

BP - 140/80
P - 84/rf
H - 172 cm
WT - 73 kg

Mr. Animesh Shobleshi
Age - 33 y/m

13/01/24

CBC - 15.8 / 5.58 / 5.95 / 157
HbA1c - 5.6
PBS - 79, PP - 118.0
Creat - 0.98
Urea - 10
Lipid - 163 / 150 / 42 / 91
LFT - 41 / 49 / 85

GIT Fully Un

P
- Cap Med am OD x 30d
- Exercise daily



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2r
Apollo Clinic Raipur

ID: 282

MR ARITRA BHADURI
Male 33Years

13-01-2024 11:12:53 AM

HR	: 78	bpm
P	: 114	ms
PR	: 146	ms
QRS	: 88	ms
QT/QTc	: 360/410	ms
PQRST	: 53/72/26	e
RV5SV1	: 0.701/0.819	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

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



Report Confirmed by:



NAME OF PATIENT: MR. ARITRA BHADURI

AGE: 33YRS / MALE

REFERRED BY: BOB

DATE: 13/01/2024.

CHEST X - RAY PA VIEW

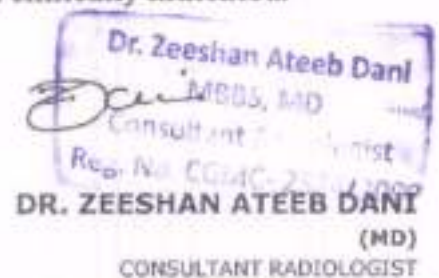
FINDINGS:

- 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.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name M.D. Anita

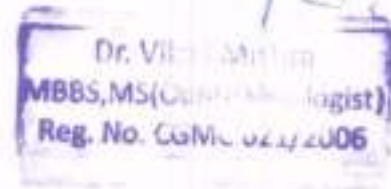
Date 13/01/24

Sex/Age M/33 year

MR No

Employee Id

EXTERNAL EXAMINATION		Plans BL		
SQUINT		NO		
NYSTAGMUS		NO		
COLOUR VISION		NORMAL		
FUNDUS:(RE):-		<u>LOW</u>	(LE):-	<u>LOW</u>
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-		<u>4/60 e 4-6/6</u>	(LE):-	<u>4/60 e 4-6/6</u>
NEAR VISION:(RE):-		<u>1/6</u>	(LE):-	<u>1/6</u>
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT	<u>-4.75</u>			
LEFT	<u>-4.75</u>			
REMARKS :-				



PATIENT NAME:- MR. ARITRA BHADURI
REF BY :- BOB

AGE/SEX: 33 YRS/M
DATE:- 13.01.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with 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 size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.73X4.09cm	10.53X4.56cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

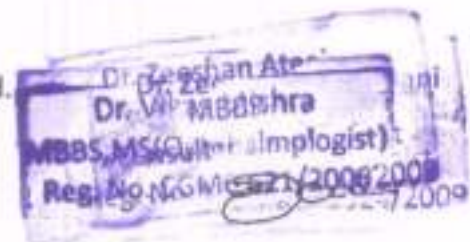
Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - II FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
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.

Patient Name : MR ARITRA BHADURI
 UHID/ MR No : 8605
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-5
 Reported On : 13/01/2024 06:07PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	15.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.56	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	47.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	85.3	fL	78.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.4	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	13.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.95	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	56	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	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


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR ARITRA BHADURI
UHID/ MR No : 8605
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 02:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 13/01/2024 06:07PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	157	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

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

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR ARITRA BHADURI
 UHID/ MR No : 8605
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-5
 Reported On : 13/01/2024 06:07PM

BIO CHEMISTRY


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

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosalated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosalated 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.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR ARITRA BHADURI
 UHID/ MR No : 8605
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:23PM
 Ref. Doctor : SELF
 Sponsor Name

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-
 Reported On : 13/01/2024 06:07PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	118.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	79.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.0	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path:

Page 1 of 6

Dhananjay
DR DHANANJAY RANCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR ARITRA BHADURI
 UHID/ MR No : 8605
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-3
 Reported On : 13/01/2024 06:07PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: ≥ 240
Triglycerides level	150.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : ≥ 500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: ≥ 60
Method: Spectrophotometric LDL Cholesterol	91	mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline high: 130-159 High: 160-199 Very High : ≥ 190
Method: Spectrophotometric VLDL Cholesterol	30	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.88		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Patient Name : MR ARITRA BHADURI
UHID/ MR No : 8605
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 02:23PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 13/01/2024 08:07PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	41	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	49	U/L	0 - 41
ALKALINE PHOSPHATASE	85	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.8
A/G Ratio Method: Calculated	1.83	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path:

Page 3 of 6

Ram
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR ARITRA BHADURI
 UHID/ MR No : 8605
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:23PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-3
 Reported On : 13/01/2024 06:07PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Paie Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
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
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/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
M.D. PATHOLOGY

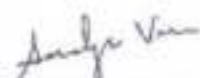
Patient Name : Mrs.ARITRA BHADURI	Collected : 13/Jan/2024 06:03PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 07:10PM
UHID/MR No : DSUS.0000006102	Reported : 13/Jan/2024 08:06PM
Visit ID : DSUSOPV7108	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMBODHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.20	mg/dL	8.4 - 10.2	Arsenazo-III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Dr. SANDHYA VERMA

MBBS, MD, (Pathology)

Consultant Pathologist

Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shreekr Nagar, Raipur (C.G.)

Email: raipur1@apolloclinic.com | Website: www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://ph.apolloclinic.com



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0771 4033341/42

Patient Name : Mrs.ARITRA BHADURI	Collected : 13/Jan/2024 08:03PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 08:17PM
UHID/MR No : DSUS.0000006102	Reported : 13/Jan/2024 07:20PM
Visit ID : DSUSOPV7108	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI 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)	1.3	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.80	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.830	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

1. 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.
2. 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.
3. 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.
4. 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

Sandhya Verma

Dr. SANDHYA VERMA

MD, MBBS, MD, (Pathology)

Consultant Pathologist

Address: Apollo Clinic, Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Phone: +91 96918 26363 | Email: raipur1@apolloclinic.com | Website: www.apolloclinic.com

Online appointments: www.azkaprclin.com | Online reports: https://prn.apolloclinic.com



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0771 4033341/42

Patient Name : Mrs.ARITRA BHADURI	Collected : 13/Jan/2024 06:03PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 06:38PM
UHID/MR No : DSUS.0000006102	Reported : 13/Jan/2024 09:13PM
Visit ID : DSUSOPV7108	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
I/OP NO :	Patient location : Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	17.93	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-dihydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



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Patient Name : Mrs.ARITRA BHADURI	Collected : 13/Jan/2024 06:03PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006102	Reported : 13/Jan/2024 08:44PM
Visit ID : DSUSOPV7108	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

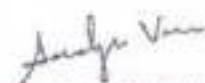
DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	258	pg/mL	180-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

*** End Of Report ***



Dr. SANDHYA VERMA

MBS, MD, (Pathology)

Consultant Pathologist

Apollonagar, Complex A, T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online appointments: www.aikapollo.com | Online reports: https://pr.apolloclinic.com



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0771 4033341/42

Stage	Time	Duration	Speed(x/min)	Elevation	METS	Rate	%THR	BP	HRP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	095	51%	120/80	114	00	
Ex-Start	00:12	0:03	00.0	00.0	01.0	095	51%	120/80	114	00	
BRUCE Stage 1	03:12	3:00	02.7	10.0	04.7	132	71%	122/82	161	00	
BRUCE Stage 2	06:12	3:00	04.0	12.0	07.1	152	81%	126/86	191	00	
PeakEx	06:28	0:16	05.5	14.0	07.4	160	86%	126/86	201	00	
Recovery	06:56	0:30	00.8	01.0	04.2	145	78%	126/86	182	00	
Recovery	07:28	1:00	00.8	00.0	01.2	130	70%	126/86	163	00	
Recovery	08:14	1:46	00.0	00.0	01.0	120	64%	124/84	148	00	

FINDINGS :

Exercise Time : 00:16
 Max HR Attained : 160 bpm 86% of Target 187
 Max BP Attained : 126/86 (mm/Hg)
 Max Workload Attained : 7.4 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 DEEPANJAS MBBS DIP CARDIO



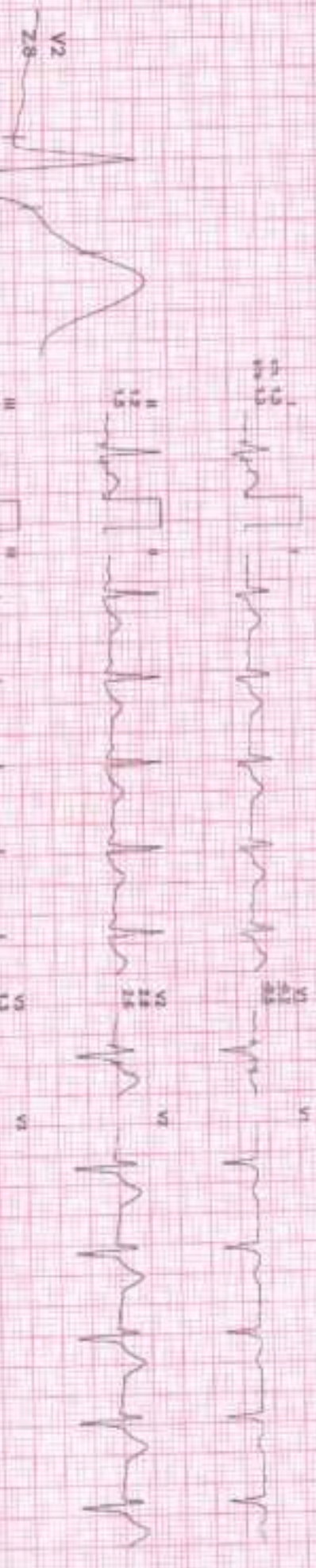
39 / MR ARITRA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 95

Date: 13 / 01 / 2024

MEETS: 1.01/95 bpm 81% of THR BP: 120/80 mmHg Catheter Mediana/ BLC Ovil Natch/Ovil HF 0.05 HELLF 35 Hz

ESTIME: 00:00 0.0 Kmph, 0.0%

4X 60 mm Paper



REMARKS:

39 / MR ARITRA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 95

Date: 13/01/2024

METS: 1.60 95 bpm 51% of THR BP: 120/80 mmHg Combined Medians/ E.L.C. On/Watch On/ HF 0.05 HOLF 35 Hz

EXTIME: 00:00 0.0 kmph 0.0%

35 mm/spec 1.0 div/mV

4X 80 MS Post J

ExStart



REMARKS:

39 / MR ARITRA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 132

Date: 13 / 01 / 2024

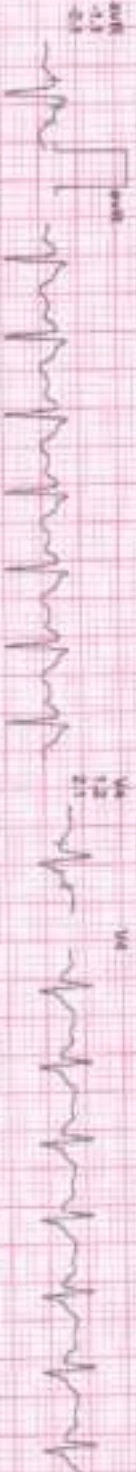
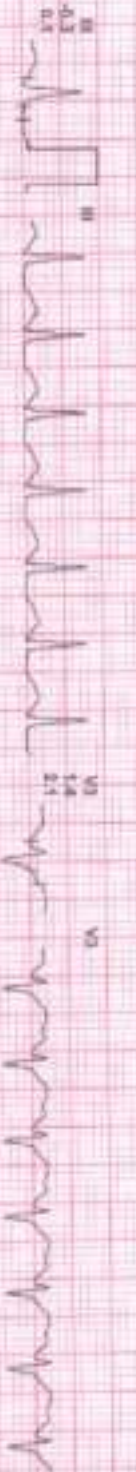
NETS: 4.71 132 bpm 71% of THIR BP: 120/82 mmHg Conduction Manual/ ECG DIV/ Noisy CM HF 0.05 HRAUF 35 Hz

EXTIME: 03:00 2.7 kmph, 18.0%

BRUCE: Stage 1 (3:00)



AX 60 m/s Paper J



REMARKS:

39 / MR ARTRIA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 152

BRUCE: Stage 2(3:00)



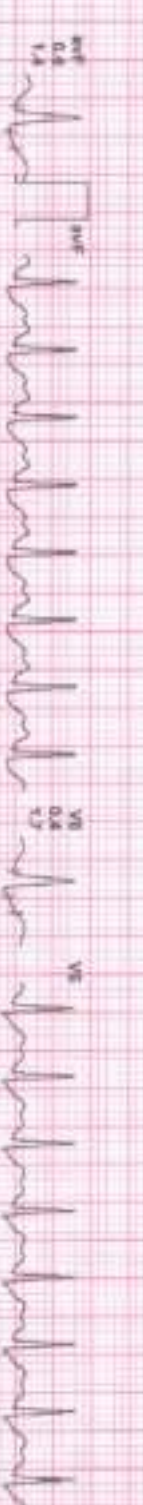
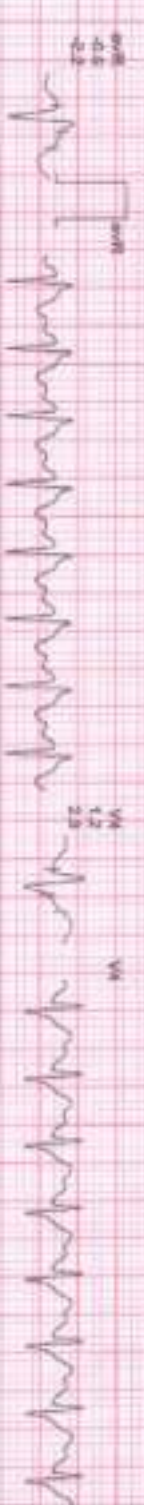
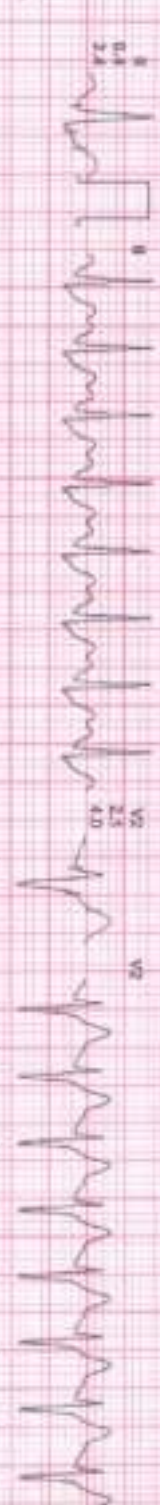
Date: 13 / 01 / 2024

MEETS: 7.11 152 bpm 87% of THIR GP: 12006 mmHg Combined Mediana BLD Cnv/ Natch Cnv HR 0.05 HALF 35 Hz

EXTIME: 06:00 4.0 Kmpt, 12.0%

4X 60 sec Print 2

20 mm/Sec 1.2 Cm/Div



REMARKS:

39 / MR ARITRA / 33 Yrs / M / 172 Gms / 73 Kg / HR : 160

PeakEX



Date: 13/01/2024

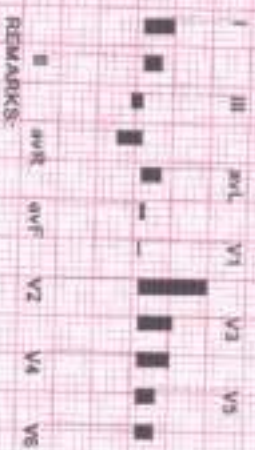
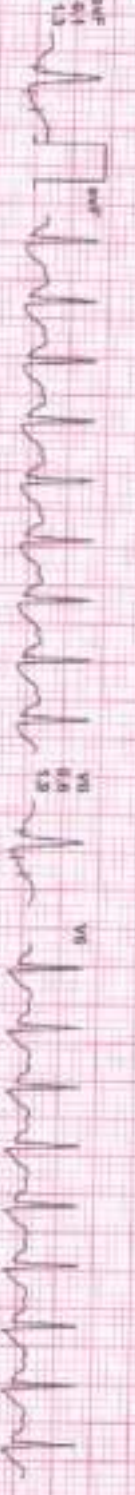
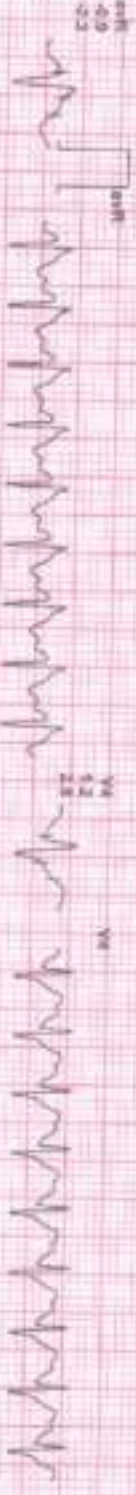
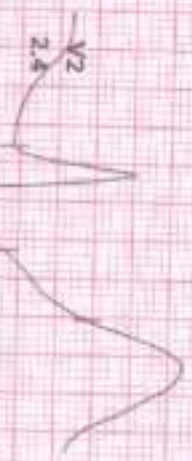
METS: 7.41 160 bpm 80% of THR

BP: 128/86 mmHg

Combined Median; BLD On; Natch On; HF: 0.05 Hz; 29 Hz

EXTIME: 08:18 5.5 KCPM, 14.0%
25 mm/Sec, 1.8 Cm/Div

AX 16 and print J



REMARKS:

39 / MR ARITPA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 145

Recovery(0:30)



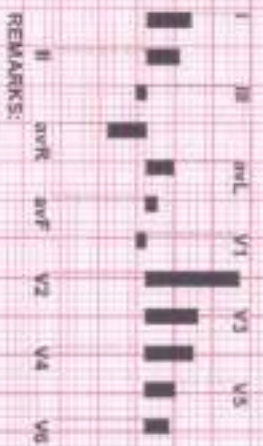
Date: 13 / 01 / 2024

NETS: 42V 145 bpm 78% of TPR BP: 120/66 mmHg Contained Medication/BLG On/Neck On/HR 0.051Hz/1.35 Hz

ExTime: 08:16 0.8 KHz/ 0.0%

4X 60 ms PUL J

28 mmHg/Sec 1.0 Gain/



REMARKS:

39 / MR ARITRA / 33 YRS / M / 172 Cms / 73 KG / HR : 160

Date: 13/01/2024

4X ECG Print 4

MEETS: 7.4V 160 bpm 60% of TPR BP: 120/80 mmHg Container Modaru BLC QW/Reckh QW/HR 0.05 HALF 05 Hz

Estim: 06:16 5.5 KNOVA, 14.0%
20 mm/sec, 1.0 cm/mV

PeaKEX



REMARKS: I, III, aVL, V1, V3, V5, aVR, aVF, V2, V4, V6

39 / MR AGITRA / 33 yrs / M / 172 Cms / 73 Kg / HR : 130
Date: 13 / 01 / 2024

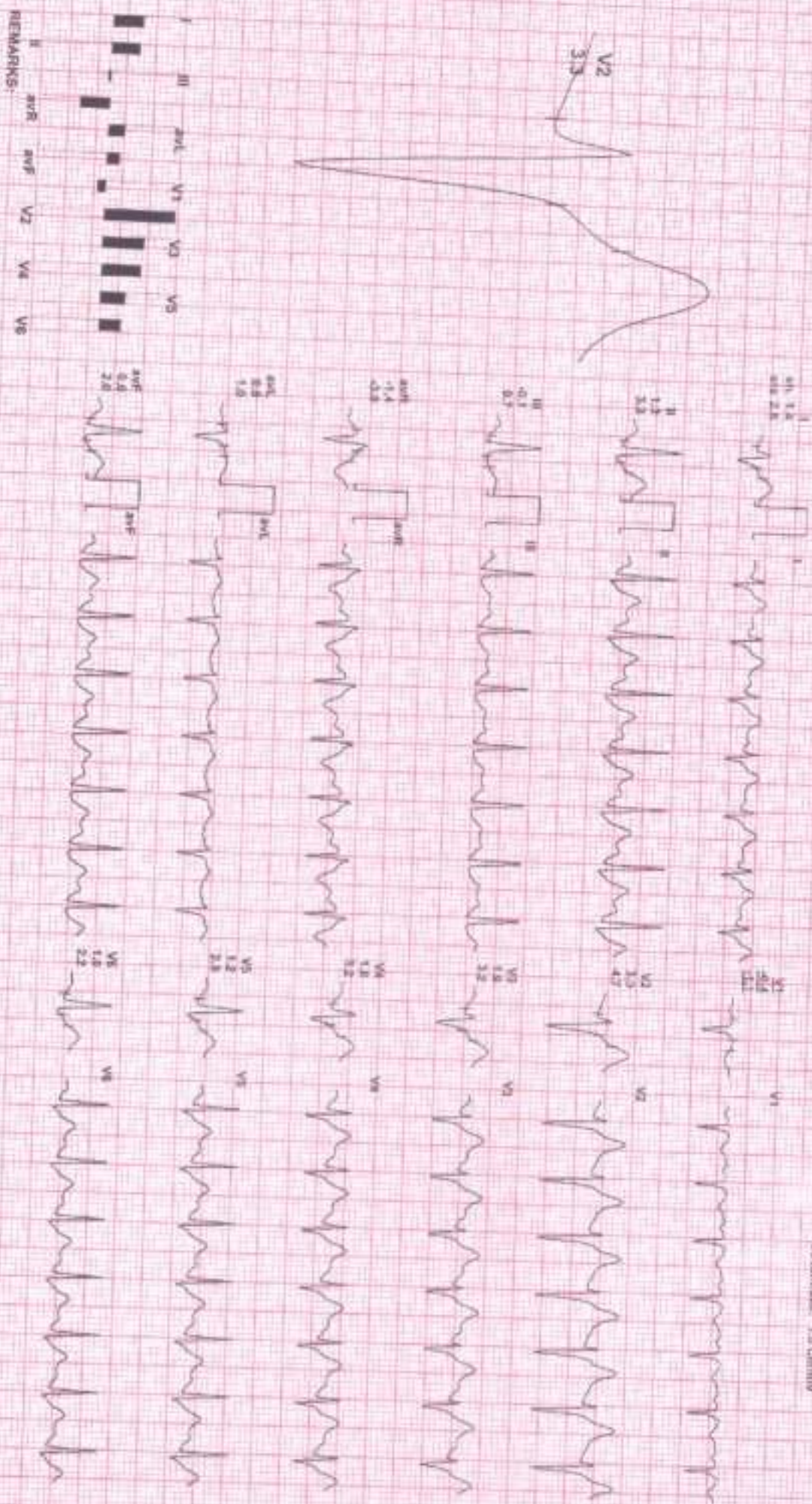
4X 40 mm Paper

NETS: 1.2/130 bpm 70% of T1-92 BP: 126/86 mmHg Conformed Medecine/ BIC OW Natch Owl 11F 0.05 V/CLF 35 Hz

Recovery(1:00)



EXTIME: 08:16 0.5 (mV) 0.05
25 mm/Sec 1.5 (cm)



REMARKS:

39 / MR ARITPA / 33 Yrs / M / 172 Cms / 73 Kg / HR : 120
 Date: 13/01/2024

4X 70 Yrs Phys 2

NETS: 1.0V 120 bpm 64% of THF BP: 124/64 mmHg Combined Modemul BLC ON/ NORA ON/ HF 0.05 Hz/LF 35 Hz

Extreme 66:16 0.0 Km/h 0.0%
 25 mm/Sec 1.0 Cm/mV



REMARKS:

Recovery(1:46)

