



भारत सरकार  
Government of India

भारतीय विशिष्ट ओળખ प्राधिकरण  
Unique Identification Authority of India  
नमोडन क्रम संख्या / Enrollment No.: 2906/47389/00245

To  
सीमा मीना  
Seema Meena  
C/O. Bhanwar Singh,  
05, Jay Somnath Tenement,  
Opp-Suryakiran Flat, Karannagar Road,  
VTC: Kadi,  
PO: Kadi,  
Sub District: Kadi, District: Mahesana,  
State: Gujarat,  
PIN Code: 382715,  
Mobile: 7383115501  
179295967  
MH792959679FL



Dr. R K JAIN  
MBBS, Physician  
RMC No. : 7039

आपनी आधार नंबर / Your Aadhaar No. :

~~6932 7219~~ 3633

मारी आधार, मारी ओळख

भारत सरकार  
Government of India

सीमा मीना  
Seema Meena  
जन्म तारीख / DOB : 01/01/1986  
बाली / Female

आधार नं. जारी: 07/08/2013

आधार ओ ओळखनी पुस्तकी छे, नागरिकता अथवा जन्म तारीखती नही.  
तेनी उपयोग मार सकसकी ओळखवाहन प्रमाणीकरण अथवा ओळख  
कोड/ओळखवाहन ओळखनेमवेतनुं केनीय सावे ज वनी जोडणे.  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

~~6932 7219~~ 3633

मारी आधार, मारी ओळख

सीमा मीना



# SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)



Auth. ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



## General Physical Examination

Date of Examination: 16/11/2024

Name: SEEMA MEENA Age: 38 DOB: 01/01/1986 Sex: f

Referred By: BANK OF BARODA

Photo ID: ADHAR CAMP ID #: \_\_\_\_\_

Ht: 149 (cm)

Wt: 65 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 120/80 mm Hg PR: 76 / min RR: 17 / min Temp: Afebrile

BMI 29

Eye Examination: R/E ] 6/6, N/6 NCB  
L/E ] 6/6, N/6

Other: B/A

On examination he/she appears physically and mentally fit:  Yes / No

Signature of Examinee: [Signature] Name of Examinee: MRS. SEEMA MEENA

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr R. K. JAIN

Dr. R. K. JAIN  
MBBS, Physician  
RMC No. : 7039



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Auth. **ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.**



## PATIENT TEST REPORT

Patient Name **Mrs. SEEMA MEENA**  
 Patient ID **1724673**  
 Gender / Age **Female 38 Yrs 10 Mon 16 Days**  
 Ref. Doctor **BANK OF BARODA**  
 Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



Registered On **16/11/2024 10:13:02**  
 Collected On **16/11/2024 11:45:08**  
 Authorized On **16/11/2024 16:45:38**  
 Printed On **16/11/2024 16:45:53**  
 Barcode   
 LIS Number **1724673-01**


Page No: 1 of 13

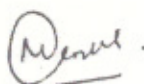
Test Name	Value	Unit	Biological Ref Interval
<b>FULL BODY HEALTH ANNUAL PLUS TMT</b>			
<b>COMPLETE BLOOD COUNT</b>			
Haemoglobin (HB)	12.2	g/dL	12.0 - 15.0
Total Leucocyte Count(TLC)	5.30	ths/ul	4.00 - 11.00
<b>Differential Leucocyte Count (DLC)</b>			
Neutrophil	60	%	45 - 75
Lymphocyte	35.00	%	20.00 - 45.00
Eosinophil	3.00	%	1.00 - 6.00
Monocyte	2.00	%	1.00 - 10.00
Basophil	00	%	00 - 01
Total Red Blood Cell Count (RBC)	3.78	$\times 10^6/\text{ul}$	3.80 - 4.80
Hematocrit (HCT)	37.7	%	36.0 - 50.0
Mean Corp. Volume (MCV)	99.7	fL	80.0 - 101.0
Mean Corp. Hb (MCH)	32.3	pg	27.0 - 32.0
Mean Corp. Hb Con. (MCHC)	32.4	g/dL	31.0 - 37.0
Total Platelet Count	219.00	$\times 10^3/\text{uL}$	150.00 - 450.00

### Interpretation

A complete blood count (CBC) is a blood test. It's used to look at overall health and find a wide range of conditions, including anemia, infection and leukemia. A complete blood count test measures the following: Red blood cells, which carry oxygen White blood cells, which fight infection Hemoglobin, the oxygen-carrying protein in red blood cells. Hematocrit, the amount of red blood cells in the blood Platelets, which help blood to clot Blood

  
**Technologist**

  
**Dr. Maryem Ansari**  
 M.D. Pathologist  
 Reg. No. 26558 / 43507

  
**Dr. Menka Kapil**  
 Consultant Pathologist  
 Reg No. 22180/009021

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**Client Name** MEDIWHEEL ARCOFEMI HEALTHCARE

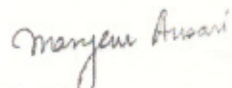


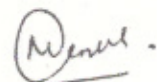
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Test Name	Value	Unit	Biological Ref Interval
ESR-ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr.	00 - 20

  
**Technologist**

  
**Dr Maryem Ansari**  
 M.D. Pathologist  
 Reg. No. 26558 / 43507

  
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 Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



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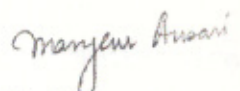
Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGLOBIN GLYCOSYLATED BLOOD (HBA1C)</b>			
<b>HAEMOGLOBIN GLYCOSYLATED BLOOD</b>	<b>5.9</b>	<b>%</b>	<4.5 - 6.5 % Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor > 10.00 Very Poor Control
Method : HPLC			
<b>AVERAGE BLOOD GULCOSE</b>	<b>123</b>		90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control > 211 Very Poor Control
Methodology : Ion exchange H.P.L.using Instrument :ARKRAY-HB A1C - HPLC ANALYZER			

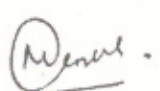
### Clinical Information:

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals.

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

  
**Technologist**

  
**Dr Maryem Ansari**  
 M.D. Pathologist  
 Reg. No. 26558 / 43507

  
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## PATIENT TEST REPORT

Patient Name **Mr. RAJENDRA SINGH**  
 Patient ID **1724675**  
 Gender / Age **Male 32 Yrs**  
 Ref. Doctor **MEDI- SBI LIFE INSURANCE**  
 Client Name **MEDI BUDDY HEALTHCARE SERVICES**



Registered On **16/11/2024 13:04:22**  
 Collected On **16/11/2024 13:22:57**  
 Authorized On **16/11/2024 16:47:16**  
 Printed On **16/11/2024 16:47:27**  
 Barcode   
 LIS Number **1724675-02**

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Test Name	Value	Unit	Biological Ref Interval
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### LIPID PROFILE

#### CHOLESTEROL TOTAL

Method : CHOD -PAP with serum

182

mg/dl

Desirable level <200  
 Borderline 200-239  
 High >240

Children :-  
 Desirable level <170  
 Borderline 170-199  
 High >199

#### TRIGLYCERIDES

Method : GPO - Trinder with serum

322

mg/dl

Normal < : 150  
 Borderline line High: 150-199  
 Hypertriglycerdemic: 200-499  
 Very high > 499

#### CHOLESTEROL HDL

Method : PEG-CHOL with serum

42

mg/dl

30 - 70

#### LDL CHOLESTROL

Method : Tech:Enzymatic with serum

76

mg/dl

80 - 130

#### VLDL Cholesterol

64

mg/dl

0 - 35

#### TOTAL LIPID

Method : Calculated

1008

mg/100 ml

400 - 1000

### Interpretation:

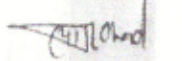
The National Cholesterol Education Program (NCEP) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and up: (Units in : mg/dL)

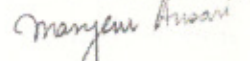
TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable:<200	Normal:<150	Low(removed HDL):<40	Optimal: <100
Bdr-line high:200-239	Bdr-line high:150-199	Normal:40-60	Near Optimal:100-129
High: > or =240	High:200-499	High: >60	Bdr-line high:130-159
	Very high: > or =500		High: 160-189
			Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17 : (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170	Normal: <90	Low HDL: <40	Desirable: <110
Bdr-line high:170-199	Bdr-line high:90-129	Bdr-line low:40-59	Bdr-line high:110-129
High: > or =200	High: > or =130	Normal: > or =60	High: > or =130

Note: Total Cholesterol and HDL-C can be performed on a non-fasting sample.

  
**Technologist**

  
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 M.D. Pathologist  
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## PATIENT TEST REPORT

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**Patient ID** 1724673  
**Gender / Age** Female 38 Yrs 10 Mon 16 Days  
**Ref. Doctor** BANK OF BARODA  
**Client Name** MEDIWHEEL ARCOFEMI HEALTHCARE

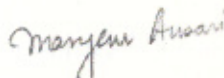


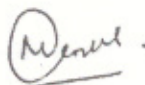
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**LIS Number** 1724673-01

Page No: 4 of 13

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUPING A.B.O. AND Rh TYPE	'O' POSITIVE		A/B/O/AB Rh Negative/Positive

  
**Technologist**

  
**Dr Maryem Ansari**  
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**Patient ID** 1724673  
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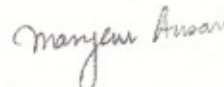


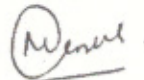
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**LIS Number** 1724673-04

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Test Name	Value	Unit	Biological Ref Interval
<b>BLOOD GLUCOSE (FASTING)</b> Method : GOD-POD WITH PLASMA	99.6	mg/dl	70.0 - 110.0

  
**Technologist**

  
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**Patient ID** 1724673  
**Gender / Age** Female 38 Yrs 10 Mon 16 Days  
**Ref. Doctor** BANK OF BARODA  
**Client Name** MEDIWHEEL ARCOFEMI HEALTHCARE



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Page No: 6 of 13

Test Name	Value	Unit	Biological Ref Interval
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### THYROID PROFILE

<b>THYROID-TRIIODOTHYRONINE (T3)</b> Method : Chemiluminescence	1.62	ng/dl	0.60 - 1.81
<b>THYROID - THYROXINE (T4)</b> Method : Chemiluminescence	7.48	ug/dl	4.50 - 10.90
<b>TSH (ULTRA)</b> Method : CHEMILUMINESCENCE WITH SERUM SampleType (HARMONS)	1.88	mIU/L	(1-24 months) 0.87-6.15 (2-12 years) 0.67-4.16 (13-20 years) 0.48-4.17 Euthyroid Adults 0.55-4.78

#### Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

#### Reference Ranges ( T4 ):

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

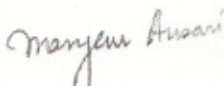
#### Reference Ranges (TSH)

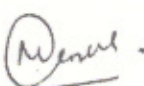
Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.	

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

  
**Technologist**

  
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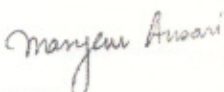
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<b>Patient ID</b> 1724673	<b>Collected On</b> 16/11/2024 11:45:08
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<b>Ref. Doctor</b> BANK OF BARODA	<b>Printed On</b> 16/11/2024 16:45:53
<b>Client Name</b> MEDIWHEEL ARCOFEMI HEALTHCARE	<b>Barcode</b> 
	<b>LIS Number</b> 1724673-03

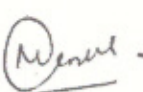
Page No: 8 of 13

Test Name	Value	Unit	Biological Ref Interval
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Note: Total Cholesterol and HDL-C can be performed on a non-fasting sample.

  
**Technologist**

  
**Dr. Maryem Ansari**  
M.D. Pathologist  
Reg. No. 26558 / 43507

  
**Dr. Menka Kapil**  
Consultant Pathologist  
Reg. No. 22180/009021

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# SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)

Auth.



## ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



### PATIENT TEST REPORT

**Patient Name** Mrs. SEEMA MEENA  
**Patient ID** 1724673  
**Gender / Age** Female 38 Yrs 10 Mon 16 Days  
**Ref. Doctor** BANK OF BARODA  
**Client Name** MEDIWHEEL ARCOFEMI HEALTHCARE

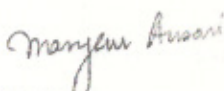


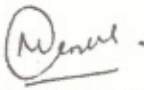
**Registered On** 16/11/2024 10:13:02  
**Collected On** 16/11/2024 11:45:08  
**Authorized On** 16/11/2024 16:45:38  
**Printed On** 16/11/2024 16:45:53  
**Barcode**   
**LIS Number** 1724673-03

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Test Name	Value	Unit	Biological Ref Interval
<b>LIVER FUNCTION TEST (LFT) GGT</b>			
<b>Bilirubin-Total</b> Method : Diazo with serum	0.42	mg/dl	Adults 0.3-1.2 Cord < 2 0-1 day premature: <8.0 0-1 day full term: 1.4-8.7 1-2 days Premature 1-2 days Full term 3.4-11.5 3-5 days Premature < 16 3-5 days Full term 1.5-12
<b>Bilirubin-Direct</b> Method : Diazo with serum	0.36	mg/dl	Adults < 0.4
<b>Bilirubin-Indirect</b> Method : Calculated	0.06	mg/dl	0.12 - 1.00
<b>Aspartate Amino Transferase (SGOT)</b> Method : IFCC with PDP serum	22.5	U/L	5.0 - 37.0
<b>Alanine Amino Transferase (SGPT)</b> Method : IFCC with PDP serum	19.5	U/L	5.0 - 41.0

  
**Technologist**

  
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Patient ID **1724673**  
Gender / Age **Female 38 Yrs 10 Mon 16 Days**  
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Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



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Test Name	Value	Unit	Biological Ref Interval
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<b>GAMMA GT</b> Method : Glupa C with serum	<b>22.00</b>	<b>U/L</b>	
--	--------------	------------	--

Interpretation:-

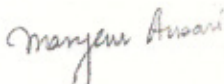
Normal Range :-

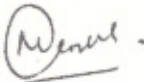
MAN:-	11-61 U/L
WOMEN:-	09-39 U/L

### CLINICAL SUMMARY

A gamma-glutamyl transferase (GGT) test measures the level of GGT in your blood and can help indicate liver damage or disease. Here are some things to consider when interpreting GGT test results

  
**Technologist**

  
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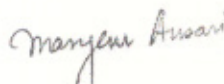


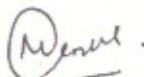
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Test Name	Value	Unit	Biological Ref Interval
<b>Alkaline Phosphatase</b> Method : AMP with serum	122	IU/L	Child ( 4 -20 yr ) :54 -369 Adult( 20 -60 yr ) :53 - 128
<b>Protien-Total</b> Method : Biuret with serum	7.23	gm/dl	Children (3 Years) - Adults 6.0 - 8.3 Children (1-3 Years) 5.5 - 7.5 Children (7 days-1 Years) 4.4 - 7.5 Infant (0-7 days) 4.6 - 7.0
<b>Albumin</b> Method : Tech:BCG with serum	4.86	gm/dl	0-4 days:2.8-4.4 4d-14yrs: 3.8-5.4 14y-18y : 3.2-4.5 20-60 yrs: 3.5-5.2 > 60 yrs: 3.2-4.6
<b>Globulin</b> Method : Calculation	2.37	gm/dl	2.0 to 3.50
<b>A/G Ratio</b> Method : Calculated	2.05		1.50 to 2.50

  
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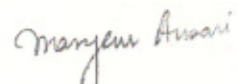


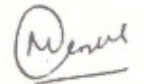
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Test Name	Value	Unit	Biological Ref Interval
<b>CREATININE</b> Method : Enzymatic with serum	0.78	mg/dl	Males (Adult) : 0.7 - 1.3 mg/dL Females (Adult) : 0.6 - 1.1 mg/dL Newborn : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL child : 0.3 - 0.7 mg/dL Adolescent : 0.5 - 1.0 mg/dL
<b>URIC ACID</b> Method : Uricase - Trinder with serum	2.96	mg/dl	Adults male: 3.5-7.2 Adults female: 2.6-6.0
<b>BLOOD UREA NITROGEN BUN</b> <b>BUN / CREATININE Ratio</b>	10.00 2.81	mg/dl	Serum/Plasma - 6-20 0.00 - 4.90

  
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## PATIENT TEST REPORT

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 Barcode   
 LIS Number **1724673-07**

Page No: 13 of 13

Test Name	Value	Unit	Biological Ref Interval
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URINE GLUCOSE (FASTING) **NEGATIVE**  
URINE R/E ROUTINE EXAMINATION URINE

### URE PHYSICAL EXAMINATION

COLOUR **PALE YELLOW**  
 APPEARANCE **CLEAR**  
 QUANTITY **15** ML

### URE CHEMICAL EXAMINATION

SPECIFIC GRAVITY **1.010**  
 PH **6.0**  
 PROTEIN **NIL**  
 GLUCOSE **NIL**

### URE MICROSCOPY EXAMINATION

PUS CELLS **2 - 4** /HPF  
 EPITHELIAL CELLS **1-2** /HPF  
 RBC'S **NIL** /HPF  
 CASTS **ABSENT**  
 CRYSTALS **ABSENT**  
 OTHERS **NIL**

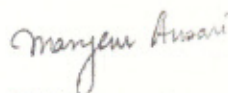
[Methodology :strip Method. Microscopy with urin]

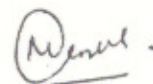
### Interpretation of Urine Sugar:

Normal	< 100	mg/dL
Trace	100 - 250	mg/dL
1+	250 - 500	mg/dL
2+	500 - 1000	mg/dL
3+	1000 - 2000	mg/dL
4+	> 2000	mg/dL

\*\*\* End of Report \*\*\*

  
**Technologist**

  
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Auth. ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



MRS. SEEMA MEENA	Age/Sex : 38 Y/F
Registration Date: 16/11/2024	Ref. by: BANK OF BARODA

### X-RAY CHEST PA VIEW:

*Both lung fields are normal.*

*Trachea is in midline*

*Both the domes of diaphragm are normally placed.*

*Bony cage and soft tissue shadows are normal.*

*Both C.P. angles are normal.*

**IMPRESSION: No abnormality is detected.**

DR. S. C. GODARA  
 MBBS, M.D. (SIS)  
 R.M.C. Reg. No. 14672





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Auth. **ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.**



MRS. SEEMA MEENA	Age/Sex : 38 Y/F
Registration Date: 16/11/2024	Ref. by: BANK OF BARODA

## ULTRASOUND OF WHOLE ABDOMEN (ABDOMEN AND PELVIS)

**Liver** is of normal size (145 mm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is partially distended (postprandial state). Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echo-texture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Right kidney** is measuring approx. 98.2 x 34.5 mm.

**Left kidney** is measuring approx. 93.8 x 37.8 mm.

**Urinary bladder** is well distended and does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size.


Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is normal.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

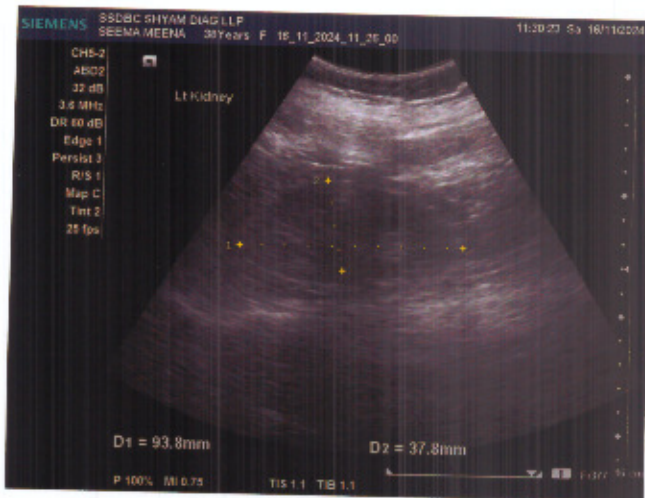
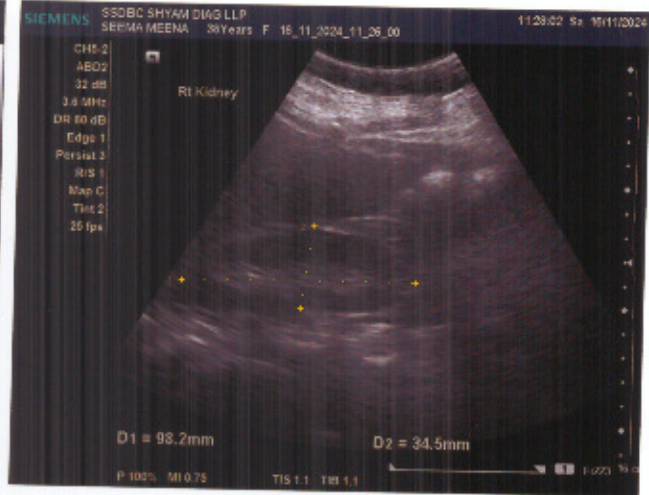
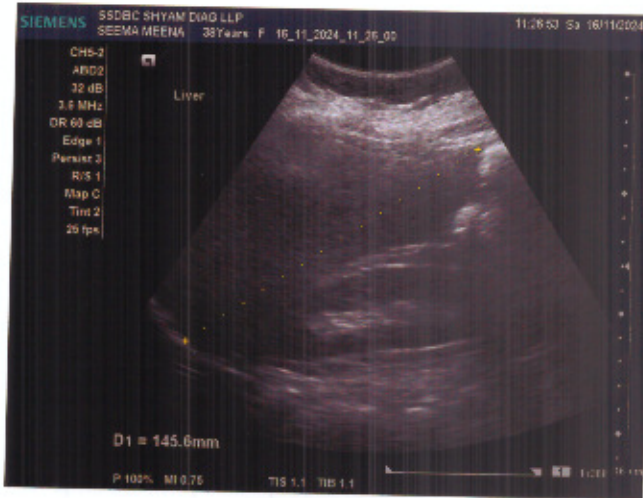
No significant free fluid is seen in pouch of Douglas.

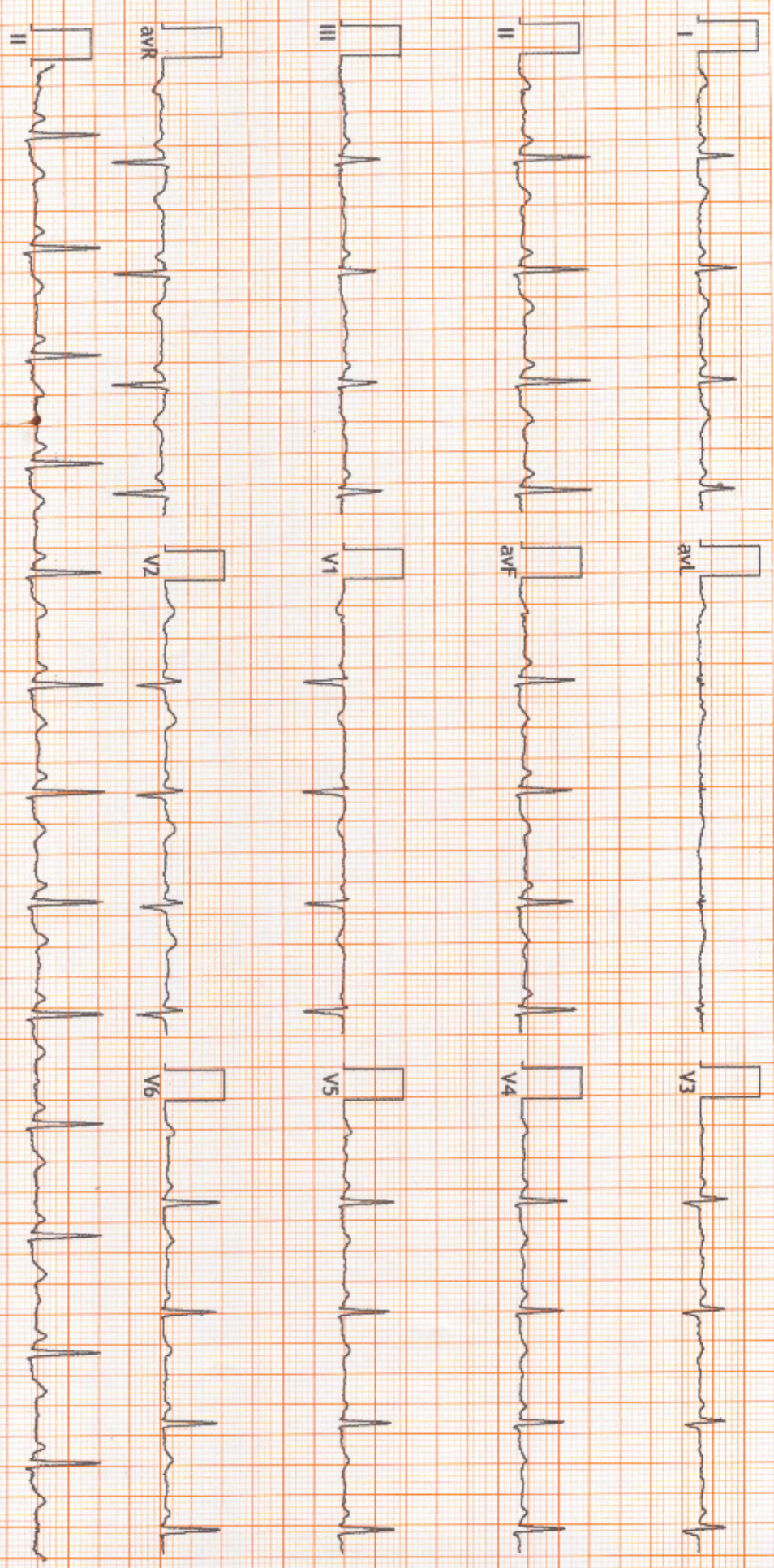
**IMPRESSION: No significant abnormality is detected.**

  
Dr. S.C. GODARA  
MBBS. M.D.  
(RADIO-DIAGNOSIS)  
R.M.C. Reg. No. 14672

**SSDBC SHYAM DIAGNOSTIC LLP**  
**D-6 BANI PARK JAIPUR**

**Abdomen Report**





FINDINGS: Normal Sinus Rhythm  
 Vent Rate : 81 bpm; PR Interval : 114 ms; QRS Duration: 96 ms; QT/QTc Int : 276/321 ms  
 P-QRS-T axis: 53° - 52° - 0° (Deg)  
 Comments :

20 Nov 2024

TUN

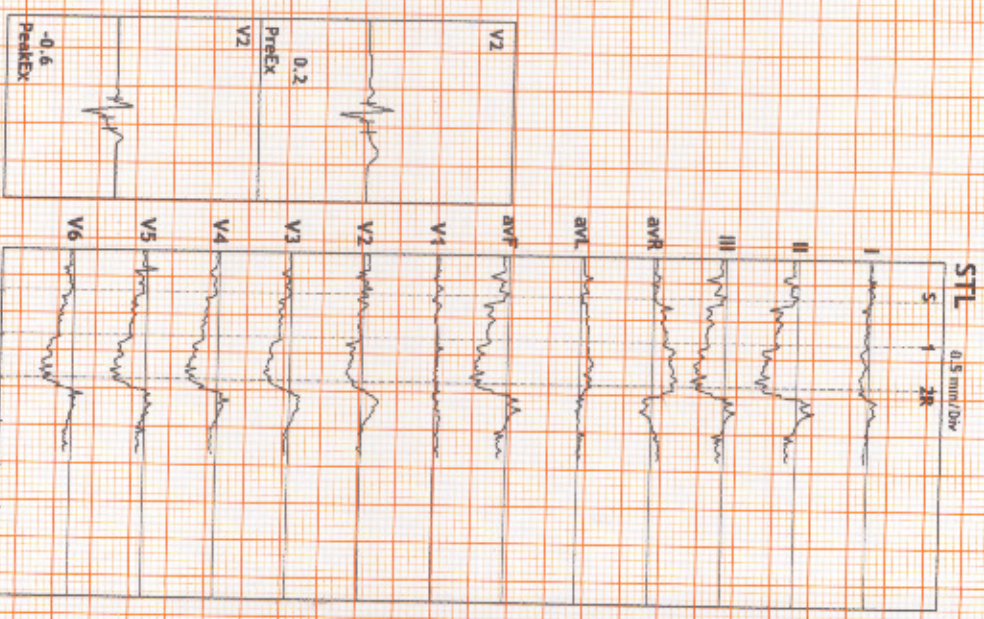


Stage	Stage Time (Min:Sec)	Phase Time (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Prime	0:01	0:54	0.0	0.0	1.0	77	120/80	92	-	
Sanding	0:01	1:49	0.0	0.0	1.0	101	120/80	121	-	
W	0:01	2:45	0.0	0.0	1.0	88	120/80	105	-	
Start	0:01	2:52	0.0	0.0	1.0	95	120/80	114	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	151	130/80	196	-	
Stage 2	3:00	6:01	4.0	12.0	7.0	179	140/85	250	-	
PAKE	0:01	6:02	5.5	14.0	7.1	179	140/85	250	-	
Recovery	1:00	6:04	1.8	0.0	1.2	158	140/85	221	-	
Recovery	2:00	6:04	0.0	0.0	1.0	123	150/85	184	-	
Recovery	3:00	6:04	0.0	0.0	1.0	110	140/85	154	-	
Recovery	4:00	6:04	0.0	0.0	1.0	102	130/80	132	-	
Recovery	5:00	6:04	0.0	0.0	1.0	102	130/80	132	-	

**Findings :**

Exercise Time :06:03  
 Max HR Attained :179 bpm 98% of Max Predictable HR 182  
 Max BP : 150/85(mmHg)  
 Max Workload attained : 7.1 (Fair Effort Tolerance)

Baseline eeg show work  
 There is mild st changes seen  
 during exercise in inf lead leads  
 which reverted to baseline within  
 1 min of recovery but negative for  
 RM1 correlate clinically



*Dr. Naresh Kumar Mohanka*

DR. NARESH KUMAR MOHANKA  
 RMC No : 35703  
 MBBS, DIP CARDIO (ESCORTS)  
 DEM (RCGP, UK)

*AVR*

4X 40 mS Post J

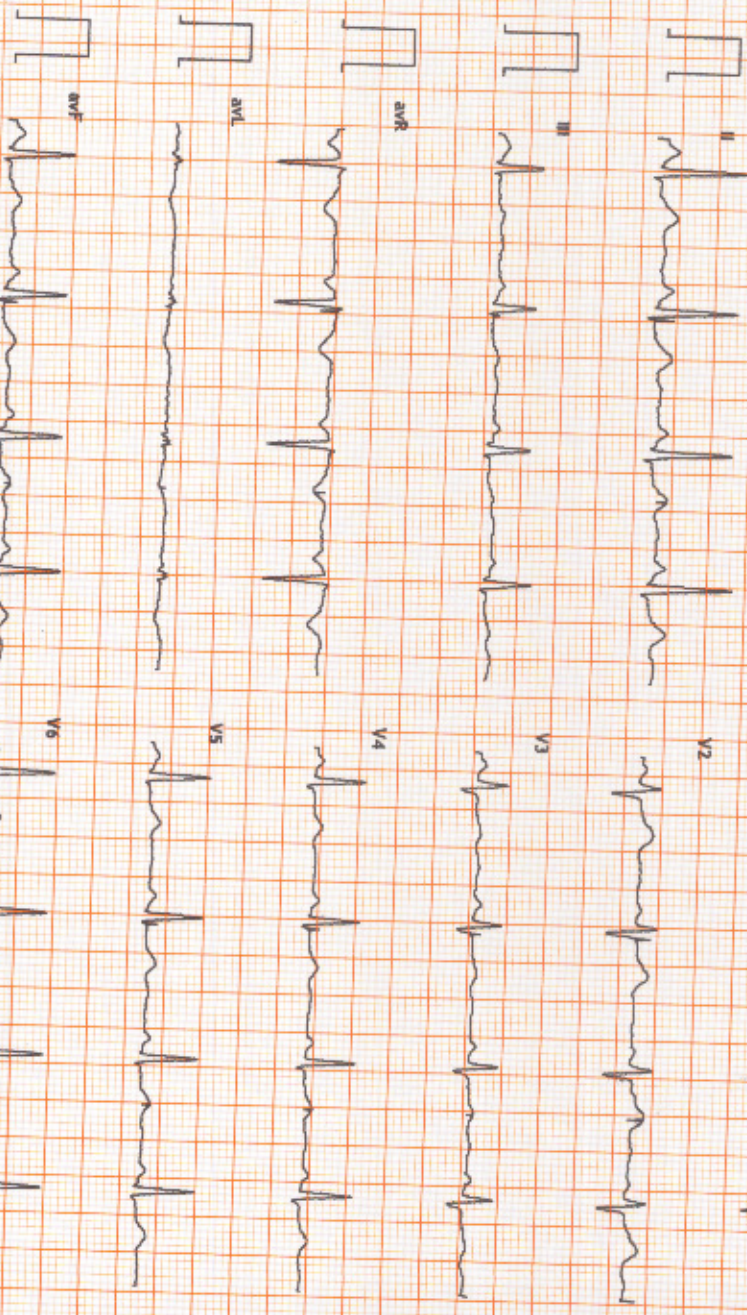
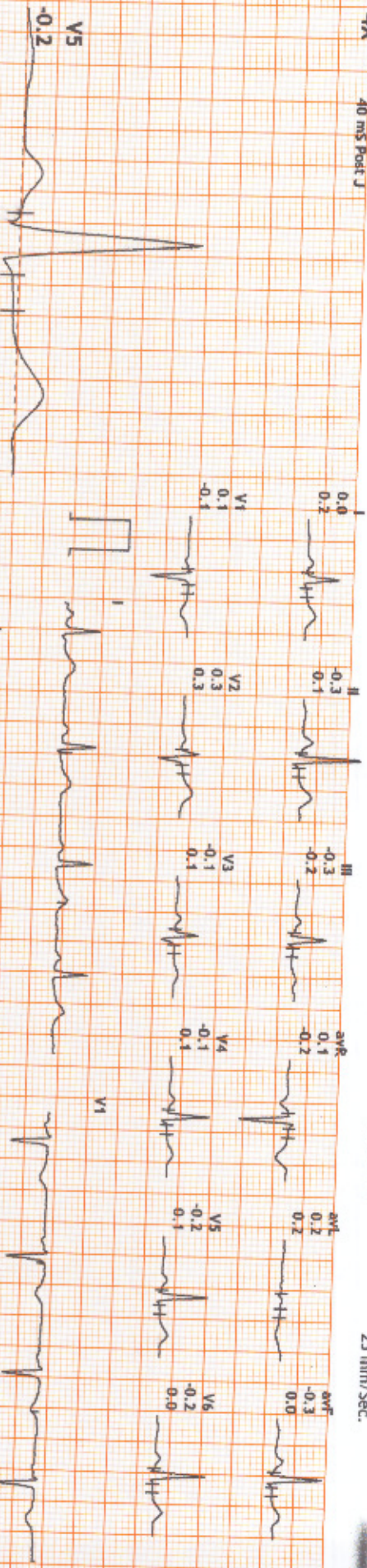
HR: 77 bpm  
METs: 1.0  
BP: 120/80

MPHR: 42% of 182  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 00:53  
BLC :On  
Notch :On

Supine  
10.0 mm/mV  
25 mm/Sec.



HR: 101 bpm

MEETS: 1.0

BP: 120/80

AWPR:55% of 182

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:48

BLC :On

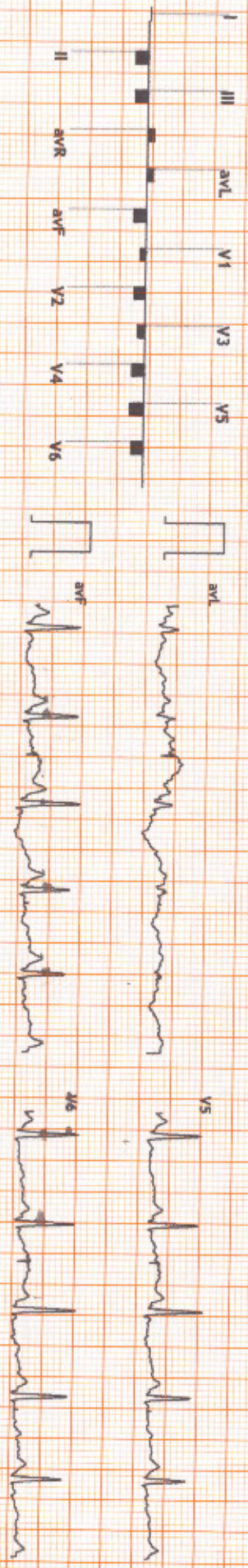
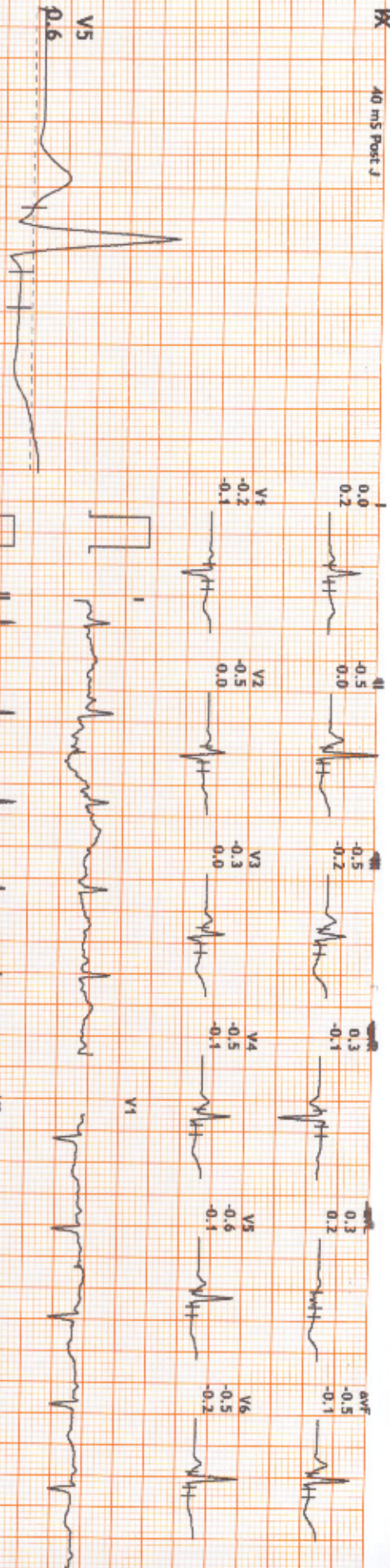
Notch :on

Standing

10.0 mm/mV

25 mm/Sec.

40 ms Post J



HR: 88 bpm  
METs: 1.0  
BP: 120/80

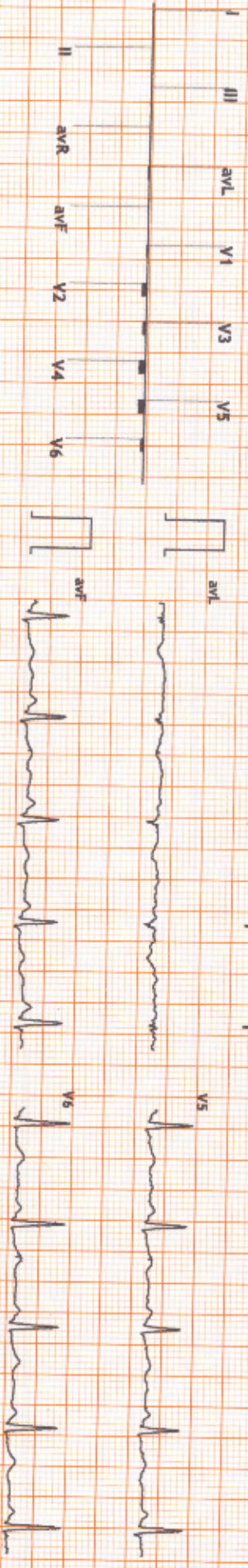
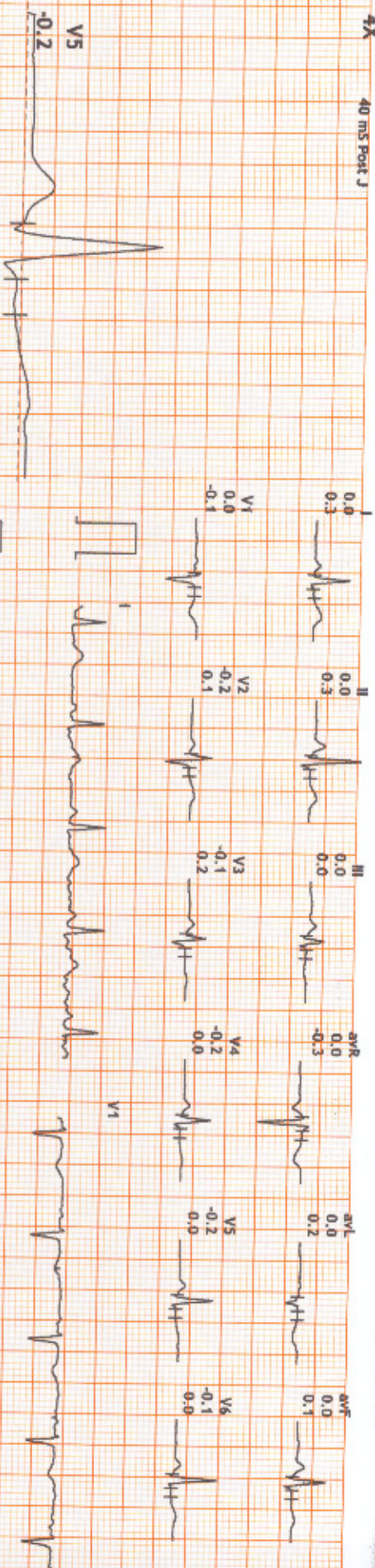
MpHR: 48% of 182  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 02:44  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.

40 ms Post J



HR: 95 bpm  
METs: 1.0  
BP: 120/80

MPPR: 52% at 162  
Speed: 0.0 kmph  
Grade: 0.0%

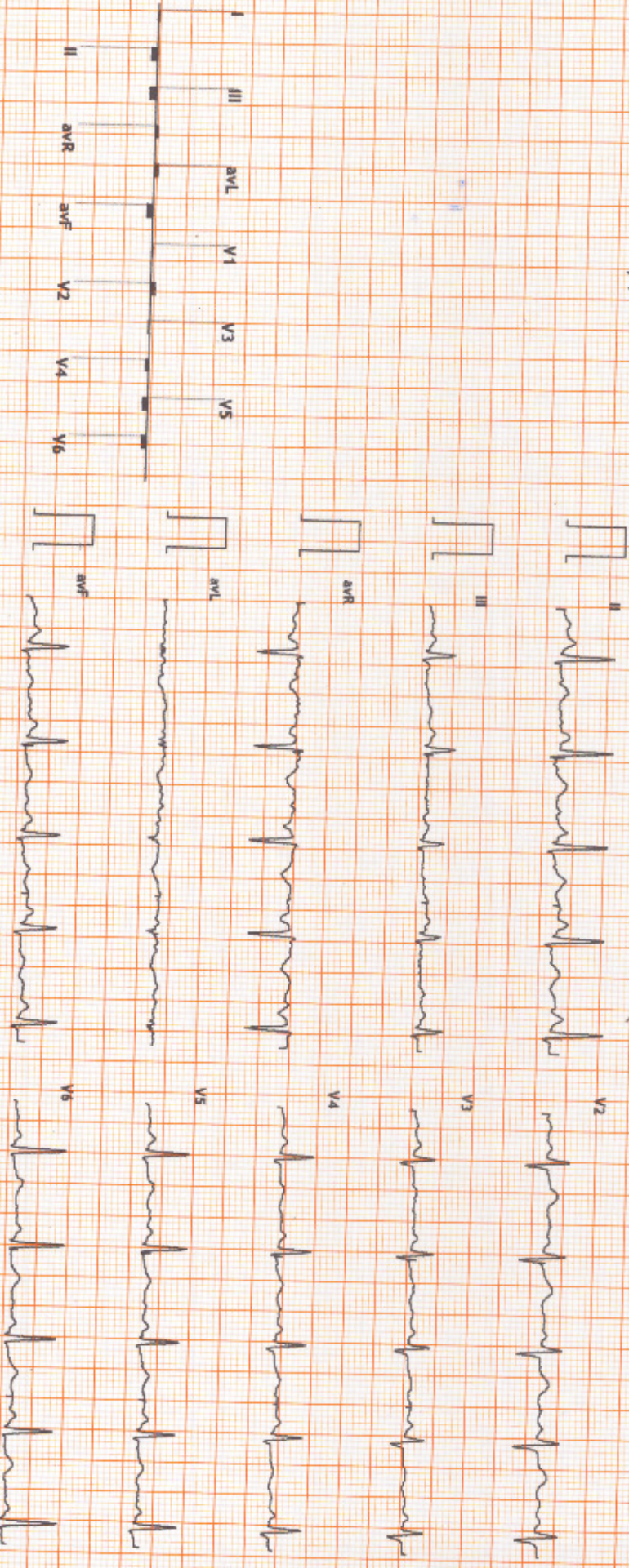
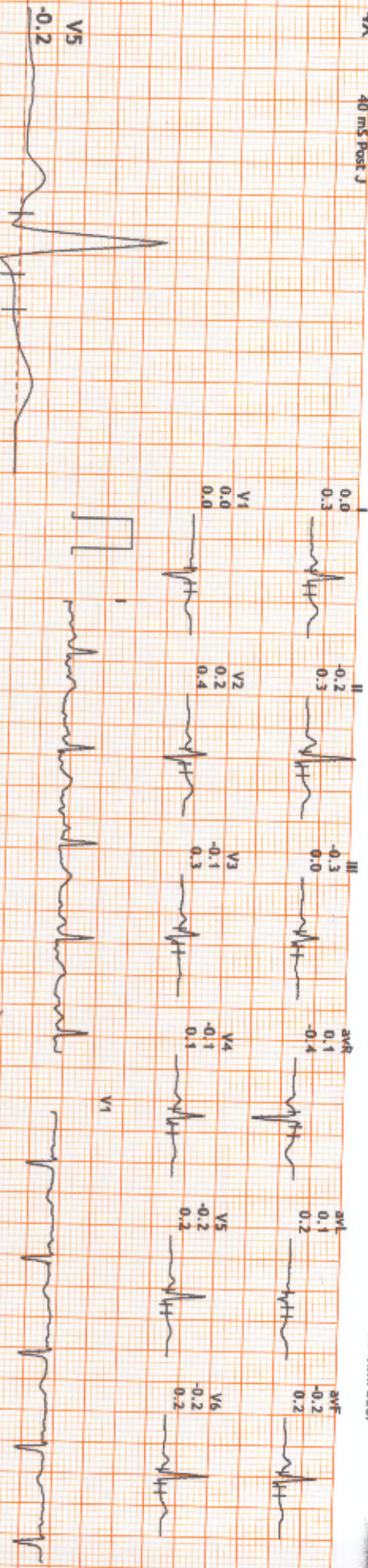
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 02:51  
BLC : On  
Notch : On

ExStart  
10.0 mm/mv  
25 mm/Sec.



40 ms Post J





HR: 151 bpm  
METs: 4.6  
BP: 130/80

MpHR: 82% of 182  
Speed: 2.7 kmph  
Grade: 10.0%

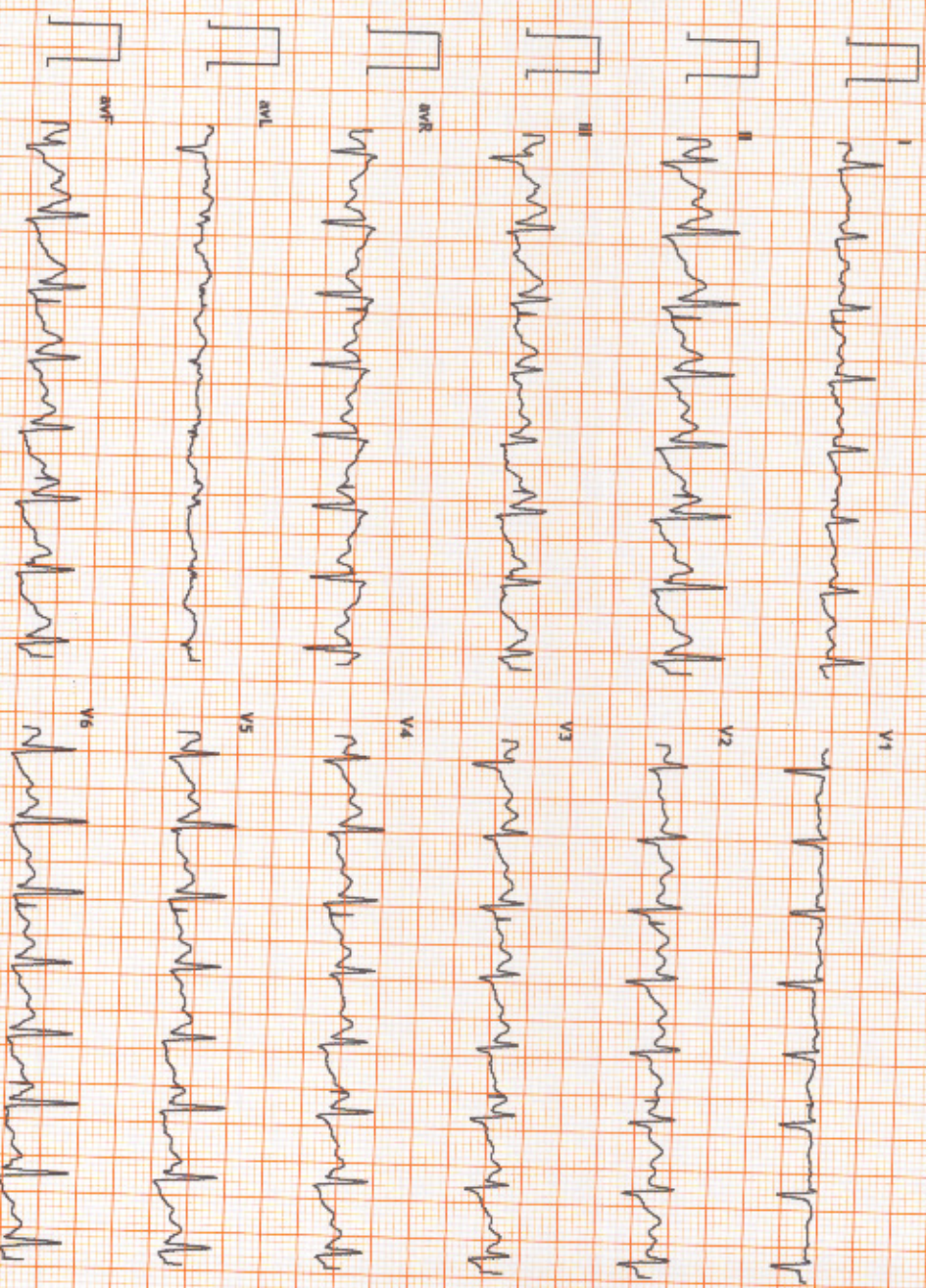
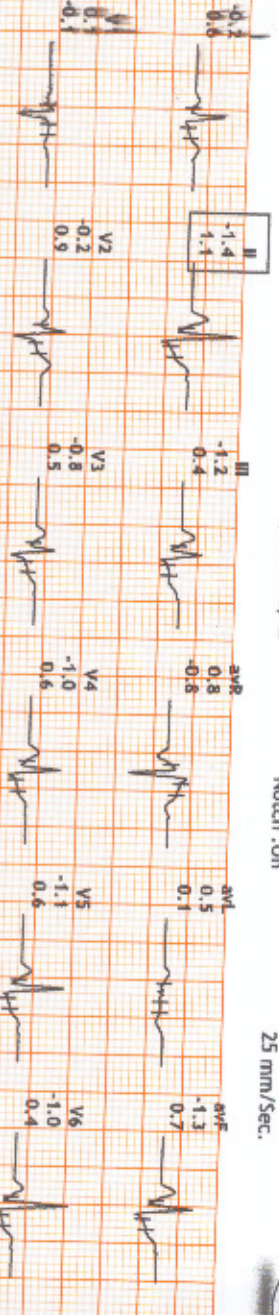
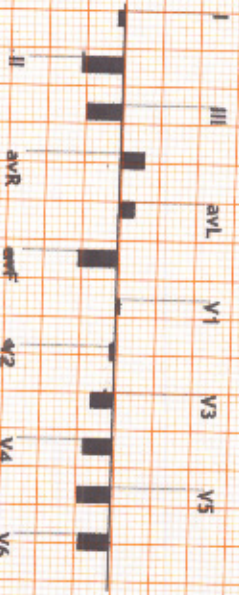
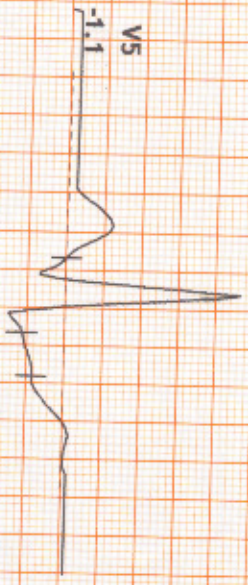
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 03:00  
BLC :On  
Notch :On

BRUCE:Stage 1(3:00)  
10.0 mm/mV  
25 mm/Sec.



4X 40 ms Post J



HR: 779 bpm  
METs: 7.0  
BP: 140/85

MPHR: 98% of 182  
Speed: 4.0 kmph  
Grade: 12.0%

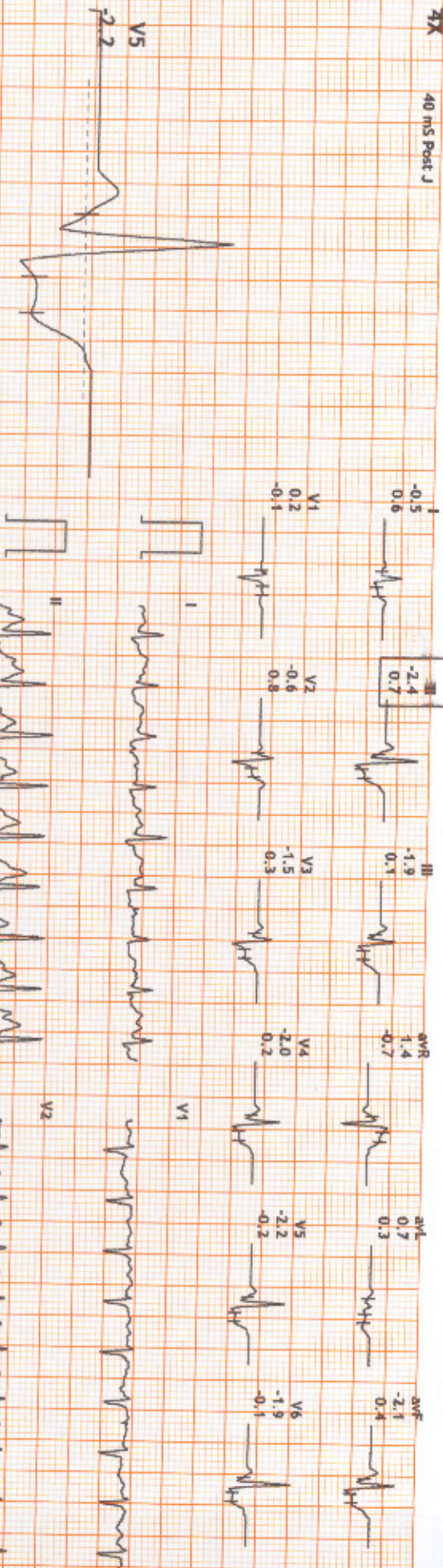
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

BRUCE: Stage 2(3:00)  
10.0 mm/mV  
25 mm/Sec.



40 mS Post J



HR: 179 bpm  
METS: 7.1  
BP: 140/85

MpHR: 98% of 182  
Speed: 5.5 kmph  
Grade: 14.0%

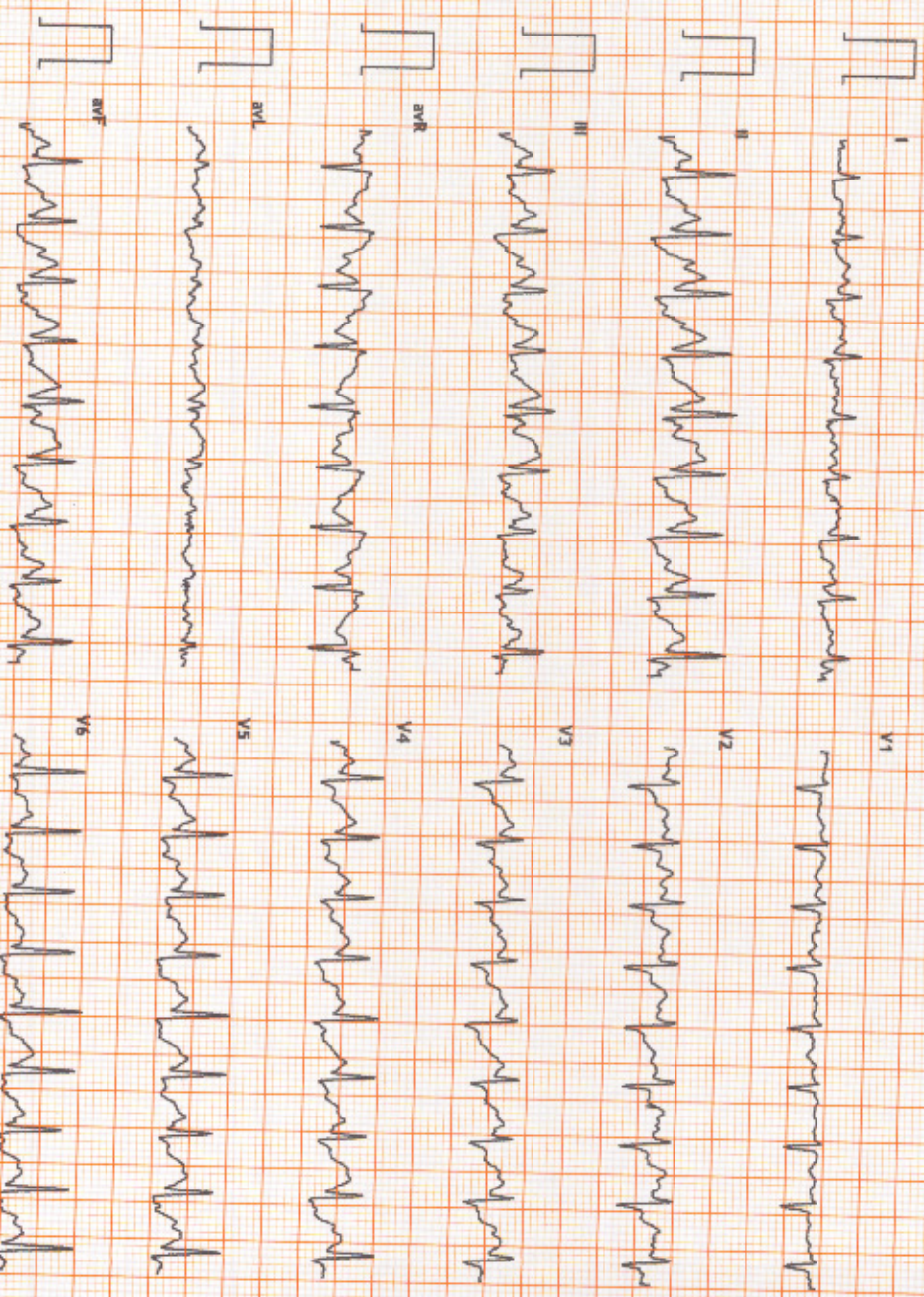
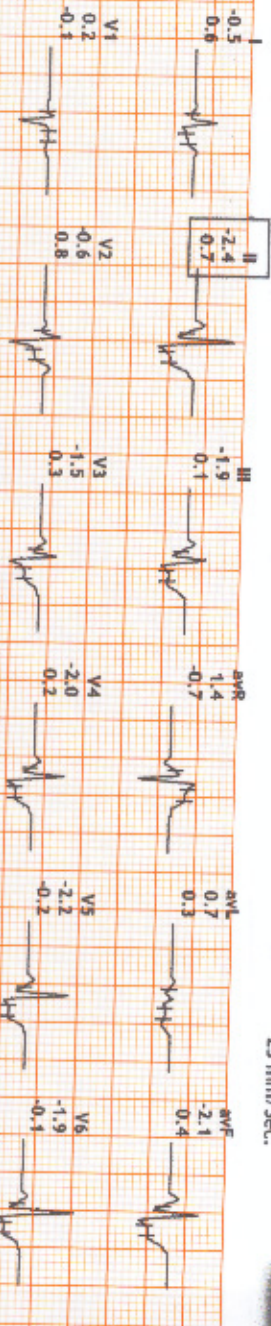
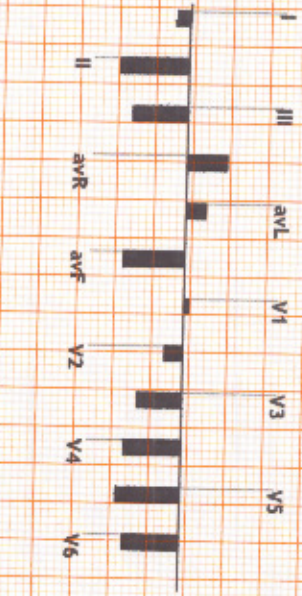
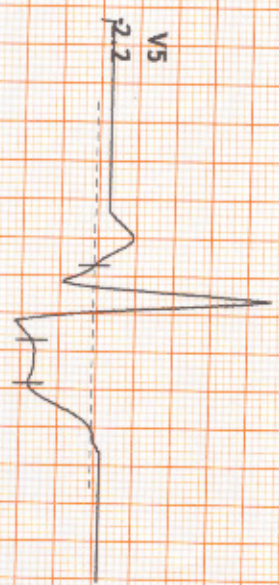
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:01  
aLc : On  
Notch : On

BRUCE: PeakEx(0:01)  
10.0 mm/mV  
25 mm/Sec.



40 ms Post J



HR: 158 bpm  
METS: 1.2  
BP: 140/85

MPHR: 86% of 182  
Speed: 1.8 kmph  
Grade: 0.0%

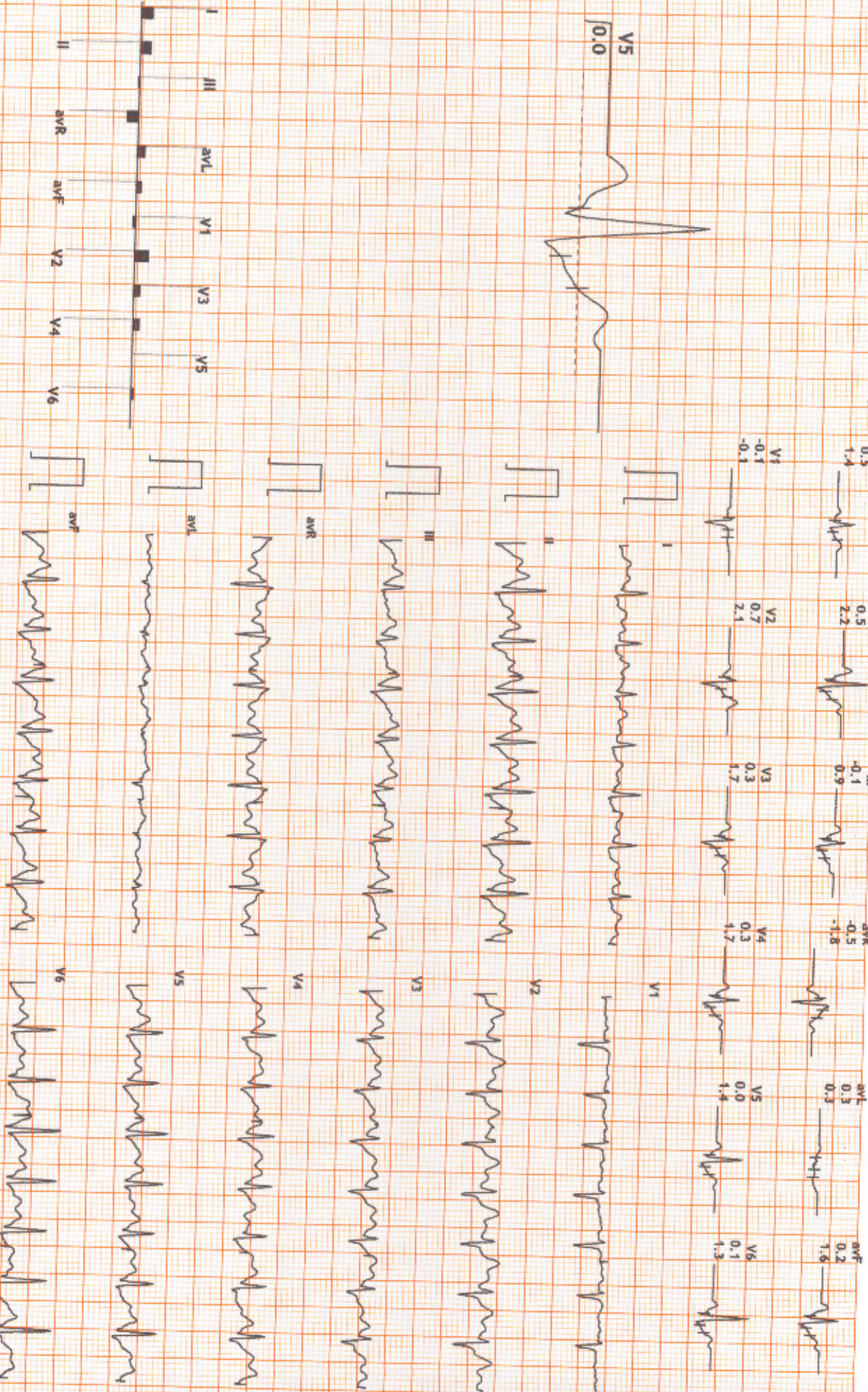
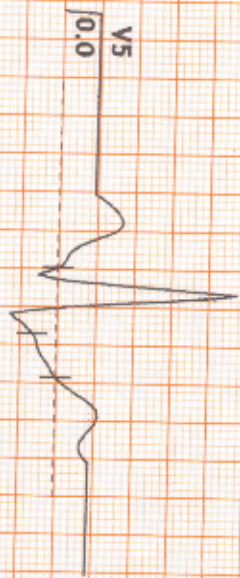
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:03  
BLC :0h  
Notch :0h

Recovery(1:00)  
10.0 mm/mV  
25 mm/Sec.



4X 40 ms Post J



HR: 123 bpm  
METs: 1.0  
BP: 150/85

MpHR: 67% of 182  
Speed: 0.0 kmph  
Grade: 0.0%

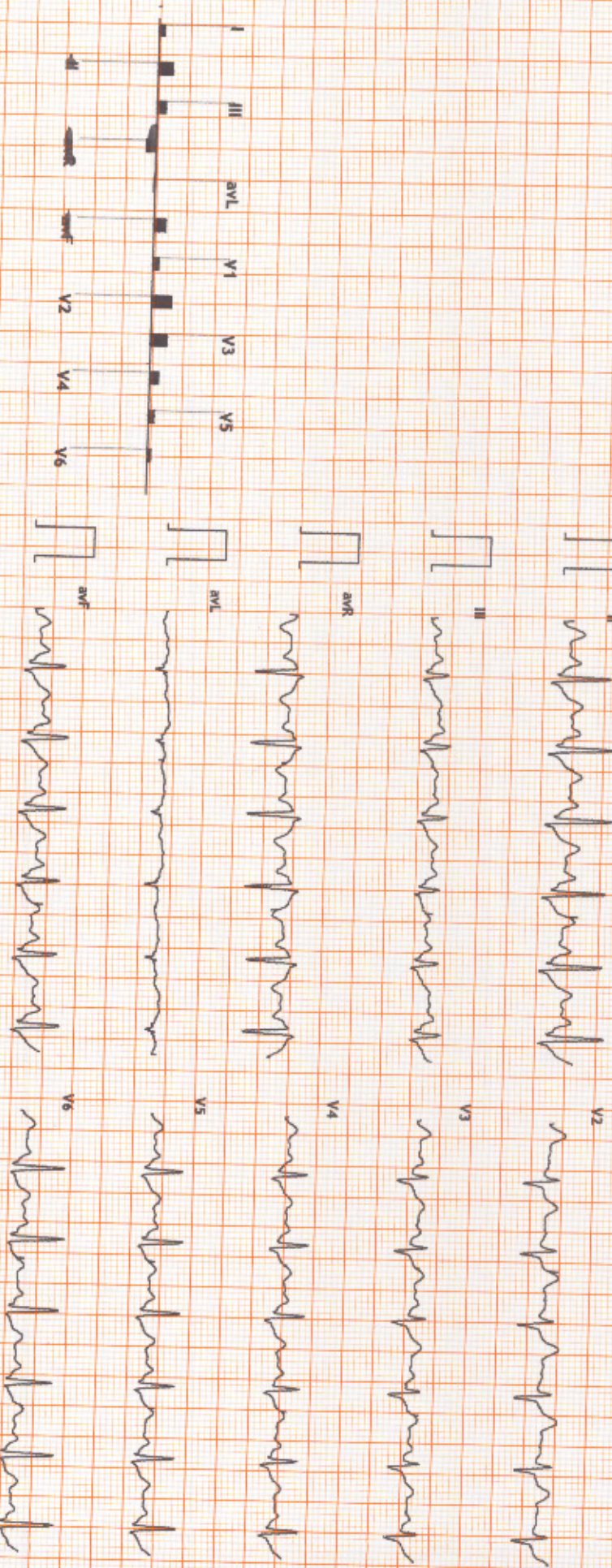
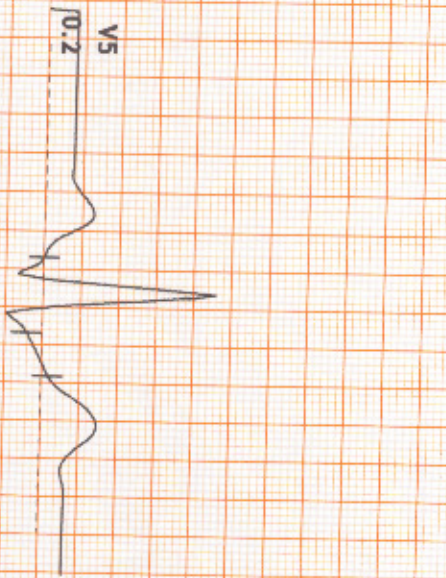
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:03  
BLC : 0h  
Notch : 0h

Recovery(2:00)  
10.0 mm/mV  
25 mm/Sec.



40 mS Post J



HR: 110 bpm  
METs: 1.0  
BP: 140/85

MpHR: 60% of 182  
Speed: 0.0 kmph  
Grade: 0.0%

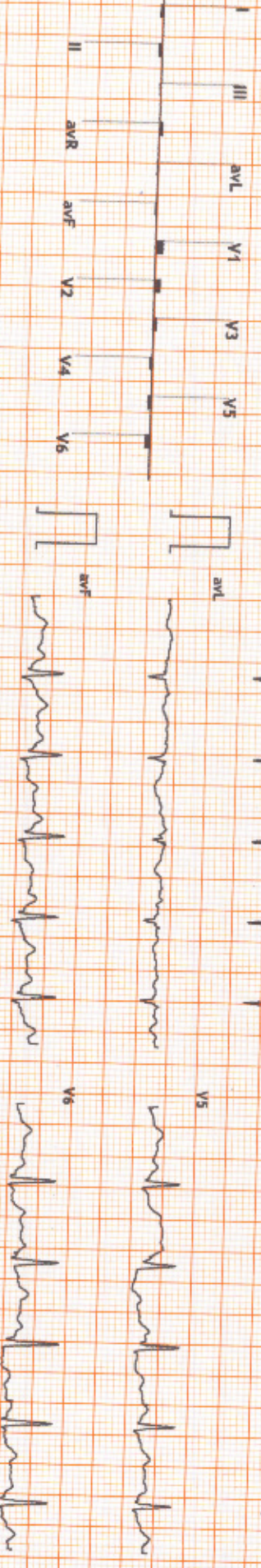
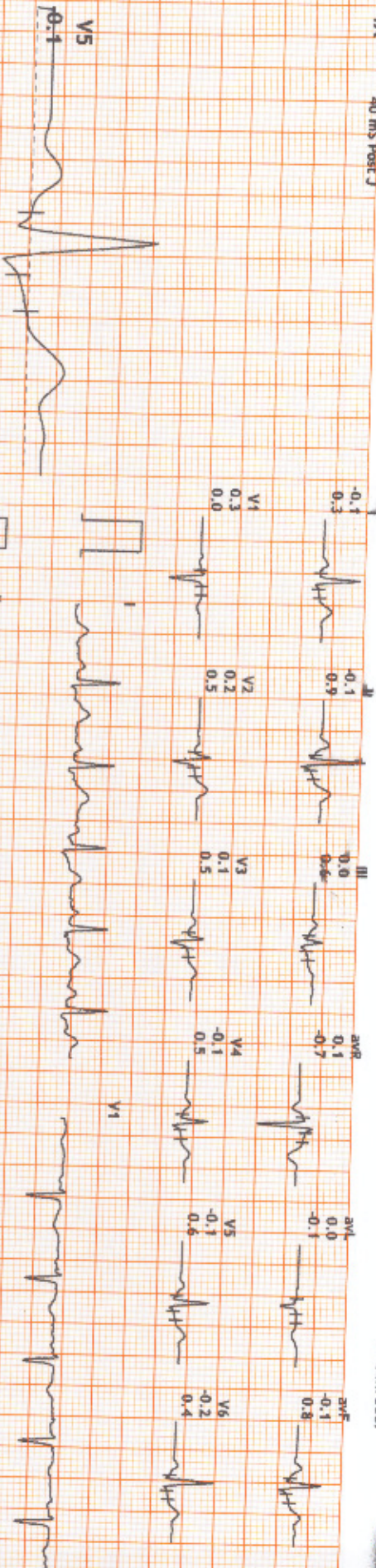
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:03  
BLC :0h  
Notch :0h

Recovery(3:00)  
10.0 mm/mV  
25 mm/Sec.



4X 40 ms Post J



HR: 102 bpm  
MET/5: 1.0  
BP: 130/80

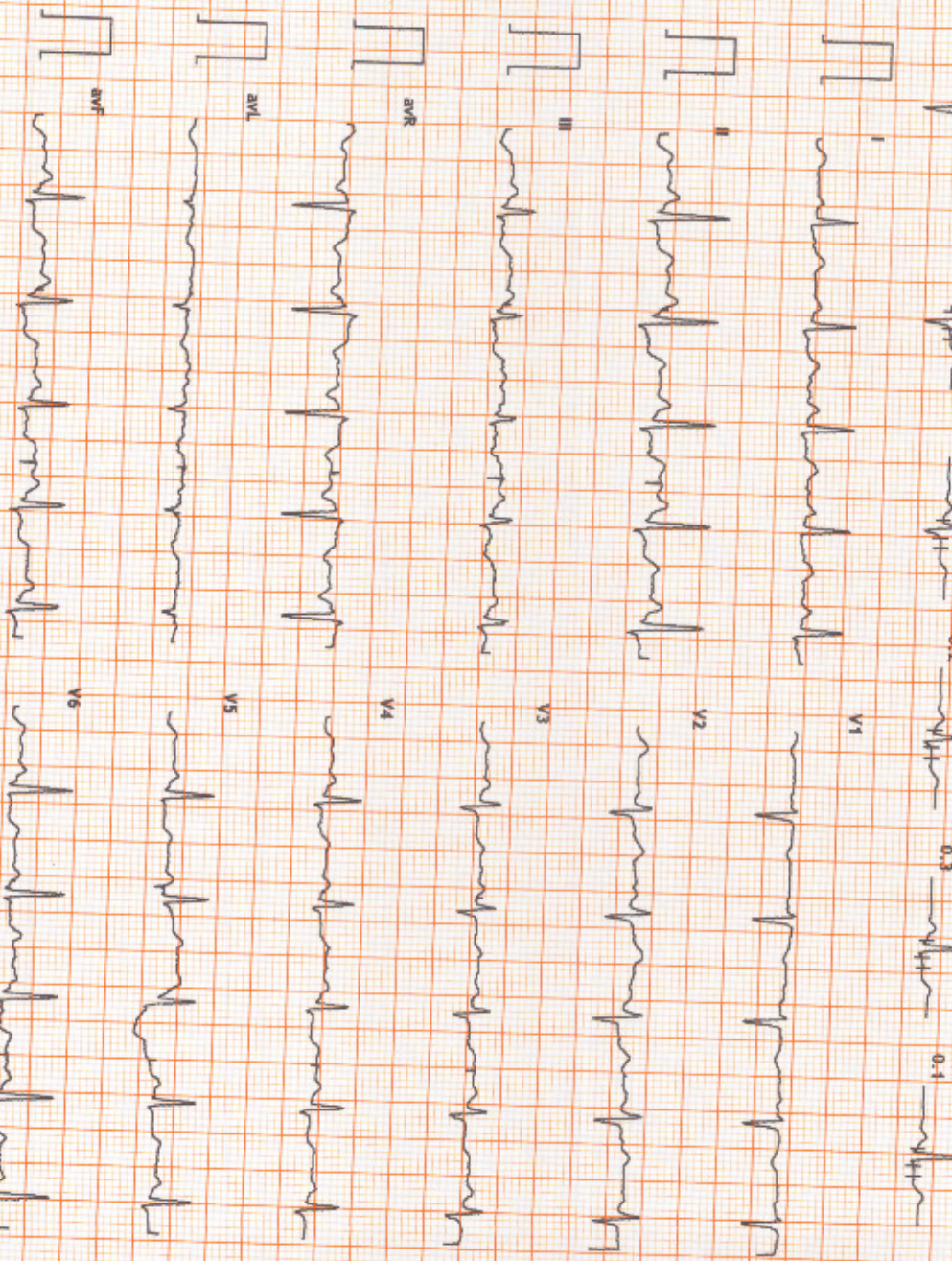
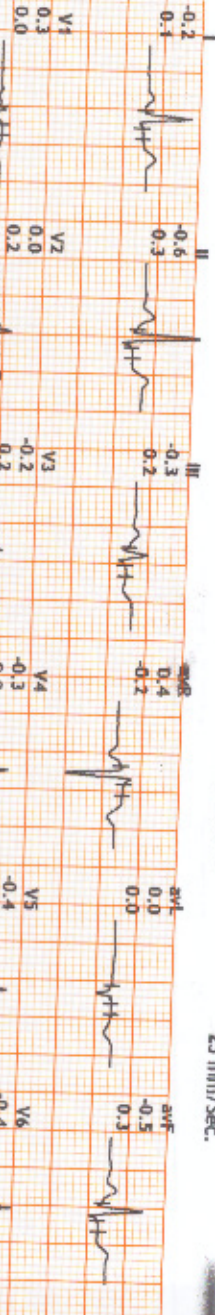
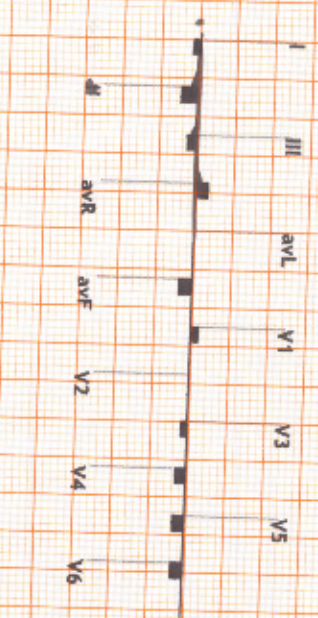
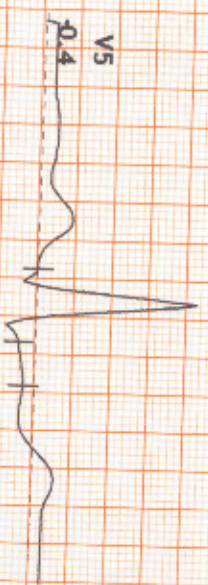
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:03  
BLC : On  
Notch : On

Recovery(4:00)  
10.0 mm/mV  
25 mm/Sec.



40 ms Post J



HR: 102 bpm  
METs: 1.0  
BP: 130/80  
AMHR: 56% of 182  
Speed: 0.0 kmph  
Grade: 0.0%

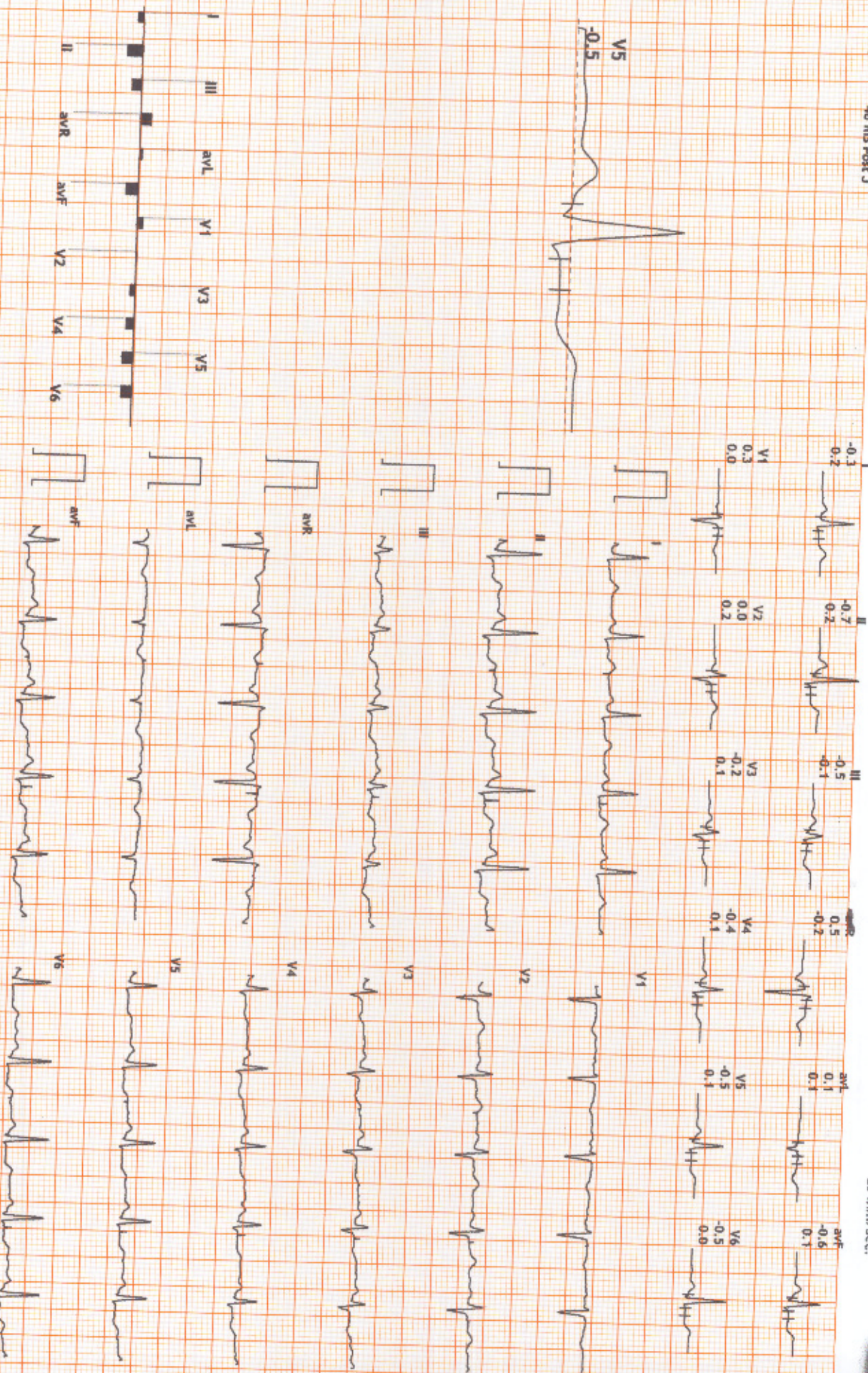
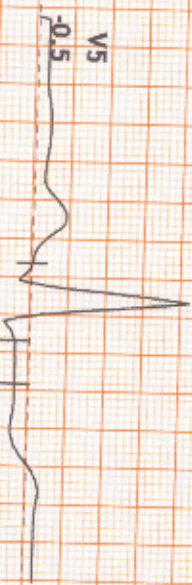
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:03  
BLC :On  
Notch :On

Recovery(5:00)  
10.0 mm/mv  
25 mm/Sec.



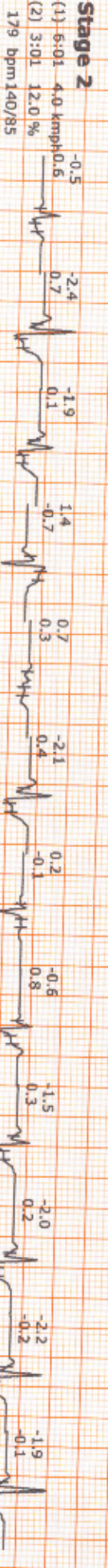
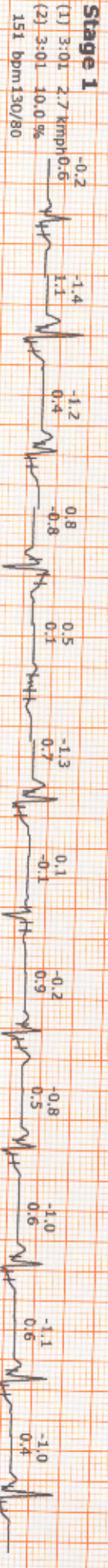
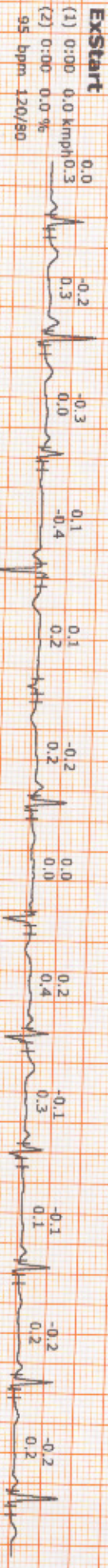
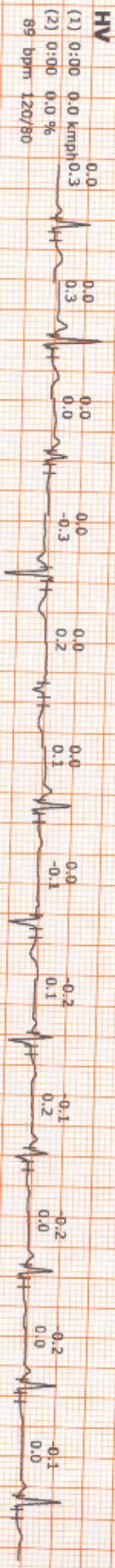
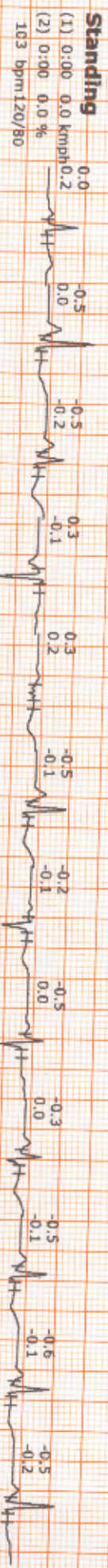
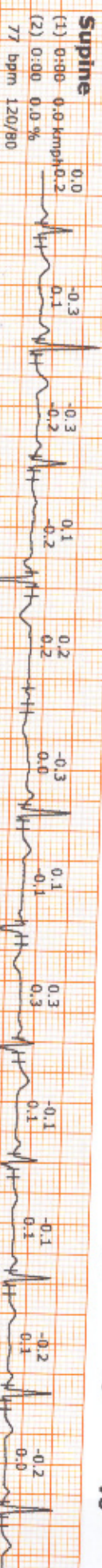
4X 40 ms Post J





Average

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



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

