

Shedy gotun.

wt-74 kg, Ht = 186 cm Bil-110/70 mmtg Puls-. 78/2000







SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE



(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-9, Near Hindon Bridge Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

X-Ray Report

Patient ID.	19801	Name	MRS SHEELU GAUTAM	Sex/Age	F/35Y
Date	15-08-2022 10:04 AM	Ref. Physician	SELF	CHEST, C	HEST

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

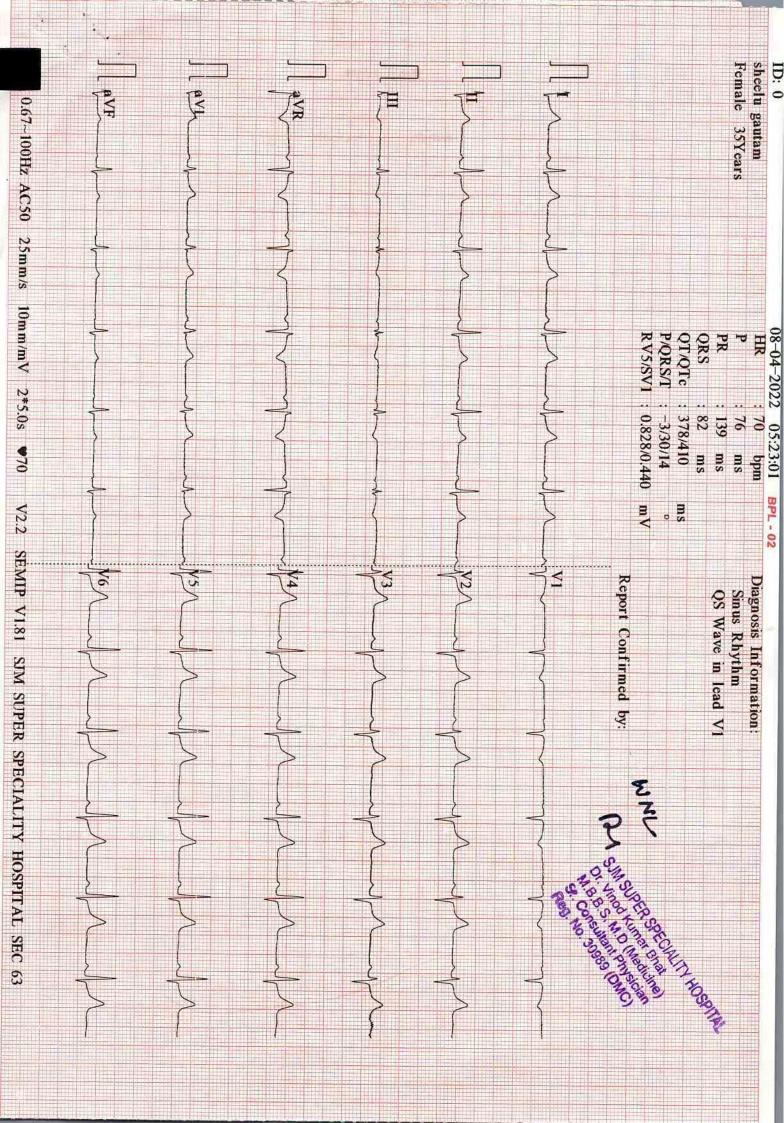
IMPRESSION:

No significant abnormality seen.

Centre for Excellent Patient Care

Dr. SANTOSH BHARAT RATHOD MBBS, DNB CONSULTANT RADIOLOGIST

SPECIAL Noida Noida Noida Noida





Sector-63, Noida, NH-09, Near Hindon Bridge Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

> E-mail.: email@sjmhospital.com Web.: www.sjmhospital.com

Laboratory Report

Lab Serial no. : LSHHI226769 Mr. No : 93944

Patient Name : Mrs. SHEELU GAUTAM Reg. Date & Time : 14-Aug-2022

Age / Sex : 35 Yrs / F Sample Receive Date : 14-Aug-2022

Age / Sex : 35 Yrs / F Sample Receive Date : 14-Aug-2022
Referred by : Dr. SELF Result Entry Date : 14-Aug-2022

Referred by : Dr. SELF Result Entry Date : 14-Aug-2022 12:06PM
Doctor Name : Dr. BHUPENDER BHATI Reporting Time : 14-Aug-2022 12:06 PM

OPD : OPD

	HAEMATOLO results	GY unit	reference	
CBC / COMPLETE BLOOD COUNT	and the same of th		ii.	
HB (Haemoglobin)	10.3	gm/dl	12.0 - 16.0	
TLC	10.7	Thousand/mm	4.0 - 11.0	
DLC			K	
Neutrophil	54	%	40 - 70	
Lymphocyte	36	%	20 - 40	
Eosinophil	08	%	02 - 06	
Monocyte	02	%	02 - 08	
Basophil	00	%	00 - 01	
R.B.C.	4.10	Thousand / UI	3.8 - 5.10	
P.C.V	34.4	million/UI	0 - 40	
M.C.V.	83.9	fL	78 - 100	
M.C.H.	25.1	pg	27 - 32	
M.C.H.C.	29.9	g/dl	32 - 36	
Platelet Count	2,44	Lacs/cumm	1.5 - 4.5	
70 70 00 00 00 00 00 00 00 00 00 00 00 0				

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician:

Typed By : Mr. BIRJESH

SPECIAL Noida Noida Noida

Page 1

09:40 AM

09:50 AM

Indel Ind

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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Laboratory Report

Lab Serial no.

: LSHHI226769

Patient Name

: Mrs. SHEELU GAUTAM

: 35 Yrs / F Age / Sex

Referred by

: Dr. SELF

Doctor Name OPD

: Dr. BHUPENDER BHATI

: OPD

Mr. No

Reg. Date & Time

: 93944

: 14-Aug-2022 09:40 AM

Sample Receive Date

: 14-Aug-2022

09:50 AM

Result Entry Date

: 14-Aug-2022

01:47PM

Reporting Time

: 14-Aug-2022

12:06 PM

HAEMATOLOGY

results

reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)

mm/1hr

00 - 20

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results

unit

reference

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)

127.1

mg/dl

70 - 110

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician:

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Noida

Page 1

Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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Doctor Name : Dr. BHUPENDER BHATI Reporting Time : 14-Aug-2022 12:06 PM

OPD : OPD

	BIOCHEMISTI results	RY unit	reference
KFT,Serum	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	450	
Blood Urea	18.8	mg/dL	13 - 40
Serum Creatinine	0.69	mg/dl	0.6 - 1.1
Uric Acid	5.5	mg/dl	2.6 - 6.0
Calcium	8.7	mg/dL	8.8 - 10.2
Sodium (Na+)	138.4	mEq/L	135 - 150
Potassium (K+)	4.12	mEq/L	3.5 - 5.0
Chloride (CI)	105.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	8.79	mg/dL	7 - 18
PHOSPHORUS-Serum	3.55	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

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Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Page 1

Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist



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 : 14-Aug-2022
 09:50 AM

Doctor Name : Dr. BHUPENDER BHATI Reporting Time : 14-Aug-2022 12:06 PM

OPD : OPD

	BIOCHEMIST	'RY	
	results	unit	reference
LIPID PROFILE,Serum	A STATE OF THE PARTY OF THE PAR		
S. Cholesterol	197.0	mg/dl	< - 200
HDL Cholesterol	59.6	mg/dl	42.0 - 88.0
LDL Cholesterol	125.5	mg/dl	50 - 150
VLDL Cholesterol	11.9	mg/dl	00 - 40
Triglyceride	59.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.3	%	3.30 - 4.40
INTERPRETATION:			0

Lipid profile OF lipid panel IS a panel of blood tests that serves as an initial screening tool for 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.

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technician:

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Page 1

Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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Lab Serial no. Patient Name

: LSHHI226769

: Mrs. SHEELU GAUTAM

: 35 Yrs / F

Referred by Doctor Name

Age / Sex

: Dr. SELF

OPD

: Dr. BHUPENDER BHATI

· OPD

Mr. No

: 93944 : 14-Aug-2022 Reg. Date & Time

09:40 AM

Sample Receive Date

: 14-Aug-2022

09:50 AM

Result Entry Date

: 14-Aug-2022

03:38PM

Reporting Time

: 14-Aug-2022

03:39 PM

BIOCHEMISTRY

results

reference

BLOOD SUGAR (PP), Serum

SUGAR PP

156.6

mg/dl

80 - 140

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting. METHOD:- GOD-POD METHOD, END POINT

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technician:

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Dr. Swati Chandel Consultant Pathologist 39292 (MCI)

Page 1

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Laboratory Report

Lab Serial No.

: LSHHI226769

Patient Name

: MRS. SHEELU GAUTAM

Age/Sex

: 35 Yrs/F

Referred By Doctor Name : SELF : Dr. BHUPENDER BHATI

OPD/IPD

TEST NAME

: OPD

Reg. No.

Reg. No.

: 93944

Reg. Date & Time Sample Collection Date : 14-Aug-2022 09:40 AM : 14-Aug-2022 09:50 AM

Sample Receiving Date ReportingTime

: 14-Aug-2022 09:50 AM 14-Aug-2022 12:06 PM

.

VALUI

ABO

66 A ?

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotien A and B on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose

Nil

URINE SUGAR (PP)

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CHEMICAL EXAMINATION

Glucose

Nil

SPECIAL No.ida No.ida No.ida

Mr. BIRJESH

Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Microiologist 14-08-2022

http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx



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Laboratory Report

Lab Serial No.

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Rea. No.

: 93944

Patient Name

: MRS. SHEELU GAUTAM

: Dr. BHUPENDER BHATI

Reg. Date & Time

: 14-Aug-2022 09:40 AM

Age/Sex

: 35 Yrs /F

Sample Collection Date

: 14-Aug-2022 09:50 AM

Referred By Doctor Name : SELF

Sample Receiving Date ReportingTime

: 14-Aug-2022 09:50 AM 14-Aug-2022 12:06 PM

OPD/IPD

: OPD

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity:

20 ml

Color:

Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: A

Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil Crystals: nil

Epithelial cells: 2-3 /HPF

Others: nil

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Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

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Mr. BIRJESH

Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist 14-08-2022

http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx







Patient Name : Mrs. SHEELU GAUTAM

Age/Sex

: 35 Y/Female

Patient ID

: 012208140067

Barcode

: 10107862

Ref. By

: Self

SRF No.

SKF No.

Aadhar-Nation : - Indian

Registration No: 103053

Registered

: 14/Aug/2022

Collection Received : 14/Aug/2022 03:40PM

-

: 14/Aug/2022 04:00PM

Reported

: 14/Aug/2022 05:06PM

Panel

: SJM Hospital

Passport No.

Test Name

Value

Unit

Bio Ref.Interval

HbA1C(Glycosylated Hemoglobin); EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA

Particle enhanced immunoturbidimetric

6.30

134.11

0/

0/0

mg/dL

<125.0

Average Glucose Calculated Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbAlc IN %
NON DIABETIC ADULTS >= 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

Comment

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

- ADA criteria for correlation between HbA1c & Mean plasma glucose levels.
- 1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.
- 2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high

concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

Dr. Jatinder Bhatia MD Pathology Director

Dr. Madhusmita Das

MD MICROBIOLOGY

Madausmito Sas

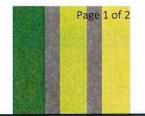
Dr. Priyanka Rana MD Pathology

NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P.) Tel.: 0120-4224797, 7042922881

E-mail: admin@360healthservices.com | Website: www360healthservice.com









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Age/Sex

· 35 Y/Female

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: SJM Hospital

Passport No.

Test Name

Value

Unit

Bio Ref.Interval

patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be

appropiate.

4. High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including

red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red

cells

*** End Of Report ***

Theatis Dr. Jatinder Bhatia MD Pathology Director

Madeusmita Sasi Dr. Madhusmita Das

MD MICROBIOLOGY

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Reported

: 14/Aug/2022 05:17PM

Panel

: SJM Hospital

Passport No.

Test Name	Value	Unit	Bio Ref.Interval	
	THYROID PRO	OFILE,(TFT)SERUM		
T3 ,Serum	122.80	ng/dl	69-215	
T4 ,Serum	9.00	ug/dL	5.2-12.7	
TSH(ultrasensitive)	2.9	uIU/mL	0.3-4.5	

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
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%.
Raised	Within range	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 T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
		1000	Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti- epileptics

Dr. Jatinder Bhatia MD Pathology Director

Machinemita das

Dr. Madhusmita Das MD MICROBIOLOGY Dr. Priyanka Rana MD Pathology

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Reported

Panel

: 14/Aug/2022 05:17PM : SJM Hospital

Passport No.

Test Name			Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal		SH -especially in the	e range of 0.1 to 0.4 often seen in elderly lness
			Subclinical Hyp	perthyroidism	
			Thyroxine inge	stion"	
Decreased	Decreased	Decreased	Central Hypoth	yroidism	
			Non-Thyroidal	illness	
			Recent treatme	nt for Hyperthyroidi	sm (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyper	thyroidism (Graves'	disease), Multinodular goitre, Toxic nodule
				s,subacute, DeQuerv	ent (lymphocytic), Postviral ain's),Gestational thyrotoxicosis with
Decreased or	Raised	Within range	T3 toxicosis		
Within range			Non-Thyroidal	illness	

TSH(µIU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5	
Second Trimester	0.20-3.00	
Third Trimester	0.30-3.00	

*** End Of Report ***

Dr. Jatinder Bhatia MD Pathology Director

Madeusnita Sas Dr. Madhusmita Das

MD MICROBIOLOGY

Dr. Priyanka Rana MD Pathology

Noida

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Page 2 of 2

129 EXTRA COMMENTS FINAL IMPRESSION CHRONO RESPONSE EXERCISE INDUCED ARRHYTHMIAS EXERCISE TOLERANCE HAEMO RESPONSE REASON FOR TERMINATION OTHER INVESTIGATION NAME MRS SHELU GAUTAM AGE / SEX 35 / FEMALE RISK FACTOR OBJECT OF TEST CASE HISTORY MEDICATION Tested On 14-08-2022, 11:30:49 Stress Test is Negative for Inducible Ischemia No Hypertensive Moderate (< 10 METS Max HR Moderate Active Hypertension. Chest Pain Diagnosis Routine Check Up. HEIGHT (cm) WEIGHT (kg) PROTOCOL BPL DYNATRAC n) 156 g) 74 BRUCE Service Control of the Control of th Confirmed By DONE BY TECHNICIAN : Hari Signature DR VIOND BHAT Page No.: 1

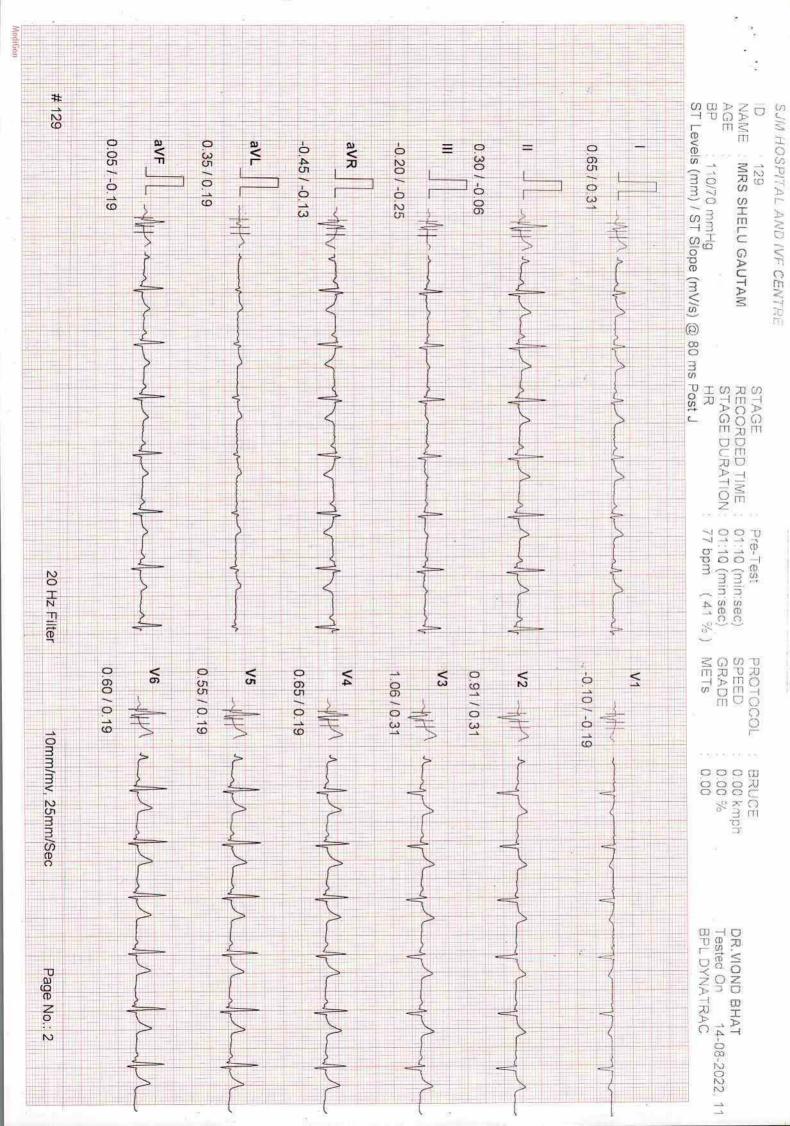
SJM HOSPITAL AND INF CENTRE

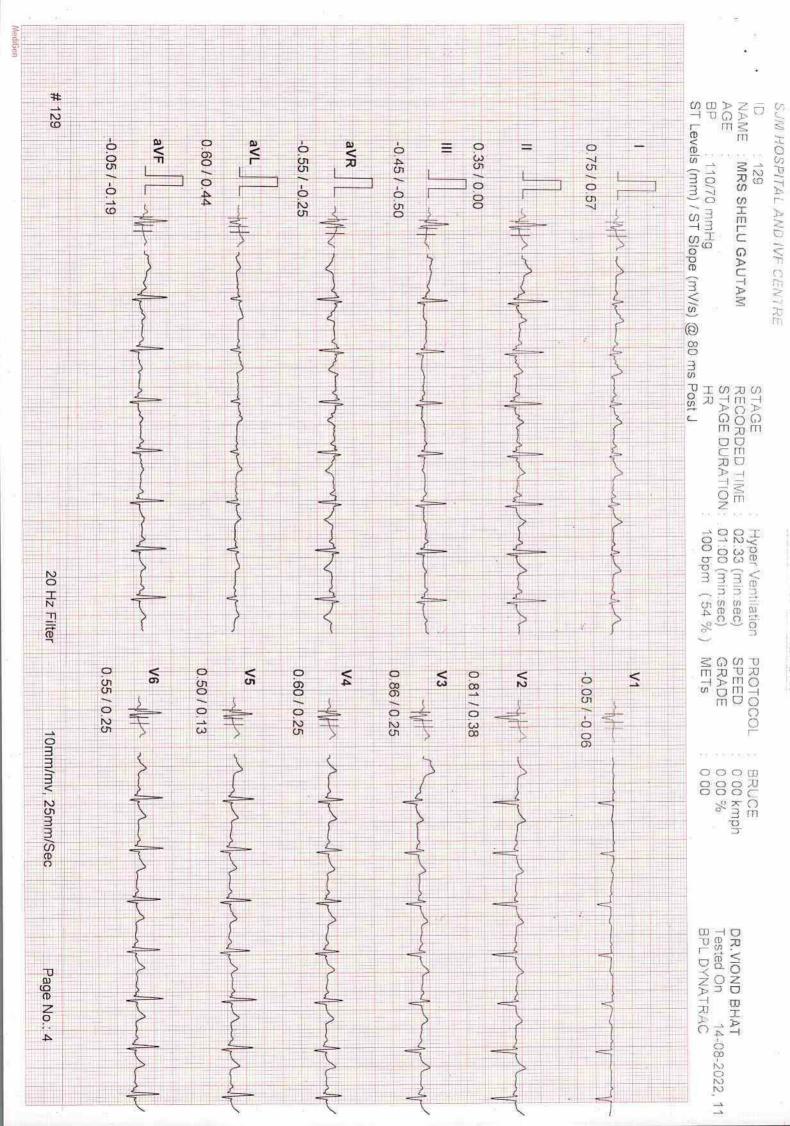
PATIENT ID 129
PATIENT NAME: MRS SHELU GAUTAM
PROTOCOL BRUCE

DR.VIOND BHAT
Tested On 14-08-2022, 11:30:49
BPL DYNATRAC

. Maximun	Maximum HR achieved		179 bpm, 96 % of 185 bpm	of 185 bpm			Total Exe	Total Exercise time	
	(min.;sec)	(kmph)	(%)	. (bpm)	(eHttpm)	1Hg)	1H9)		
	01-10	0.00	0.00	77	110/70		8470		8470
Supine	00:11	0.00	0.00	75	110 / 70			8250	8250 0,00
Hyper Ventilation	01:00	0.00	0.00	00 .00	110/70		11000	J	0.00
Exercise 1	02:54	2.70	10.00	151	110 / 80		16610	16610 5.10	
Exercise 2	02:58	4.00	12,00	166	120/90		19920	19920 7.10	
Peak Exercise	01.22	5.50	14,00	179	140 / 100	Ō	0 25060		25060
Recovery 1	00:58	0.00	0.00	179	110/70		19690		19690
Recovery 2	01:57	0.00	0,00	126	110/70		13860		13860
Recovery 3	02:55	0.00	0.00	113	110/70		12430		12430
Recovery 4	3	9	000	112	110 / 70			12320 0.00	12320

BP : 0/0 mmHg ST Levels (mm) / ST Slope (mV/s) @ 0 ms Post J AGI NAME : MRS SHELU GAUTAM SUM HOSPITAL AND INF CENTRE aVF 0.00 / -1.#J 0.00 / -1.#J aVL 0.00 / -1.#J aVR 0.00 / -1.#J 0.00 / -1.#J 0.00 / -1,#J STAGE
RECORDED TIME
STAGE DURATION Pre-Test 00 11 (min:sec) 00 11 (min:sec) 00 bpm (0%) 20 Hz Filter 0.00 / -1,#J METS 0.00 / -1.#J GRADE SPEED PROTOCOL 0.00 / -1.#J 0.00 / -1.#J ۲3 0.00 / -1.#J 0.00 / -1.#J < 10mm/mv, 25mm/Sec 0.00 kmph 0.00 % 0.00 BRUCE BPL DYNATRAC DR.VIOND BHAT Tested On 14 Page No.: 1 14-08-2022





With American various of the state of the st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Exercise 1 PROTOCOL BRUCE 02.54 (min.sec) SPEED 2.70 kmph DR.VIOND BHAT 02.54 (min.sec) GRADE 10.00 % Tested On 14-08-2022 151 bpm (81 %) METs 5.10 BPL DYNATRAC	SJM HOSPITAL AND INF CENTRE OUT OF THE STAGE DURATION: 02.54 AGE STAGE DURATION: 02.54 BP ST Levels (mm) / ST Slope (mV/s) @ 60 ms Post J

