

BP - 120/80  
P - 88/ut  
H - 166 cm  
WT - 60 kg

Mr. Piyus Rajan Das  
Age - 49 y/m

24/02/24

CBC - 13.3/6.37/5.27/148  
ESR - 10  
HbA1c - 5.6  
FBS - 90, PP - 102.0  
Creat - 0.88  
Urea - 0.9  
Lipid - 129/93/46/83  
LFT - 30/37/98  
Vit D3 - 11.87  
Vit B12 - 266  
TSH - 6.7

For control diabetes  
↓ vit D ↓ B12  
Subclinical hypothyroid

- Carb Liquid D3 60K  
once a week  
8 week

- Carb SWIFT carb 1/2 1/4 1/2  
x 30 day

- Carb Metformin 500 1/2 1/2  
x 30 day

Ad  
Repeat TSH  
after 1 month



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur

**NAME OF PATIENT: MR. PIYUS RANJAN DAS**  
**REFERRED BY: BOB**

**AGE: 49YRS/MALE**  
**DATE: 24/02/2024**

**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  
**DR. ZEESHAN ATEEB DANI**  
Consultant Radiologist (MD)  
Reg. No. 17094  
**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. PIYUS RANJAN DAS

AGE/SEX: 49 YRS/M

REF BY :- BOB

DATE:- 24.02.2024

**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 cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	11.76X4.68cm	11.88X4.83cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

**Urinary bladder.-** Distended & normal

**Prostate:** is enlarged in size measures weight 32.402 gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

- GRADE - I PROSTATOMEGALY

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant  
DR. ZEESHAN ATEEB DANI  
Reg. No. CGMC-2324 (MD)  
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only and the definitive diagnosis findings have to be clinically correlated. Ultrasound has its limitations in office and in retroperitoneal organs. All congenital abnormalities cannot be detected on USG only. This report is not for medico-legal purposes.

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ID: 299

24-02-2024 10:08:26 AM

MR PIYUS RANJAN DAS

Male 49 Years

HR	: 66	bpm
P	: 104	ms
PR	: 144	ms
QRS	: 92	ms
QT/QTc	: 374/392	ms
P/QRS/T	: 66/95/56	°
RV5/SV1	: 0.973/0.284	mV

Diagnosis Information:

Sinus rhythm  
Possible left posterior fascicular block  
Borderline ECG



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/201  
Apollo Clinic, Raipur

Report Confirmed by:



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

Patient Name Mr. Piyush Ramjan Das

Date 24/02/24

Sex/Age M/49 year

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS		NO		
COLOUR VISION				
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/12 c6-6/6</u>	(LE):- <u>6/12 c6-6/6</u>		
NEAR VISION:(RE):-	<u>N18 c6-N6</u>	(LE):- <u>N18 c6-N6</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT		<u>-0.75</u>	<u>180°</u>	<u>+1.75</u>
LEFT		<u>-0.75</u>	<u>180°</u>	<u>+1.75</u>
REMARKS :-				



*Dr. Zeeshan Ateeb Dani*  
MBBS, MD  
Consultant Ophthalmologist  
Reg. No. CGMC-2324/2009

Patient Name : MR PIYUS RANJAN DAS  
UHID/ MR No : 9315  
Visit Date : 24/02/2024  
Sample Collected On : 24/02/2024 01:37PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 49 Y. Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 24/02/2024 04:42PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	13.3	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	6.37	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	39.90	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	62.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	20.9	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	13.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.27	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

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

Lab Technician / Technologist  
path



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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	148	lacs/cu.mm	150-400
Method: CELL COUNTER			

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

*Results are to be correlated clinically*

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DR DHANANJAY RAMCHANDRA PRASA  
M.D. PATHOLOGY

Apollo Clinic

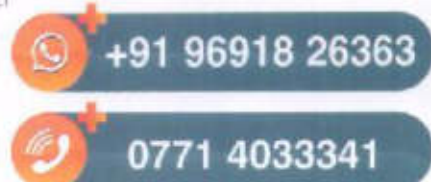
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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 49 Y Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 24/02/2024 04:42PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	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

**End of Report**  
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**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 24/02/2024 04:42PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.6	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

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%.

- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated 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 glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state dete

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**Age/Gender** : 49 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 24/02/2024 04:42PM

**BIO CHEMISTRY**


Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	102.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	90.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.88	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.5	mg/dL	2.6 - 7.2

**End of Report**  
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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 49 Y Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 24/02/2024 04:42PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	129.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	93.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	83	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	18.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.80		3.5-5
Method: Spectrophotometric			

**End of Report**

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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	30	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	37	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	98	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.8	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.95	%	1.1 - 2.2

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
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Lab Technician / Technologist  
path

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Apollo Clinic

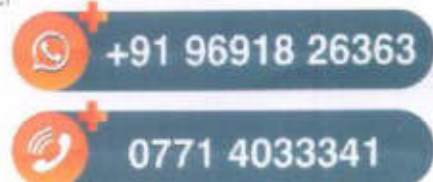
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Patient Name : Mr.PIYUSH RANJAN DAS	Collected : 24/Feb/2024 03:41PM
Age/Gender : 49 Y 0 M 0 D /M	Received : 24/Feb/2024 04:45PM
UHID/MR No : DSUS.0000006528	Reported : 24/Feb/2024 05:45PM
Visit ID : DSUSOPV7608	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	11.87	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL, is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepato cellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	266	pg/mL	180–914	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.



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Age/Gender	: 49 Y 0 M 0 D /M	Received	: 24/Feb/2024 04:45PM
UHID/MR No	: DSUS.0000006528	Reported	: 24/Feb/2024 05:45PM
Visit ID	: DSUSOPV7608	Status	: Final Report
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IP/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Patients taking vitamin B12 supplementation may have misleading results.

- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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



Result/s to Follow:

PROSTATIC SPECIFIC ANTIGEN -TOTAL (PSA), THYROID PROFILE TOTAL (T3, T4, TSH)



  
Apollo Clinic  
DR. MAIKAL KUJUR  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

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Patient Name : Mr.PIYUSH RANJAN DAS	Collected : 24/Feb/2024 03:41PM
Age/Gender : 49 Y 0 M 0 D /M	Received : 24/Feb/2024 04:45PM
UHID/MR No : DSUS.0000006528	Reported : 24/Feb/2024 06:06PM
Visit ID : DSUSOPV7608	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IPI/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.76	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	5.10	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.700</b>	µIU/mL	0.35-5.5	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

Result/s to Follow:

Page 1 of 2



**DR. MAIKAL KUMAR**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

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Visit ID	: DSUSOPV7608	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



  
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 Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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PUR Email:

/MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg

: 24 / 02 / 2024

Time	Duration	Speed(kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
00:09	0:09	00.0	00.0	01.0	077	45%	120/80	092	00	
00:11	0:02	00.0	00.0	01.0	077	45%	120/80	092	00	
JCE Stage 1	03:11	3:00	02.7	10.0	144	84%	120/80	172	00	
KEX	04:01	0:50	04.0	12.0	156	91%	122/82	190	00	
covery	04:31	0:30	00.8	00.0	133	78%	122/82	182	00	
covery	05:01	1:00	00.8	00.0	122	71%	124/84	151	00	
covery	05:05	1:05	00.0	00.0	122	71%	124/84	151	00	

**INDINGS :**

- Exercise Time : 03:50
- Max HR Attained : 156 bpm 91% of Target 171
- Max BP Attained : 124/84 (mm/Hg)
- Max Workload Attained : 5.4 Fair response to induced stress
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY





Doctor : DR DEEPAN DAS MBBS DIP CARDIO

107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 77

BRUCE:Supine(0:09)

ACHPL

Date: 24 / 02 / 2024

MEETS: 1.0/77 bpm 45% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 00:00 0.0 Km/h, 0.0%  
25 mm/Sec. 1.8 Cm/mV

4X 80 mS Post J



REMARKS:

107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 77

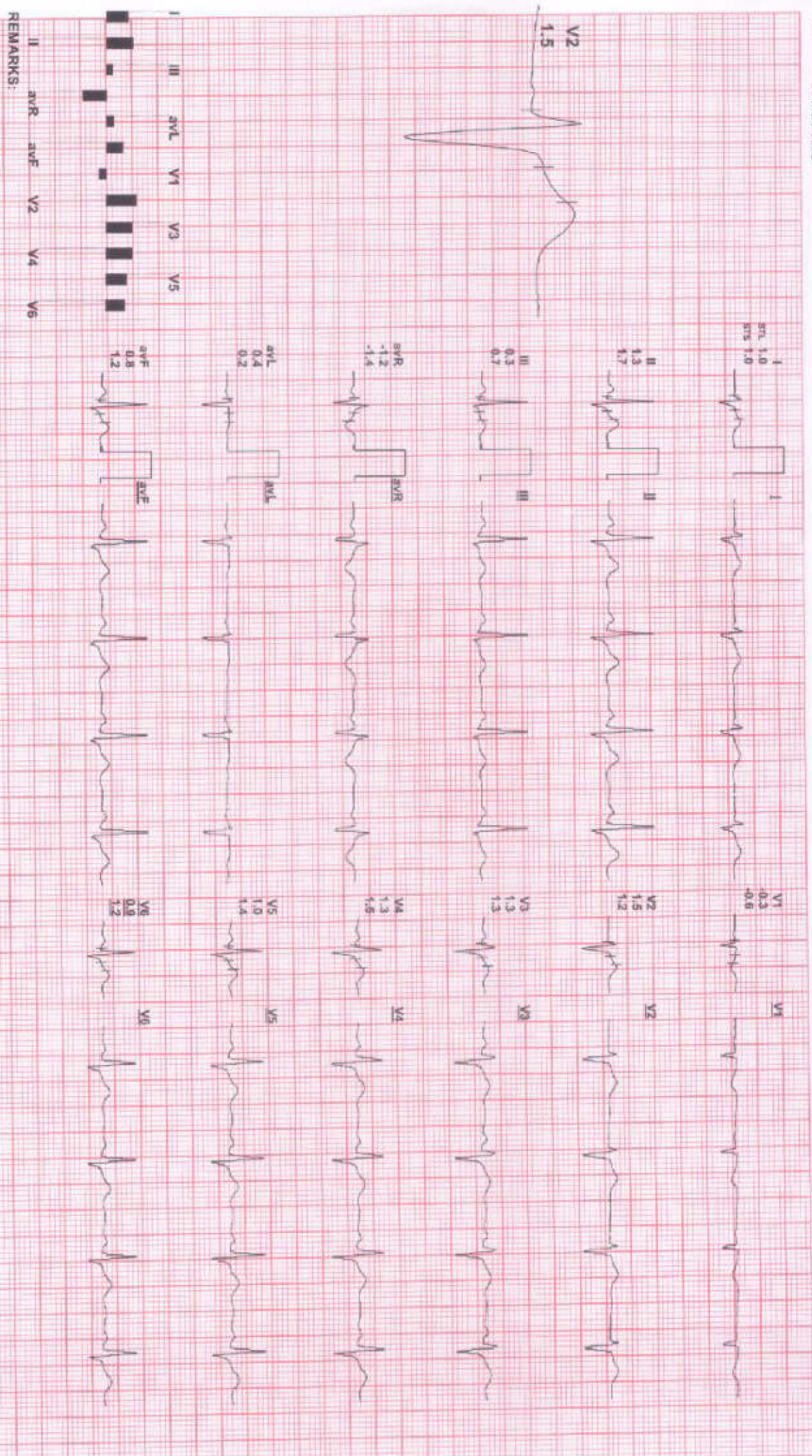
Date: 24 / 02 / 2024  
4X 80 ms Post J

METS: 1.0/77 bpm 45% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Noch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

ExStart

AGPL



REMARKS:

107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 144

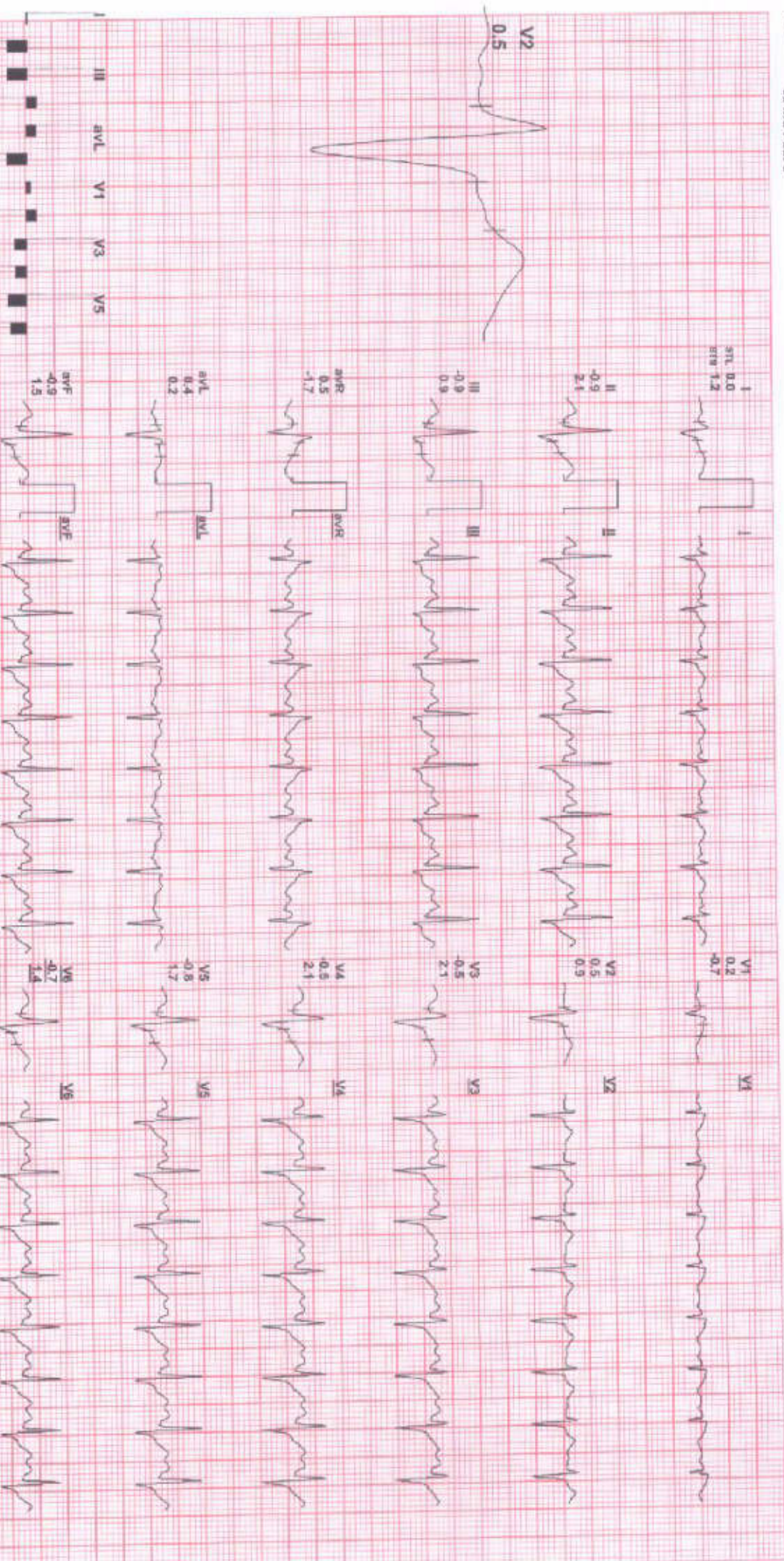
BRUCE: Stage 1(3:00)

ACHPL

Date: 24 / 02 / 2024  
AX 60 ms Post J

METS: 4.7 / 144 bpm 84% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

EXTIME: 03:00 2.7 Km/h, 10.0%  
25 mm/Sec. 1.0 Cm/mV



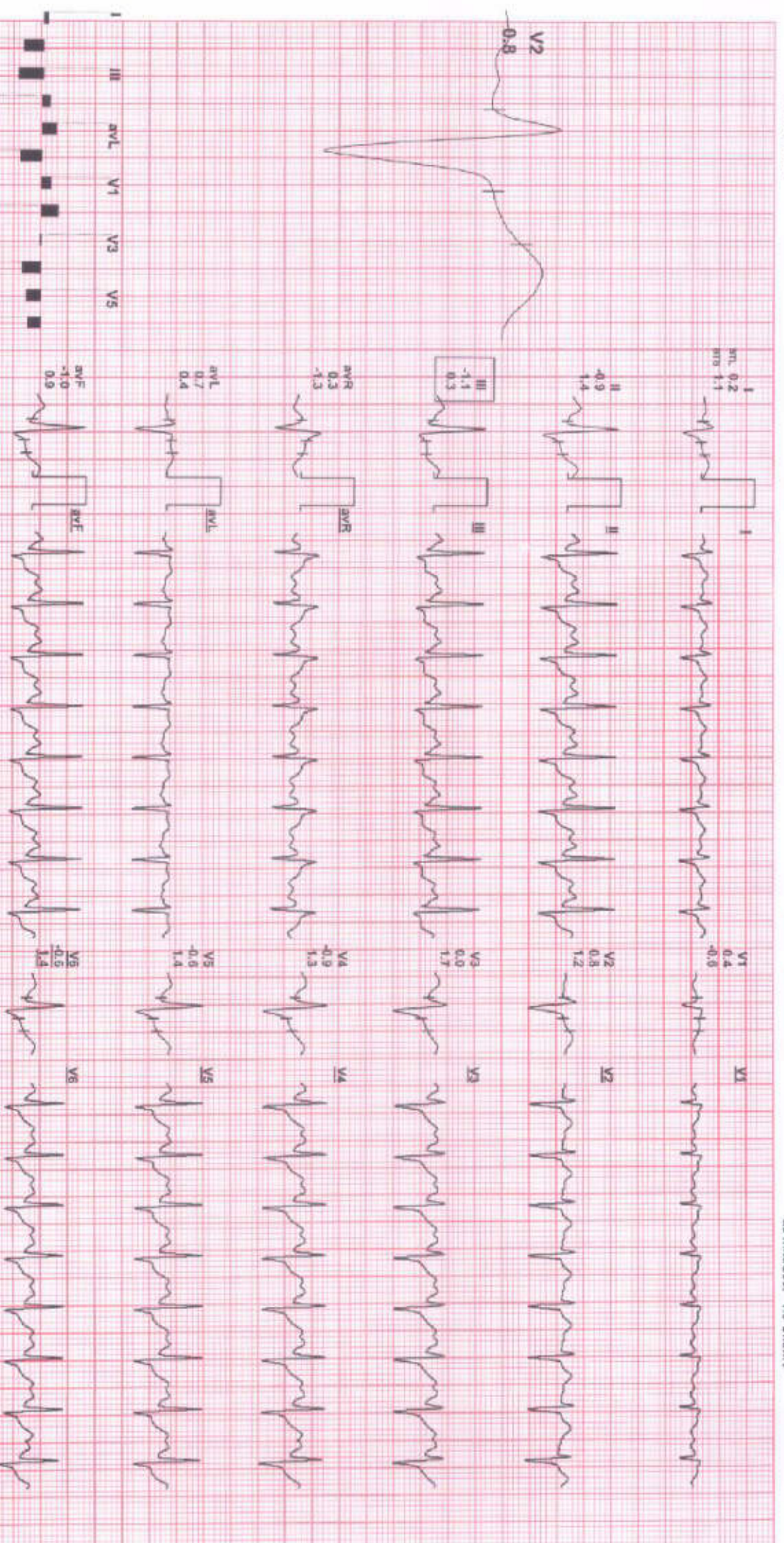
REMARKS:  
II aVR aVF V2 V4 V6  
III aVL V1 V3 V5  
V5

107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 156

Date: 24 / 02 / 2024  
4X 60 ms Post J

METS: 5.4/ 156 bpm 91% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

PeakEX  
ACIPL  
EXTime: 03:50 4.0 Kmph, 12.0%  
25 mm/Sec. 1.0 Cm/mV



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

107 / MR PYYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 133

Recovery(0:30)

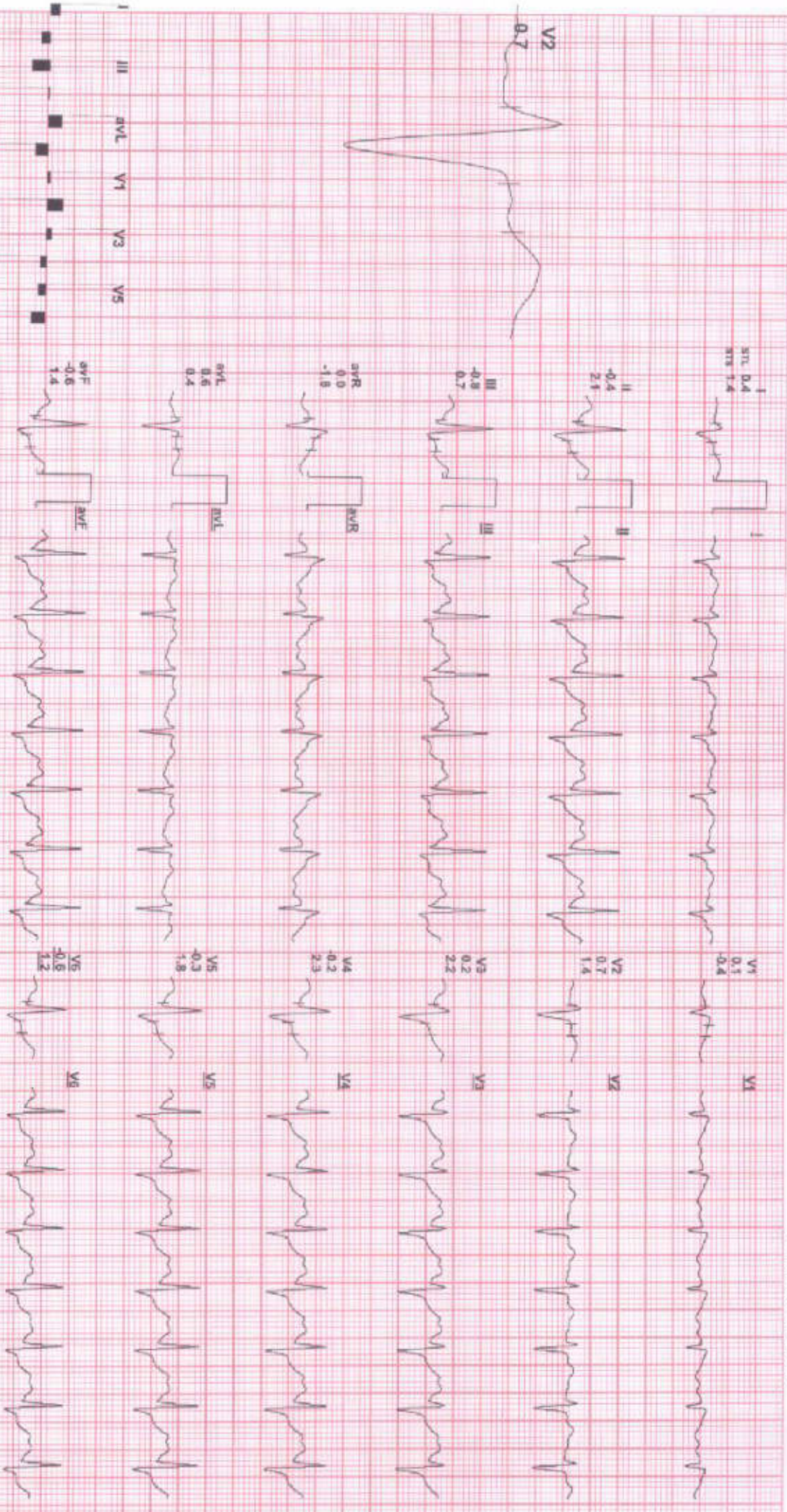


Date: 24 / 02 / 2024

METS: 1.71/133 bpm 78% of THR BP: 122/82 mmHg Combined Modifiers/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 03:50 0.8 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



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

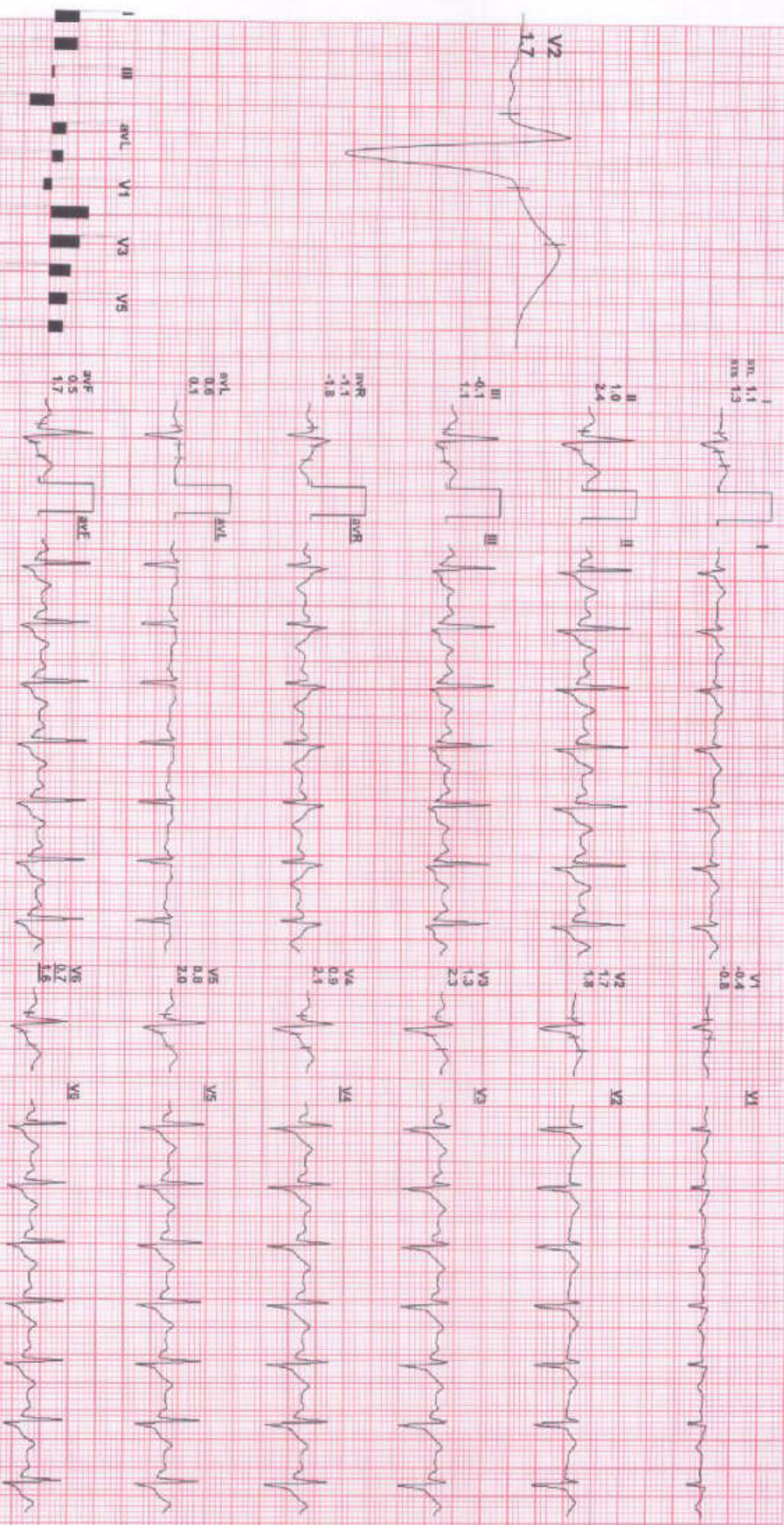
107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 122

Recovery(1:00)

Date: 24 / 02 / 2024  
4X 80 ms Post J

METS: 1.01 122 bpm 71% of THR BP: 124/84 mmHg Combined Medians/ BLC Ov/ Notch Ov/ HF: 0.05 Hz/LF 36 Hz

EXTIME: 03:50 0.8 Km/Ph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVL V1 V2 V3 V4 V5 V6

ACHP



107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 122

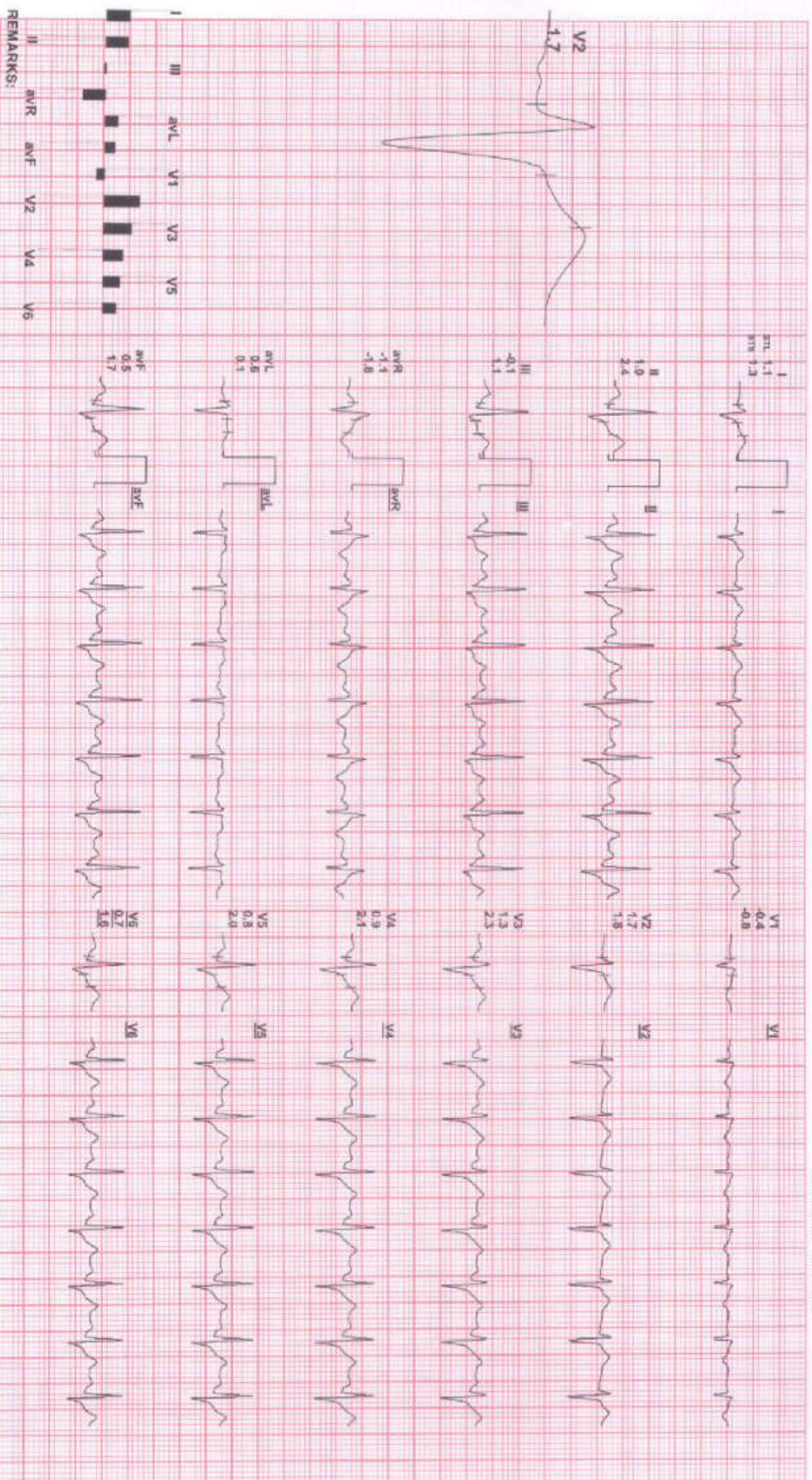
Date: 24 / 02 / 2024  
4X 80 ms Post J

METS: 1.6/ 122 bpm 71% of THR BP: 124/84 mmHg Combined Medians/ BLC Orv Natch Orv HF 0.05 H2/LF 35 HZ

ExTime: 03:50 0.8 Kmph, 0.0%  
25 mm/Sec, 1.8 Cm/mV

Recovery(1:00)

ACHP



REMARKS:

107 / MR PIYUS / 49 Yrs / M / 166 Cms / 60 Kg / HR : 122

Date: 24 / 02 / 2024

MEETS: 1.0/ 122 bpm 71% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

EXTIME: 03:50 0.0 Km/h, 0.0%, 25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:  
II aVR aVF V2 V4 V6