

Chandan Diagnostic

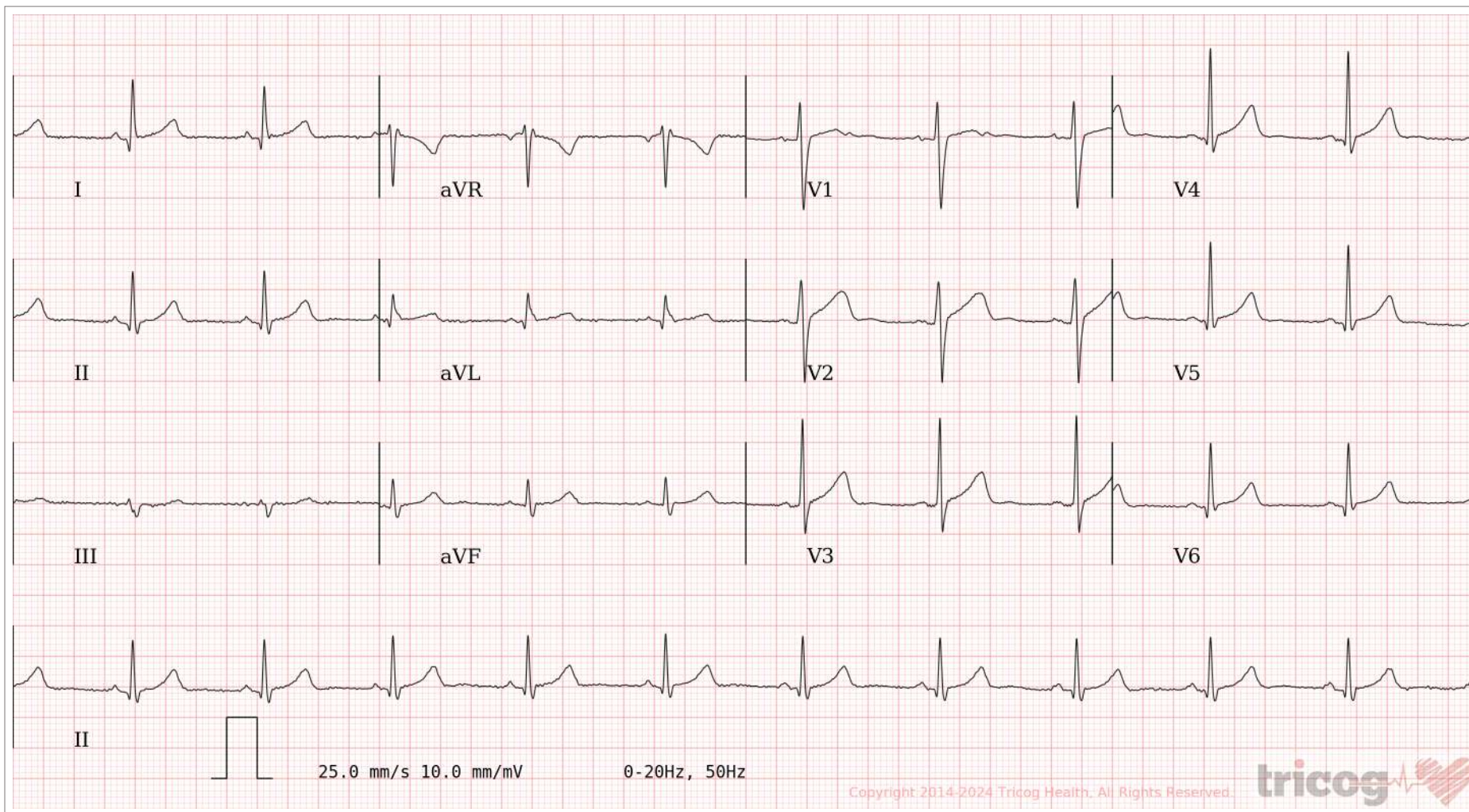


Age / Gender: 27/Female

Date and Time: 8th Sep 24 9:35 AM

Patient ID: CVAR0062092425

Patient Name: Mrs.NISHTHA BHARDWAJ-22S32430



AR: 68bpm VR: 68bpm QRSD: 90ms QT: 400ms QTcB: 425ms PRI: 122ms P-R-T: 31° 24° 40°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Nisar Ahammad K

KMC 122453

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-4501413
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.NISHTHA BHARDWAJ-22S32430	Registered On	: 08/Sep/2024 09:18:34
Age/Gender	: 27 Y 11 M 24 D /F	Collected	: 08/Sep/2024 11:17:33
UHID/MR NO	: CVAR.0000055384	Received	: 08/Sep/2024 11:53:44
Visit ID	: CVAR0062092425	Reported	: 08/Sep/2024 13:44:03
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) ** , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	11.30	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	7,000.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<u>DLC</u>				
Polymorphs (Neutrophils)	50.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	40.00	%	20-40	FLOW CYTOMETRY
Monocytes	6.00	%	2-10	FLOW CYTOMETRY
Eosinophils	4.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
<u>ESR</u>				
Observed	20.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Leter gestation - 70 (95 if anaemic)	
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.20	%	40-54	
Platelet count				
Platelet Count	2.06	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	14.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	56.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.59	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	100.90	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	27-32	CALCULATED PARAMETER
MCHC	31.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,500.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	280.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING ** , Plasma

Glucose Fasting	84.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP ** Sample: Plasma After Meal	105.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	41.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	123	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) **	9.00	mg/dL	7.0-23.0	CALCULATED
Sample: Serum				





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine **	0.90	mg/dl	0.5-1.20	MODIFIED JAFFES
Sample: Serum				

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid **	4.50	mg/dl	2.5-6.0	URICASE
Sample: Serum				

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) ** , Serum

SGOT / Aspartate Aminotransferase (AST)	23.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.60	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	129.30	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	212.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	121	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	34.40	mg/dl	10-33	CALCULATED
Triglycerides	172.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Age/Gender	: 27 Y 11 M 24 D /F	Collected	: 08/Sep/2024 12:06:44
UHID/MR NO	: CVAR.0000055384	Received	: 08/Sep/2024 12:34:46
Visit ID	: CVAR0062092425	Reported	: 08/Sep/2024 15:47:32
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE** , Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE** , Urine

Sugar, Fasting stage	ABSENT	gms%
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

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Home Sample Collection
08069366666

View Reports on
Chandan 24x7 App





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	120.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.15	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.270	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, MAHMOORGANJ

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

365 Days Open

*Facilities Available at Select Location



CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediwheel*

Name of Executive: *Nishtha Bhandwaj*

Date of Birth: *15/09/1996*

Sex: Male / Female

Height: *155* CMs

Weight: *58* KGs

BMI (Body Mass Index): *24.1*

Chest (Expiration / Inspiration) *94/96* CMs

Abdomen: *90* CMs

Blood Pressure: *119/79* mm/Hg

Pulse: *76* BPM - Regular / Irregular

Ident Mark: *cut mark on your Head*

Any Allergies: *No*

Vertigo: *No*

Any Medications: *Thyroxine - Tab Thyroxin 74 mg*

Any Surgical History: *No*

Habits of alcoholism/smoking/tobacco: *No*

Chief Complaints if any: *No*

Lab Investigation Reports: *No*

Eye Check up vision & Color vision: *Normal*

Left eye: *Normal*

Right eye: *Normal*

CHANDAN HEALTH CARE LTD.

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

Ms. MRS NISHTHA BHARDWAJ
 Age: 27/F
 Ref by: MEDIWHEEL
 Indication1:
 Indication2:
 Indication3:

ID: 62092425
 Ht/Wt: 155/58
 Recorded: 08-09-2024

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History:
 Medication1:
 Medication2:
 Medication3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					95	120/80	114	1.5	2.4	1.2	
HYPERVENT	0:02	0:02			94	120/80	112	1.6	2.2	1.2	
VALSALVA					92	120/80	110	1.6	2.2	1.2	
STANDING					90	120/80	108	1.6	2.2	1.2	
STAGE 1	2:59	2:59	2.70	10.00	109	130/80	141	0.8	2.3	0.9	4.80
STAGE 2	5:59	2:59	4.00	12.00	132	140/80	184	0.3	1.5	0.6	7.10
STAGE 3	8:59	2:59	5.40	14.00	152	150/82	228	0.0	1.4	0.4	10.00
EVENT	9:25	0:25	6.70	16.00	166	160/84	265	1.3	-4.1	2.7	10.56
STAGE 4	9:29	0:29	6.70	16.00	165	160/84	264	-0.3	-3.2	1.4	10.65
PEAK EXER	9:30	0:30			165	160/84	264	-0.3	-3.2	1.4	10.67
EVENT	0:30	0:30	0.00	0.00	152	158/82	240	0.6	1.9	0.6	
EVENT	1:00	1:00	0.00	0.00	130	156/80	202	0.9	2.2	0.8	
EVENT	2:00	2:00	0.00	0.00	113	154/80	174	0.4	1.5	0.4	
RECOVERY	2:59	2:59	0.00	0.00	113	152/80	171	0.1	1.0	0.0	

RESULTS

Exercise Duration : 9:30 Minutes
 Max Heart Rate : 166 bpm 86 % of target heart rate 193 bpm
 Max Blood Pressure : 160/84 mmHg
 Max Work Load : 10.67 METS
 Reason of Termination :

IMPRESSIONS

TMT is negative for reversible myocardial ischaemia
 good functional capacity
 chronotropic response \oplus
 no arrhythmia
 complete detail

Cardiologist

Balaji

Dr. Balaji Lohly
 MBBS, MD (MED)
 DM-(CARDIO)
 MCI-114859

Cardiologist
Balaji

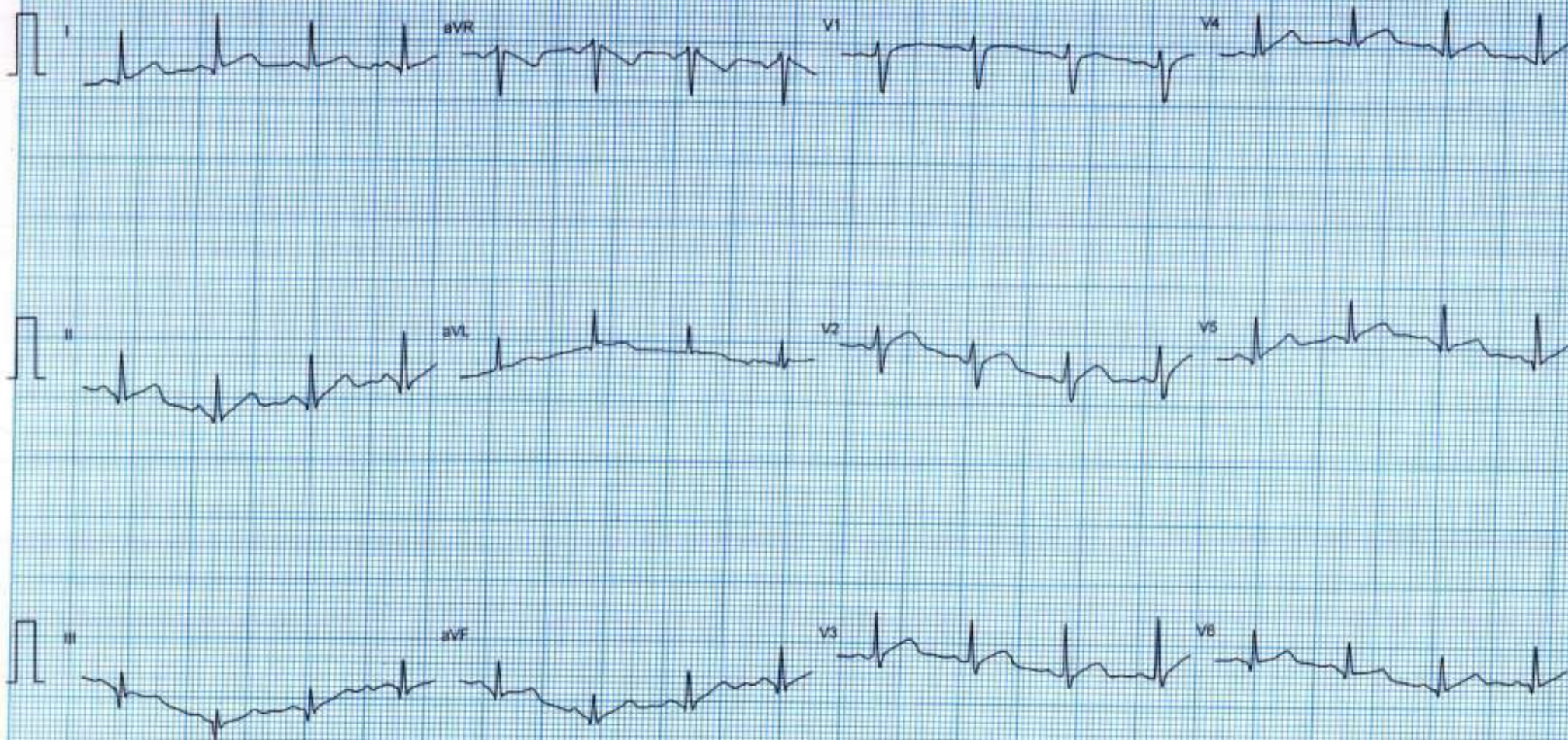
Ms. MRS NISHTHA BHARDWAJ
I.D. : 62092425
AGE/SEX : 27/F
RECORDED : 08-09-2024

RATE : 95 BPM
B.P. : 120/80 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



Ms. MRS NISHTHA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED: 08-09-2024

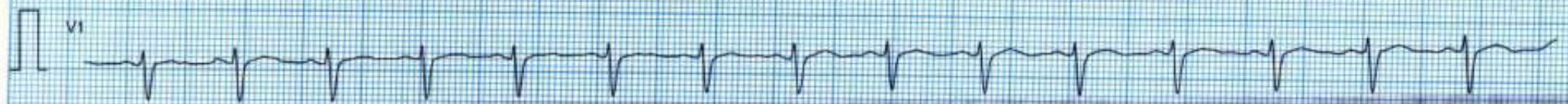
RATE : 94 BPM
B.P : 120/80 mmHg

HYPERVENTILATION
PRETEST

STAGE TIME : 0:02

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



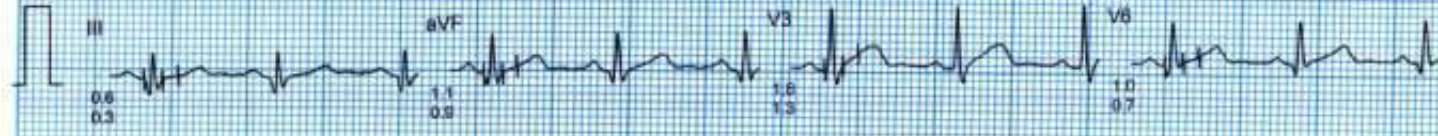
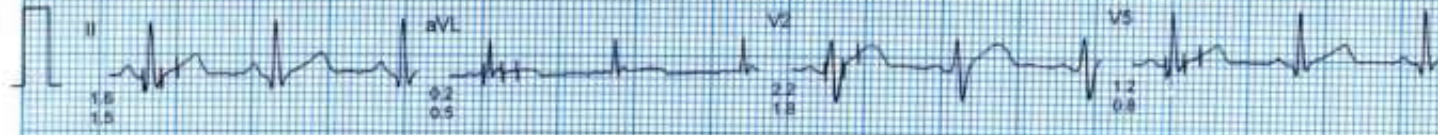
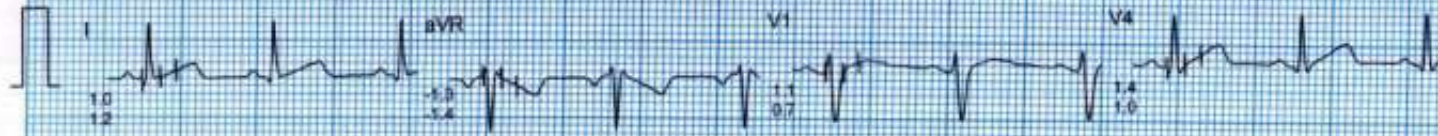
Ms. MRS NISHTHA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED 08-09-2024

RATE 92 BPM
B.P. 120/80 mmHg

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



50mm/sec 20mm/mV

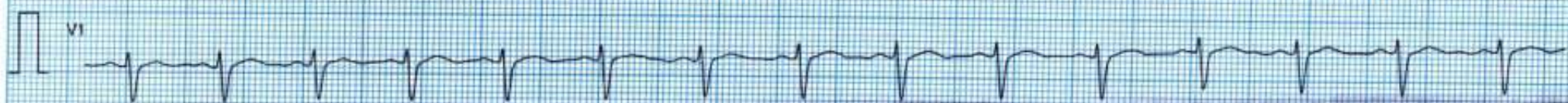
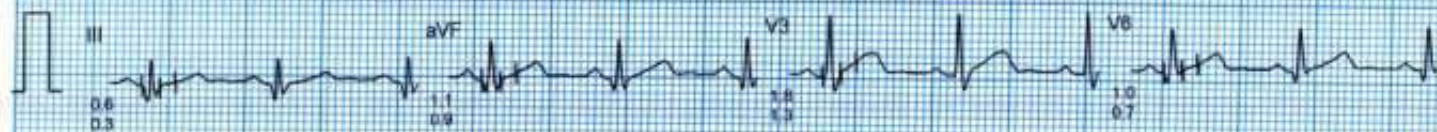
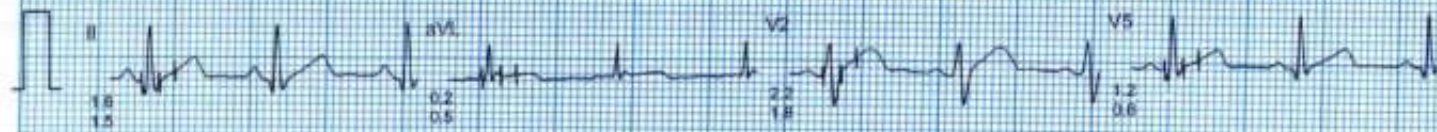
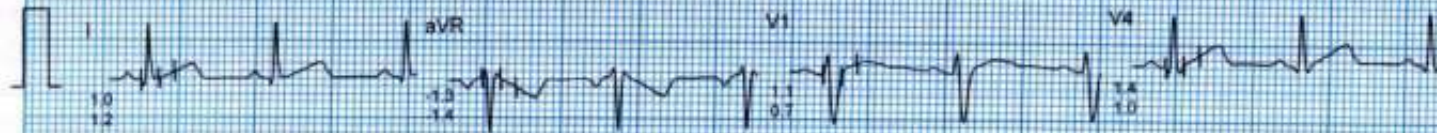
Ms. MRS NISHTHA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED 08-09-2024

RATE 90 BPM
B.P. 120/80 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



50mm/sec 20mm/mV

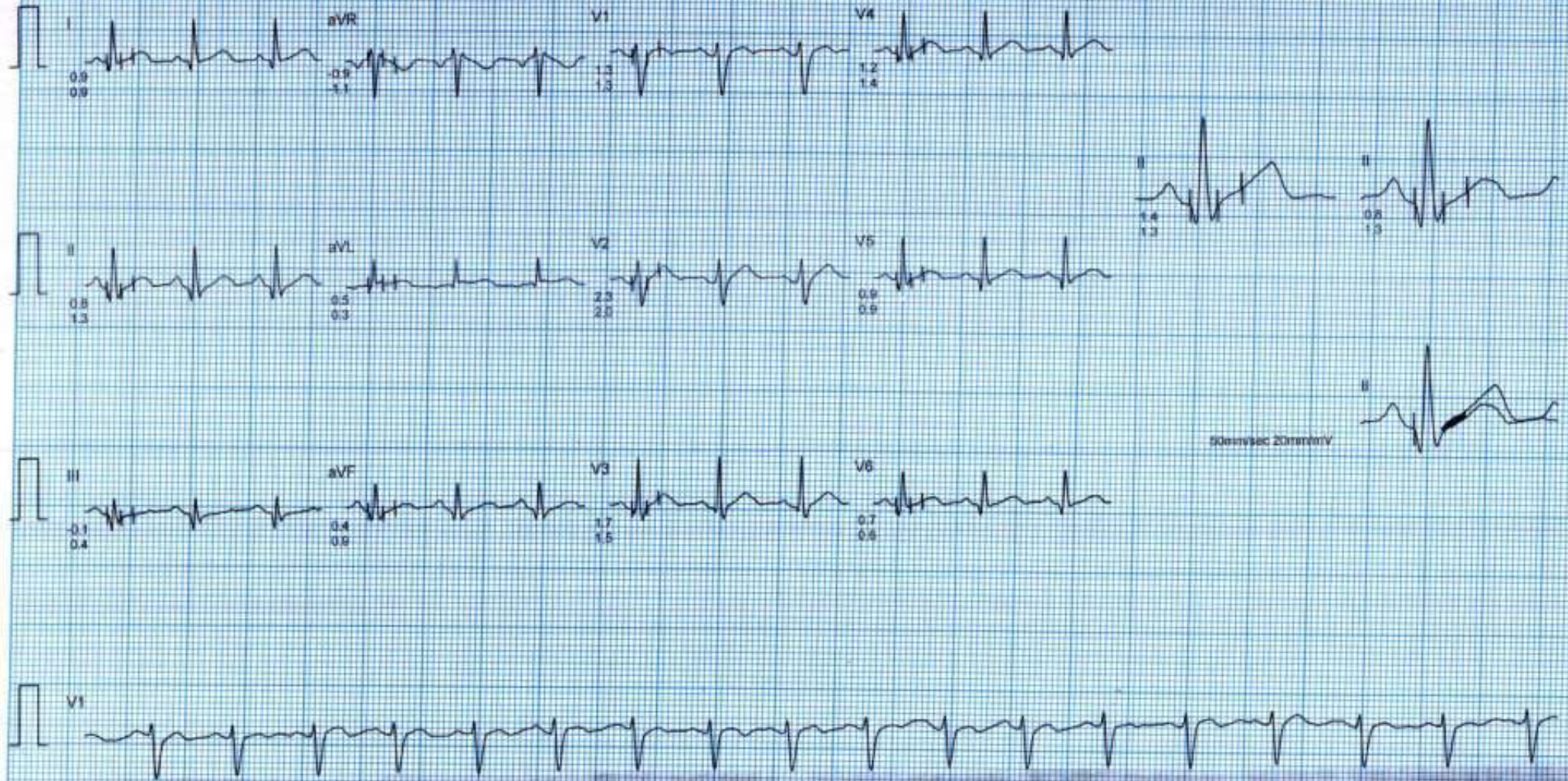
MS. MRS NISHYTA BHARDWAJ
I.D. 62092425
AGE/SEX: 27/F
RECORDED: 08-09-2024

RATE: 109 BPM
B.P.: 130/80 mmHg

BRUCE
EXERCISE 1
PHASE TIME: 2:59
STAGE TIME: 2:59

ST @ 10mm/mV
80ms PostJ
SPEED: 2.7 Km/Hr
GRADE: 10.0%

LINKED MEDIAN



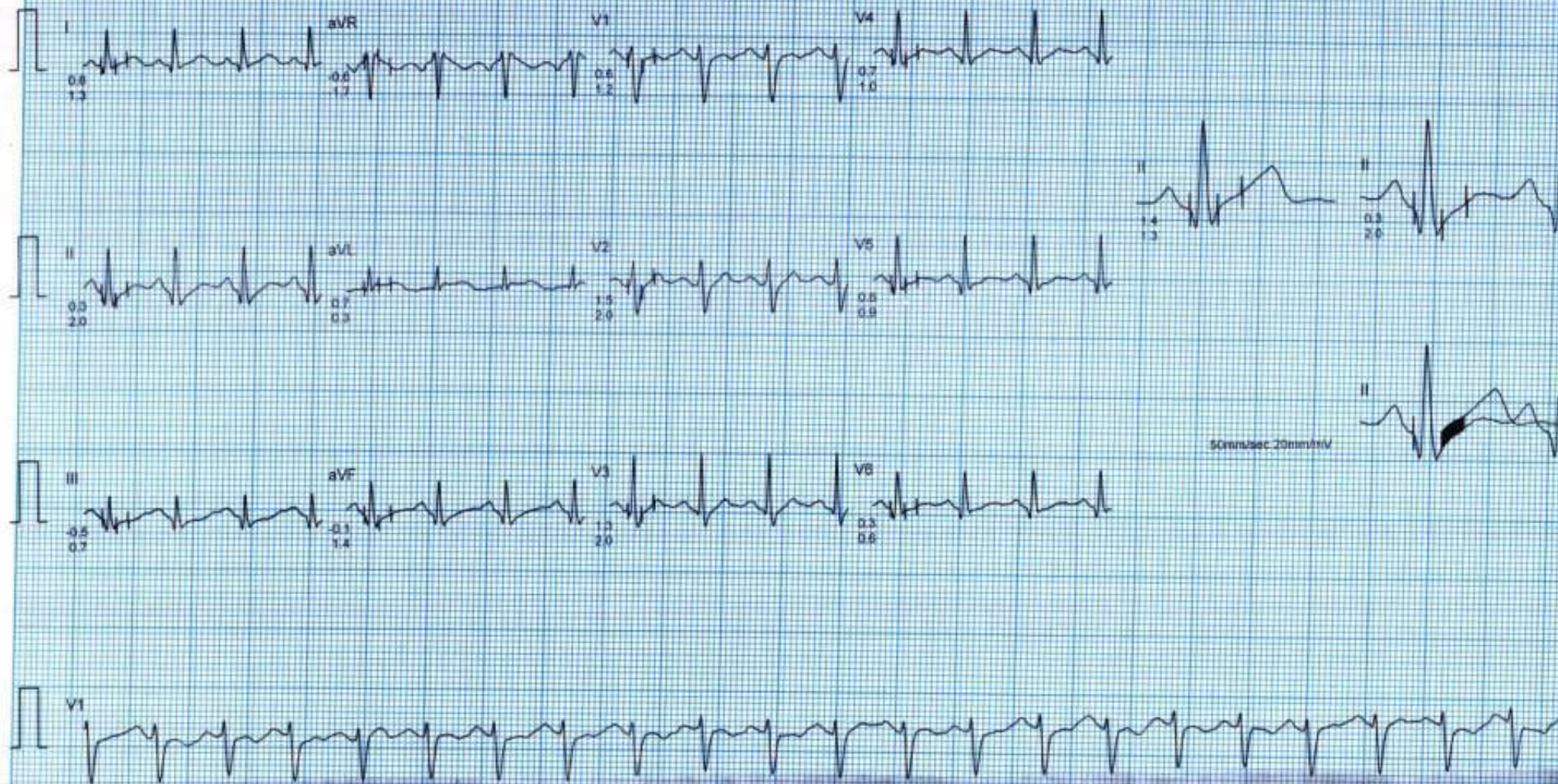
Ms. MRS NISHITA BHARDWAJ
I.D. : 62092425
AGE/SEX : 27/F
RECORDED : 08-09-2024

RATE : 132 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN



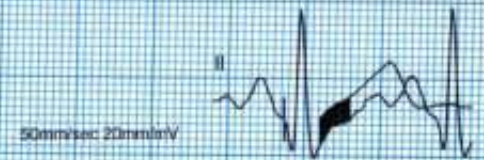
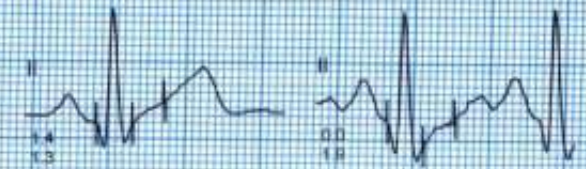
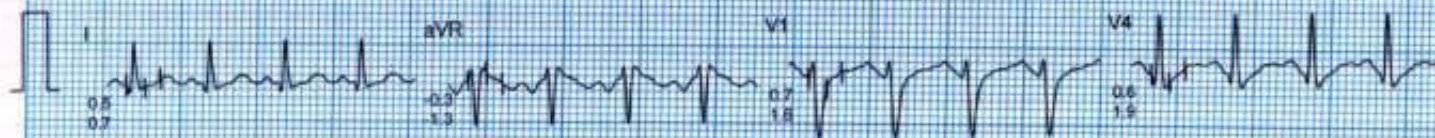
Ms. MRS NISHITA BHARDWAJ
I.D. 52092425
AGE/SEX 27/F
RECORDED : 08-09-2024

RATE 152 BPM
B.P. 150/82 mmHg

BRUCE
EXERCISE 3
PHASE TIME 8:59
STAGE TIME 2:59

ST @ 10mm/mV
80ms Post J
SPEED 6.4 Km./Hr.
GRADE 14.0 %

LINKED MEDIAN



50mm/sec 20mm/mV

MS MRS NISHITA BHARDWAJ
I.D. 82092425
AGE/SEX 27/F
RECORDED 08-09-2024

RATE : 166 BPM
B.P. 180/84 mmHg

BRUCE
EXERCISE 4 (EVENT)
PHASE TIME : 9.25
STAGE TIME : 0.25

ST @ 10mm/mV
80ms PostJ
SPEED 6.7 Km./Hr
GRADE 16.0 %

RAW ECG



Ms. MRS NISHTHA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED: 08-09-2024

RATE : 165 BPM
B.P. 160/84 mmHg

BRUCE
PEAK EXER
PHASE TIME : 9:30
STAGE TIME 0:30

ST @ 10mm/mV
80ms Post.L
SPEED : 5.7 Km/Hr
GRADE : 16.0 %

MIXE ECG



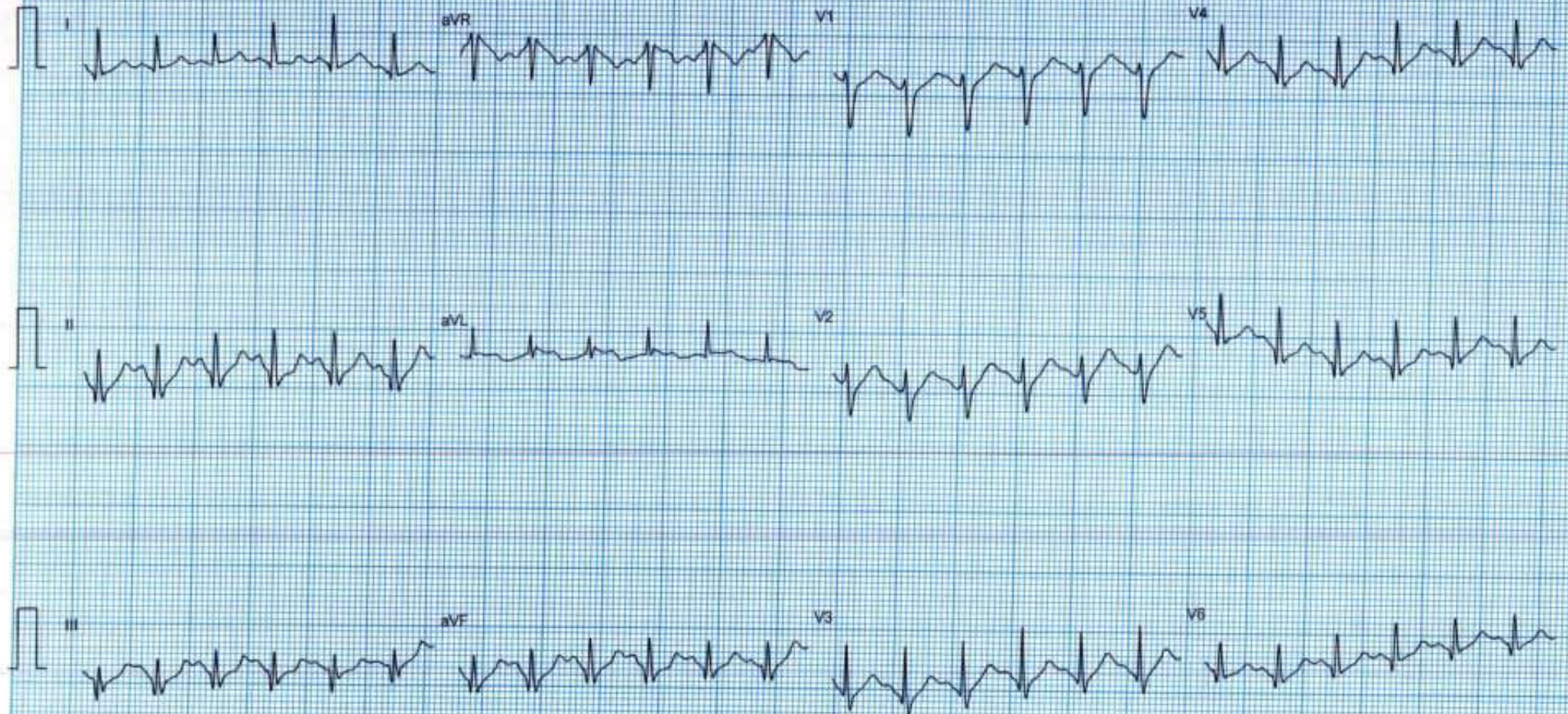
Ms. MRS NISHITA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED: 08-09-2024

RATE 152 BPM
B.P. 158/82 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME: 0.30

ST @ 10mm/mV
80ms PostJ
SPEED 0.0 Km/Hr
GRADE 0.0 %

RAW E.C.G.



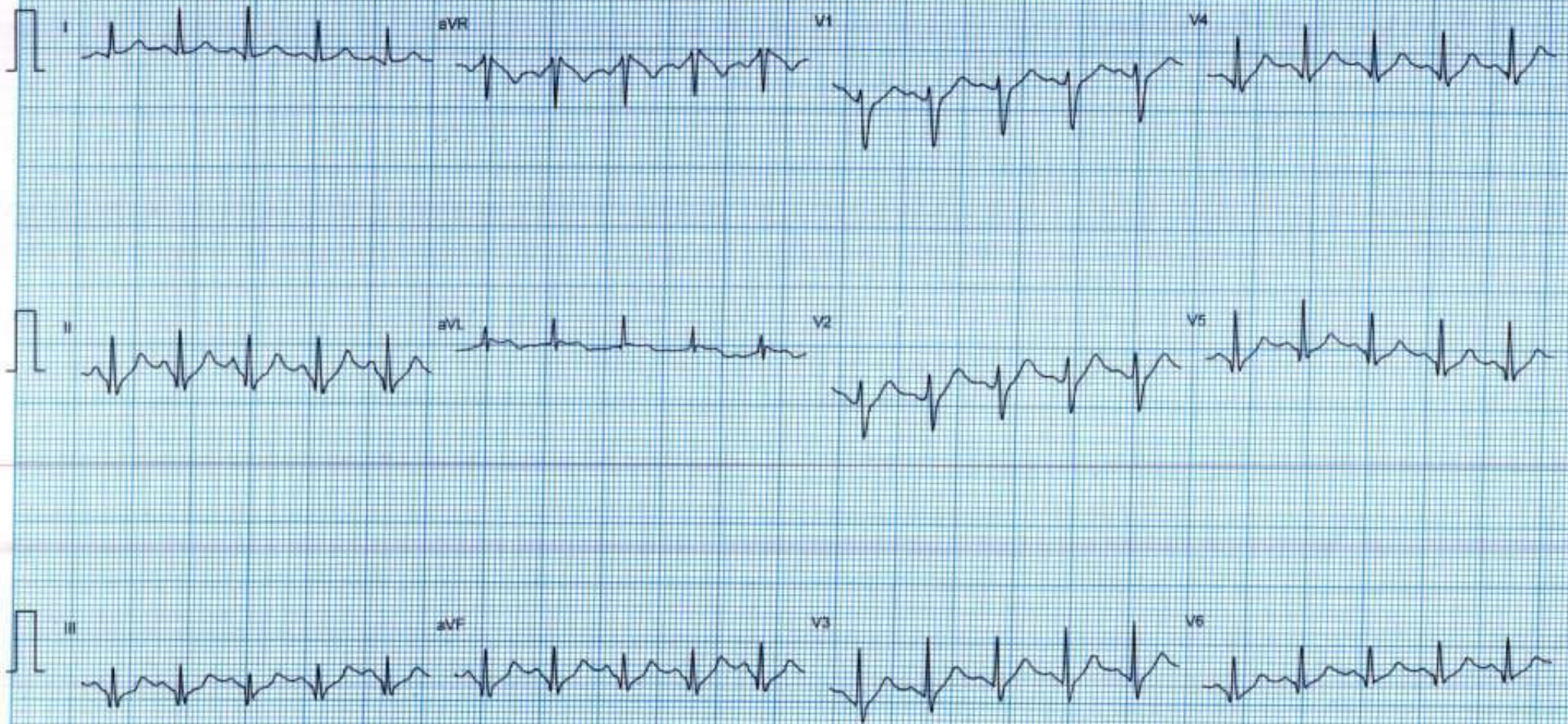
Ms. MRS NISHTHA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED 08-09-2024

RATE 130 BPM
B.P. 156/80 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME 1:00

ST @ 10mm/mV
80ms PostJ
SPEED 0.0 Km/Hr
GRADE 0.0 %

RAW ECG



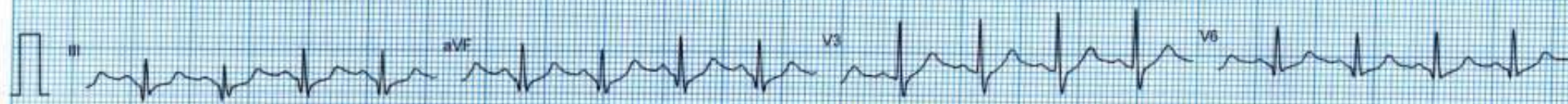
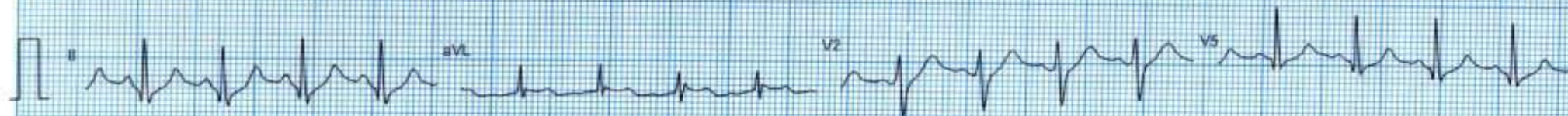
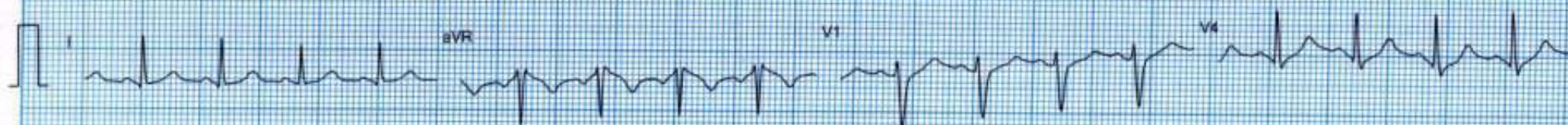
Ms. MRS NISHTHA BHARDWAJ
I.D. : 82092425
AGE/SEX : 27/F
RECORDED : 08-09-2024

RATE : 113 BPM
B.P. : 154/80 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 2:00

ST @ 10mm/mV
80ms Post/J
SPEED : 0.0 Km/Hr
GRADE : 0.0 %

RAW ECG



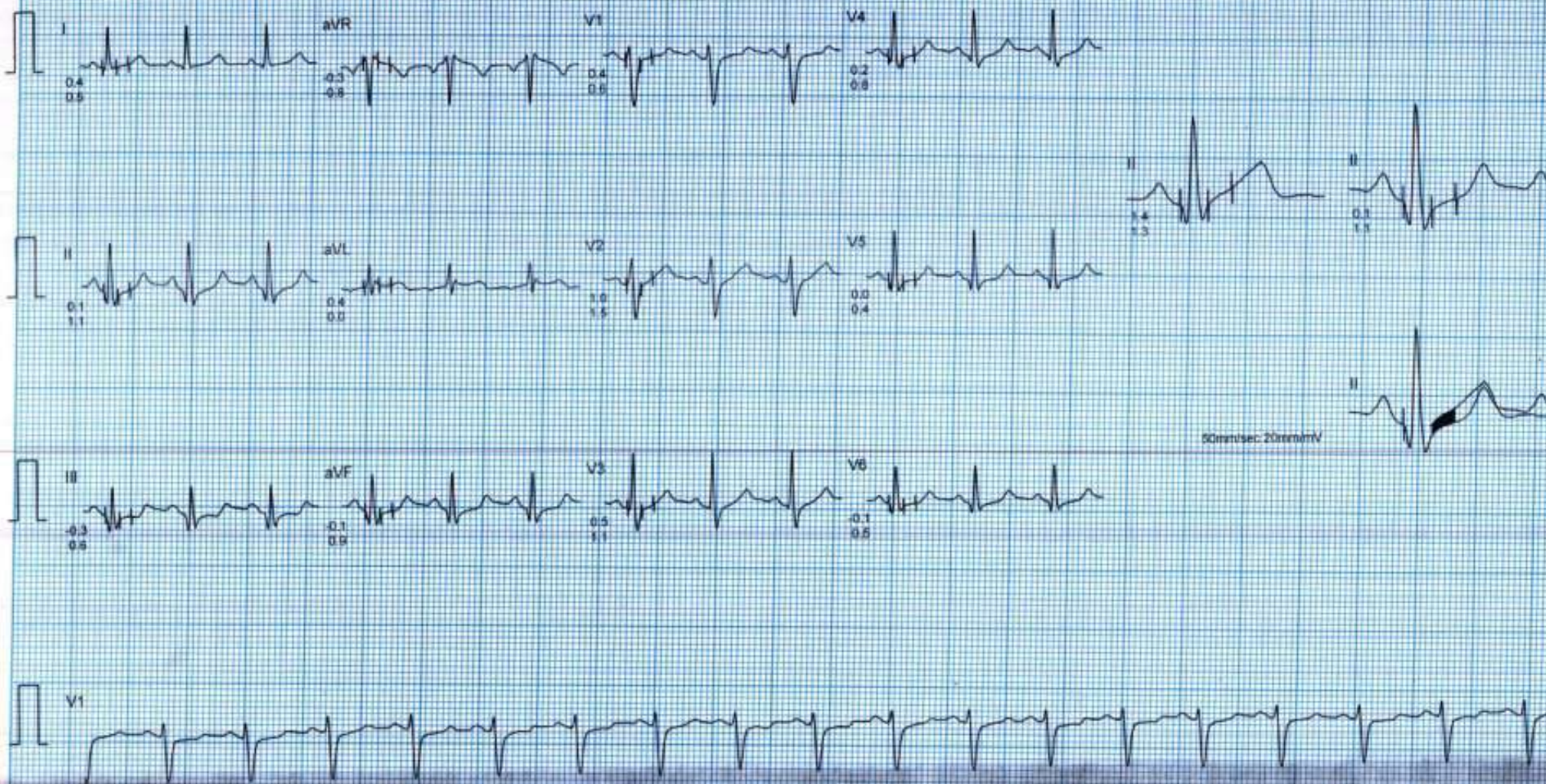
Ms. MRS NISHITA BHARDWAJ
I.D. 62092425
AGE/SEX 27/F
RECORDED 08-09-2024

RATE 113 BPM
B.P. 152/80 mmHg

BRUCE
RECOVERY
PHASE TIME 2:59

ST @ 10mm/mV
80ms PostJ
SPEED 0.0 Km./Hr
GRADE 0.0%

LINKED MEDIAN



50mm/sec 20mm/mV

CHANDAN DIAGNOSTIC CENTRE

Near vision: 14/6

Far vision: 6/6

Dental check up: *None*

ENT Check up: *None*

Eye Check-up: *None*

Final impression-

Certified that I examined *Nishtha Bhandwar*
S/o or D/o is presently in good
health and free from any cardio-respiratory/communicable
ailment, he/she is Fit / Unfit to join any organization.

Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No.-26918

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.: 0542-2223232

Client Signature: -

[Handwritten Signature]

[Handwritten Signature]

Signature of Medical Examiner

Name & Qualification - Dr. R. C. ROY
(MBBS, MD)

Date...*08*.../*09*.../2024

Place - VARANASI



 **GPS Map**
Camera Lite

D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh
221010, India


Latitude
25.3053695°

Longitude
82.9790576°

Local 10:11:16 AM
GMT 04:41:16 AM

Altitude 84 meters
Sunday, 08.09.2024

I am Nishtha Bhardwaj do not go for stool sample, Pap-smear, Sugar-stasis PP, USG (Ultrasound) to my own wish.


08/09/2024



Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No.-26918

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmooorgan
Varanasi-221010 (U.P.)
Phone No.: 0542-2223232



भारत सरकार

Government of India



निष्ठा भारद्वाज

Nishtha Bhardwaj

माता : इंदु देवी

Mother : Indu Devi

जन्म तिथि / DOB : 15/09/1996

महिला / Female



6194 8454 6902

आधार - आम आदमी का अधिकार