

PATIENT NAME: MRS. PRIYANKA KUMARI  
REF BY: BOB

AGE / SEX: 35 YRS/F  
DATE: -35.04.2024

**USG ABDOMEN**

**Liver:** Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

**Gall bladder:** - Distended & normal.

**Pancreas & Paraaortic Region:** Normal.

**Spleen:** Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.58X3.82Cm	8.98x4.25Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size ( 6.79 x 5.26 x 4.22 cm, Vol. – 78.916 cc ) and echotexture. Endometrial thickness 7.0 mm.

**Right Ovary:** Normal in size ( 3.59 x 2.05 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.86 x 1.81 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
MBBS  
Consultant  
Reg. No. CGMC 23117001  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
**CONSULTANT RADIOLOGIST**

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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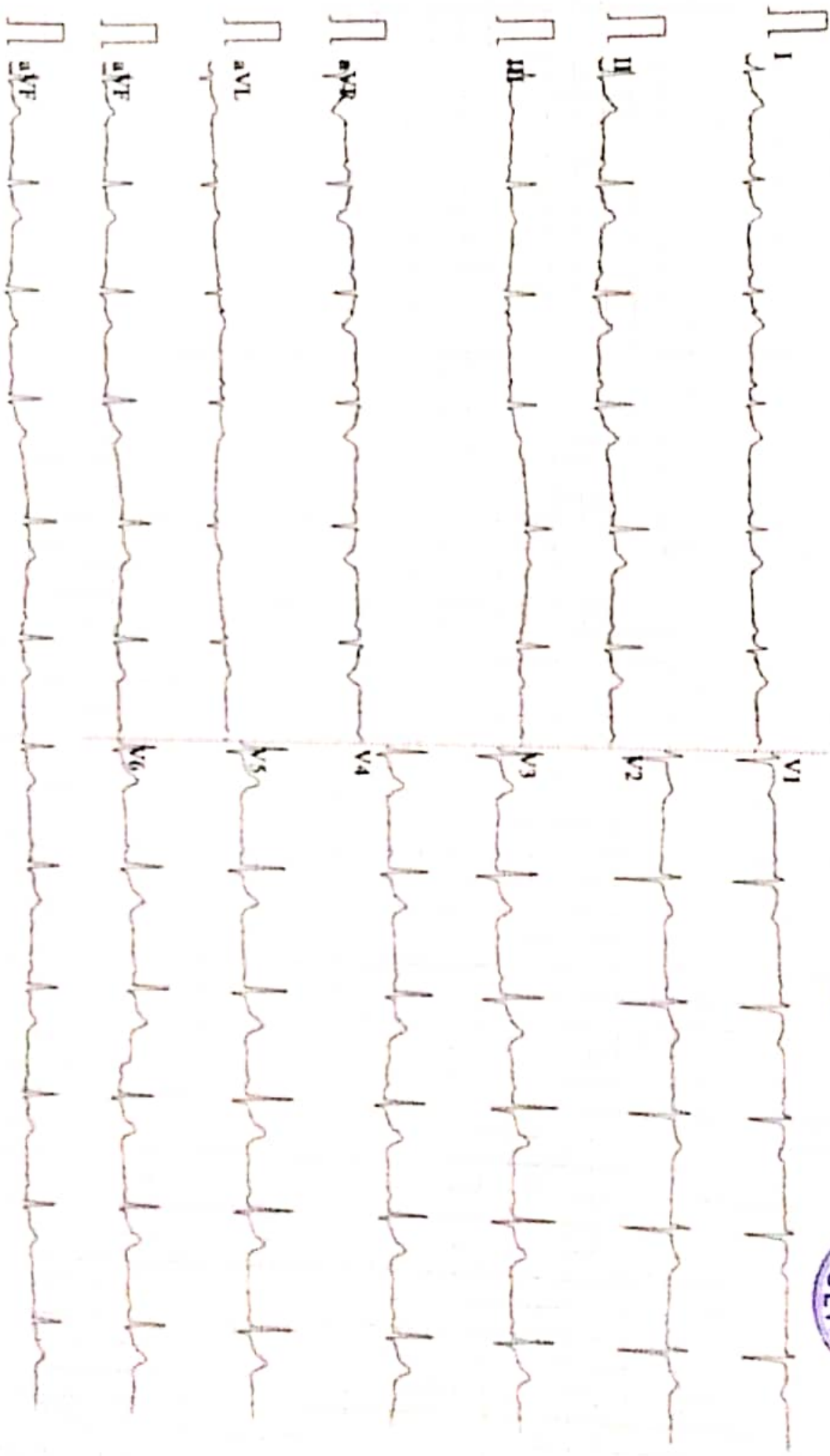
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ID: 262  
MRS PRIYANKA KUMARI  
Female 35Years

26-04-2024 01:10:17 PM  
HR : 71 bpm  
P : 78 ms  
PR : 134 ms  
QRS : 80 ms  
QT/QTc : 382/416 ms  
P/QRS/T : 30/71/42 °  
RV5/SV1 : 0.816/0.665 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by  
Dr. Animesh Choudhary  
MD Medicine  
Apollo Clinic, Raipur  
Reg. No. CGMC 3583/201



0108 D V141 Glaxo Y2860 APOLLO CLINIC RAIPUR

**NAME OF PATIENT: MRS. PRIYANKA KUMARI**

**AGE: 35YRS/FEMALE**

**REFERRED BY: BOB**

**DATE: 26/04/2024.**

**CHEST X - RAY PA VIEW**

**FINDINGS:**

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
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**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs. Poojanika Kumari

Date 26/04/24

Sex/Age fe/35y

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT	NO			
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):-	Normal		(LE):-	Normal
INDIVIDUAL COLOUR IDENTIFICATION	Normal			
DISTANT VISION:(RE):-	6/60 @ 6/6		(LE):-	6/60 @ 6/6
NEAR VISION:(RE):-	N/G		(LE):-	N/G
NIGHT BLINDNESS	NAD			
	SPH	CYL	AXIS	ADD
RIGHT	-2.50			
LEFT	-2.50			

REMARKS :-

*Dr. Vikas*  
Dr. Vikas  
MBBS, MS (Ophthalmology) (Ophthalmologist)  
Reg. No. C.M.C. 621/2006



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 **0771 4033341/42**

Patient Name : Mrs PRIYANKA	Collected : 26/Apr/2024 08.05PM
Age/Gender : 35 Y 0 M 0 D /F	Received : 26/Apr/2024 08:30PM
UHID/MR No : DSUS.0000007331	Reported : 26/Apr/2024 09.04PM
Visit ID : DSUSOPV8543	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.7	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.8	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.430	µIU/mL	0.35-5.5	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

\*\*\* End Of Report \*\*\*

**DR. JYOTI K. KOUR**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

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**0771 4033341/42**



Patient Name : Mrs PRIYANKA KUMARI  
 UHID/ MR No : 202426410032  
 Visit Date : 26/04/2024  
 Sample Collected On : 26/04/2024 07:50PM  
 Ref. Doctor : Self  
 Sponsor Name :

Age/Gender : 35 Y Female  
 OP Visit No : G/7350  
 Reported On : 26/04/2024 08:03PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB)	10.8	gm/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	3.84	mill/cu.mm	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	32.40	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	84.4	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	28.1	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Conc.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.5	%	11 - 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	9.20	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	50	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	38	%	15.0 - 45.0
Method: CELL COUNTER			
Monocytes	08	%	4.0 - 12.0
Method: CELL COUNTER			
Eosinophils	04	%	1-6%
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

**End of Report**  
 Results are to be correlated clinically

Lab Technician / Technologist  
 path



**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

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Patient Name : Mrs PRIYANKA KUMARI  
UHID/ MR No : 202426410032  
Visit Date : 26/04/2024  
Sample Collected On : 26/04/2024 07:50PM  
Ref. Doctor : Self  
Sponsor Name :

Age/Gender : 35 Y Female  
OP Visit No : G/7350  
Reported On : 26/04/2024 08:03PM

**HAEMATOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	103	lacs/cu.mm	150-400
Method CELL COUNTER			

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
- Test conducted on EDTA whole blood.

**End of Report**  
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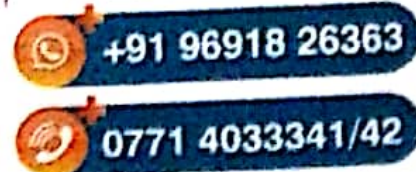
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 UHID/ MR No : 202426410032  
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 Sample Collected On : 26/04/2024 07 50PM  
 Ref. Doctor : Self  
 Sponsor Name :

Age/Gender : 35 Y Female  
 OP Visit No : G/7350  
 Reported On : 26/04/2024 08.03PM

**HAEMATOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate	16	mm /HR	0 - 20
Method: Westergren's Method			

- 1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- 2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- 3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism.

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<b>Patient Name</b>	<b>Mrs PRIYANKA KUMARI</b>	<b>Age/Gender</b>	<b>35 Y Female</b>
<b>UHID/ MR No</b>	<b>202426410032</b>	<b>OP Visit No</b>	<b>G/7350</b>
<b>Visit Date</b>	<b>26/04/2024</b>	<b>Reported On</b>	<b>26/04/2024 08:03PM</b>
<b>Sample Collected On</b>	<b>26/04/2024 07:50PM</b>		
<b>Ref. Doctor</b>	<b>Self</b>		
<b>Sponsor Name</b>			

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method Spectrophotometric	0.5	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method Spectrophotometric	0.1	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method Calculated	0.40	mg/dl	0 - 1
<b>SGOT (AST)</b> Method Spectrophotometric	22	U/L	0 - 32
<b>SGPT (ALT)</b> Method Spectrophotometric	29	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	112	U/L	25-147
<b>Total Proteins</b> Method Spectrophotometric	7.0	g/dl	6 - 8
<b>Albumin</b> Method Spectrophotometric	4.2	mg/dl	3.4 - 5.0
<b>Globulin</b> Method Calculated	2.8	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method Calculated	1.51	%	1.1 - 2.2

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
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*[Signature]*

**DR DHANANJAY RAMCHANDRA PRASA**  
**M.D. PATHOLOGY**

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**Sample Collected On** : 26/04/2024 07:50PM  
**Ref. Doctor** : Self  
**Sponsor Name** :  
**Age/Gender** : 35 Y Female  
**OP Visit No** : G/7350  
**Reported On** : 26/04/2024 08:03PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.87	mg/dl	0.6-1.4

**COMMENTS:** 1. Creatinine is a waste product formed in the muscle from the high energy storage compound, creatine phosphate  
 2. The amount of creatinine produced is fairly constant (unlike Urea), and is primarily a function of muscle mass.  
 3. It is not greatly affected by diet, age, sex or exercise.  
 4. Creatinine is removed from plasma by glomerular filtration and then excreted in urine without any appreciable resorption by the tubules; thus it is used to assess the renal function. However, serum creatinine levels do not start to rise until renal function has decreased by atleast 50%.

**Uric Acid**  
**Uric Acid** 4.21 mg/dL 2.6 - 7.2  
 Method: Spectrophotometric

**GLUCOSE - (POST PRANDIAL)**  
**Glucose -Post prandial** 138.0 mg/dl 70-140  
 Method: REAGENT GRADE WATER

**GLUCOSE (FASTING)**  
**Glucose- Fasting** 91.0 mg/dl 70 - 120  
 SUGAR REAGENT GRADE WATER

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**Sponsor Name** :

**Age/Gender** : 35 Y Female  
**OP Visit No** : G/7350  
**Reported On** : 26/04/2024 08:03PM

**CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.015		
Reaction (pH)	5.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	1-2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path

*Handwritten Signature*

Sir/Madam,

I am Parvanka Kumari w/o Bijendra  
Kumar Narin employee of Bank of Baroda.  
My some test are remain like Pap Smear,  
Ent Consultation, Dietician Consultation and  
Gynae Consultation. ~~due to some~~

So I would like to come again in  
Next month and complete my all medical  
test. Thanking you.

Your faithfully  
Parvanka

Mob - 7717760652

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RADHAKRISHNAN

480 / 4800 PRITHVANA / 35 Yrs / F / 163 Cms / 65 Kg

Date: 26 / 04 / 2024

Stage	Time	Duration	Speed(kmph)	Elevation	METs	Rate	% THR	BP	HRP	PVC	Comments
Stairing	00:10	0:10	00.0	00.0	01.0	075	41%	100/60	075	00	
Exercise	00:15	0:05	02.7	10.0	01.1	075	41%	100/60	075	00	
pre-ECG Stage 1	03:15	3:00	02.7	10.0	04.7	132	71%	110/70	145	00	
pre-ECG Stage 2	06:15	3:00	04.0	12.0	07.1	154	83%	116/76	176	00	
Recovery	06:52	0:17	05.5	14.0	07.4	169	91%	116/76	196	00	
Recovery	07:02	0:30	00.8	00.0	04.2	162	88%	116/76	187	00	
Recovery	07:52	1:00	00.8	00.0	01.2	140	76%	120/80	168	00	
Recovery	08:13	1:41	00.0	00.0	01.0	114	62%	118/78	134	00	

**FINDINGS :**

Exercise Time: 06:17  
 Max HR Attained: 169 bpm (91% of Target 185)  
 Max BP Attained: 120/80 (mmHg)  
 Max Workload Attained: 7.4 Fair response to induced stress  
 Test Objective: CHD/EWASFSAN D ASSAS  
 Test End Reasons: Test Complete. Heart Rate Achieved

**REPORT :**

STRESS TEST IS MILD POSITIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPA DAS MBBS DIP CARDO



MRS PRIYANKA / 35 YRS / F / 153 Cms / 55 Kg / HR : 75

26 / 04 / 2024

METS: 1.0/ 75 bpm 41% of THR BP: 100/80 mmHg Cardiac Meds: B.L.C. On Niche On HF 0.05 HCLF 35 Hz

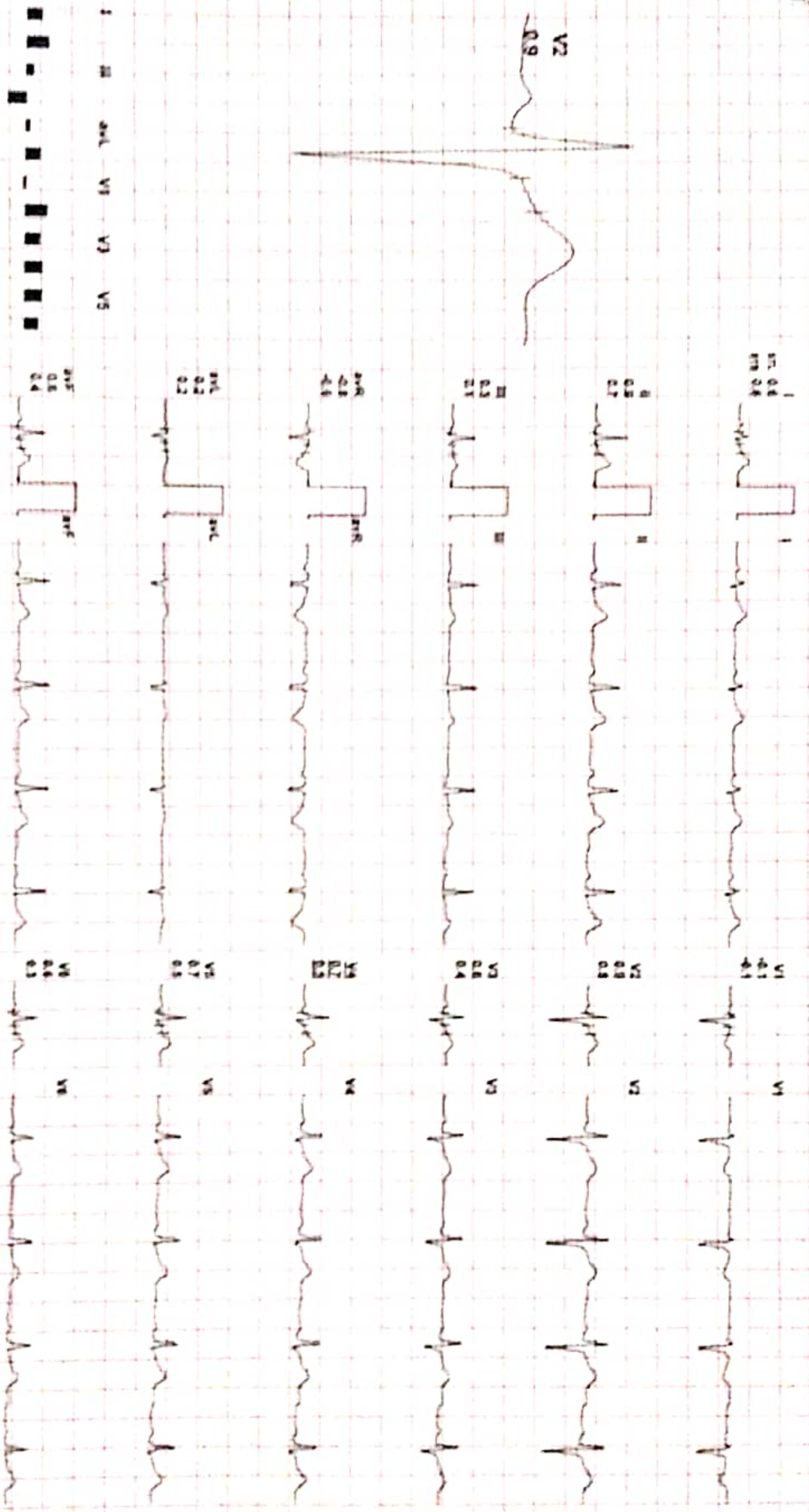
Extim: 00:00 0.0 Kmph 0.0%

BRUCE: Standing(0:10)



4X 30 MS PAPER J

25 mm/Sec 1.6 Channel



II aVR aVF V2 V4 V6  
REMARKS:

// MRS PRIYANKA / 35 Yrs / F / 153 Cms / 55 Kg / HR : 75

Date: 26 / 04 / 2024

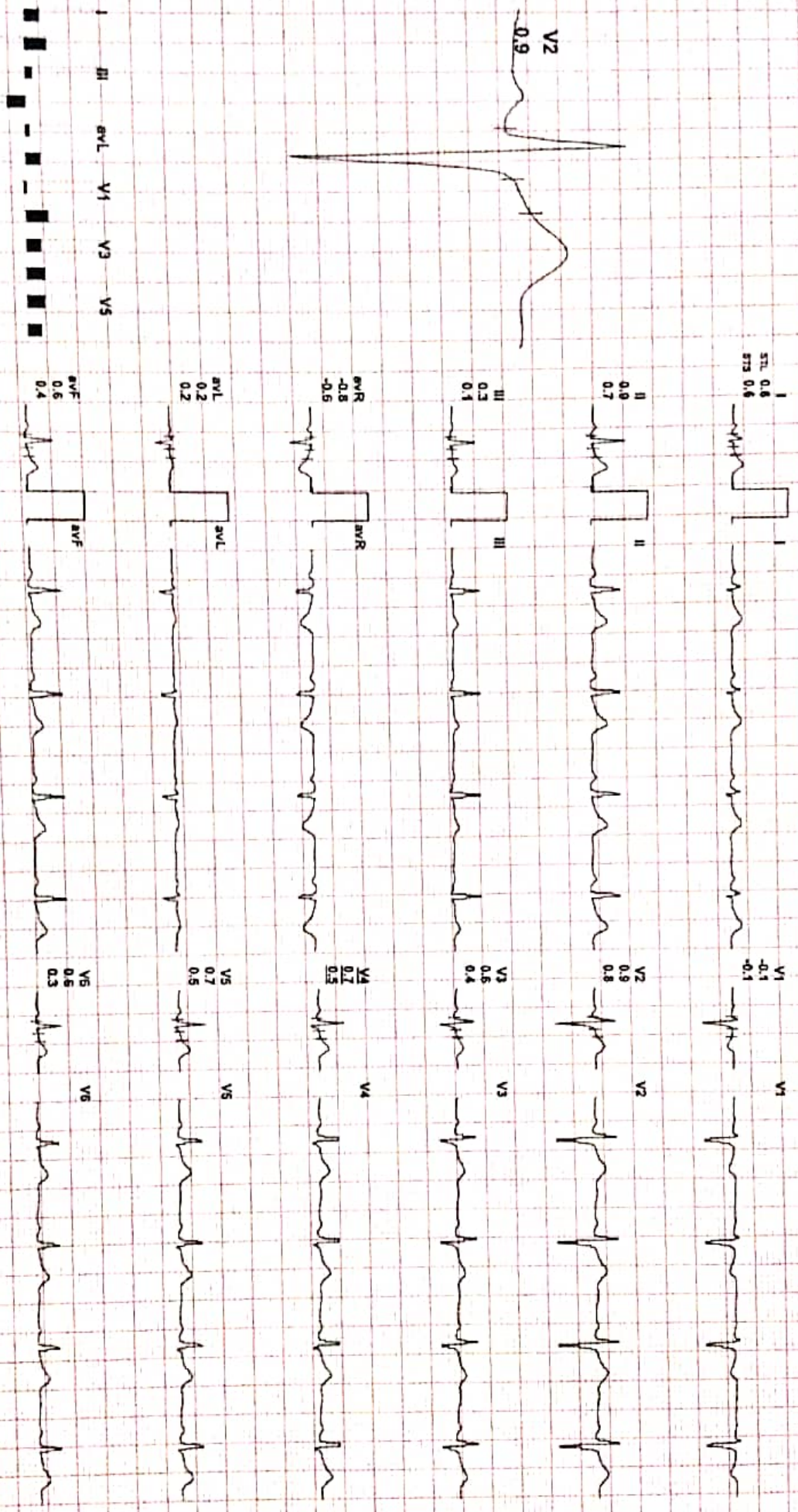
METS: 1.1175 bpm 41% of THR BP: 100/60 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 2.7 Kmph, 10.0%

4X 10 mS Post J

25 mm/Sec 1.0 Cm/mV

ExStart



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



/// MRS PRIYANKA / 35 YRS / F / 153 CMS / 55 KG / HR : 132

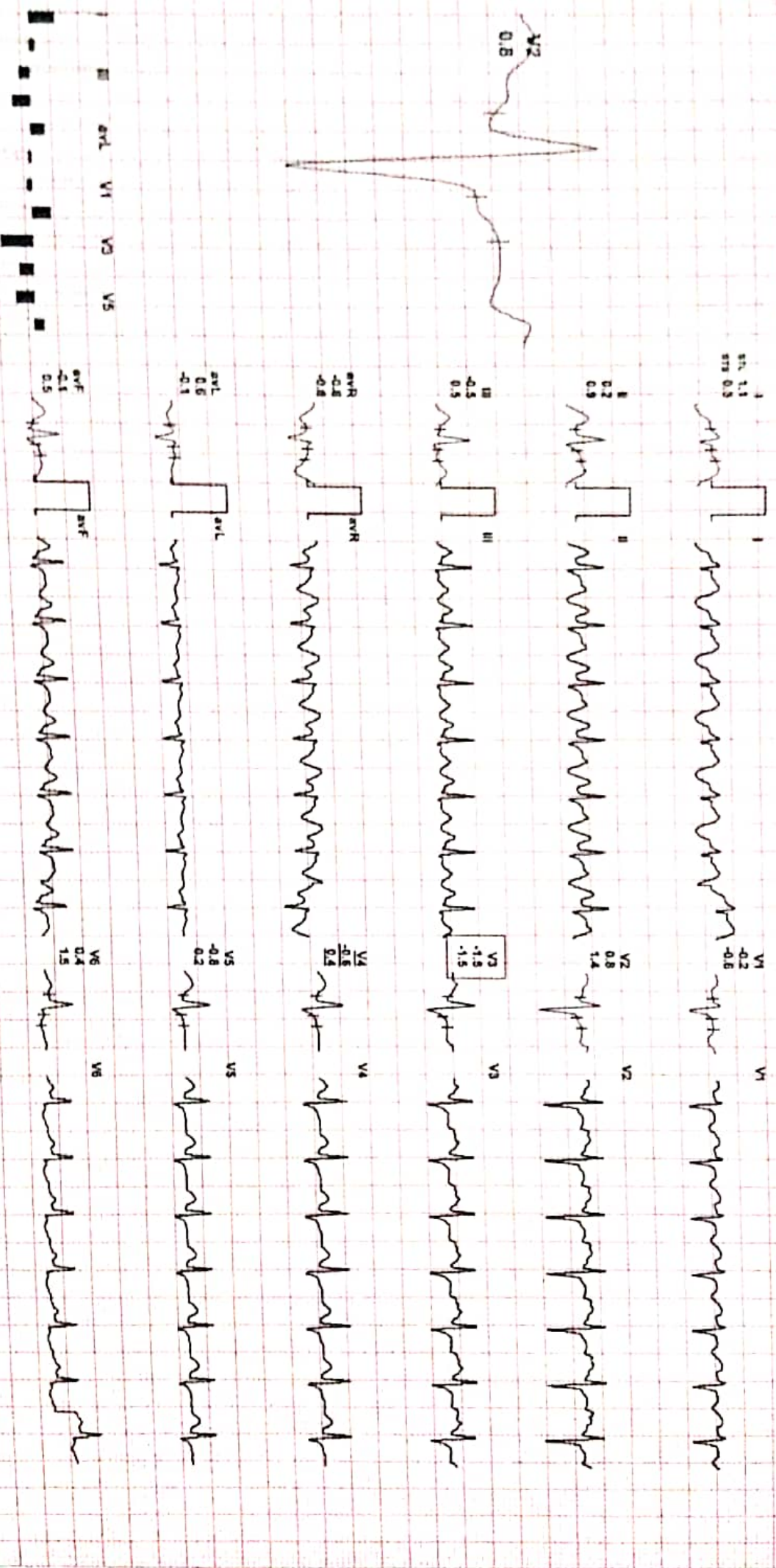
Jan 20 / 04 / 2024

METS 4.7/132 Bpm 71% of THR BP 110/70 mmHg Combined Medians/BL C On/ Natch On/ HF 0.05 HZ/LF 35 Hz

ExtImu 03:00 2.7 Km/h, 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 62 m/s Page 2

BRUCE: Stage 1 (3:00)



REMARKS I aVR aVF V2 V4 V6





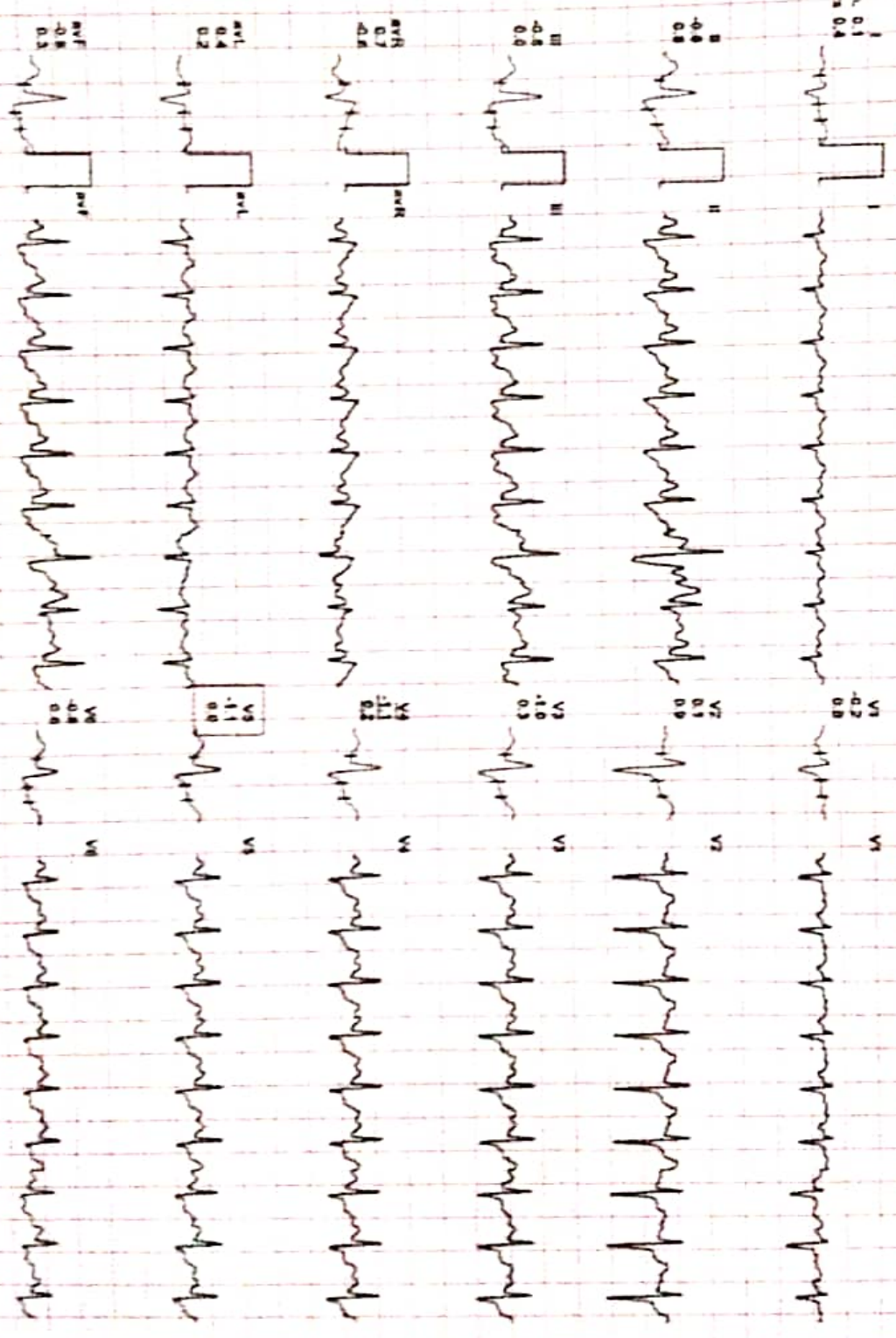
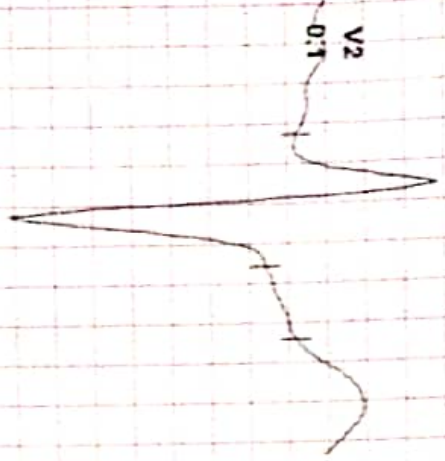
/MRS PRIYANKA / 35 Yrs / F / 153 Cms / 55 Kg / HR : 169

MEETS 7.4/ 169 bpm 91% of THR BP 116/76 mmHg Cardiac Mechan/ DLC On/ Patch On/ HF 0.05 Hz/LF 35 Hz

AX 40 mS PkM J

E-Time 06:17 5.8 Km/h, 14.0% 25 mm/Sec. 1.6 Cm/mV

POKEX



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



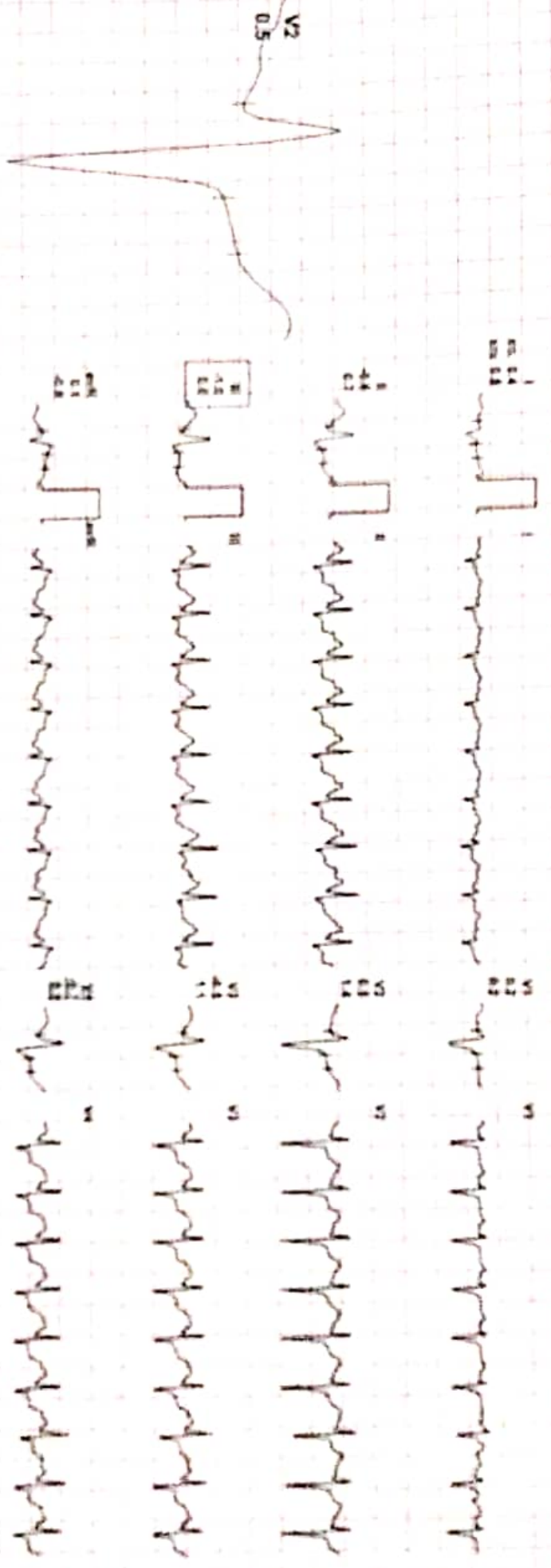
MRS PRIYANKA / 35 YRS / F / 153 CM / 55 KG / HR 162

AX 60 min Post J METS 421 162 bpm 88% of THQ BP 116/76 mmHg Combined Meds: 0.1 mg Digoxin 0.25 mg Furo 20 mg

4X 60 min Post J

Estim 06:17 0.8 km/hr 0.0% 21 mmHg 1.8 G/min

Recovery(0:30)



REMARKS: I aVR aVL V2 V4 V6 V6



/MRS PRIYANKA / 35 YRS / F / 153 CMs / 55 KG / HR 140

08/26/2024

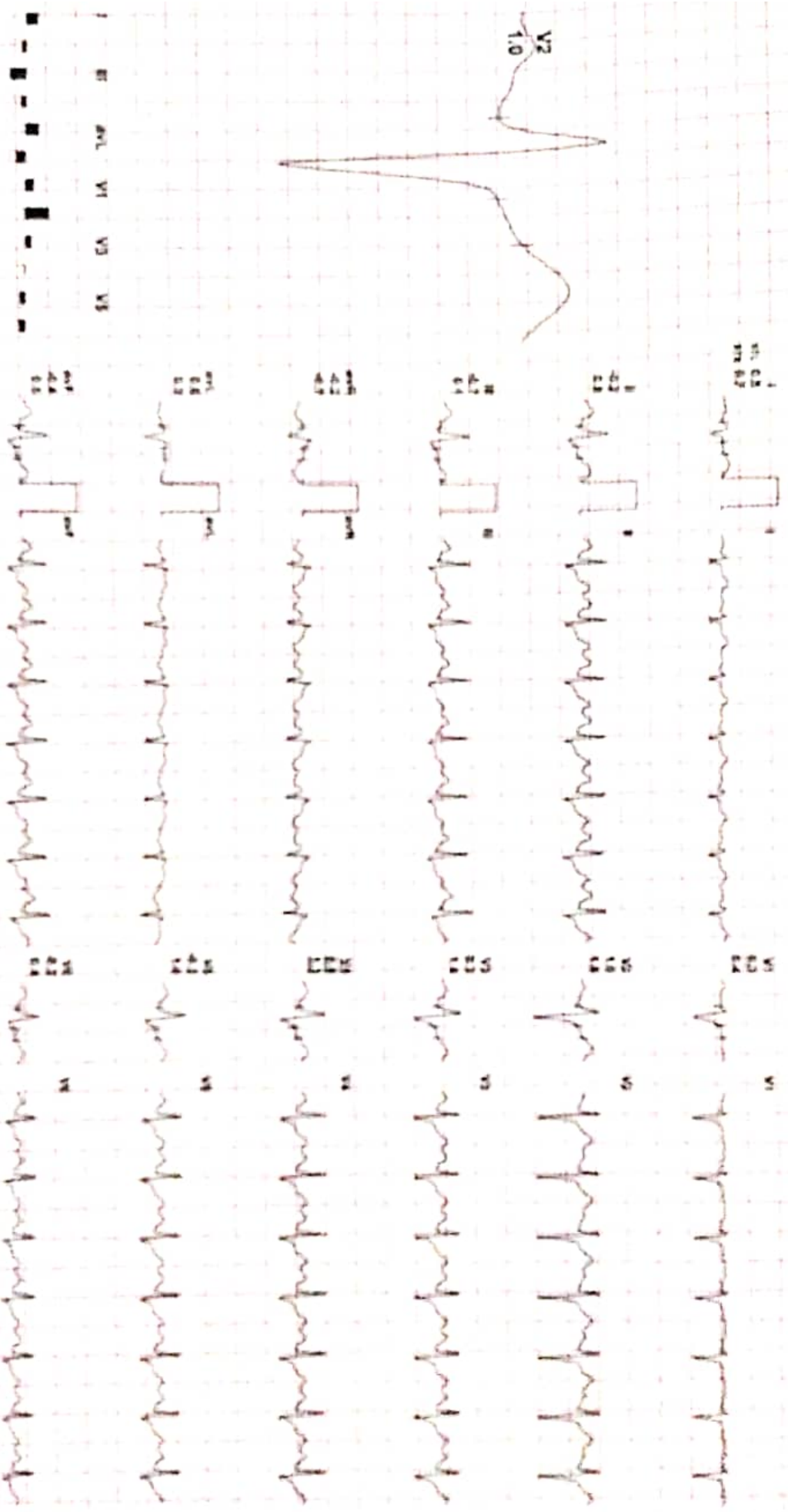
NETS 1.2/ 140 bpm 78% of Ther EP 120/80 mmHg Confirmed Mediana ECG Day March Day HR 0.05 sec/1.5 sec

5.77m 08:17 5.8 Pm 5.8 Pm

4X 40 min Part 1

25 sec/25 sec 5.8 sec/25 sec

Recovery(1:00)



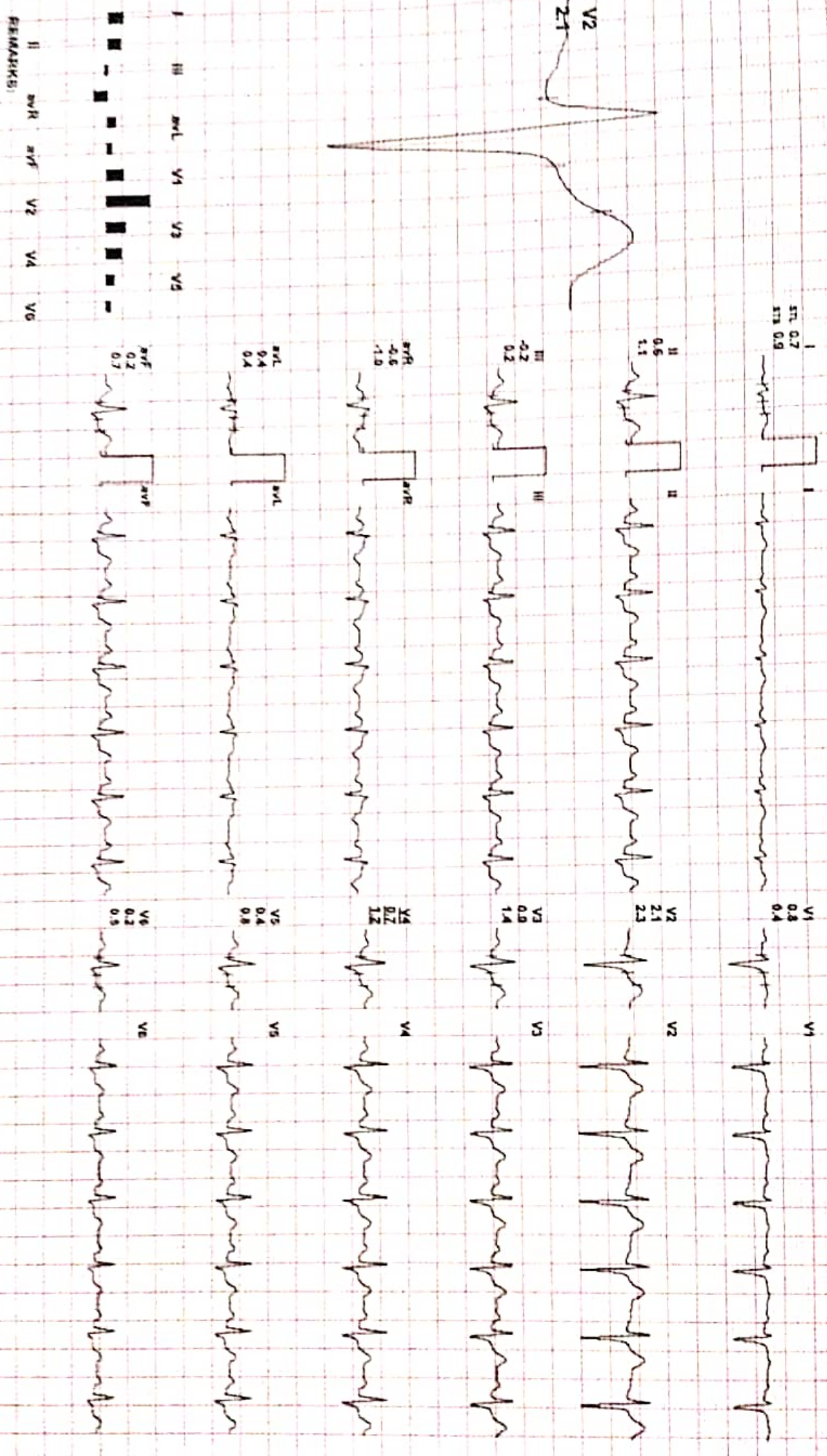
REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

/MRS PRIYANKA / 35 Yrs / F / 153 Cms / 55 Kg / HR : 114

AX 60 ms Post J METS: 1.0/ 114 bpm 62% of THR BP: 118/78 mmHg Combined Medians/ BLC ON/ Natch ON/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:17 0.0 Km/h, 0.0% 25 mm/Sec. 1.0 Cm/mV

Recovery(1:41)





wt - 55 kg  
H - 153 cm  
BP - 100/60  
P - 60 bpm

Mrs. Priyanka kumari - 3581/2

CBC - 10.8 / 3.84 / 9.20 / 103 / 16  
LFT - 22 / 29 / 112  
Lipid - 166.0 / 101.0 / 42.0 / 99.80  
RBS - F - 91.0 / PP - 138.0  
U.Acid - 4.2

g  
- cont R15-11B<sup>23</sup> 212 RT  
→ 300

Creatinine - 0.87  
TMT. mild Pst K



**APOLLO CLINIC RAIPUR**  
Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/201  
Apollo Clinic, Raipur

Ad  
Coronary CAG  
- In vit B/L  
- In I/O sample  
Report CBC cgl  
1 mem