

wt - 82 kg
H - 170 cm
BP - 120/80
P - 84/min

Mr. Anant Sethi
Age - 36y/M

24/02/24

CRP - 13.9 / 5.46 / 8.72 / 32/12
RBS - F - 126.0 / PP - 196.0
Creatinine - 1.06
U. Acid - 4.2
Lipid - 148.0 / 96.0 / 42.0 / 83.80
LFT - 21 / 29 / 78

As Anant choudhary
Kuro DM II (Jabra m 50/50)

- Carb Glucocorticoids - S /
Glucocorticoids - S 10/100
before BF

- Cap Acetaminophen 300mg
3x 300

- Renew aft 1dys + FBS
PPBS



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

Mr. Prant
Age 36y,

Diabetic Diet

Recommendation 1500-1600 calorie 40-60 gram protein High fiber diet

- Early morning 6am Warm methi water 100ml
- 7am Black tea with merry biscuit
- 8am Boil mung 30gram,
- 9am (Veg daliya 1katori/mung chila /butter milk /ots/Roti veg/boil egg white 1)
- 10am Fruits Apple/papaya / lemon
- Lunch 12.oclock (3 Roti ,daal 1katori salad,raayta, green veg , sprouts
- 2pm Roasted mung, chana, roasted soya been,
- 4pm Tea with merry biscuit, Roasted murra , wheet tost 2
- 6pm Veg soup mix 1cup
- Dinner 8pm (C/M) Veg daliya, daal, green veg 1katori Bed time,, without cream milk, 100 ml

Food to be taken: Green veg, sprout, green salad, fruits. Apple papaya
Jaam, lemon tea, fresh curd, shup, coconut water sattu rajgira, ots.

Fiber diet le

Food to be Avoided:

Avoide Extra salt, rice, sweets, pottato, alkohal yellow egg, meet,
Sugar, hany, spicy food, meda junk food, Jem, jelly, peanuts, dry
fruits, sweet potato, jimikand, Banana, chiku, sabudana,

- ① Take 4. water 8/12 glass
- ② Avoid: do- air- red
- ③ Meda oily food.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Anant Sethi

Date 24.12.24.....

Sex/Age 36.4.17

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wnl</u> (LE):- <u>wnl</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>wd</u>				
DISTANT VISION:(RE):- <u>6/60 E4 6/6</u> (LE):- <u>6/60 E4 6/6</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-2.75</u>			
LEFT	<u>-2.25</u>	<u>-1.0</u>	<u>100</u>	
REMARKS :-				



Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. C.O.M.C. 624/2006

ID: 307
MRANANT SETHI
Male 36Years

24-02-2024 11:34:33 AM

HR : 91 bpm
P : 88 ms
PR : 106 ms
QRS : 96 ms
QT/QTc : 338/416 ms
P/QRS/T : 44/56/45 °
RV5/SVI : 1.154/1.003 mV

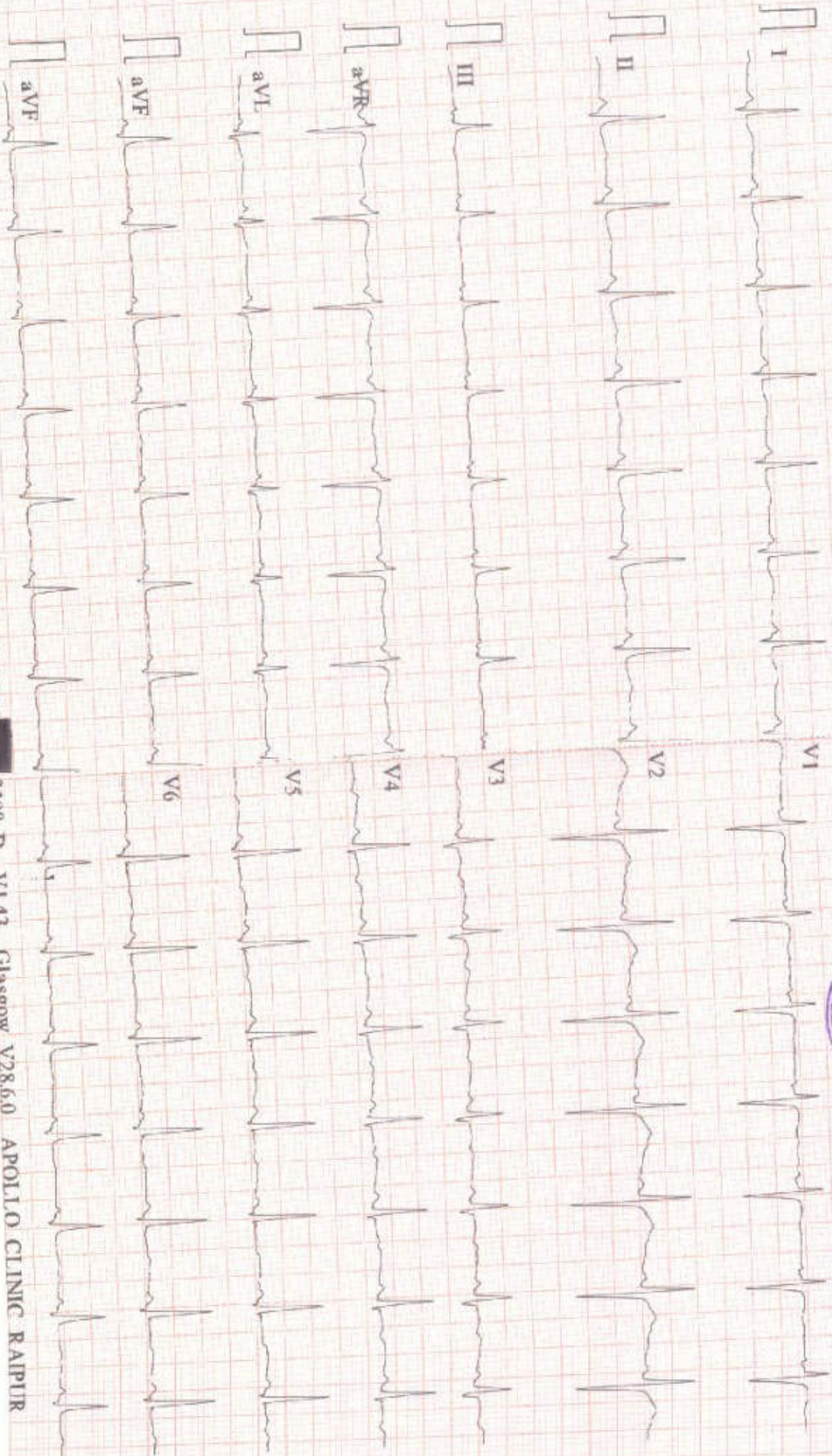
Diagnosis Information:

Sinus rhythm
Short PR interval
Anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



0.05-45Hz AC/50 25mm/s 10mm/mV 2*5.0s+1r 91 CARDI

9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

NAME OF PATIENT: MR. ANANT SETHI

AGE: 36YRS/MALE

REFERRED BY: BOB

DATE: 24/02/2024

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
M.B.B.S. F...
Consultant
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. This report is not for medico-legal purposes.

PATIENT NAME:- MR. ANANT SETHI
REF BY :- BOB

AGE/SEX: 36 YRS/M
DATE:- 24.02.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with 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 size measures cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.29X4.26cm	10.18X4.68cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Regd. Specialist (R) DMR
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 configurations abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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Patient Name : MR ANANT SETHI
UHID/ MR No : 9314
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:25PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:40PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.46	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	76.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	25.5	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.72	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 5

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MR ANANT SETHI
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 36 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 24/02/2024 04:40PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	192	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	12	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
 RhD factor (Rh Typing) : POSITIVE

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR ANANT SETHI
UHID/ MR No : 9314
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:25PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 24/02/2024 04:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	196.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	126.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.06	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.2	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Patient Name : MR ANANT SETHI
UHID/ MR No : 9314
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:25PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	145.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	96.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	83.80	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.45		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR ANANT SETHI
UHID/ MR No : 9314
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:25PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	21	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	29	U/L	0 - 41
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MR ANANT SETHI
UHID/ MR No : 9314
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:25PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:40PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
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
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	2-3	/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

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

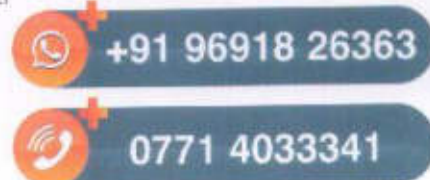
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Patient Name	: Mr.ANANT SETHI	Collected	: 24/Feb/2024 04:31PM
Age/Gender	: 36 Y 0 M 0 D /M	Received	: 24/Feb/2024 04:45PM
UHID/MR No	: DSUS.0000006531	Reported	: 24/Feb/2024 06:06PM
Visit ID	: DSUSOPV7611	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)






Apollo Clinic
DR. MAIKAL KUIJUR
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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Patient Name	: Mr.ANANT SETHI	Collected	: 24/Feb/2024 04:31PM
Age/Gender	: 36 Y 0 M 0 D /M	Received	: 24/Feb/2024 05:27PM
UHID/MR No	: DSUS.0000006531	Reported	: 24/Feb/2024 06:21PM
Visit ID	: DSUSOPV7611	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.90	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.380	µIU/mL	0.35-5.5	CLIA

Comment:

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

- 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.
- 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.
- 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.
- 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 ***



Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
00:11	0:11	00.0	00.0	01.0	092	50%	120/80	110	00	
00:15	0:04	02.7	10.0	01.1	095	52%	120/80	114	00	
03:15	3:00	02.7	10.0	04.7	143	78%	122/82	174	00	
04:59	1:44	04.0	12.0	06.1	158	86%	124/84	195	00	
05:29	0:30	00.8	00.0	01.7	140	76%	124/84	173	00	
05:59	1:00	00.8	00.0	01.0	135	73%	124/84	167	00	
06:59	2:00	00.0	00.0	01.0	117	64%	124/84	145	00	
07:40	2:42	00.0	00.0	01.0	110	60%	124/84	136	00	

INDINGS :

- Exercise Time : 04:44
- Max HR Attained : 158 bpm 86% of Target 184
- Max BP Attained : 124/84 (mm/Hg)
- Max Workload Attained : 6.1 Fair response to induced stress
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

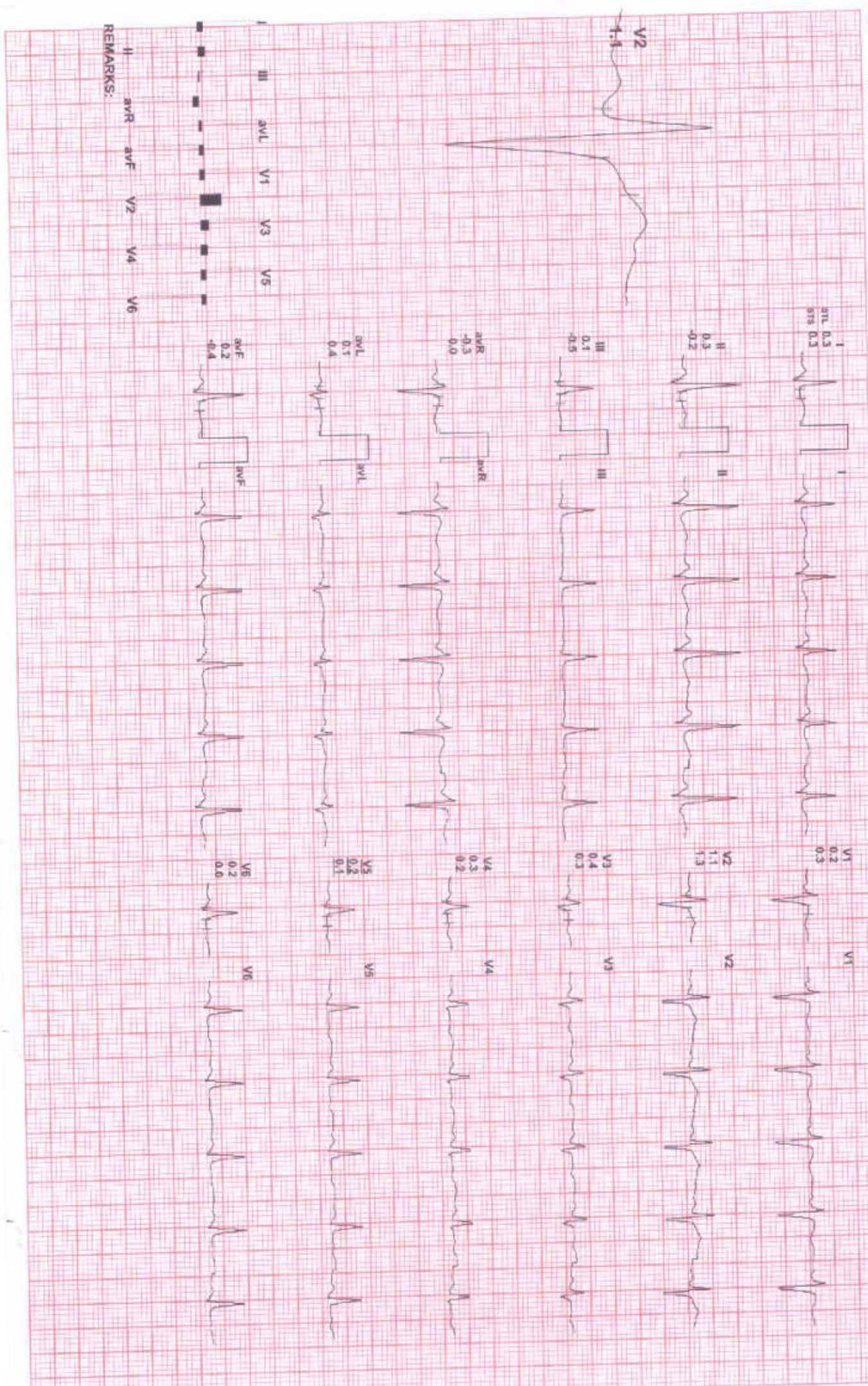
109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 92

Date: 24 / 02 / 2024

METS: 1.0/ 92 bpm 50% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

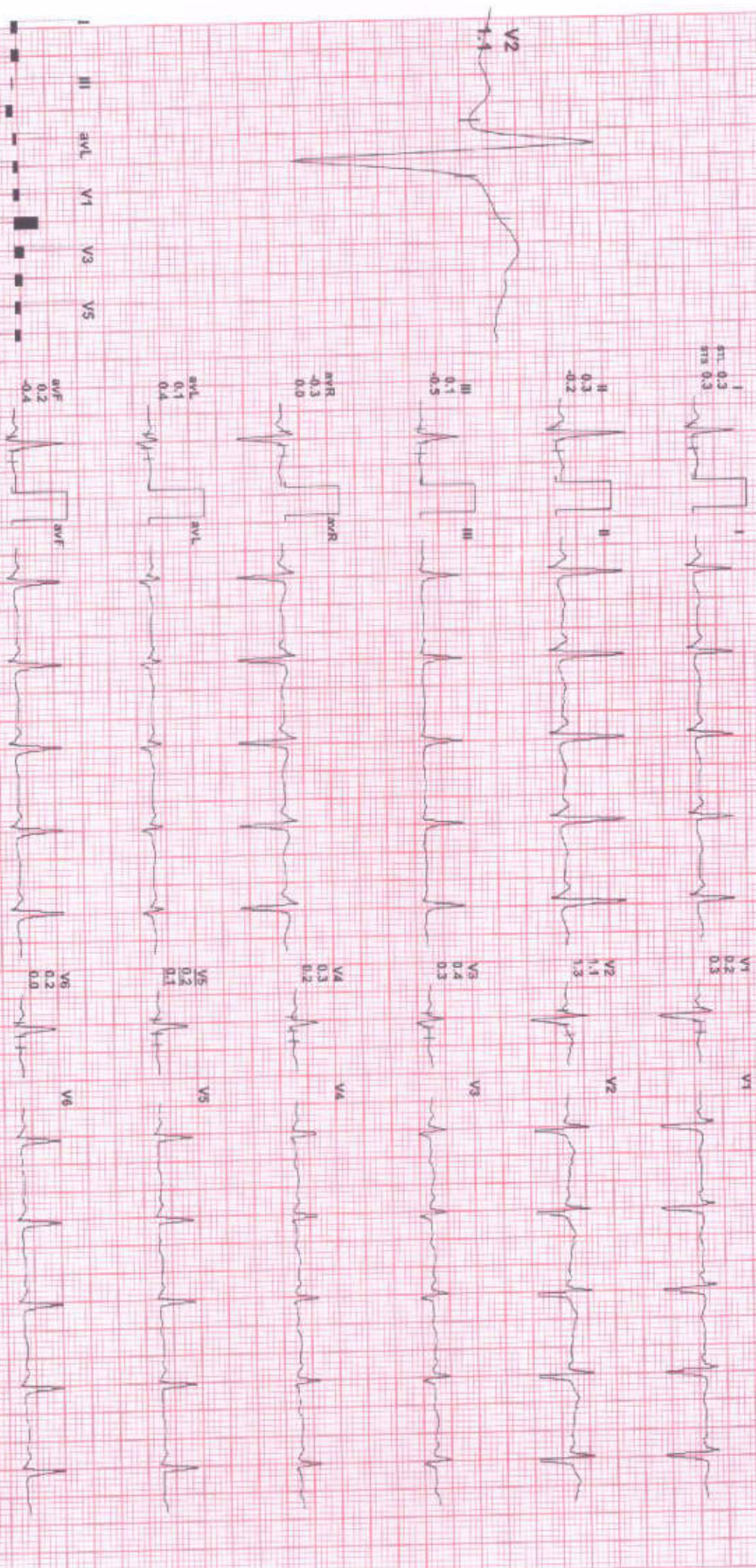
EXTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J



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

4X 80 mS Post J



REMARKS:

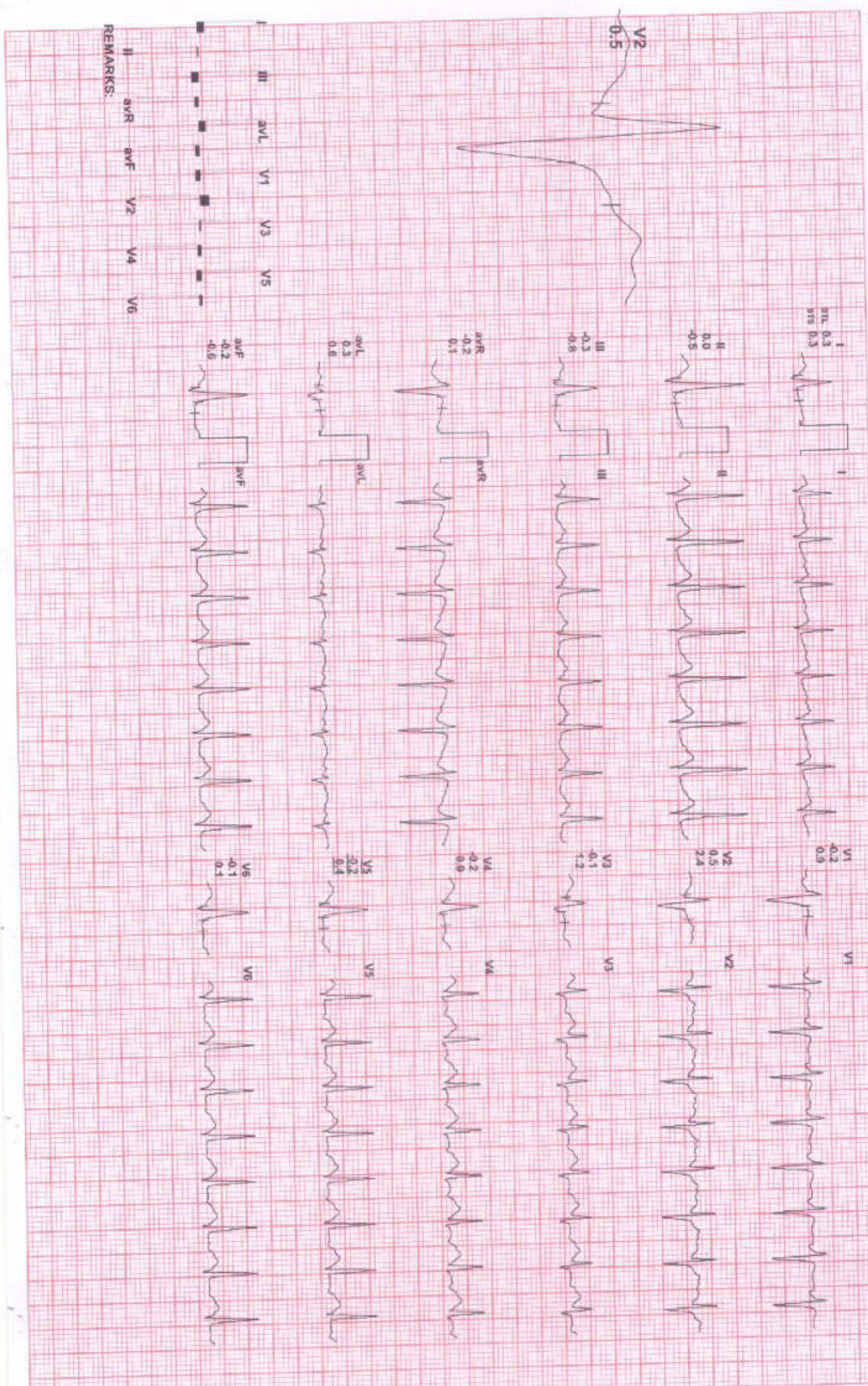
109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 143

Date: 24 / 02 / 2024

MEETS: 4.71 143 bpm 78% of THR BP- 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 60 ms Post J



REMARKS:

109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 158

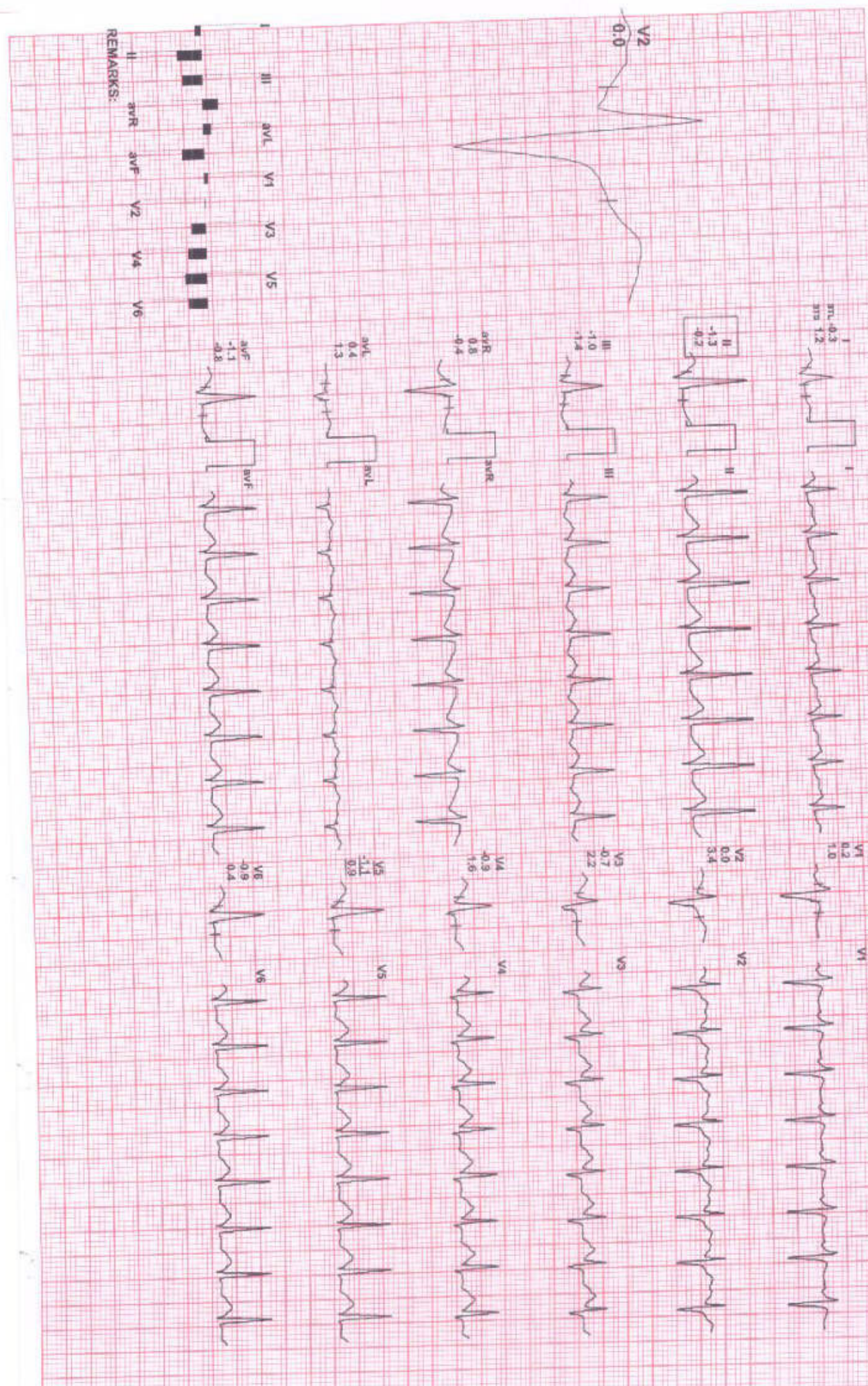
Date: 24 / 02 / 2024

METS: 6.1/ 158 bpm 86% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:45 4.0 Kmph, 12.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

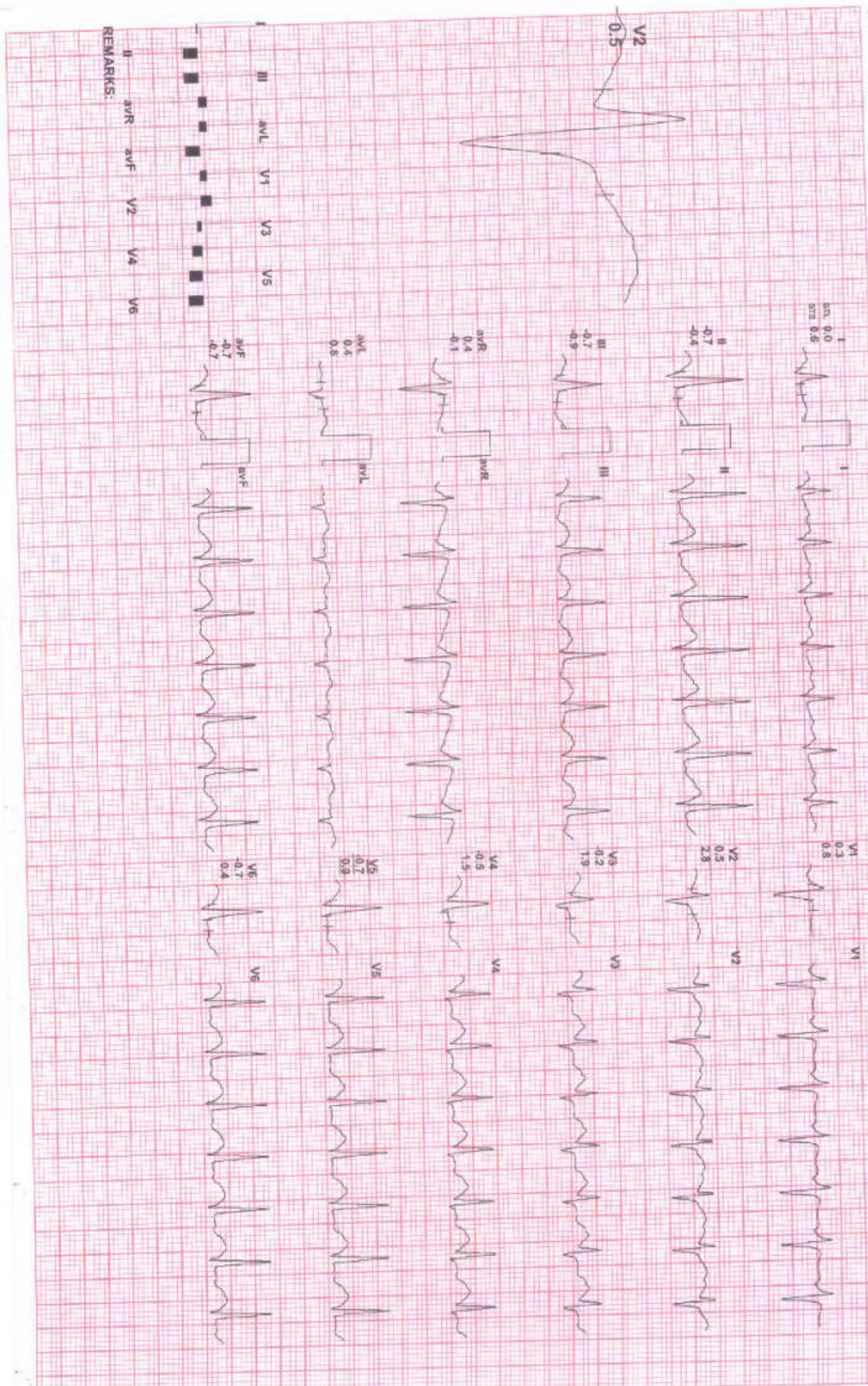
109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 140

Date: 24 / 02 / 2024

METS: 1.7 / 140 bpm 76% of THR BP: 124/84 mmHg Combined Medians/ BLC ON/ Notch ON/ HF: 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 04:44 0.8 kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

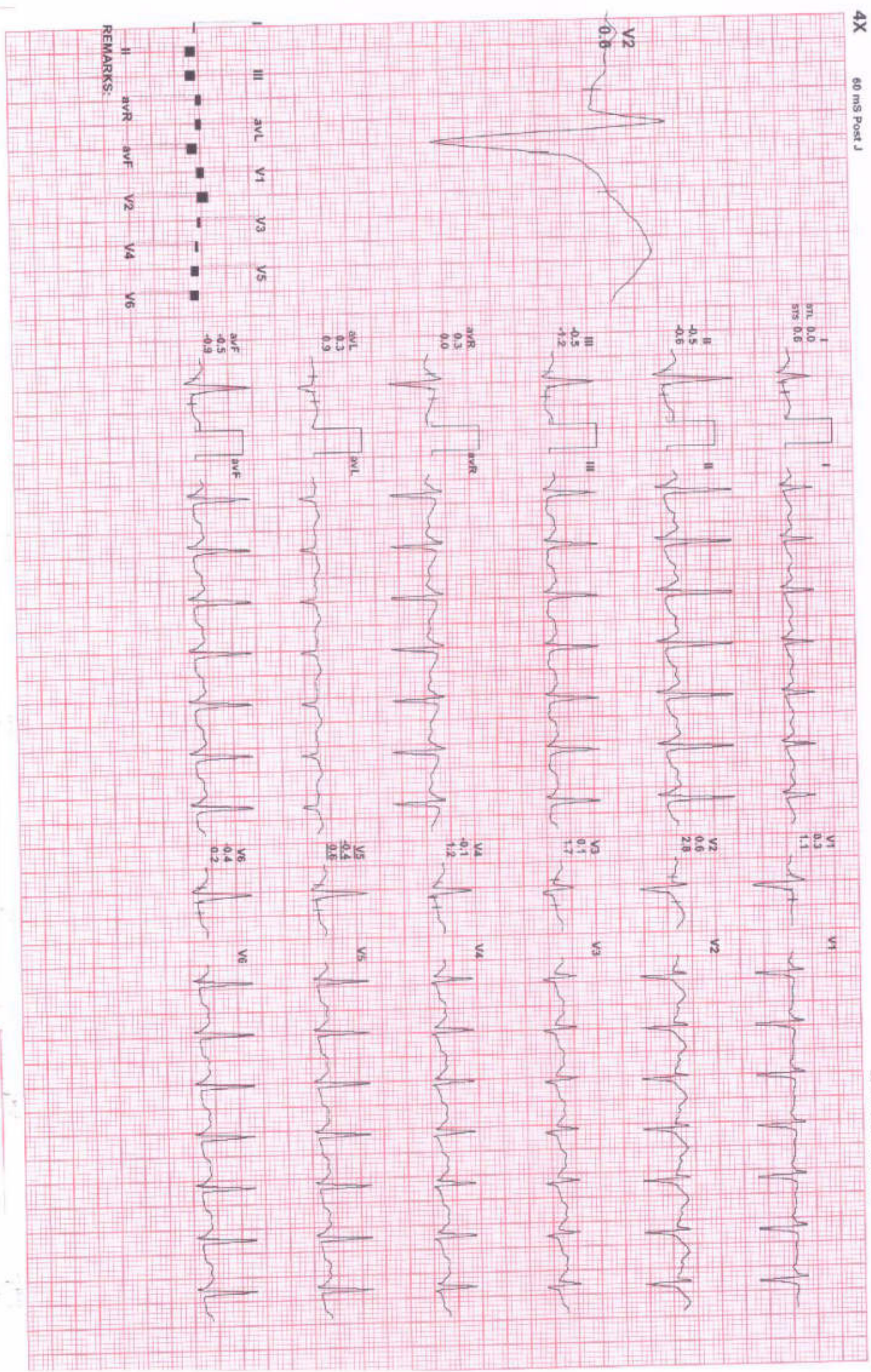
109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 135

Date: 24 / 02 / 2024

MEETS: 1.01 135 bpm 73% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 H2LF 35 Hz

ExTime: 04:44 0.8 Kmph, 0.0%
25 mm/Sec 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 117

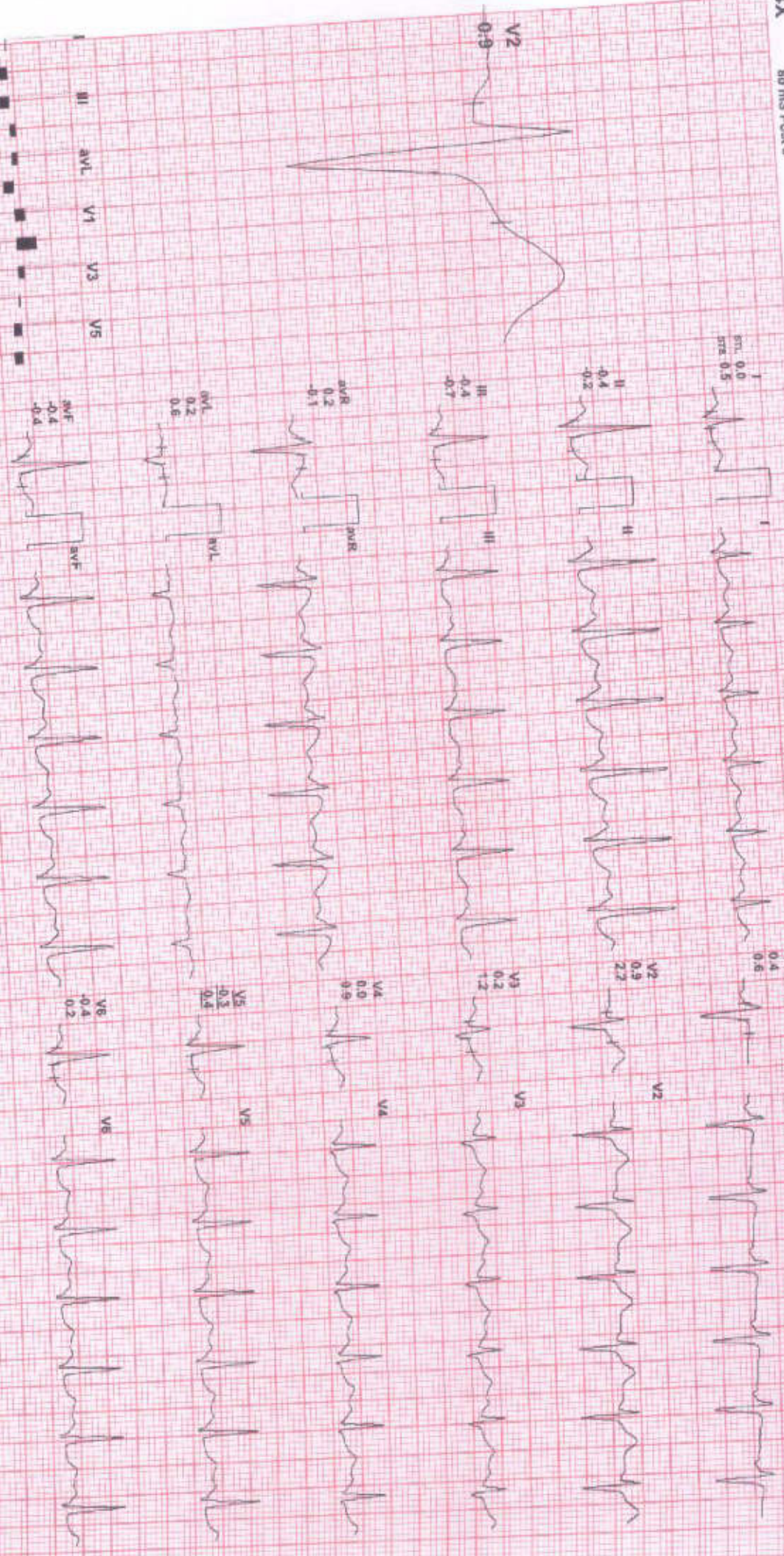
Date: 24 / 02 / 2024

METS: 1.0/ 117 bpm 64% of THR BP: 124/84 mmHg

Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:44 0.0 kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS:

109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 110

Date: 24 / 02 / 2024

MEETS: 1.0/ 110 bpm 60% of THR BP- 124/84 mmHg

Combined Medians/ BLC On/ Noct On/ HF 0.05 HzLLE 35 Hz

EXTime: 04:44 0.0 Kmph, 0.0%

25 mm/Sec, 1.0 Cm/mV

4X 90 ms Post J



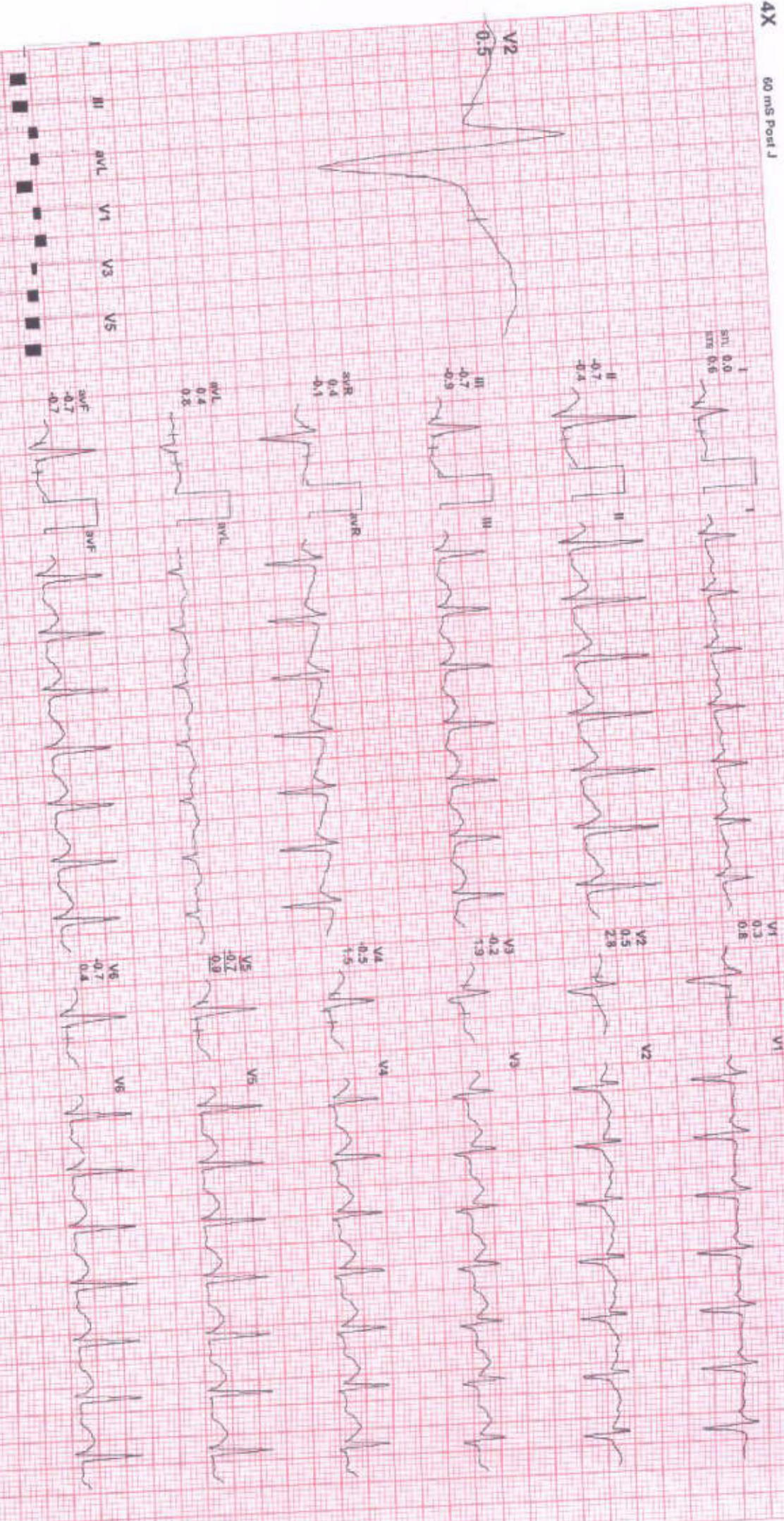
REMARKS:

109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 140

Date: 24 / 02 / 2024

AX 60 ms Post J
METS: 1.7/ 140 bpm 76% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:44 0.8 Km/Ph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1218/61588/39009

To,

अनंत सेठी

Anant Sethi

S/O: Simanchal Sethi

House No. B-11

Near Mowa Police Station L.I.C Colony, Post. Mowa

Rajpur

Rajpur Bindrawangam Rajpur

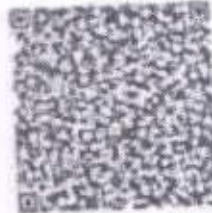
Chhattisgarh 492001

7415222613

Ref: 1069 / 17B / 490951 / 490972 / P



SH912814503FT



आपला आधार क्रमांक / Your Aadhaar No. :

8639 9113 7974

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India

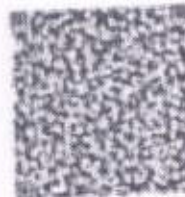


अनंत सेठी

Anant Sethi

जन्म तारीख / DOB : 13/07/1987

पुरुष / Male



8639 9113 7974

आधार - सामान्य माणसाचा अधिकार

109 / MR ANANT / 36 Yrs / M / 170 Cms / 82 Kg / HR : 135

Date: 24 / 02 / 2024

METS: 1.0/ 135 bpm 73% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLAF 35 Hz

EXTime: 04:44 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J



REMARKS: