



A Unit of Diagnostic Care with Trust

# श्री साई इमेजिंग एंड डायग्नोस्टिक सेंटर

हर जीवन अमूल्य है



पुराना धमतरी रोड, सब्जी बाजार के सामने,  
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

PT. NAME	:- MRS. MADHURI PANDA	Sample Collected On	:- 26/10/2024
PT. AGE/SEX	:- 48 Y / F	Report Released On	:- 26/10/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10523
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	77.7	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	79.30	mg/dl	70 - 140
Urea	25.3	mg/dL	15 - 45
Serum Creatinine	0.78	mg/dl	0.52 - 1.04
Uric Acid	3.8	mg/dL	2.5 - 6.2
Serum Sodium	138.2	mmol/L	135 - 155
Serum Potassium	4.0	mmol/L	3.5 - 5.3
Cholesterol	143.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	112.0	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	44.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	76.60	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	22.40	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.24		0 - 5.0
LDL/HDL Ratio	1.73	ratio	0 - 3.5

### Clinical Significance :

#### Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

#### Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

CHECKED BY

सही जाँच ही सही इलाज का आधार है...



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<b>Company</b>	<b>:- ARCOFEMI HEALTH CARE LTD.</b>	<b>TPA</b>	<b>:- -</b>

Bilirubin - Total	0.45	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.10	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.35	mg/dl	0 - 1.1
SGOT (AST)	26.7	U/L	14 - 36
SGPT (ALT)	28.1	U/L	9 - 52
Alkaline phosphatase (ALP)	74.5	U/L	38 - 126
Total Proteins	7.4	g/dl	6.3 - 8.2
Albumin	4.1	g/dl	3.5 - 5.0
Globulin	<b>3.30</b>	g/dl	2.3 - 3.6
A/G Ratio	1.24		1.1 - 2.0
Gamma GT	30.4	U/L	<38

**Clinical Significance :**

**Alanine transaminase (ALT)**

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

**Aspartate transaminase (AST)**

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

**Alkaline phosphatase (ALP)**

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

**Albumin and total protein**

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

**Bilirubin.**

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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## CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
<b>STOOL EXAMINATION</b>			
<b><u>Physical Examination</u></b>			
Consistency	Semisolid		
Colour	Pale Yellow		Pale Yellow
Reaction.	<b>ALKLINE</b>		
Blood	<b>Absent</b>		
Mucus	Absent		
Worms	Absent		
<b><u>Microscopic Examination</u></b>			
Ova	<b>Nil</b>		
Cyst	<b>Nil</b>		
Epithelial cell	1-2	/HPF	0 - 1
PUS CELLS	2-3	/HPF	0 - 5
Trophozoite	<b>Nil</b>		
Vegetable Material	Absent		
Other Findings			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	<b>Nil</b>		Not Detected
<b><u>Microscopic Examination</u></b>			
Epithelial cells	1-2	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	<b>Absent</b>		Not Detected
Crystals	<b>Absent</b>		Not Detected
Bacteria	<b>Absent</b>		Not Detected
Reaction (pH)	<b>Acidic</b>		
<b><u>Chemical Examination</u></b>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	<b>Nil</b>		Not Detected

CHECKED BY

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## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" O"		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

### W.B.C. Indices

TOTAL WBC COUNT	6600	/cumm	4000 - 11000
NEUTROPHILS	69	%	40 - 70
LYMPHOCYTES	25	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	10.7	gm/dL	12.5 - 16.5
RBC COUNT	3.92	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	31.9	%	37.5 - 49.5
MCV	81.5	fL	80 - 95
MCH	27.4	pg	26 - 32
MCHC	33.54	g/dl	32 - 36
RDW-CV	16.5	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	156000	/μL	150000-400000
MPV	11.8	fl	7.0 - 11.0
PDW	16.2	%	12 - 18
P-LCR	42.9	%	13 - 43
ESR	19	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	4.8	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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**Clinical Significance :**

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD  
PATHOLOGY (AIIMS, NEW DELHI)  
REG. NO. : CG MCI-2996/2010

सही जाँच ही सही ईलाज का आधार है...



GPS Map Camera



रायपुर, छत्तीसगढ़, भारत

6J6W+C64, कृष्णा नगर, संतोषी नगर, रायपुर, मथुरेना, छत्तीसगढ़ 492001, भारत

Lat 21.211081°

Long 81.645682°

26/10/24 09:17 AM GMT +05:30



भारत सरकार

Government of India



माधुरी पांडा

MADHURI PANDA

पिता : स्व० बलराम पढी

Father : LATE BALARAM

PADHY

जन्म तिथि / DOB : 05/03/1976

महिला / Female



**4504 8465 6635**

**आधार - आम आदमी का अधिकार**



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: २९ एम् एम् पि यू, ३३ विंग,  
एयर फोर्स स्टेशन जामनगर,  
जामनगर, अएरोदरोम्मे, गुजरात,  
361003

Address: 29 MMPU, 33 WING, AIR  
FORCE STATION JAMNAGAR,  
Balambha, Aerodrome, Jamnagar,  
Gujarat, 361003

**4504 8465 6635**



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



Patient: **MRS MADHURI PANDA**  
 46 year / F  
 ..... cm / ..... kg

HR 69/min  
 Axis: P 56°, QRS 73°, T 54°  
 SINUS RHYTHM  
 OTHERWISE NORMAL ECG

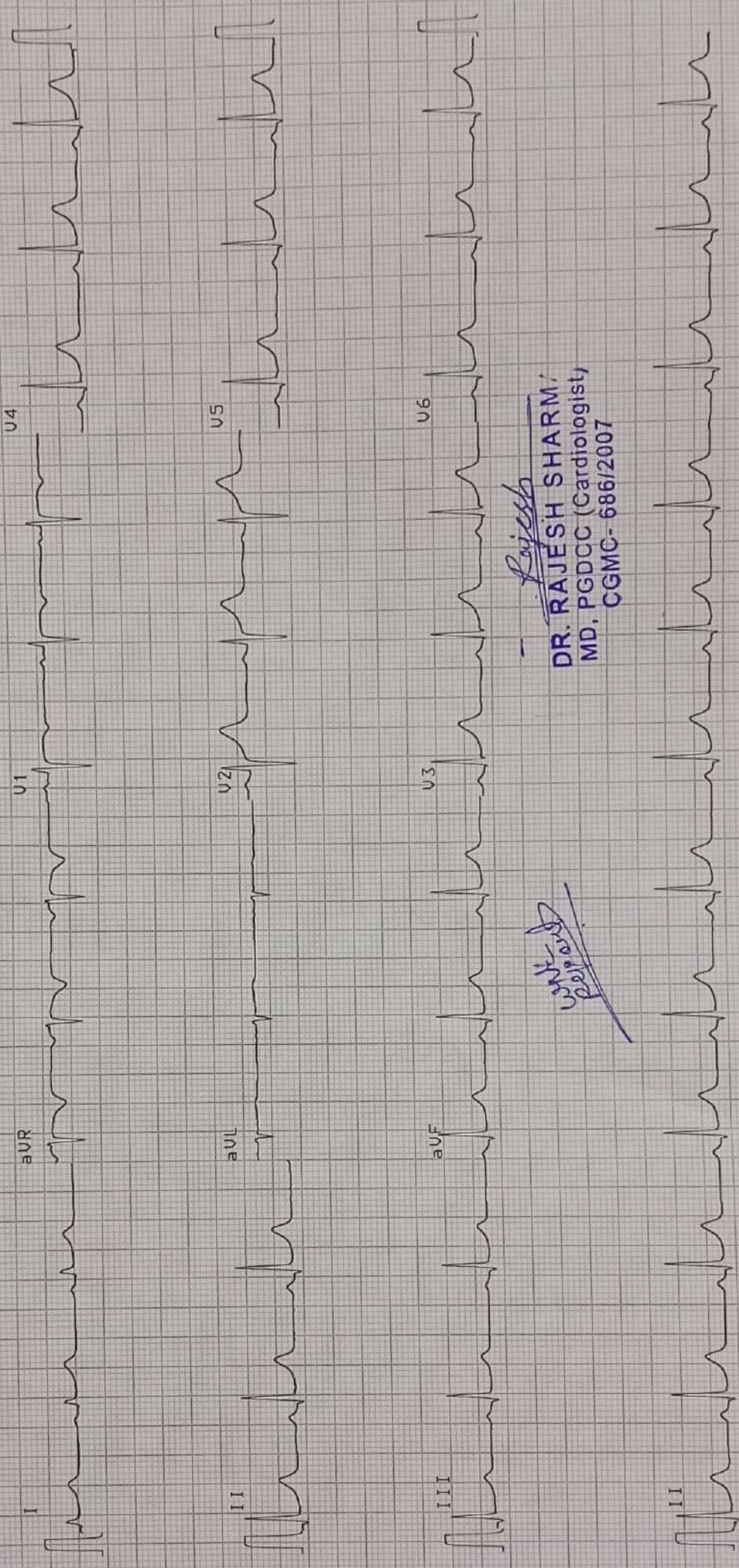
UNCONFIRMED REPORT

Intervals:  
 RR 869 ms  
 P 100 ms  
 PR 140 ms  
 QRS 72 ms  
 QT 366 ms  
 QTc 394 ms

P (II) 0.13 mV  
 S (V1) -0.81 mV  
 R (V5) 1.12 mV  
 Sokol. 2.04 mV

10 mm/mV

10 mm/mV



*Rajesh*  
**DR. RAJESH SHARM;**  
 MD, PGDCC (Cardiologist),  
 CGMC- 686/2007

*Uthpal*  
*Patel*

*Mende*

DATE: 26-10-2024

PATIENT NAME : MRS. MADHURI PANDA  
AGE/SEX : 46 YRS / FEMALE  
REF. BY : BANK OF BARODA

**X-RAY CHEST PA VIEW**  
**OBSERVATION & IMPRESSION**

- Bilateral lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- The cardiac shadow is normal.
- The bony thorax is normal.

**IMPRESSION**

No significant abnormality detected.

Needs clinical correlation & other investigations.



Dr. Alsaba Khan MD  
Consultant Radiologist.

*Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.*

**Note-**

1. The report & film are not valid for medico-legal purpose.
2. Please intimate us if any typing mistakes & send the report for correlation within 7 da.

DATE: 26-10-2024

PATIENT NAME : MRS. MADHURI PANDA  
AGE/SEX : 46 YRS / FEMALE  
REF. BY : BANK OF BARODA

## SONOGRAPHY OF THE ABDOMEN+PELVIS

PROCEDURE DONE BY ULTRASOUND MACHINE TOSHIBA XARIO-200 (4D COLOR DOPPLER)

**LIVER** : The liver is normal in size, shape & contour with raised echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

**GALL BLADDER** : well distended & shows normal wall thickness. No obvious intraluminal calculus.

**PANCREAS** : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.

**SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.

**KIDNEY** : Right kidney measures ~ 9.6 x 4.1 cm  
Left kidney measures ~ 9.9 x 4.3 cm  
Both Kidneys are normal size, shape and position.  
Renal parenchymal echogenicities are normal.  
No evidence of any calculus or pelvicalyceal dilation.

**URINARY BLADDER** : UB is well distended with normal wall thickness. No evidence of mass / calculus.

**UTERUS** : Anteverted bulky uterus & measuring 9.7 x 4.7 x 4.1 cm & vol 101.4 cc.  
Centrally situated endometrium is normal (5.6 mm).

**OVARY** : Right ovary measures ~ 3.7 x 1.4 cm.  
Left ovary measures ~ 3.7 x 1.9 cm.  
Both ovaries are normal in size, shape and echotexture.

**RETRO PERITONEUM** : No evidence of lymphadenopathy / mass.

**FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.

### IMPRESSION:

- Fatty liver grade-I.
- Marginal bulky uterus.

*Needs clinical correlation & other investigations.*



Dr. Alsaba Khan MD  
Consultant Radiologist

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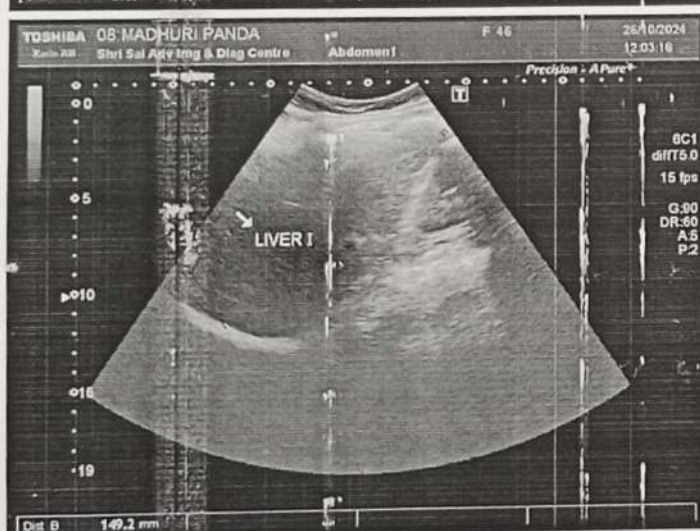
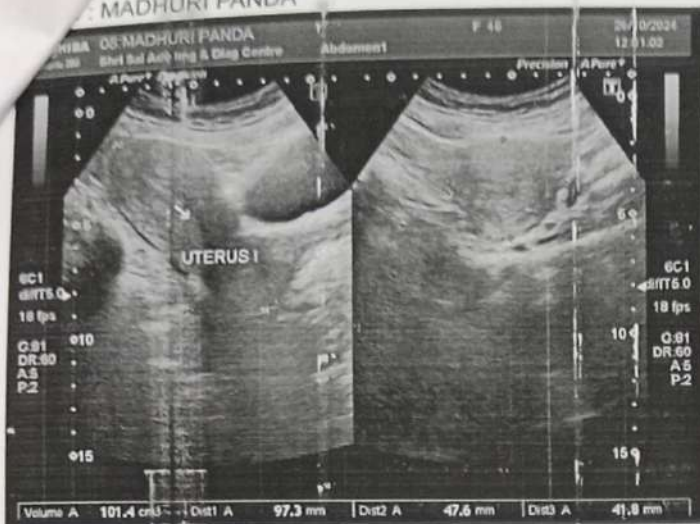
### Note-

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2. Please intimate us if any typing mistakes & send the report for correlation within 7 days.
3. कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे

सही जांच ही सही इलाज का आधार है..

# SAI DIAGNOSTIC CENTER RAIPUR

2024 Study : Abdomen  
MADHURI PANDA



DATE: 26-10-2024

PATIENT NAME : MRS. MADHURI PANDA  
AGE/SEX : 46 YRS / FEMALE  
REF. BY : BANK OF BARODA

## USG OF BOTH BREASTS

### RIGHT BREAST

- Right the breast is are normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Right axillae is clear.

### LEFT BREAST

- Left the breast is normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Left axillae is clear.

### IMPRESSION:

**No significant abnormality is seen.**

*Needs clinical correlation & other investigations.*



**Dr. Alsaba Khan MD  
Consultant Radiologist**

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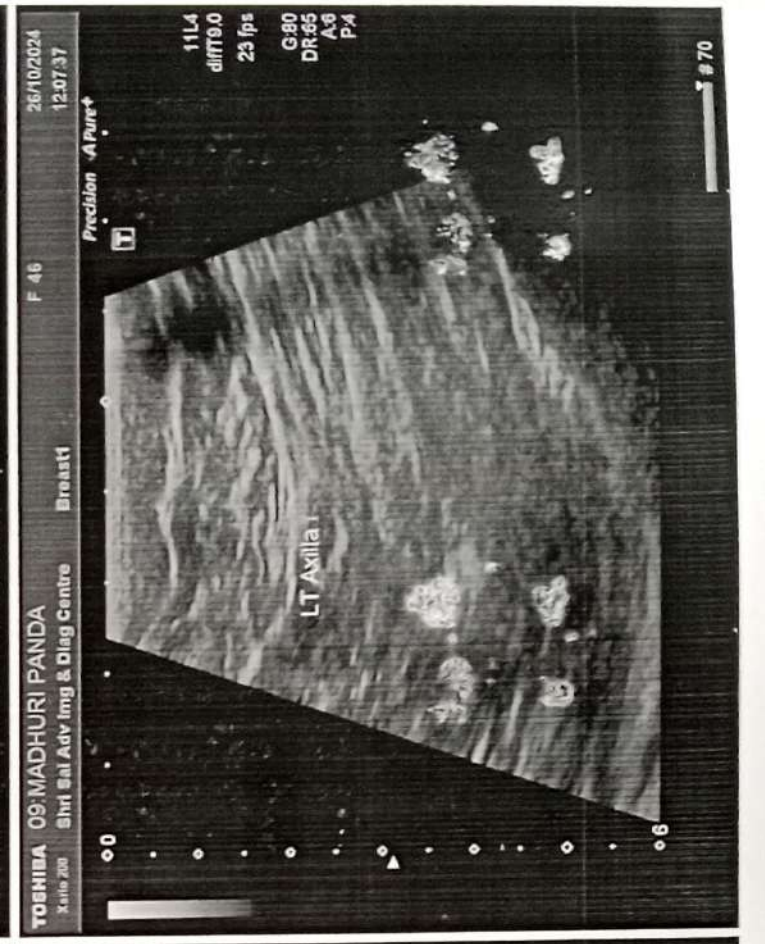
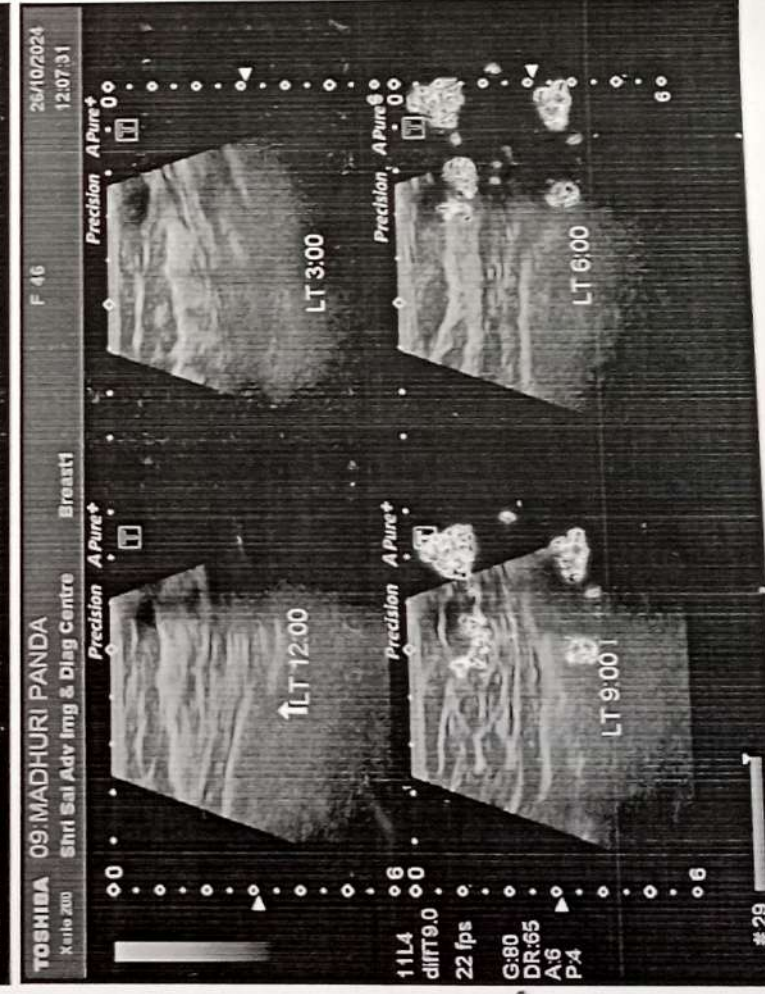
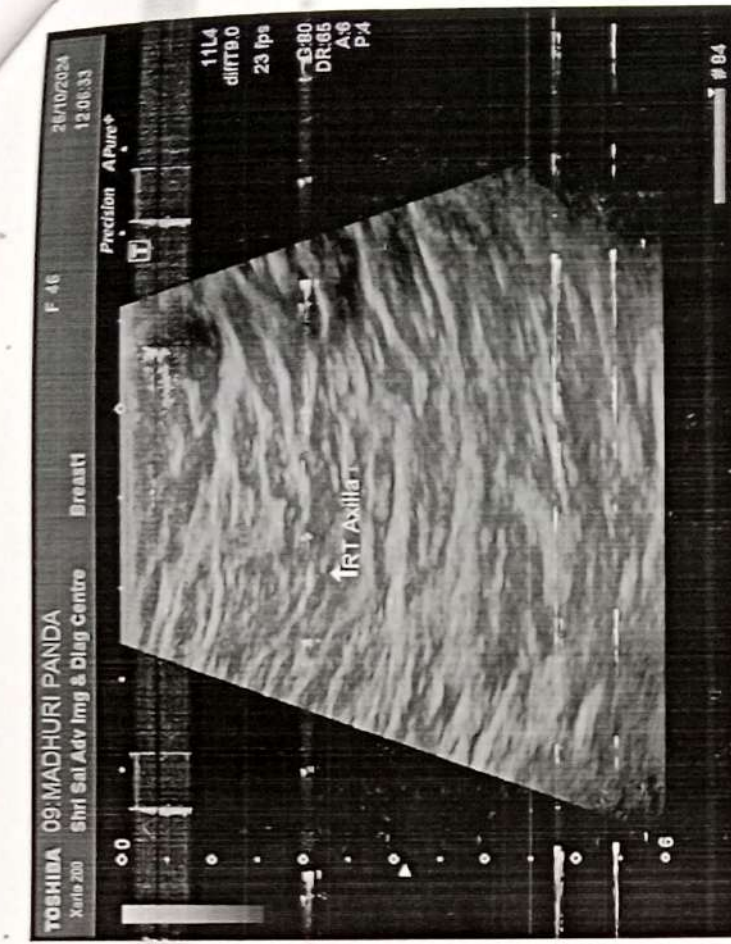
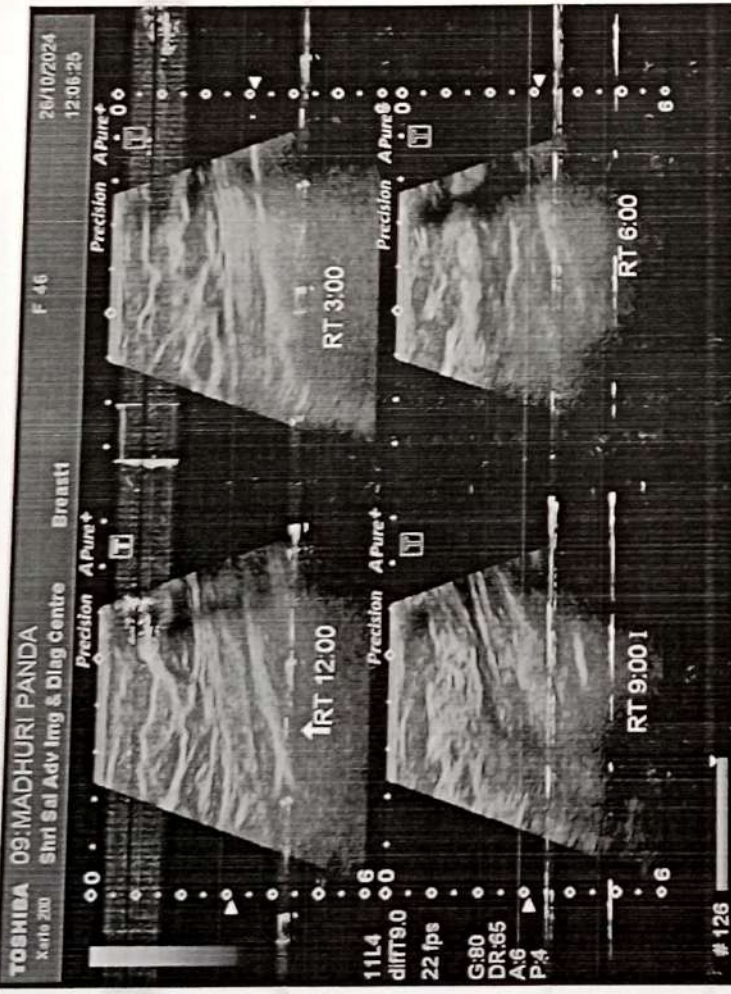
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SAI DIAGNOSTIC CENTER RAIPUR

26 Oct 2024 Study : Breast  
Name : MADHURI PANDA



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER  
 RADHAKRISHNA VIHAR SANTOSHI NAGAR Email:

Report



437 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / NonSmoker  
 Date: 26 - 10 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:25	0:25	00.0	00.0	01.0	080	46 %	115/75	092	00	
Standing	00:57	0:32	00.0	00.0	01.0	097	56 %	115/75	111	00	
ExStart	01:03	0:06	00.0	00.0	01.0	097	56 %	115/75	111	00	
BRUCE Stage 1	04:03	3:00	01.7	10.0	04.7	152	87 %	120/80	182	00	
PeakEx	06:37	2:34	02.5	12.0	06.8	166	95 %	125/85	207	00	
Recovery	07:37	1:00	01.1	00.0	01.0	138	79 %	120/80	165	00	
Recovery	08:37	2:00	01.1	00.0	01.0	111	64 %	117/77	129	00	
Recovery	09:14	2:37	01.1	00.0	01.0	106	61 %	117/77	124	00	

FINDINGS :

Exercise Time : 05:34  
 Max HR Attained : 166 bpm 95% of Target 174  
 Max BP Attained : 125/85 (mm/Hg)  
 Max Workload Attained : 6.8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TMT Test is negative .

*M. Venkatesh*

*Rajesh*  
**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 686/2007



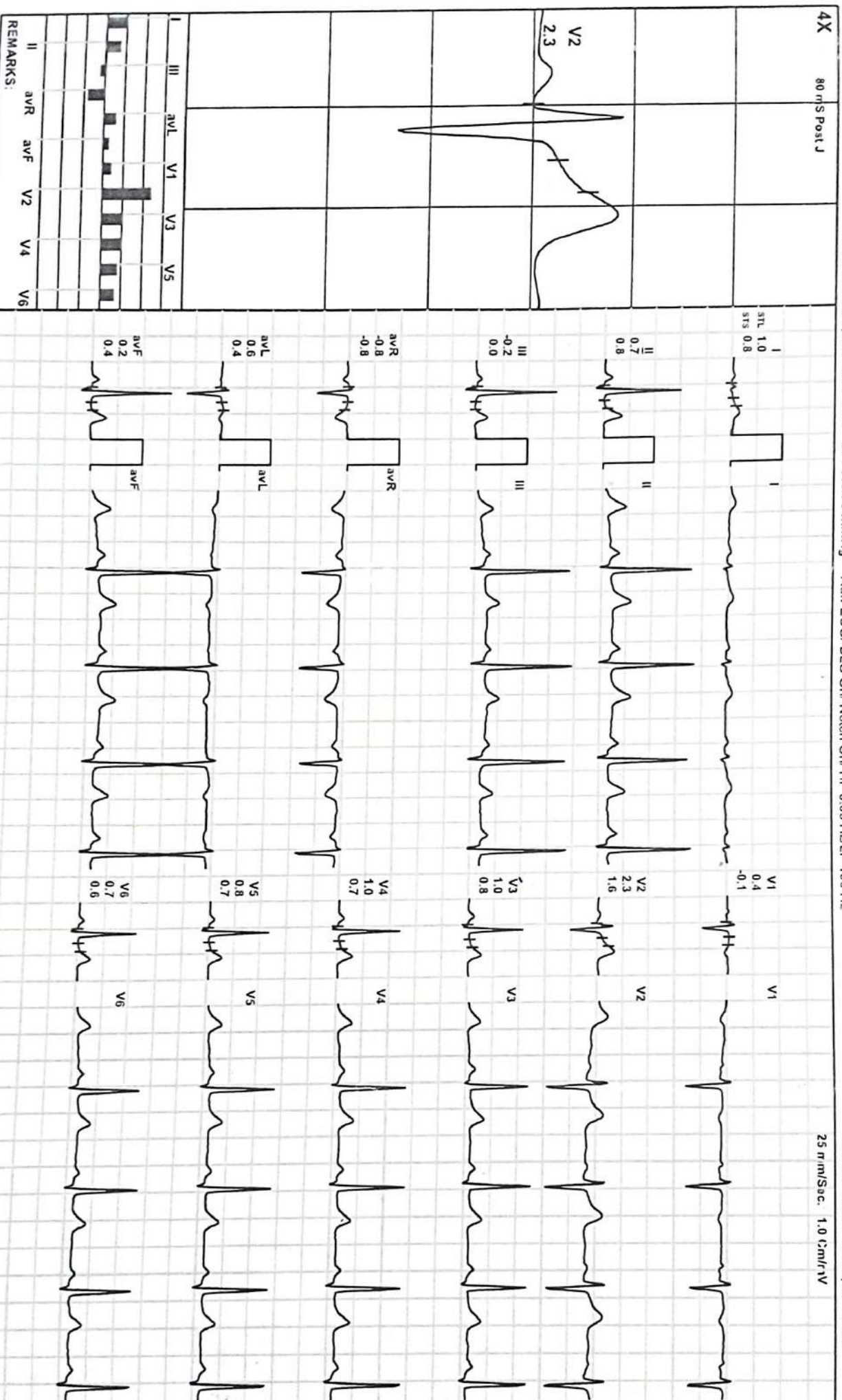
487 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 80

Date: 26 - 10 - 2024

METS: 1.0/ 80 bpm 46% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LE 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/rV



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



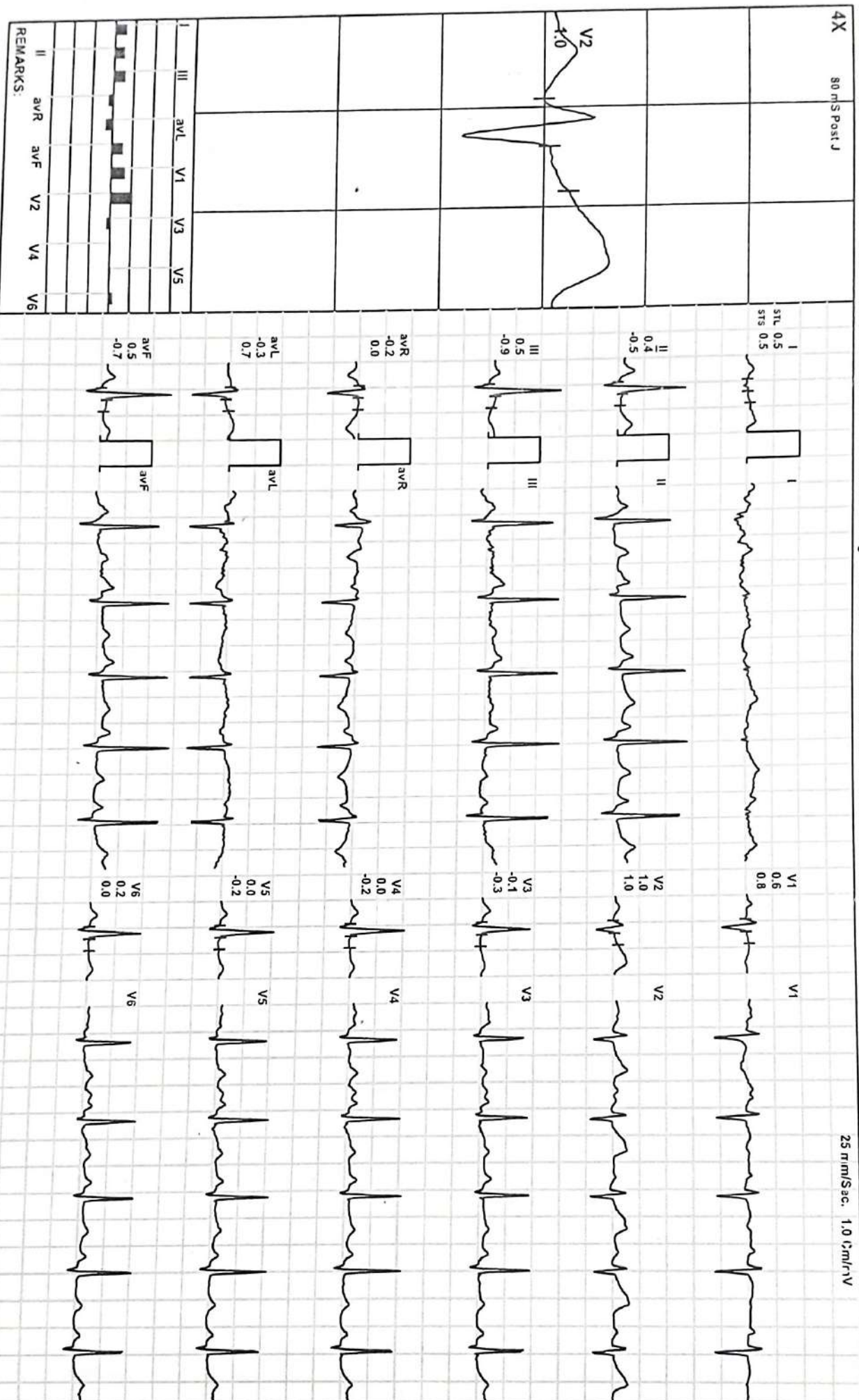
487 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 97

Date: 26 - 10 - 2024

METS: 1.0/ 97 bpm 56% of THR BP- 115/75 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 cm/rV



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ExStart



487 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 97

Date: 26 - 10 - 2024

METS: 1.0/ 97 bpm 56% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 .0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 cm/rV

I  
STL 0.3  
STS 0.3

V1  
0.6  
0.7

II  
0.2  
0.0

V2  
1.1  
0.8

III  
-0.2  
-0.6

V3  
0.1  
0.1

aVR  
-0.3  
-0.3

V4  
0.0  
-0.1

aVL  
0.2  
0.5

V5  
0.0  
-0.1

aVF  
0.0  
-0.3

V6  
0.0  
-0.1



Lead	STL	STS
I	0.3	0.3
II	0.2	0.0
III	-0.2	-0.6
aVR	-0.3	-0.3
aVL	0.2	0.5
aVF	0.0	-0.3
V1	0.6	0.7
V2	1.1	0.8
V3	0.1	0.1
V4	0.0	-0.1
V5	0.0	-0.1
V6	0.0	-0.1

REMARKS:





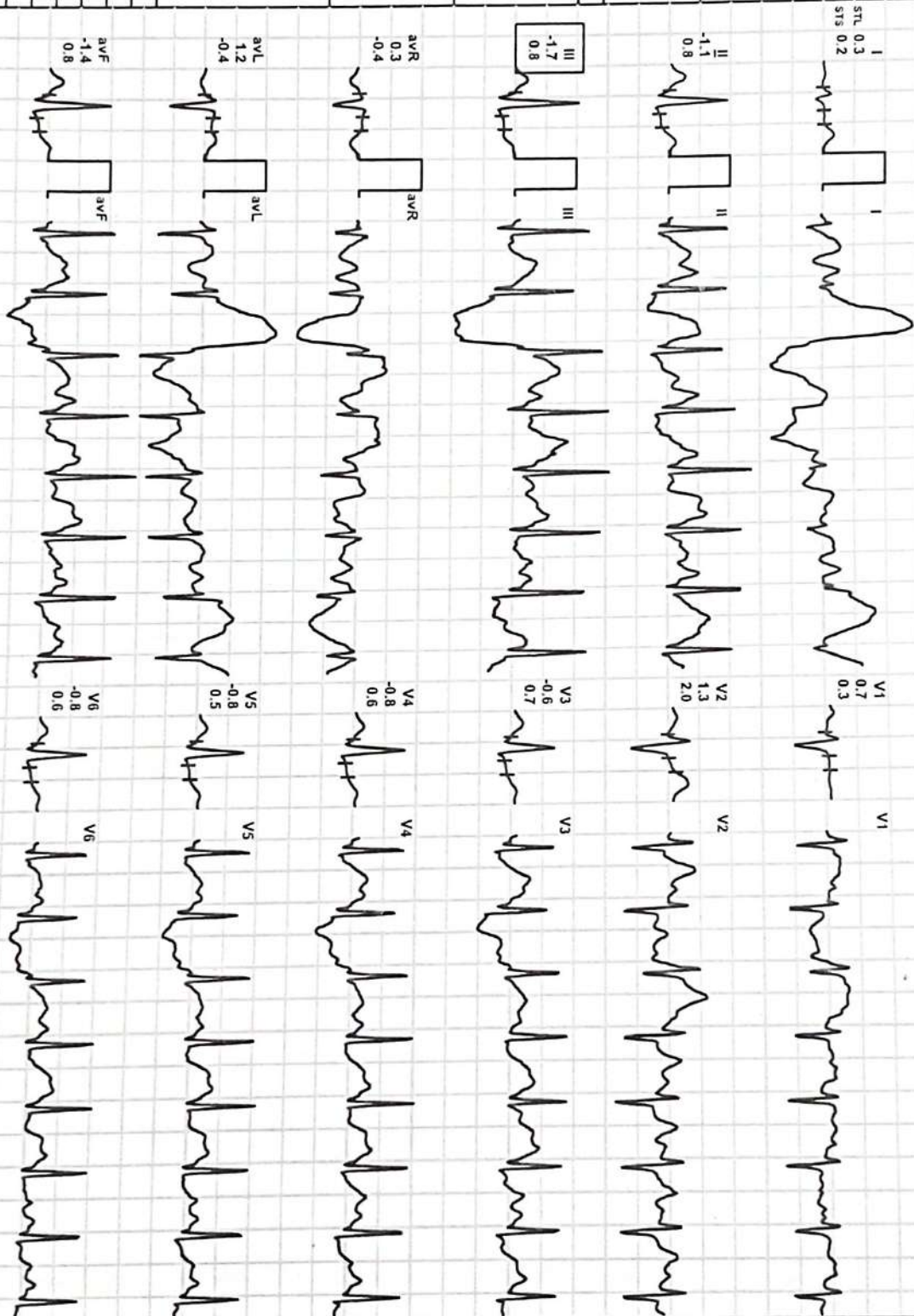
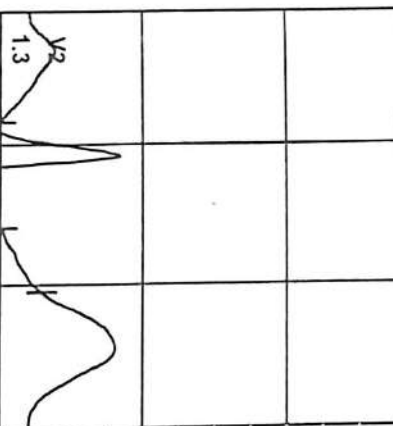
Date: 26-10-2024

METS: 4.7/ 152 bpm 87% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 H/L/F 100 Hz

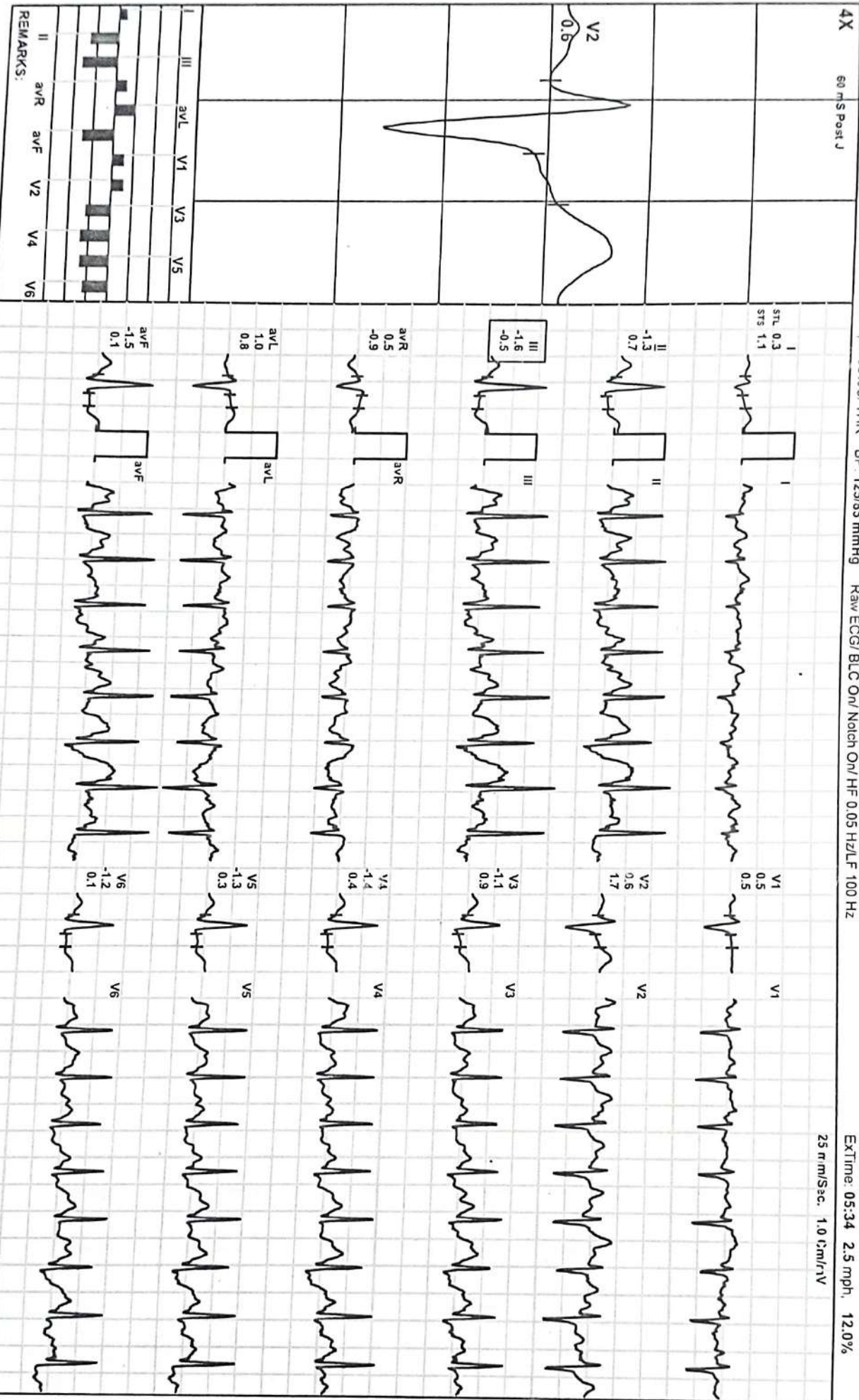
ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 cm/rV

4X 60 mS Post J



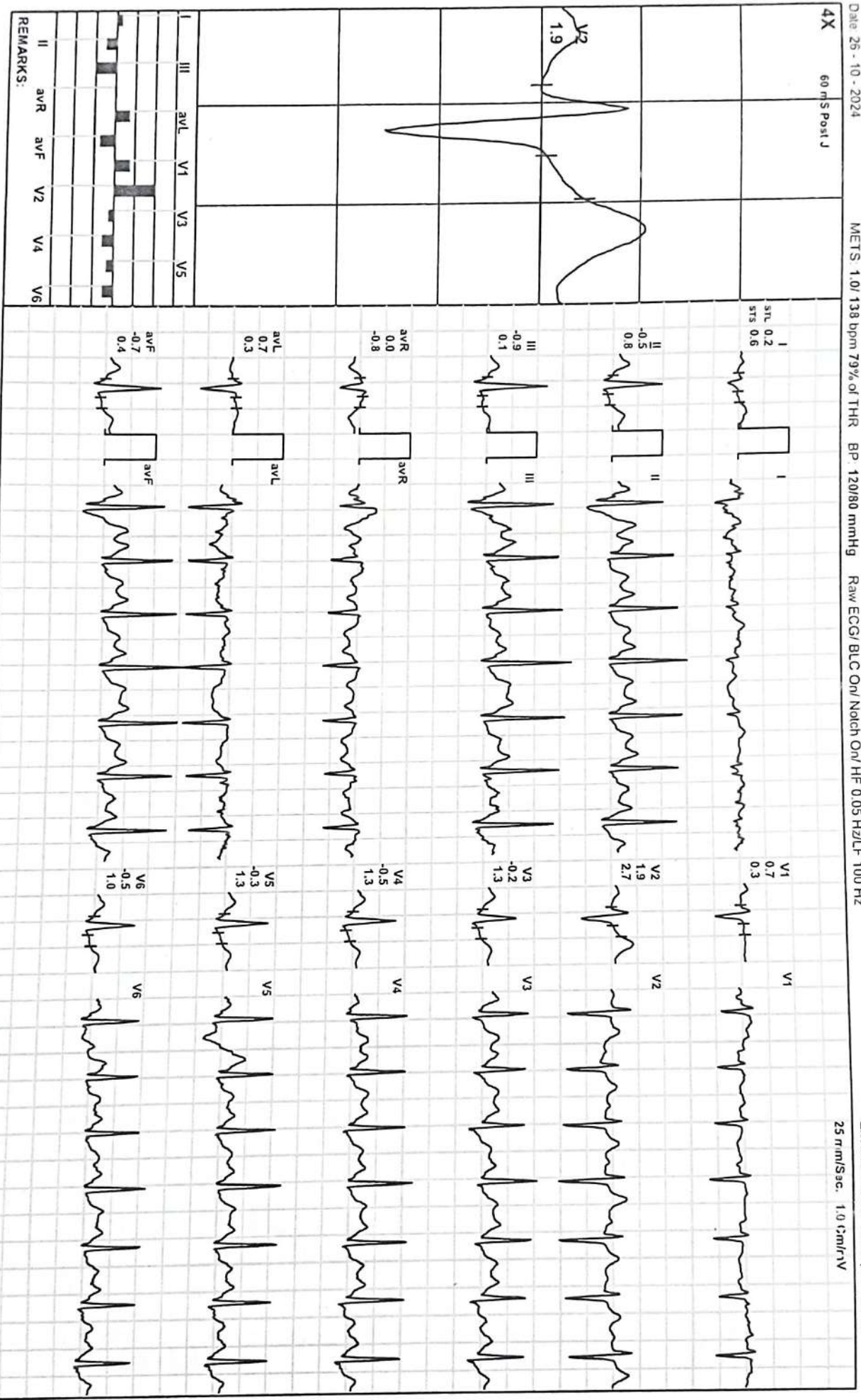
REMARKS:  
II aVR aVF V2 V4 V6



REMARKS:

Date 26-10-2024 METS 1.0/138 bpm 79% of THR BP 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 100 Hz

EXTime: 05:34 1.1 mph, 0.0%  
25 mm/Sec. 1.0 (cm/rV)



REMARKS:

437 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 111

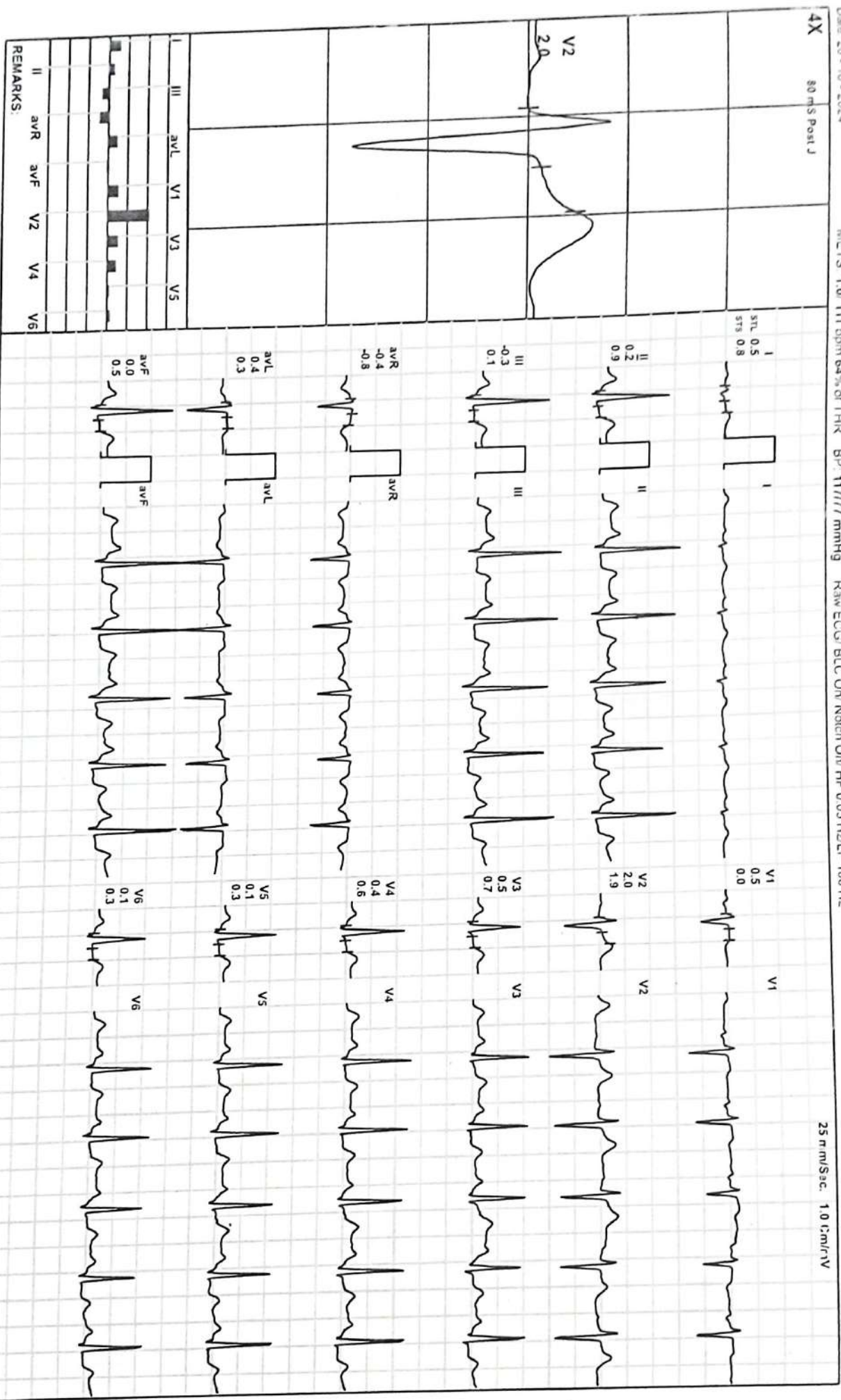
Date: 26-10-2024

METS: 1.0/ 111 bpm 64% of THR BP: 117/77 mmHg RAW ECG/ BLC On/ Natch On/ HF 0.05 HZLF 100 HZ

ExTime: 05:34 1.14 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 cm/rV



REMARKS:

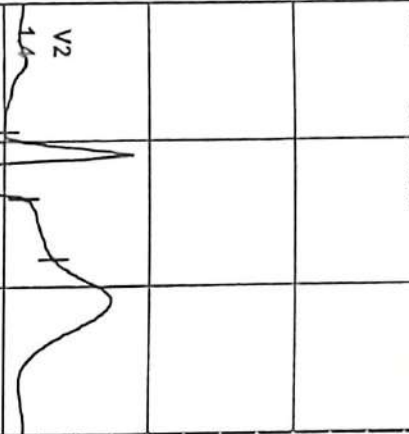
487 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 106

Date: 26 - 10 - 2024

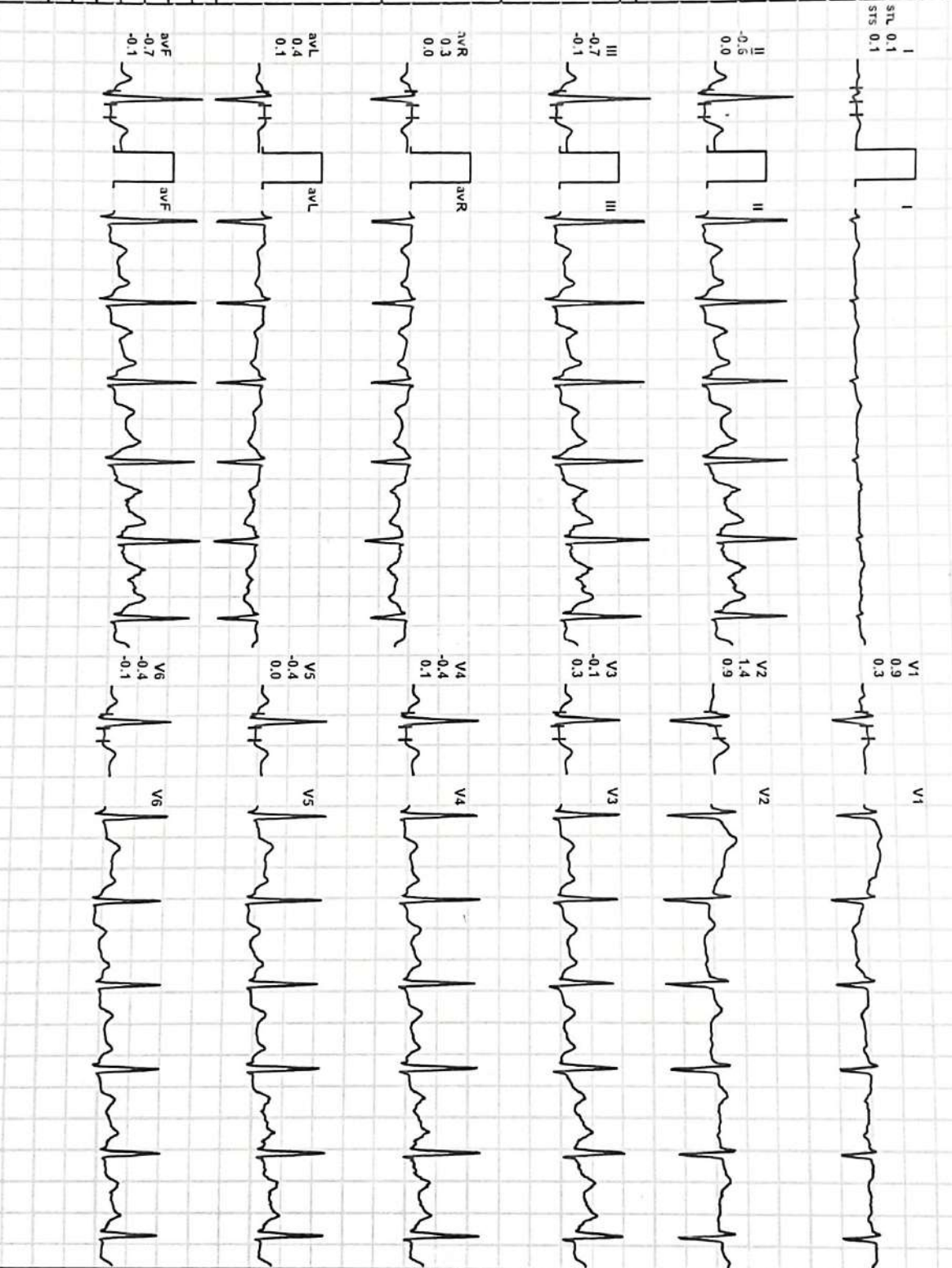
METS: 1.0/106 bpm 61% of THR BP: 117/77 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 05:34 1.1 mph, 0.0%  
25 mm/Sec. 1.0 cm/rV

4X 80 ms Post J



	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
STL	0.1	-0.5	-0.7	0.3	0.4	-0.7	0.9	1.4	-0.1	-0.4	-0.4	-0.4
STS	0.1	0.0	-0.1	0.0	0.1	-0.1	0.3	0.9	0.1	0.1	0.0	-0.1



REMARKS:



# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

487 / MRS MADHURI PANDA / 46 Yrs / F / 162 Cms / 65 Kg / HR : 115

Date: 26-10-2024

## ST Measurements



Protocol : BRUCE

STL(mm)Supine 80 @ms	I						II						III						STs(mv/sec)						
	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF		V1	V2	V3	V4	V5	V6
Supine	1.0	0.7	-0.2	-0.8	0.6	0.2	0.4	2.3	1.0	1.0	0.8	0.7	0.8	0.8	0.0	-0.8	0.4	0.4	-0.1	1.6	0.8	0.7	0.7	0.6	8.0
Standing	0.5	0.4	0.5	-0.2	-0.3	0.5	0.6	1.0	-0.1	0.0	0.0	0.2	0.5	-0.5	-0.9	0.0	0.7	-0.7	0.8	1.0	-0.3	-0.2	-0.2	0.0	2.0
ExStart	0.3	0.2	-0.2	-0.3	0.2	0.0	0.6	1.1	0.1	0.0	0.0	0.0	0.3	0.0	-0.6	-0.3	0.5	-0.3	0.7	0.8	0.1	-0.1	-0.1	0.1	2.0
Stage 1	0.3	-1.1	-1.7	0.3	1.2	-1.4	0.7	1.3	-0.6	-0.8	-0.8	-0.8	0.2	0.8	0.8	-0.4	-0.4	0.8	0.3	2.0	0.7	0.6	0.5	0.6	1.4
PeakEx	0.3	-1.3	-1.6	0.5	1.0	-1.5	0.5	0.6	-1.1	-1.4	-1.3	-1.2	1.1	0.7	-0.5	-0.9	0.8	0.1	0.5	1.7	0.9	0.4	0.3	0.1	-0.8
Recovery	0.2	-0.5	-0.9	0.0	0.7	-0.7	0.7	1.9	-0.2	-0.5	-0.3	-0.5	0.6	0.8	0.1	-0.8	0.3	0.4	0.3	2.7	1.3	1.3	1.3	1.0	1.0
Recovery	0.5	0.2	-0.3	-0.4	0.4	0.0	0.5	2.0	0.5	0.4	0.1	0.1	0.8	0.9	0.1	-0.8	0.3	0.5	0.0	1.9	0.7	0.6	0.3	0.3	2.8
Recovery	0.1	-0.6	-0.7	0.3	0.4	-0.7	0.9	1.4	-0.1	-0.4	-0.4	-0.4	0.1	0.0	-0.1	0.0	0.1	-0.1	0.3	0.9	0.3	0.1	0.0	-0.1	1.2

STL(μVs)

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	8.0	10.2	2.8	-8.8	2.3	6.5	1.5	18.2	10.6	10.8	9.6	8.5
Standing	2.0	1.3	-0.6	-1.8	1.1	0.3	3.7	8.0	0.7	0.2	-0.3	0.1
ExStart	2.0	1.3	-0.6	-1.8	1.1	0.3	3.7	8.0	0.7	0.2	-0.3	0.1
Stage 1	1.4	-8.1	-11.2	2.6	7.2	-9.7	3.5	3.8	-4.8	-5.8	-5.9	-5.4
PeakEx	-0.8	-11.9	-11.2	6.3	5.2	-11.5	2.7	1.5	-8.5	-8.2	-8.9	-6.9
Recovery	1.0	-4.0	-5.2	1.4	3.2	-4.5	4.2	4.1	-3.4	-4.4	-4.0	-3.0
Recovery	2.8	0.4	-2.4	-1.7	2.7	-1.0	4.0	12.5	2.7	1.5	-0.2	-0.5
Recovery	1.2	-3.7	-4.6	1.3	2.7	-4.1	6.6	11.5	-0.3	-2.2	-2.6	-2.4