



## TEST REPORT

**Reg. No** : 2312100814  
**Name** : Jitendra Singh  
**Age/Sex** : 32 Years / Male  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 23-Dec-2023  
**Collected On** : 23-Dec-2023 10:27  
**Approved On** : 23-Dec-2023 10:59  
**Printed On** : 24-Dec-2023 14:15

Parameter	Result	Unit	Reference Interval
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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	14.9	g/dL	13.0 - 17.0
RBC Count	4.77	million/cmm	4.5 - 5.5
Hematocrit (PCV)	<b>93.7</b>	%	40 - 54
MCH	31.2	Pg	27 - 32
MCV	<b>196.4</b>	fL	83 - 101
MCHC	<b>15.9</b>	%	31.5 - 34.5
RDW	13.8	%	11.5 - 14.5
WBC Count	5700	/cmm	4000 - 11000

### DIFFERENTIAL WBC COUNT (Flow cytometry)

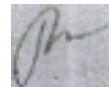
Neutrophils (%)	52	%	38 - 70
Lymphocytes (%)	<b>43</b>	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	2964	/cmm	
Lymphocytes	2451	/cmm	
Monocytes	171	/cmm	
Eosinophils	114	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	279000	/cmm	150000 - 450000
MPV	10.3	fL	7.5 - 11.5

### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	11	mm/hr	0 - 14
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*Modified Westergren Method*

----- End Of Report -----





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**Parameter**

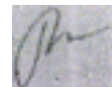
**Result**

**BLOOD GROUP & RH**

**Specimen: EDTA and Serum; Method: Haemagglutination**

ABO : 'O'  
Rh (D) : Positive

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### PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	103.2	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	117.6	mg/dL	70 - 140
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**Criteria for the diagnosis of diabetes** 1. HbA1c  $\geq$  6.5 \*

Or

2. Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	189.6	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	231.1	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	<b>46.22</b>	mg/dL	15 - 35
LDL CHOLESTEROL	86.58	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	56.8	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	3.34		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.52		0 - 3.5



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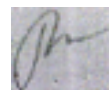
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**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**LDL CHOLESTEROL**  
**CHOLESTEROL**  
**HDL CHOLESTEROL**  
**TRIGLYCERIDES**  
Optimal<100  
Desirable<200  
Low<40  
Normal<150  
Near Optimal 100-129  
Border Line 200-239  
High >60  
Border High 150-199  
Borderline 130-159  
High >240  
-  
High 200-499  
High 160-189  
-  
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
  - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
  - All tests are done according to NCEP guidelines and with FDA approved kits.
  - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.  
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.  
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<b>LIVER FUNCTION TEST</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.36	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.22	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.14	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	22.3	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	24.7	U/L	0 - 40
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	64.5	U/L	53 - 130
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	7.1	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.2	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		0.8 - 2.0

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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.6	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	122.06	mg/dL	
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**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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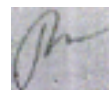
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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.03	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	9.16	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	3.214	µIU/ml	0.34 - 5.6

**SUMMARY** The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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### STOOL EXAMINATION

Colour : Yellow  
Consistency : Semi Solid

#### CHEMICAL EXAMINATION

Occult Blood : Negative

*Peroxidase Reaction with o-Dianisidine*

Reaction : Acidic

*pH Strip Method*

Reducing Substance : Absent

*Benedict's Method*

#### MICROSCOPIC EXAMINATION

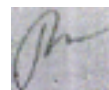
Mucus : Nil  
Pus Cells : 1 - 2/hpf  
Red Cells : Nil  
Epithelial Cells : Nil  
Vegetable Cells : Nil  
Trophozoites : Nil  
Cysts : Nil  
Ova : Nil  
Neutral Fat : Nil  
Monilia : Nil

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	10 cc
Colour	Pale Yellow
Appearance	Clear

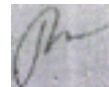
#### CHEMICAL EXAMINATION ( BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.0	5.0 - 8.0
Sp. Gravity	1.010	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

#### MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Nil
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

----- End Of Report -----



## MER-MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	23/12/23
NAME	JITENDRA SINGH
AGE	32Y/M
HEIGHT	5.6FT
WEIGHT	55KG
BP	119/77
ECG	NORMAL
X-RAY	NORMAL
PRESENT AILMENTS	NO
DETAILS OF PAST AUMENTS (IF AY)	NO
COMMENTS/ADVICE :SHE/HE IS PHYSICALLY FIT	YES



Signature With Stamp Of Medical Examiner

# nipra Scans & Labs



Name	:	Jitendra singh	Age	:	32yrs. / M
Thanks To	:	Mediwheel	Date	:	23/12/2023

## X-RAY CHEST (PA VIEW)

Both lung fields appear normal.  
No e/o Koch's lesion or consolidation seen.  
Both CP angles appear clear.  
Both domes of diaphragm appear normal.  
Heart size and aorta are within normal limits.  
Bony thorax under vision appears normal.  
Both hila appear normal.

*Consultant Radiologist*

(This report is not valid for any Medico-legal purpose)



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भारत सरकार  
GOVERNMENT OF INDIA




जितेन्द्र सिंह  
Jitendra Singh  
जन्म तिथि / DOB : 01/01/1991  
पुंस्व / MALE



9829 5465 1753

मेरा आधार, मेरी पहचान

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Bangalore-560 001



पता:  
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Pratap nagar sanganeer  
Sanganer Jaipur Pratap  
Nagar Sector 11  
Rajasthan - 302033

Address  
S/O: Tej Singh 71/204  
pratap nagar sanganeer  
Sanganer Jaipur Pratap  
Nagar Sector 11 Rajasthan  
302033

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GOVERNMENT OF INDIA



Original





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**Dr. Sharva Pandya**

MBBS, M.S. (Ophthalmology)

RMC Reg. No. : 021537

**डॉ. शर्वा पण्ड्या**

दृष्टि क्षेत्र रोग विशेषज्ञ सर्जन

Dr. Jitendra Singh 32/M 23/12/23

c/o - For eye check up

DVA 18  
18

NVA 6/6  
6/6

ACC.  $\left\{ \begin{array}{l} \star - 2.00 DS \ 6/6 \\ - 1.50 DS \ 6/6 \end{array} \right.$

Cohere vision - Normal

*Sharva*

**DR. SHARVA PANDYA**  
MBBS, MS (OPHTH.)  
RMC - 021537 (RMC) 007516 (MS.)  
JAI DRISHTI EYE HOSPITAL  
UDAIPUR (RAJ.)

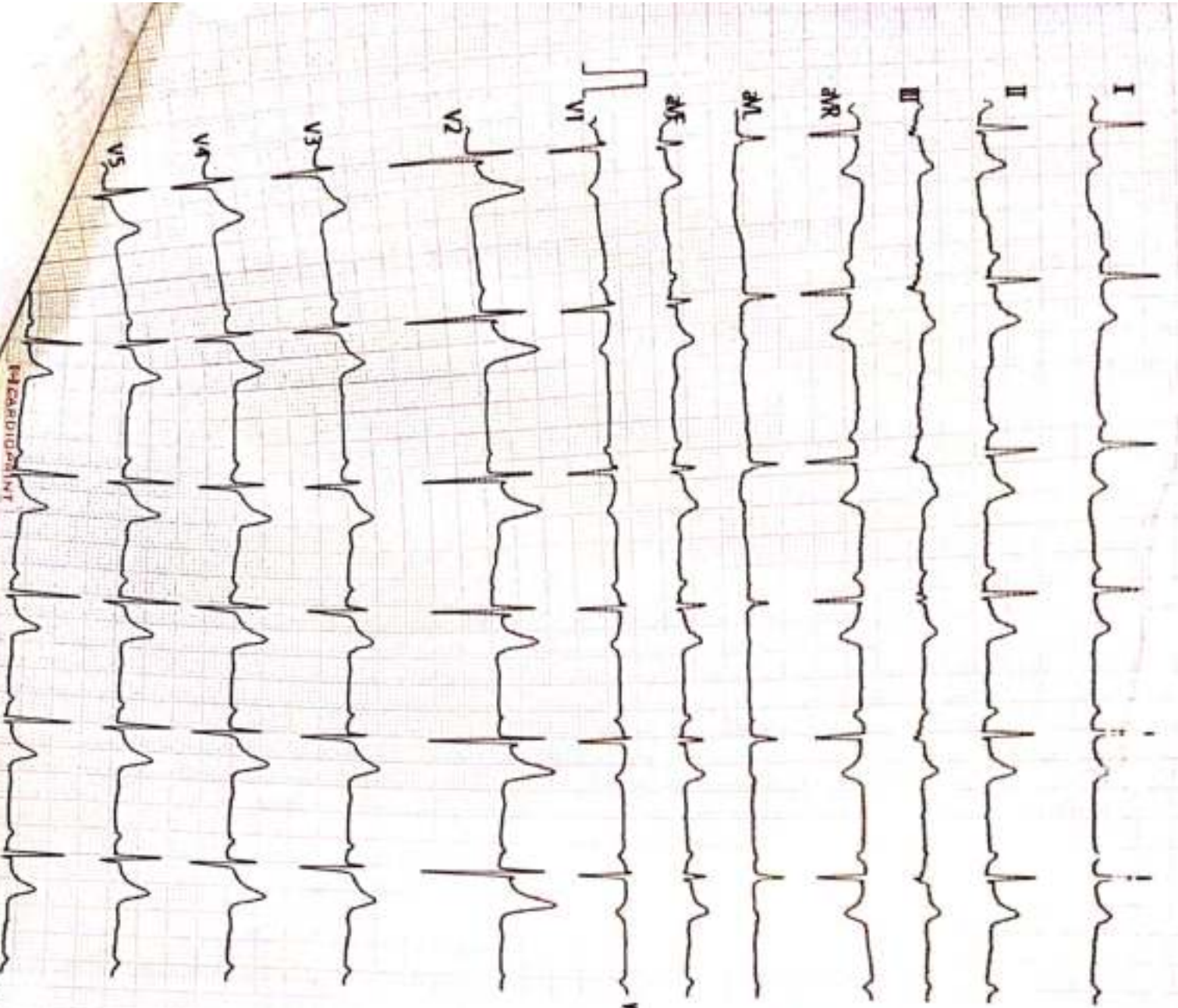
चित्रकूट नगर, उदयपुर में हमारी  
नेत्र चिकित्सा सेवाएं शीघ्र उपलब्ध होगी।

Cosmetology Partner

Jai Drishti Eye Hospital, 23A, Residency Road, Opp. Equitas Bank, Sardarpura, Udaipur  
जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड, एक्विटास बैंक के सामने, सरदारपुरा, उदयपुर



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WVet. Rate(BPM): 63

PR Interval: 164

P/QRS/T Interval: 119 91 185

QT/QTc Interval: 384 395

P/QRS/T Axis(Deg): 57 27 54

RV1/SV5 Amp(μV): 0.11 0.24

RV5/SV1 Amp(μV): 0.65 0.76

ECG Analysis Result:

803 Sinus Arrhythmia

500 rSR' Pattern in V1/V2

\*\*\* Borderline Abnormal ECG \*\*\*

V2.33 Technician:

Note: Unformatted Report Need to Review

ST TEND(μV)

I	II	III	aVR	aVL	aVF
+0.02	+0.08	+0.05	-0.05	-0.01	+0.06
V1	V2	V3	V4	V5	V6
+0.01	+0.19	+0.11	+0.13	+0.09	+0.06





Name	: Mr. Jitendra singh	Age	: 32Yrs. / M
Thanks To	: Mediwheel	Date	: 23/12/2023

## ULTRASOUND STUDY OF WHOLE ABDOMEN

### LIVER

Liver is normal in size, shape & echotexture. No focal mass lesion is seen. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

### GALL BLADDER

Gall bladder is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

### PANCREAS

Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

### SPLEEN

Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

### BOTH KIDNEYS

Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis or cortical scarring is seen in both kidneys.

Right kidney measures : 8.5 x 4.2 cms.

Left kidney measures : 8.3 x 4.7 cms.

### URINARY BLADDER

Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

### PROSTATE

Prostate is normal in size, shape and echotexture

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

### OPINION:

- No significant abnormality is seen.

*Bh J*  
Dr. Bharat Jain

MD (Radio-Diagnosis)  
Consultant Radiologist

*N.B.: This is only a professional opinion and not the final diagnosis. MRI/CT is subject to variations due to technical limitations, hence correlation with clinical findings and other investigations should be carried out to know the true nature of illness*





Summary

Ref. By :

Protocol : BRUCE

Objective :

**KSHIPRA SCANS & LABS**  
28 COURT CHOURAHA UDAPUR  
2303102213/ ST E MD KA SINGH 20/Male 0 Kg/0 Cms

Stage	StageTime (min:Sec)	PhaseTime (min:Sec)	Speed (mper)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (mmHg)	PVC	Comments
Supine					1.0	118	120/80	141	-	
Standing					1.0	120	120/80	144	-	
ExStart					1.0	118	120/80	141	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	125	130/84	162	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	135	140/88	189	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	169	150/92	253	-	
PeakEx	0:08	9:09	4.2	16.0	10.4	180	150/92	270	-	
Recovery	1:00		0.0	0.0	4.3	146	150/92	219	-	
Recovery	3:00		0.0	0.0	1.0	126	130/84	163	-	
Recovery	5:00		0.0	0.0	1.0	130	120/80	156	-	

Medication :

History :

Test End Reason : Test Complete, Heart Rate Achieved

Findings :

The patient exercised according to BRUCE for 9:9, achieving a work level of Max METS:10.4. Resting heart rate initially 118 bpm, rose to a max. heart rate of 180 bpm which represents 91% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood pressure of 150/92 mmhg. The exercise stress test was stopped due to Test Complete, Heart Rate Achieved

Parameters :

- Exercise Time :09:09
- Max HR Attained :180 bpm 91% of Max Predictable HR 198
- Max BP : 150/92(mmHg)
- Max Workload attained :10.4(Good Effort Tolerance)

Advice/Comments:

*Negative*







12 Lead + Median

2303102213/  
Male  
0 Kg/0 Cms

### KSHIPRA SCANS & LABS ZB COURT CHOURAHA UDAIPUR

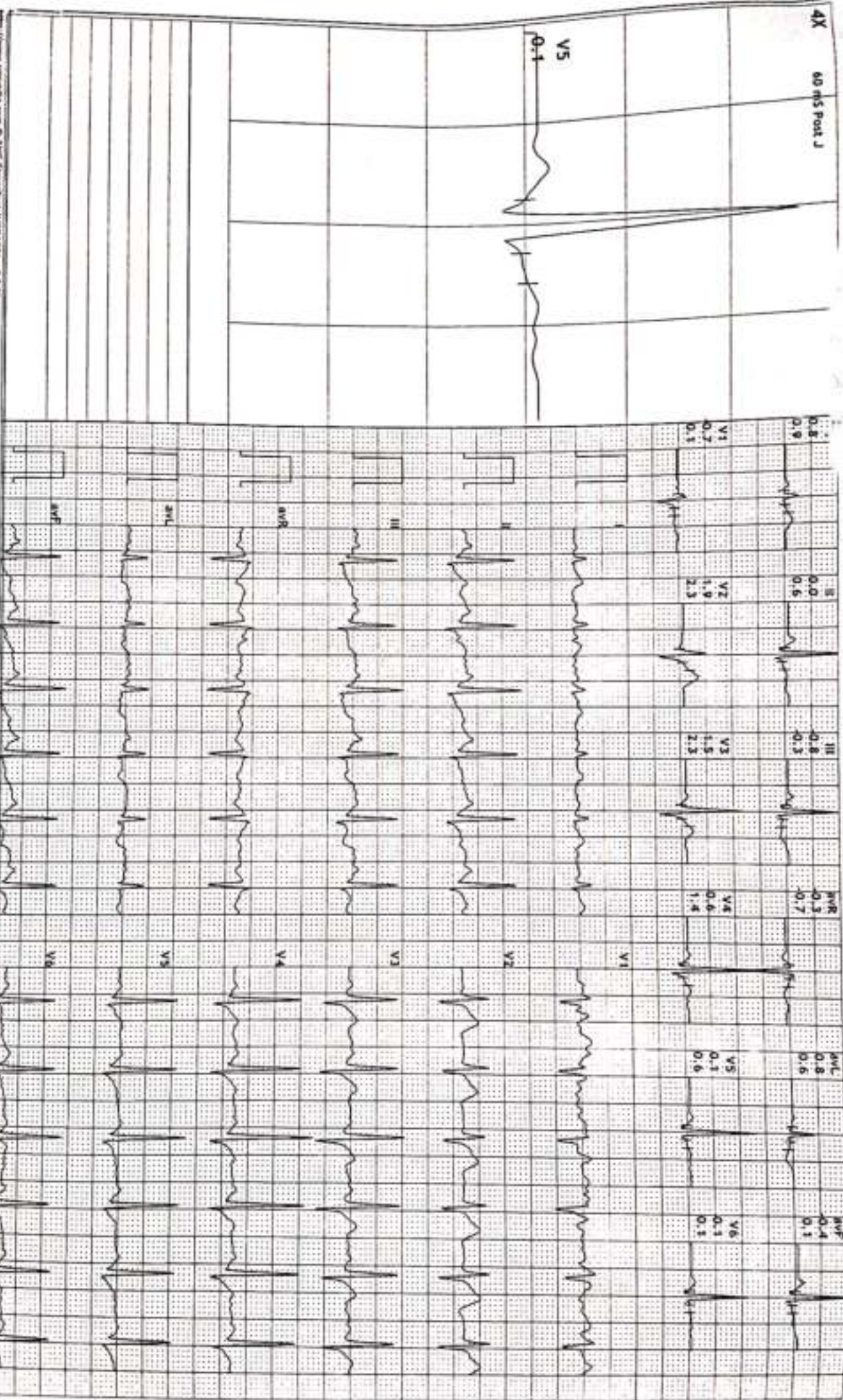
948 bpm  
METs: 1.0  
BP: 120/80

MPHR: 59% of 198  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:40  
BLC : On  
Notch : On

Supine  
10.0 mm/mV  
25 mm/Sec.







12 Lead + Median

2303102213/  
Male  
0 Kg/0 Cms

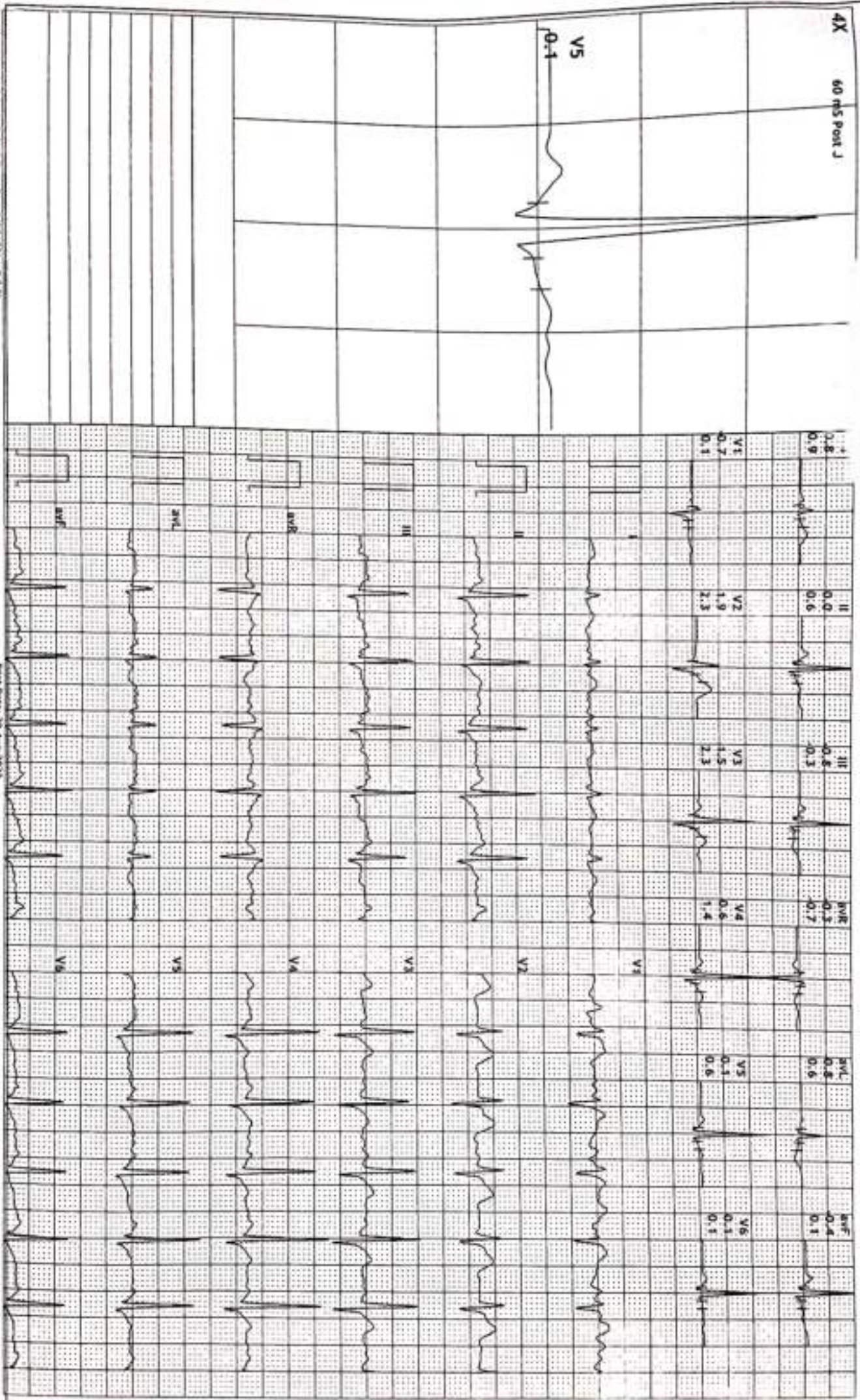
920 bpm  
METs: 1.0  
BP: 120/80

MPHR: 60% of 198  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
11.0-100Hz

Ex Time 00:48  
BLC :On  
Notch :On

Standing  
10.0 mm/mV  
25 mm/Sec.



**KSHIPRA SCANS & LABS**  
**ZB COURT CHOURAHA UDAIPUR**





12 Lead + Median

230310Z213  
Male  
0 Kg/0 Cms

925 bpm  
METs: 4.7  
BP: 130/84

MPPH: 63% of 198  
Speed: 1.7 mph  
Grade: 10.0%

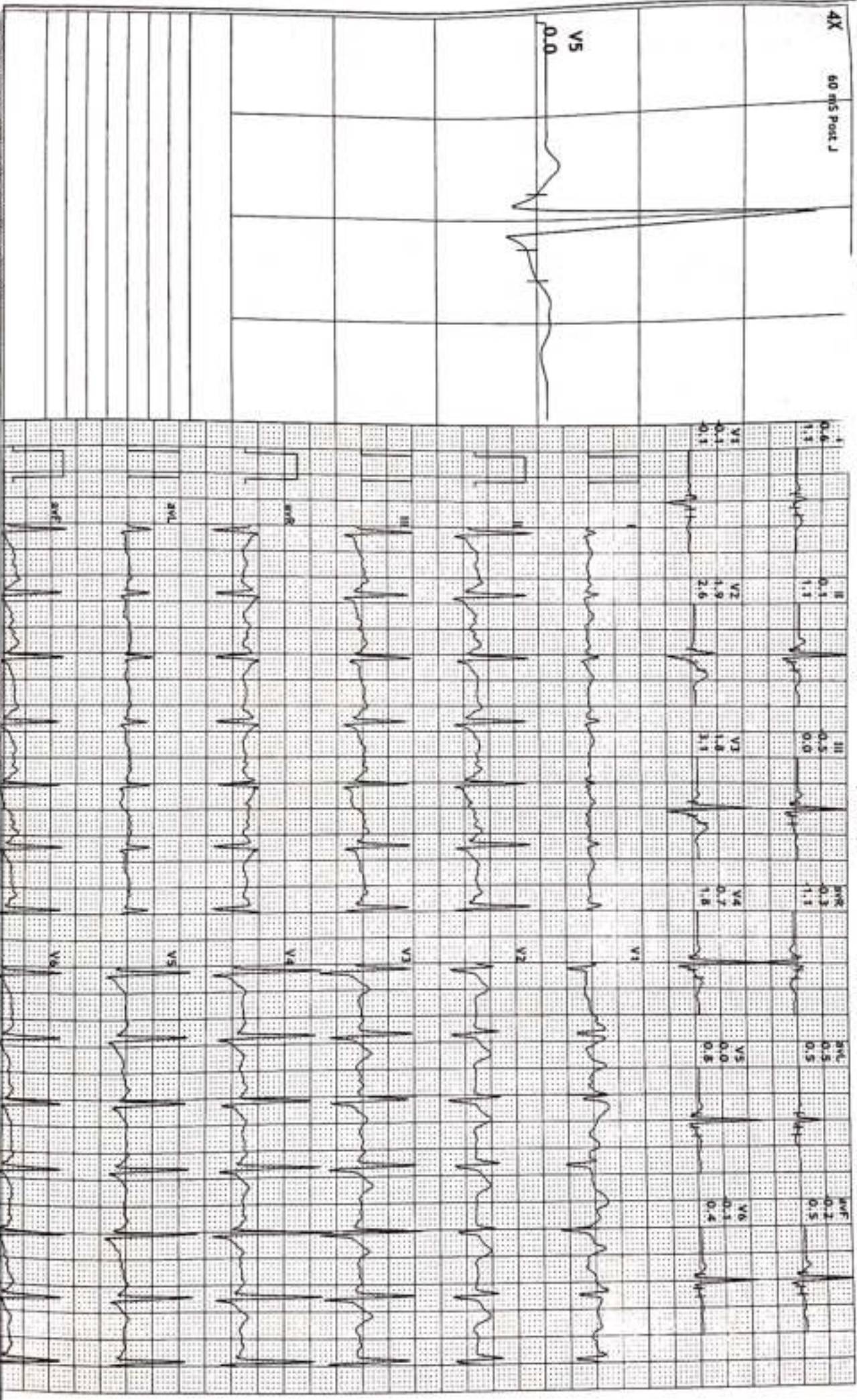
Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 03:00  
BLC :On  
Notch :On

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

# KSHIPRA SCANS & LABS

## 28 COURT CHOURAHA UDAIPUR







12 Lead + Median

2303102213  
Male  
0 Kg/0 Cms

95 bpm  
METs: 7.1  
BP: 140/88

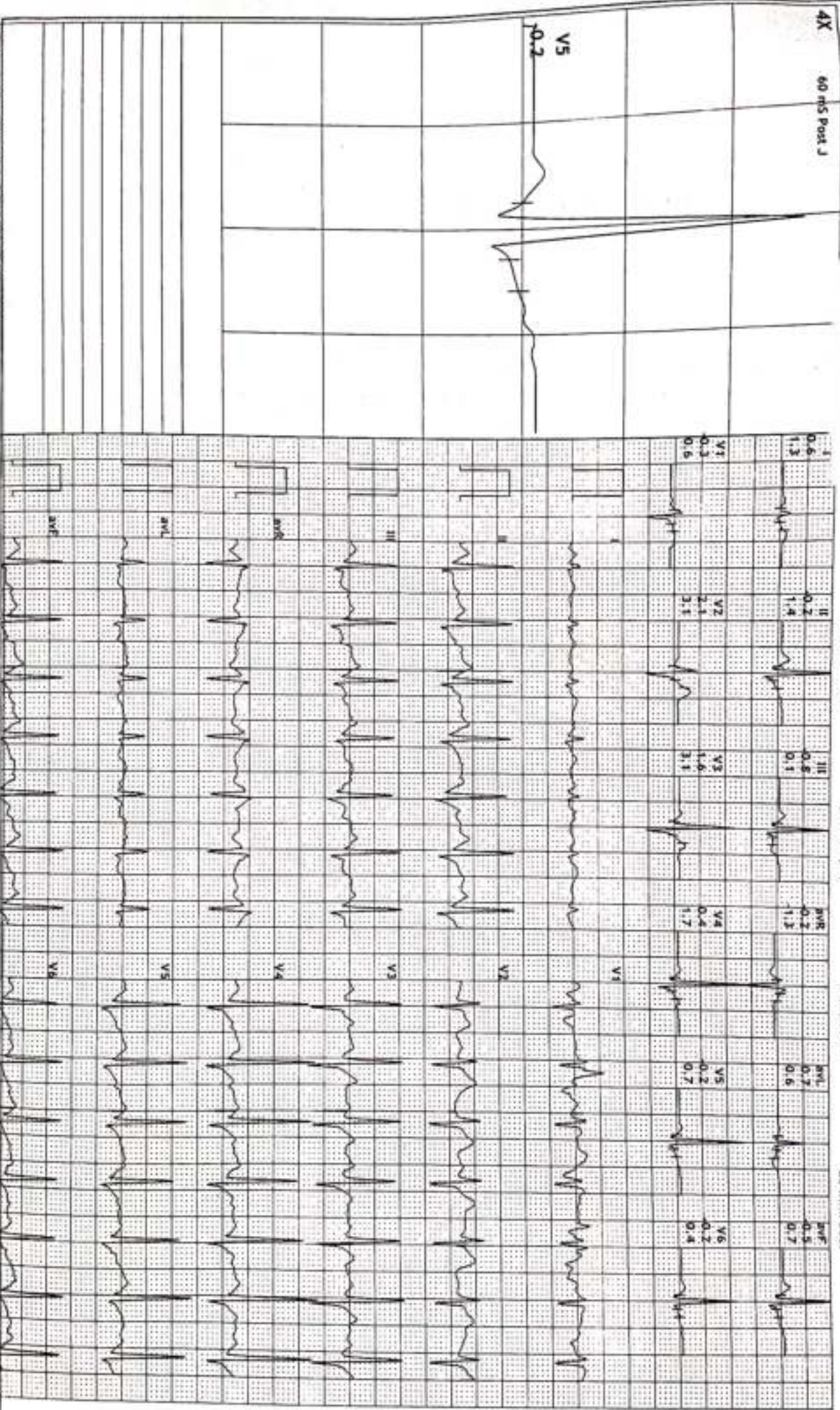
MPHR: 68% of 198  
Speed: 2.5 mph  
Grade: 12.0%

**KSHIPRA SCANS & LABS**  
**2B COURT CHOURAHA UDAIPUR**

Raw ECG  
BRUCE  
1.0-100Hz

Ex Time 06:00  
BLC : On  
Notch : On

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







12 Lead + Median

2303102213  
Male  
0 Kg/0 Cms

669 bpm  
METs: 10.2  
BP: 150/92

MPHR: 85% of 198  
Speed: 3.4 mph  
Grade: 14.0%

**KSHIPRA SCANS & LABS**  
**2B COURT CHOURAHA UDAIPUR**

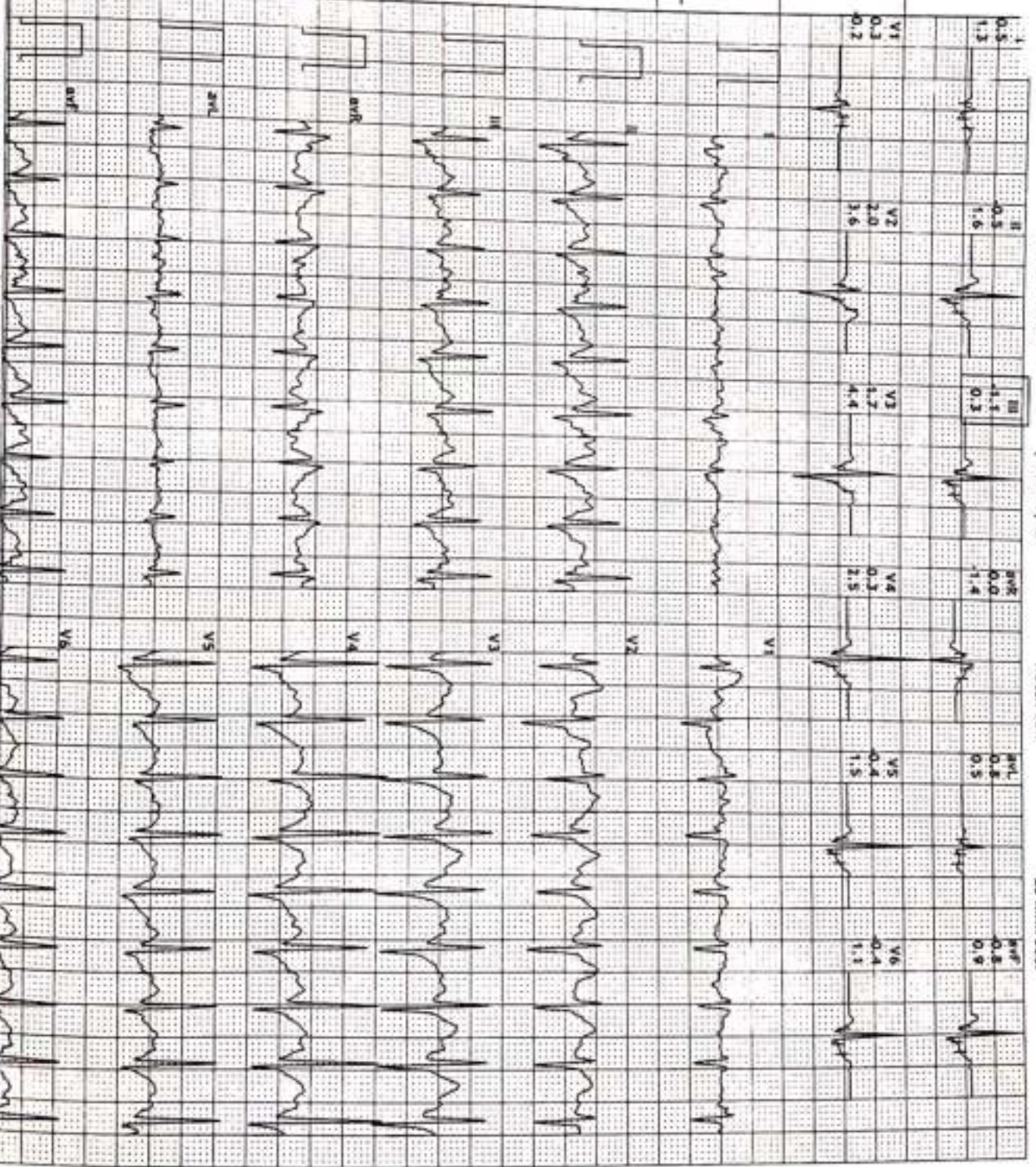
Raw ECG  
BRUCE  
11.0-100/Hz

Ex Time 09:00  
BLC :On  
Notch :On

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

4X 60 mS Post J

V5  
0.4







12 Lead + Median

230310Z213  
Male  
0 Kg/0 Cms

**KSHIPRA SCANS & LABS**  
**ZB COURT CHOURAHA UDAIPUR**

980 bpm  
METs: 10.4  
Bp: 150/92

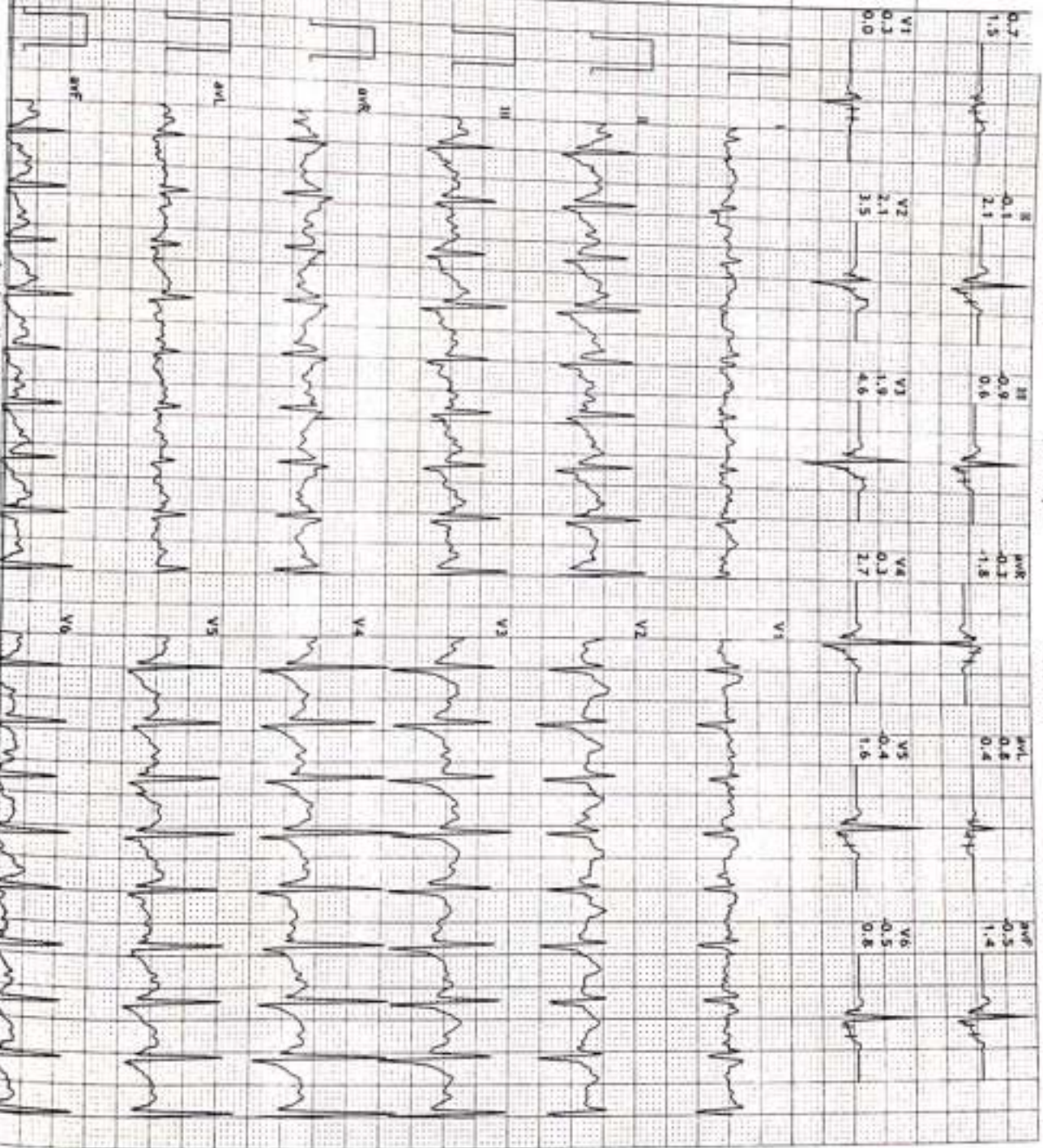
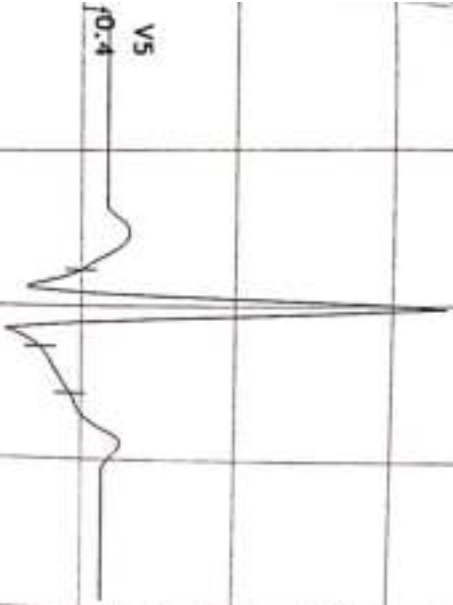
MHR: 90% of 198  
Speed: 4.2 mph  
Grade: 16.0%

Raw ECG  
BRUCE  
11.0-100/Hz  
Ex Time 09:08  
BLC :On  
March :On

BRUCE: PeakEx(0:08)  
10.0 mm/mV  
25 mm/Sec.

4X 60 mS Post J

V5  
FO.4







12 Lead + Median

2303102213  
Male  
0 Kg/0 Cms

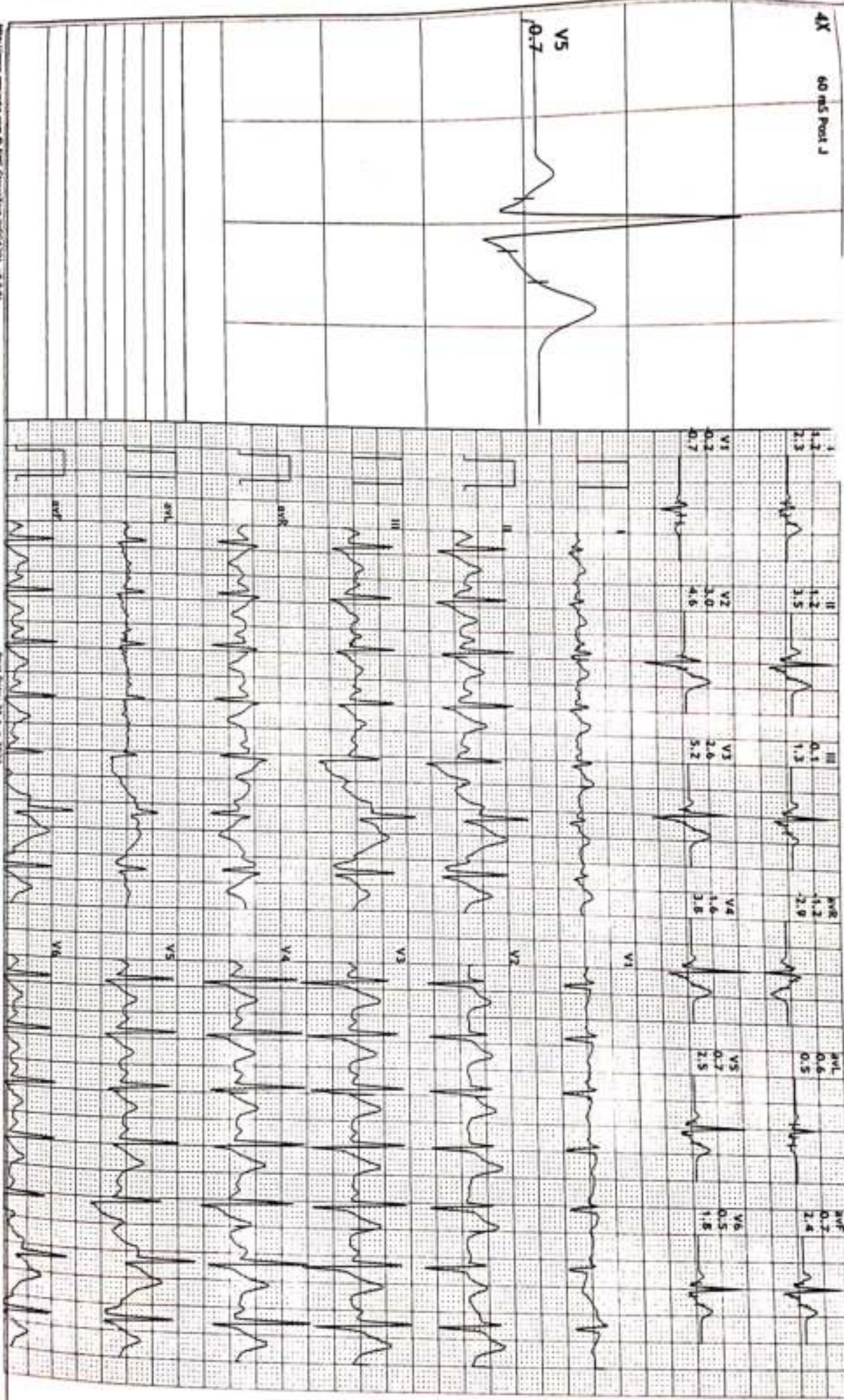
946 bpm  
METTS: 4.3  
BP: 150/92

MPHR: 73% of 198  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 09:09  
BLC :On  
Notch :On

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





2303102213  
Male  
0 Kg/0 Cms

60 mS Post J

926 bpm  
METs: 1.0  
BP: 130/84

MHR: 63% of 198  
Speed: 0.0 mph  
Grade: 0.0%

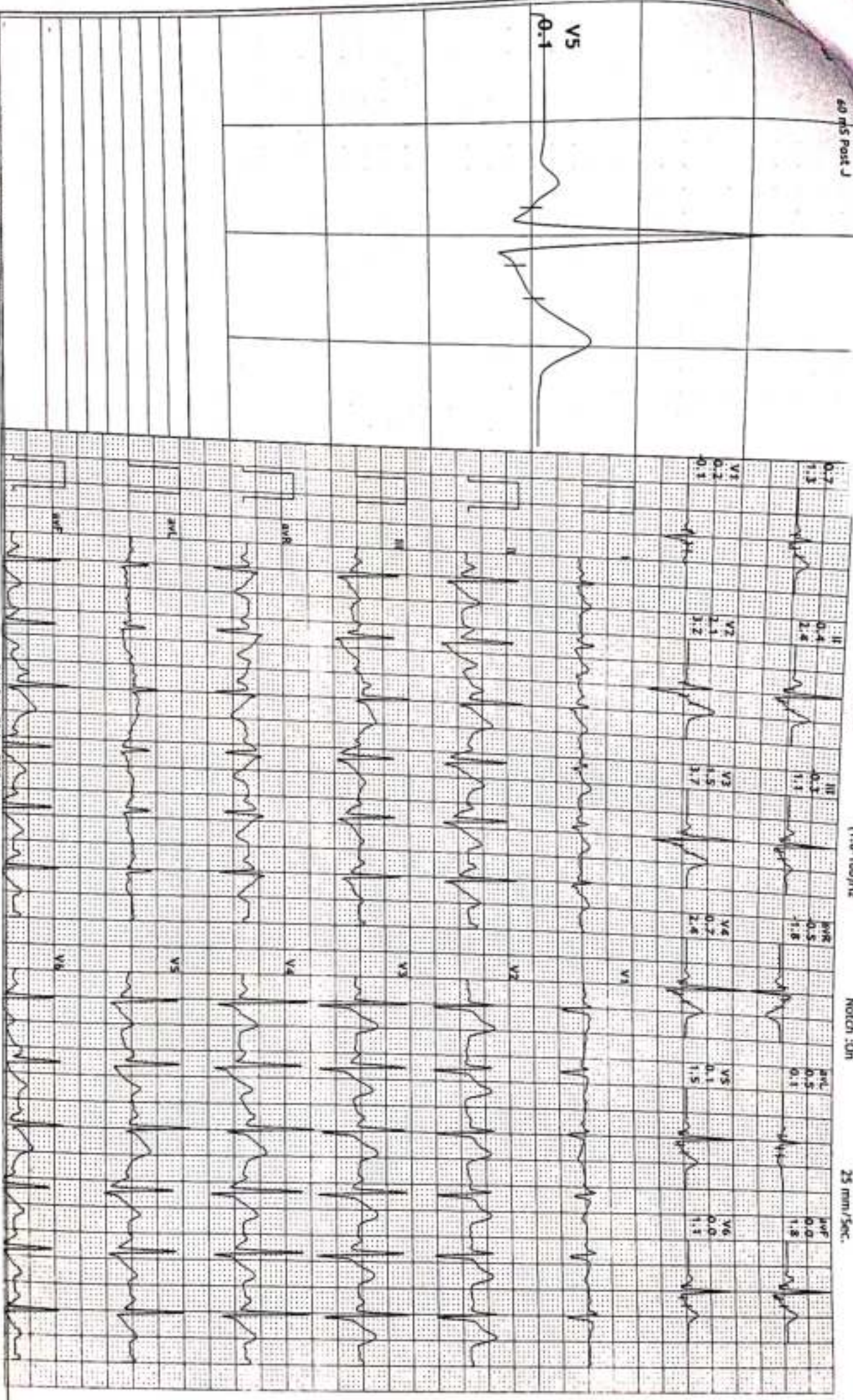
Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 09:09  
BLC : On  
Notch : On

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

# KSHIPRA SCANS & LABS

## 2B COURT CHOURAHA UDAIPUR







12 Lead + Median

2303102213  
Male  
0 Kg/0 Cms

930 bpm  
METs: 1.0  
BP: 120/80

MPHR: 65% of 198  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 09:09  
BLC : On  
Notch : On

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

