

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

USG- ABDOMEN-PELVIS

IAME - Danvendra sharma

AGE 31 Yrs

Date 16-05-2023

REF BY

LIVER-

RT lobe measures 15.4 cm in size.  
Enlarged. Margins are regular.  
IHBR and HV are not dilated.  
No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal distension of lumen is seen.  
Walls are not thick.

Lumen is clear.

PANCREAS-

Normal in size, shape and position.  
Parenchyma is homogenous.

SPLEEN-

Normal. Parenchyma is homogenous.  
Splenic vein is not dilated.

RT.KIDNEY-

Normal in size, shape and position.  
Cortex is homogenous. Corticomedullary differentiation is maintained.  
pelvicaiyceal system is Not dilated.

LT. KIDNEY:

Normal in size, shape and position.  
Cortex is homogenous. Corticomedullary differentiation is maintained.  
pelvicaiyceal system is not dilated.  
2-3 Calculi of 4-5 mm are seen in Both Kidneys

URINARY BLADDER: Lumen is fully distended. Walls are not thickened. No evidence Of Calculus or mass lesion is Seen.  
Prostate is Normal

**IMP - Hepatomegaly**  
**Small B/L Renal Calculi**

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No.-004507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



Patient Name: Mr. DANVENDRA SHARMA 33/M

5 Seconds ECG Report

May 16, 2023

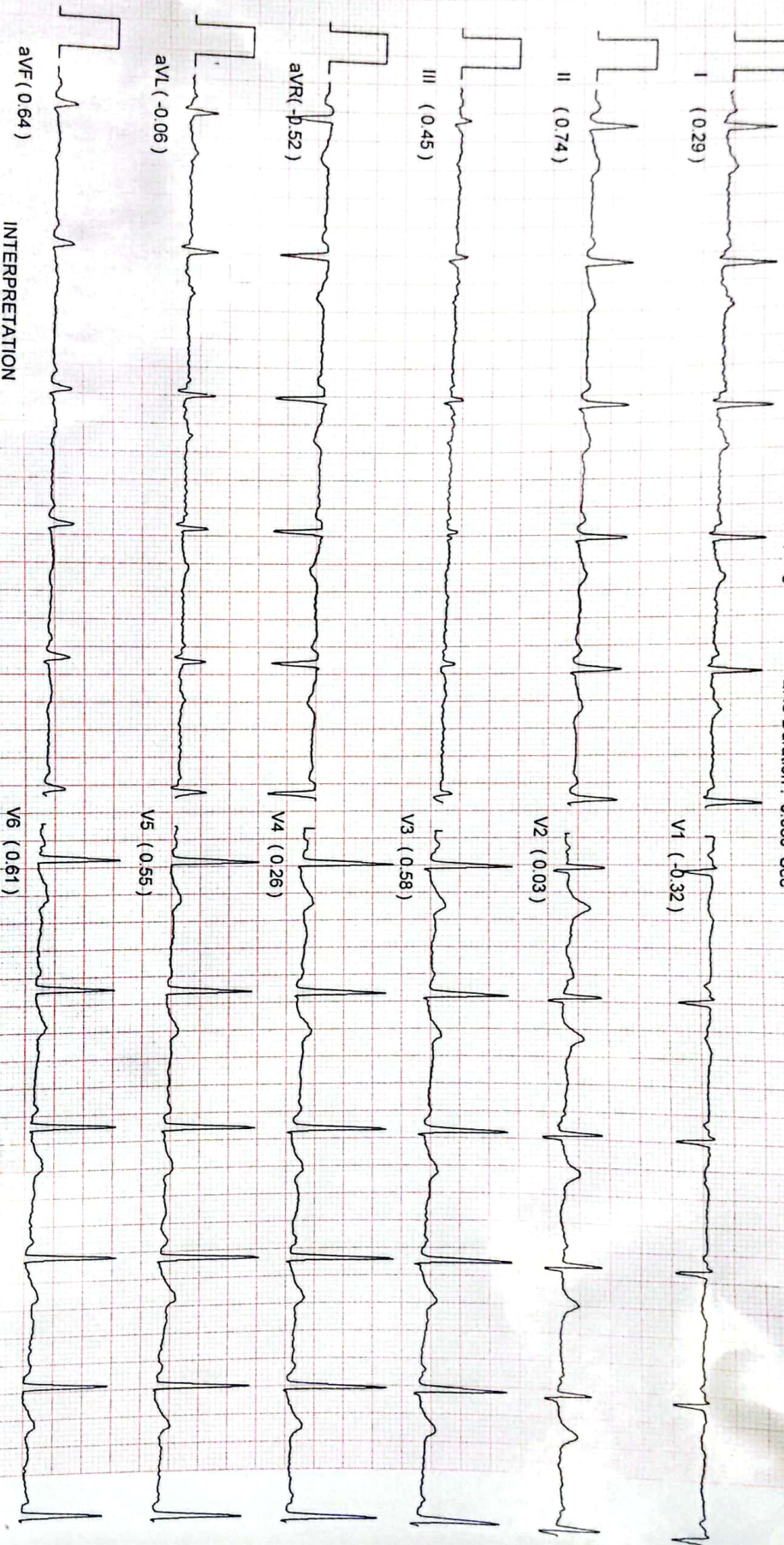
Time: 09:57:22

P-QRS-T Axis (34)-(22)-(23) deg

PR Interval: 0.15 sec  
QRS Duration: 0.080 Sec

RR Interval: 0.91 sec

HR : 65 bpm    BP : 9/0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,  
T wave inversion in Lead V1,  
Otherwise Normal ECG

\*Unconfirmed Reporting, Refer to Clinician

DR  
MD

*Consultant Radiologist & Sonologist*

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ME- Danvendra Sharma      ACE- 33 yrs      DATE – 16-05-2023

F.BY -

**SKIAGRAM CHEST PA VIEW**

**Both cp angles are clear.  
Cardiac size is within normal limits.  
Both lungs fields are clear.**

**NAD IN HEART AND LUNGS.**

DR. ENDKA Goyal  
RMC No.: 004250/1500  
Consultant Radiologist  
And Sonologist

**ध्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।**

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.





2023-5-16 09:53



Dr. ROOP GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No. 1004507/15900



**Patient Name :** MR. DANVENDRA SHARMA

**Age / Gender :** 33 years / Male

**Endo ID :** 123425

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** May 16, 2023, 10:20 a.m.

**Reported Date & Time :** May 16, 2023, 11:47 a.m.

**Sample ID :**



231360010

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>BIOCHEMISTRY</u></b>			
<b><u>LIPID PROFILE</u></b>			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	235.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	<b>196.2</b>	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	43.0	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	<b>39.24</b>	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	152.76	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	<b>5.47</b>		2.6-4.9
LDL/HDL Ratio Method : Calculated	<b>3.55</b>		0.5-3.4

\*\*END OF REPORT\*\*

**Dr. Nishi Prasad**  
M.D. (Patho.)



**Patient Name :** MR. DANVENDRA SHARMA

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**Referral :** MEDIWHEEL



**Collected Date & Time :** May 16, 2023, 10:20 a.m.

**Reported Date & Time :** May 16, 2023, 11:36 a.m.

**Sample ID :**



231360010

Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.32	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	9.9	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	1.25	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

**\*\*END OF REPORT\*\***

**Dr. Nishi Prasad**  
M.D. (Patho.)

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**Collected Date & Time :** May 16, 2023, 10:20 a.m.

**Reported Date & Time :** May 16, 2023, 11:05 a.m.

**Sample ID :**



231360010

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.6

%

> 8% Action Suggested

7 - 8 % Good Control

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

**BLOOD**

Method : Nephelometry Methodology

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

**AVERAGE BLOOD GLUCOSE**

114.02

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

\*\*END OF REPORT\*\*

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**Collected Date & Time :** May 16, 2023, 10:20 a.m.

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**Sample ID :**



231360010

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

Urea Method : Uricase	39.2	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.85	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	5.2	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.6	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	140	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.2	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	100	mmol/L	98 - 106

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	15.6	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.85	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	49	%	42 - 52
Mean Cell Volume (MCV)	83.7	FL	78 - 100
Mean Cell Haemoglobin (MCH)	<b>26.7</b>	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	<b>31.8</b>	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6830	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	30	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	<b>11.8</b>	fL	7.2 - 11.7
PCT	<b>0.14</b>	%	0.2 - 0.5
Platelet Count	<b>133</b>	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

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**Collected Date & Time :** May 16, 2023, 10:20 a.m.

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**BIOCHEMISTRY**

<b>IRON - SERUM</b>	130	ug/dL	65 - 175
<b>TOTAL IRON BINDING CAPACITY(TIBC)</b>	324	ug/dL	228 - 428
<b>FERRITIN</b>	181.5	ng/mL	Male:22-322 Female:10-291
<b>Method : Serum CLIA</b>			
<b>TRANSFERRIN SATURATION %</b>	40.12	%	16 - 50
<b>Method : Calculated</b>			

**INTERPRETATION**

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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**Age / Gender :** 33 years / Male

**Endo ID :** 123425

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** May 16, 2023, 10:20 a.m.

**Reported Date & Time :** May 16, 2023, 12:08 p.m.

**Sample ID :**



231360010

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

C-Reactive Protein; CRP, SERUM                      **7.9**                      mg/L                      0.0-6.0

**Interpretation :**

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	1.20	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.25	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.95	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	35.1	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	37.5	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	99.5	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.40	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.60	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.80	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.64		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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231360010

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT	39	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

\*\*END OF REPORT\*\*

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**HAEMATOLOGY**

ESR	25	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Sample ID :**



231360010



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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.025		1.005 - 1.030

**Chemical Examination**

Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	3-4	/hpf	0-9
Epithelial cells	4-5	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Present		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

\*\*END OF REPORT\*\*

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**Collected Date & Time :** May 16, 2023, 10:20 a.m.

**Reported Date & Time :** May 16, 2023, 11:35 a.m.

**Sample ID :**



231360010



Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	94.99	mg/dL	70.0-110.0
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\*\*END OF REPORT\*\*

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**SARVODAY DIAGNOSTIC CENTRE**

**BRUCE:Supine(0:32)**



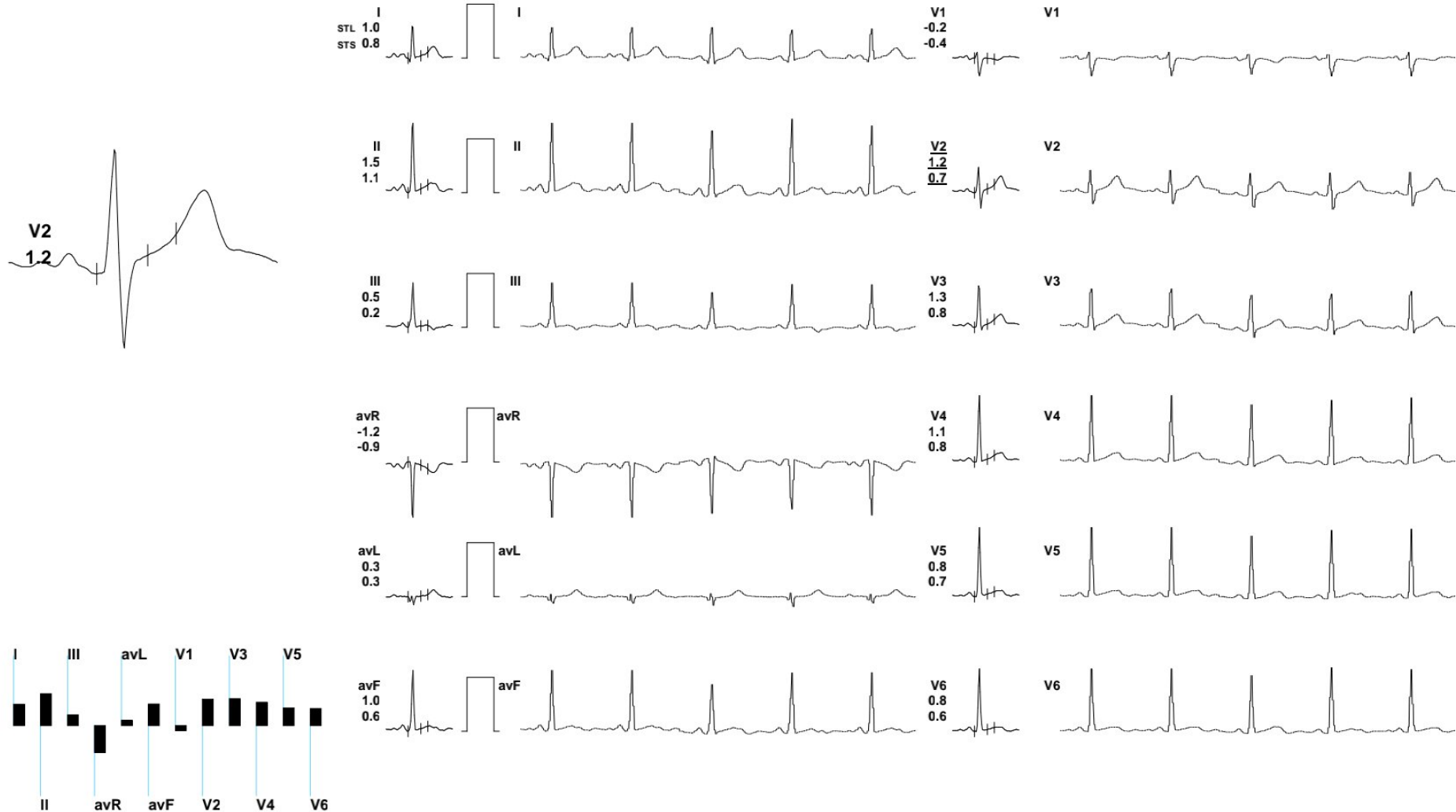
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 91

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 91 bpm 49% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 87

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 87 bpm 47% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

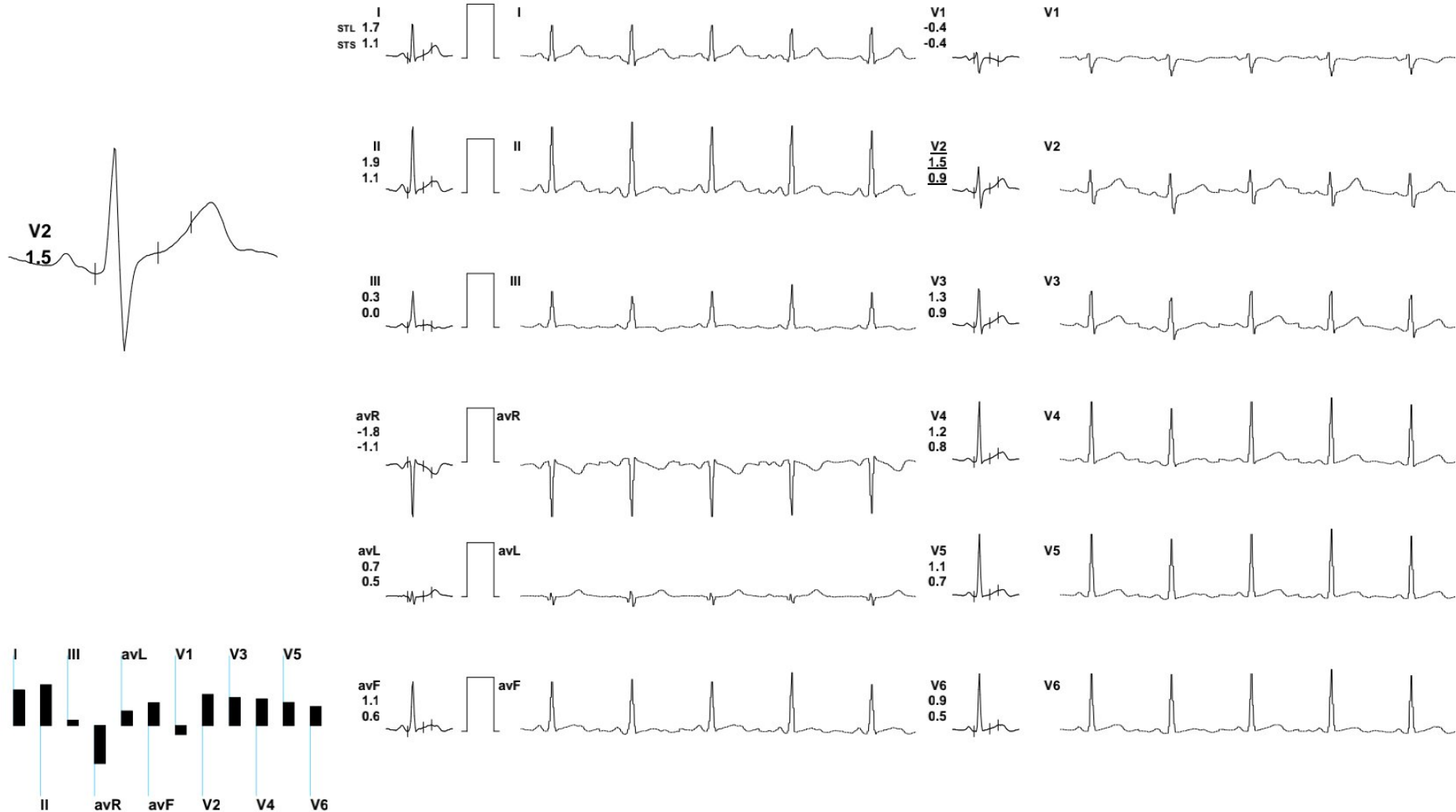
4X 80 mS Post J

**BRUCE:Standing(0:10)**



ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

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**SARVODAY DIAGNOSTIC CENTRE**

**BRUCE:HV(0:13)**



26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 72

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 72 bpm 39% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 77

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 77 bpm 41% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**



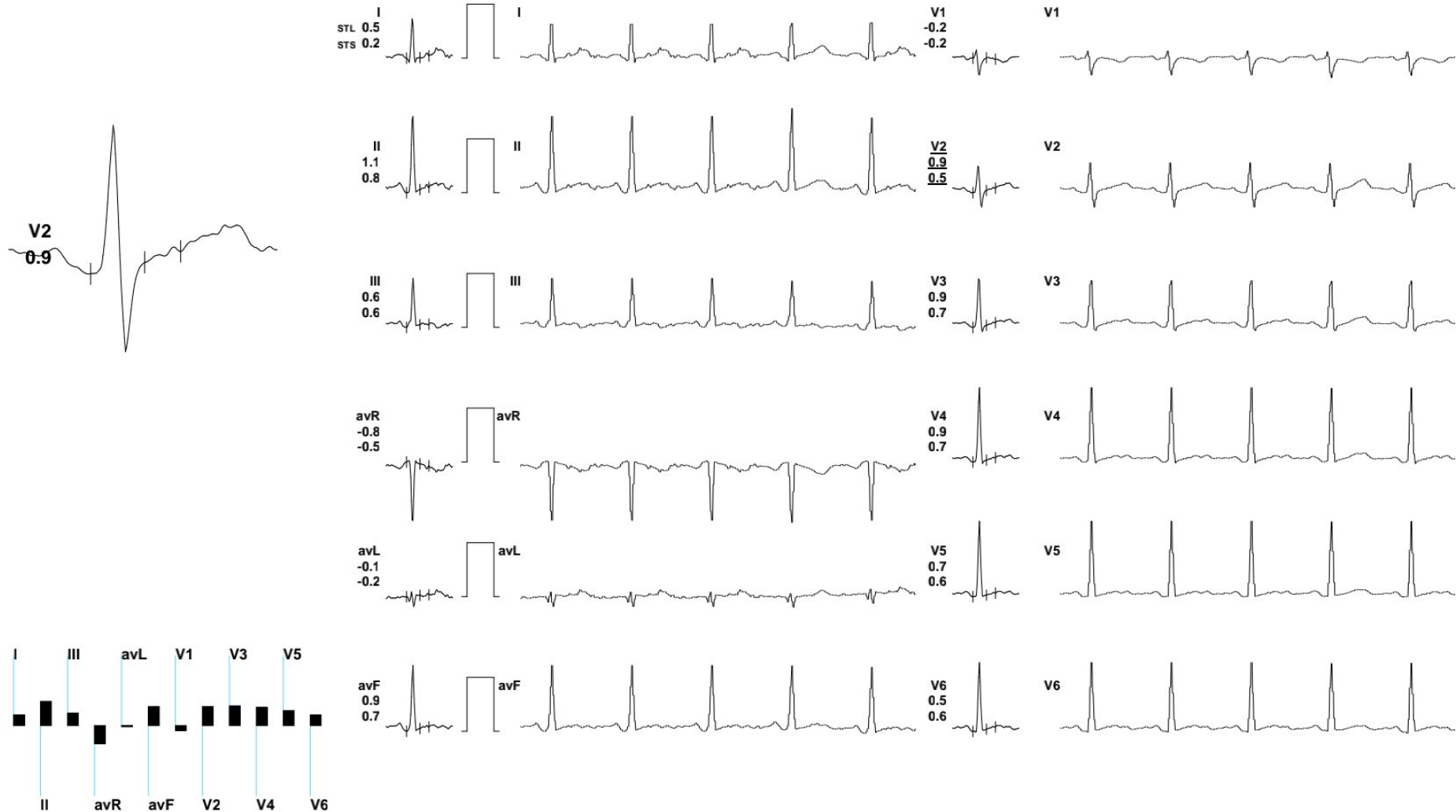
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 99

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 99 bpm 53% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



**SARVODAY DIAGNOSTIC CENTRE**

26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 114

Date: 15 - 05 - 2023 10:39:20 PM METS: 4.7/ 114 bpm 61% of THR BP: 150/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

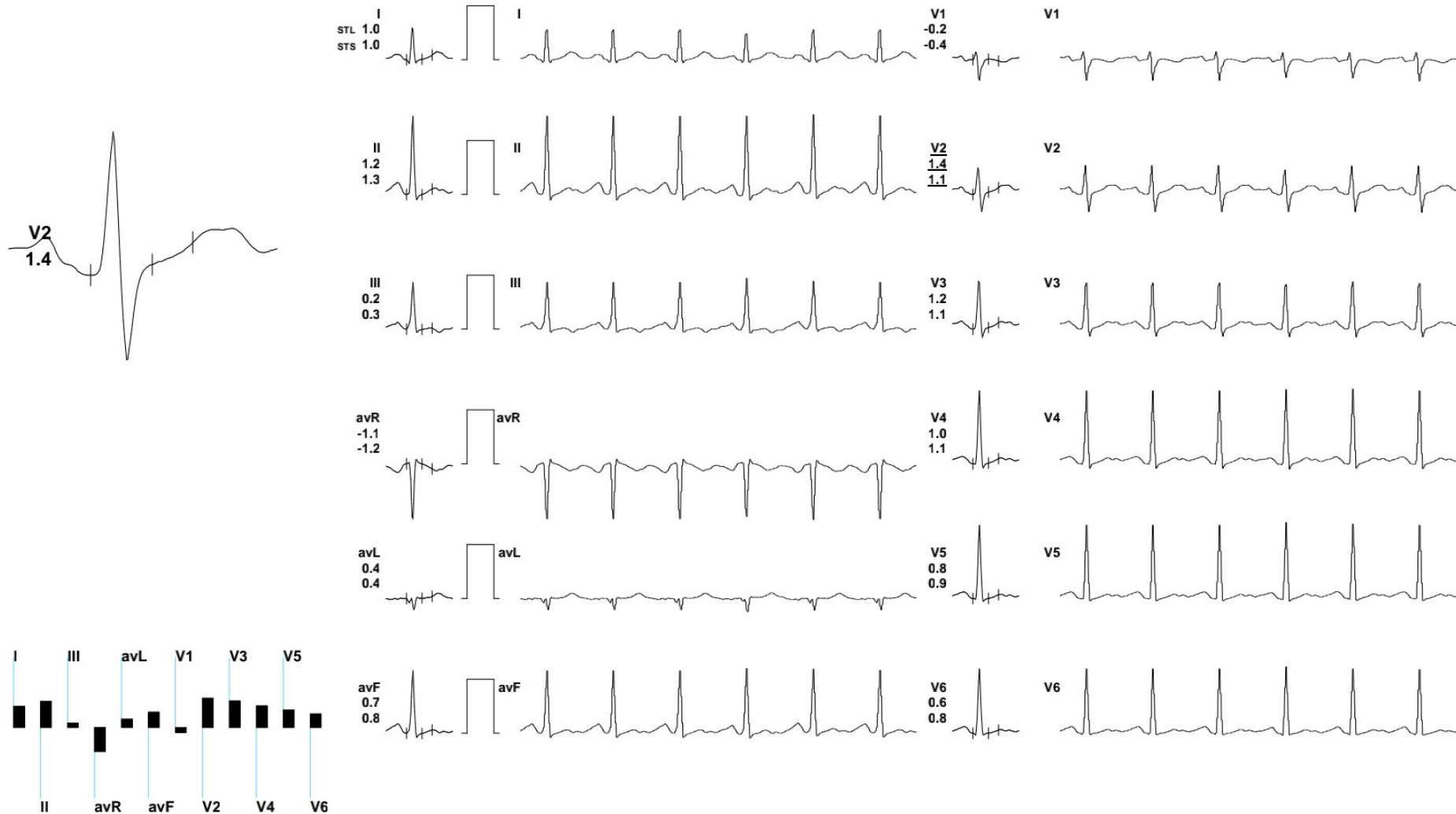
4X 80 mS Post J

**BRUCE: Stage 1(3:00)**



ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 138

Date: 15 - 05 - 2023 10:39:20 PM METS: 7.1/ 138 bpm 74% of THR BP: 160/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

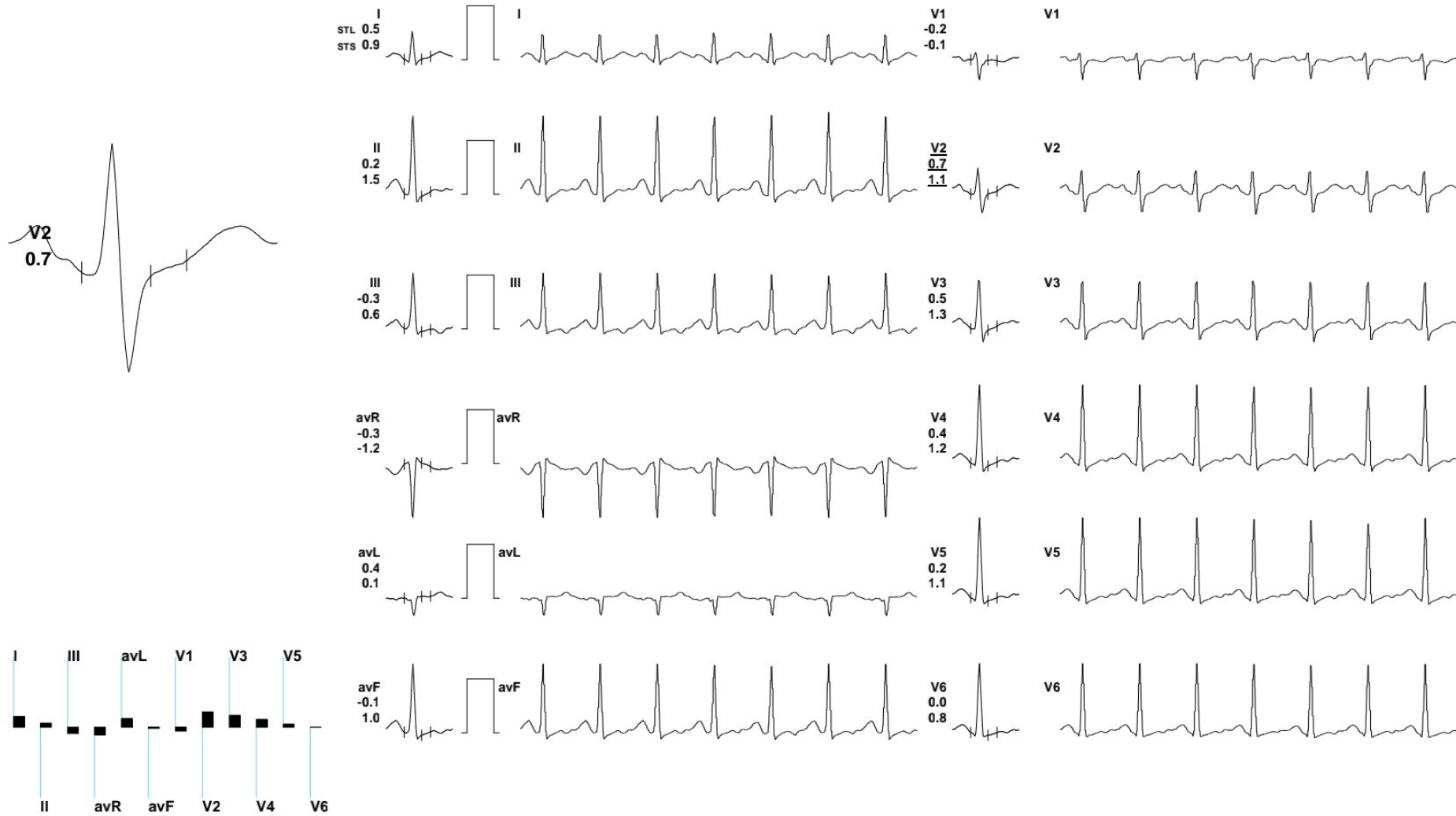
4X 60 mS Post J

**BRUCE: Stage 2(3:00)**



ExTime: 06:00 2.5 mph, 12.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 160

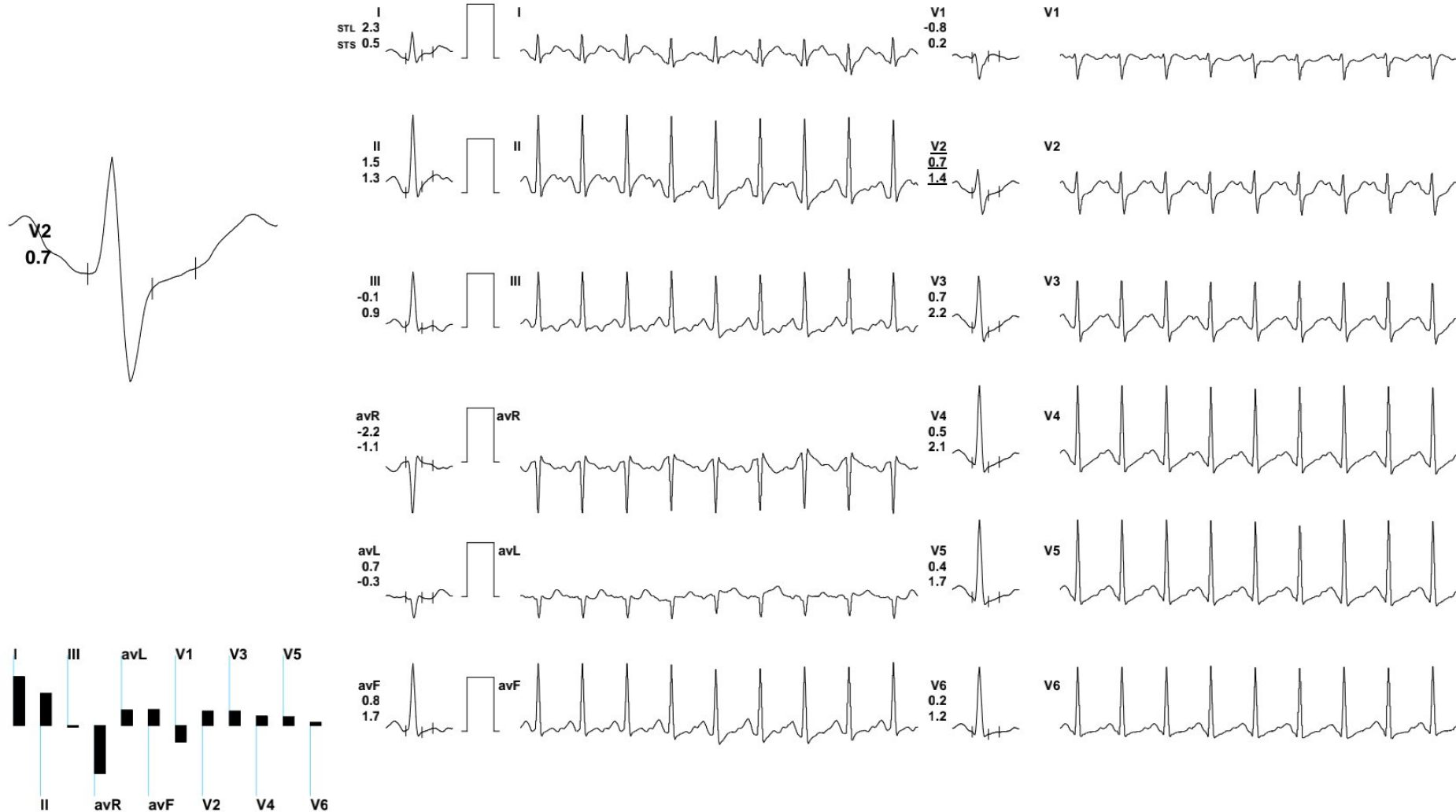


Date: 15 - 05 - 2023 10:39:20 PM METS: 9.9/ 160 bpm 86% of THR BP: 172/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 3.4 mph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

Recovery(0:30)



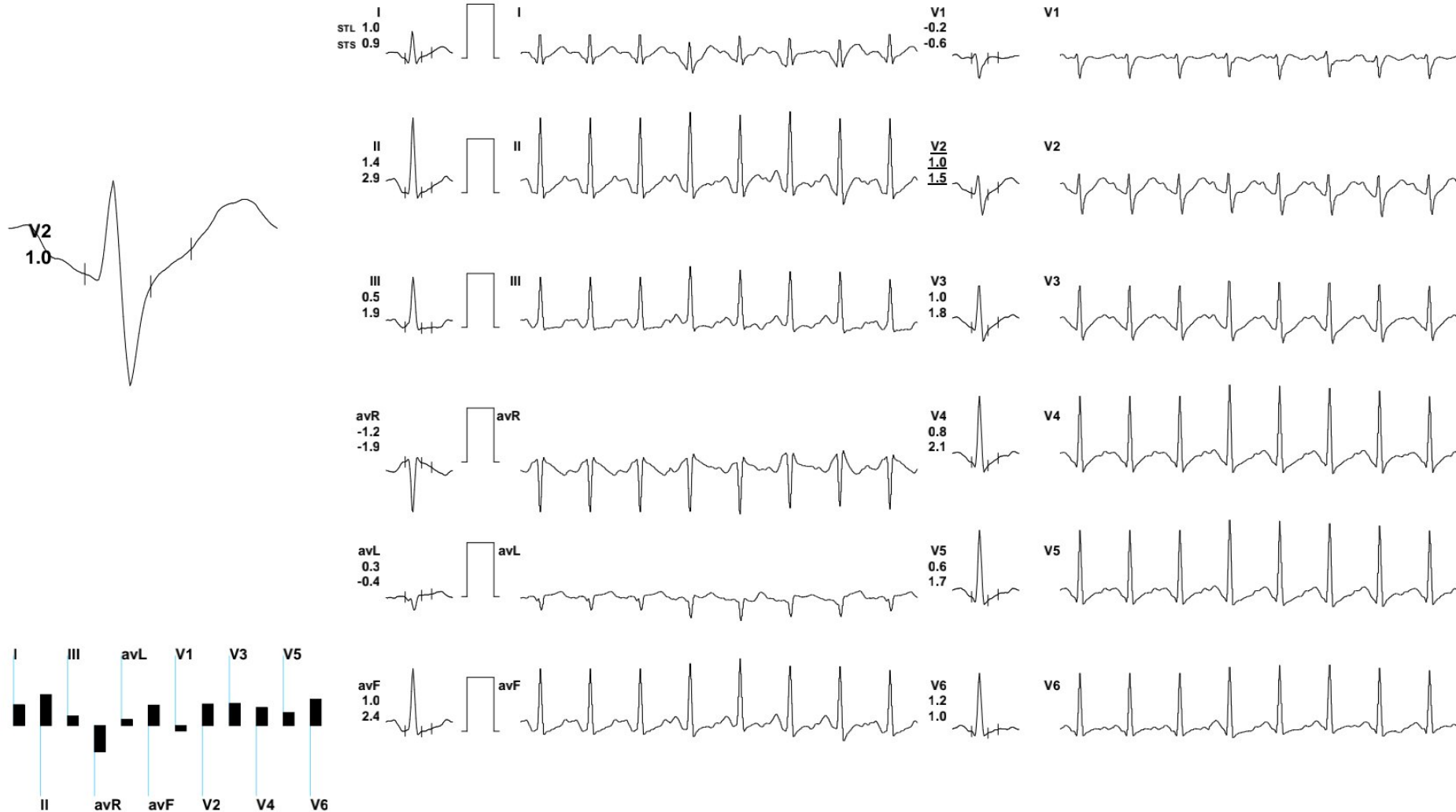
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 152

Date: 15 - 05 - 2023 10:39:20 PM METS: 4.2/ 152 bpm 81% of THR BP: 172/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 1.1 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers



**SARVODAY DIAGNOSTIC CENTRE**

Recovery(1:00)



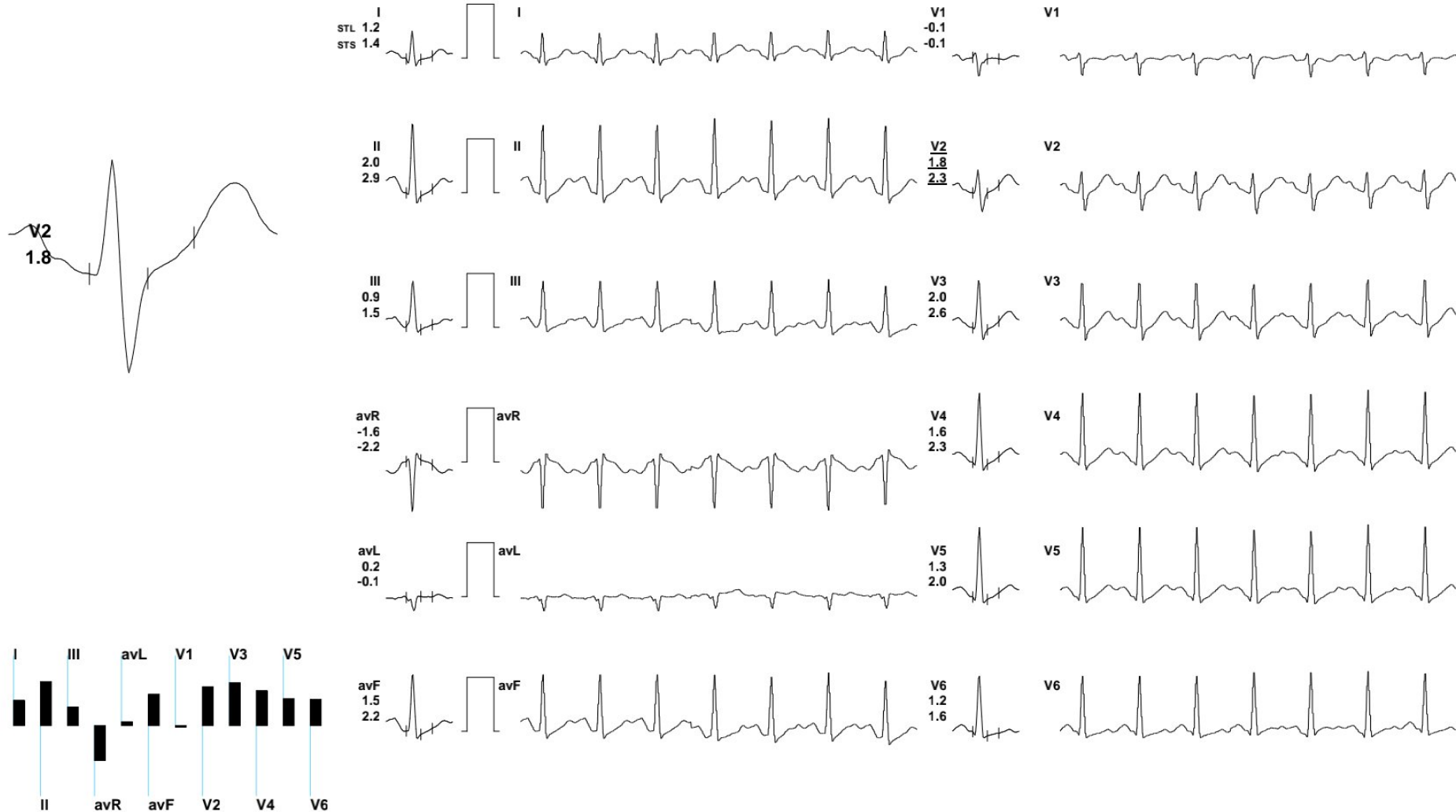
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 126

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.2/ 126 bpm 67% of THR BP: 172/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

Recovery(2:00)



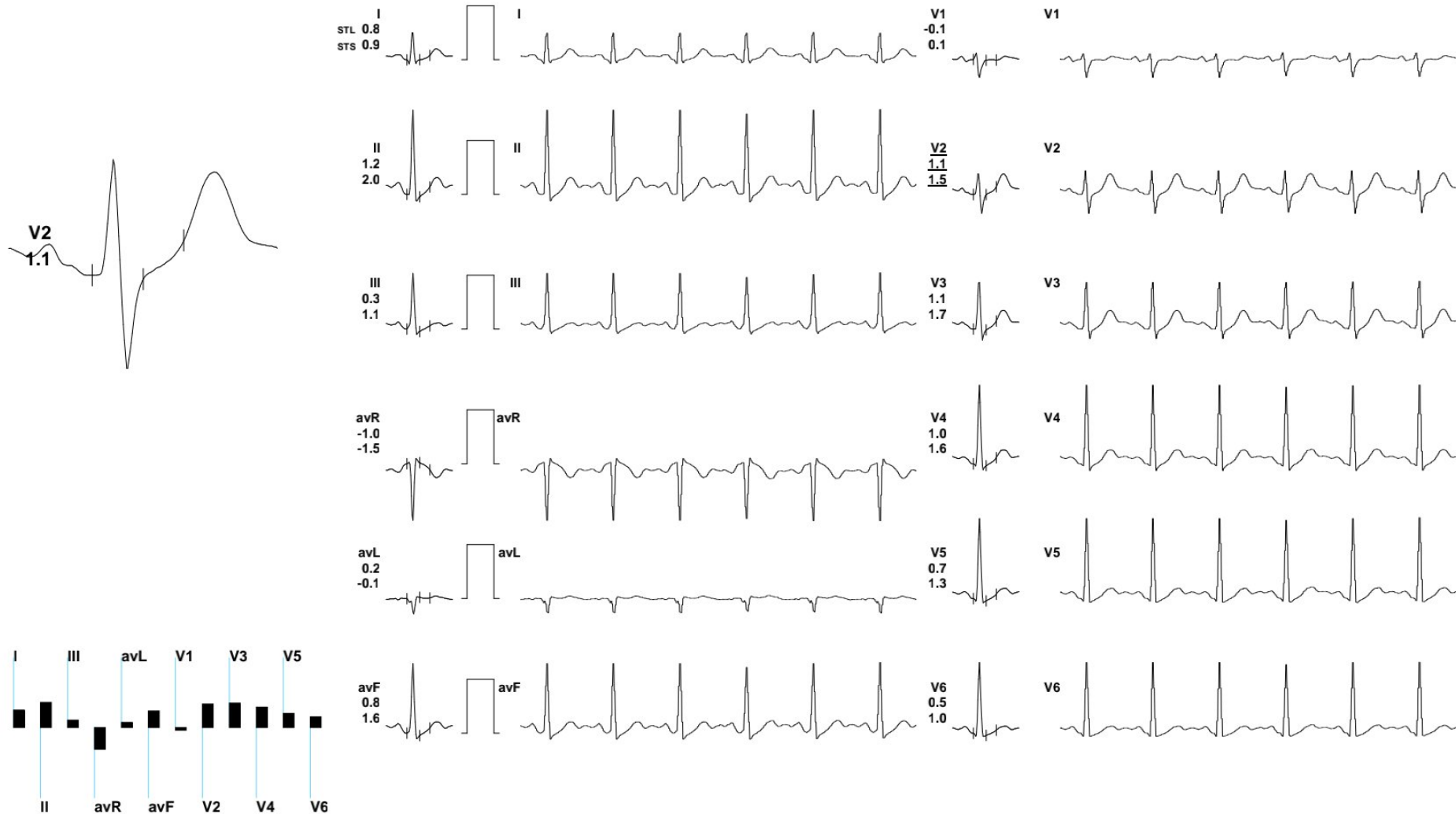
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 113

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 113 bpm 60% of THR BP: 172/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

**SARVODAY DIAGNOSTIC CENTRE**

Recovery(3:00)



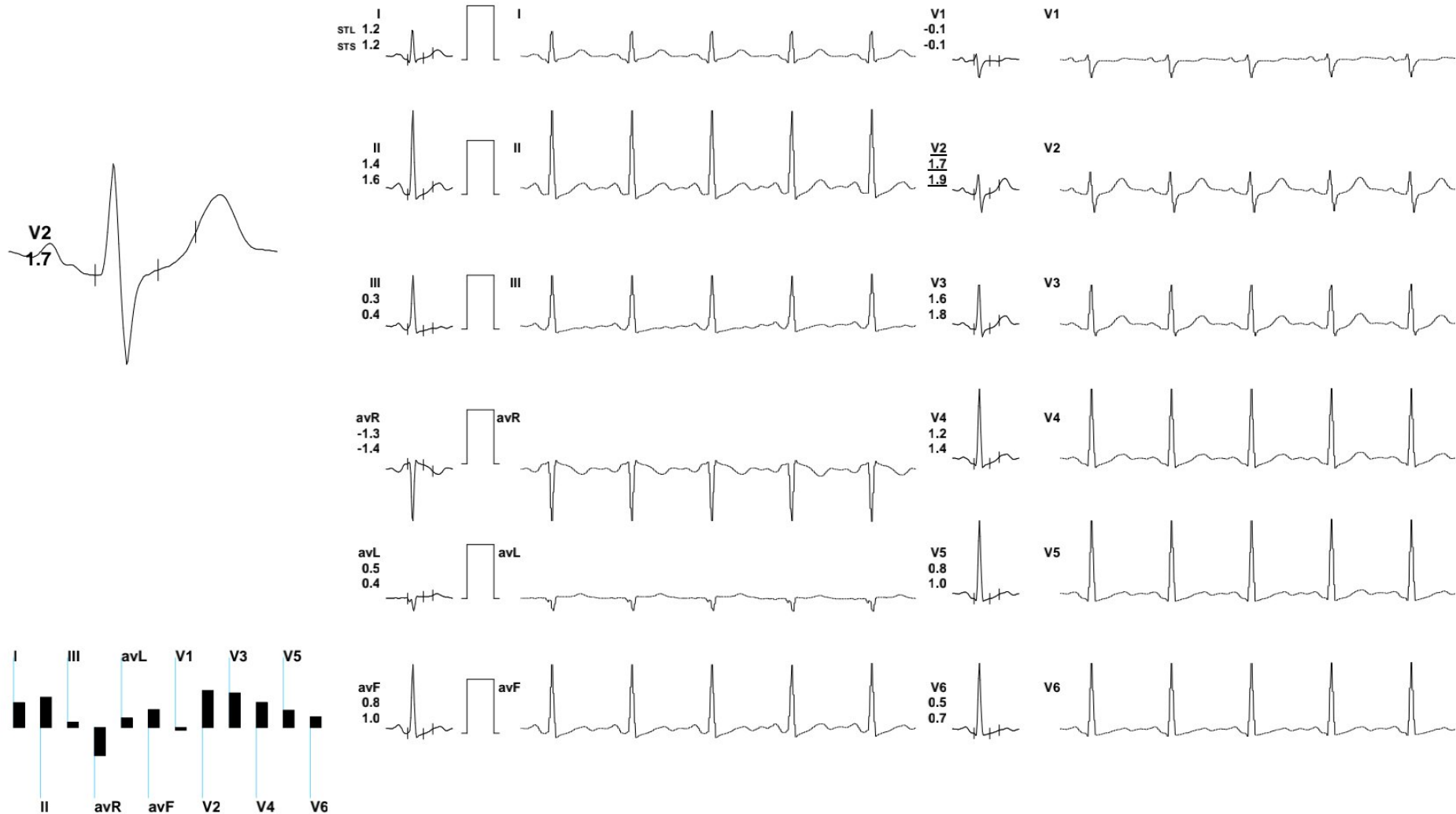
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 103

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 103 bpm 55% of THR BP: 175/93 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

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**SARVODAY DIAGNOSTIC CENTRE**

Recovery(4:00)



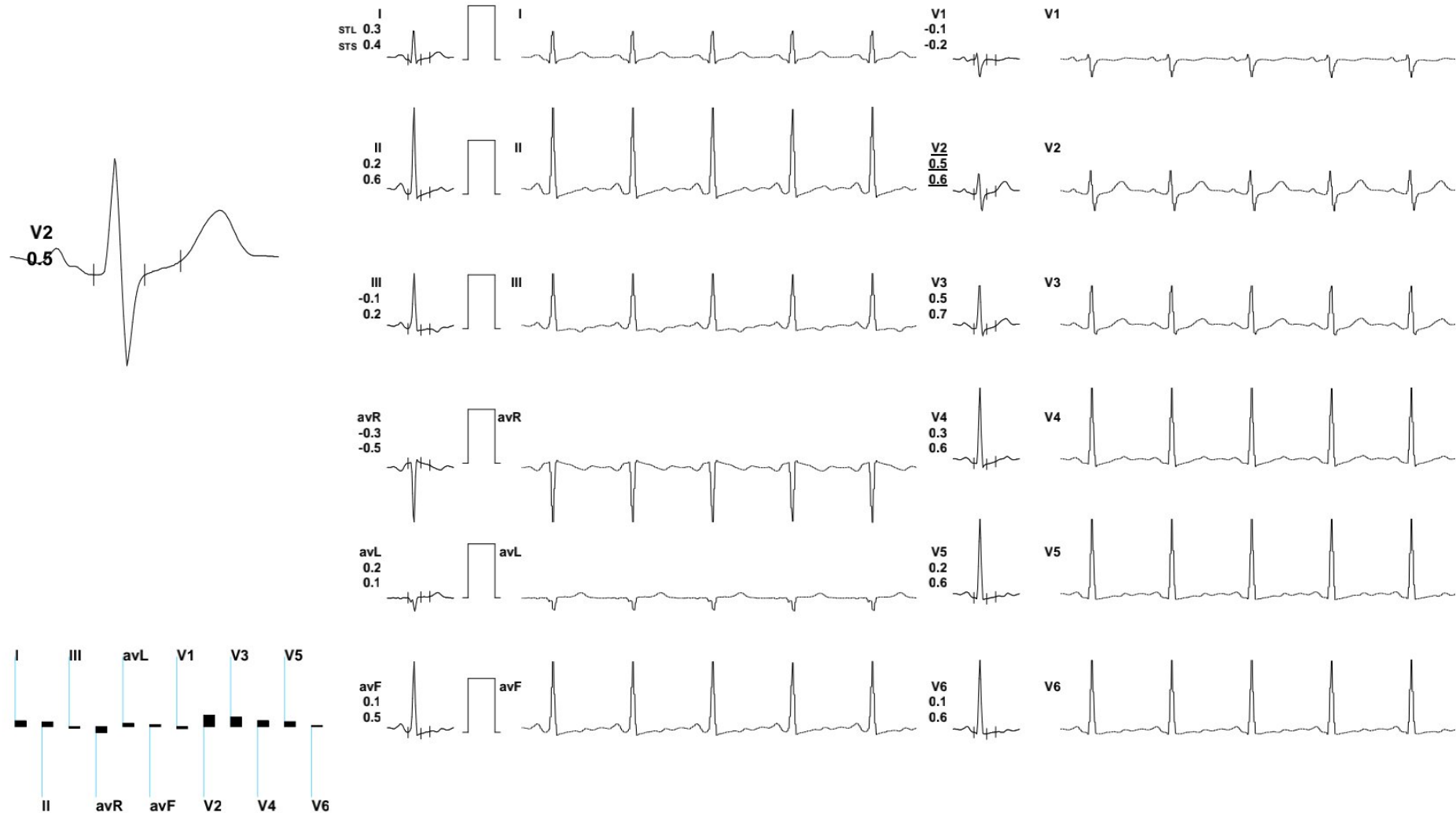
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 100

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 100 bpm 53% of THR BP: 166/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

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**SARVODAY DIAGNOSTIC CENTRE**

Recovery(4:38)



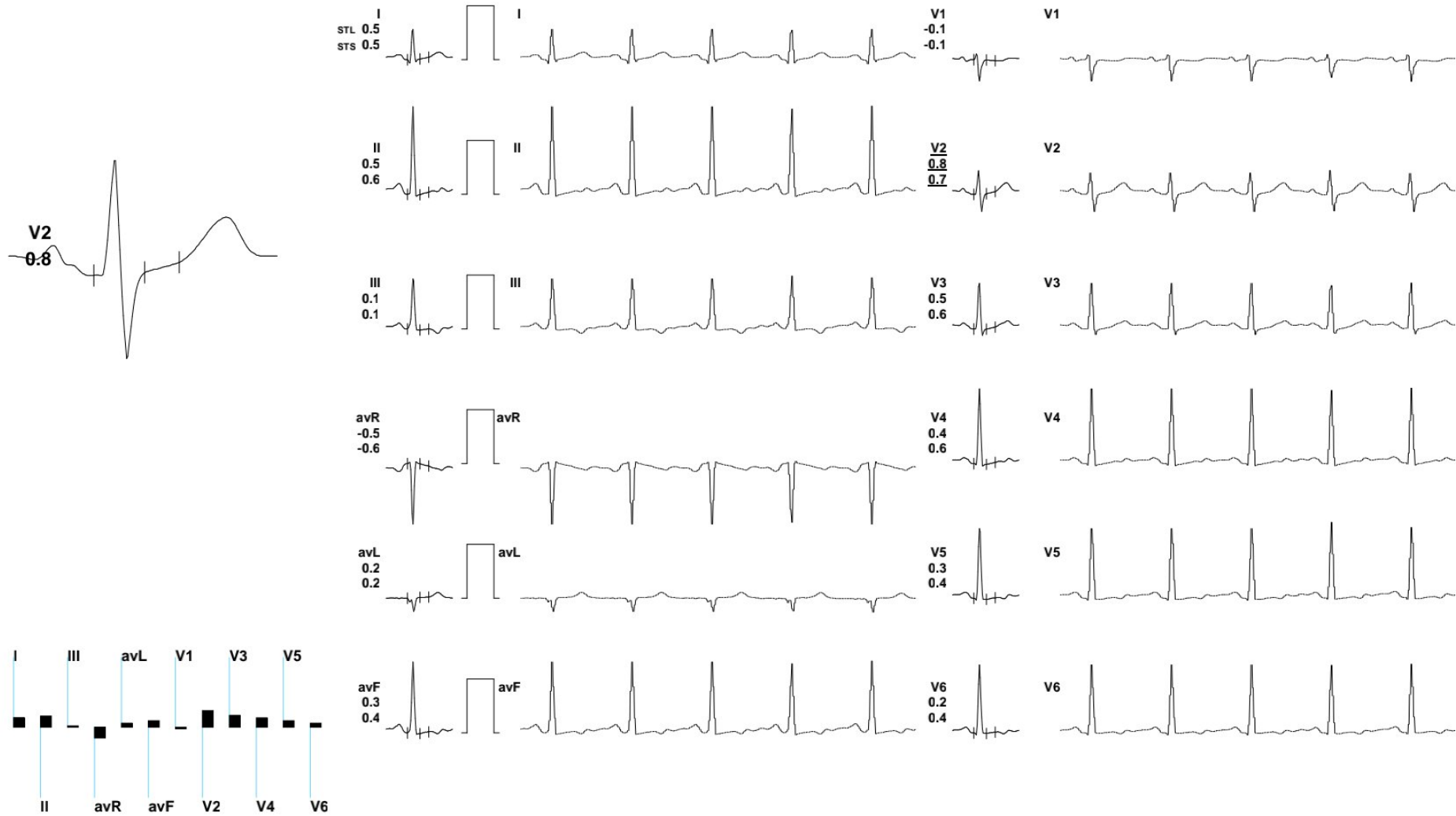
26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg / HR : 99

Date: 15 - 05 - 2023 10:39:20 PM METS: 1.0/ 99 bpm 53% of THR BP: 150/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:43 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX\_GEM217220330)(R)Allengers

SARVODAY DIAGNOSTIC CENTRE

GROUND FLOOR SHASTRI NAGAR AJMER EMail:

26 / DANVENDRA SHARMA / 33 Yrs / M / 180 Cms / 48 Kg

Date: 15 - 05 - 2023 10:39:20 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:32	0:32	00.0	00.0	01.0	091	49 %	140/80	127	00	
Standing	00:42	0:10	00.0	00.0	01.0	087	47 %	140/80	121	00	
HV	00:55	0:13	00.0	00.0	01.0	072	39 %	140/80	100	00	
Warm Up	01:10	0:15	00.0	00.0	01.0	077	41 %	140/80	107	00	
ExStart	01:39	0:29	01.0	00.0	01.0	099	53 %	140/80	138	00	
BRUCE Stage 1	04:39	3:00	01.7	10.0	04.7	114	61 %	150/82	171	00	
BRUCE Stage 2	07:39	3:00	02.5	12.0	07.1	138	74 %	160/84	220	00	
PeakEx	10:22	2:43	03.4	14.0	09.9	160	86 %	172/88	275	00	
Recovery	10:52	0:30	01.1	00.0	04.2	152	81 %	172/88	261	00	
Recovery	11:22	1:00	00.0	00.0	01.2	126	67 %	172/88	216	00	
Recovery	12:22	2:00	00.0	00.0	01.0	113	60 %	172/88	194	00	
Recovery	13:22	3:00	00.0	00.0	01.0	103	55 %	175/93	180	00	
Recovery	14:22	4:00	00.0	00.0	01.0	100	53 %	166/90	166	00	
Recovery	15:00	4:38	00.0	00.0	01.0	099	53 %	150/85	148	00	

**FINDINGS :**

**Exercise Time** : 08:43  
**Initial HR (ExStrt)** : 99 bpm 53% of Target 187  
**Initial BP (ExStrt)** : 140/80 (mm/Hg)  
**Max WorkLoad Attained** : 9.9 Good response to induced stress  
**Max ST Dep Lead & Avg ST Value:** V1 & -0.8 mm in PeakEx  
**Test End Reasons** : Test Complete, Heart Rate Achieved

**Max HR Attained** 160 bpm 86% of Target 187  
**Max BP Attained** 175/93 (mm/Hg)

**REPORT :**

(ADX\_GEM217220330)(R)Allengers