

: 532
 R HARPAD DAS
 ale Years

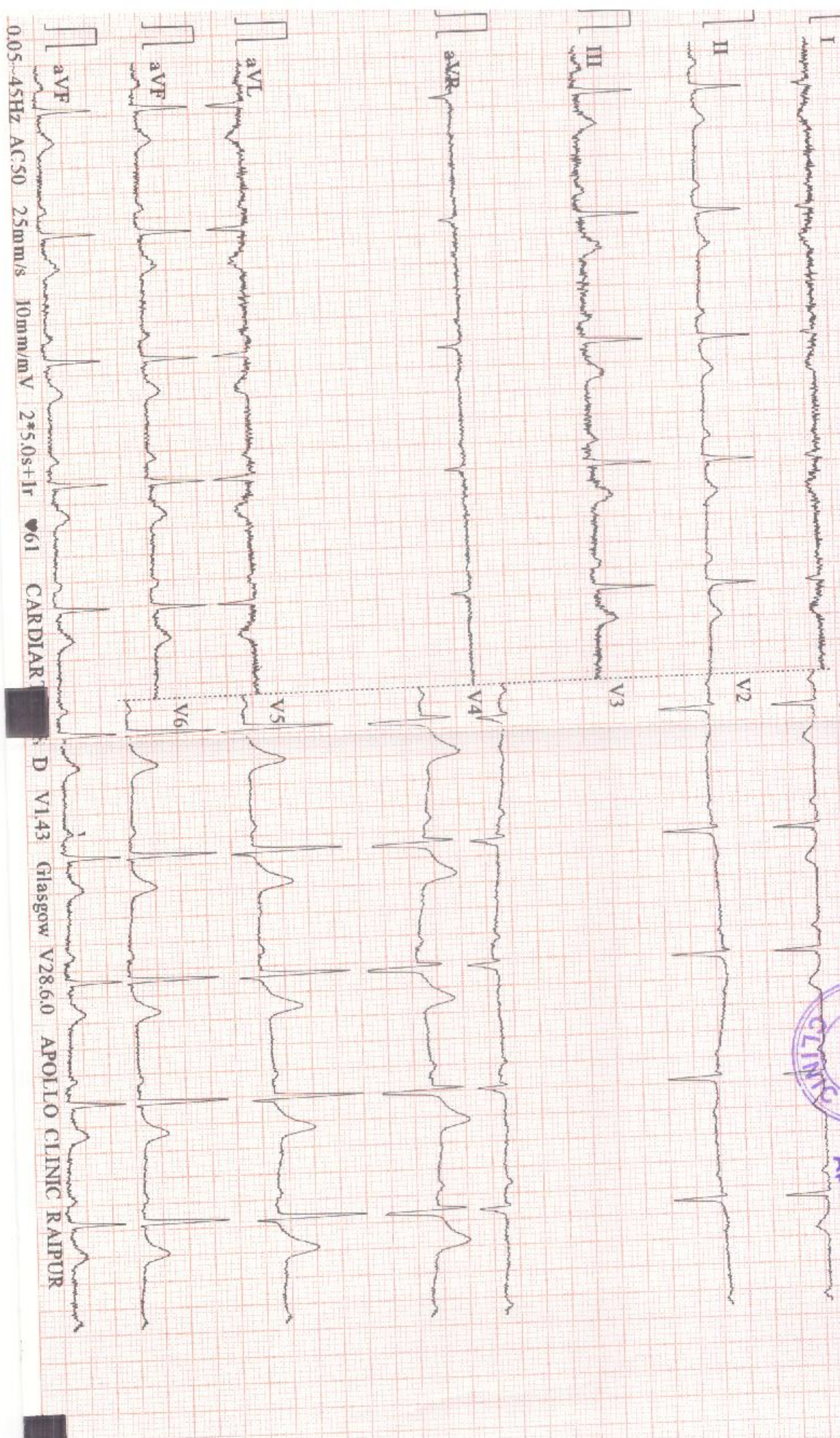
26-08-2023 12:32:20 PM
 HR : 61 bpm
 P : 98 ms
 PR : 202 ms
 QRS : 98 ms
 QT/QTc : 392/395 ms
 P/QRS/T : 107/100/113 °
 RV5/SV1 : 1.713/0.842 mV

Diagnosis Information:

Sinus rhythm with borderline 1st degree A-V block
 - Possible arm lead reversal - hence only aVF, V1-V6 analyzed -
 Possible anterior infarct - age undetermined
 A normal ECG

Report Confirmed by:

APOLLO CLINIC
 RAIPUR
 Dr. Animesh Choudhary
 MD Medicine
 Reg. No. CGMC 3583/2017
 Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 61 CARDIAR D V143 Glasgow V28.60 APOLLO CLINIC RAIPUR

NAME OF PATIENT: MR. HARIPAD DAS

AGE 59YRS/MALE

REFERRED BY: BOB

DATE:26/08/2023.

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.

 **Dr. Zeeshan Ateeb Dani**
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-25241/2023
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.

PATIENT NAME:- MR HARIPAD DAS
REF BY :- BOB

AGE/SEX:59YRS/M
DATE:- 26.08.2023

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	9.12X4.25cm	9.16X4.12cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	4.41mm Left renal cortical cyst

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:

- LEFT RENAL CORTICAL CYST

Advised clinical correlation/further evaluation if clinically indicated.



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Consultant Radiologist
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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+91 96918 26363

0771 4033341/42

Sweetey 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 • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Manipal Das
59/M

26/8/23

Pt has come for routine dental checkup

O/E → Stains +

Capping = 765/56

Generalised Attrition

Adv → Complete Oral Prophylaxis.

[Handwritten signature]



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www.apolloclinic.com

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Harish Patel Des

Date 26/8/25

Sex/Age 59/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wnl</u> (LE):- <u>wnl</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/18 6/6 6/6</u> (LE):- <u>6/18 6/6 6/6</u>				
NEAR VISION:(RE):- <u>11/8 6/6 6/6</u> (LE):- <u>11/8 6/6 6/6</u>				
NIGHT BLINDNESS <u>NYAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-0.75</u>	<u>+1.0</u>	<u>100</u>	<u>+2.25</u>
LEFT	<u>-</u>	<u>+1.0</u>	<u>70</u>	<u>+2.25</u>
REMARKS :-				

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





PATIENT DETAILS

NAME:	HARIPAD DAS	REFERENCE NO:	RWUDTPSH0410440
D / S / W O:		Age:	59 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	26/08/2023 @ 21:30	Reported on:	27/08/2023 @ 11:30
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.33	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	9.08	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	2.17	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Apollo Clinic
Lab Incharge

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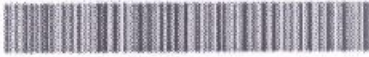
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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

+91 96918 26363

(end of report)

0771 4033341/42



PATIENT DETAILS

NAME:	HARIPAD DAS	REFERENCE NO:	RWUDTPSH0410440
D / S / W O:		Age:	59 Yr
Address:	RAIPUR	Contact No:	
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Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		Gender:	MALE
		STATUS:	FINAL
		STATUS:	FINAL

BIOCHEMISTRY

Test	Specimen	Result	Units	Reference Range
# Prostate Specific Antigen (PSA), Total, TPSA	Blood, Serum	1.18	ng / ml	< 4.00

COMMENTS:

Prostate specific antigen (PSA) is a protein produced primarily by cells in the prostate, a small gland in males that encircles the urethra and produces a fluid that makes up part of semen. Most of the PSA that the prostate produces is released into this fluid, but small amounts of it are also released into the blood. PSA exists in two main forms in the blood: complexed (cPSA, bound to other proteins) and free (fPSA, not bound). The most frequently used PSA test is the total PSA, which measures the sum of cPSA and fPSA in the blood.

The PSA test may be used as a tumor marker to screen for and to monitor prostate cancer. The goal of screening is to detect prostate cancer while it is still confined to the prostate. However, most experts agree that screening should be done on asymptomatic men only after thorough discussions with their healthcare practitioners on the benefits and risks and after informed decisions are made to undergo screening. Elevated blood levels of PSA are associated with prostate cancer, but they may also be seen with inflammation of the prostate (prostatitis) and benign prostatic hyperplasia (BPH). PSA levels tend to increase in all men as they age, and men of African American heritage may have levels that are higher than other men, even at earlier ages.

% Probability of detecting Prostate cancer on a needle biopsy:

Free : total PSA ratio	50 – 59 years	60 – 69 years	70 years and older
< = 0.10	49%	58%	65%
0.11 – 0.18	27%	34%	41%
0.19 – 0.25	18%	24%	30%
> 0.25	9%	12%	16%

Ref: <http://www.ingenta.com/askapoloclinic/PSA%20T>

Patient Name : MR HARIPAD DAS
UHID/ MR No : 6324
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:41PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	10.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	3.18	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	30.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	96.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	32.1	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	12.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.4	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	61	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	18	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	15	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
path



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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR HARIPAD DAS
UHID/ MR No : 6324
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y. Male
OP Visit No : OPD-UNIT-II-2
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HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	78	lacs/cu.mm	150-400

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

End of Report
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Sponsor Name :

Age/Gender : 59 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:41PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism


Blood Group (ABO Typing)

Blood Group (ABO Typing) O
RhD factor (Rh Typing) POSITIVE

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M.D. PATHOLOGY

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Patient Name : MR HARIPAD DAS
UHID/ MR No : 6324
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 27/08/2023 12:41PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	140.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	94.0.	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.91	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.9	mg/dL	2.6 - 7.2

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 HARIPAD DAS
UHID/ MR No : 6324
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 27/08/2023 12:41PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	142.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	118.0	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	74.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	23.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.23		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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Adman
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR HARIPAD DAS
UHID/ MR No : 6324
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:41PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	25	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	32	U/L	0 - 41
ALKALINE PHOSPHATASE	95	U/L	
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:41PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.7	%	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 glycosylated 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 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.

5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$

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

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M.D. PATHOLOGY

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Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 59 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:41PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale 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	2-4	/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 corelated clinically

Lab Technician / Technologist
 path





Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:22	0:22	00.0	00.0	01.0	080	50%	130/80	104	00	
Standing	00:26	0:04	00.0	00.0	01.0	080	50%	130/80	104	00	
ExStart	00:30	0:04	02.7	10.0	01.1	081	50%	130/80	105	00	
BRUCE Stage 1	03:30	3:00	02.7	10.0	04.7	100	62%	130/90	130	00	
BRUCE Stage 2	06:30	3:00	04.0	12.0	07.1	119	74%	140/90	166	00	
PeakEx	07:41	1:11	05.5	14.0	08.3	145	90%	140/90	203	00	
Recovery	08:41	1:00	00.0	00.0	01.2	097	60%	140/90	135	00	
Recovery	09:41	2:00	00.0	00.0	01.0	084	52%	130/90	109	00	
Recovery	10:46	3:05	00.0	00.0	01.0	079	49%	130/90	102	00	

FINDINGS :

Exercise Time : 07:11
 Max HR Attained : 145 bpm 90% of Target 161
 Max BP Attained : 140/90 (mm/Hg)
 Max Workload Attained : 8.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Report: Stress test is Mild positive for Reversible Myocardial Ischemia with fair function capacity.



Doctor : DR DEEPAN DAS MBBS DIP.CARDIO

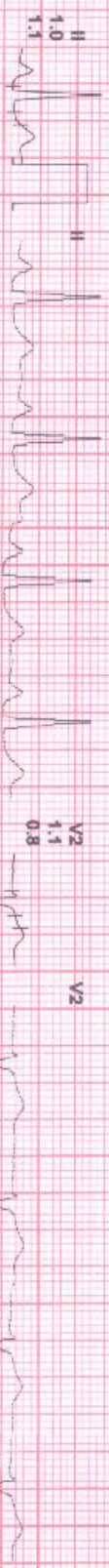
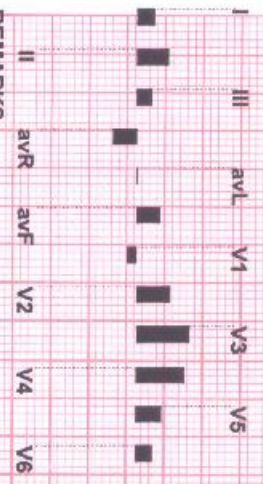
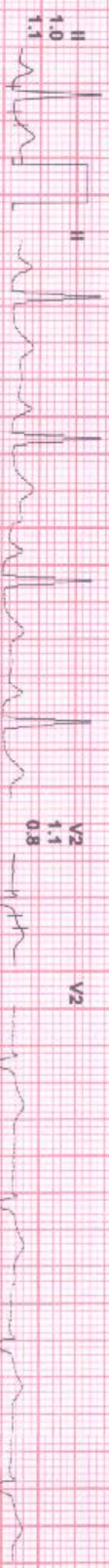
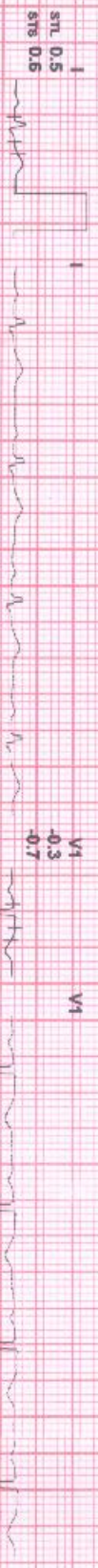


MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 80

Date: 28 - 08 - 2023 06:37:36 PM METS: 1.0/ 80 bpm 60% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 Km/h 0.0%
25 mm/Sec. 1.0 Cm/mV



V2
1.1

REMARKS:



MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 80

Date: 28 - 08 - 2023 06:37:36 PM METS: 1.0/ 80 bpm 50% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LE 20 Hz

4X 80 mS Post J

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

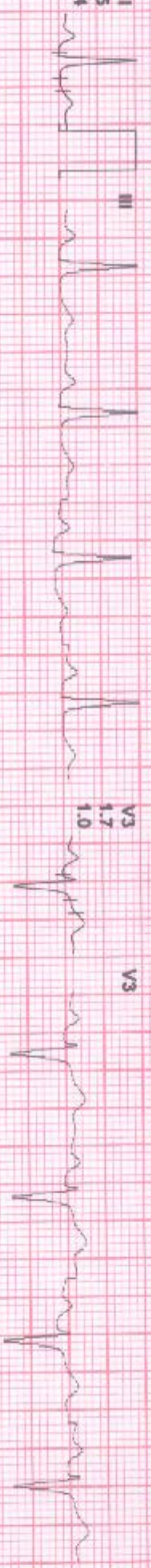
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STL 0.5
STB 0.6



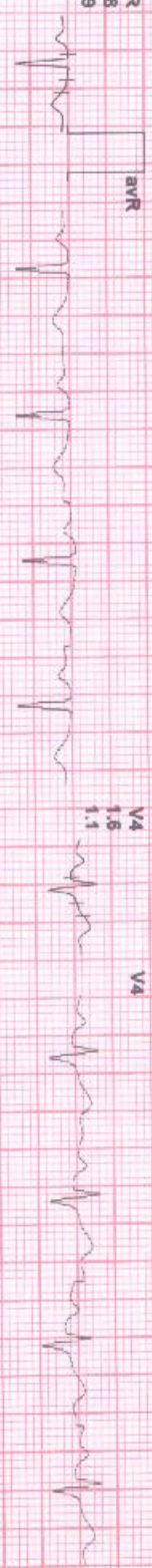
II
1.0
1.1



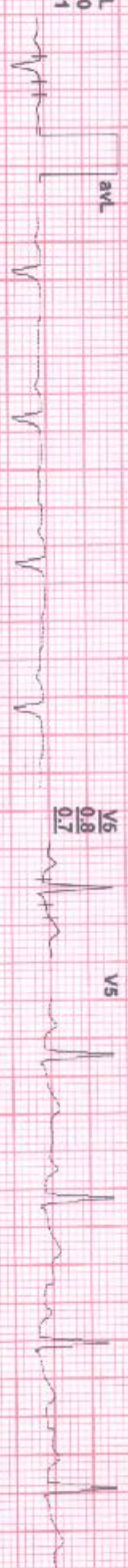
III
0.5
0.4



avR
-0.8
-0.9



avL
0.0
0.1



avF
0.8
0.7



V1
-0.3
-0.7



V2
1.1
0.8



V3
1.7
1.0



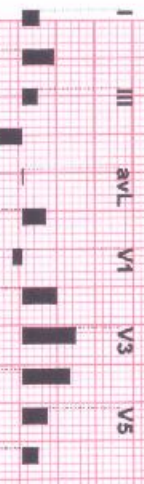
V4
1.6
1.1



V5
0.8
0.7



V6
0.5
0.7



I
II
III
avR
avL
avF
V1
V2
V3
V4
V5
V6

REMARKS:



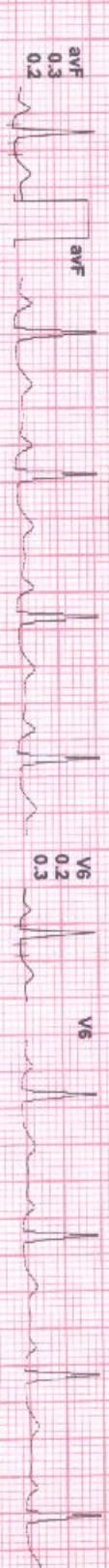
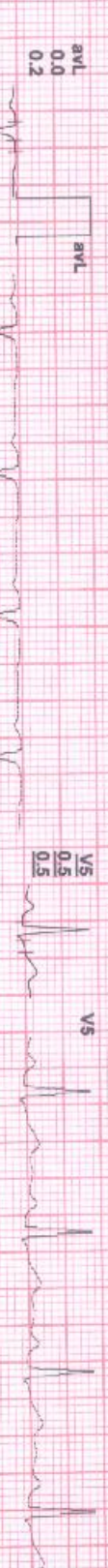
MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 81

Date: 28 - 08 - 2023 06:37:36 PM METS: 1.1/1/81 bpm 50% of THR BP: 130/80 mmHg Combined Medians/ BLC Orv Notch On/ HF 0.05 HZLF 20 Hz

ExTime: 00:00 2.7 KmPh 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



V1: rS pattern, ST depression, T wave inversion.

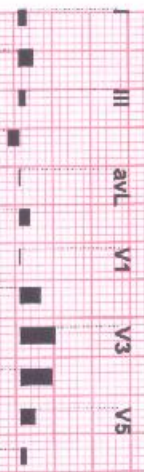
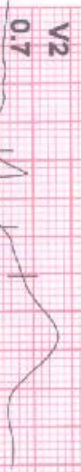
V2: rS pattern, ST depression, T wave inversion.

V3: rS pattern, ST depression, T wave inversion.

V4: rS pattern, ST depression, T wave inversion.

V5: rS pattern, ST depression, T wave inversion.

V6: rS pattern, ST depression, T wave inversion.



REMARKS:



MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 100

Date: 28 - 08 - 2023 06:37:36 PM METS: 4.7/ 100 bpm 62% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 H2/LF 20 Hz

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

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mv

I ST 1.2
STa 1.0



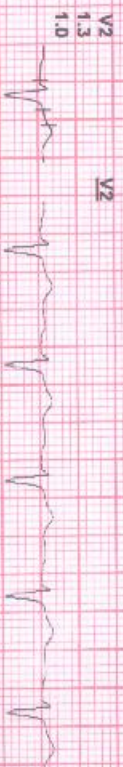
V1 -0.4
-1.2



II 2.0
2.4



V2 1.3
1.0



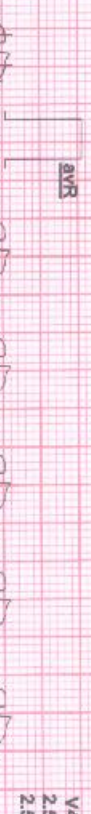
III 0.8
1.3



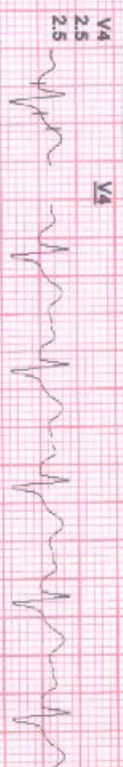
V3 2.5
2.0



aVR -1.6
-1.7



V4 2.5
2.5



aVL 0.2
-0.2



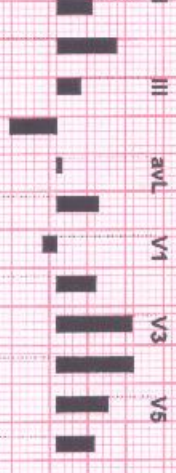
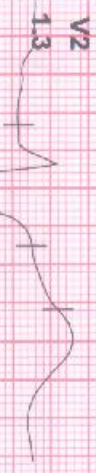
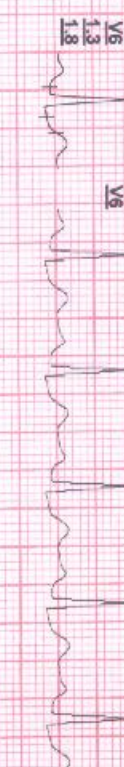
V5 1.7
2.2



aVF 1.4
1.8



V6 1.3
1.8



REMARKS:



BRUCE: Stage 2(3:00)

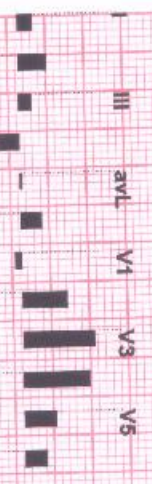
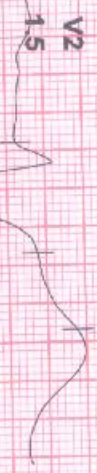
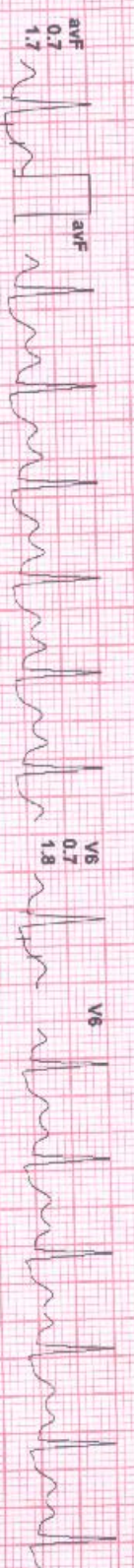
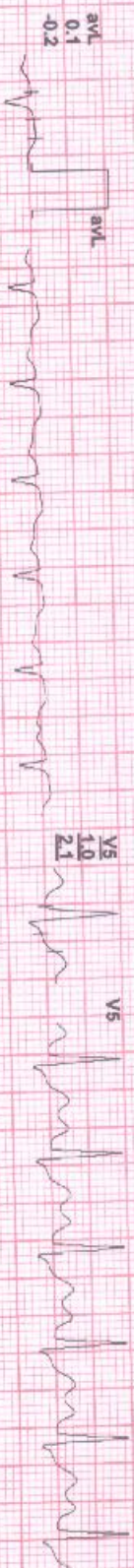
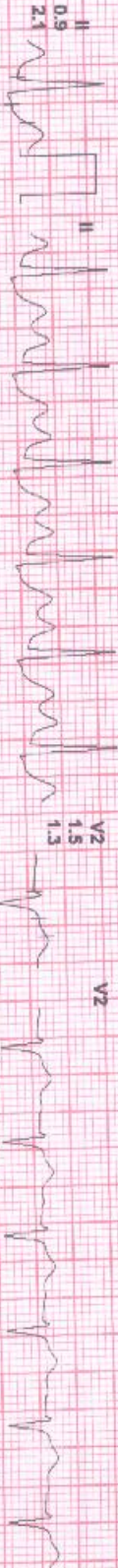
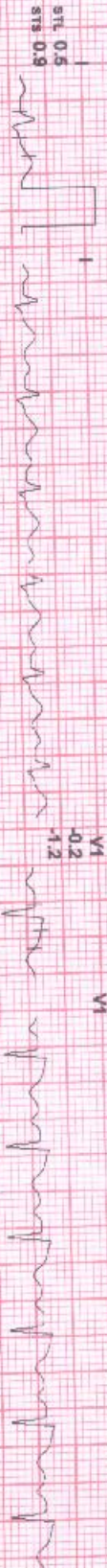
APOLLO CLINIC

MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 119

Date: 28-08-2023 06:37:36 PM METS: T.M/ 119 bpm 74% of THR BP: 140/90 mmHg Combined Medians/ BLC Gr/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:00 4.0 Km/ph 12.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

II avR avF V2 V4 V6

III avL V1 V3 V5

MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 145

Date: 28-08-2023 06:37:36 PM METS- 8.3/ 145 bpm 90% of THR BP- 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz
4X 80 mS Post J EXTime: 07:11 5.5 Km/h, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



MR HARIPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 97

Date: 28-08-2023 06:37:36 PM METS: 1.21 97 bpm 60% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 H/L/F 20 Hz

ExTime: 07:11 0.0 Kmph, 0.0%

4X 80 mS Post J

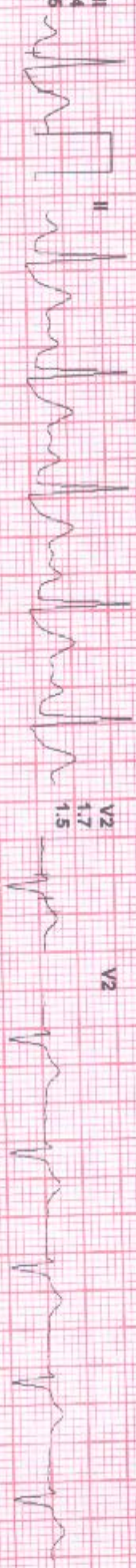
25 mm/Sec. 1.0 Cm/mV

STI 1.0
ST3 1.1



V1
-0.8
-1.7

II
2.4
3.5

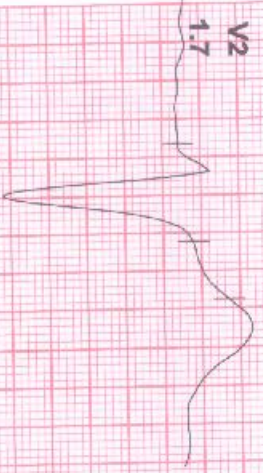


V2
1.7
1.5

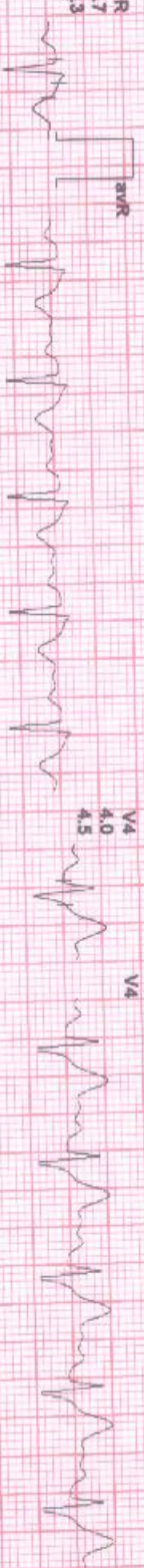
III
1.4
2.4



V3
4.6
4.6

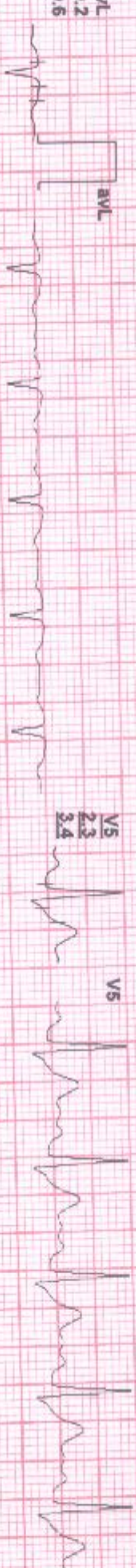


aVR
-1.7
-2.3

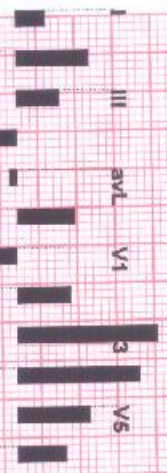


V4
4.0
4.5

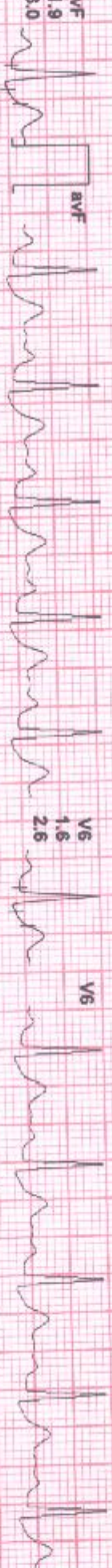
aVL
-0.2
-0.6



V5
2.3
3.4



aVF
1.9
3.0



V6
1.6
2.6

REMARKS:



MR HARIKAPAD DAS / 59 Yrs / M / 168 Cms / 50 Kg / HR : 84

Date: 28 - 08 - 2023 06:37:36 PM METS: 1.0/ 84 bpm 52% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

ExTime: 07:11 0.0 Kmph, 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS:



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भारत सरकार
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नामांकन क्रमांक/Enrolment No.: 2084/33002/84334

Date: 07/10/2016

Haripad Das (हरिपद दास)

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जन्म तिथि/ DOB: 04/08/1964
पुरुष / MALE



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MERA AADHAAR, MERI PEHACHAN



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