

Patient Name : MRS. MONALISA SAHOO
Age / Gender : 28 years / Female
Patient ID : 12588
Source : CITI DIAGNOSTIC

Scan to Validate



Referral : Apollo Health and Lifestyle Limited
Collection Time : Oct 03, 2023, 12:17 p.m.
Reporting Time : Oct 04, 2023, 11:41 a.m.
Sample ID :



Test Particular	Result	Unit(s)	Biological Reference Interval
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IMMUNOLOGY

Thyroid Profile Total *BL

T3-Total	145.9	ng/dL	69.0 - 215.0
T4-Total	6.68	ug/dL	5.20 - 12.7
TSH- (Thyroid-stimulating hormone)	2.95	uIU/mL	0.30 - 4.56
Method: CLIA (Chemiluminescent Immunoassay)			First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose .Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule .Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis .Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.


Mallick

Lab Technician

Dr. Ranjan Kumar Mallick
MD Path, Consultant Pathology

MER- MEDICAL EXAMINATION REPORT

Date of Examination		03/10/2023	
NAME		Monalisha Sahoo	
AGE	29 yrs	Gender	Female
HEIGHT(cm)	155 cm	WEIGHT (kg)	66.4 kg
B.P.	100/80 mmHg	SpO2	98%
		HR	90 b/m
ECC	WNL		
X Ray	NAD		
Vision Checkup	b/b ARE corrected with glasses		Color Vision : Far Vision Ratio : Near Vision Ratio :
Present Ailments	Nil		
Details of Past ailments (If Any)	Nil		
Comments / Advice : She / He is Physically Fit	Fit		



 Signature with Stamp of Medical Examiner


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Monalisha Sahoo on 03/10/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit <u>Fit</u> 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Avoid fatty & oily food</u></p> <p>2. <u>Regular Exercise</u></p> <p>3. <u>Tab. Urdoss 300-60</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>0-N</u> <u>Tab Rosuvast (10) - 30</u> <u>1000 mg</u> <u>1 dip night</u></p> <p><u>Tab. Sibelium 10mg 1 dip night</u> <u>30</u></p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ 	
<ul style="list-style-type: none"> • Unfit 	

Dr.  3/10/23
 Medical Officer
 The Apollo Clinic, (Location)
Dr. P.K. Pradhan
 M.D. (Med), PGDGM
 Consultant Physician
 Regd.No-7398/OMC

This certificate is not meant for medico-legal purpose.



ଭାରତ ସରକାର
Unique Identification Authority of India
Government of India

ନମାତକର ସଂଖ୍ୟା / Enrollment No. : 1092/10684/16083

28/01/2014

To
Monalisa Sahoo
 ନୋନଲିସା ସାହୁ
 LAXMINAGAR
 Laxmi Nagar
 Laxminagar, Jajapur
 Odisha - 755015



KL743861655FT
 74386165



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

7661 9100 8722

ଆଧାର - ସାଧାରଣ ଲୋକର ଅଧିକାର



ଭାରତ ସରକାର

Government of India



ନୋନଲିସା ସାହୁ
Monalisa Sahoo
 ପିତା : ଦାମାଦର ସାହୁ
 Father : DAMADAR Sahoo

ଜନ୍ମ ତାରିଖ/DOB: 20/08/1994
 ଲିଙ୍ଗ / Female

7661 9100 8722



ଆଧାର - ସାଧାରଣ ଲୋକର ଅଧିକାର

Monalisa Sahoo

I 567
29 Years

MANALISA SAHOO
Female

03/10/2023 08:07:13

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 128
QRSD 83
QT 361
QTc 414

--AXIS--

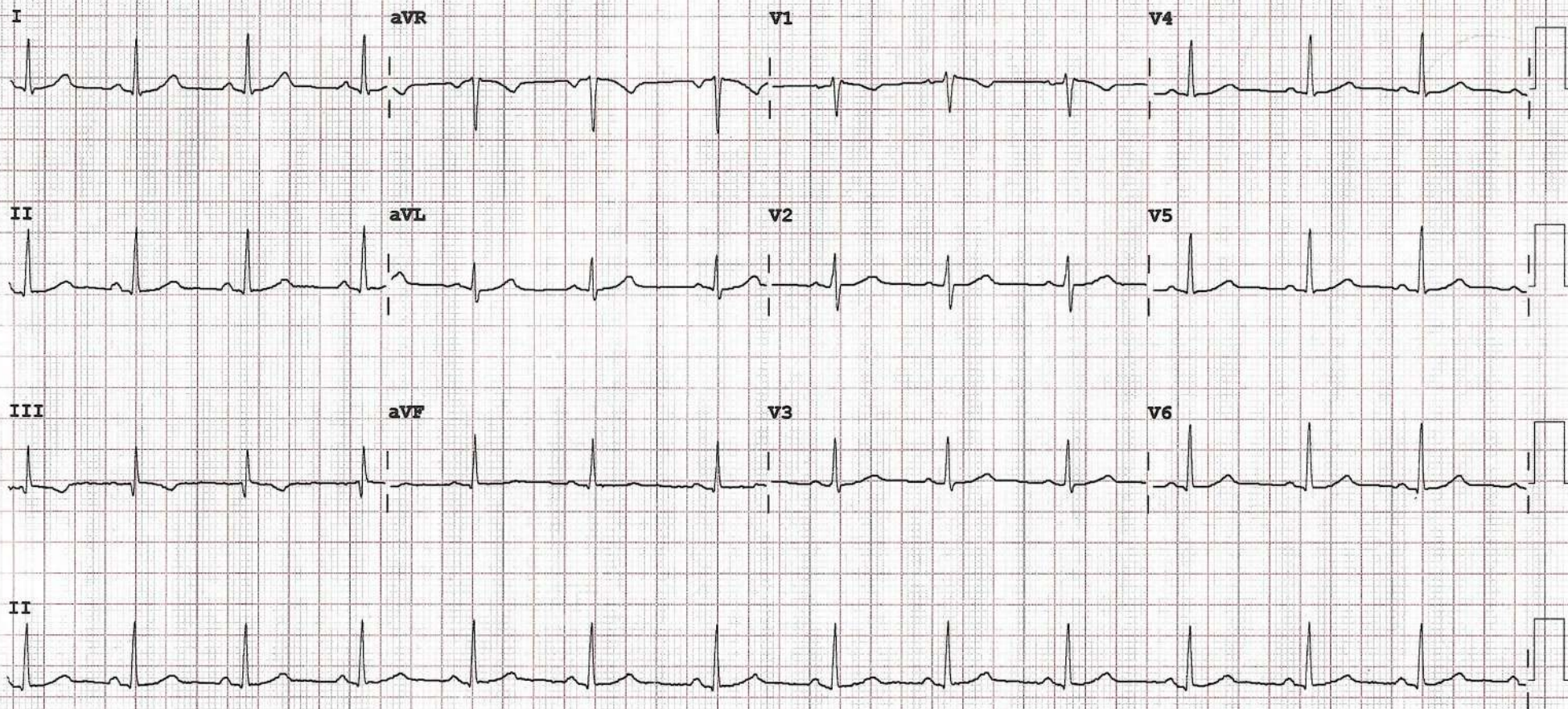
P 25
QRS 43
T 7

12 Lead; Standard Placement

- NORMAL ECG -



Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?

R





BLUE LINE HOSPITAL

Caring for Life.....

(A Unit of Blue Line Hospitals Pvt. Ltd.)

Reg. No. : CUT/00427/2023

Contact : 0671-2364444

0671-2364500

0671-2363333

Mob. : 9348072904

Ref. No :

Date :

Name: Monalisa Sahoo

Age/Sex: 29Yrs/ female

Ref. By:

Report Date: 03.10.2023


X-RAY OF CHEST-PA VIEW

- Trachea -
- Thoracic Cage -
- Mediastinum -
- Cardiac Shadow -
- Cp Angles -
- Lungs Parenchyma -

Central
Normal
Central
WNL
Free
Normal

IMPRESSION:

Normal XRay chest PA view


28/10/23
Dr. P.K. Pradhan
M.D. (Med), PGDGM
Consultant Physician
Regd.No-7398/OMC



Name: MONALISHA SAHOO

Age/Sex: 29Years / Female
Report Date: 03.10.2023

ULTRASOUND OF ABDOMEN & PELVIS

LIVER: Normal in size (12.5cm), shape and **increased parenchymal echotexture**. Intrahepatic biliary channels are not dilated. Portal vein-normal in diameter.

GALL BLADDER: Distended. Walls smooth, regular and normal in thickness. Lumen clear. No calculus or growth seen.

C.B.D: Normal in calibre, Lumen clear.

SPLEEN: Normal in size (8.5cm), shape and parenchymal echo texture. Splenic vein normal.

PANCREAS: Normal in size, shape & echo texture. MPD is not dilated.

RIGHT KIDNEY: normal in size, shape and position. Cortical echotexture appears normal and cortico-medullary differentiation is maintained. No calculus or hydronephrosis seen.

LEFT KIDNEY: normal in size, shape and position. Cortical echotexture appears normal and cortico-medullary differentiation is maintained. No calculus or hydronephrosis seen.

Right kidney measures 10.0 x 3.1 cm.

Left kidney measures 9.9 x 3.2 cm.

URINARY BLADDER:-Well distended. Wall thickness is normal. No intravesical calculus seen. Lumen clear.

UTERUS:- Uterus measures 6.1 x 5.2 x 3.0 cm. Normal in size. Myometrium echopattern appears homogenous. Endometrium thickness is 4mm.

OVARIES:- Both are normal in size, shape and echotexture.

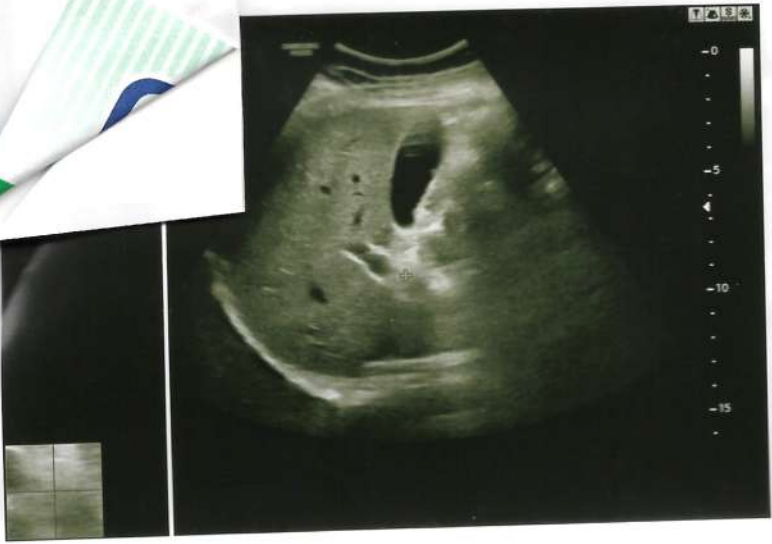
No free fluid seen in peritoneal cavity.

IMPRESSION:

- > GRADE-I FATTY INFILTRATION OF LIVER.
- > NO OTHER OBVIOUS ABNORMALITY DETECTED.

Suggested: Clinical correlation.

CONSULTANT RADIOLOGIST



Patient Name : MRS. MONALISA SAHOO

Age / Gender : 28 years / Female

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Referral : Apollo Health and Lifestyle Limited

Collection Time : Oct 03, 2023, 12:17 p.m.

Reporting Time : Oct 03, 2023, 02:30 p.m.

Sample ID :



001327623

Test Particular	Result	Unit(s)	Biological Reference Interval
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HAEMATOLOGY

CBC :- (COMPLETE BLOOD COUNT) *BL

Hemoglobin (Hb) Method : Cymeth Photometric Measurement	10.7	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Electrical Impedance	3.6	mil/cu.mm	3.8 - 4.8
Packed Cell Volume (PCV) Method : Calculated	31.0	%	36 - 46
Mean Cell Volume (MCV) Method : Electrical Impedance	98.9	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Calculated	29.6	pg	27 - 32
Mean Corpuscular Hb Concn. (MCHC) Method : Calculated	30.0	gm/dL	31.5 - 34.5
Platelet Count Method : Electrical Impedance	152	10 ³ /μL	150 - 410
PCT Method : Calculated	0.13	%	0.2 - 0.5
Total Leucocytes (WBC) Count Method : Electrical Impedance	8,600	10 ³ /μL	4.0-11.0
Differential Leucocyte Count (Meth: VCSn Technology)			
Neutrophils	65	%	40 - 80
Lymphocytes	31	%	20 - 40
Monocytes	00	%	2 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0-1

Note :

Tests done on Automated Six Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

ESR :- Erythrocyte Sedimentation Rate *BL

Erythrocyte Sedimentation Rate Method : Westergren	08	mm/1 hr	03 - 20
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Blood Grouping RH Typing *BL

Blood Grouping	"B"
Rh (D) Typing	Positive

Methodology

This is done by forward grouping by Slide Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only. antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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BIOCHEMISTRY

Fasting Plasma Glucose *BL

Fasting Plasma Glucose	94.0	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126
Method : Fluoride Plasma-F, Hexokinase			

Post Prandial Plasma Glucose (2hr.)

Post Prandial Plasma Glucose (1hr)	113.0	mg/dL	70 - 140
Method : Fluoride Plasma, Hexokinase			

HbA1c (Glycosylated Hb%)*BL

Glyco Hb (HbA1C)	5.4	%	Non-Diabetic: <= 6.0 Pre Diabetic: 6.0 - 6.4 Diabetic: >=6.5
Method : EDTA Whole blood,HPLC			

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
 - Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %
Poor Control – More than 10 %

Serum Urea & Serum Creatinine *BL

Serum Urea	37.0	mg/dL	17 - 43
Method : By Urease-GLDH			
Serum Creatinine	0.9	mg/dL	0.47 - 1.5
Method : By Enzymatic IFCC-IDMS Standardized			

Uric Acid *BL

Uric Acid	3.8	mg/dL	2.6 - 6.0
Method : Uricase, POD			

LFT :- Liver Function Test *BL

Serum Bilirubin (Total)	0.7	mg/dL	0.3 - 1.2
Method : Serum, Jendrassik Grof			
Serum Bilirubin (Direct)	0.2	mg/dL	< 0.3
Method : Serum, Diazotization			
S G O T (AST)	29	U/L	5-40
Method : Serum, UV with P5P, IFCC 37 degree			
S G P T (ALT)	36	U/L	5-45
Method : Serum, UV with P5P, IFCC 37 degree			

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Test Particular	Result	Unit(s)	Biological Reference Interval
Serum Alkaline Phosphatase (ALP) Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	215	U/L	30-120
Clinical Significance: Liver functions test(LFT) are a set of tests for checking the amount of proteins, enzymes and bilirubin present in the blood. These tests help diagnose liver infection, liver disease or damage. Elevated or lower levels of one or more of these substances can be a sign of a liver problem.			
LIPID PROFILE *BL			
Serum Cholesterol Method : CHOD-PAP	198.0	mg/dL	Up to 200
Serum Triglyceride Method : GPO-PAP	165.0	mg/dL	40 - 160
Serum HDLc (Direct) Method : Serum, Direct measure-PEG	49.0	mg/dL	Male 35 - 79 Female 42 - 88
Serum LDLc (Direct) Method : Serum Direct	116.0	mg/dL	<150
Non-HDL Cholesterol, Serum Method : calculated	149	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
Serum VLDLc Method : calculated	33.0	mg/dL	<35
Total Cholesterol & HDL Ratio Method : calculated	4.04	ratio	Desirable - <3.5 Moderate risk - 3.5- 5.1 High risk - > 5.1
LDL/HDL RATIO Method : calculated	2.37	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.42	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Clinical Significance :

Lipid profile or lipid panel is a panel of blood tests used to find abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

Ranjan

Dr. Ranjan Kumar Mallick
MD Path, Consultant Pathology

Lab Technician

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URINE EXAMINATION

Urine Routine & Microscopic Examination *BL

PHYSICAL EXAMINATION

Quantity	10 ml
Colour	Pale Yellow
Transparency (Appearance)	Clear
Deposit	Absent
Reaction	Acidic

CHEMICAL EXAMINATION

Urine Glucose (Sugar)	Absent
Urine Protein (Albumin)	Absent

MICROSCOPIC EXAMINATION

Pus cells (WBCs)	1-2/HPF	
Red blood cells	Absent	
Epithelial cells	1-2 /HPF	
Crystals	Absent	
Cast	Absent	
Amorphous deposits	Absent	Absent
Bacteria	Absent	
Yeast cells	Absent	

Dr. Ranjan Kumar Mallick
63/10/23

Ranjan

Dr. Ranjan Kumar Mallick
MD Path. Consultant Pathology

CITI DIAGNOSTICS

Report



PLOT NO.-141,TULASIPUR,CUTTACK EMail:

54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg

Date: 03 - 10 - 2023 01:14:56 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	101	53 %	120/80	121	00	
Standing	00:16	0:08	00.0	00.0	01.0	100	52 %	120/80	120	00	
HV	00:25	0:09	00.0	00.0	01.0	100	52 %	120/80	120	00	
Warm Up	00:32	0:07	00.0	00.0	01.0	100	52 %	120/80	120	00	
ExStart	00:50	0:18	01.0	00.0	01.0	117	61 %	120/80	140	00	
BRUCE Stage 1	03:50	3:00	01.7	10.0	04.7	169	88 %	122/82	206	00	
BRUCE Stage 2	06:50	3:00	02.5	12.0	07.1	170	89 %	125/85	212	00	
PeakEx	07:41	0:51	00.0	14.0	07.4	158	83 %	125/85	197	00	
Recovery	08:11	0:30	01.1	00.0	04.2	144	75 %	125/85	180	00	
Recovery	08:41	1:00	01.1	00.0	01.2	132	69 %	122/82	161	00	
Recovery	09:41	2:00	00.0	00.0	01.0	124	65 %	120/80	148	00	
Recovery	10:41	3:00	00.0	00.0	01.0	122	64 %	118/78	143	00	
Recovery	11:41	4:00	00.0	00.0	01.0	123	64 %	115/75	141	00	
Recovery	12:38	4:57	00.0	00.0	01.0	124	65 %	115/75	142	00	

FINDINGS :

Exercise Time : 06:51
 Initial HR (ExStrt) : 117 bpm 61% of Target 191
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.9 mm in Stage 1
 Duke Treadmill Score : 06.9
 Test End Reasons : Test Complete

Max HR Attained 170 bpm 89% of Target 191
 Max BP Attained 125/85 (mm/Hg)

VO2Max : 25.9 ml/Kg/min (Very Poor)

TMT is Negative for Provocative Ischemia

[Signature]
 3/10/23

REPORT :

CITI DIAGNOSTICS

BRUCE:Supine(0:08)

ACHPL

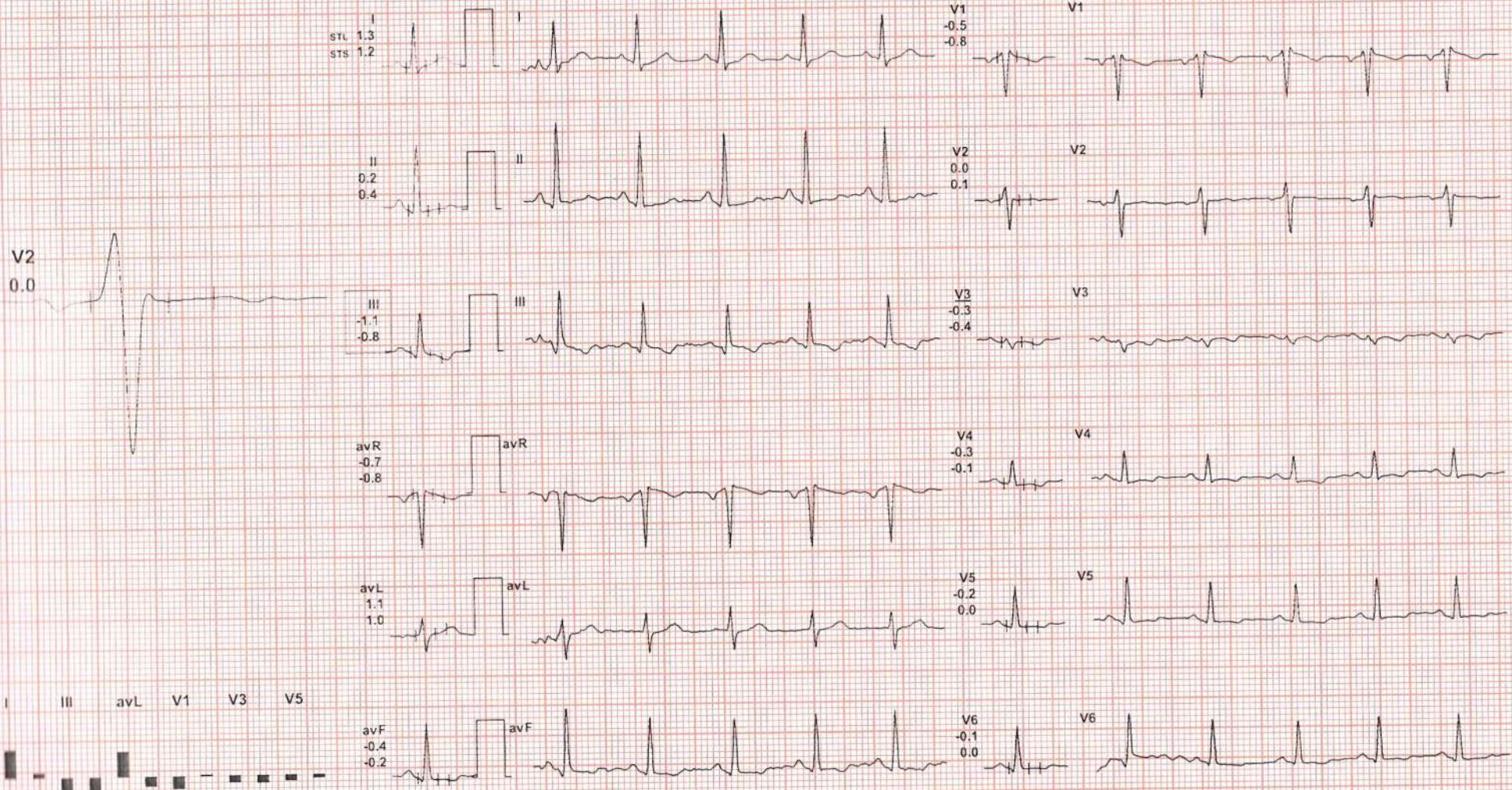
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 101

Date 03 - 10 - 2023 01 14 56 PM METS: 1.0/ 101 bpm 53% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

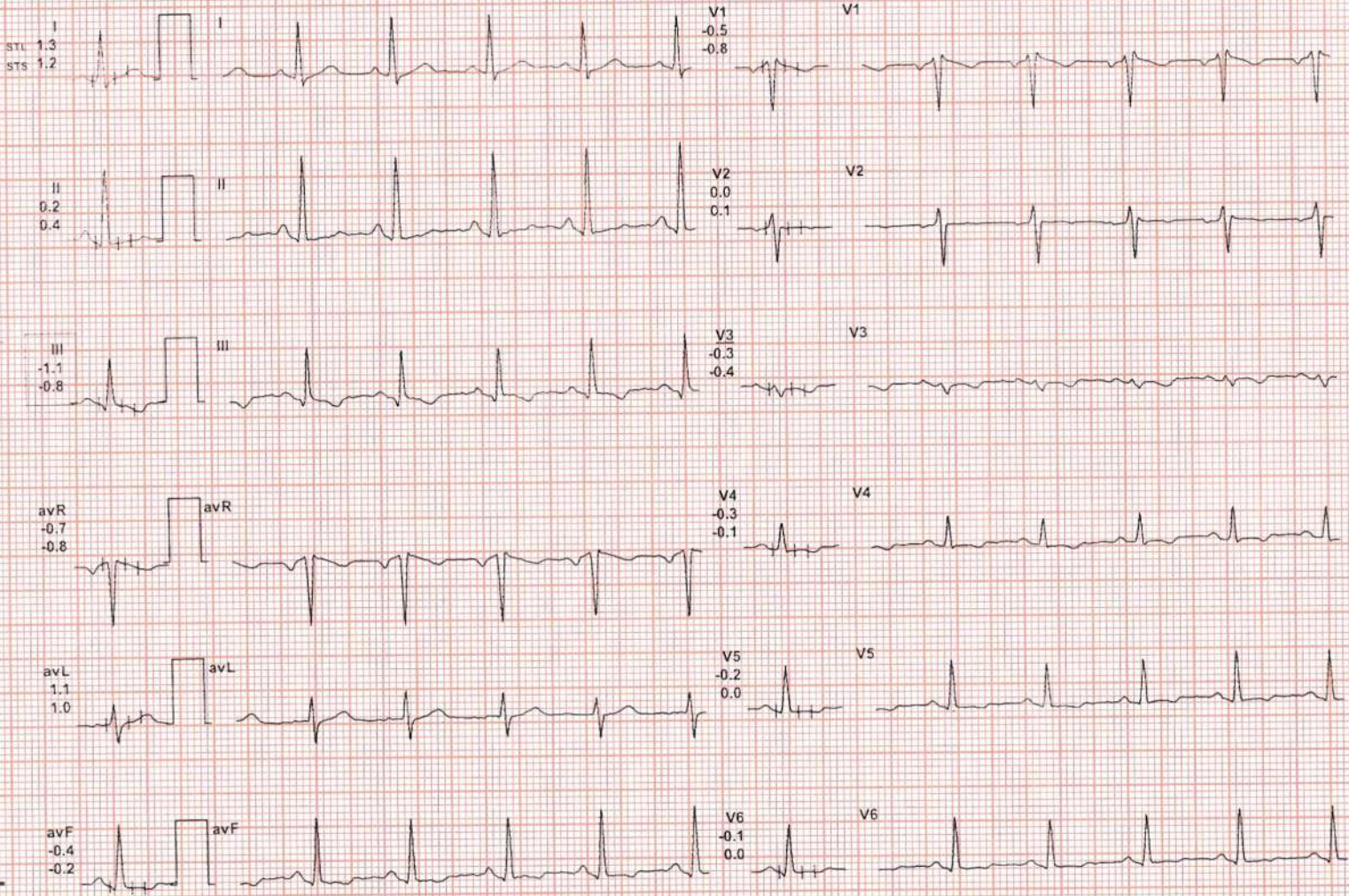
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 100

Date: 03-10-2023 01:14:56 PM METS: 1.0/ 100 bpm 52% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



I III avL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:

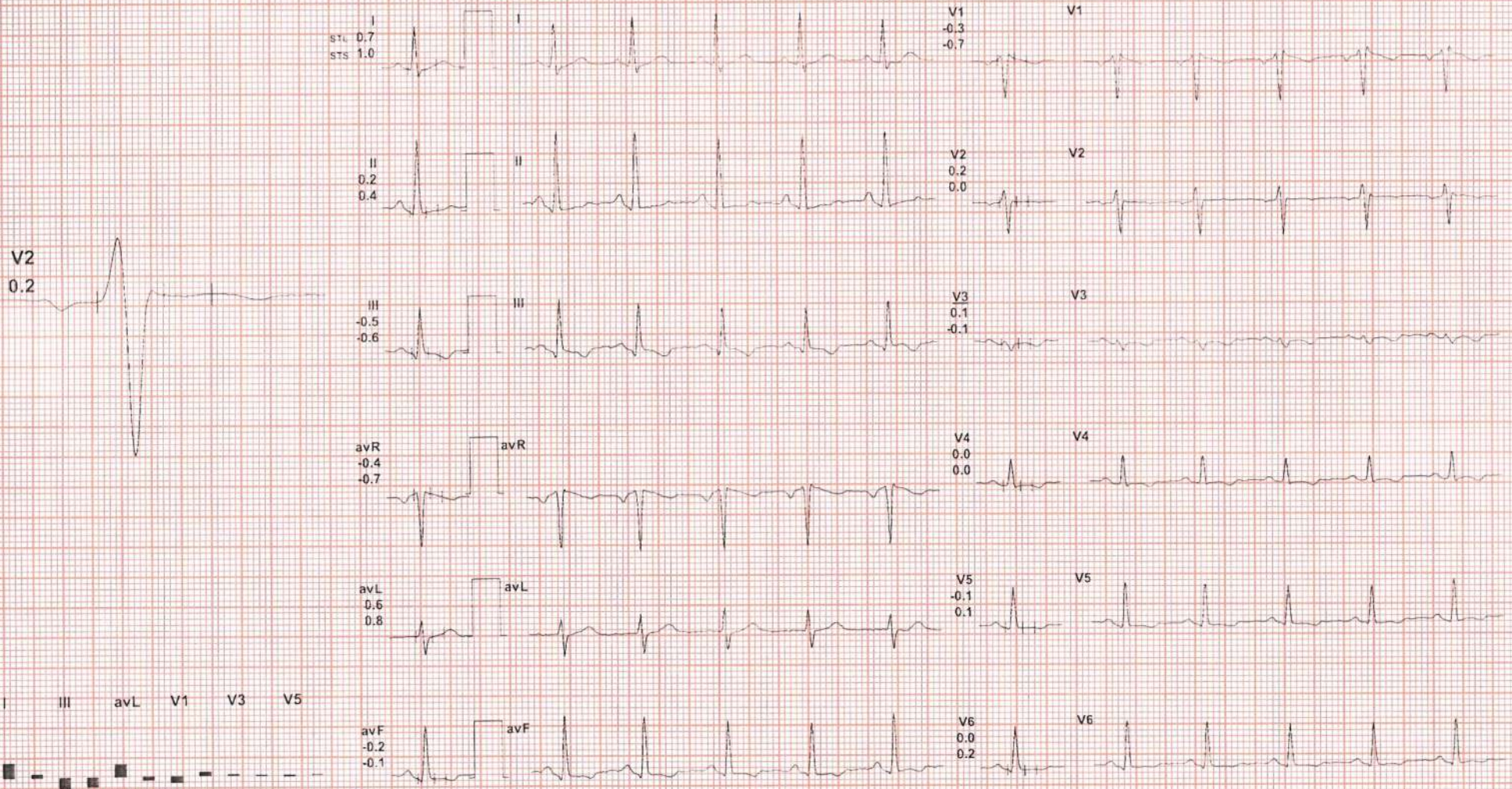
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 100

Date: 03-10-2023 01:14:56 PM METS: 1.0/100 bpm 52% of THR BP: 120/80 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

CITI DIAGNOSTICS

54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 100

BRUCE:Warm Up(0:07)

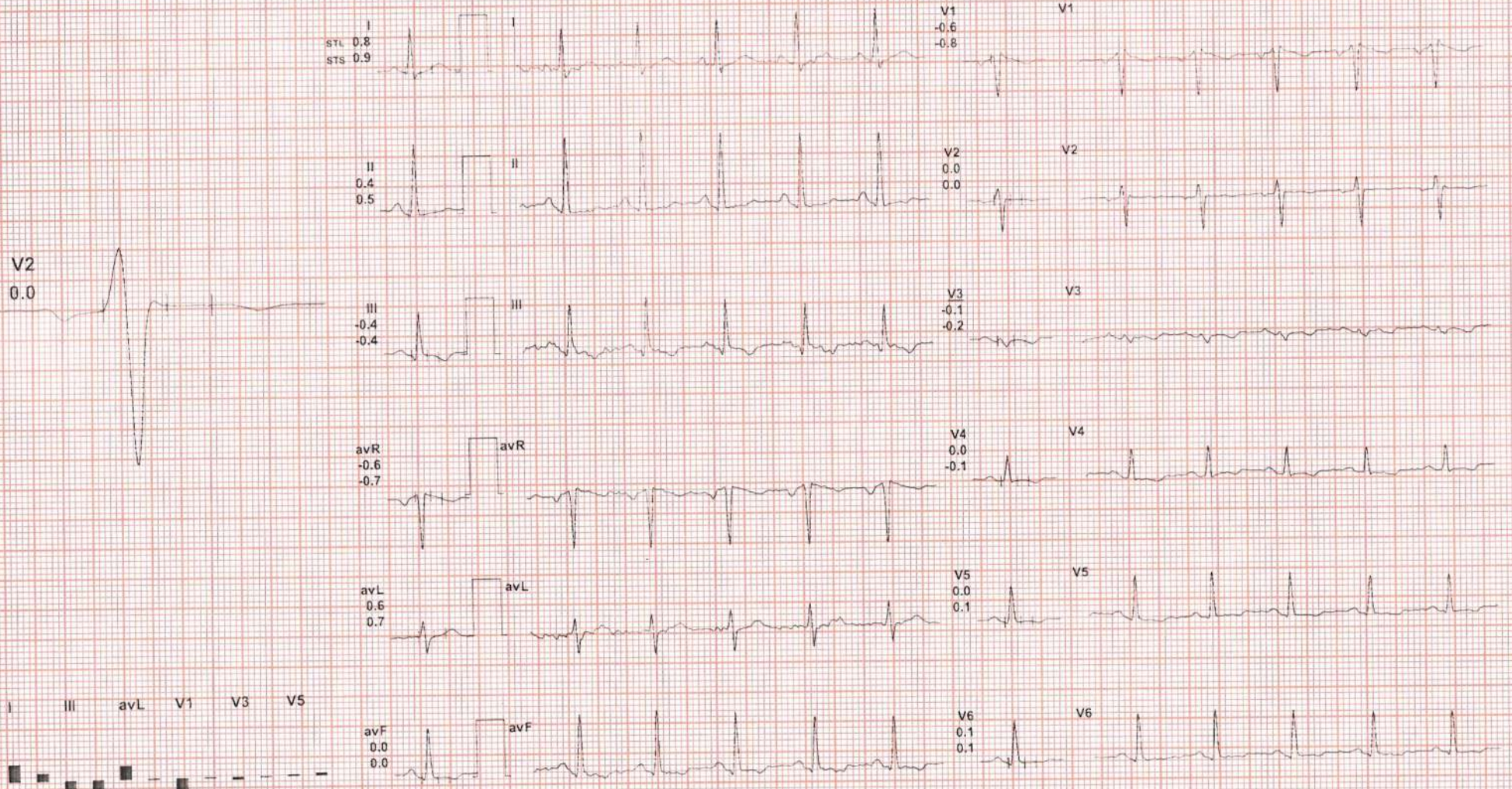
ACHPL

Date: 03-10-2023 01:14:56 PM METS: 1.0/ 100 bpm 52% of THR BP 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



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

(ADX_GEM217220330)(R)Allengers

ECG DIAGNOSTICS

BRUCE:Stage 1(3:00)

AGHPL

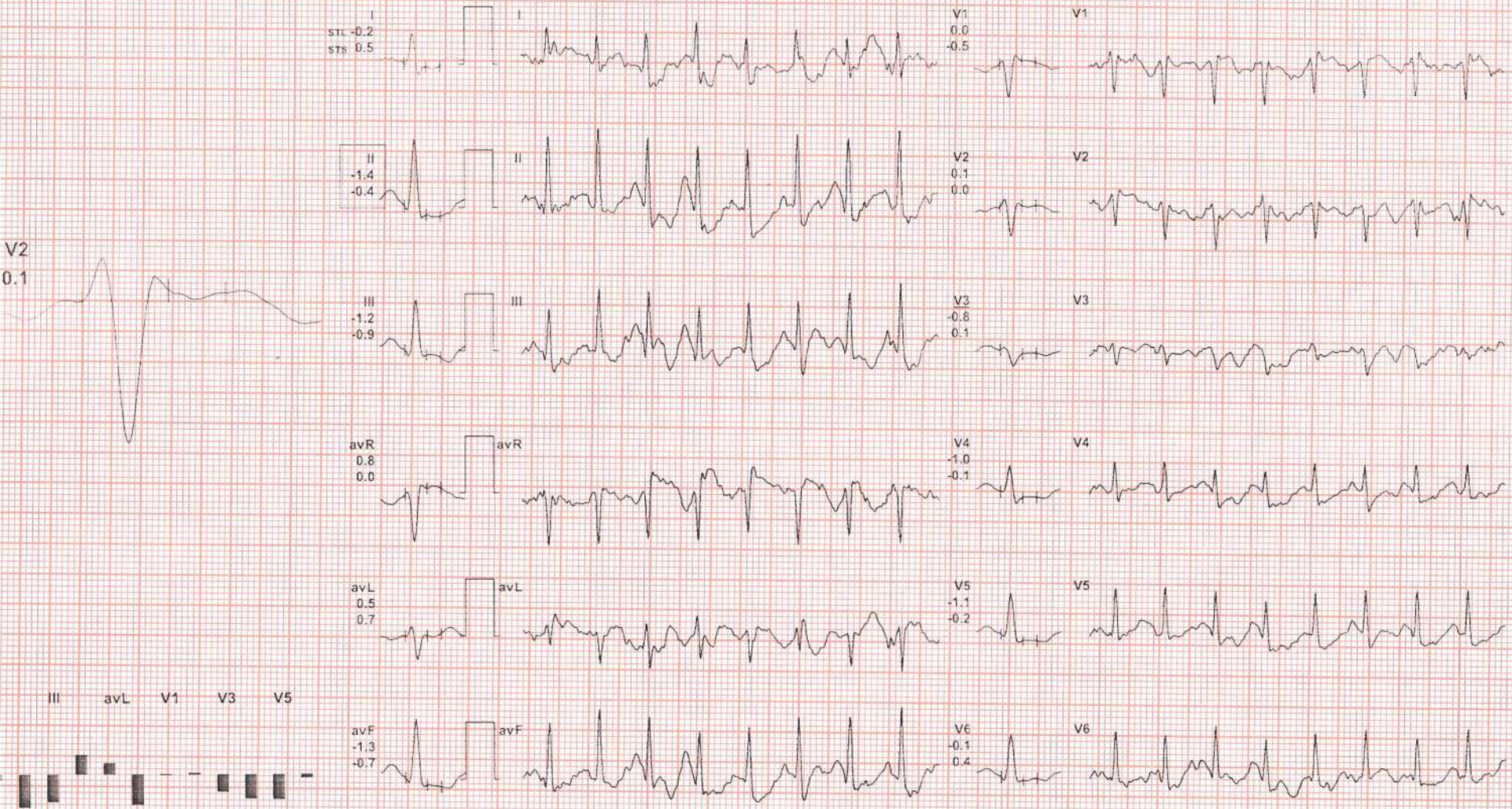
Patient: MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 169

Date: 03-16-2023 01:14:56 PM METS: 4.7/169 bpm 88% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 03:00 1.7 mph 10.0%

25 mm/Sec. 1.0 Cm/mV

60 mS Post J



II avR avF V2 V4 V6

REMARKS:

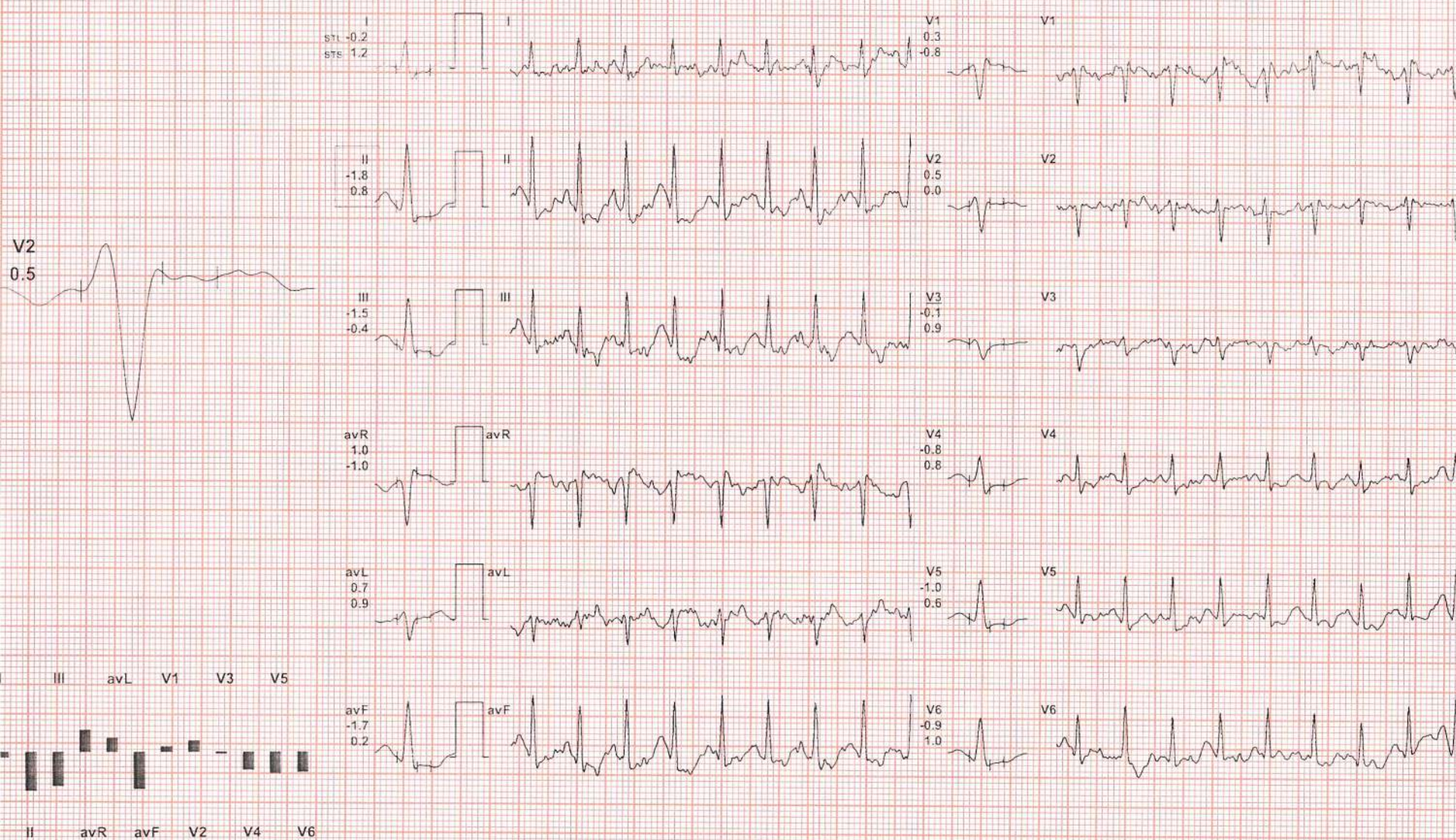
4 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 170

Date: 03 - 10 - 2023 01:14:56 PM METS: 7.1/ 170 bpm 89% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



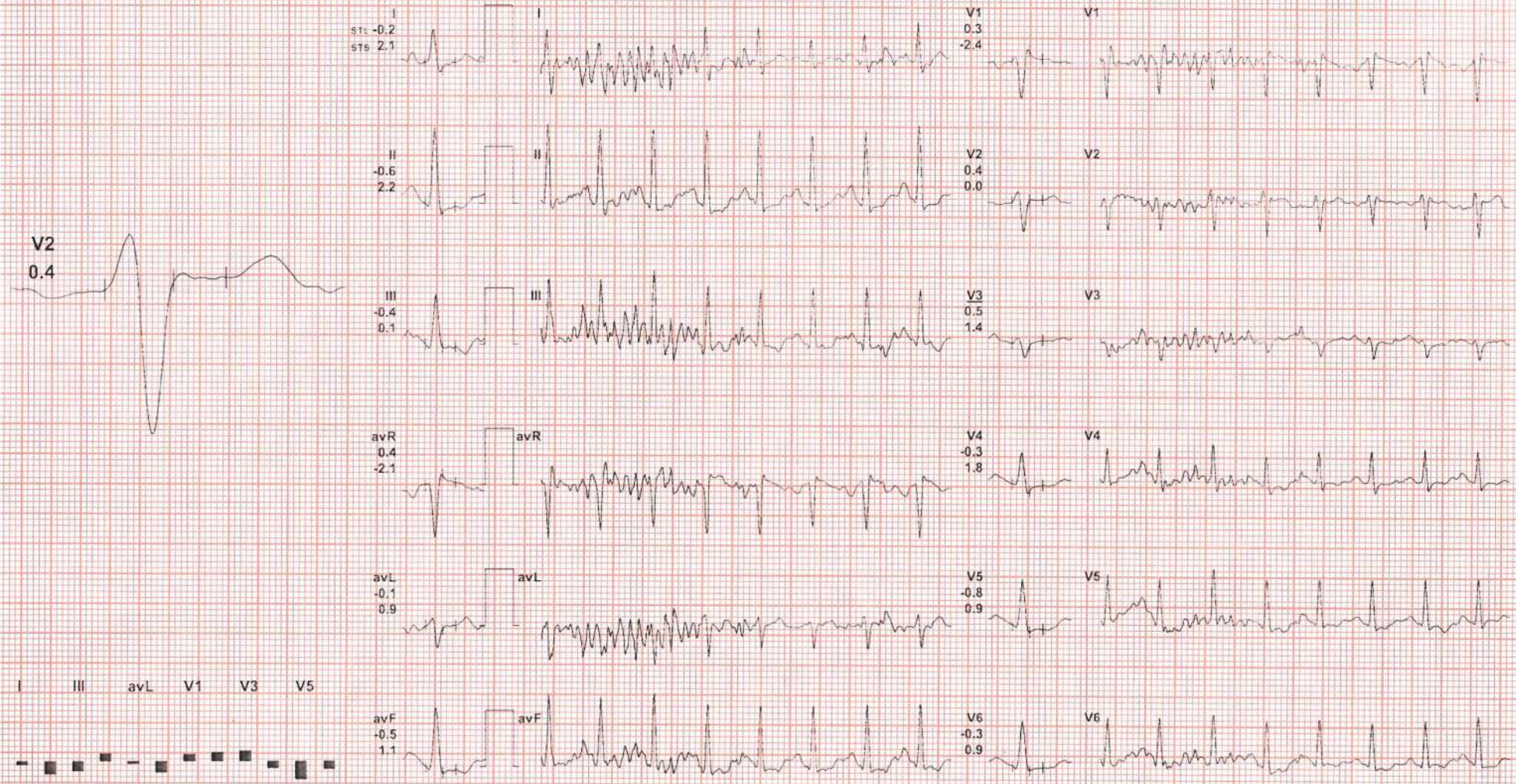
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 158

Date: 03 - 10 - 2023 01:14:56 PM METS: 7.4/ 158 bpm 83% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:51 0.0 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



I III avL V1 V3 V5
 II avR avF V2 V4 V6

REMARKS:

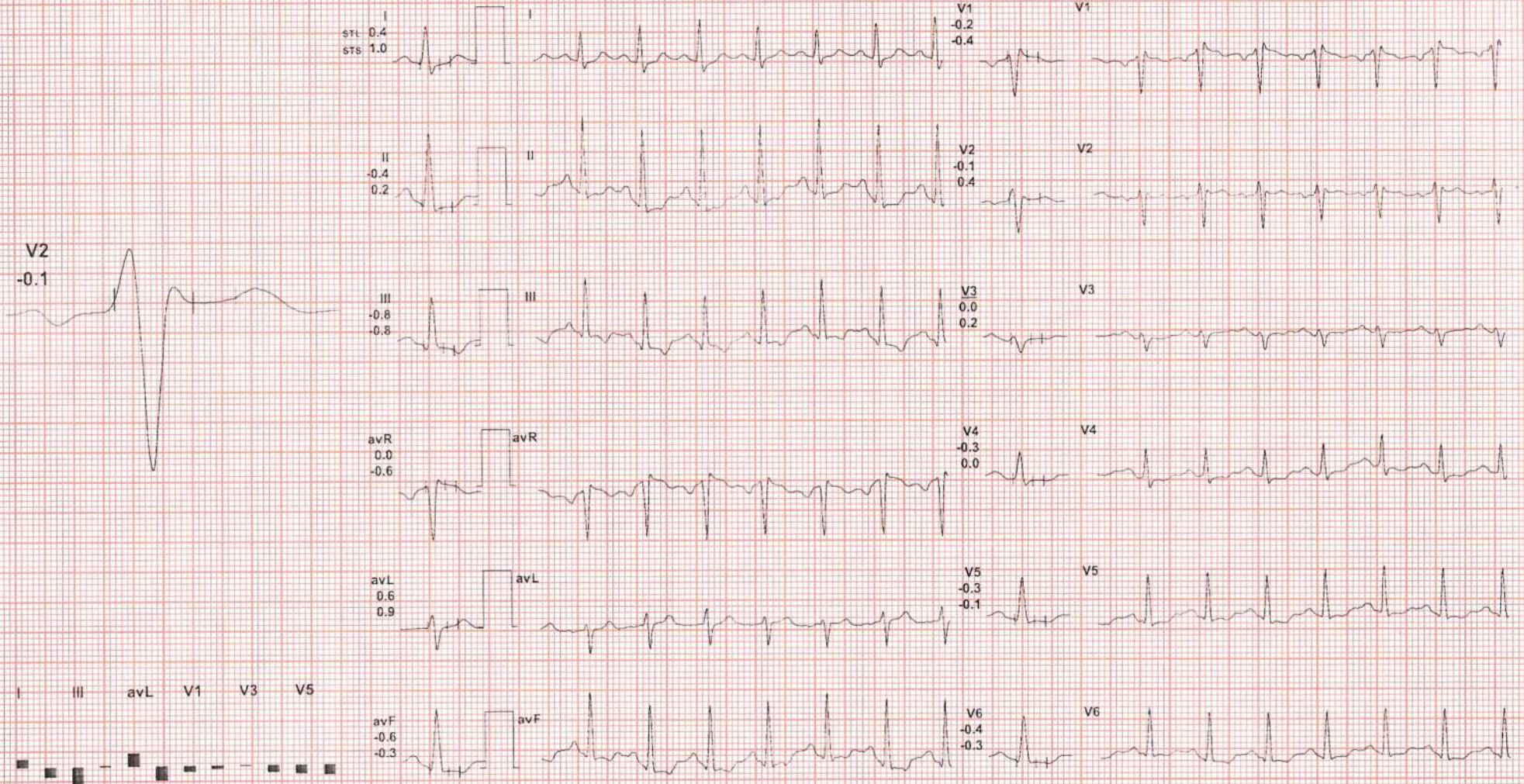
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 144

Date: 03-10-2023 01:14:56 PM METS: 4.2/144 bpm 75% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:51 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 50 mS Post J



REMARKS:

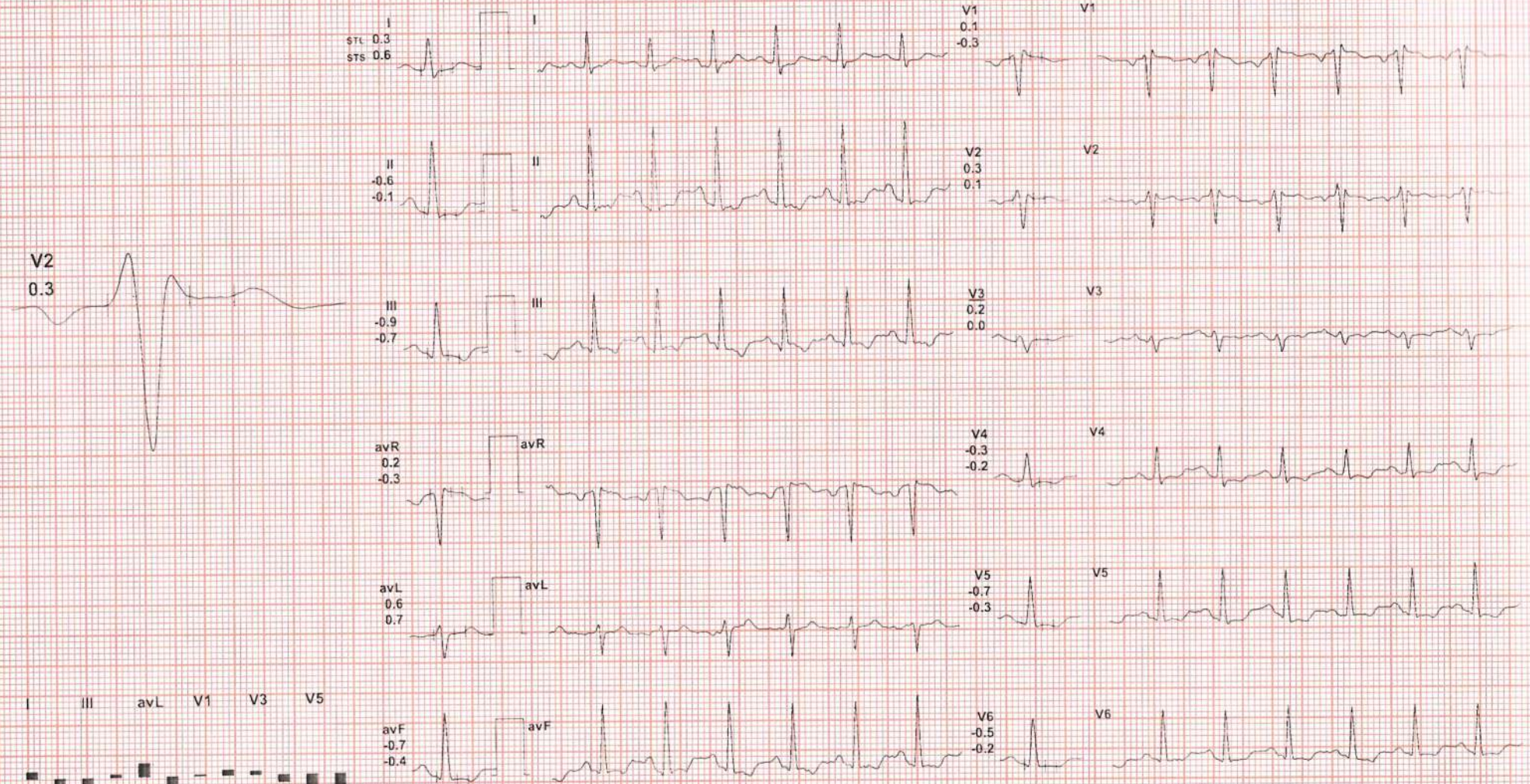
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 132

ExTime: 06:51 1.1 mph, 0.0%

Date: 03-10-2023 01:14:56 PM METS: 1.2/132 bpm 69% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

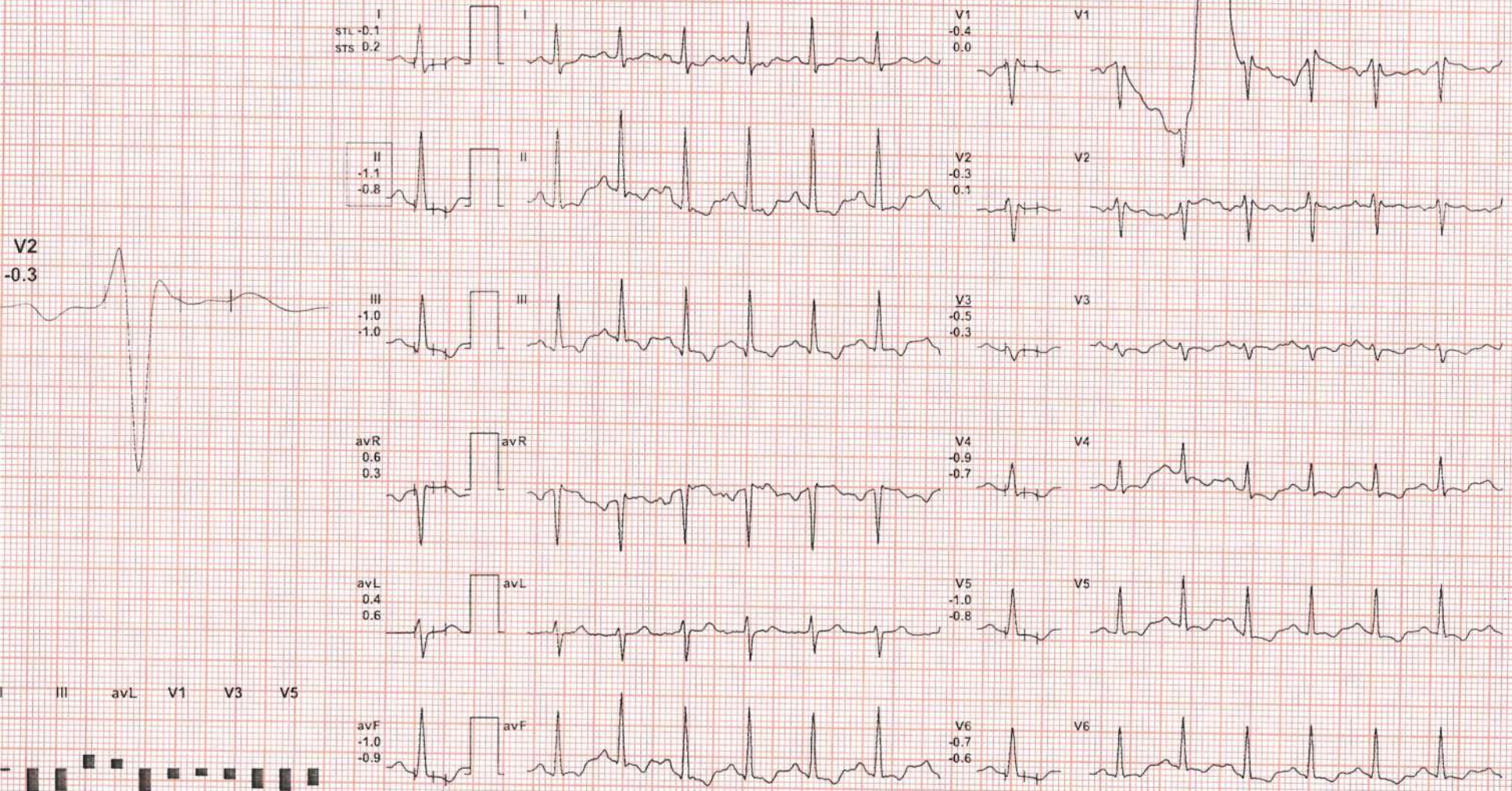
4 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 124

Rate: 03-10-2023 01:14:56 PM METS: 1.0/124 bpm 65% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:51 0.0 mph, 0.0%

4X 70 mS Post J

25 mm/Sec. 1.0 Cm/mV



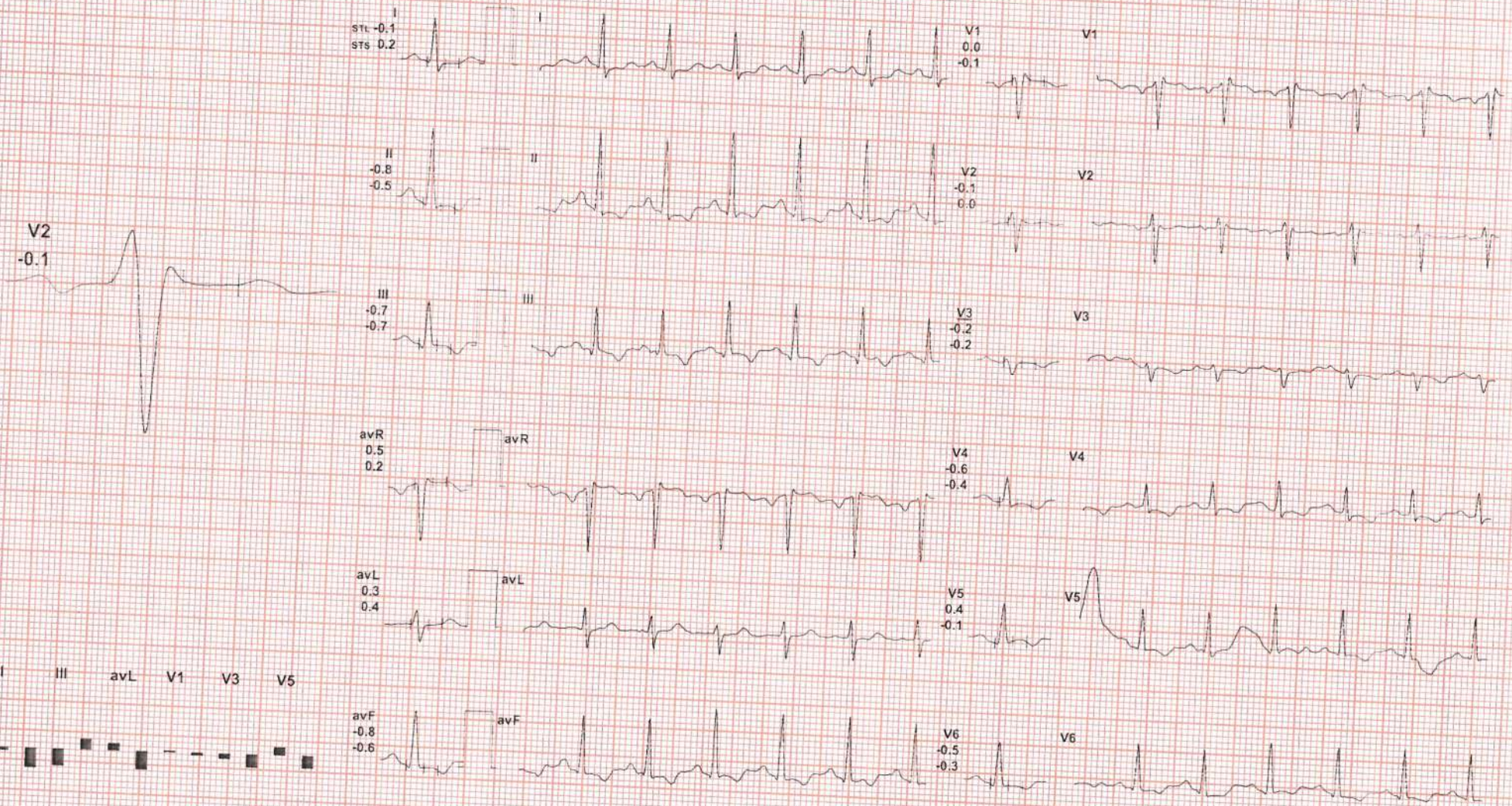
REMARKS:

Date: 03-10-2023 01:14:56 PM METS: 1.0/ 122 bpm 64% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:51 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

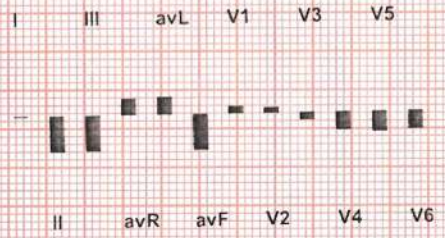
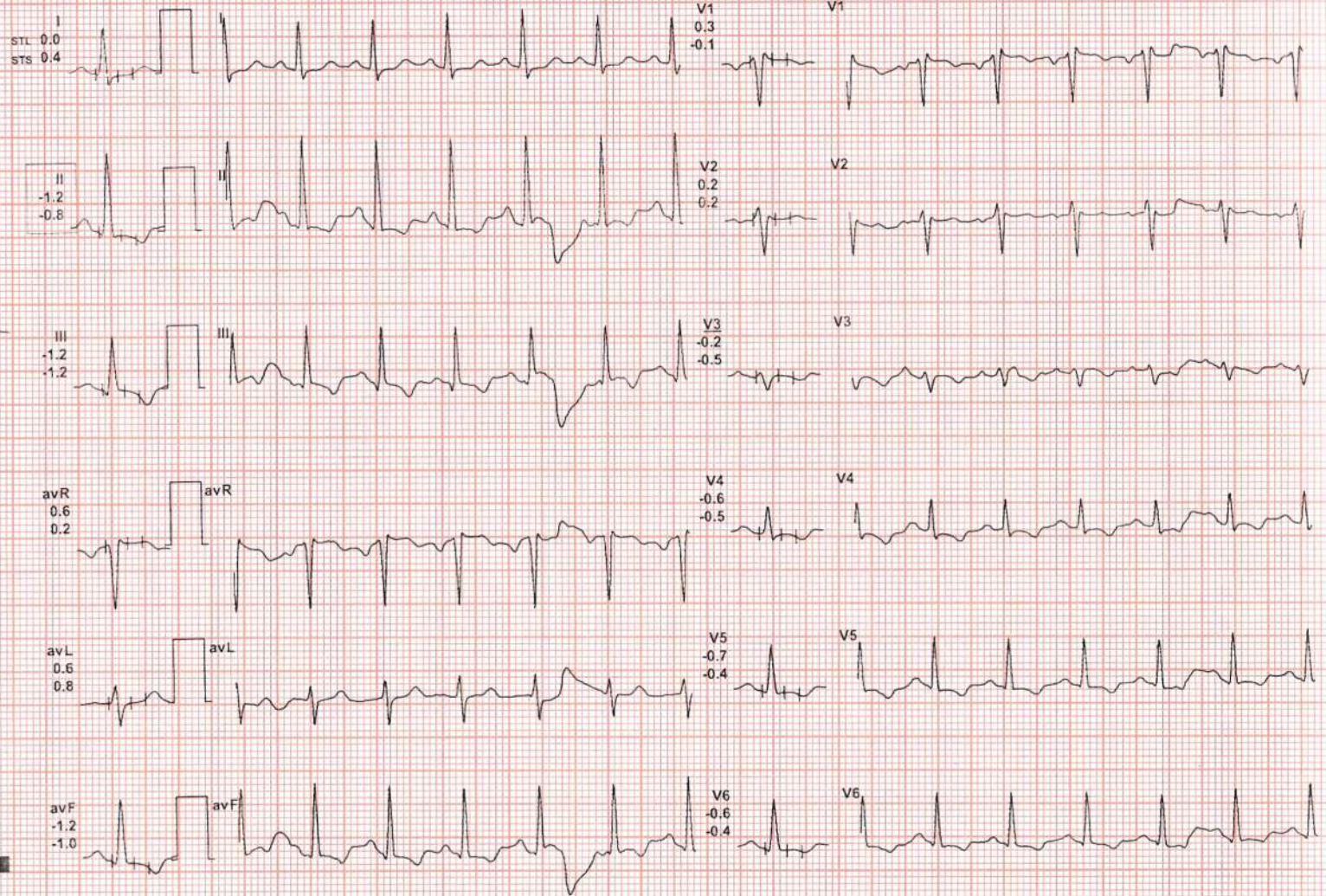
54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 123

Date: 03-10-2023 01:14:56 PM METS: 1.0/ 123 bpm 64% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:51 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

CITI DIAGNOSTICS

54 / MONAISHA SAHOO / 29 Yrs / M / 154 Cms / 66 Kg / HR : 101

ST Measurements

AGIPL

Protocol : BRUCE

Date: 03-10-2023 01:14:56 PM

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	1.3	0.2	-1.1	-0.7	1.1	-0.4	-0.5	0.0	-0.3	-0.3	-0.2	-0.1	1.2	0.4	-0.8	-0.8	1.0	-0.2	-0.8	0.1	-0.4	-0.1	0.0	0.0	
80@mS Standing	0.7	0.2	-0.5	-0.4	0.6	-0.2	-0.3	0.2	0.1	0.0	-0.1	0.0	1.0	0.4	-0.6	-0.7	0.8	-0.1	-0.7	0.0	-0.1	0.0	0.1	0.2	
HV	0.7	0.2	-0.5	-0.4	0.6	-0.2	-0.3	0.2	0.1	0.0	-0.1	0.0	0.9	0.5	-0.4	-0.7	0.7	0.0	-0.8	0.0	-0.2	-0.1	0.1	0.1	
Warm Up	0.8	0.4	-0.4	-0.6	0.6	0.0	-0.6	0.0	-0.1	0.0	0.0	0.1	1.3	0.3	-0.8	-0.8	1.1	-0.3	-0.6	-0.5	-0.4	-0.1	-0.1	0.0	
ExStart	1.1	-0.2	-1.1	-0.3	1.1	-0.7	-0.3	-0.2	-0.5	-0.4	-0.4	0.3	0.5	-0.4	-0.9	0.0	0.7	-0.7	-0.5	0.0	0.1	-0.1	-0.2	0.4	
Stage 1	-0.2	-1.4	-1.2	0.8	0.5	-1.3	0.0	0.1	-0.8	-1.0	-1.1	-0.1	1.2	0.8	-0.4	-1.0	0.9	0.2	-0.8	0.0	0.9	0.8	0.6	1.0	
Stage 2	-0.2	-1.8	-1.5	1.0	0.7	-1.7	0.3	0.5	-0.1	-0.8	-1.0	-0.9	2.1	2.2	0.1	-2.1	0.9	1.1	-2.4	0.0	1.4	1.8	0.9	0.9	
PeakEx	-0.2	-0.6	-0.4	0.4	-0.1	-0.5	0.3	0.4	0.5	-0.3	-0.8	-0.3	1.0	0.2	-0.8	-0.6	0.9	-0.3	-0.4	0.4	0.2	0.0	-0.1	-0.3	
Recovery	0.4	-0.4	-0.8	0.0	0.6	-0.6	-0.2	-0.1	0.0	-0.3	-0.3	-0.4	0.6	-0.1	-0.7	-0.3	0.7	-0.4	-0.3	0.1	0.0	-0.2	-0.3	-0.2	
Recovery	0.3	-0.6	-0.9	0.2	0.6	-0.7	0.1	0.3	0.2	-0.3	-0.7	-0.5	0.2	-0.8	-1.0	0.3	0.6	-0.9	0.0	0.1	-0.3	-0.7	-0.8	-0.6	
Recovery	-0.1	-1.1	-1.0	0.6	0.4	-1.0	-0.4	-0.3	-0.5	-0.9	-1.0	-0.7	0.2	-0.5	-0.7	0.2	0.4	-0.6	-0.1	0.0	-0.2	-0.4	-0.1	-0.3	
Recovery	-0.1	-0.8	-0.7	0.5	0.3	-0.8	0.0	-0.1	-0.2	-0.6	0.4	-0.5	0.4	-0.8	-1.2	0.2	0.8	-1.0	-0.1	0.2	-0.5	-0.5	-0.4	-0.4	
Recovery	0.0	-1.2	-1.2	0.6	0.6	-1.2	0.3	0.2	-0.2	-0.6	-0.7	-0.6	0.4	0.1	-0.4	-0.3	0.4	-0.1	-0.4	-0.1	-0.3	-0.5	-0.4	-0.4	
Recovery	-0.1	-0.4	-0.4	0.2	0.2	-0.4	0.0	0.0	-0.3	-0.7	-0.7	-0.7													

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(μVs)												
Supine	7.9	1.0	-7.0	-4.5	7.3	-2.9	-3.1	0.1	-1.7	-2.5	-2.0	-0.9
Standing	4.0	0.6	-3.3	-2.4	3.6	-1.3	-1.2	1.4	0.3	-0.7	-0.9	-0.4
HV	4.0	0.6	-3.3	-2.4	3.6	-1.3	-1.2	1.4	0.3	-0.7	-0.9	-0.4
Warm Up	5.4	2.1	-3.2	-3.8	4.2	-0.5	-3.7	-0.2	-1.0	-0.5	0.0	0.6
ExStart	3.0	-3.5	-5.6	0.9	4.2	-4.5	-1.2	-1.2	-2.6	-3.3	-3.2	2.3
Stage 1	-4.0	-8.7	-4.7	6.4	0.5	-6.7	1.4	-0.3	-4.2	-5.6	-5.9	-1.6
Stage 2	-3.6	-10.5	-6.9	7.1	1.6	-8.8	3.4	2.4	-1.4	-4.8	-5.8	-6.5
PeakEx	-2.7	-6.0	-3.4	4.3	-0.7	-4.6	3.7	2.4	1.3	-3.4	-5.3	-3.2
Recovery	0.5	-2.4	-2.9	1.0	1.7	-2.6	-0.8	-1.4	-0.3	-1.4	-1.6	-1.8
Recovery	0.8	-3.2	-3.9	1.2	2.4	-3.5	0.8	1.2	1.2	-1.2	-3.4	-2.9
Recovery	-0.7	-5.6	-4.8	3.2	2.0	-5.2	-3.5	-2.3	-2.5	-4.5	-5.2	-3.7
Recovery	-0.9	-4.9	-4.0	2.9	1.6	-4.5	0.2	-0.8	-0.9	-3.0	3.8	-3.1
Recovery	-0.6	-7.7	-7.1	3.8	3.2	-7.3	1.9	1.0	-0.6	-3.3	-4.1	-3.5
Recovery	-1.1	-2.8	-1.8	1.8	0.4	-2.3	0.5	-0.2	-1.5	-3.9	-4.6	-4.7