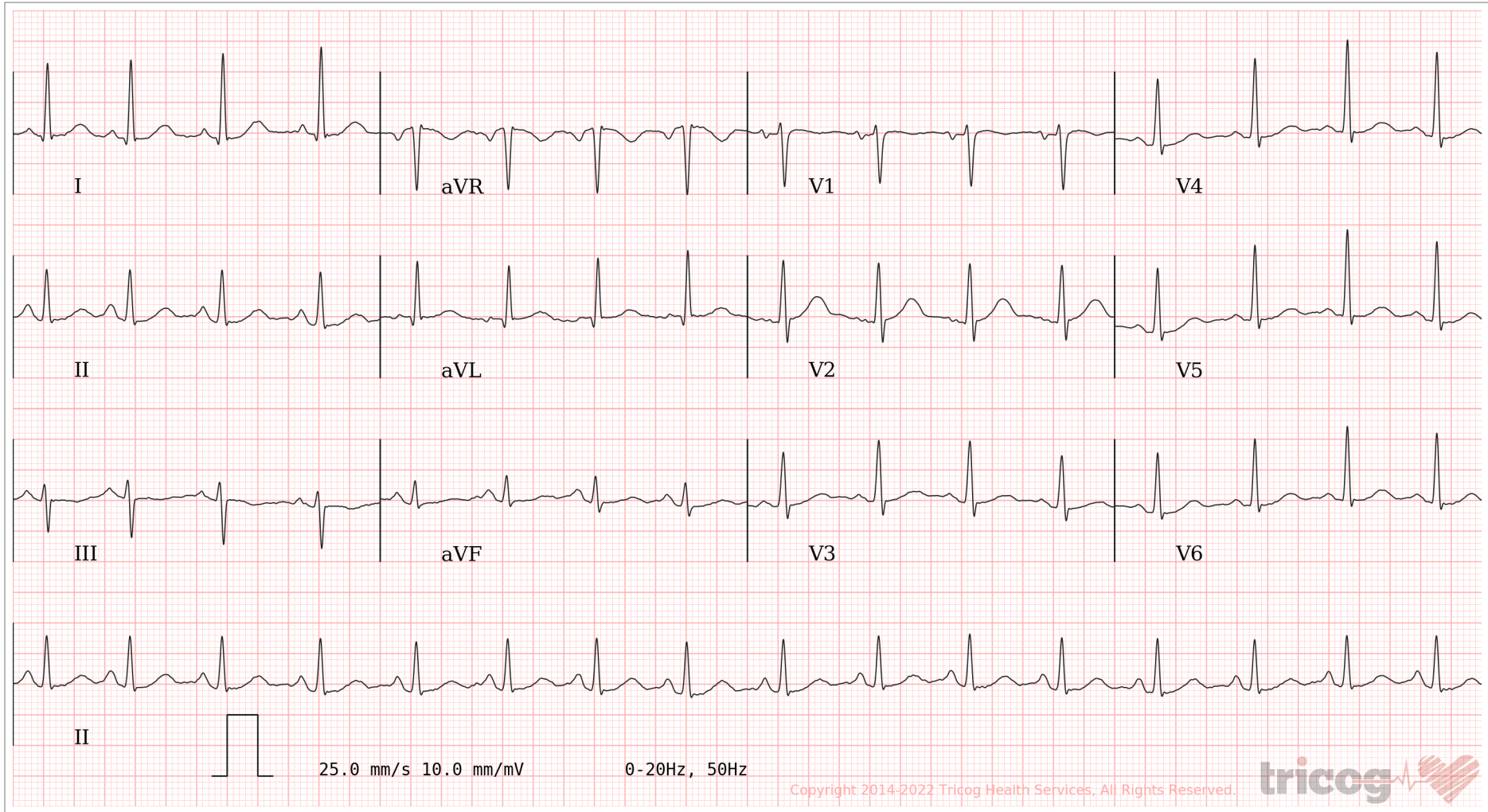




Age / Gender: 32/Female
Patient ID: 0467878
Patient Name: Neha Agarwal

Date and Time: 21st Mar 22 12:54 PM



AR: NA VR: 98bpm QRSD: 82ms QT: 342ms QTc: 436ms PRI: 124ms P-R-T: 59° NA 14°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Javed Ali Khadri

85866

Patient Name : Mrs. Neha Agarwal

Reg.Date / Time : 21/03/2022 / 13:29:01

Age / Gender : 32 Y / Female

Report Date / Time : 21/03/2022 / 19:15:19

Referred By : Dr. Sangeeta Chokhani

MR No. : 0467878

SID No. : 41009097

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT WITH PLATELETS

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	13.5	gm%	12 - 15.5
PCV (Electrical Impedance)	37.4	%	37 - 47
MCV (Calculated)	83.1	fL	76 - 96
MCH (Calculated)	30.1	pg	27 - 32
MCHC (Calculated)	36.2	g/dl	31.5 - 34.5
RDW-CV (Calculated)	14	%	12 - 14
RDW-SD (Calculated)	42	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.50	Million/cmm	3.8 - 5.4
TOTAL WBC COUNT (Electrical Impedance)	7060	/cumm	4000 - 11000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	51.4	%	40-70
LYMPHOCYTES (Flow cell)	40.4	%	20-40
EOSINOPHILS (Flow cell)	0.9	%	1-6
MONOCYTES (Flow cell)	7.0	%	2-10
BASOPHILS (Flow cell)	0.3	%	0-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	3620	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2850	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Neha Agarwal
Age / Gender : 32 Y / Female
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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	60	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	490	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	20	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	266000	/cumm	150000 - 450000
MPV (Calculated)	8.6	fL	6-11
PDW (Calculated)	14.7	%	11-18
PCT (Calculated)	0.227	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS: Normocytic Normochromic RBCs
(Microscopic)

Sample Collected at : Khar
Sample Collected on : 21 Mar 2022 14:37
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Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP***

BLOOD GROUP (Immuno Gel Column)	B
Rh TYPE (Immuno Gel Column)	POSITIVE

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Final Test Report

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BIOCHEMISTRY

BASIC RENAL PROFILE

SERUM

CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	7.7	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	12.8		10 - 20

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Consultant Pathologist

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*Members only

Patient Name : Mrs. Neha Agarwal
Age / Gender : 32 Y / Female
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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.63	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.22	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.41	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	32	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	56	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	96	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	50	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.10	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.50	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.60	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.7		1-2

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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	164	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
-------	--	-----	-------	--

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	150	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	43	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	91	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	30	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.8		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	82	mg/dl	70 - 110
-----------------	---------------------------------------	----	-------	----------

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	79	mg/dl	70 - 140
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EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	5.7	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
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ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	117	mg/dl	
---	-----	-------	--

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.

HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

SERUM	URIC ACID (Uricase Enzyme)	5.1	mg/dl	2.5 - 6.2
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Contd ...

*Tests not included in NABL accredited scope



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BIOCHEMISTRY

EDTA	ESR(ERYTHROCYTE	16	mm / 1 hr	0-20
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

Notes : The given result is measured at the end of first hour.

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Final Test Report

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.56	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.70	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.000	uIU/ml	0.27 - 4.20

Contd ...

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Reg.Date / Time : 21/03/2022 / 13:29:01

Age / Gender : 32 Y / Female

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

*Tests not included in NABL accredited scope



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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	SLIGHTLY HAZY		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	PRESENT(++)		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	4-5	/hpf	0-2
PUS CELLS (Microscopy)	10-12	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	20-25	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	BACTERIA PRESENT (++)		

Contd ...

*Tests not included in NABL accredited scope

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L1 - Retail, L2 - SME, L3 - Bank

SUGGESTIVE LIST OF MEDICAL TESTS



MIR-NO-0467878

PATIENT'S NAME - Neha Agrawal

AGE/GENDER - 33 yrs

DATE - 21/03/2022

DOCTOR'S NAME - ~~Dr~~ Dr. Sangeeta Chokhani

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/6		6/6
NEAR		ng		ng
COLOUR	Normal			
Recommendations	None			

VITALS

Pulse - 85	B.P- 114/67	SpO2 99
Height - 160 cm	Weight - 67.9 kg	BMI-
Waist - 100	Hip - 99	Waist/Hip Ratio-
Chest -	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP-



Irregular menses
ovary man-



Neha Agrawal.



HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 21/03/2022

NAME:	NEHA AGRAWAL	AGE: (years)	32	SEX	F
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PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7.00	DOUBLE PRODUCT	25200
DUKES SCORE (High Risk Score ≤ -11, Low Risk Score ≥ 5)	5.03		

CONCLUSION

- NORMAL INOTROPIC RESPONSE. NORMAL CHRONOTROPIC RESPONSE
- BASELINE ECG SHOWS NO ST-T CHANGES.
- NO SYMPTOMS, ARRHYTHMIA, ST-T CHANGES SEEN DURING EXERCISE.
- LOW EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD.

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD.



DR. NIKESH JAIN

DNB (MEDICINE), DNB (CARDIOLOGY)
MOBILE NO : +91-9819925026



DR. SANA SHAIKH

DNB (FAMILY MEDICINE)

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR

Patient Details **Date:** 21-Mar-22 **Time:** 1:45:30 PM
Name: NEHA AGRAWAL **ID:** 465993
Age: 32 y **Sex:** F **Height:** 160 cms. **Weight:** 67 Kg.
Clinical History: Routine Test

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 159 (85 % of Pr.MHR) bpm
Total Exec. Time: 5 m 3 s **Max. HR:** 180 (96% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 140 / 80 mmHg **Max. BP x HR:** 25200 mmHg/min **Min. BP x HR:** 7680 mmHg/min
Test Termination Criteria: Target HR Attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	108	110 / 80	0.00 I	1.27 I
Standing	0 : 6	1.0	0	0	96	110 / 80	-0.51 aVR	1.27 I
Hyperventilation	0 : 3	1.0	0	0	96	110 / 80	-0.51 aVR	1.27 II
1	3 : 0	4.6	2.7	10	150	120 / 80	-1.01 aVF	2.53 I
Peak Ex	2 : 3	7.0	4	12	180	130 / 80	-1.27 V5	3.38 V2
Recovery(1)	1 : 0	1.8	1.6	0	150	130 / 80	-1.27 aVR	5.06 V2
Recovery(2)	1 : 0	1.0	0	0	124	140 / 80	-2.53 aVR	5.06 II
Recovery(3)	1 : 0	1.0	0	0	115	140 / 80	-1.52 aVR	3.38 II
Recovery(4)	1 : 0	1.0	0	0	115	130 / 80	-0.76 aVR	2.11 V2
Recovery(5)	0 : 19	1.0	0	0	116	110 / 80	-0.25 III	1.69 V2

Interpretation

The patient exercised according to the Bruce protocol for 5 m 3 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 108 bpm, rose to a max. heart rate of 180 (96% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 140 / 80 mmHg.

Ref. Doctor: -----

(Summary Report edited by user)

Doctor: -----

Schiller CS-20 V 1.7

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 97 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80

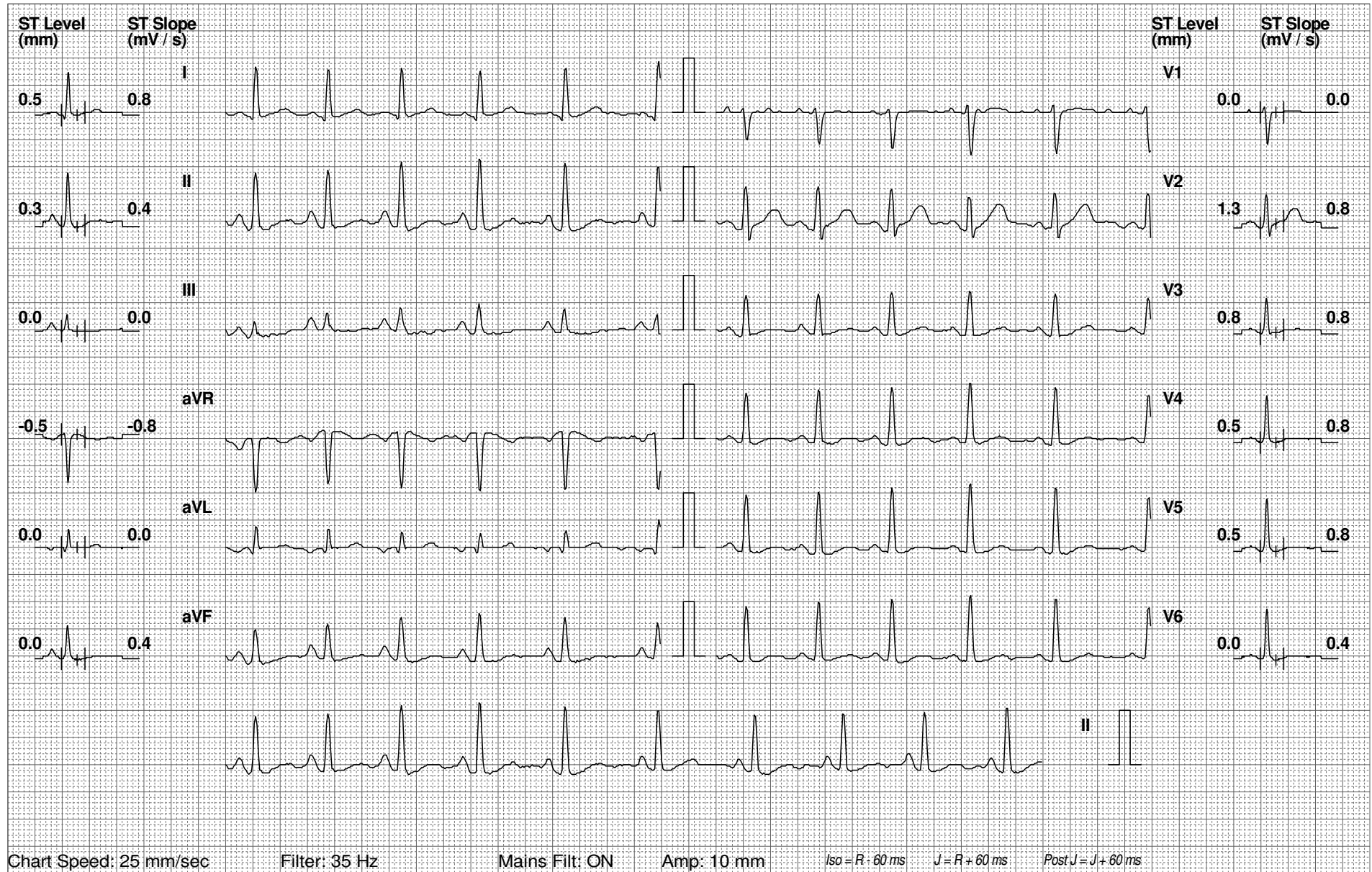


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 95 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 90 bpm

Protocol: Bruce

Stage:Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 90 bpm

Protocol: Bruce

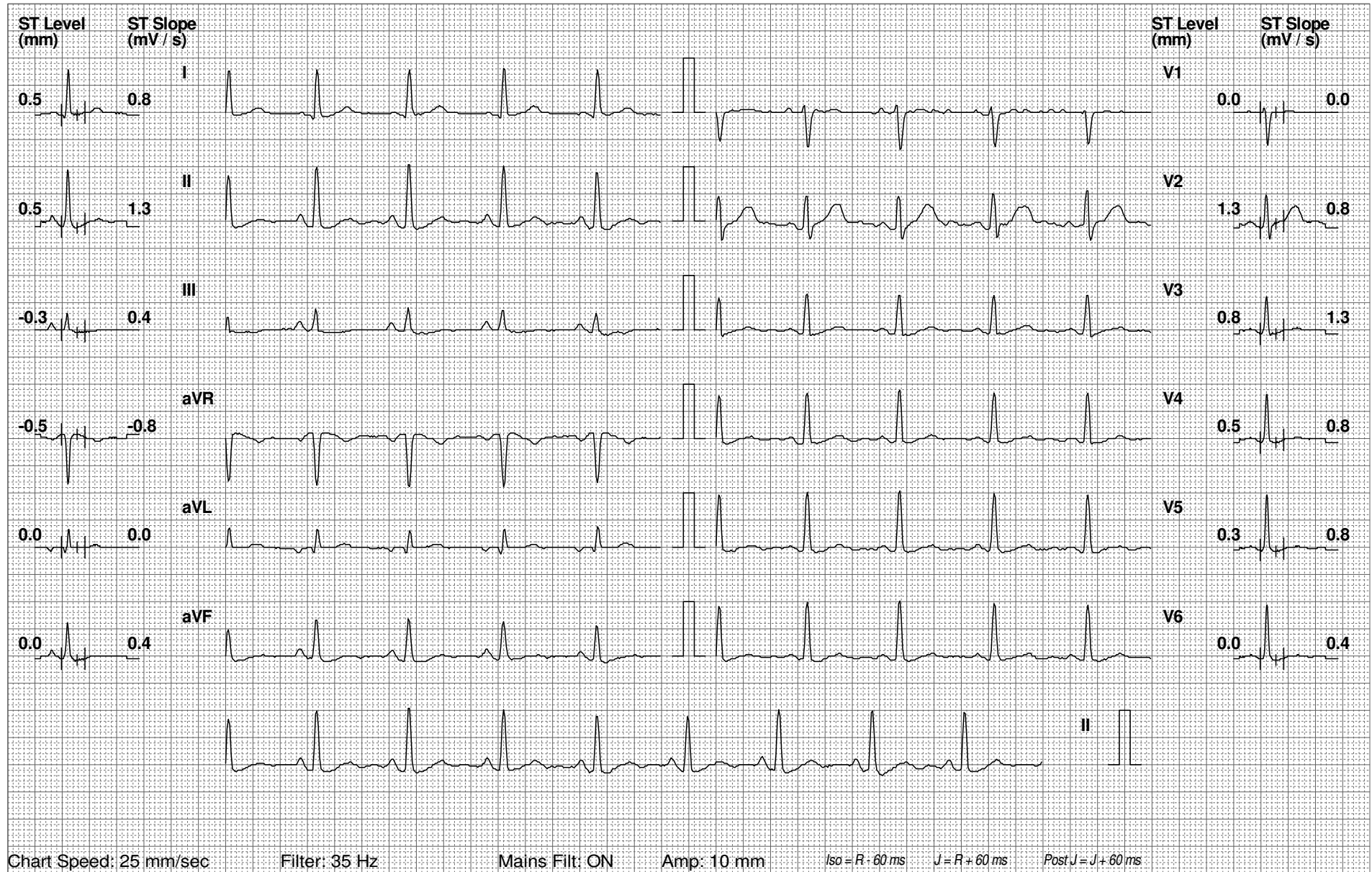
Stage:Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 159 bpm)

B.P: 110 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 121 bpm

Protocol: Bruce

Stage:1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 159 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 3 m 0 s

Stage Time : 0 m 0 s

HR: 148 bpm

Protocol: Bruce

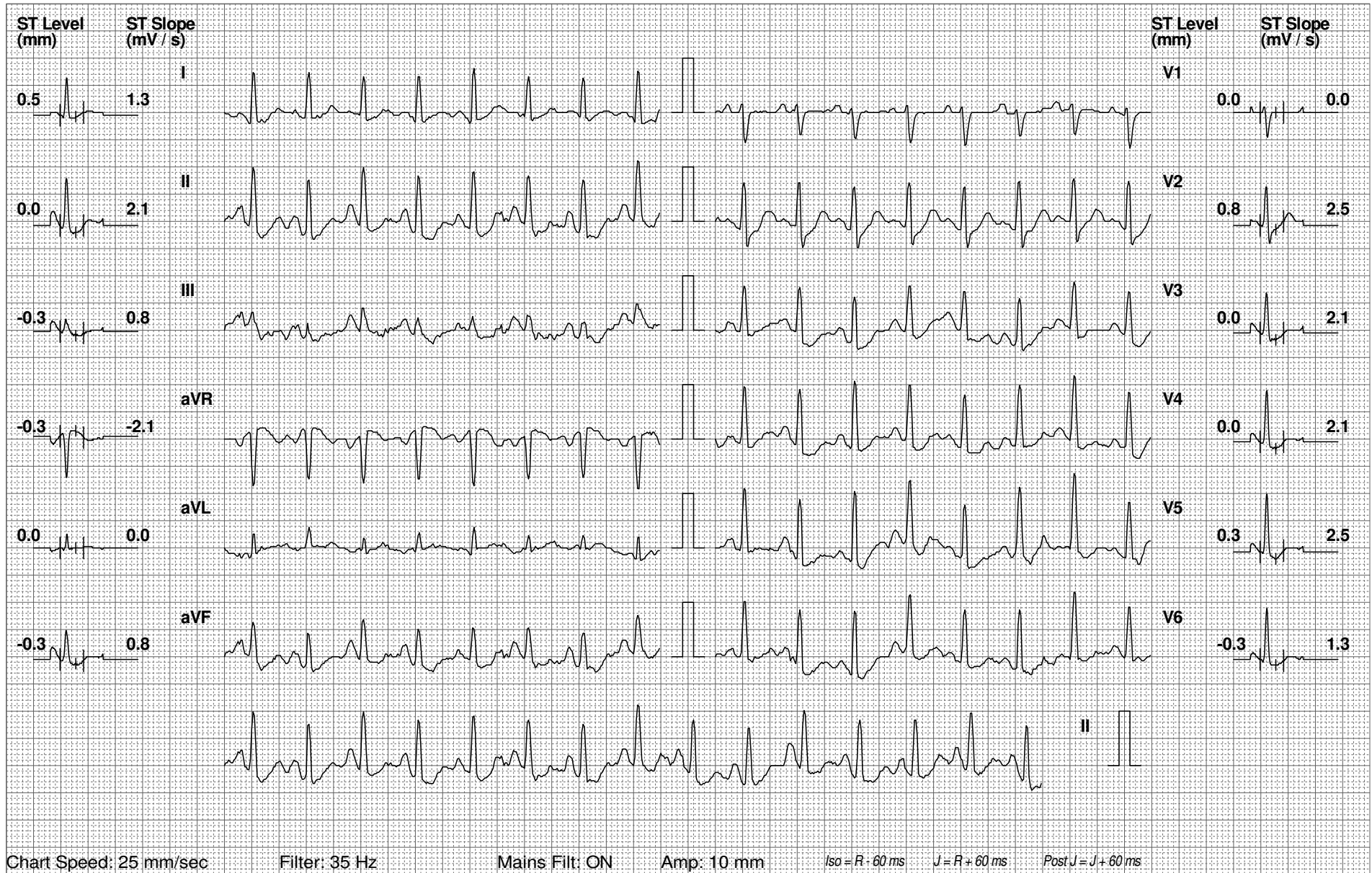
Stage: Peak Ex

Speed: 4 Km/h

Grade: 12 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 0 s

HR: 180 bpm

Protocol: Bruce

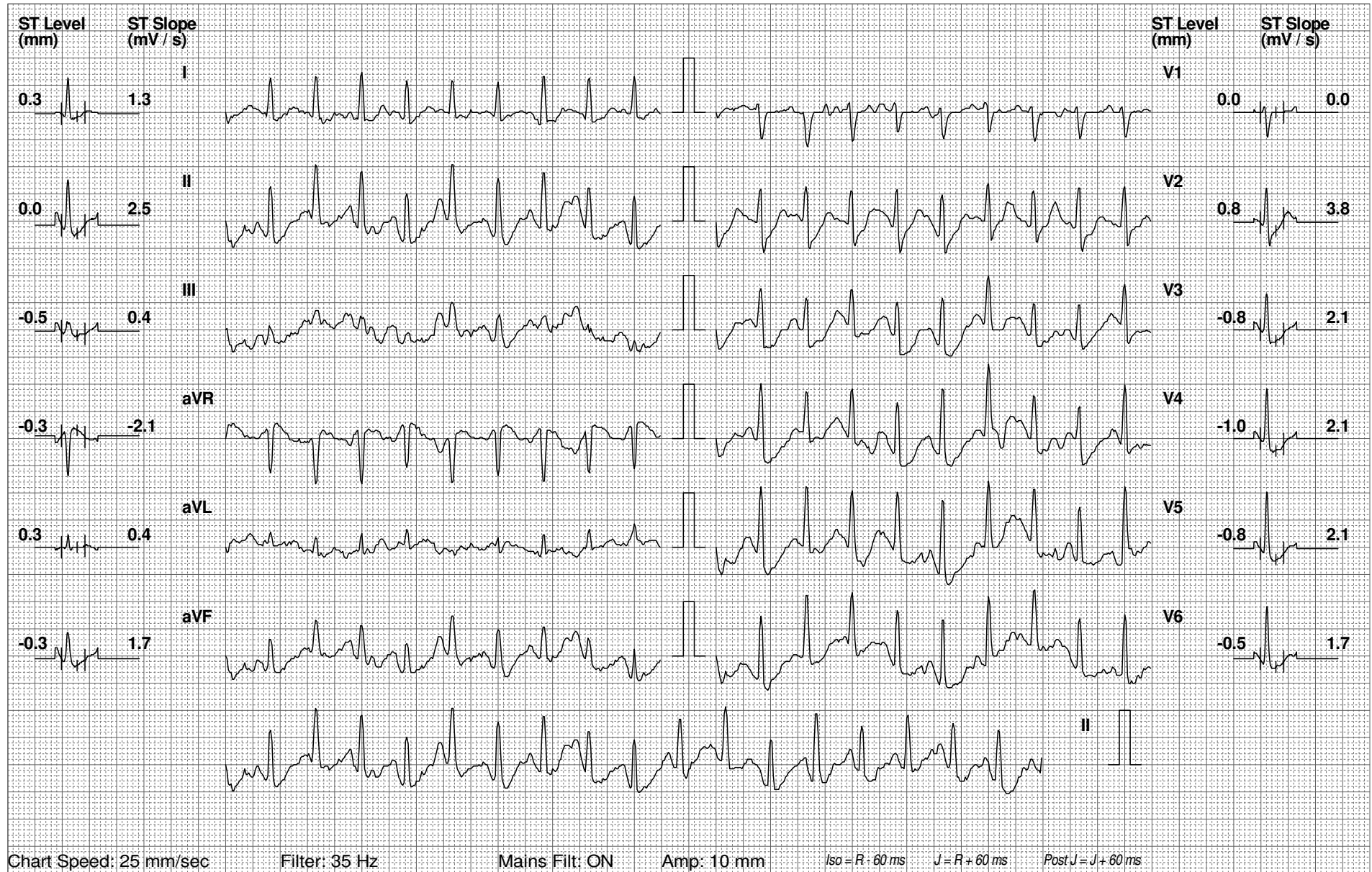
Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 0 s

HR: 146 bpm

Protocol: Bruce

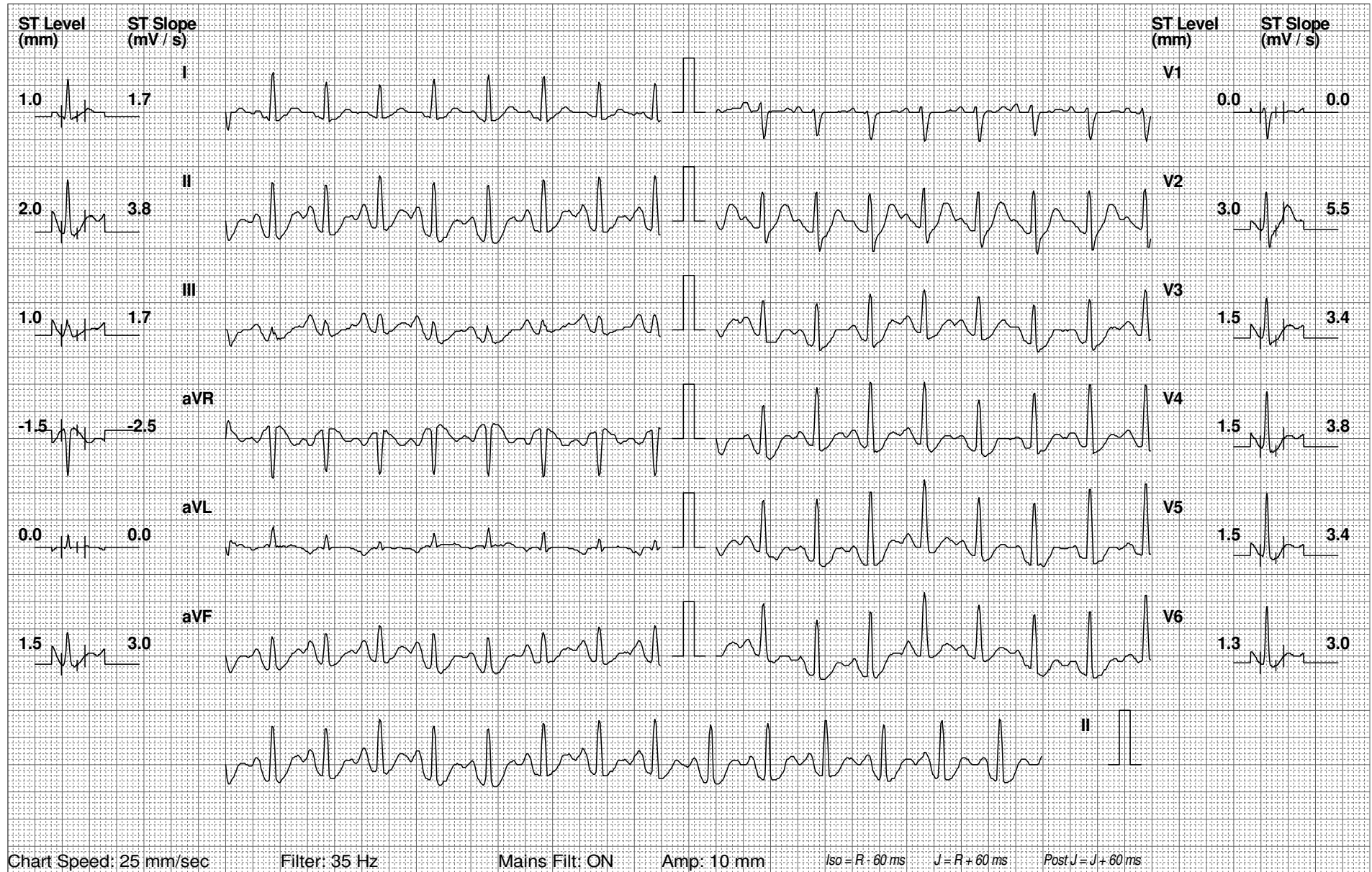
Stage:Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 0 s

HR: 125 bpm

Protocol: Bruce

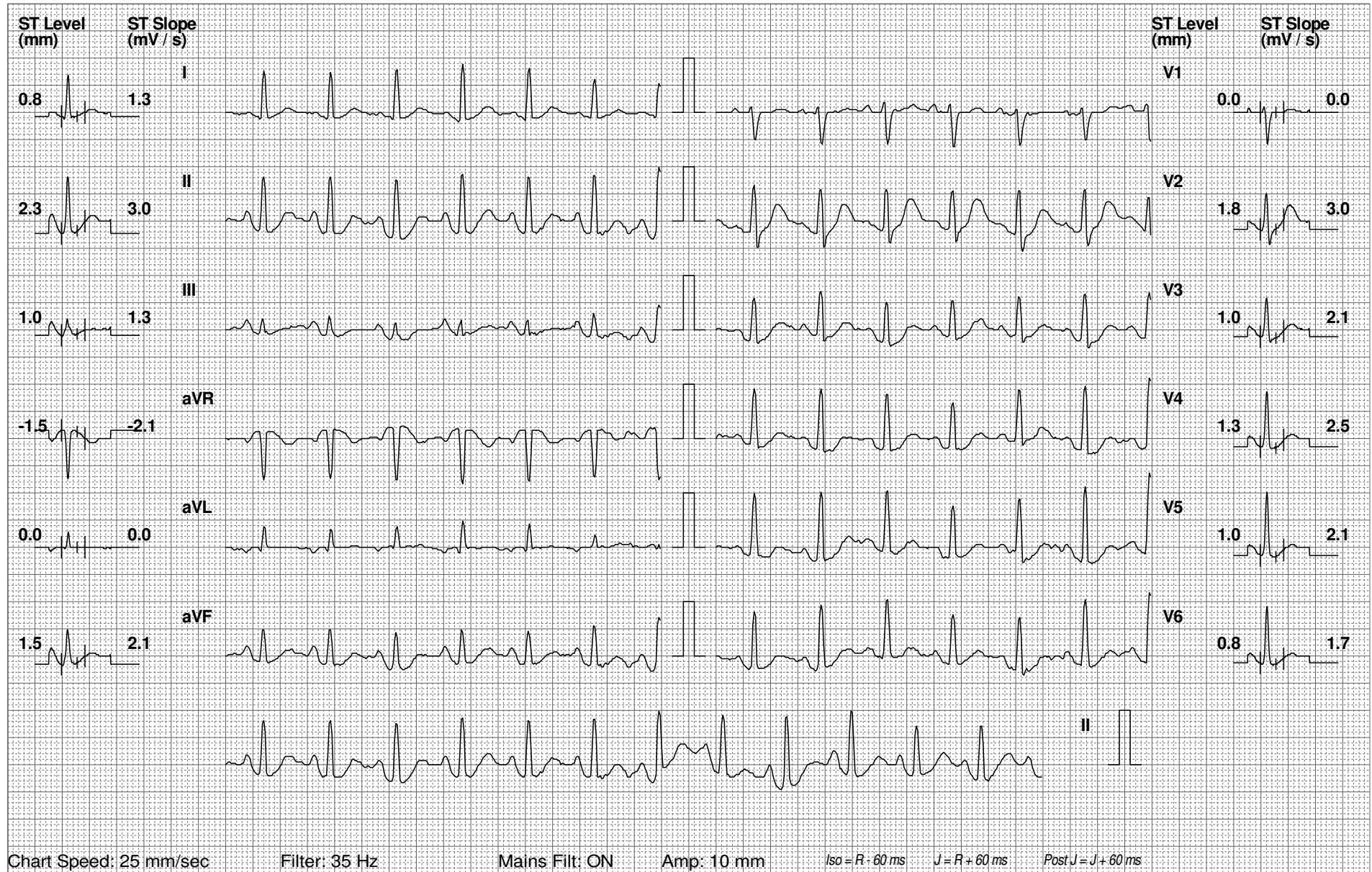
Stage:Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 0 s

HR: 115 bpm

Protocol: Bruce

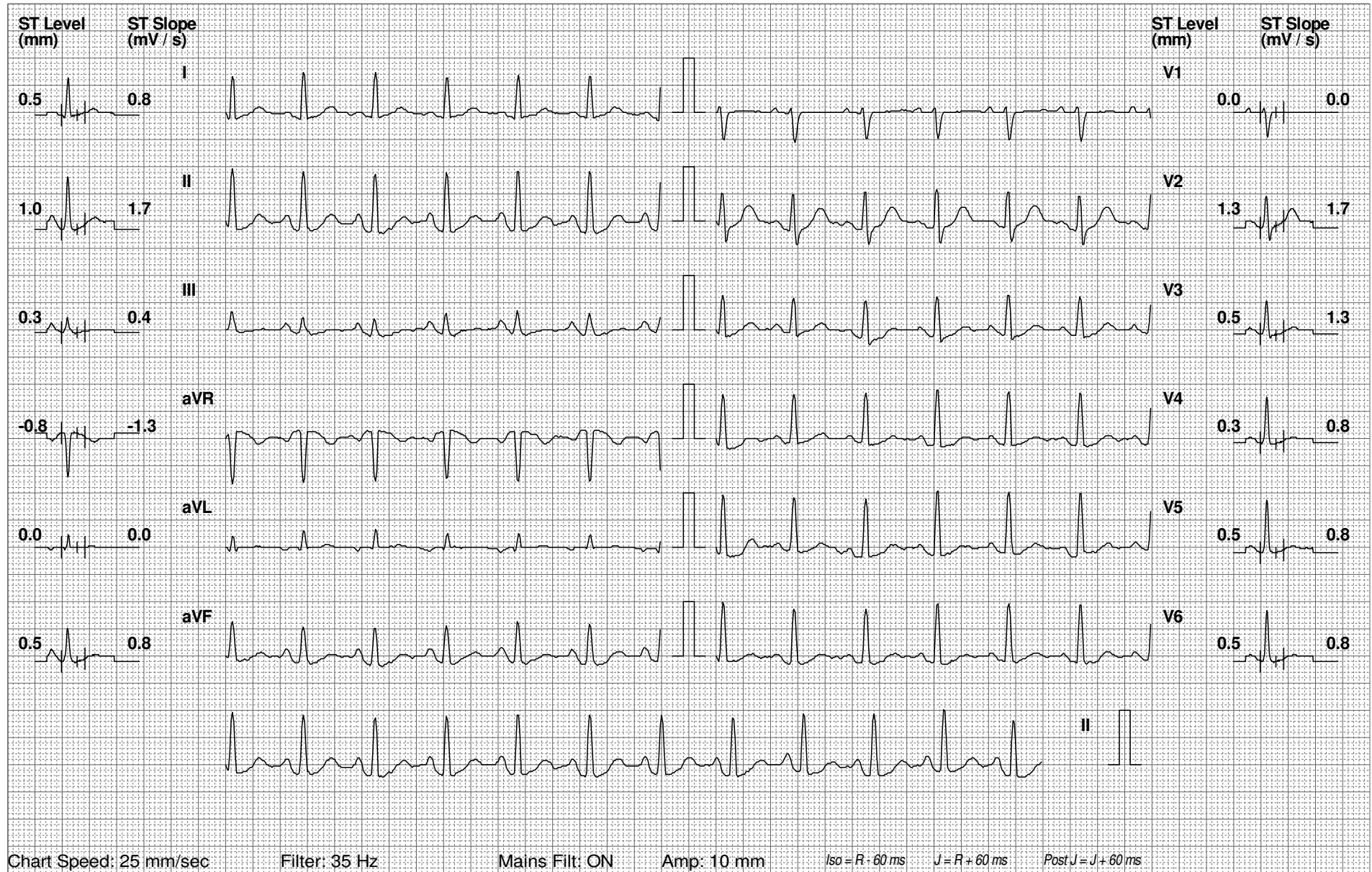
Stage:Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

NEHA AGRAWAL (32 F)

ID: 465993

Date: 21-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 0 s

HR: 115 bpm

Protocol: Bruce

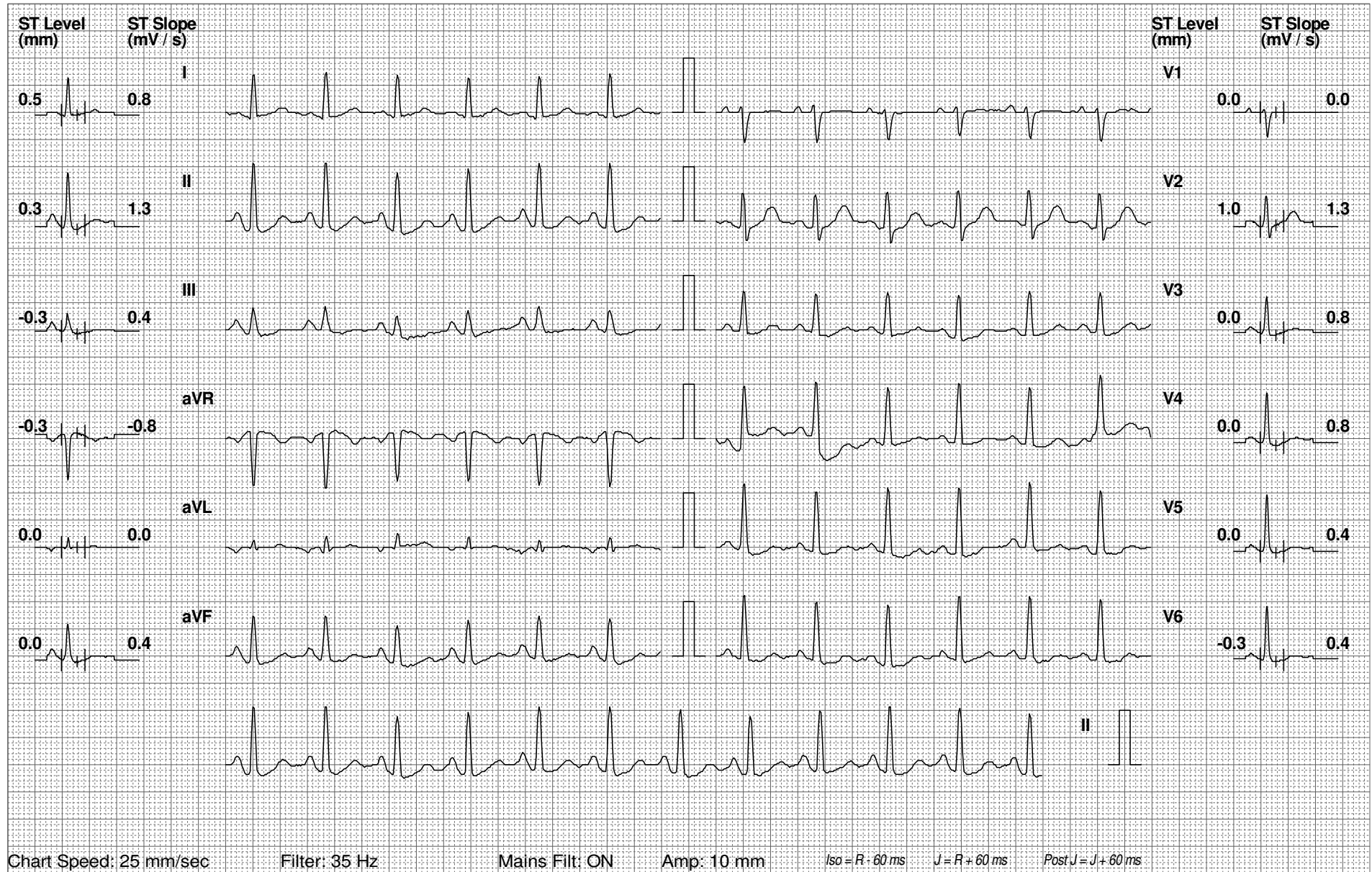
Stage:Recovery(5)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80



Schiller CS-20 V 1.6