

Mrs Jayar Rai 324 IF

13/02/24

HT - 156

WT - 51

BP - 100/60

P - 80b/m

CBC - 11.6 | 3.91 | 6.01 | 204 | 22

HBA1C - 5.5

FBS - 79.0 . PP - 111.0

KFT - 09, 0.75, 3.26

Lipid - 147.0, 98.0, 42.0, 85.40

LFT - 20, 25, 780/L

TSH - 2.7. T3 - 1.21, T4 - 9.30

8  
- Continue advice at PM  
Dr Animesh

*(Signature)*

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



13/2/2024

Mrs. Ragn Rai 32F

WAP = end of  
January

itching over vulva. ∴ long time (may  
Go vaginal area. years)  
P.I. (1 yr 1800s. of 1A on) .  
max 3yrs.

Using  
some cream for  
application for a  
day time

✓  
TSH = 2.7  
✓ Papsmear

P/A  
Soft  
Nontender

P. L/E — vulva — thin atrophic  
mucosa  
(? steroid modified)  
or regular  
mixed vaginitis

P/V — ut A(N) sin G ↓  
R/Lgh free .

↳ Tab. Zifid 200 mg BD x 5 days  
↳ Ab. Antitard 500 mg OD x 5 days  
↳ Clingirin forte 1HC vaginal pessary x 7 nights  
↳ Luliber ointment BD application x 3 weeks



Flu Reports

Cap. beta ASK (1 - 1) x 5 days

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

Ms Jaya Rai  
3/F.

9/2/2024

Pt complains of food lodgement in lower right back region of jaw

O/E → Basally carious  $\bar{c}$   $\frac{65}{6}$   
 Proximal caries  $\bar{c}$   $\frac{65}{6}$   
 Missing  $\bar{c}$   $\frac{65}{6}$   
 Stains + Cal  $\bar{c}$

Adv → GORA  $\bar{c}$   $\frac{65}{6}$

Extraction / RCT  $\bar{c}$   $\frac{65}{6}$

Restoration  $\bar{c}$   $\frac{65}{6}$

Implant / Bridge  $\bar{c}$   $\frac{65}{6}$

Lab Max clay crown  $\bar{c}$   $\frac{65}{6}$  5 days

Lab Ketonal OT  $\bar{c}$   $\frac{65}{6}$

Lab Pantop  $\bar{c}$   $\frac{65}{6}$  5 days

anaha



noof- 200

0771 4033341/42

+91 9691826363

ID: 137  
MRS JAYA RAI  
Male 32 Years

09-02-2024 10:35:57 AM

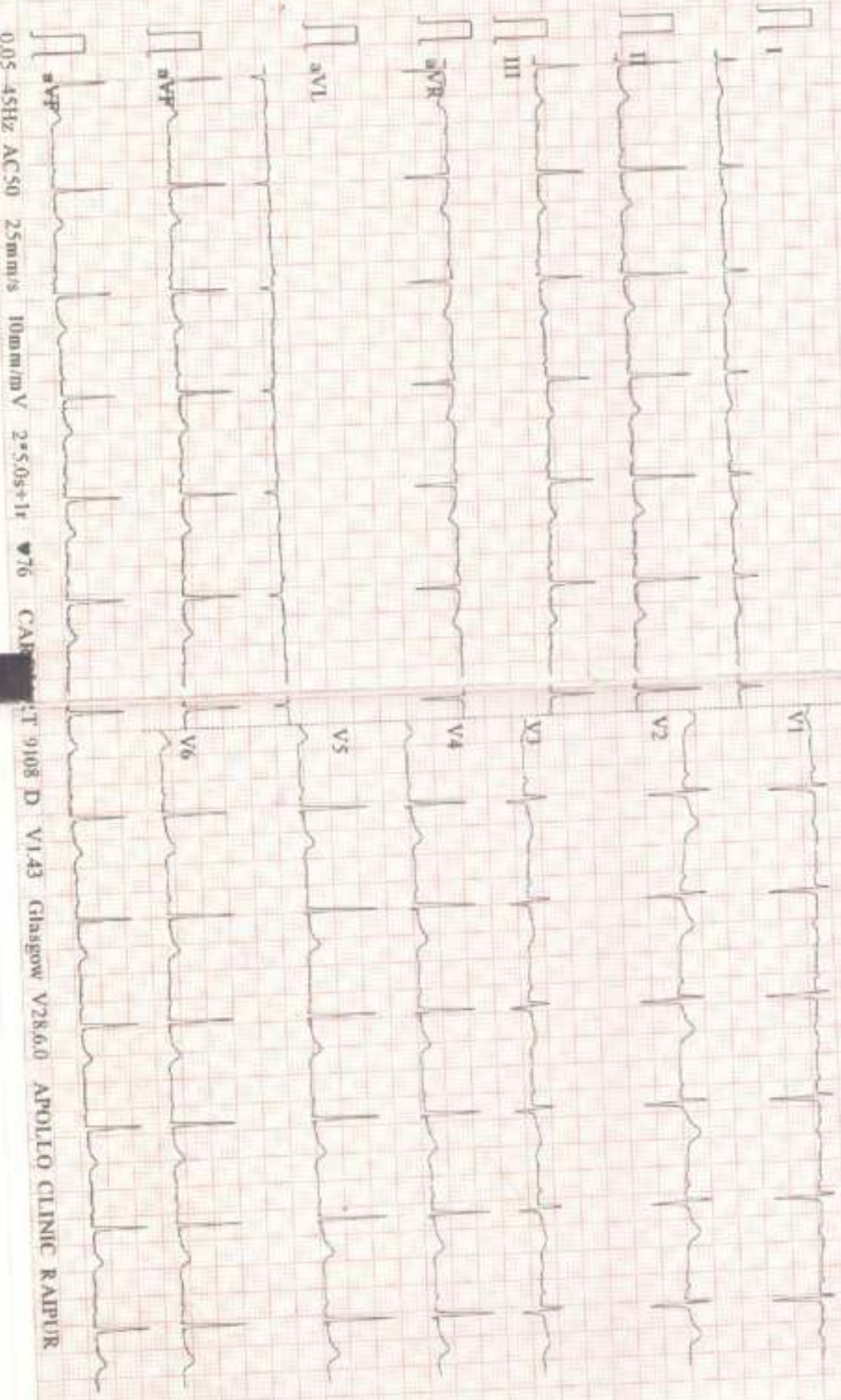
HR : 76 bpm  
P : 90 ms  
PR : 134 ms  
QRS : 68 ms  
QT/QTc : 376/423 ms  
PQRS/T : 28/70/63  
RV5/SV1 : 12.58/0.891 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



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

Report Confirmed



0.05 45Hz AC/50 25mm/s 10mm/mV 2\*5.0s+1r W76 CAL T 9108 D V143 Glasgow V2860 APOLLO CLINIC RAIPUR

NAME OF PATIENT: MRS. JAYA RAI

AGE: 32YRS / FEMALE

REFERRED BY: BOB

DATE: 09/02/2024.

**CHEST X - RAY PA VIEW**

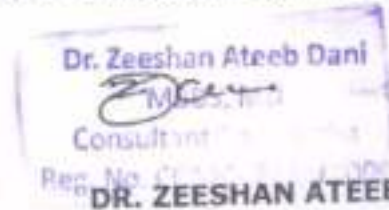
**FINDINGS:**

- 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.**



**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. This report is not for medico-legal purposes.

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

Patient Name Mrs. Jayoti Rai

Date 9/02/24

Sex/Age M/32y em

MR No .....

Employee Id .....

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

Dr. [Signature]  
MBBS, MS(O) (1988)  
Reg. No. [Number] / 2006



\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

PATIENT NAME: MRS . JAYA RAI  
REF BY: BOB

AGE / SEX: 32 YRS/F  
DATE: 10.02.2024

**USG ABDOMEN**

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

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

**Pancreas & Paraaortic Region:** Normal.

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

Kidneys	RIGHT	LEFT
SIZE	9.32X4.48Cm	9.82x4.48Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size ( 8.11 x 4.59 x 3.16 cm, Vol. – 61.591 cc ) and echotexture. Endometrial thickness 5.2 mm.

**Right Ovary:** Normal in size ( 3.33 x 1.95 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.92 x 2.30 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
M.D., M.D.  
CONSULTANT RADIOLOGIST  
**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.

Apollo Clinic

LICENSEE - SAMRIDHI AROGYAM PVT. LTD

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

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

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

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

+91 96918 26363

0771 4033341

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 09/02/2024 03:53PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	11.6	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.91	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	34.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.7	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.3	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.01	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	26	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-8%
Monocytes Method: CELL COUNTER	07	%	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 : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 09/02/2024 03:53PM

**HAEMATOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	204	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20

**Blood Group (ABO Typing)**

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

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

Lab Technician / Technologist  
 path



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

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y. Female  
 OP Visit No : OPD-UNIT-II-5  
 Reported On : 09/02/2024 03:53PM

**BIO CHEMISTRY**

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

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

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

Lab Technician / Technologist  
 path



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

+91 96918 26363

0771 4033341

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 09/02/2024 03:53PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	111.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	79.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.75	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.26	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
 path



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

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-4  
 Reported On : 09/02/2024 03:53PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	147.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	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	85.40	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High :>=1
Method: Spectrophotometric VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.50		3.5 - 5
Method: Spectrophotometric			

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

Lab Technician / Technologist  
 path



 **+91 96918 26363**

 **0771 4033341**

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y Female  
 OP Visit No : OPD-UNIT-II-4  
 Reported On : 09/02/2024 03:53PM

### BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	1.0	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.80	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	20	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	25	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	78	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.2	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.8	%	1.1 - 2.2


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

Lab Technician / Technologist  
 path



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

 **+91 96918 26363**

 **0771 4033341**

Patient Name : MRS JAYA RAI  
 UHID/ MR No : 9048  
 Visit Date : 09/02/2024  
 Sample Collected On : 09/02/2024 12:50PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y. Female  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 09/02/2024 03:53PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	6.5		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4 - 6	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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

Lab Technician / Technologist  
 path



Patient Name : Mrs. JAYA RAJ	Collected : 09/Feb/2024 02:30PM
Age/Gender : 32 Y 0 M 0 D / F	Received : 09/Feb/2024 02:52PM
UHID/MR No : DSUS.000006347	Reported : 09/Feb/2024 03:30PM
Visit ID : DSUSOPV7396	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PLIP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur, Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	1.21	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.700	µIU/mL	0.35-5.5	CLIA

**Comment:**

For pregnant females

Bio Ref Range for TSH in µIU/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 hormones 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

\*\*\* End Of Report \*\*\*



\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

 **+91 94571 23363**  
 **0771 4033341**

	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	%THR	BP	RPP	PVC	Comments
Re	00:06	0:06	00.0	00.0	01.0	109	58 %	100/60	109	00	
ding	00:10	0:04	00.0	00.0	01.0	109	58 %	100/60	109	00	
st	00:13	0:03	02.7	10.0	01.1	099	53 %	100/60	099	00	
ICE Stage 1	03:13	3:00	02.7	10.0	04.7	155	82 %	110/70	170	00	
KEX	04:03	0:50	04.0	12.0	05.4	169	90 %	110/70	185	00	
covery	04:33	0:30	00.0	00.0	01.8	165	88 %	110/70	161	00	
covery	05:03	1:00	00.0	00.0	01.0	137	73 %	116/76	158	00	
covery	05:41	1:36	00.0	00.0	01.0	127	68 %	112/74	142	00	

**ADINGS :**

- Exercise Time : 03:50
- Max HR Attained : 169 bpm 90% of Target 188
- Max BP Attained : 116/76 (mmHg)
- Max Workload Attained : 5.4 Fair response to induced stress
- Test Objective : GHDFEWASESAFDASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO



80 / MRS JAYA RAI / 32 Yrs / F / 156 Cms / 51 Kg / HR : 109

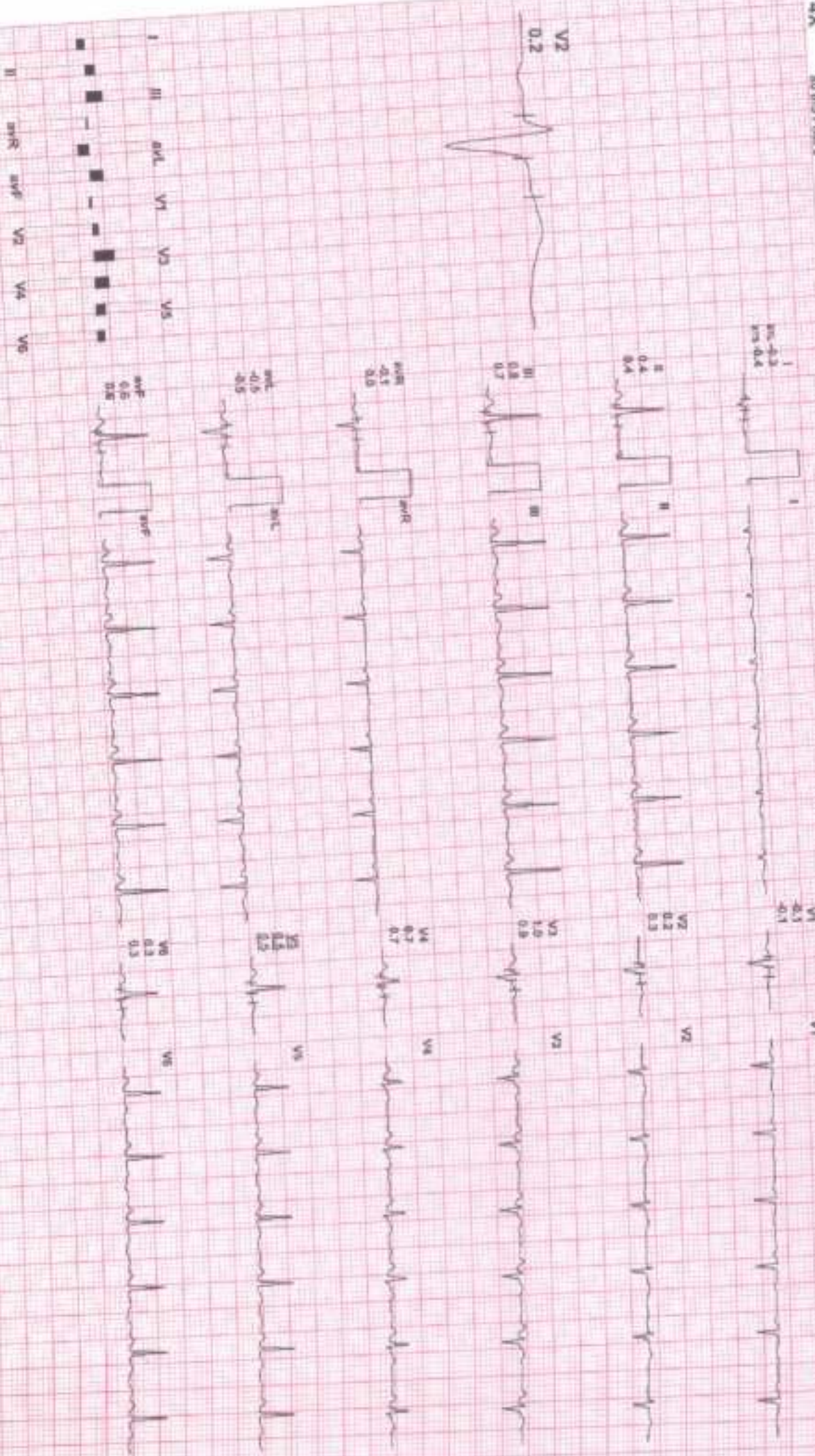
Date: 09 / 02 / 2024

METS: 1.0/ 109 bpm 58% of THR BP: 100/50 mmHg Combined Medium/ DLG On/ Noct On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h 0.0%

25 mm/Sec 1.0 Cm/mV

4X 80 mm/s Print 2



REMARKS:

BRUCE:supine(v.vv)

ACPL

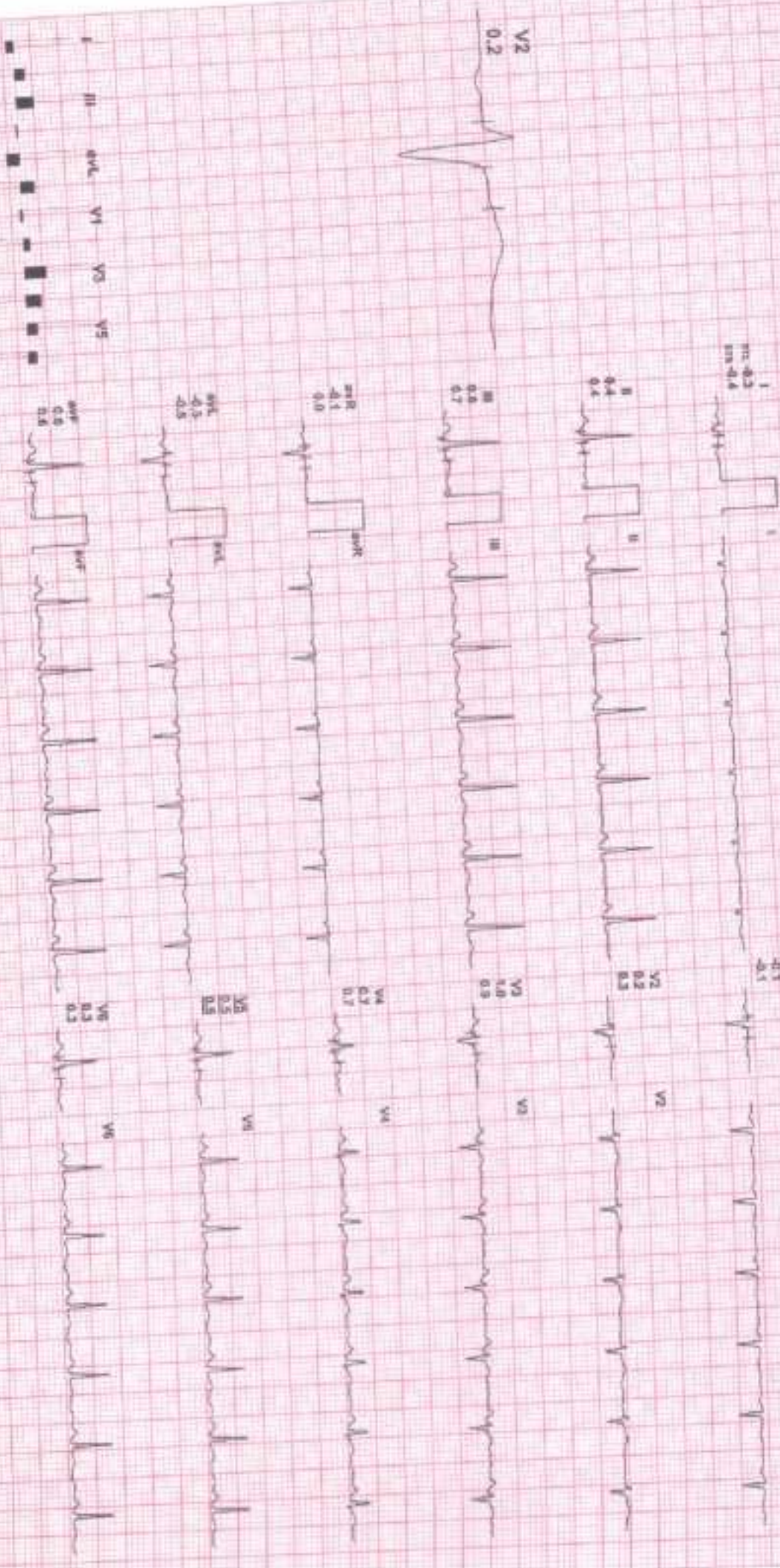
80 / MRS JAYA RAI / 32 Yrs / F / 156 Cms / 51 Kg / HR : 109

Date: 09 / 02 / 2024

MEETS: 1.0/ 100 bpm 58% of TMR BP: 100/60 mmHg Combined Medians/ BLC Ovr Natch Ovr HF 0.05 HALLF 36 Hz

EXTIME: 00:00 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mm Paper



REMARKS:

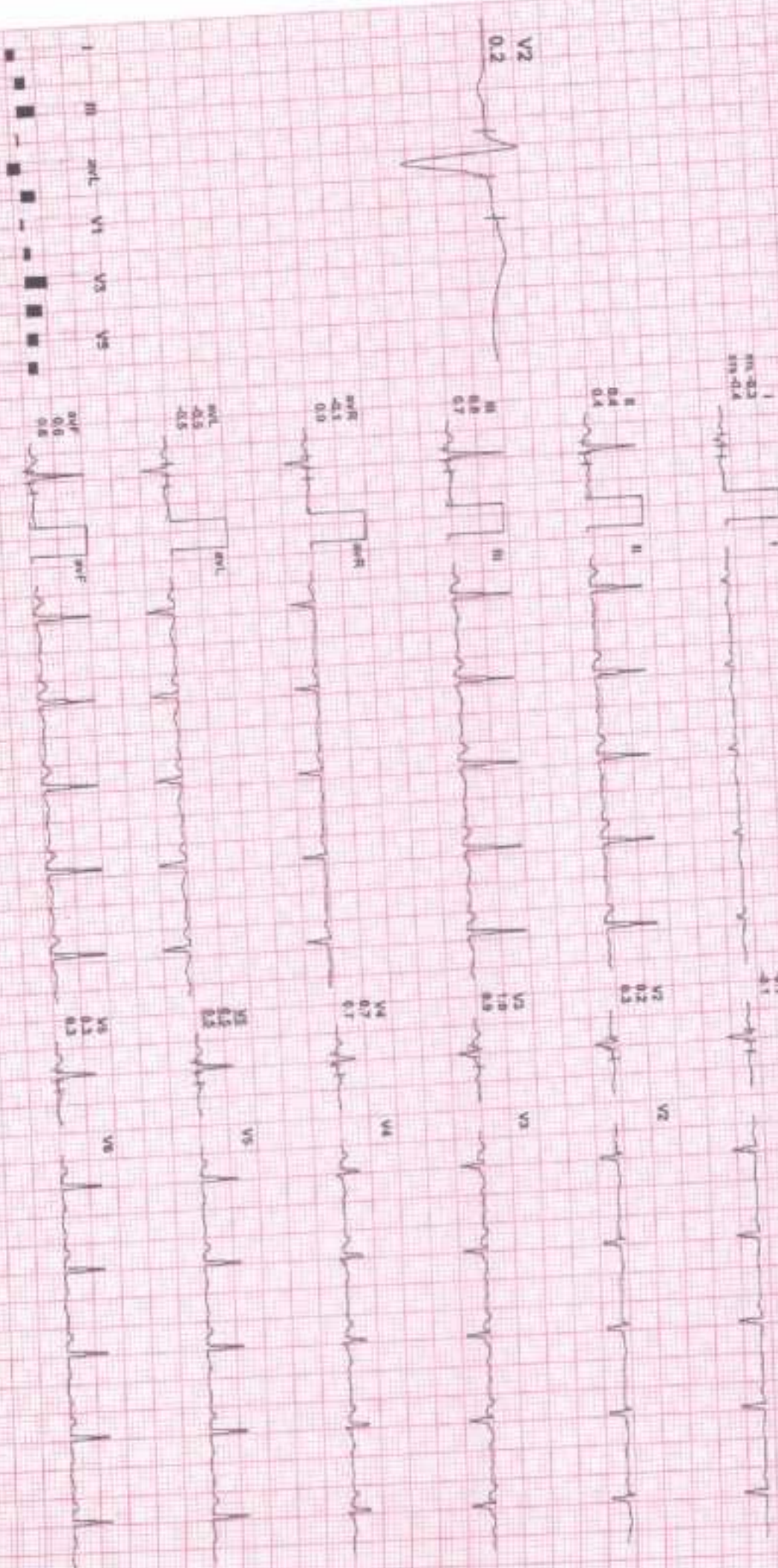
80 / MRS JAYA RAI / 32 YRS / F / 156 Cms / 51 Kg / HR : 99

Date: 09 / 02 / 2024

MEETS: 1.5/ 99 bpm 53% of THR BP: 100/60 mmHg Continued Medication: BLD On/ Nuch On/ HF 0.05 HALF 35 Hz

EXTIME: 00:00 2.7 Kbps, 10.0%  
35 mm/Sec. 1.8 Cm/mV

4X 100 mm Paper J



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

80 / MRS JAYA PAI / 32 YRS / F / 156 Cms / 51 Kg / HR : 155

Date: 09 / 02 / 2024

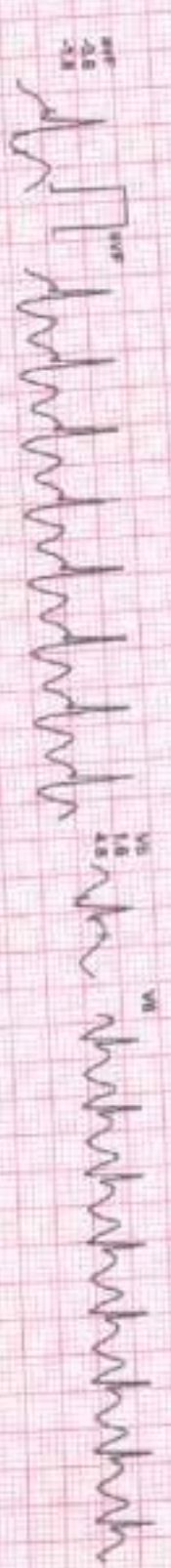
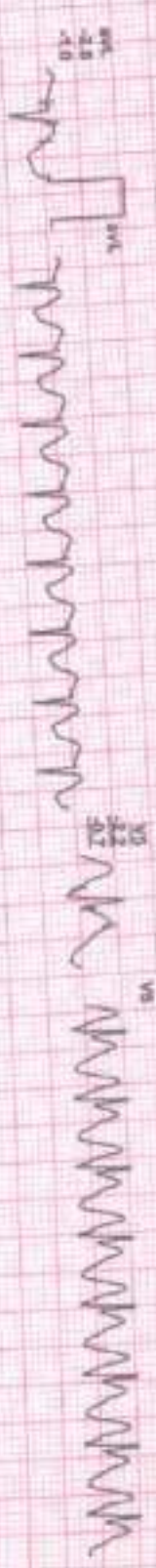
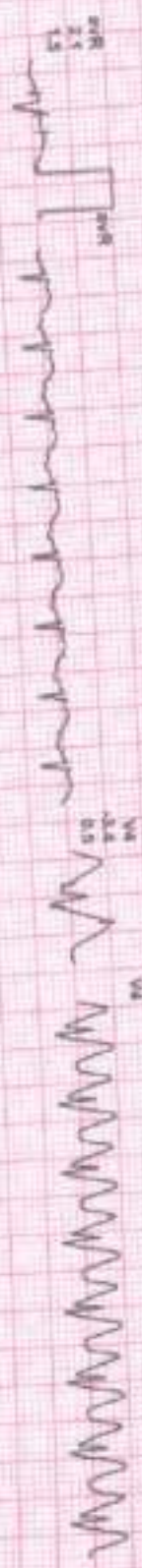
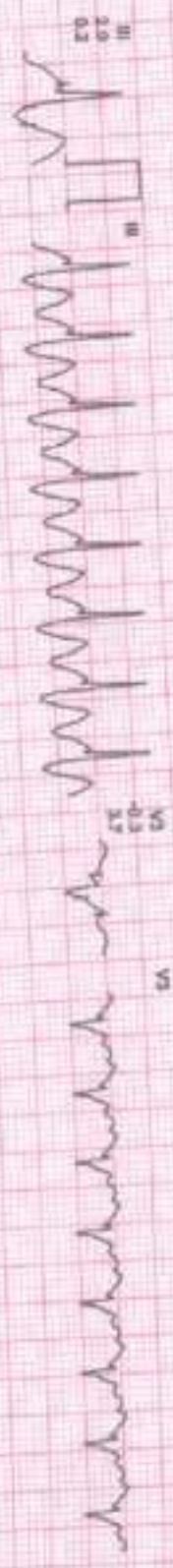
MEETS 4.71 155 bpm 82% of THR BP: 110/70 mmHg

Conducted Medialna/ BLC OIV Noctni On/HR 0.05 Hz/ALF 36 Hz

EXTIME: 03:00 2.7 Km/h, 10.0%

25 mm/Sec - 1.8 Cm/box

4X 60 mS/Box, 1



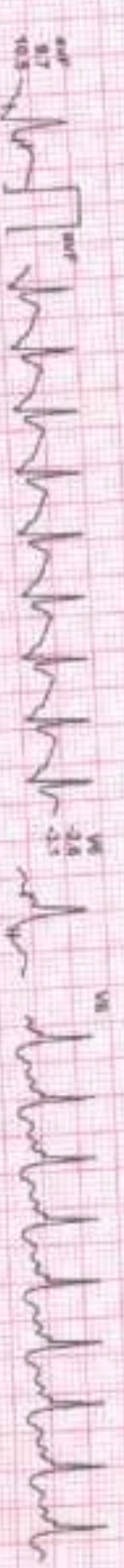
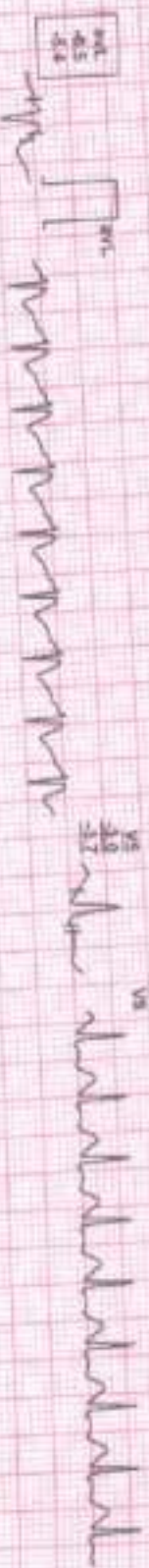
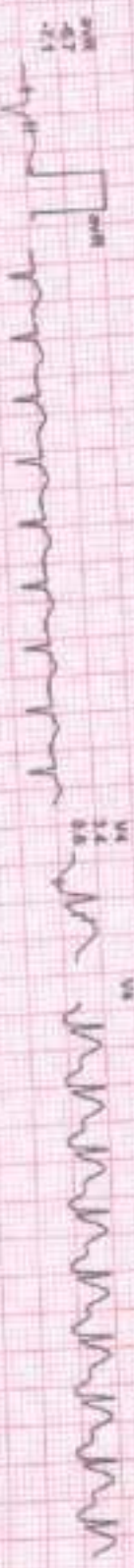
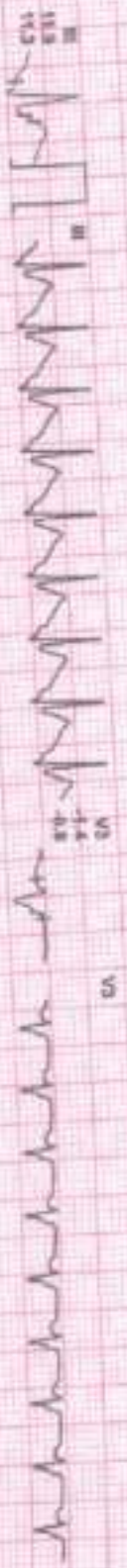
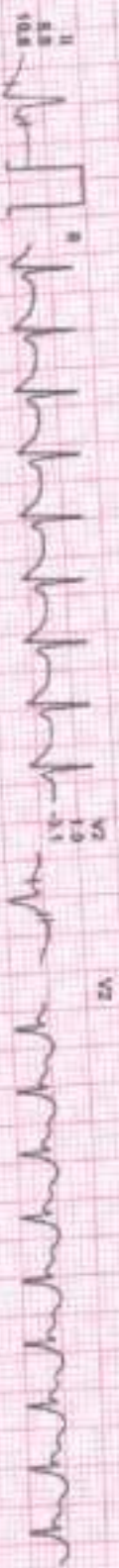
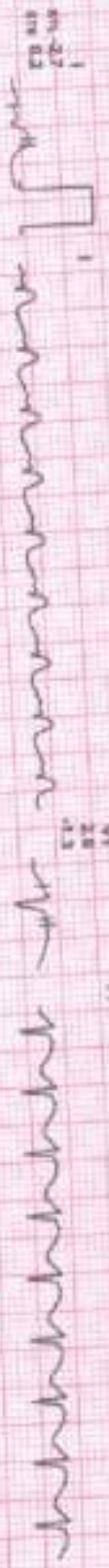
80 / MRS JAYA RAI / 32 Yrs / F / 156 Cms / 51 Kg / HR : 169

Date: 09 / 02 / 2024

MEETS: 5.41 169 bpm 90% of THR BP: 110/70 mmHg Combined Mediana/ BLC Our Natch On HF 0.05 KOLF 35 Hz

EXTime: 03:30 4.0 Kmph, 12.0%  
28 mmSec, 1.9 Cm/Div

4X 20 mm/Post J



REMARKS:

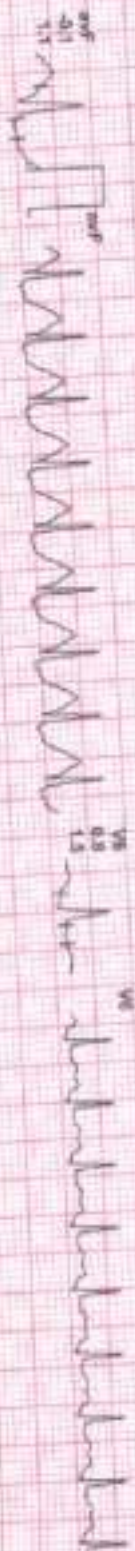
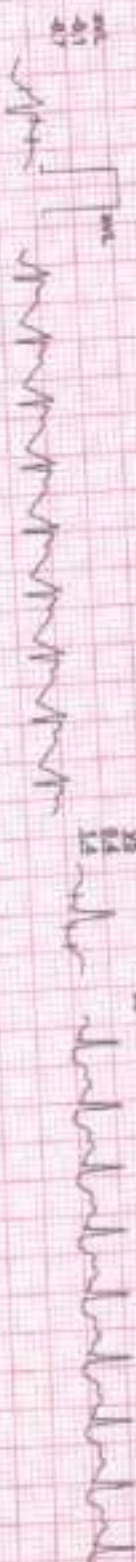
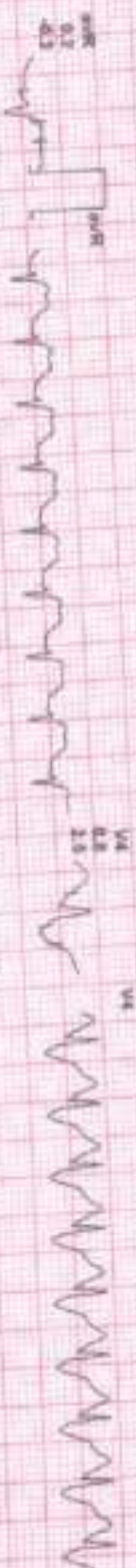
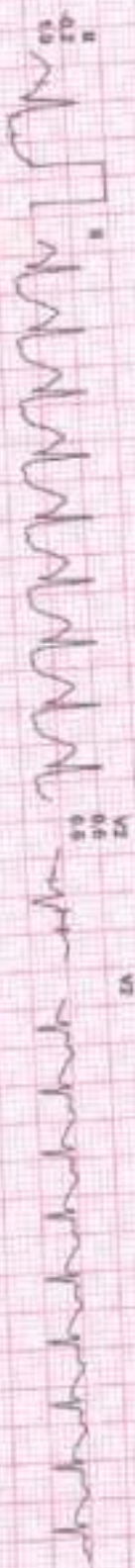
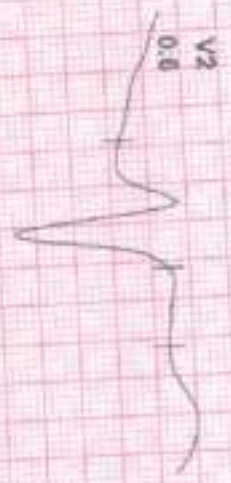
80 / MRS JAYA RAI / 32 YRS / F / 156 Cms / 51 Kg / HR : 165

Date: 09 / 02 / 2024

NETS: 1.8/ 105 bpm 88% of THR BP: 110/70 mmHg Combined Medicines: ELC On/ Nuxol On/ HF 0.05 HctL.F 35 Hz

EXTime: 03:50 0.6 kmph 0.0%  
25 mm/Sec. 1.8 Cm/s

4X 88 mls Post J



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

REMARKS:

80 / MRS JAYYA PAI / 32 Yrs / F / 156 Cms / 51 Kg / HR : 137

Date: 09 / 02 / 2024

NETS: 1.0V 137 bpm 73% of THIR BP: 116/76 mmHg Combined Medians/ BLC Cnv/ Natch Cnv/ HF: 0.05 HEAVF 35 Hz

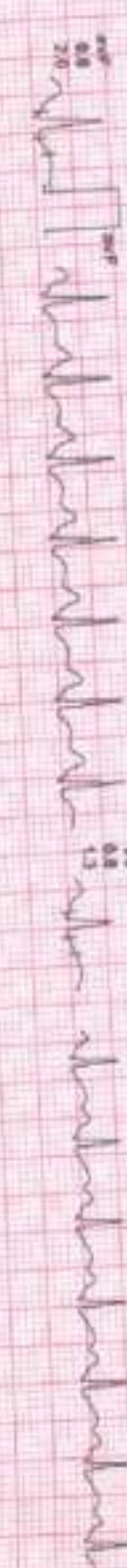
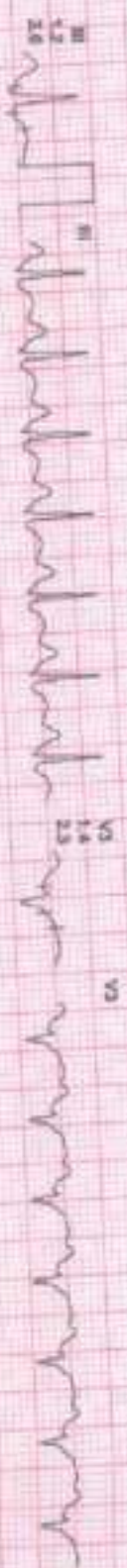
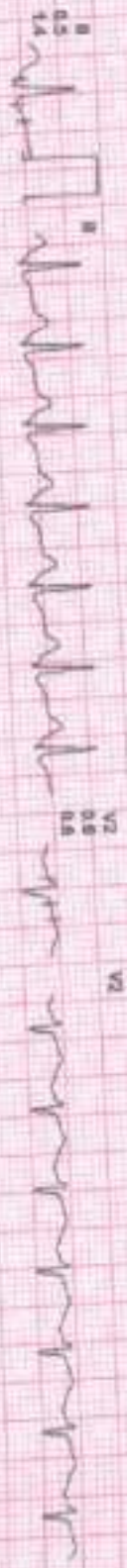
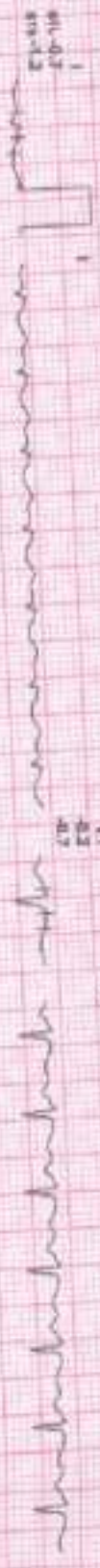
AX ECG Print 1

Recovery(1:00)

ACIP

EXTIME: 03:59 0.0 Km/h 0.0%

25 mm/sec - 1.8 Cm/mV



REMARKS:

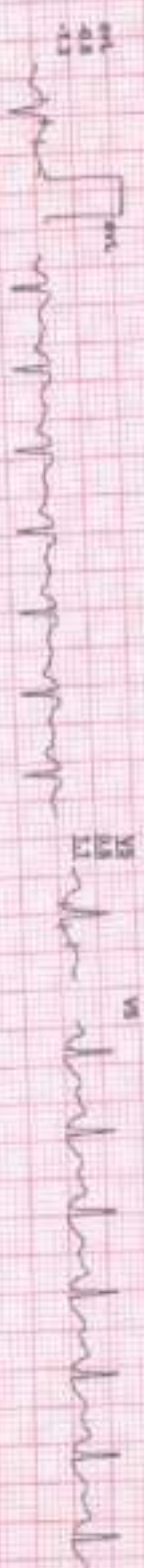
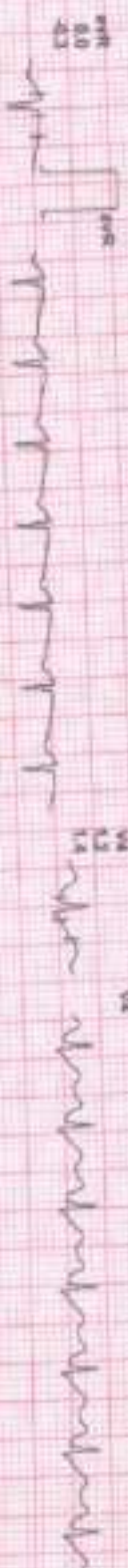
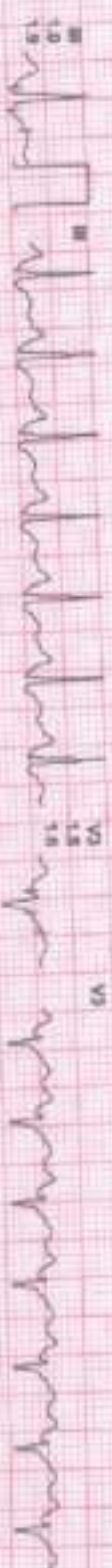
80 / MRS JAYA RAI / 32 Yrs / F / 156 Cms / 51 Kg / HR : 127

Date: 09 / 02 / 2024

NETS: 1.80 127 bpm 68% of T-HR BP: 112/74 mmHg Conditioned Medicine/ BLC OM Health OM HF 0.05 Hr/LF 35 Hz

EXTIME: 03:50 0.0 Kmph, 0.0%  
25 mm/sec, 1.8 Cm/Div

4X 80 mS Post J



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