

23/12/2023

Mrs. Nikita Baranwal 36f

URP = 12 Dec 2023

G. (All NVDs)

(TT not done)

P<sub>1</sub> = 12yv

P<sub>2</sub> = 8yv

Bst Neg

3d / 20-25d

Shorter cycles  
Open

S. T<sub>1</sub>, T<sub>2</sub>, T<sub>4</sub>

S. prostatic

= PALSMEAR

Anti chlamydia

P/A  
Zofl  
Noulet

P<sub>1</sub> - As hyper trophical cervix  
Cervicitis

P<sub>2</sub> - ut AV MPS ch  
Zu f f

Tab. Zifi 200 mg 120 x 2d  
Tab. Azithral 500 mg OD x 5 days

Canesoft 1x per day, 1 hr vaginal per 2 days  
Car. R 20 D 13RF x 5 days



**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

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

Mr. Nikita Bansal  
36/F

23/12/23

Pt has come for routine dental checkup

O/E → stains +  
Calculus +

Early Caries ± 8/8

Adv → Oral Prophylaxis  
GOPA ± 8/8

gala



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HR : 97 bpm

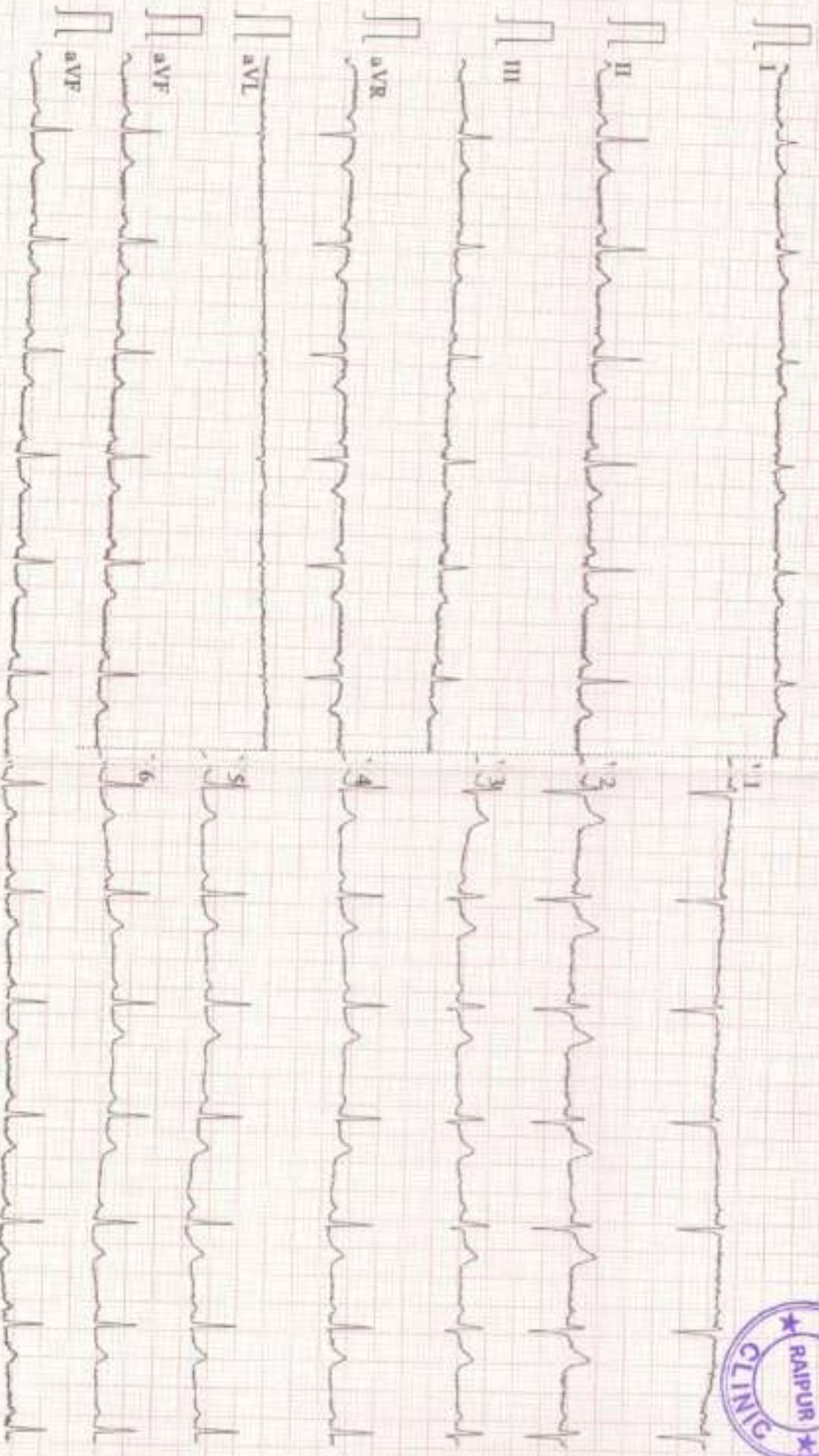
P : 96 ms  
 PR : 140 ms  
 QRS : 72 ms  
 QT/QTc : 340/385 ms  
 PQRSST : 66/66/52 °  
 RV5/SV1 : 0.775/0.765 mV

Diagnosis - Information

Sinus rhythm  
Normal ECG

Report Confirmed by:

**Dr. Ankit Sharma**  
 MD Medicine  
 Reg. No. - CGMC 7971/2018  
 Apollo Clinic, Raipur



PATIENT NAME: MRS. NIKITA BARANWAL  
REF BY: BOB

AGE / SEX: 36YRS/F  
DATE: 23.12.2023

**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:** - CONTRCTED PATIENT IS NOT NIL ORALIY

**Pancreas & Paraaortic Region:** Normal.

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

Kidneys	RIGHT	LEFT
SIZE	8.61X4.76Cm	10.44x4.50Cm
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 ( 7.25 x 3.17 x 3.74 cm.) and echotexture. Endometrial thickness 4.0 mm.

**Right Ovary:** Normal in size ( 2.43 x 1.63 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 2.78 x 2.04 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

**IMPRESSION:**

- USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.




DR. ANIL WASTI  
SONOLOGIST REG.NO. CGMC-1471

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.



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

Patient Name Mrs. Nikita Baramal

Date 23/12/23

Sex/Age 36/A

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		<u>WNL</u>	(LE):- <u>WNL</u>	
INDIVIDUAL COLOUR IDENTIFICATION				
<u>Good</u>				
DISTANT VISION:(RE):-		<u>+136</u>	<u>ED.H.G/G</u>	(LE):- <u>G/G</u>
NEAR VISION:(RE):-		<u>NG</u>	(LE):- <u>NG</u>	
NIGHT BLINDNESS				
<u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				



Dr. Vikas Mishra  
MBBS, MS(Ophthalmologist)  
Reg. No. CGMC 621/2006

NAME OF PATIENT: MRS. NIKITA BARANWAL

AGE: 36YRS/FEMALE

REFERRED BY: BOB

DATE: 23/12/2023.

### 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.



  
Zeeshan Ateeb Dani  
MBBS, MD  
Consultant  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
CONSULTANT RADIOLOGIST

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Patient Name : MRS NIKITA BARANWAL  
 UHID/ MR No : 8201  
 Visit Date : 23/12/2023  
 Sample Collected On : 23/12/2023 03:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 36 Y <sup>female</sup> ~~Male~~  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 23/12/2023 05:30PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	12.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.01	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	36.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.4	pg	28 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.18	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	52	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	33	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	07	%	1-6%
Monocytes	08	%	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

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

Patient Name : MRS NIKITA BARANWAL  
UHID/ MR No : 8201  
Visit Date : 23/12/2023  
Sample Collected On : 23/12/2023 03:25PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 36 Y Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 23/12/2023 05:30PM


### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	123	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	mm /HR	0- 10
<b>Blood Group (ABO Typing)</b>			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	NEGATIVE		

Lab Technician / Technologist  
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**End of Report**  
*Results are to be correlated clinically*

Page 6 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MRS NIKITA BARANWAL  
 UHID/ MR No : 8201  
 Visit Date : 23/12/2023  
 Sample Collected On : 23/12/2023 03:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 36 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 23/12/2023 05:30PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	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 glycosylated 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 glycosylated 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:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- 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*

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

Patient Name : MRS NIKITA BARANWAL  
 UHID/ MR No : 8201  
 Visit Date : 23/12/2023  
 Sample Collected On : 23/12/2023 03:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 35 Y. Male  
 OP Visit No : OPD-UNIT-II-4  
 Reported On : 23/12/2023 05:30PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	105.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	98.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.97	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.2	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
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Page 1 of 5

  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

<b>Patient Name</b>	: MRS NIKITA BARANWAL	<b>Age/Gender</b>	: 36 Y Male
<b>UHID/ MR No</b>	: 8201	<b>OP Visit No</b>	: OPD-UNIT-II-1
<b>Visit Date</b>	: 23/12/2023	<b>Reported On</b>	: 23/12/2023 05:30PM
<b>Sample Collected On</b>	: 23/12/2023 03:26PM		
<b>Ref. Doctor</b>	: SELF		
<b>Sponsor Name</b>	:		

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	110.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	67.0	mg/dl	Normal: < 150 Borderline High: 150-199 Very High: >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >60
Method: Spectrophotometric LDL Cholesterol	52.60	mg/dl	Optimal: < 100      Near Optimal: 100 - 129 Borderline High: 130-159 High: 160-189      Very High >=190
Method: Spectrophotometric VLDL Cholesterol	13.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.50		3.5-5
Method: Spectrophotometric			

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

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



Patient Name : MRS NIKITA BARANWAL  
 UHID/ MR No : 8201  
 Visit Date : 23/12/2023  
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 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 36 Y Male  
 OP Visit No : OPD-UNIT-II-4  
 Reported On : 23/12/2023 05:30PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	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	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	24	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	29	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	71	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.7	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	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	2.0	%	1.1 - 2.2

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

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

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Patient Name : MRS NIKITA BARANWAL  
 UHID/ MR No : 8201  
 Visit Date : 23/12/2023  
 Sample Collected On : 23/12/2023 03:25PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 36 Y Male  
 OP Visit No : OPD-UNIT-II-4  
 Reported On : 23/12/2023 05:30PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.010		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)	NIL	/hpf	0 - 2
Pus cells	8-10	/hpf	0 - 5
Epithelial Cell	4-6	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
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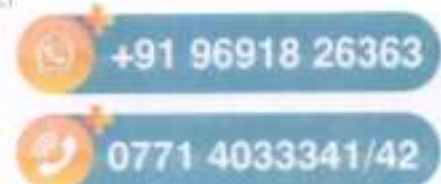
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Patient Name	: Mrs.NIKITA BARANWAL	Collected	: 23/Dec/2023 05:57PM
Age/Gender	: 36 Y 0 M 0 D /F	Received	: 23/Dec/2023 08:22PM
UHID/MR No	: DSUS.000005904	Reported	: 23/Dec/2023 07:52PM
Visit ID	: DSUSOPV6867	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDH AR
IP/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.150	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.

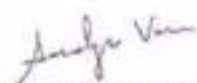
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

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 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/Thyrotrophinoma

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



Dr. SANDHYA VERMA  
 MBBS, MD, (Pathology)

Apollo Consultant Pathologist

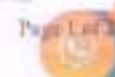
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Patient Name	: Mrs.NIKITA BARANWAL	Collected	: 23/Dec/2023 05:57PM
Age/Gender	: 36 Y 0 M 0 D /F	Received	: 23/Dec/2023 06:22PM
UHI/ID/MR No	: DSUS.0000065904	Reported	: 23/Dec/2023 07:52PM
Visit ID	: DSUSOPV6867	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IPI/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	083	45 %	120/80	099	00	
ExStart	00:10	0:03	00.0	00.0	01.0	083	45 %	120/80	099	00	
BRUCE Stage 1	03:10	3:00	02.7	10.0	04.7	151	82 %	122/82	184	00	
PeakEx	04:50	1:40	04.0	12.0	06.0	181	88 %	124/84	190	00	
Recovery	05:20	0:30	00.8	00.0	01.8	148	80 %	124/84	183	00	
Recovery	05:50	1:00	00.8	00.0	01.0	130	71 %	122/82	158	00	
Recovery	06:01	1:11	00.0	00.0	01.0	128	70 %	122/82	156	00	

**FINDINGS :**

Exercise Time : 04:40  
 Max HR Attained : 161 bpm 88% of Target 184  
 Max BP Attained : 124/84 (mm/Hg)  
 Max Workload Attained : 6 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



*(Signature)*

Doctor : DR DEEPA DAS MBBS DIP CARDIO



14 / MRS NIKITA BARANWAL / 36 YRS / F / 157 Cms / 56 Kg / HR : 128

Recovery(1:11)



Date: 23 / 12 / 2023

4X

50 mm/s Paul J

MEETS: 1.0/ 128 bpm 70% of THR BP: 122/82 mmHg

Combined Modulator BtC On MATCH ON HR 0.05 Hz/F 35 Hz

EXTime: 04:40 0.0 Km/h 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:



14 / MRS NIKITA BAPANNWAL / 36 Yrs / F / 157 Cms / 56 Kg / HR : 130

Recovery(1:00)

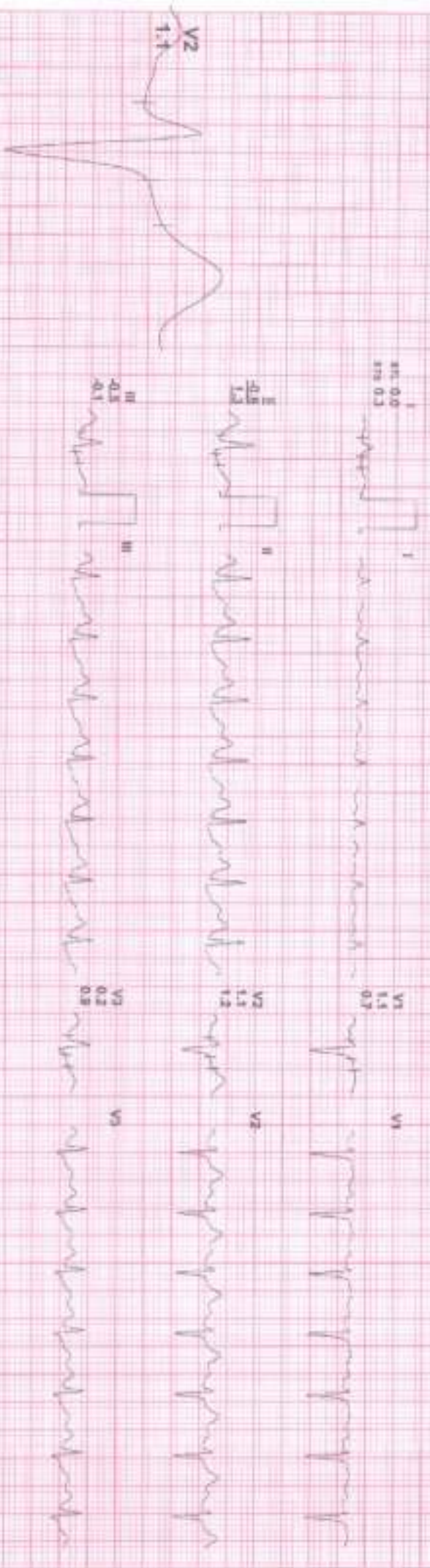


Date: 23 / 12 / 2023

MEETS: 1.0/130 bpm 71% of THR BP: 122/82 mmHg Combined Machine/ ECG On/Notch On/ HF 0.05 HUI/F 35 Hz

Extra: 04:40 0.8 Km/h 0.0%  
25 mm/Sec 1.0 Cm/mV

AX 50 m/s Paper J



REMARKS:



14 / MRS NIKITA BARANWAL / 36 YRS / F / 157 Cms / 56 Kg / HR : 148

Recovery(0:30)

Date: 23 / 12 / 2023

4X 60 ml/s Pool J

METS 1.8/148 bpm 80% of THR BP 124/84 mmHg

Continued Meds/ B/C Ov Hestn Ov HF 0.05 Hz/CF 25 Hz

EXTime 06:40 0.5 Km/hr, 0.0%  
25 mm/Sec, 1.0 Cm/mV



PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38

PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
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PR 0.18  
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PR 0.18  
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PR 0.18  
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QT 0.38

PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38

PR 0.18  
QR 0.08  
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PR 0.18  
QR 0.08  
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PR 0.18  
QR 0.08  
QT 0.38

PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38



PR 0.18  
QR 0.08  
QT 0.38



REMARKS:



14 / MRS NIKITA BAPANNWAL / 36 Yrs / F / 157 Cms / 56 Kg / HR : 161

Date: 23 / 12 / 2023

4X

60 ms paper J

MEETS: 6.0/161 bpm 88% of THR BP: 124/84 mmHg

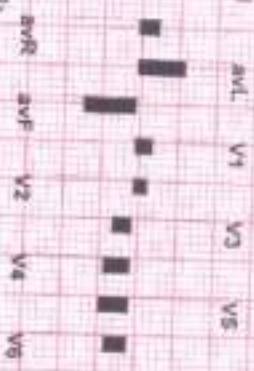
Combined Medication: BLOC On/Avicor On/HF-0.05 HoloF-55 Hz

EXTime: 04:40 4.0 Kcps 12.0%  
25 mm/sec 1.0 cm/mV

PeakEx



REMARKS:





14 / MRS NIKITA BARANWAL / 36 Yrs / F / 157 Cms / 56 Kg / HR: 151

BRUCE: Stage 1(3:00)



Date: 23/12/2023

AX 69 mg / ml /

MEETS: 4.7 / 164 bpm 82% of THR BP: 122/112 mmHg

Completed Medicines SLC ON/Watch ON/HR: 9.05 HZLF: 35 Hz

ExTime: 03:00 2.7 Km/h 16.0%  
25 mm/Sec 1.0 Cal/cmV



V1 0.4  
V2 0.6



V2 0.4  
V3 0.5



V3 -0.4  
V4 0.5



V4 -0.6  
V5 0.3



V5 -0.8  
V6 0.1



V6 -0.8  
V7 0.3

II AVR SVF V2 V4 V6  
III AVL V1 V3 V5  
EKG MARKS:



14 / MRS NIKITA BARANWAL / 36 Yrs / F / 157 Cms / 56 Kg / HR : 83  
Date: 23 / 12 / 2023

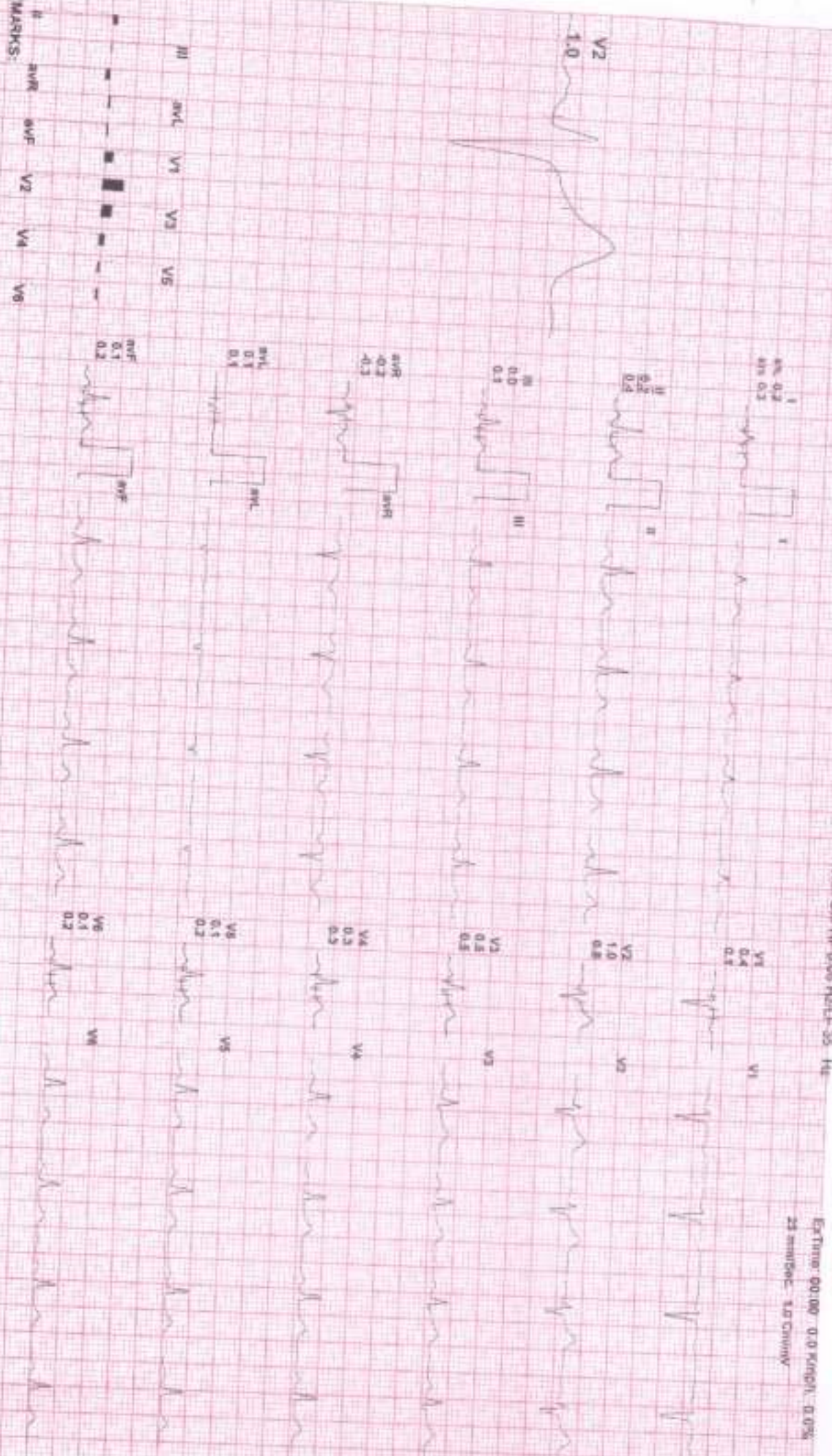
4X 80 ms Post J

METS: 1.0 / 83 bpm 45% of THR Sp. 120/80 mmHg

Combined Medicines/ B.L.C. Oiv Natcha Oiv HF 0.06 HctLF 35. Ht

ExTime: 00:00 0.0 KmPH: 0.0%  
25 mm/Sec 1.0 Cm/Div

BRUCE:Supine(0:07)



II aVR aVL aVF V1 V2 V3 V4 V5 V6  
EMARKS:



14 / MRS NIKITA BARANWAL / 36 YRS / F / 157 Cms / 56 Kg / HR : 83

Date: 23 / 12 / 2023

METS: 1.0/ 83 bpm 45% of THR BP: 120/80 mmHg

Combined Medians/ ECG Qw/ Natch/ Qw/ HF: 0.05 Hz/ LF: 35 - Hz

ExTime: 00:10 0.0 V/Div: 0.0V  
25 mm/Sec: 1.0 Cm/Div



4X 80 mm Paper

II 0.2  
III 0.2

aVR 0.2  
aVL 0.2

V1 0.4  
V2 0.1

II 0.2  
III 0.2  
aVR 0.2  
aVL 0.2

V2 1.0  
V3 0.5

II 0.0  
III 0.0  
aVR 0.0  
aVL 0.1

V3 0.5  
V4 0.5

aVR 0.2  
aVL 0.2  
aVF 0.3

V4 0.3  
V5 0.3

aVL 0.1  
aVF 0.1

V5 0.5  
V6 0.2

aVR 0.1  
aVL 0.1  
aVF 0.2

V6 0.1  
V7 0.2

REMARKS: I aVR aVL V1 V2 V3 V4 V5 V6

