



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mrs. INDRA RAYPA GARKHAL	Registered On	: 27/Feb/2022 11:22:19
Age/Gender	: 54 Y O M O D /F	Collected	: 27/Feb/2022 11:36:33
UHID/MR NO	: CHLD.0000075630	Received	: 27/Feb/2022 11:47:13
Visit ID	: CHLD0125892122	Reported	: 27/Feb/2022 14:56:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	AB
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Blood

Haemoglobin	12.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	4,130.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	14.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	cc %	40-54	
Platelet count				
Platelet Count	2.2	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.40	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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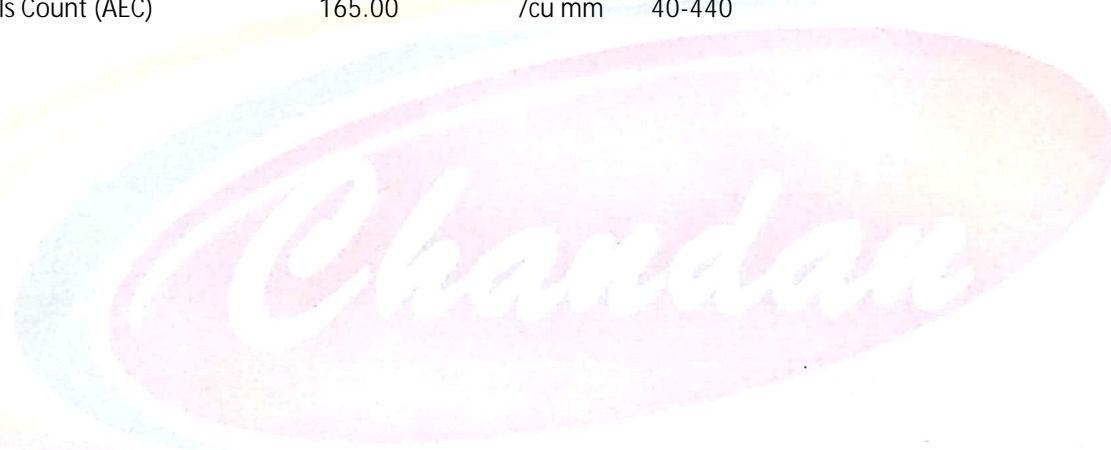
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DEPARTMENT OF HAEMATOLOGY

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Blood Indices (MCV, MCH, MCHC)

MCV	82.00	fl	80-100	CALCULATED PARAMETER
MCH	28.40	pg	28-35	CALCULATED PARAMETER
MCHC	34.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,271.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	165.00	/cu mm	40-440	



Dr. Sakshi Garg Tayal (MBBS, MD
Pathology PDCC Oncopathology)





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Patient Name	: Mrs. INDRA RAYPA GARKHAL	Registered On	: 27/Feb/2022 11:22:19
Age/Gender	: 54 Y O M O D /F	Collected	: 27/Feb/2022 11:48:23
UHID/MR NO	: CHLD.0000075630	Received	: 27/Feb/2022 12:01:11
Visit ID	: CHLD0125892122	Reported	: 27/Feb/2022 14:30:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	102.37	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

120.05	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.




Dr Vinod Ojha
MD Pathologist





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Age/Gender	: 54 Y O M O D /F	Collected	: 27/Feb/2022 11:36:33
UHID/MR NO	: CHLD.0000075630	Received	: 28/Feb/2022 11:06:20
Visit ID	: CHLD0125892122	Reported	: 28/Feb/2022 12:19:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	43.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	128	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



ASIN
Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	9.90	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.56	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	106.00	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	2.98	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.50	gm/dl	6.2-8.0	BIRUET
Albumin	4.14	gm/dl	3.8-5.4	B.C.G.
Globulin	3.36	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.92	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.76	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.28	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.48	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	202.47	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	132	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.74	mg/dl	10-33	CALCULATED
Triglycerides	118.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High




Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs. INDRA RAYPA GARKHAL	Registered On	: 27/Feb/2022 11:22:19
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UHID/MR NO	: CHLD.0000075630	Received	: 27/Feb/2022 11:47:13
Visit ID	: CHLD0125892122	Reported	: 27/Feb/2022 16:36:34
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			

STOOL R/M * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Fungal element	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%	1
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



Dr. Sakshi Garg Tayal (MBBS, MD
Pathology PDCC Oncopathology)





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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL **, Serum

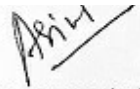
T3, Total (tri-iodothyronine)	99.35	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.24	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	7.98	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Trachea is central in position.
- Bilateral hilar shadows are normal.
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.

(Adv: - Clinico-pathological correlation and further evaluation).



Dr. Rohit Rakholia (MBBS MD Radiodiagnosis)





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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (~14.6 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

• Right kidney:-

- ◊ Right kidney is normal in size, measuring ~ 10x3.7cms.
- ◊ Cortical echogenicity is normal.
- ◊ Pelvicalyceal system is not dilated.
- ◊ Cortico-medullary demarcation is maintained.
- ◊ Parenchymal thickness appear normal.

• Left kidney:-

- ◊ Left kidney is normal in size, measuring ~10.5x4.4 cms.
- ◊ Cortical echogenicity is normal.
- ◊ Pelvicalyceal system is not dilated.
- ◊ Cortico-medullary demarcation is maintained.
- ◊ Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (~8.7 cms) and has a normal homogenous echo-texture.





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DEPARTMENT OF ULTRASOUND

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

- The urinary bladder is minimally distended.

UTERUS & CERVIX

- The uterus is normal in size and anteverted, its measuring ~6.8x3.1 cms.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in midline and measuring ~2 mm.

ADNEXA

- Bilateral adnexa are unremarkable.

FINAL IMPRESSION:-

No significant sonological abnormality is noted

Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



Dr. Rohit Rakholia (MBBS MD Radiodiagnosis)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

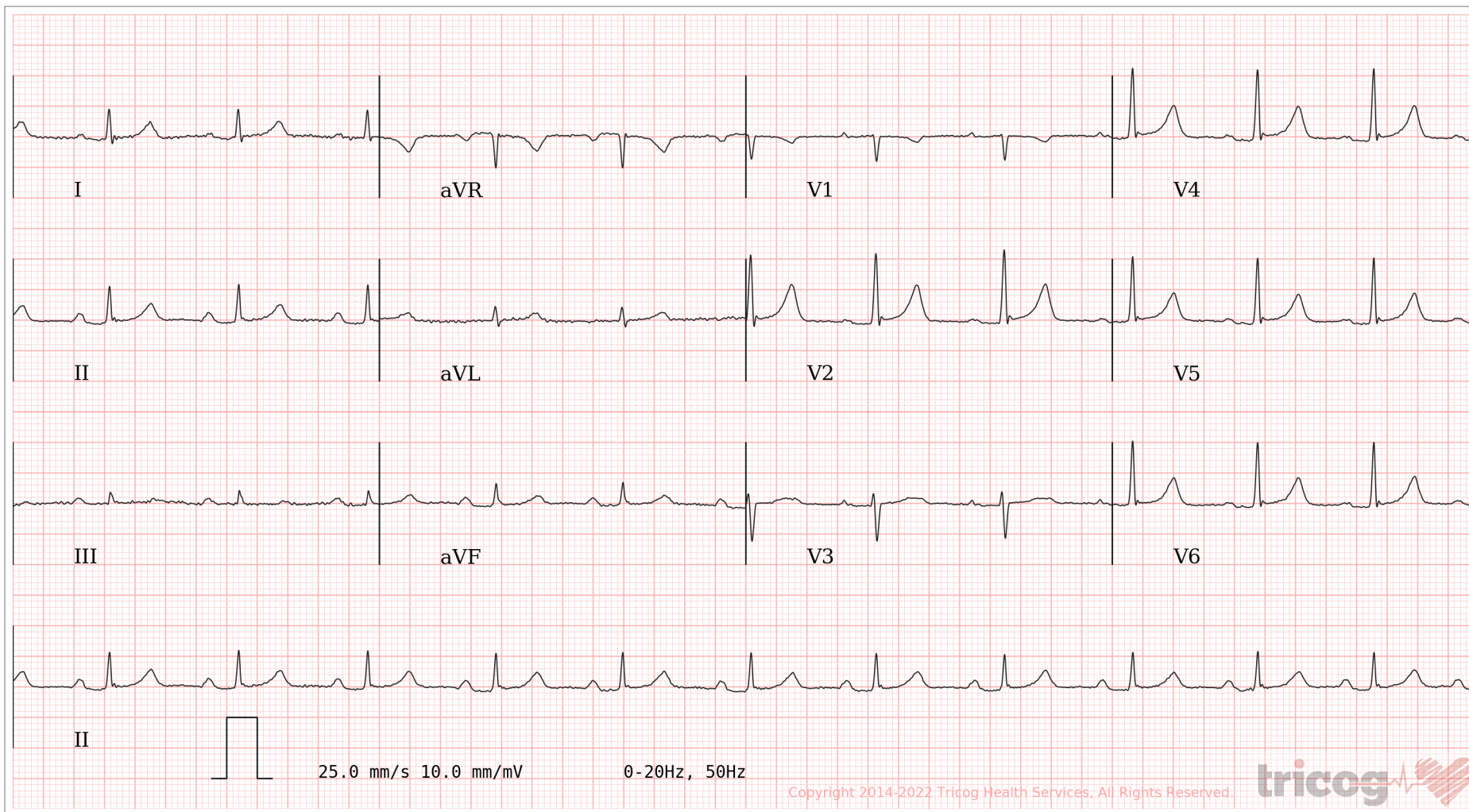
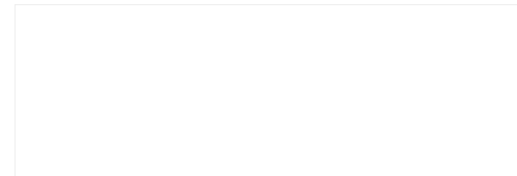
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





Age / Gender: 54/Female
Patient ID: CHLD0125712122
Patient Name: Mrs. INDRA RAYPA GARKHAL

Date and Time: 27th Feb 22 9:13 AM



AR: 73bpm VR: 73bpm QRSD: 62ms QT: 392ms QTc: 431ms PRI: 202ms P-R-T: 68° 54° 48°

Sinus Rhythm, Normal Axis, with 1st Degree A-V Block. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Prashant Valecha

S K NURSING HOME AND HOSPITAL
G B PANT MARG TIKONIA HALDWANI
HALDWANI

Station

Telephone: 05946-221040,220263

EXERCISE STRESS TEST REPORT

Patient Name: INDRA RAYPA GARKHAL,
Patient ID: 80235
Height: 158 cm
Weight: 57 kg

DOB: 12.07.1966
Age: 55yrs
Gender: Female
Race:

Study Date: 27.02.2022
Test Type: --
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC
Attending Physician: DR.DEVASHISH GUPTA(MD)
Technician: MR.BHUWAN

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:37	0.00	0.00	92	130/80	
	STANDING	00:25	0.00	0.00	93		
	HYPERV.	00:39	0.80	0.00	139		
EXERCISE	STAGE 1	01:20	2.70	10.00	131	140/90	
RECOVERY		03:09	0.00	0.00	86	140/90	

The patient exercised according to the BRUCE for 1:19 min:s, achieving a work level of Max. METS: 4.60. The resting heart rate of 82 bpm rose to a maximal heart rate of 150 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Max HR.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: moderately decreased (20% to 30%).
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
Overall impression: Normal stress test.

Conclusions

--

Physician-


DR DEVASHISH GUPTA (MD)

INDRA RAYPA GARKHAL,
Patient ID 80235
27.02.2022
12:22:47pm

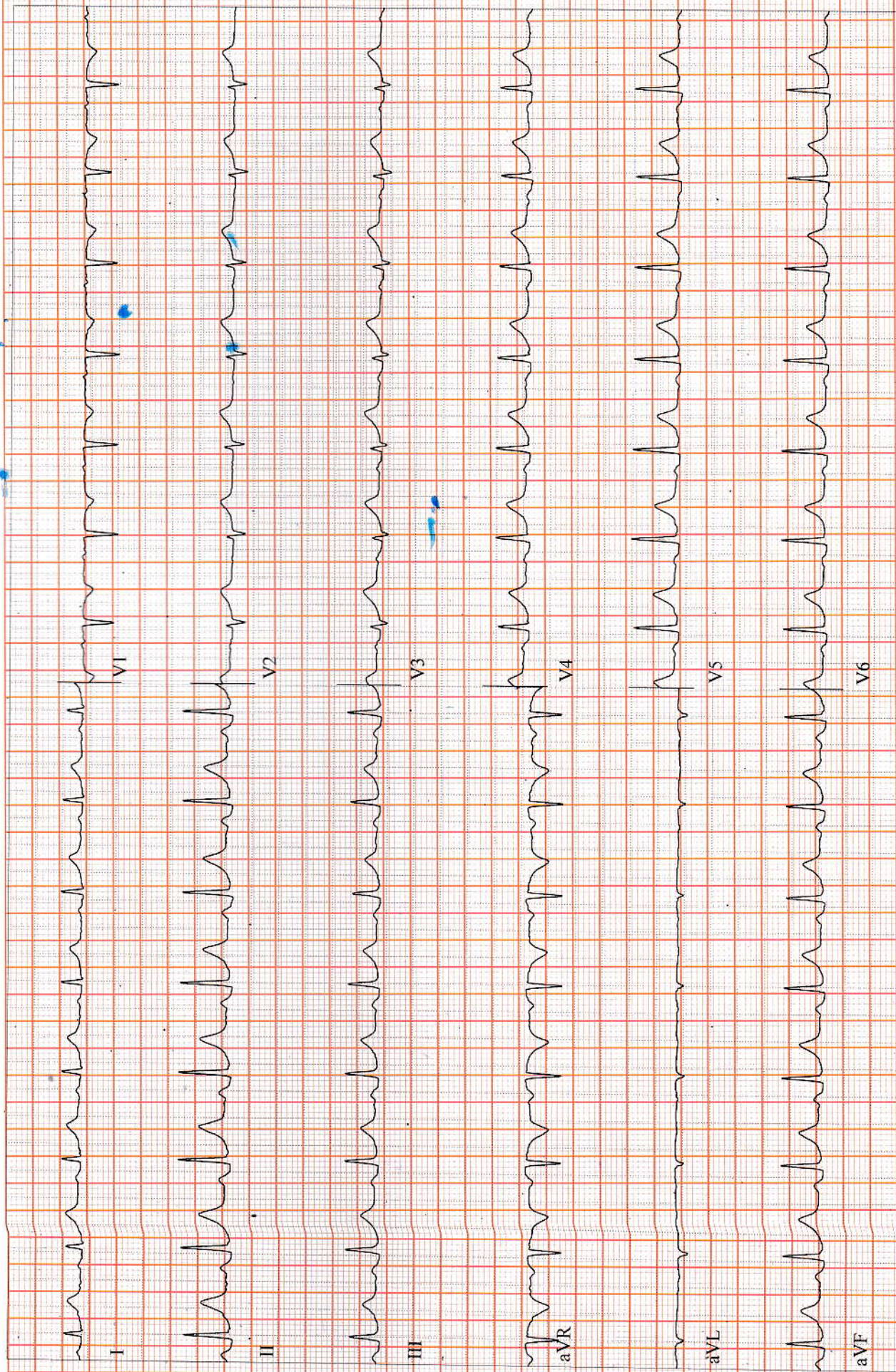
12-Lead Report

PRETEST
SUPINE
00:35

BRUCE
0.0 km/h
0.0 %

93 bpm
130/80 mmHg

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INDRA RAYPA GARKHAL,

Patient ID 80235

27.02.2022

12:23:11pm

12-Lead Report

PRETEST

STANDING

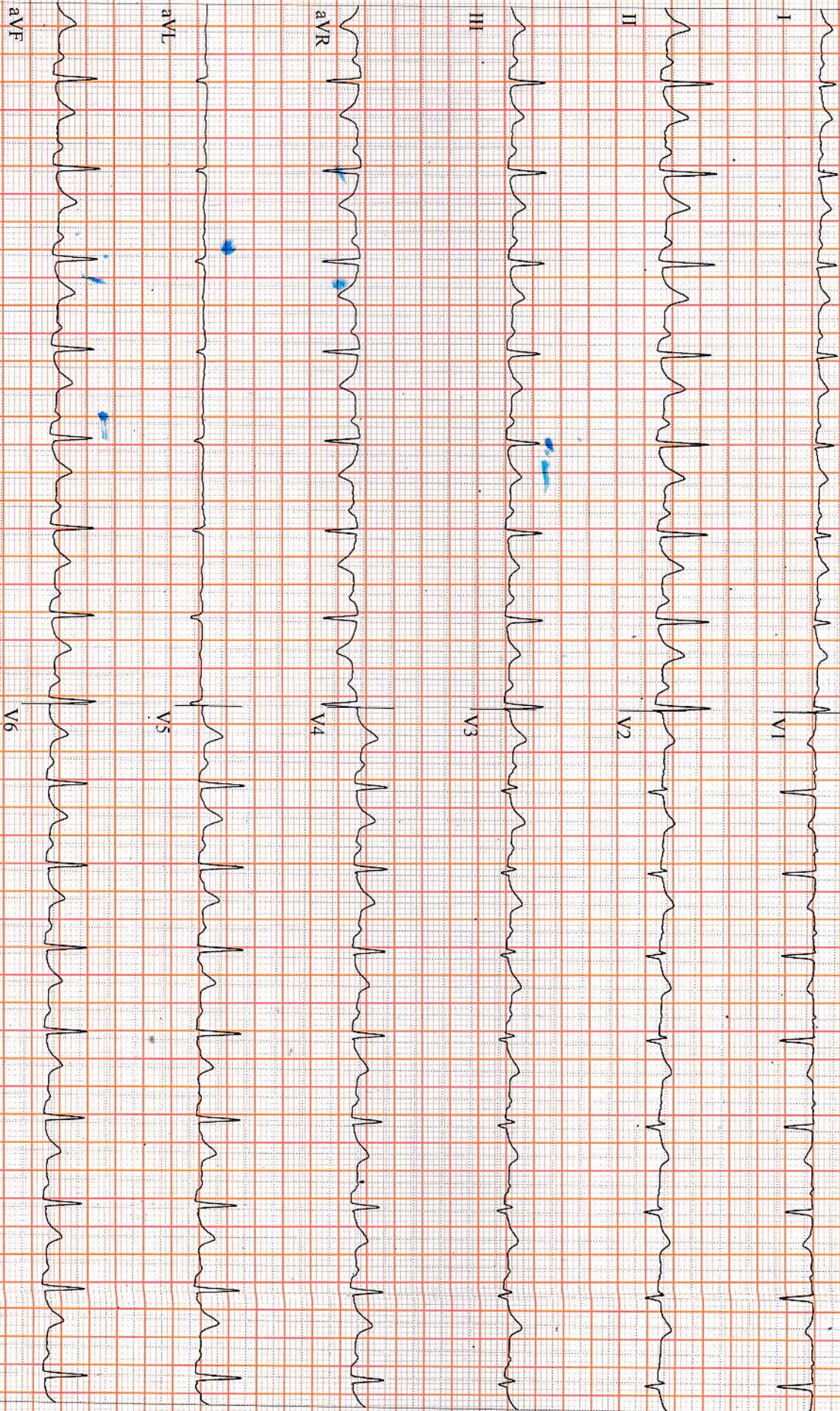
01:00

BRUCE

0.0 km/h

0.0 %

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GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:22:06pm

MICRO MED CHARTS

Page 2

INDRA RAYPA GARKHAL,

Patient ID 80235

27.02.2022

12:23:36pm

12-Lead Report

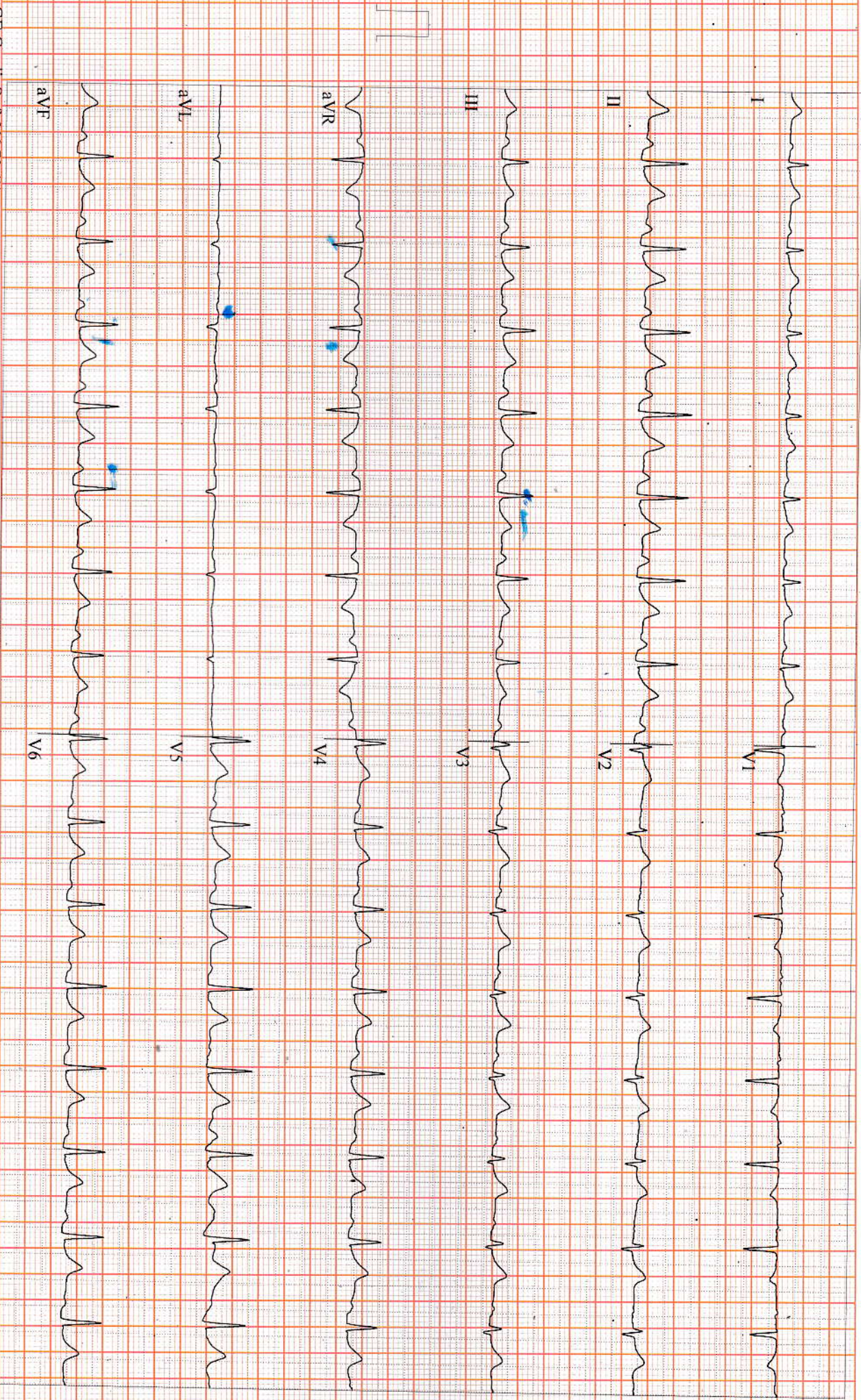
92 bpm

PRETEST
HYPERV.

01:24

BRUCE
0.0 km/h
0.0 %

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GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:22:06pm

INDRA RAYPA GARKHAL,

Patient ID 80235

27.02.2022

12:25:10pm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE I

01:20

131 bpm

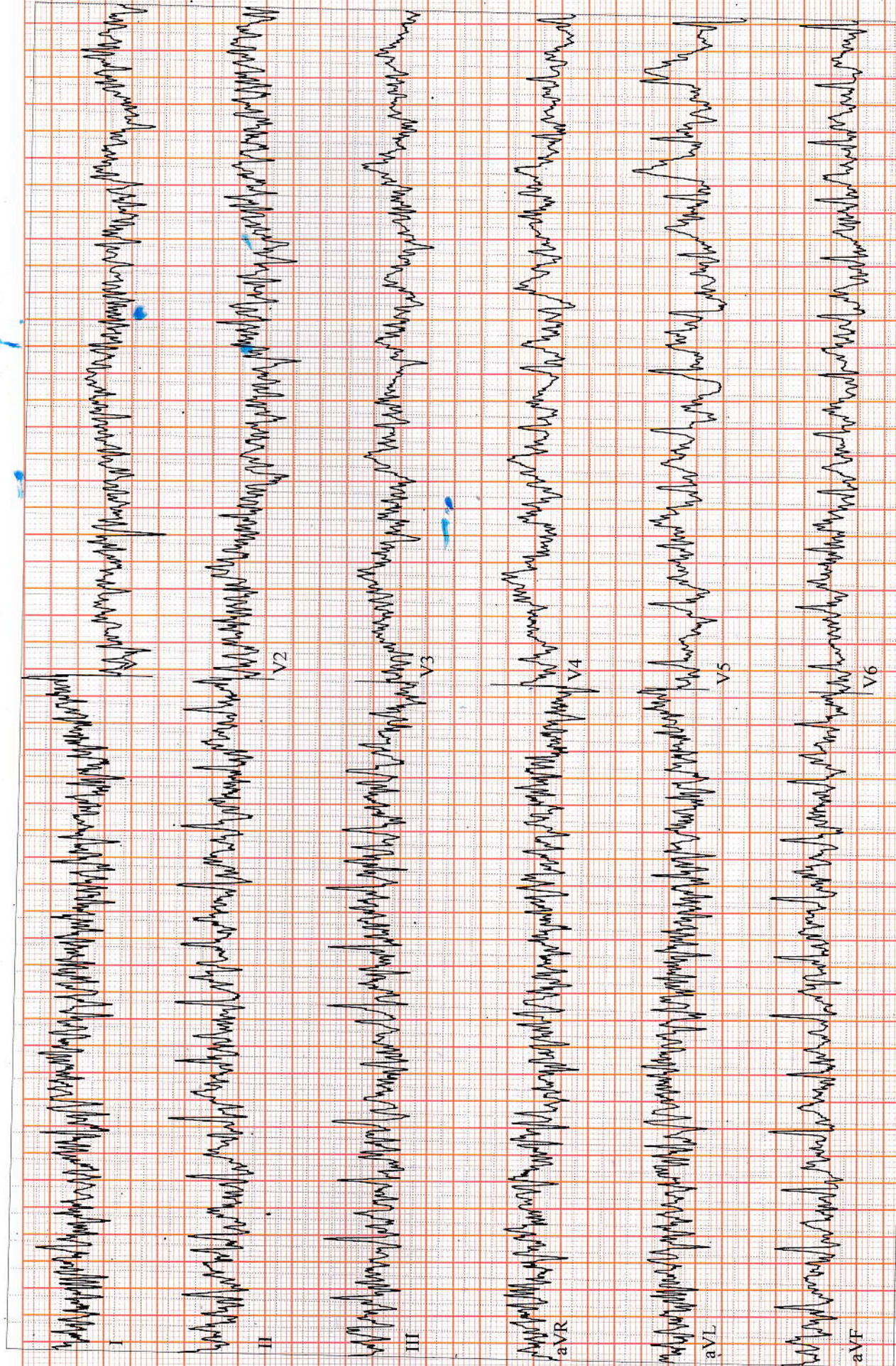
140/90 mmHg

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BRUCE

2.7 km/h

10.0 %



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:22:06pm

MICRO MED CHARTS

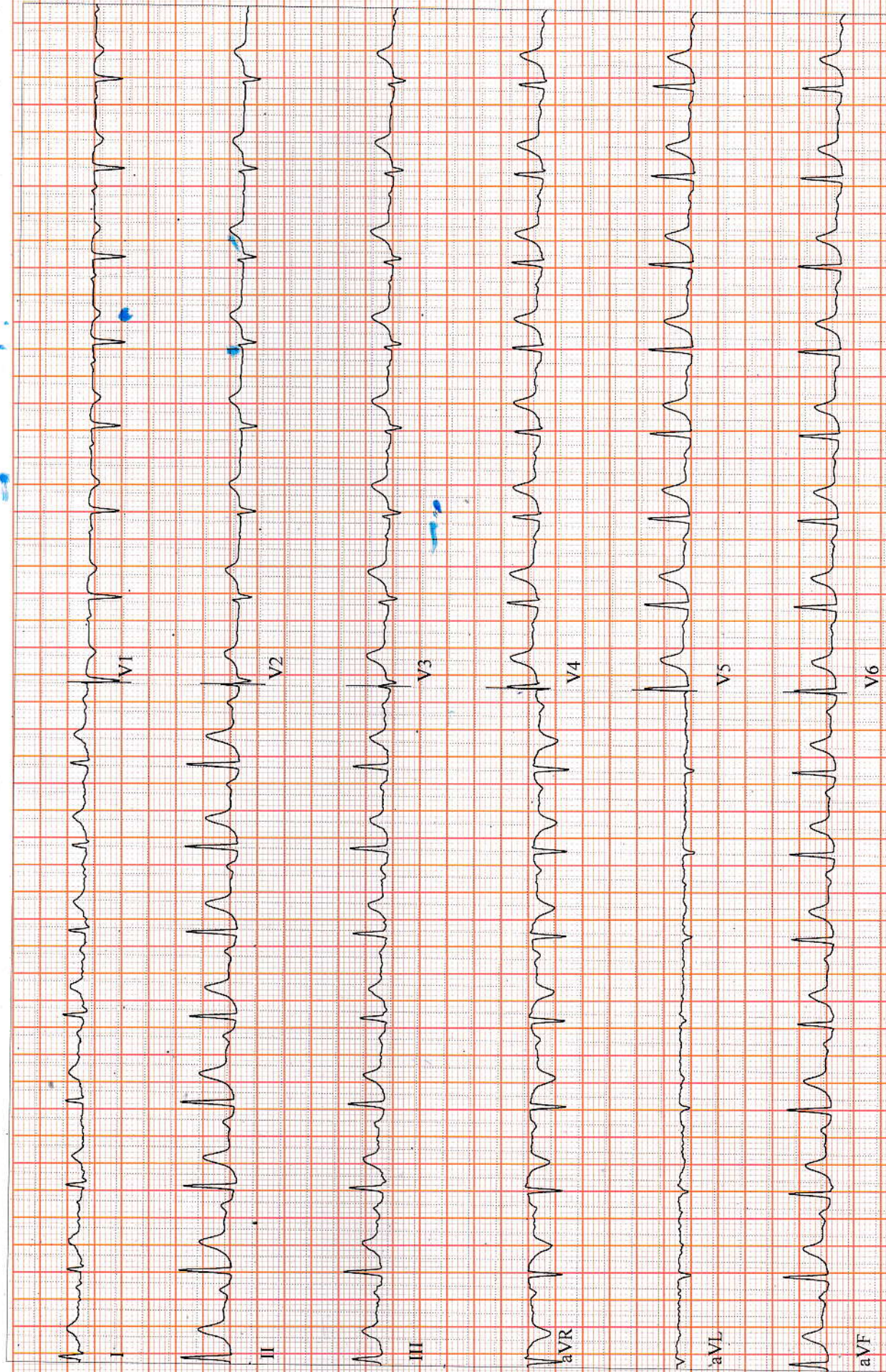
Page 4

INDRA RAYPA GARKHAL,
Patient ID 80235
27.02.2022
12:26:09pm

12-Lead Report

RECOVERY
#1
01:00
96 bpm
150/90 mmHg

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INDRA RAYPA GARKHAL,

Patient ID 80235

27.02.2022

12:27:09pm

12-Lead Report

RECOVERY

#1

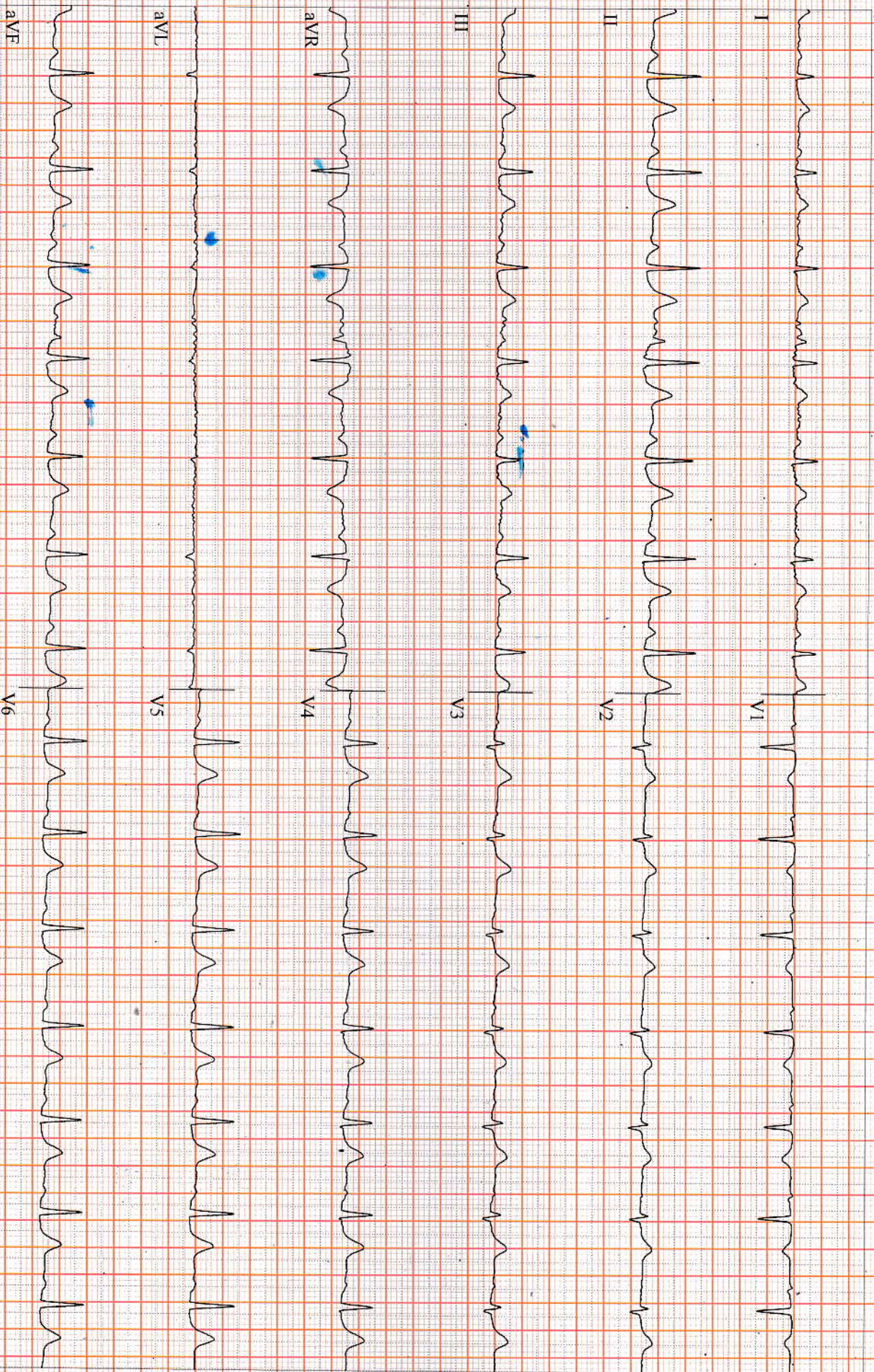
02:00

BRUCE

0.0 km/h

0.0 %

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GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:22:06pm

MICRO MED CHARTS

INDRA RAYPA GARKHAL,
Patient ID 80235

27.02.2022
12:28:09pm

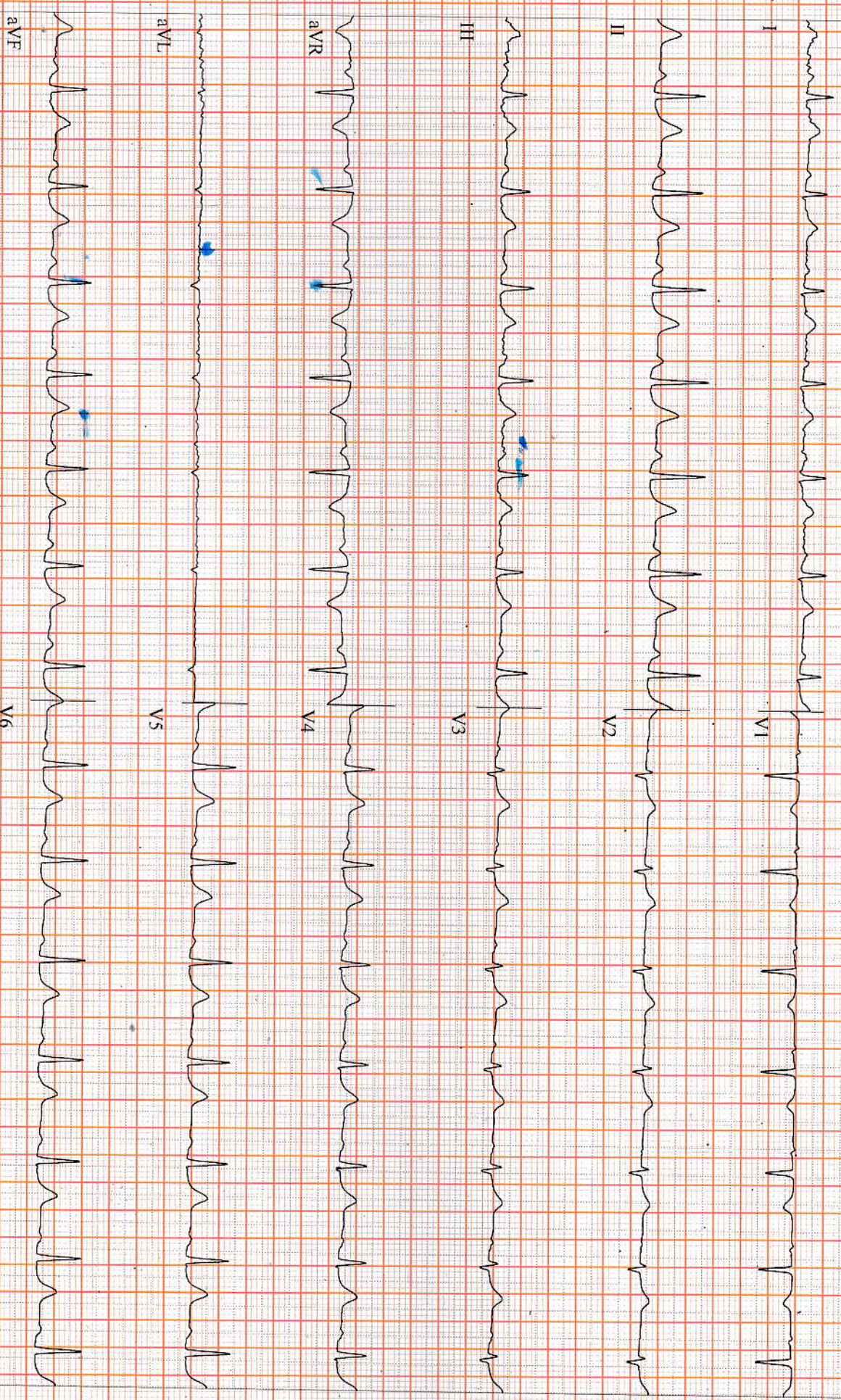
86 bpm
140/90 mmHg

RECOVERY #1
03:00

BRUCE
0.0 km/h
0.0 %

S K NURSING HOME AND HOSPITAL

12-Lead Report



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:22:06pm