

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. -

6961

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: GOURAV AGGAR

Age/Sex

: 28 Y/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder.
- Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at

DELHI

on the day of

13/10/2024

2023

Dr. RAINA KHAN

MBBS, DMRD

Reg. No. 25508

Signature of the Cardiologist

Name & Address

Qualification Code No.

Signature of L.A.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	77	126/84	78/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	Q
Standardisation Inv	Q	PR Interval	Q
Mechanism	Q	QRS Complexes	Q
Voltage	Q	Q-T Duration	Q
Electrical Axis	Q	S-T Segment	Q
Auricular Rate	78/4	T-wave	Q
Ventricular Rate	78/4	Q-Wave	Q
Rhythm	Regular		
Additional findings, if any	nil		

Conclusion: ECG - WNL

DEVI 13/10/2024

Dated at _____ on the day of _____ 200



Dr. RAINA KHAN
MBBS/DMRD
Reg. No. 25508



Signature of the Cardiologist
Name & Address
Qualification
Code No.

IRINE DIAGNOSTIC

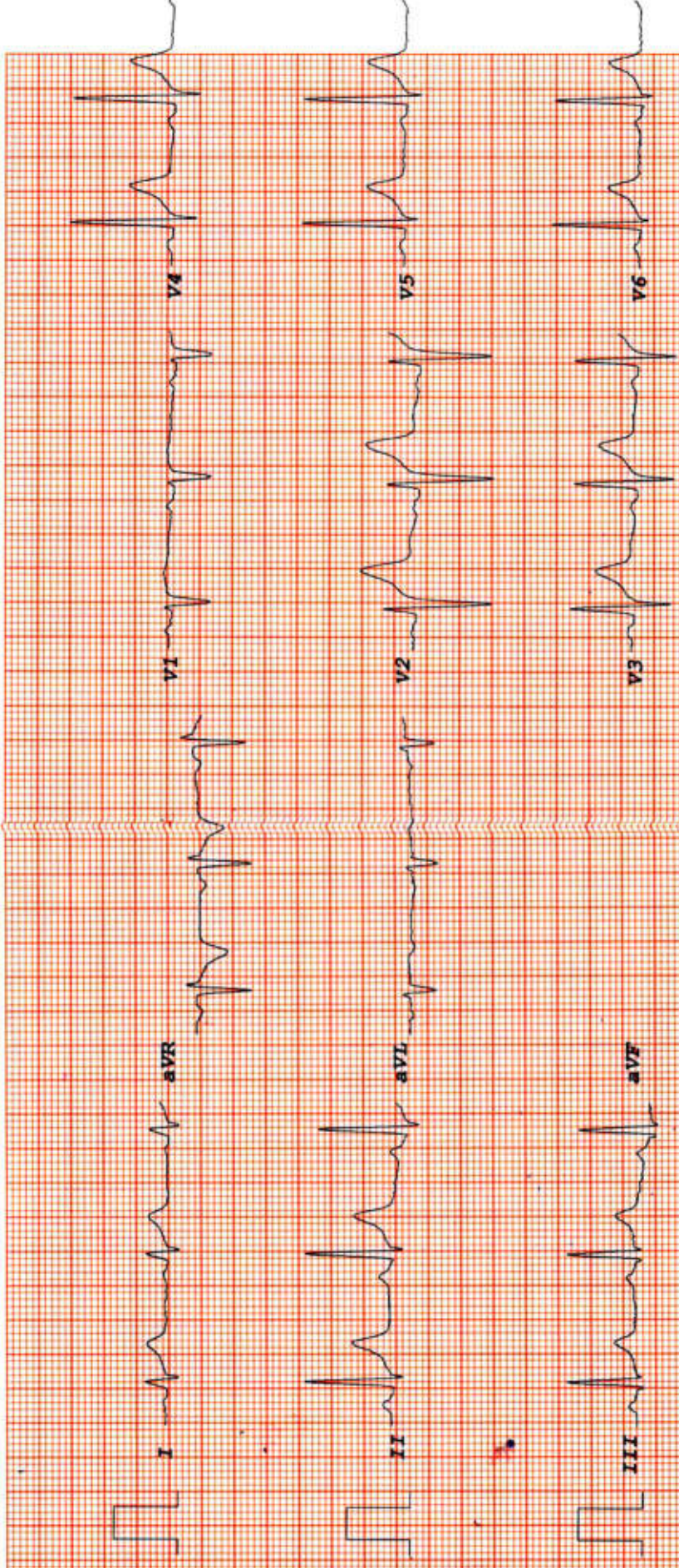
GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

RATE 77bpm
B.P. 120/80

PRETEST
ECG

ST @ 10mm/mV
80ms PostJ

RAW ECG



Dr. RAINA KHAN
MBBS, DM/MD
Reg. No. 25508

Agg

ECG within normal limit

Date: 13/10/2024

To,
LIC of India
Branch Office

Proposal No. 6961

Name of the Life to be assured GOURAV AGGHI

The Life to be assured was identified on the basis of _____

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. RAINA KHAN
MBBS, DMRD
REG. NO. 25508

Signature of the Pathologist/Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Agghi

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:


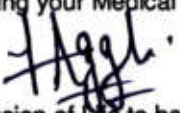

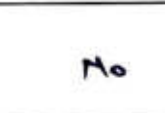

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: VCT

17. Others (Please Specify) _____

Remarks of Med Source TPA Services PVT LTD
Authorized Signature,



 LIC भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	MEDICAL EXAMINER'S REPORT Form No LIC03-001(Revised 2020)		Branch Code:
			Proposal/ Policy No: 6961
			MSP name/code :
			Date & Time of Examination:
			Medical Diary No & Page No:
Mobile No of the Proposer/Life to be assured: _____ Identity Proof verified: PAH ID Proof No. CTCPA 0456P (In Case of Aadhaar Card , please mention only last four digits)			
[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]			
For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.			
"I would like to inform that this call with/ visit to Dr (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".			
 Signature/ Thumb impression of Life to be assured (In case of Physical Examination)			
1	Full name of the life to be assured: GOURAV AGGHIZ		
2	Date of Birth: 15/10/1995	Age: 28	Gender: M
3	Height (In cms): 172	Weight (in kgs) : 77	
4	Required only in case of Physical MER		
	Pulse : 78/m	Blood Pressure (2 readings): 1. Systolic 126 Diastolic 84 2. Systolic 126 Diastolic 84	
ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation			
5	a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c)) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration		
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date , reason ,advised by whom & findings.		
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports		



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV/AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

NA

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Yes
---	-----

Declaration

You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.



[Handwritten Signature]

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

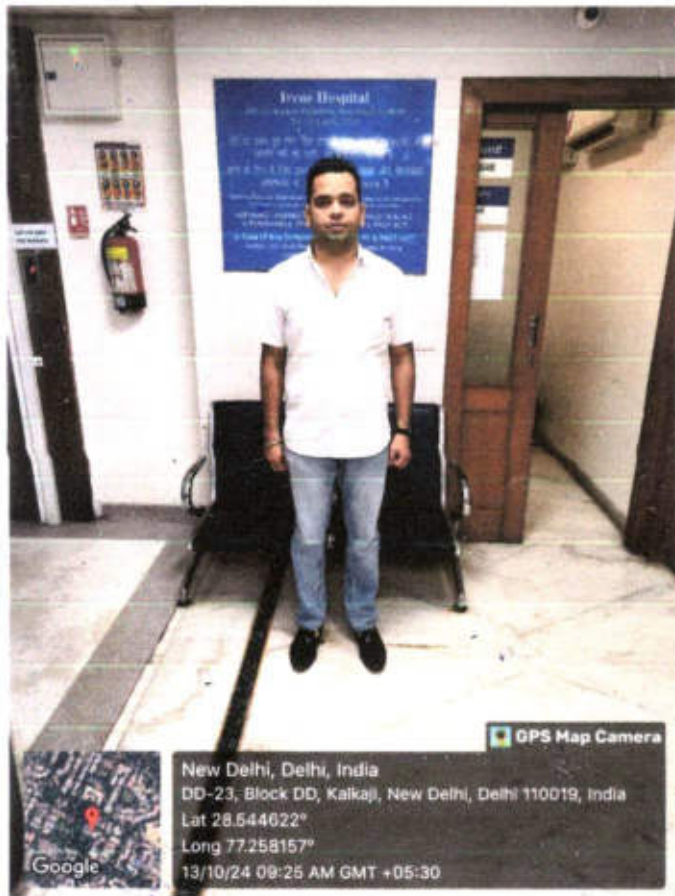
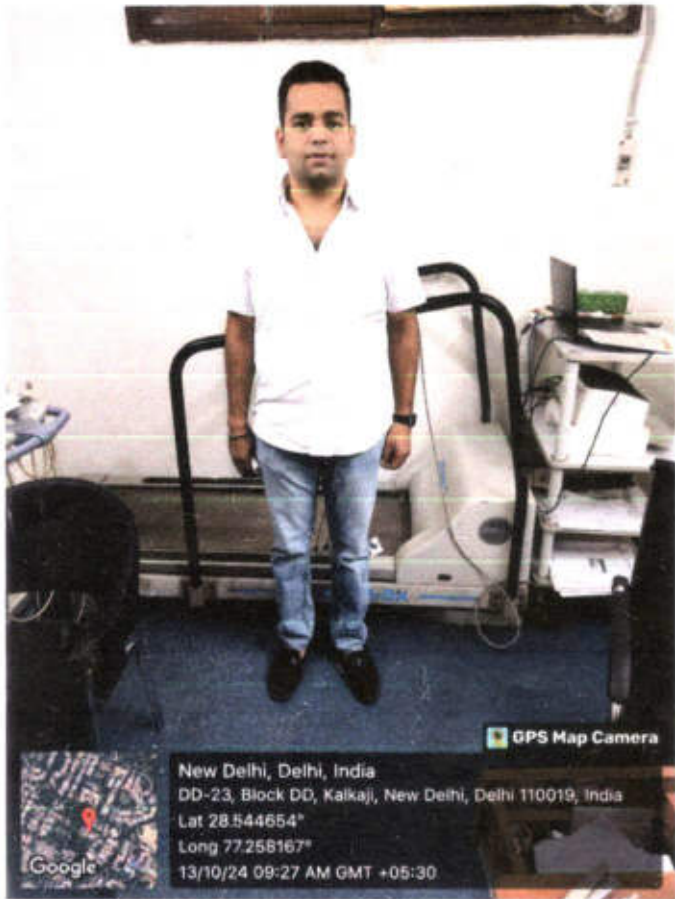
I hereby certify that I have assessed/ examined the above life to be assured on the 13 day of 10 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: DELHI
Date: 13/10/2024

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Signature of Medical Examiner
Name & Code No:
Stamp:





Dr. RAINA KHAN
MBBS, FARM
Reg. No. 25508



S. No. : 13/OCT/18
 Name : MR GOURAV AGGHI AGE : 28Years
 Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
 Date : 13-10-2024

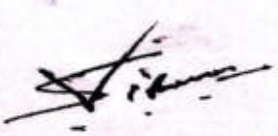
B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	79	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.72	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.24	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.4	mg/dl.	(6.0-8.3)
ALBUMIN	4.1	mg/dl.	(3.5-5.0)
GLOBULIN	2.3	mg/dl.	(2.3-3.5)
A/G RATIO	1.78		(1.0-3.0)
S.G.O.T. (AST)	27	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	125	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	174	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	130	mg/dl.	(60-160)
LDL	112	mg/dl.	(UPTO-150)
VLDL	30	mg/dl.	(23-45)
SERUM CREATININE	0.76	mg%	(0.6-1.2)
BUN	14	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019


 DR. SHILPI GUPTA
 M.B.B.S.MD(Path) 64715
 Consultant Pathologist



S. No. : 13/OCT/18
 Name : MR GOURAV AGGHI AGE : 28Years
 Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
 Date : 13-10-2024

H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.5	gm%	12-16
Total Leucocytes Count {TLC}	9500	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	50	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	05	%	01-06
Monocytes	05	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation Rate {ESR}	12	mm/1Hr	00-15
Red Blood Cell [RBC]	5.5	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	42.8	%	37-54
Mean Cell Value [MCV]	85.6	fl	76-96
Mean Cell Hemoglobin [MCH]	30.3	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.3	%	30-35
Platelet count	2.40	Lakhs	1.5-4.5



Shilpi Gupta

DR. SHILPI GUPTA
 M.B.B.S.MD(Path) 64715
 Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

irine diagnostic

-healthpartner

S. No. : 13/OCT/18
Name : MR GOURAV AGGHI
Ref. by : LIFE INSURANCE CORPORATION
Date : 13-10-2024
AGE : 28Years
SEX : MALE

Cotinine

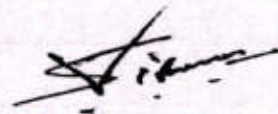
Test

Result

Cotinine

NEGATIVE




DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

S. No. : 13/OCT/18
 Name : MR GOURAV AGGHI AGE : 28Years
 Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
 Date : 13-10-2024

H A E M A T O L O G Y

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.0	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.



Shilpi Gupta
 DR. SHILPI GUPTA
 M.B.B.S.MD(Path) 64715
 Consultant Pathologist

8595347044

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DD-28 KALKAJI DELHI :- 110019

S. No. : 13/OCT/18
Name : MR GOURAV AGGHI AGE : 28Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 13-10-2024

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"




DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

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DD-23 KALKAJI DELHI :- 110019

S. No. : 13/OCT/18
Name : MR GOURAV AGGHI
Ref. by : LIFE INSURANCE CORPORATION
Date : 13-10-2024
AGE : 28Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION


COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.015

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. 6961
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: GOURAV AGGHI
Age/Sex: 28-10/M

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness _____

Signature or Thumb Impression of L.A.

Aggh

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. Have you ever had Chest X'Ray, ECG, Blood, Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

Dated at DELHI on the day of 13/10/2024 200
Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Signature of L.A.

Aggh

Signature of the Cardiologist
Name & Address
Qualification
Code No.



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II)
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery
- 3 minutes each

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169

Maximum predicted heart rate 192 %

Reason for termination -

Comments:

NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the stracings)

[Handwritten Signature]



Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508





IRINE DIAGNOSTIC

DD 23 KAL KA JI DELHI 110019

GOURAV AGGHI

ID : IRINE131021
DATE : 13/10/2024

TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY :
INDICATION :
MEDICATION : NIL

AGE/SEX : 28 / M
HT/WT : 0 / 0
REF. BY : LIFE INSURANCE CORPORATIO

PHASE	TOTAL STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)						
							II	V1	V5				
SUPINE				77	120 / 80	92	1.6	1			1.6		
HYPERTENT				68	120 / 80	81	1.5	0.9			1.6		
VALSALVA				68	120 / 80	81	1.4	1			1.6		
STANDING				88	120 / 80	105	1.5	1.1			1.6		
Stage 1	2:55	2.7	10	113	130 / 80	146	2	1			2		
Stage 2	5:55	4	12	122	134 / 86	163	1.4	0.7			1.7		
Stage 3	8:55	5.4	14	155	140 / 86	217	1.5	-0.2			1.5		
PK-EXERCISE	9:46	6.7	16	169	146 / 90	246	1.7	0.5			1.6		
RECOVERY	10:57			132	146 / 90	192	2.6	1			2.5		
RECOVERY	12:53			108	136 / 84	146	1.3	0.6			1.2		
RECOVERY	15:53			103	124 / 80	127	1.2	1			1		

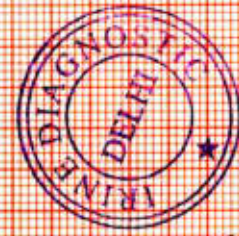
MET
4.6
7.0
9.9
11.

RESULTS

EXERCISE DURATION : 9:46
MAX HEART RATE : 169 bpm 88 % of target heart rate 192 bpm
MAX BLOOD PRESSURE : 146 / 90 mm Hg
REASON OF TERMINATION : Achieved THR,
BF RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,
MAX WORK LOAD : 11.02 METS

IMPRESSIONS

Negative for Provocable myocardial ischemia,



Dr. RAVI KHAN
Reg. No. 25508

Agg.

Technician :

IRINE DIAGNOSTIC

GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

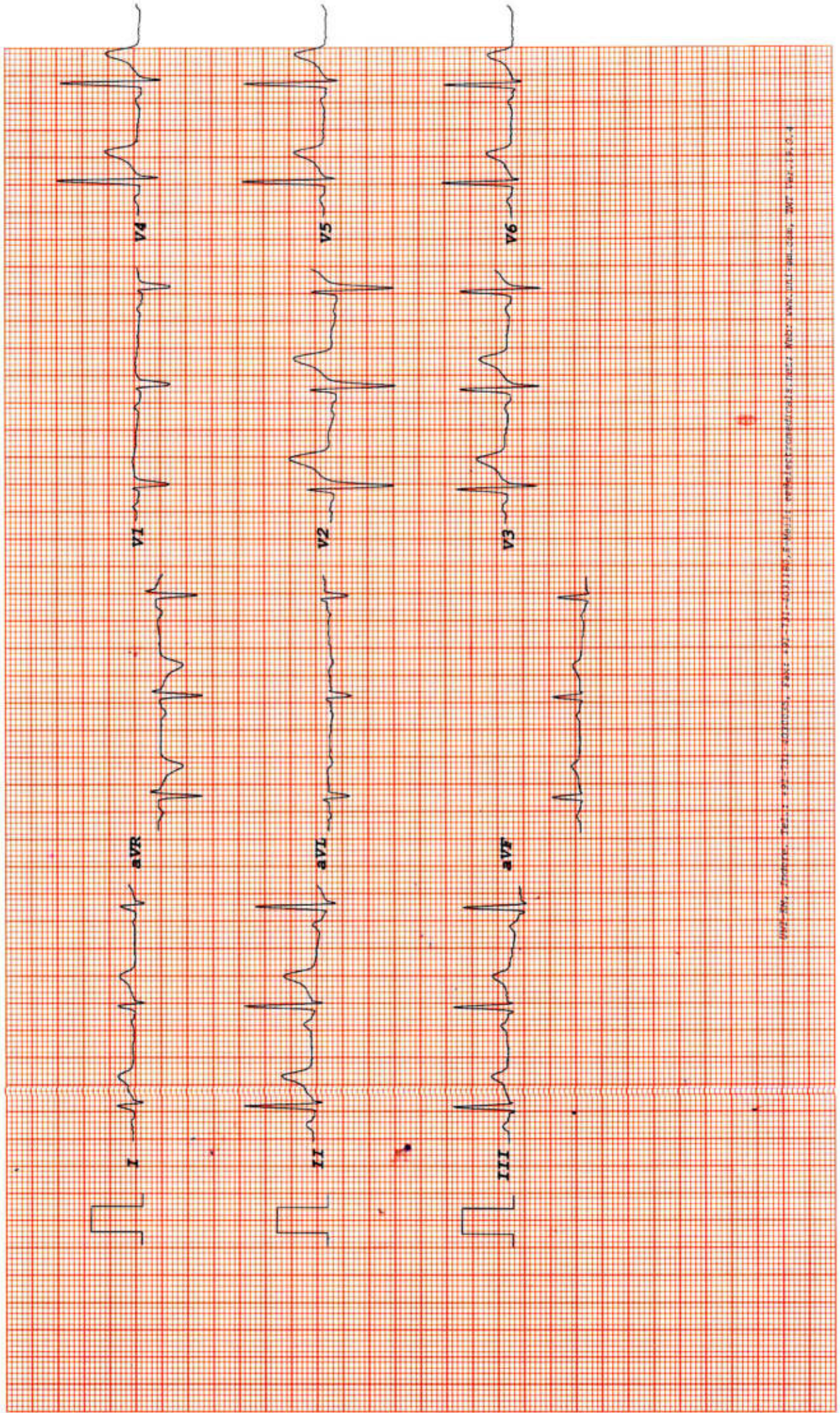
RATE 77bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ



RAW ECG



IRINE DIAGNOSTIC

GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

RATE 68bpm
B.P. 120/80

PRETEST
HYPERVENT

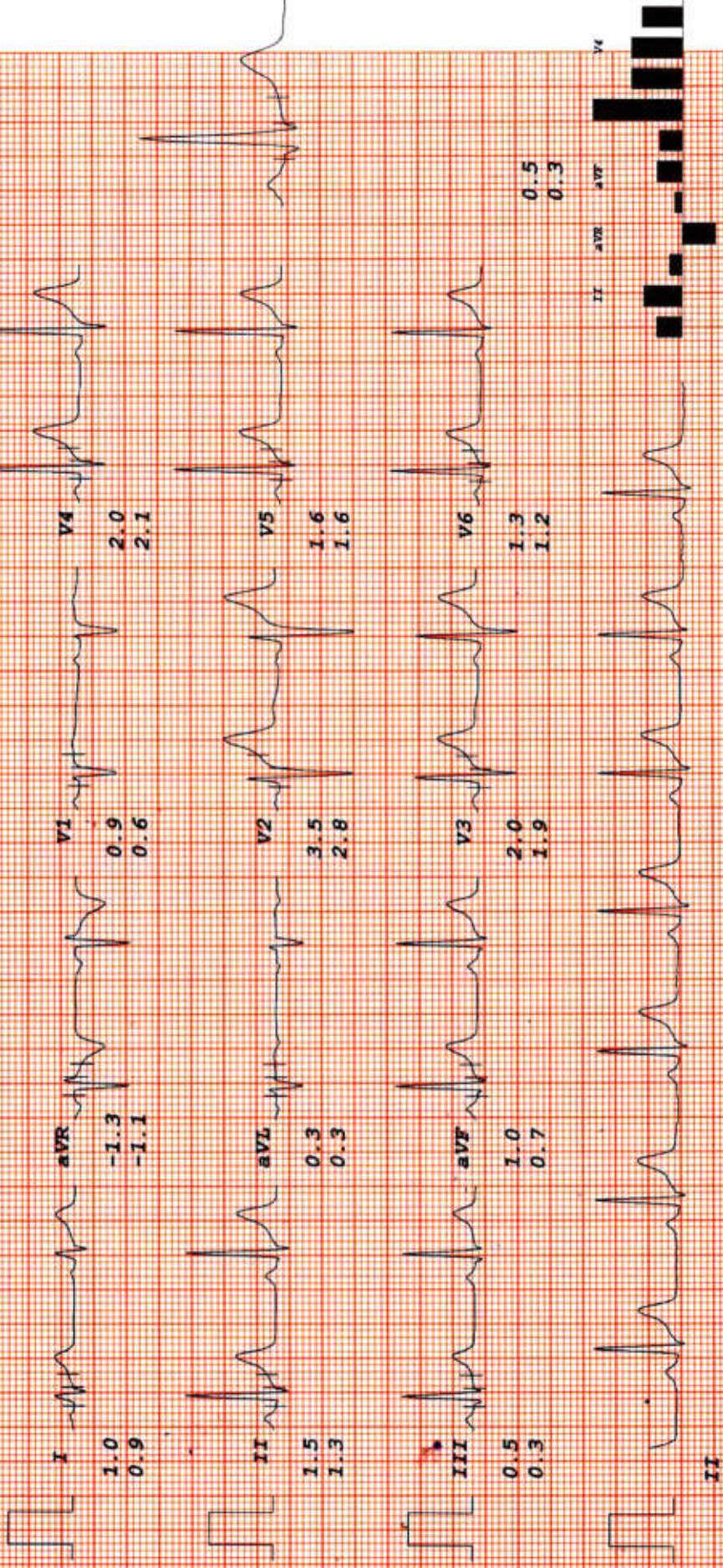
PHASE TIME 0:05

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAL

Mag. X 2

III



II

IRINE DIAGNOSTIC
101-101, Tagore, Tel: 1-75-4010101, Fax: 1-75-4010101, Email: irine@irine.com, Website: www.irine.com



IRINE DIAGNOSTIC

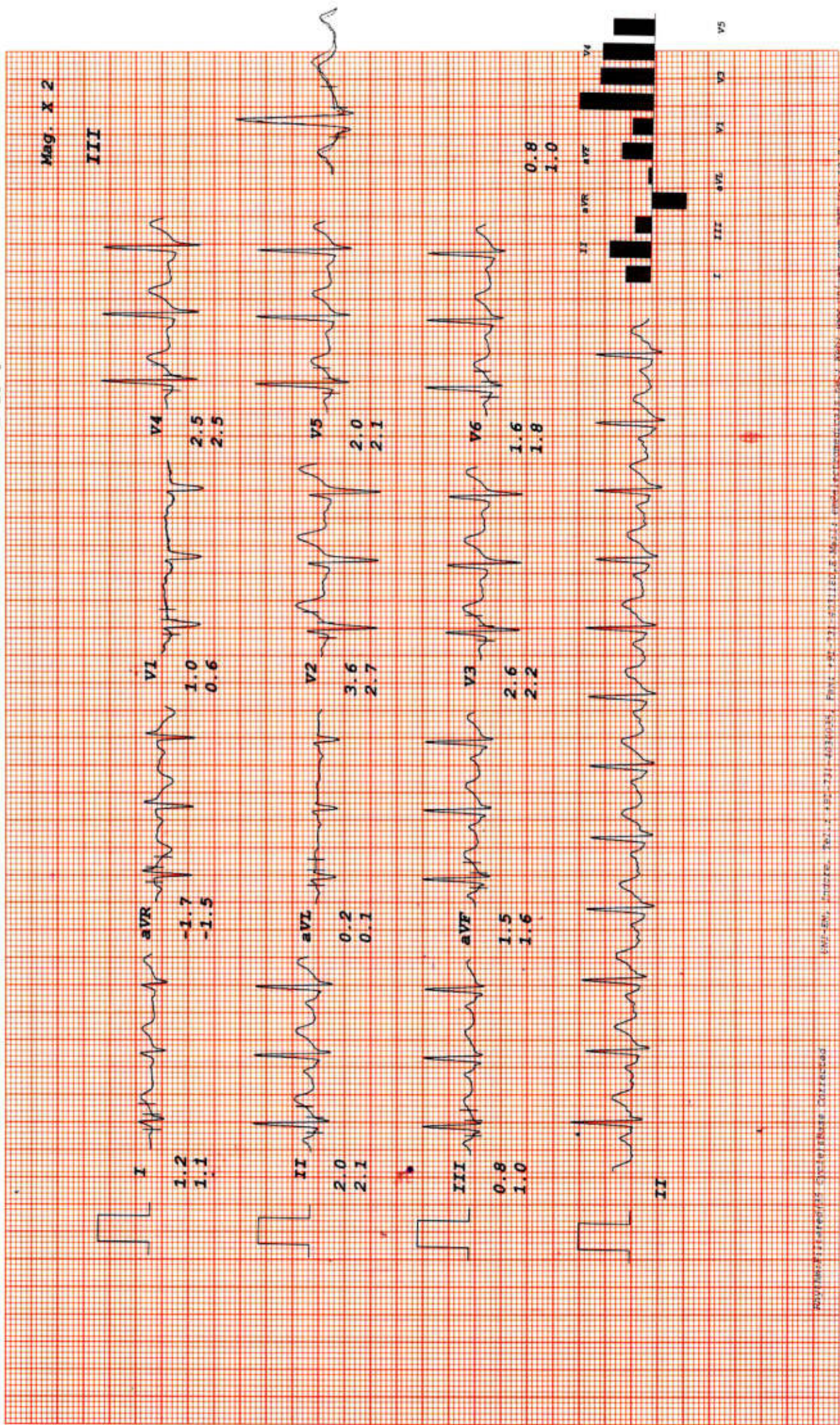
GOURAV AGGHI
 I.D. IRINE131021
 Age 28/M
 Date 13/10/2024

RATE 113bpm
 B.P. 130/80

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

LINKED MEDIAL



IRINE DIAGNOSTIC

GOURAV AGGHI

I.D. IRINE131021

Age 28/M

Date 13/10/2024

RATE 122bpm

B.P. 134/86



Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

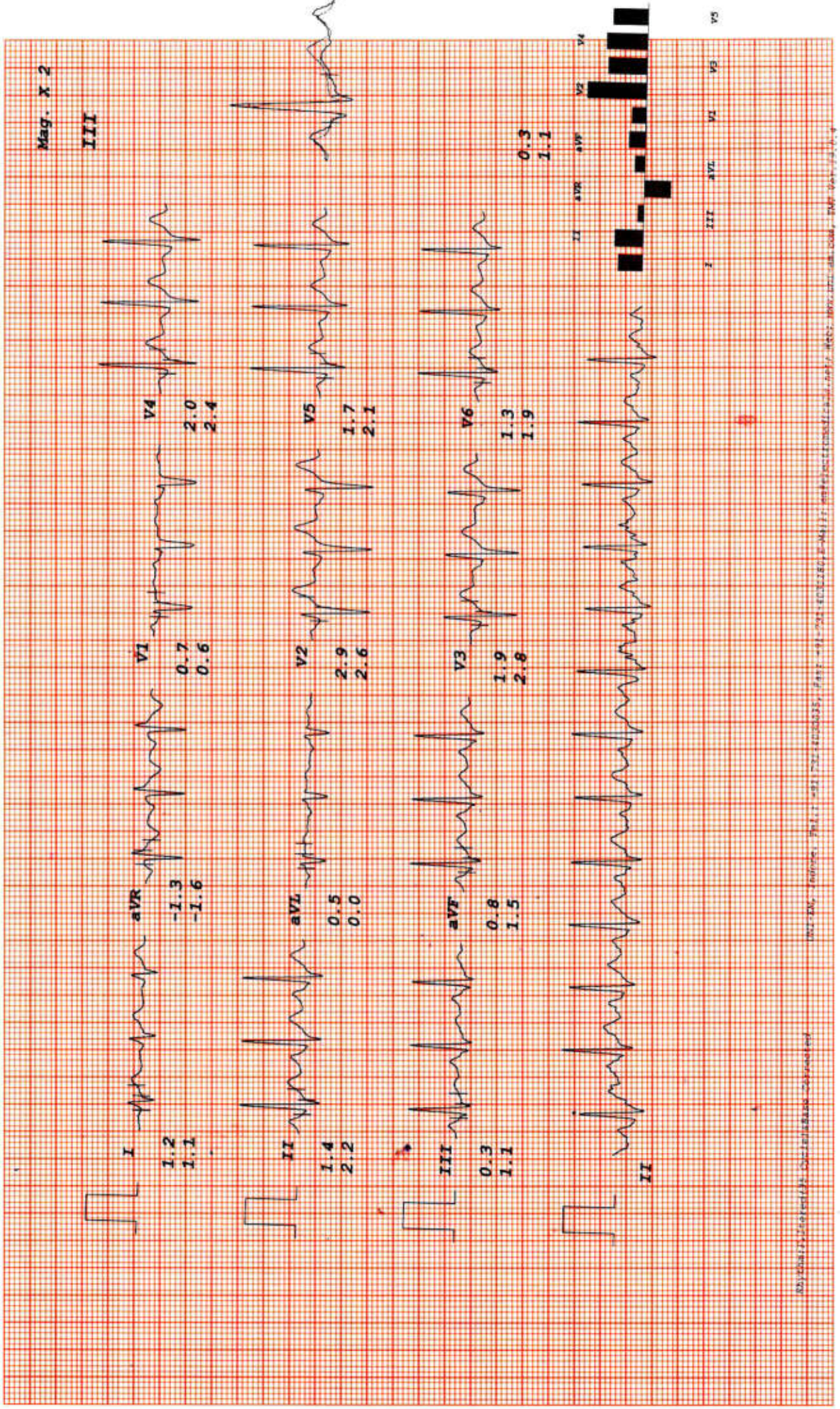
ST @ 10mm/mV

80ms PostJ

Speed 4 km/hr

SLOPE 12 %

LINKED MEDIA



IRINE DIAGNOSTIC

GOURAV AGGHI
 I.D. IRINE131021
 Age 28/M
 Date 13/10/2024

RATE 155bpm
 B.P. 140/86

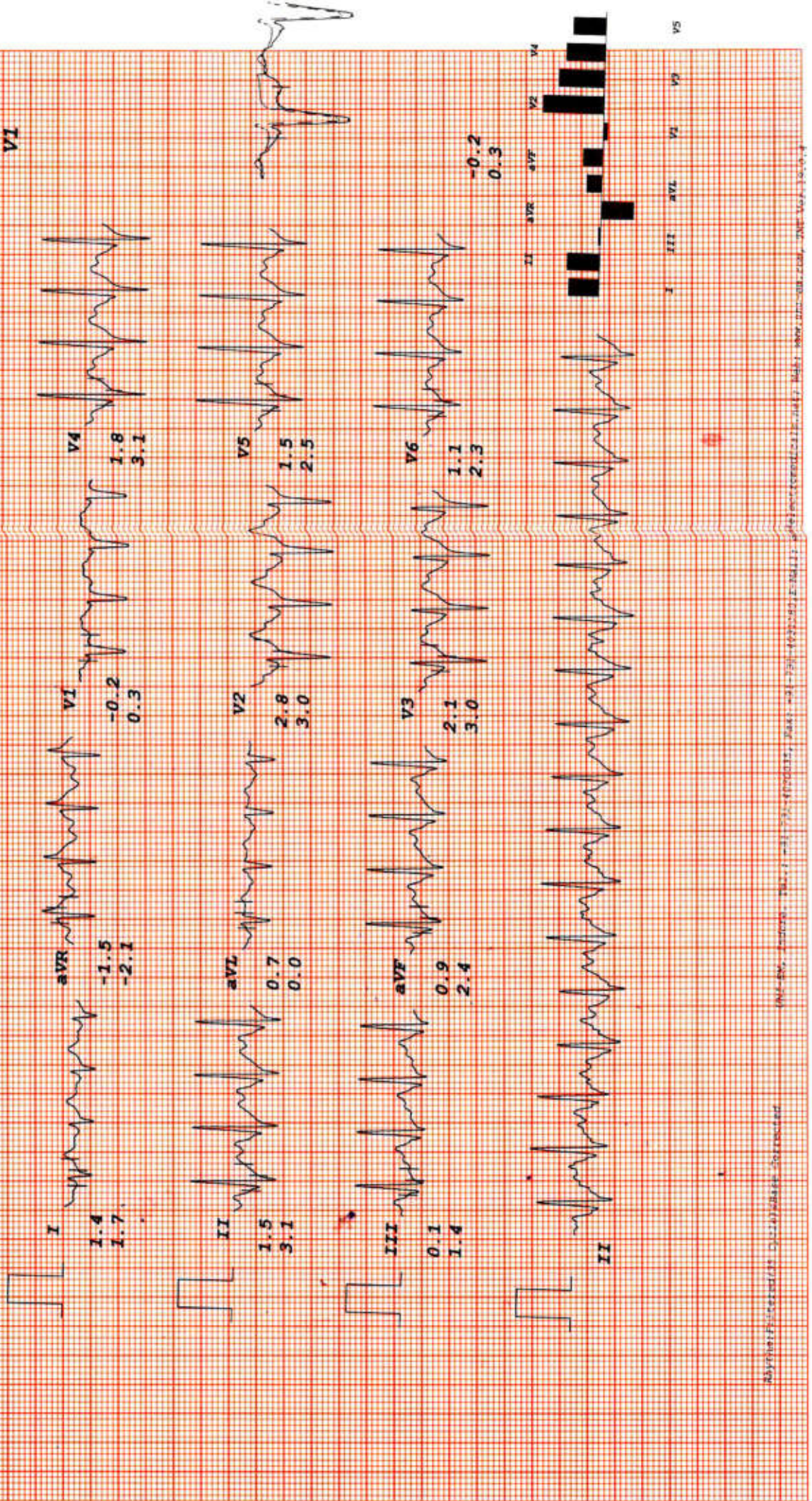
Bruc3
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIA

Mag. X 2

V1





IRINE DIAGNOSTIC

GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

RATE 169bpm
B.P. 146/90

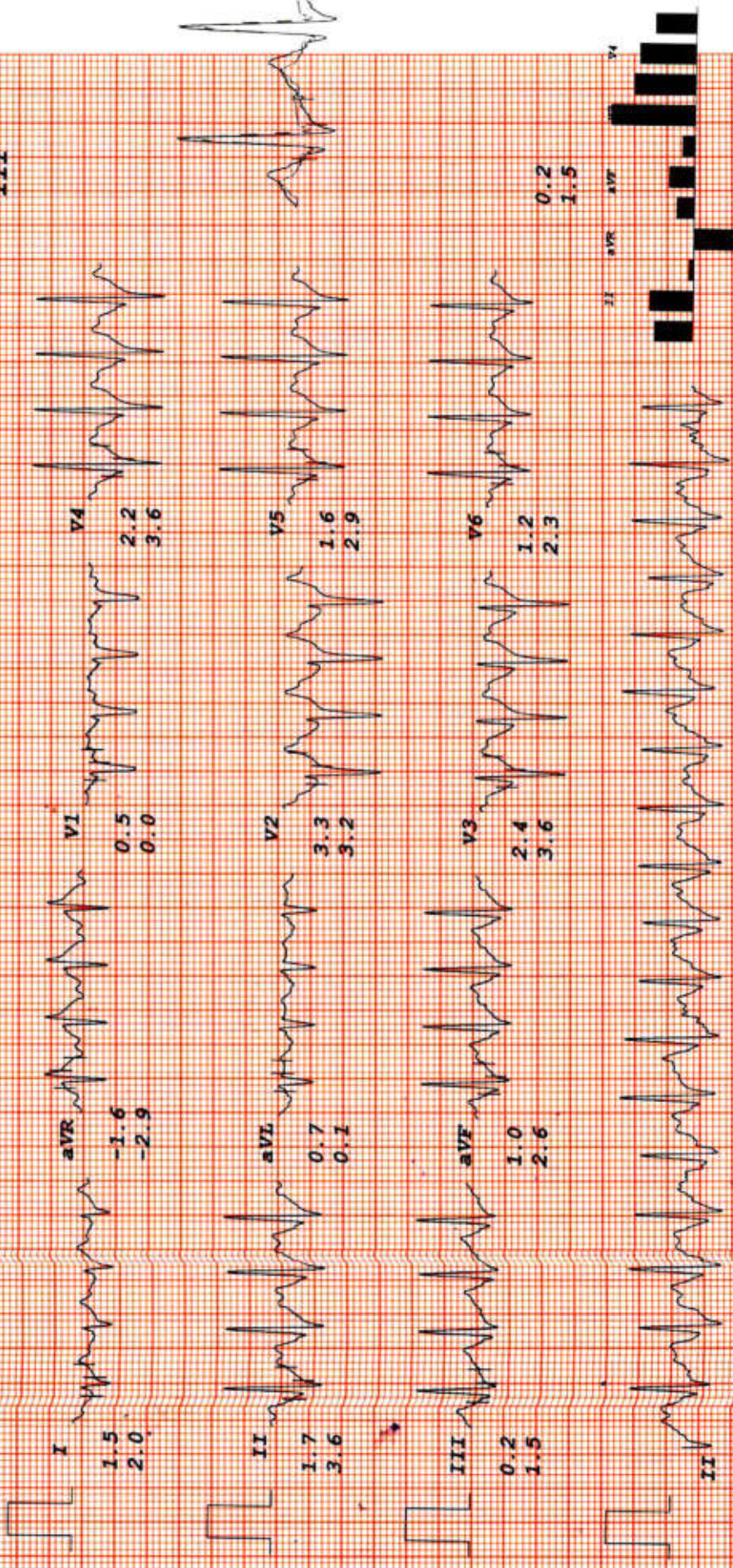
Brice
PK-EXERCISE
TOTAL TIME 9:46
PHASE TIME 0:46

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAL

Mag. X 2

III



I III aVR aVL V1 V2 V3 V4 V5



IRINE DIAGNOSTIC

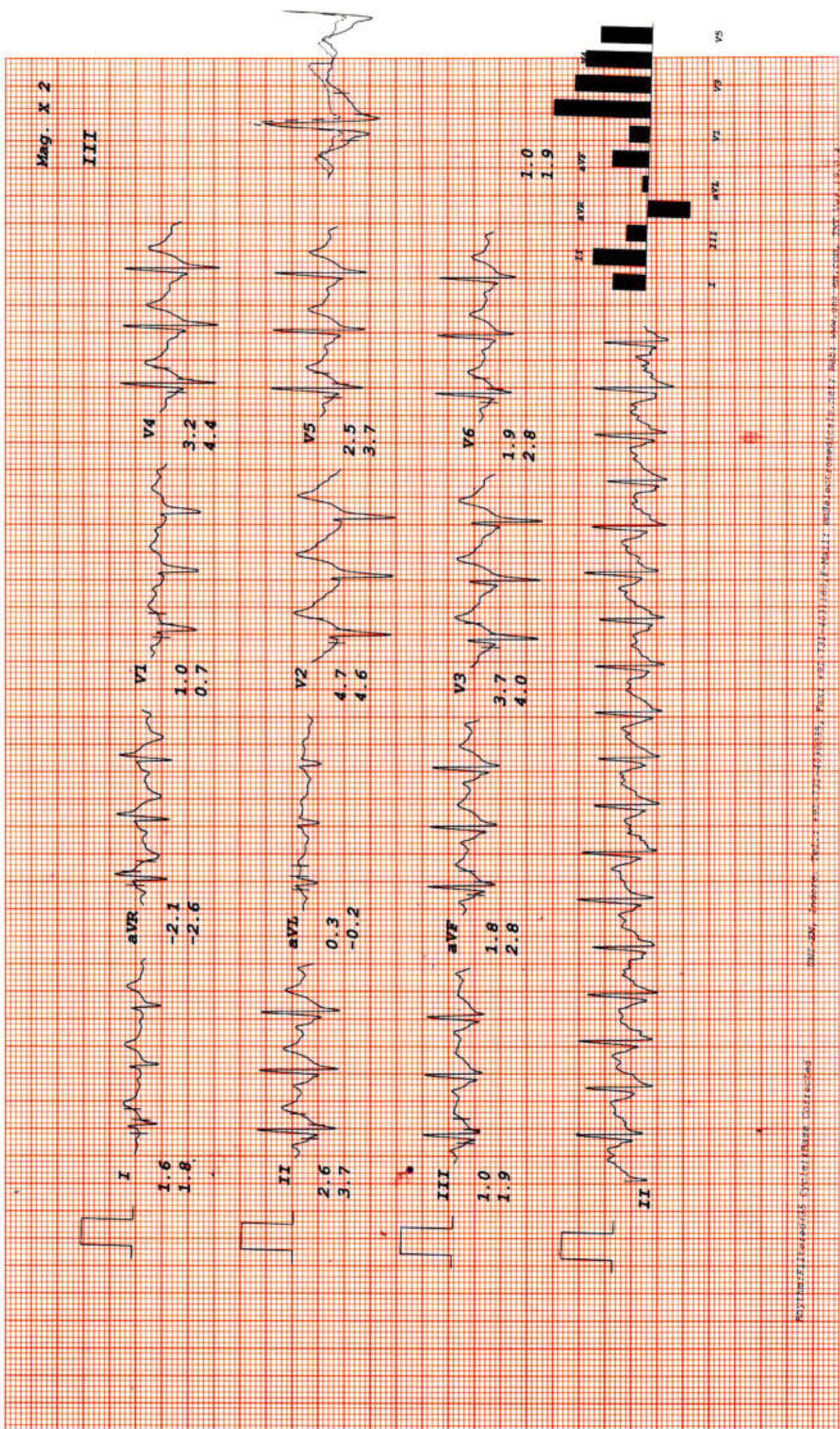
GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

Bruce
RECOVERY
TOTAL TIME 10:57
PHASE TIME 0:59

RATE 132bpm
B.P. 146/90

ST @ 10mm/mv
80ms PostJ

LINKED MEDIA





IRINE DIAGNOSTIC

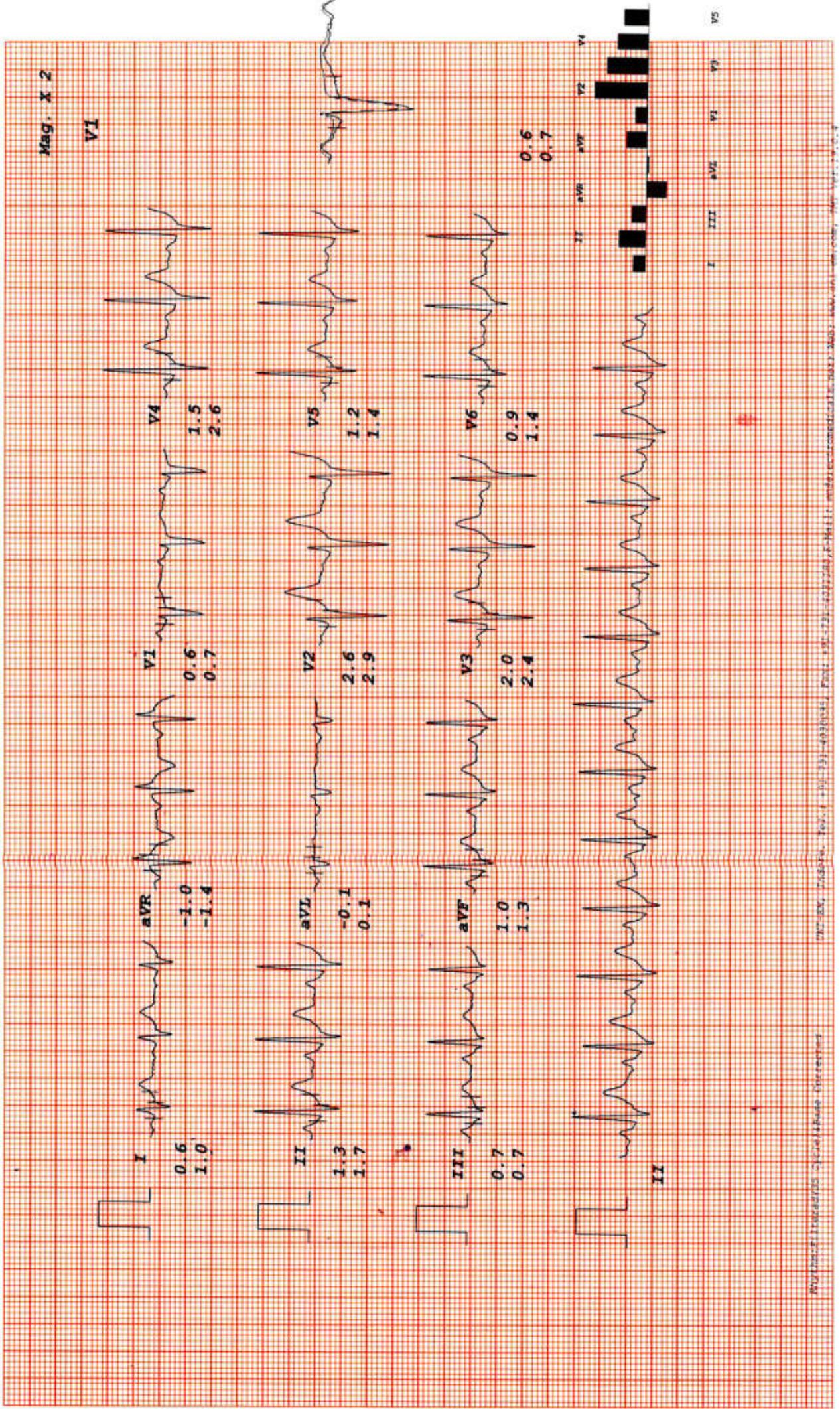
GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

Rate 108bpm
B.P. 136/84

Bruce
RECOVERY
TOTAL TIME 12:53
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAL





IRINE DIAGNOSTIC

GOURAV AGGHI
I.D. IRINE131021
Age 28/M
Date 13/10/2024

RATE 103bpm
B.P. 124/80

Bruce
RECOVERY
TOTAL TIME 15:53
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAL

