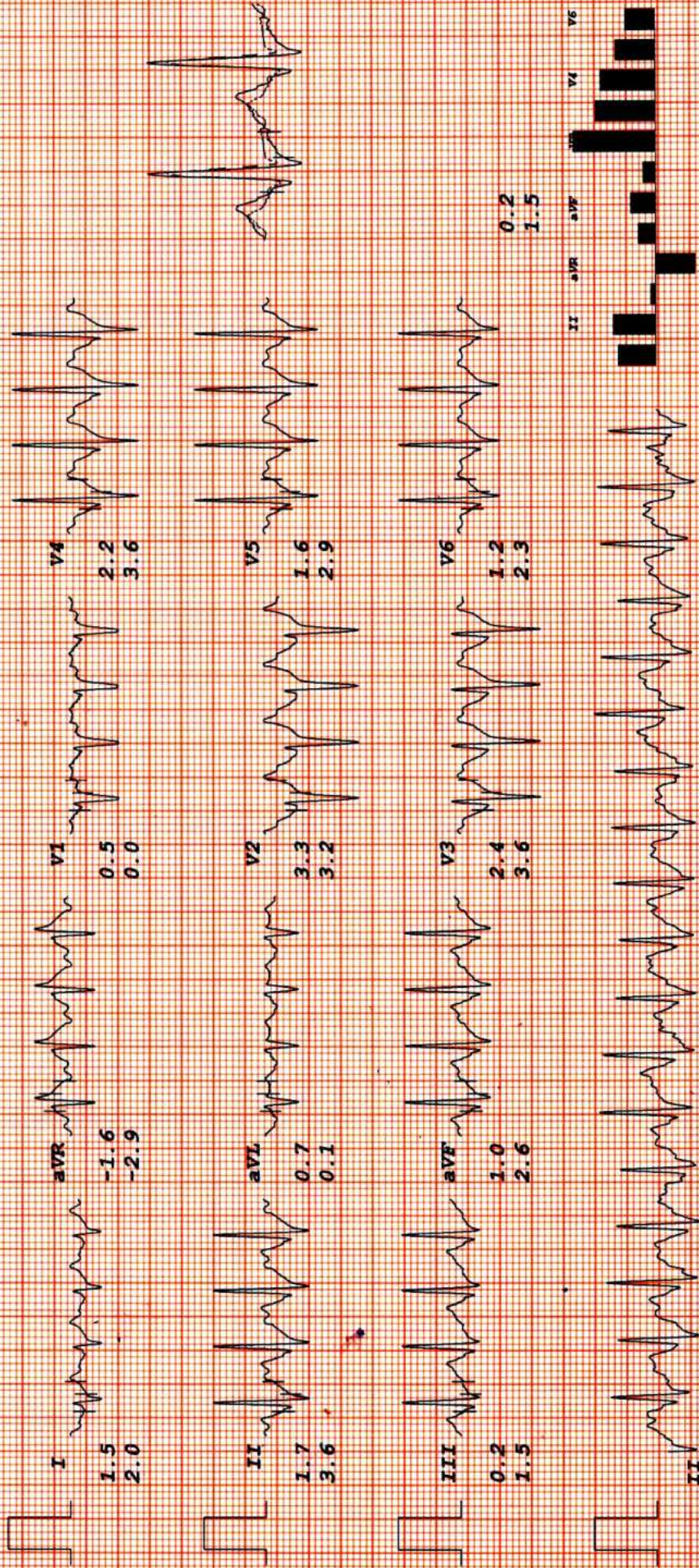
Bruce
 PK-EXERCISE
 TOTAL TIME 9:46
 PHASE TIME 0:46

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

LINKED MEDIAN

Mag. X 2

III



I III aVL aVF V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

RATE 132bpm
 B.P. 146/90

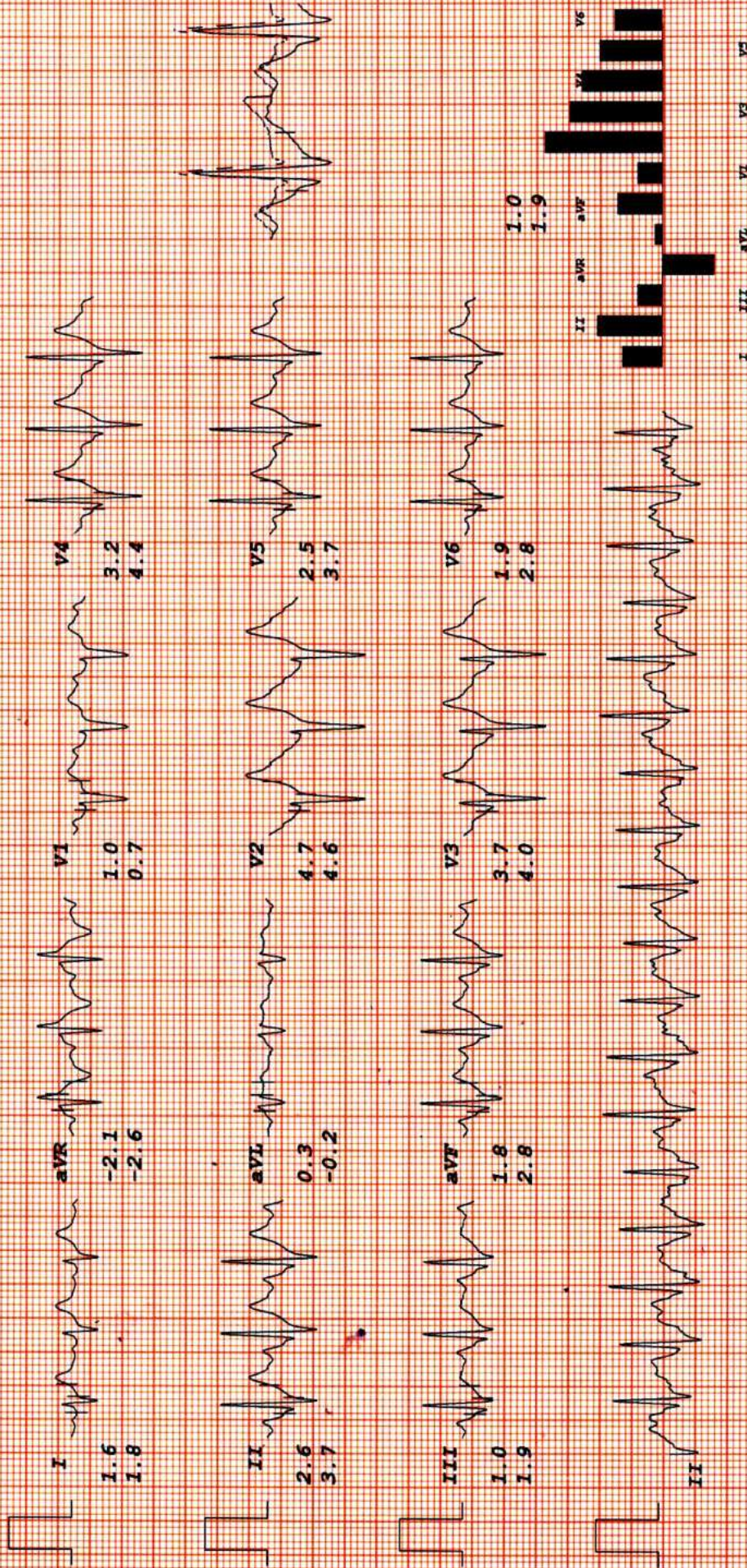
Bruce
 RECOVERY
 TOTAL TIME 10:57
 PHASE TIME 0:59

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III





ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024

RATE 108bpm
 B.P. 136/84

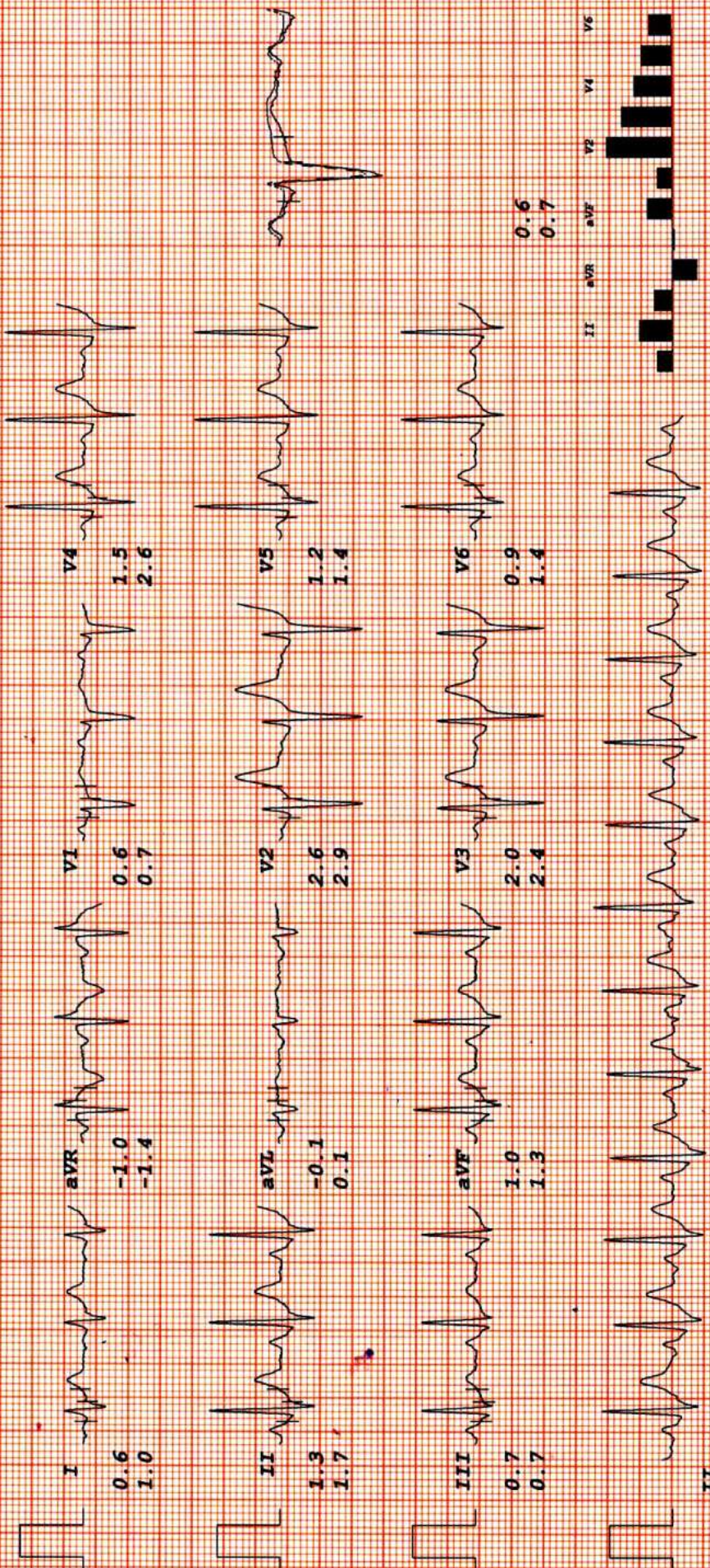
Bruce
 RECOVERY
 TOTAL TIME 12:53
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



ELITE HEALTH CENTRE

VENKATESH M SHENOY
 I.D. 5464564
 Age 39/M
 Date 09/10/2024.

RATE 103bpm
 B.P. 124/80

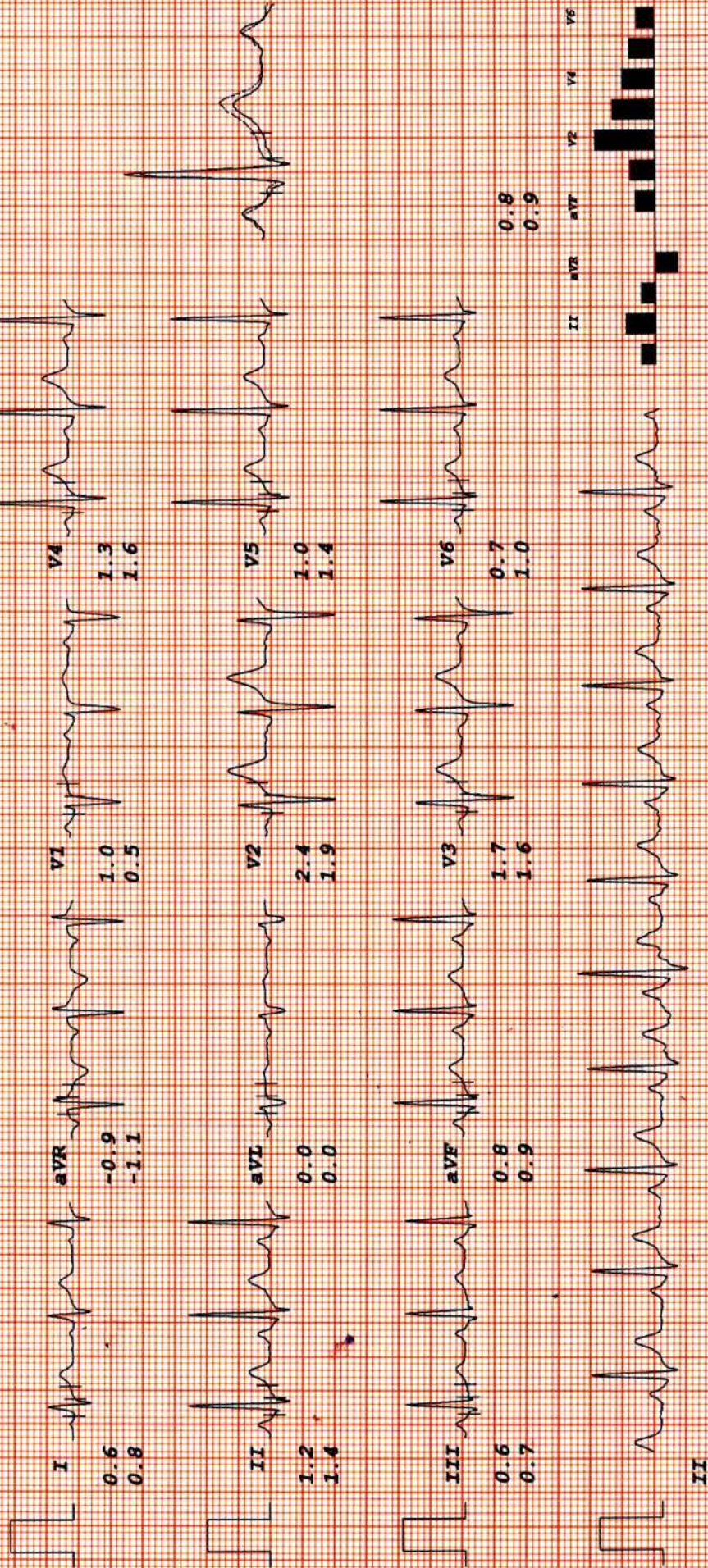
Bruce
 RECOVERY
 TOTAL TIME 15:53
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF



I III aVL aVF V1 V2 V3 V4 V5

To,
LIC of India
Branch Office

Date: 09/10/2024

Proposal No. 3152

Name of the Life to be assured VENKATESH M SHENOY

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

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. BINDU
MBBS, MD
Reg. No.-33435



Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	YES	MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV	YES	Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3152

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: VENKATESH M SHENOY

Age/Sex : 39/M

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 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 DELHI on the day of 9/10/ 2024

Signature of L.A.

Dr. BINDU
MBBS, MD
Reg. No.-33435

Signature of the Cardiologist
Name & Address
Qualification Code No.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
163	75.9	122/80	78/M

(B) Cardiovascular System

N

Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Imv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	78/M	T-wave	N
Ventricular Rate	78/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	N.R.		

Conclusion: ECG - WNL

Dated at ~~DELHI~~ on the day of 9/10/2024

Dr. BINDU
 MBBS, MD
 Reg. No.-33435

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 3152

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: VENKATESH M SHENOY

Age/Sex: 39/M

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.

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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 DELHI on the day of 9/10/ 2004

Dr. BINDU
MBBS, MD
Reg. No.-33435

Signature of L.A.





Signature of the Cardiologist
Name & Address
Qualification
Code No.

COMPUTERISED TREADMILL TEST

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

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169 Maximum predicted heart rate 181 %

Reason for termination - *Negative for Provocable myocardial Ischemia.*

Comments:

Signature of the Cardiologist
 Name & Address
 Qualification Code No.

Dr. BINDU
 MBBS, MD
 Reg. No.-33435

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 stracings)

[Handwritten signature]





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

S. NO. : 109156
NAME : MR. VENKATESH M SHENOY AGE/SEX - 39/M
REF. BY : LIC
Date : OCTOBER, 09, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.74	gm/dl	12-18
Red Blood Cell [RBC]	5.25	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	46.58	%	37-54
Mean Cell Value [MCV]	79.50		76-96
Mean Cell Hemoglobin [MCH]	28.74	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	31.69	%	30-35
Total Leucocytes Count {TLC}	7,200	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	62	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	07	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	2.58	LACKS	1.5-4.5
E S R (Wintrobess method)	15	M.M.	0 - 20

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

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist



7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

S. NO. : 109156
NAME : MR. VENKATESH M SHENOY AGE/SEX - 39/M
REF. BY : LIC
Date : OCTOBER, 09, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.48	%

INTERPRETATION

Normal	:	5.0 - 6.7
Good Diabetic Control	:	6.8 - 7.3
Fair Control	:	7.4 - 9.1
Poor Control	:	more than 9.1

Note: - Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist



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S. NO. : 109156
NAME : MR. VENKATESH M SHENOY AGE/SEX - 39/M
REF. BY : LIC
Date : OCTOBER, 09, 2024

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	91.58	mg/dl	70-115
S. Cholesterol	179.66	mg/dl	130-250
H.D.L. Cholesterol	78.89	mg/dl	35-90
L.D.L. Cholesterol	101.60	mg/dl	0-160
S. Triglycerides	92.18	mg/dl	35-160
S. Creatinine	0.75	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	9.39	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.3	gm%	6.00-8.5
AG/Ratio	1.28		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	26.13	IU/L	00-42
S.G.P.T.	25.78	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	42.41	IU/L	00-60
S. Alk. Phosphatase	81.58	IU/L	28-111 (Children 151-471)

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II (HIV) (Eliisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

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

Please correlate with clinical conditions.



DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570
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Email - elitediagnostic4@gmail.com

S. NO. : 109156
NAME : MR. VENKATESH M SHENOY AGE/SEX - 39/M
REF. BY : LIC
Date : OCTOBER, 09, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.011

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 0-1. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 0-1. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist



7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

VENKATESH M SHENOY

MURILADHARA APPULA SHENOY

28/10/1984

Permanent Account Number

ARFPM6763Q

Signature



13052015

E ELITE
DIAGNOSTIC



 **GPS Map Camera**

Delhi, Delhi, India

11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, Delhi,
110005, India

Lat 28.648772°

Long 77.182544°

09/10/24 01:06 PM GMT +05:30

