

Mrs Lopa Mudra Baghar 14/06/23  
 Age - 32 Y / F

wt - 54 kg  
 H - 167 cm  
 BP - 100/60  
 P - 82 mb

CBC - 11.6 | 4.0 | 3.98 | 239 | 10  
 HbA1c - 5.5  
 RBS - F - 85.0 | PP - 149.0  
 Creatinine - 0.76  
 U-Acid - 4.6  
 Lipid - 148.0 | 95.0 | 65 | 64  
 LFT - 17 | 22 | 65  
 TSH - 1.360

Regular health check  
 no med par

- Tab WILLCOXIA MR 100 x 5d
- Cap BONJOY PLUS 1 cap OD x 30d
- Tab Renglin D 27h x 30d
- HIGH PRO 1 time + 1 glass water 1m
- Leggs or milk



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



**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Lopa Mudra . Baghan  
32/pt.

14/10/2023

cls Pt came for routine dental checkup.

ofc : stain +1 cat +.

Adv oral prophylaxis.



Sweety

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0771 4033341/42

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**PATIENT NAME: MRS. LOPA MUNDRA BAGHAR**  
**REF BY: BOB**

**AGE / SEX: 32YRS/F**  
**DATE: 14.10.2023**

### USG ABDOMEN

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

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

**Pancreas & Paraaortic Region:** Normal.

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

Kidneys	RIGHT	LEFT
SIZE	10.70X3.77Cm	10.37x4.32Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size ( 8.46 x 5.44 x 3.86 cm, Vol. – 93.015 cc ) and echotexture. Endometrial thickness 6.5 mm.

**Right Ovary:** Normal in size ( 3.08 x 2.37 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 2.85 x 1.94 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

### IMPRESSION:

**USG abomen within normal limit.**

**Advised clinical correlation/further evaluation if clinically indicated.**



*Zain*  
**Dr. Zeeshan Ateeb Dani**  
MBBS, MD  
**DR. ZEESHAN ATEEB DANI**  
Consultant Radiologist  
Reg. No. CGMC-23747009  
**CONSULTANT RADIOLOGIST**

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



**NAME OF PATIENT: MRS. LOPA MUDRA BAGHAR**

**AGE 32YRS / FEMALE**

**REFERRED BY: BOB**

**DATE:14/10/2023.**

**CHEST X - RAY PA VIEW**

**FINDINGS:**


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

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

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



  
**Dr. Zeeshan Ateeb Dani**  
MBBS, MD  
**DR. ZEESHAN ATEEB DANI**  
Consultant Radiologist (MD)  
Reg. No. GGMC 2301/2019  
CONSULTANT RADIOLOGIST

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 **0771 4033341/42**

MRS LOPAMUDRA BAGHAR  
Female 32 Years

14-10-2023 09:31:21 AM

P	73	bpm
PR	110	ms
QRS	164	ms
QT/QTc	78	ms
QT/QTc	390/430	ms
P/QRS/T	55/78/56	ms
RV5/SV1	1.384/0.825	mV

Report Confirmed by:



Diagnosis Information:

Sinus rhythm  
Normal ECG

**Dr. Animesh Choudhar**  
MD Medicine  
Reg. No. CGMC 3583/20-  
Apollo Clinic Raipur



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs. Lopa Mudra Baghar

Date 14/10/23

Sex/Age F/32

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
<b>SQUINT</b>		NO		
<b>NYSTAGMUS</b>				
<b>COLOUR VISION</b>		NORMAL		
<b>FUNDUS:(RE):-</b>	<u>WNL</u>	<b>(LE):-</b>	<u>WNL</u>	
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>		<u>Good</u>		
<b>DISTANT VISION:(RE):-</b>	<u>6/6</u>	<b>(LE):-</b>	<u>6/6</u>	
<b>NEAR VISION:(RE):-</b>	<u>N6</u>	<b>(LE):-</b>	<u>N6</u>	
<b>NIGHT BLINDNESS</b>		<u>NAD</u>		
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>ADD</b>
<b>RIGHT</b>	—————			
<b>LEFT</b>				
<b>REMARKS :-</b>				



MJ

**Dr. Vikas Mishra**  
MBBS, MS(Ophthalmologist)  
Reg. No. CGMC 621/2006

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 **0771 4033341/42**

**Patient Name** : MRS LOPA MUDRA BAGHAR  
**UHID/ MR No** : 7205  
**Visit Date** : 14/10/2023  
**Sample Collected On** : 14/10/2023 12:25PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 14/10/2023 04:04PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	11.6	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.01	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	34.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.8	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.9	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	13.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	3.98	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	47	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	44	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes Method: CELL COUNTER	06	%	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 5 of 6

*(Signature)*  
**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY



Patient Name : MRS LOPA MUDRA BAGHAR  
 UHID/ MR No : 7205  
 Visit Date : 14/10/2023  
 Sample Collected On : 14/10/2023 12:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y. Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 14/10/2023 04:04PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	239	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20

### Blood Group (ABO Typing)

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

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

Lab Technician / Technologist  
 path

Page 6 of 6

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

Patient Name : MRS LOPA MUDRA BAGHAR  
 UHID/ MR No : 7205  
 Visit Date : 14/10/2023  
 Sample Collected On : 14/10/2023 12:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 14/10/2023 04:04PM

**BIO CHEMISTRY**


Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state dete

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

Lab Technician / Technologist  
 path



Patient Name : MRS LOPA MUDRA BAGHAR  
UHID/ MR No : 7205  
Visit Date : 14/10/2023  
Sample Collected On : 14/10/2023 12:25PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 32 Y. Female  
OP Visit No : OPD-UNIT-II-4  
Reported On : 14/10/2023 04:04PM


### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	119.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	85.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.76	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
path

Page 1 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

**Patient Name** : MRS LOPA MUDRA BAGHAR  
**UHID/ MR No** : 7205  
**Visit Date** : 14/10/2023  
**Sample Collected On** : 14/10/2023 12:25PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Female  
**OP Visit No** : OPD-UNIT-II-7  
**Reported On** : 14/10/2023 04:04PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	148.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	95.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	65	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	64	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=1
Method: Spectrophotometric VLDL Cholesterol	19	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.28		3.5 - 5
Method: Spectrophotometric			

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

Lab Technician / Technologist  
path



**Patient Name** : MRS LOPA MUDRA BAGHAR  
**UHID/ MR No** : 7205  
**Visit Date** : 14/10/2023  
**Sample Collected On** : 14/10/2023 12:25PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Female  
**OP Visit No** : OPD-UNIT-II-4  
**Reported On** : 14/10/2023 04:04PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	17	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	12	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	65	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.4	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	1.8	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.55	%	1.1 - 2.2

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

Lab Technician / Technologist  
path

Page 3 of 6

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

Patient Name : MRS LOPA MUDRA BAGHAR  
UHID/ MR No : 7205  
Visit Date : 14/10/2023  
Sample Collected On : 14/10/2023 12:25PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 32 Y Female  
OP Visit No : OPD-UNIT-II-2  
Reported On : 14/10/2023 04:04PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	10ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.020		
Reaction (pH)	5.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	2-4	/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*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : Mrs.LOPA MUDRA	Collected : 14/Oct/2023 02:39PM
Age/Gender : 32 Y 0 M 0 D /F	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005235	Reported : 14/Oct/2023 04:09PM
Visit ID : DSUSOPV6038	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)	1.0	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.360	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 \*\*\*

*Sandhya Verma*  
Dr. SANDHYA VERMA

MBBS, MD, (Pathology)  
Consultant Pathologist

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35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg Date: 14-Oct-2023

Stage	Time	Duration	Belt Speed (Kmph)	Elevation	METS	Rate	% THR Achieved	BP	RPP	PVC	Comments
Standing	00:24	0:02	02.7	10.0	01.0	69	37%	110/70	075	00	
ExStart	00:28	0:06	02.7	10.0	01.1	66	35%	110/70	072	00	
BRUCE Stage 1	03:28	3:00	02.7	10.0	04.7	142	76%	116/76	164	00	
BRUCE Stage 2	06:28	3:00	04.0	12.0	07.1	166	88%	120/80	199	00	
PeakEX	06:35	0:07	05.5	14.0	07.2	165	88%	120/80	198	00	
Recovery	07:04	0:29	00.0	00.0	04.2	160	85%	120/80	192	00	
Recovery	07:34	1:00	00.0	00.0	01.2	135	72%	122/82	164	00	
Recovery	08:14	1:39	00.0	00.0	01.0	114	61%	120/80	136	00	

**Findings :**

Exercise Time : 06:08  
 Max HR Attained : 166 bpm 88% of Target 188  
 Max BP Attained : (Sys) 122/82  
 Max Workload Attained : 7.2 Fair response to induced stress  
 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



Allengers

Standing



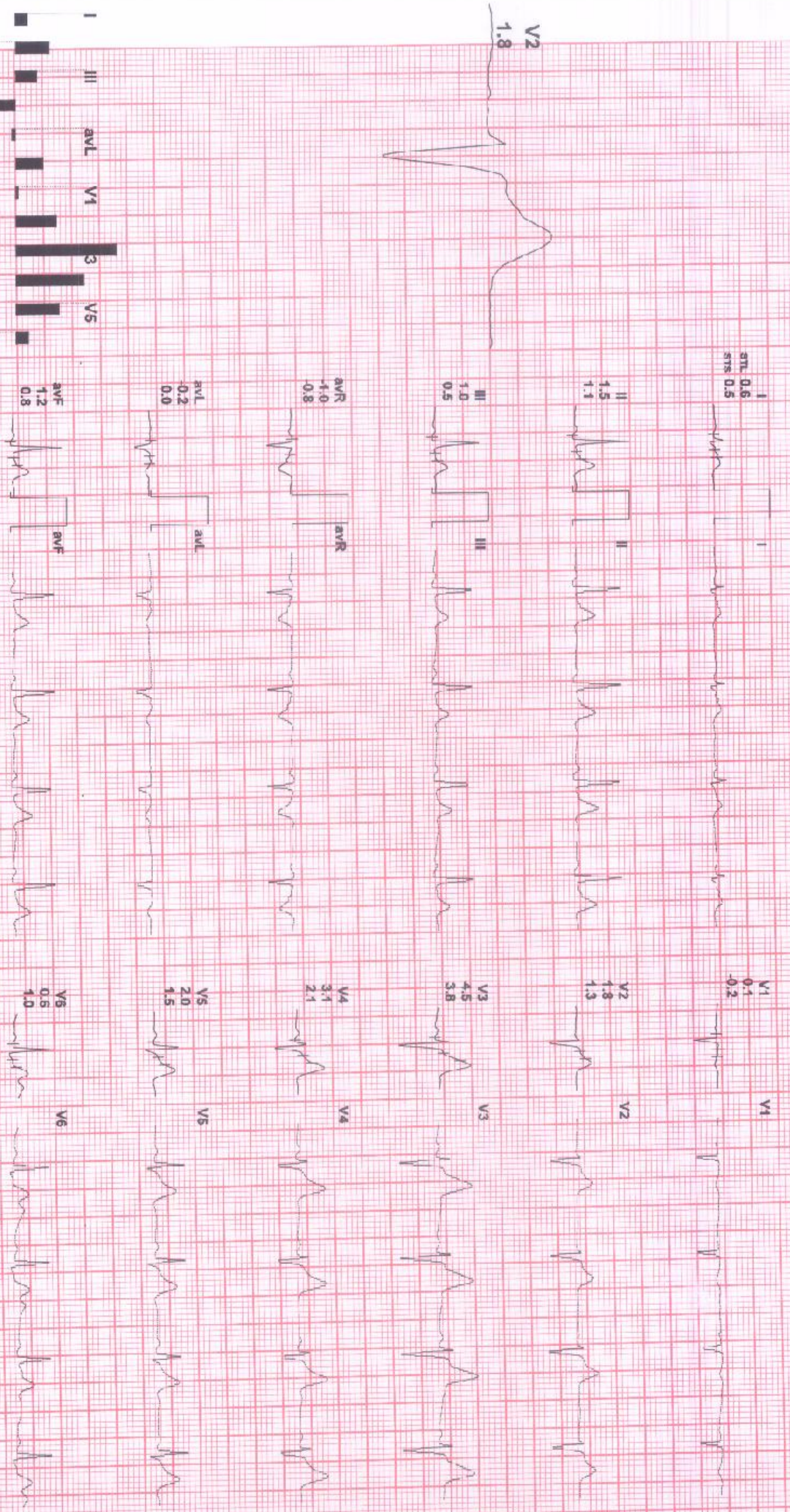
35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg / HR : 69

Date: 14-Oct-2023 12:36:42 PM METS: 1.0/ 69 bpm 36% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:02 2.7 Km/ph. 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM213180726)(R)Allengers

Challengers

5 / MRS LOPAMUDRA / 32 YRS / F / 167 Cms / 54 Kg / HR : 66

Date: 14-Oct-2023 12:36:42 PM METS: 1.1/ 66 bpm 35% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:06 2.7 Kmph. 10.0% 25 mm/Sec. 1.0 Cm/mV

ExStart



4X 30 ms Post J

I  
STL 0.6  
STB 0.5

V1  
0.4  
0.2

II  
1.5  
1.1

V2  
1.8  
1.3

III  
1.0  
0.5

V3  
4.5  
3.8

aVR  
1.0  
-0.8

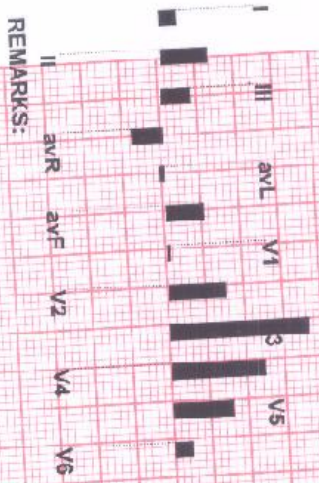
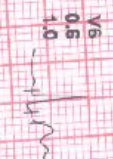
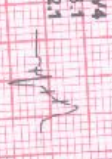
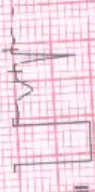
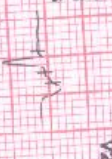
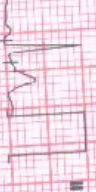
V4  
3.1  
2.1

aVL  
-0.2  
0.0

V5  
2.0  
1.5

aVF  
1.2  
0.8

V6  
0.6  
1.0



REMARKS:

(GEM213180720) Challengers

Allengers

5 / MRS LOPAMUDRA / 32 YRS / F / 167 Cms / 54 Kg / HR : 142

Date: 14-Oct-2023 12:36:42 PM METS: 4.71 142 bpm 75% of THR BP: 116/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Kmph 10.0%

26 min/Sec: 1.0 Cm/hv

BRUCE: Stage 1(3:00)



4X 60 m8 Post J

STL 0.4  
STS 1.5



V1  
0.0  
0.2



II  
1.6  
1.0



V2  
1.1  
1.6



III  
2.1  
0.6



V3  
1.2  
3.8



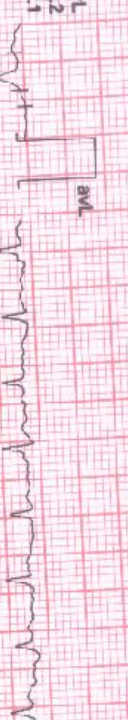
aVR  
0.6  
-1.3



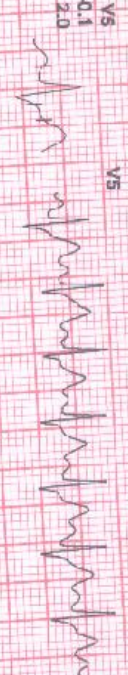
V4  
0.0  
2.8



aVL  
1.2  
1.1



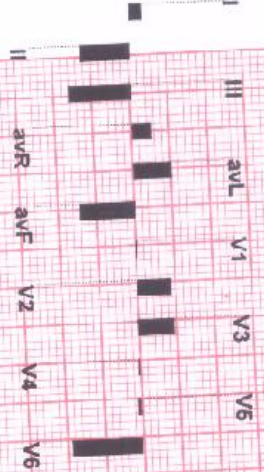
V5  
-0.1  
2.0



aVF  
-1.8  
0.2



V6  
-2.3  
2.7



REMARKS:

(GEM213180726XR)Allengers



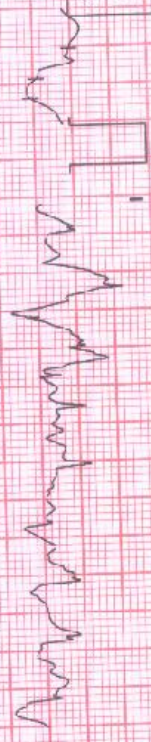
35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg / HR : 166

Date: 14-Oct-2023 12:36:42 PM METS: 7.1 / 166 bpm 88% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

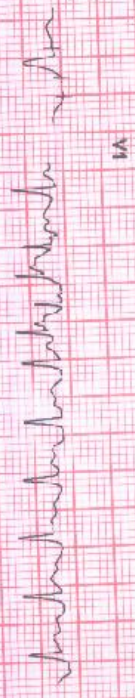
ExTime: 06:00 4.0 Kmph 12.0%  
25 mm/Sec 1.0 Cm/mV

4X 60 mS Post J

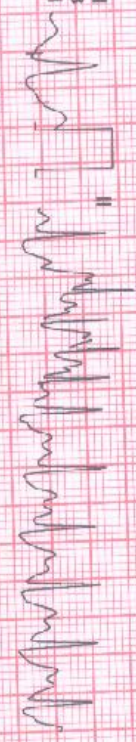
I  
STL 5.0  
STB 1.2



V1  
4.4  
0.5



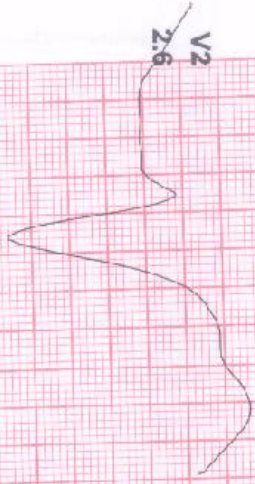
II  
0.8  
3.1



V2  
2.6  
2.2



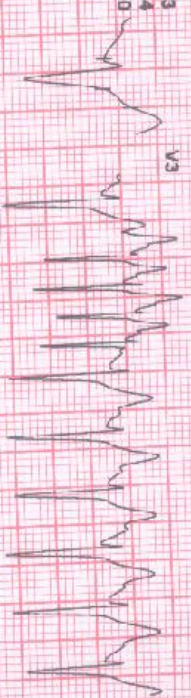
V2  
2.6



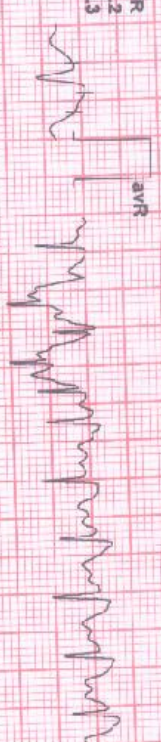
III  
0.9  
0.1



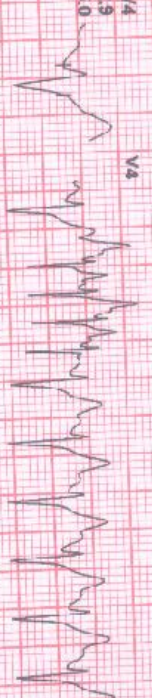
V3  
3.4  
6.0



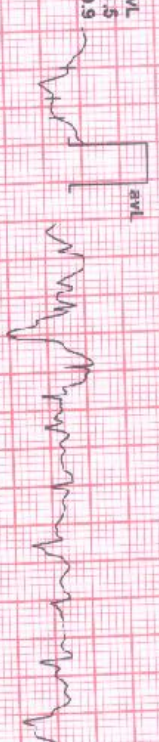
aVR  
0.2  
-2.3



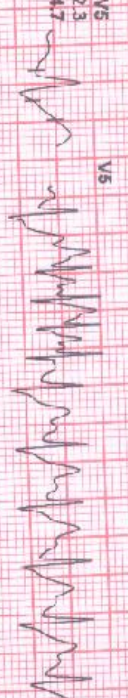
V4  
2.9  
5.0



aVL  
-1.5  
0.9



V5  
2.3  
4.7



aVF  
1.3  
2.3



V6  
1.7  
3.8



EMARKS:



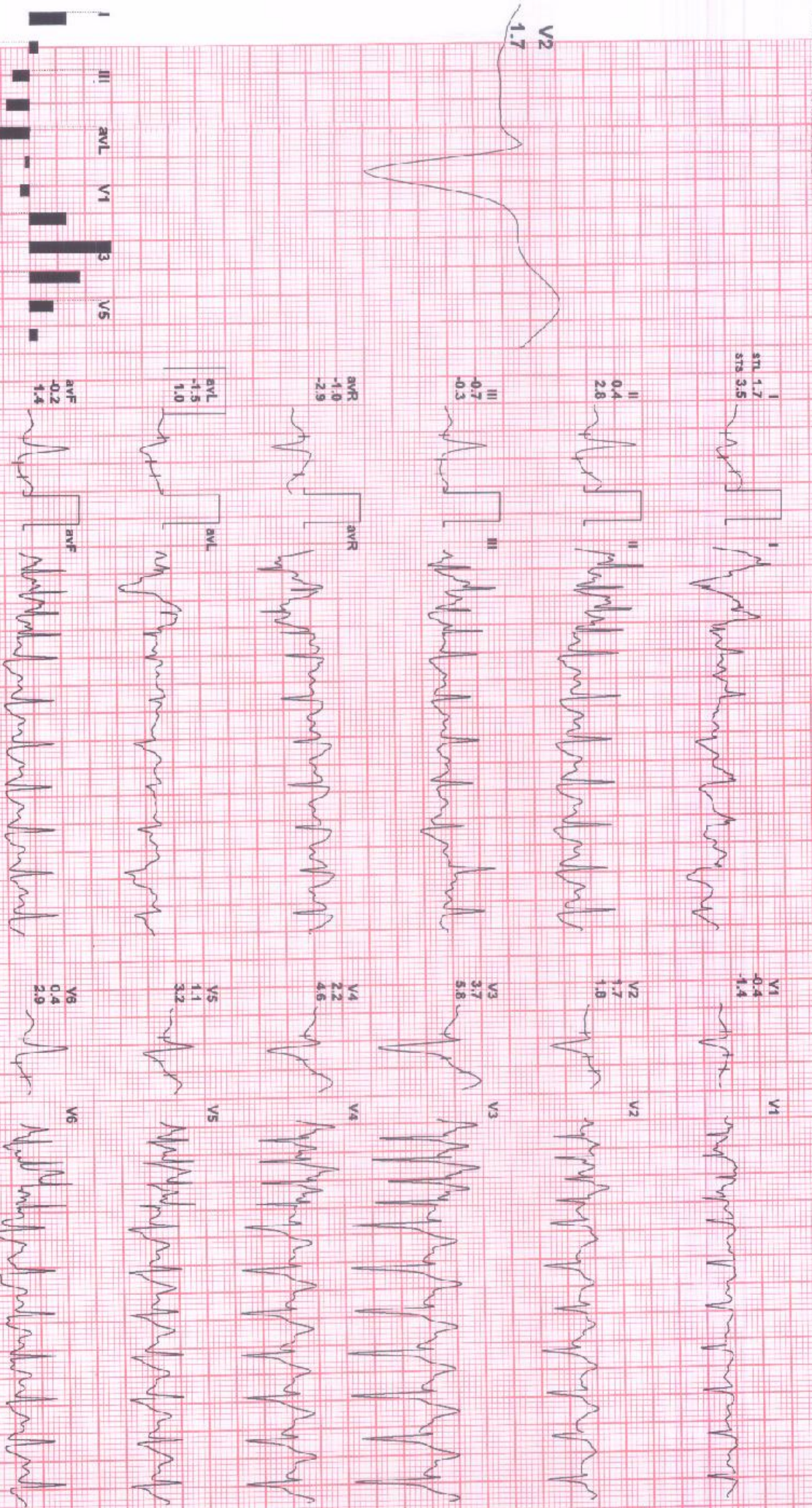
35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg / HR : 165

Date: 14-Oct-2023 12:36:42 PM METS: 7.2/ 165 bpm 87% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:07 5.5 KmpH, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg / HR : 160

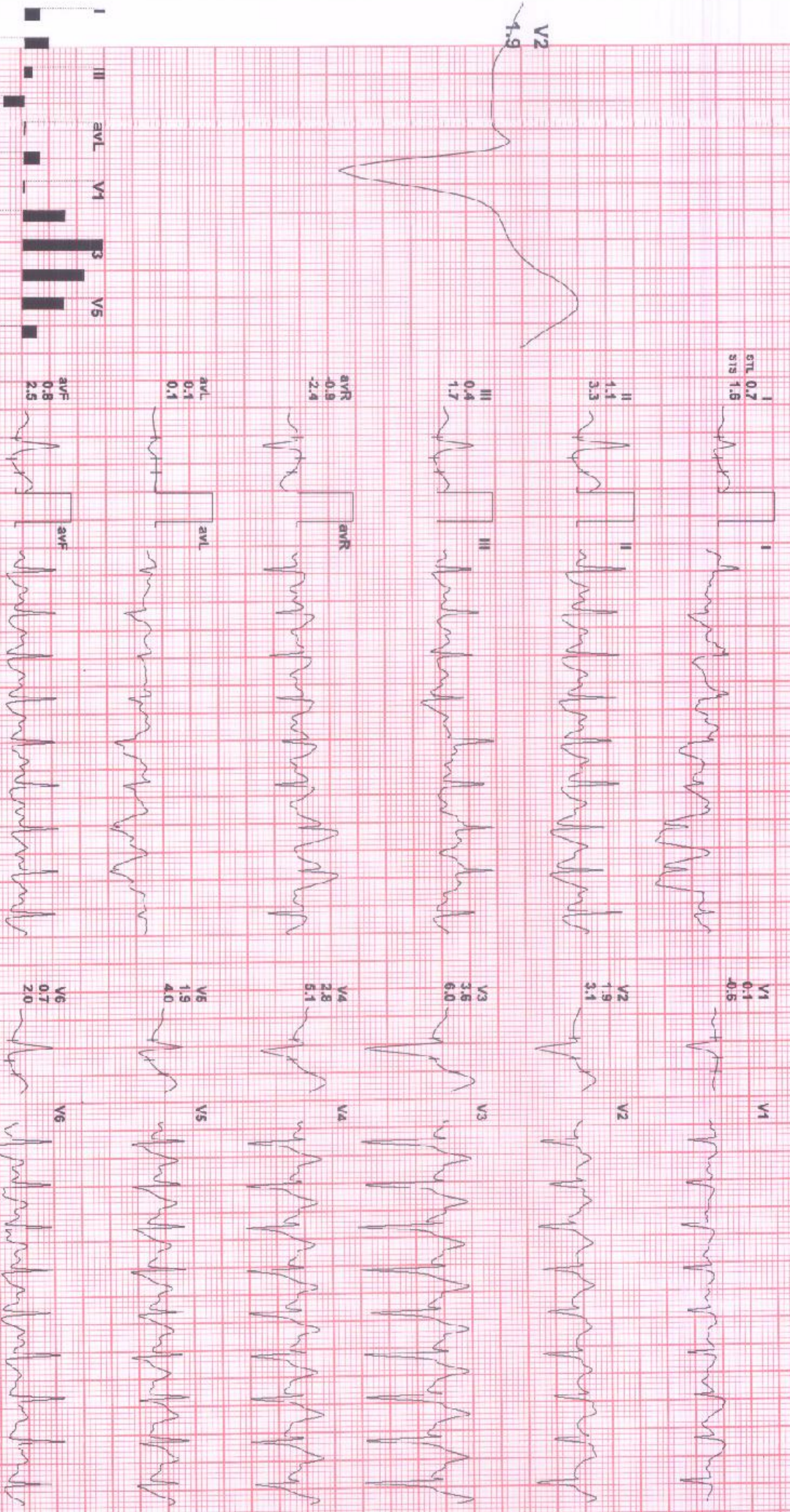
Date: 14-Oct-2023 12:36:42 PM METS: 4.2/ 160 bpm 85% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:08 0.0 Kmph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

V2 1.9



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



35 / MRS LOPAMUDRA / 32 Yrs / F / 167 Cms / 54 Kg / HR : 135

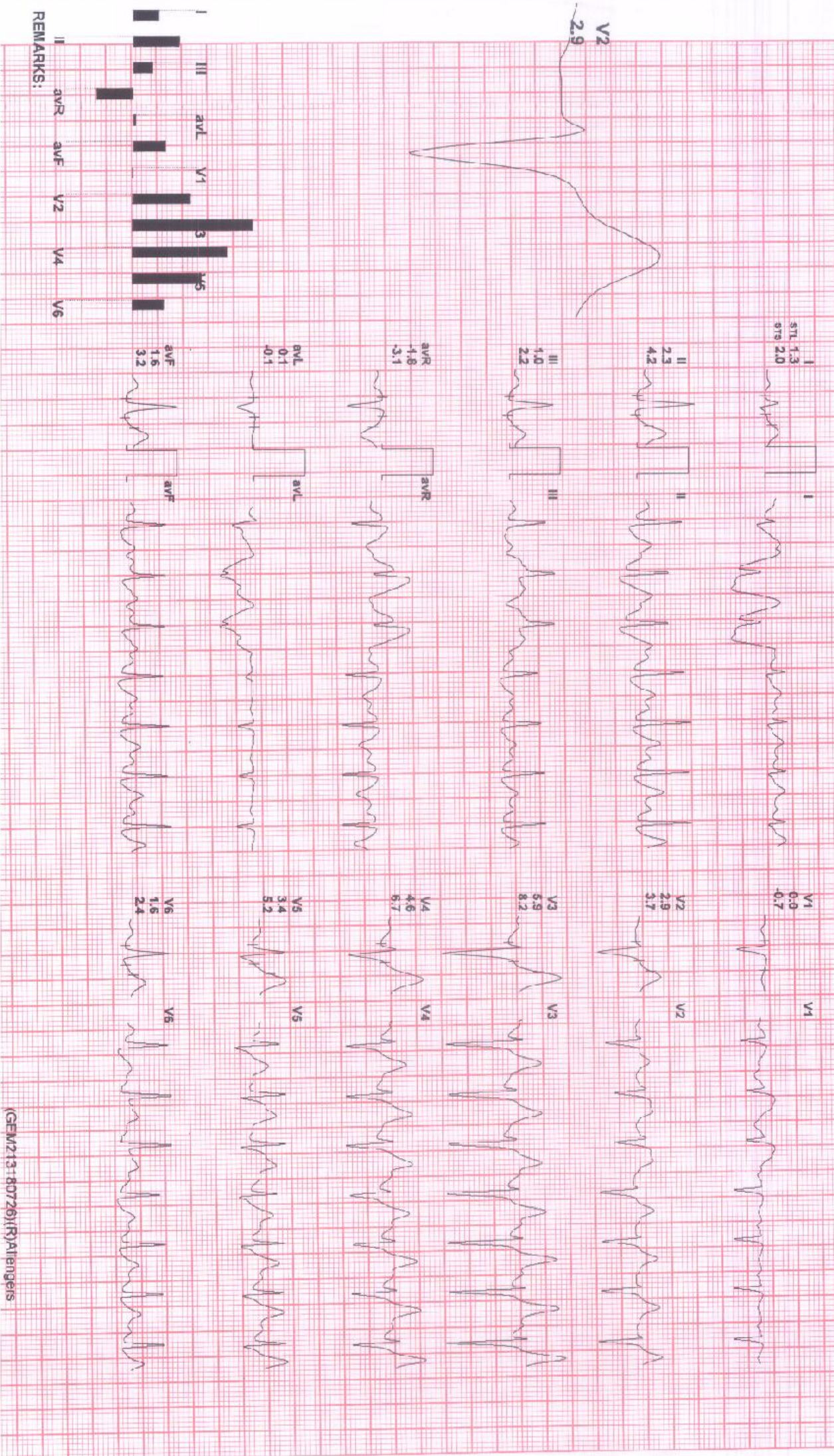
Date: 14-Oct-2023 12:36:42 PM METS: 1.2/ 135 bpm 71% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:08 0.0 Kmph. 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

V2 2.9



REMARKS: