

Health Check up Booking Request(43E1169)

1 message

5 October 2024 at 17:55

Medsave <it@medsave.in>  
To: healthcareshridurga@gmail.com  
Cc: customercare@mediwheel.in



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : NITTI KHURANA  
Proposal No : 5701  
Branch Code : 11J  
Contact Details : 9811162424  
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049  
Appointment Date : 07-10-2024



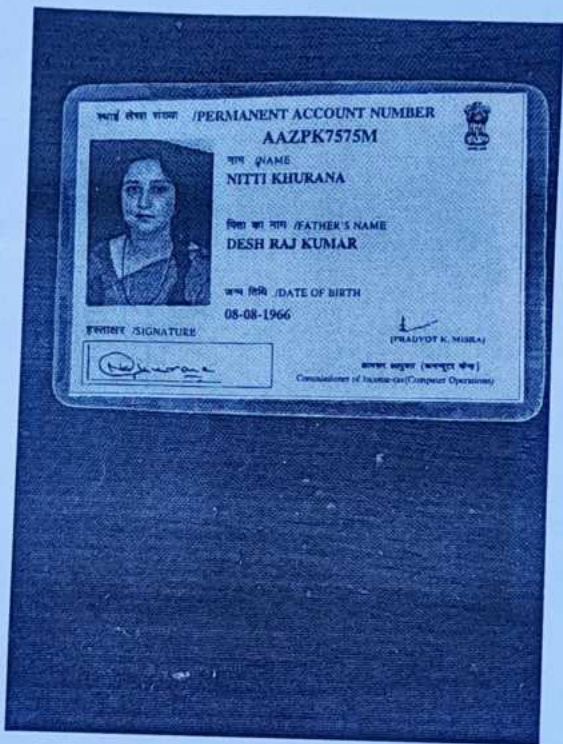
Member Information		
Booked Member Name	Age	Gender
NITTI KHURANA	58 year	Female

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Computerised Tread Mill Test (TMT)
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,  
Medsave  
Team





*N. Be...*

Dr. PREET CHIMAN  
M.B.B.S



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

11-J

Proposal No

5701

Name of Life to be assured:

Nitti Khurana

The Life to be assured was identified on the basis of:

Pan

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at

ND

06/10/24

day of 2024

at 11.02 a.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification:

Dr. Preeti DHIMAN  
M.B.B.S

Signature of the Cardiologist (if LA has undergone CTMT / ECG)  
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)  
Name & Rubber stamp) Qualification



The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured  
Name.....

Reports enclosed.

- 1..... FMR
- 2..... ECG
- 3..... HbA1c
- 4..... SBT-12
- 5..... RUA

6 CTMT (TMT)

7 HbA1c





**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001 (Revised 2020)

Branch Code: 11-5  
Proposal/ Policy No: 5701  
MSP name/code: 6018  
Date & Time of Examination: 06/10/24 11:2 Am  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:  
Identity Proof verified: Pan ID Proof No. AA2PK7575M  
( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr P. Prath (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

[Signature]  
Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

1 Full name of the life to be assured: Mithi Khurana  
2 Date of Birth: 8/8/66 Age: 58 Gender: Female  
3 Height (In cms): 158 Weight ( in kgs ) : 59  
4 Required only in case of Physical MER

Pulse : 80 Blood Pressure (2 readings):  
1. Systolic 128 Diastolic 86  
2. Systolic 128 Diastolic 86

**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5 a. Whether receiving or ever received any **treatment/ medication** including alternate medicine like ayurveda, homeopathy etc ?  
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident?  
c. Whether visited the doctor any time in the last 5 years ?  
If answer to any of the questions 5(a) to (c) is yes -  
i. Date of surgery/accident/injury/hospitalisation  
ii. Nature and cause  
iii. Name of Medicine  
iv. Degree of impairment if any  
v. Whether unconscious due to accident, if yes, give duration

No

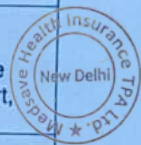
6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**?  
Please specify date , reason ,advised by whom & findings.

No

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.

No

If yes provide all investigation and treatment reports



Dr. P. Prath MAN  
M.B.B.S

8	a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, <b>heartattack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment/</b> disability/ amputation or any congenital disease/ abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	No No
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No



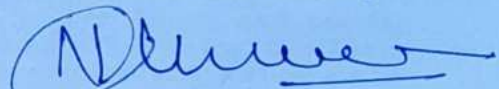
DR. PREETAMAN  
M.B.B.S.

For Female Proponents only		
i.	Whether pregnant? If so duration.	NP NO
ii	Suffering from any pregnancy related complications	NP
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES
---	-----

Declaration

You Mr/Ms Nishi Khazane declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.



Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the \_\_\_ day of \_\_\_ 20\_\_\_ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:  
Date:  
Stamp:

ND  
06/10/24

Dr. PREETI KHANNA  
M.B.B.S.  
Signature of Medical Examiner  
Name & Code No:



**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: Nidhi Khazana

Age/Sex \_\_\_\_\_

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness \_\_\_\_\_

[Signature]  
Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at MD on the day of 06/10/2024 11.02 Am

[Signature]  
Signature of L.A.

-Signature of the Cardiologist

Dr. RAJ KUMAR  
Name & Address  
Qualification

Code No. \_\_\_\_\_

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
158	59	128/86	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supi	P Wave	Normal
Standardisation Imv	10L	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60L	T-wave	Normal
Ventricular Rate	60L	Q-Wave	Normal
Rhythm	Sin		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

MD

on the day of

06/10/24

20 24

11:02

DR RAJ KUMAR  
M.D. (Medicine) D Card. FNI

Signature of the Cardiologist

Name & Address

Qualification

Code No.





# SHRI DURGA HEALTH CARE

Ms. NITTI KHURANA

ID : 58

AGE/SEX : 58 Yr/F

HT/WT : /

DATE : 06-10-2024 11:25:36 AM

REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.

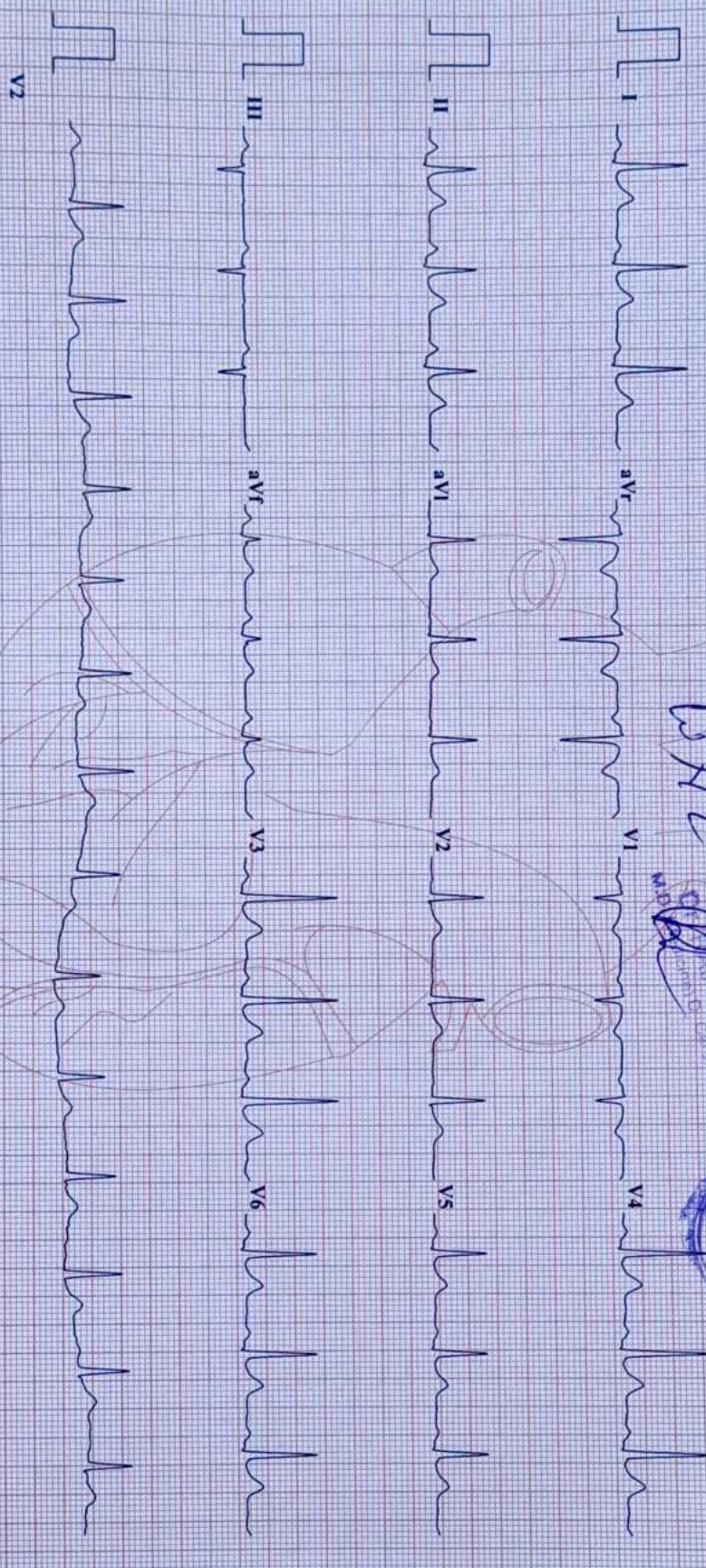


RATE : 88 bpm  
 BP : N/A  
 P Axis : 60 deg  
 QRS Axis : 13 deg  
 T Axis : 37 deg

P Duration : 115 ms  
 PR Duration : 155 ms  
 QRS Duration : 76 ms  
 QT Interval : 313 ms  
 QTc Interval : 359 ms

Linked Median  
 Speed : 25 mm/s  
 Sensitivity : 10 mm/mV

*Handwritten notes:*  
 WNL  
 M.D. Dr. NITTI KHURANA



Filtered(35 Cycle) And Base Corrected

Dr:



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

## Haemogram

TEST NAME	VALUE	UNIT	NORMAL VALUE
Hemoglobin (HB)	12.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,100	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	66	%	45 - 75
Lymphocyte	30	%	20 - 35
Eosinophil	02	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.3	million/cmm	3.5 - 5.5
PCV	38	%	36 - 52
MCV	88	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	34	%	32 - 38
E S R (Wintrob's method)	12	mm/hr	0 - 15
PLATELETS COUNT	2.05	Lac/cmm	1.5 - 4.5

\*\*\*\*\*End of Report\*\*\*\*\*



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049  
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age	58
Date:	6/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	86	mg/dl	70 - 110
Total Cholesterol	180	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	114	mg/dl	50 - 150
S. Triglycerides	127	mg/dl	25 - 160
S. Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	6.9	g/dl	6.4 - 8.2
Albumin	3.6	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.0	g/dl	
S. Bilirubin	0.5	mg/dl	0.1 - 1.00
Direct	0.2	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	30	IU/L	11 - 50
S. Alkaline Phosphatase	101	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE



# SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.020	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-3	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NITTI KHURANA	Sex:	FEMALE
Lab. No:	202401006	Age:	58
Date:	6/10/2024	Ref. By:	LIC

## HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.5%

### Reference Range:

Below 6.0 % -Normal Value  
6.0 % - 7.0 % -Good Control  
7.0 % - 8.0 % -Fair Control  
8.0 % - 10 % -Unsatisfactory Control  
Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE



\*\*\*\*\*End of Report\*\*\*\*\*



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049  
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

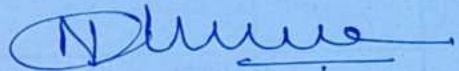
## COMPUTERISED TREADMILL TEST

Zone:  
Proposal No.:  
Full Name of Life to be assured: Nattikumar  
Age/ Sex:

Division:  
Branch:

### DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.



Witness

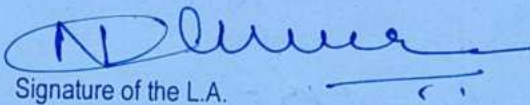
Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? -Y/N-
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? -Y/N-
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? -Y/N-

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

Dated at ND on the 06/10/24 day of 2024 at 11.02 a.m./p.m.



Signature of the L.A.

**Dr. PRADEEP KUMAR**  
M.D. (Medicine) D. Card. F.NIC

Signature of the Cardiologist  
Cardiologist's Name & Address

Qualification: **Dr. RAJ KUMAR**  
M.D. (Medicine) D. Card. F.NIC



## COMPUTERISED TREADMILL TEST

- (a) Pre-test:      Supine  
                      Standing  
                      Hyperventilation
- (b) Exercise:      Stage I            )  
                      Stage II)        3 minutes each  
                      Stage III        )  
                      ... peak exercise
- (c) Recovery:     Recovery  
                      Recovery  
                      Recovery



### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					79	128/86	101
	SITTING							
	STANDING					78	128/86	96
	HYPERVENTILATION					75	128/86	93
	WARM UP							
EXERCISE	STAGE 1	2:55	2.7	10	4.65	133	128/86	130
	STAGE 2	2:55	4	12	7.04	159	164/102	228
	STAGE 3							
	PEAK EXERCISE	1:5	5.4	14	8.15	169	164/102	277
RECOVERY	RECOVERY	0:29				159	124/102	260
	RECOVERY	2:55				111	146/96	162
	RECOVERY	5:55				104	128/84	133

The protocol used - BRUCE

Total Exercise Time - 7.5

Maximum Blood Pressure - 164/102

Maximum Workload - 8:15

Maximum heart rate - 169

Maximum predicted heart rate 104 %

Reason for termination -

Comments:

Negative for RMI



**Dr. RAJ KUMAR**  
M.D. (Medicine) D. Card. F.N.I.C.  
Signature of the Cardiologist

Name & Address:

Qualification:

Each stage should have 12-lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded. (Signature of the L.A. to be obtained on the tracings)

# SHRI DURGA HEALTH CARE

**NITTI KURANA**

**TREADMILL TEST REPORT**

ID : 78  
 DATE : 06/10/2024  
 AGE/SEX : 58 / F  
 HT/WT : 0 / 0  
 REF. BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE					79	128 / 86	101	0.8				
STANDING					75	128 / 86	96	0.9				
HYPERVENT					73	128 / 86	93	1				
Stage 1	2:55	2:55	2.7	10	133	128 / 86	170	1.1				4.67
Stage 2	5:55	2:55	4	12	159	144 / 92	228	2.6				7.04
PK-EXERCISE	7:5	1:5	5.4	14	169	164 / 102	277	2.4				8.15
RECOVERY	7:42	0:29			159	146 / 102	260	3.2				
RECOVERY	10:8	2:55			111	146 / 96	162	0.4				
RECOVERY	13:8	5:55			104	128 / 84	133	0.3				

**RESULTS**

EXERCISE DURATION : 7:5  
 MAX HEART RATE : 169 bpm  
 MAX BLOOD PRESSURE : 164 / 102 mm Hg  
 REASON OF TERMINATION :  
 BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :  
**IMPRESSIONS** :

MAX WORK LOAD

: 8.15 METS

*Negative for RMI  
 this start follow*



**SHRI DURGA HEALTH CARE**  
 M.D. *[Signature]*



Technician :



NIITI KHURANA  
I.D. 78  
Age 58/F  
Date 06/10/2024

DATE 79bpm  
B.P. 128/86

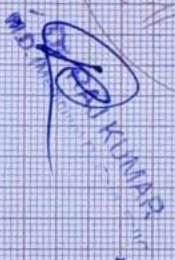
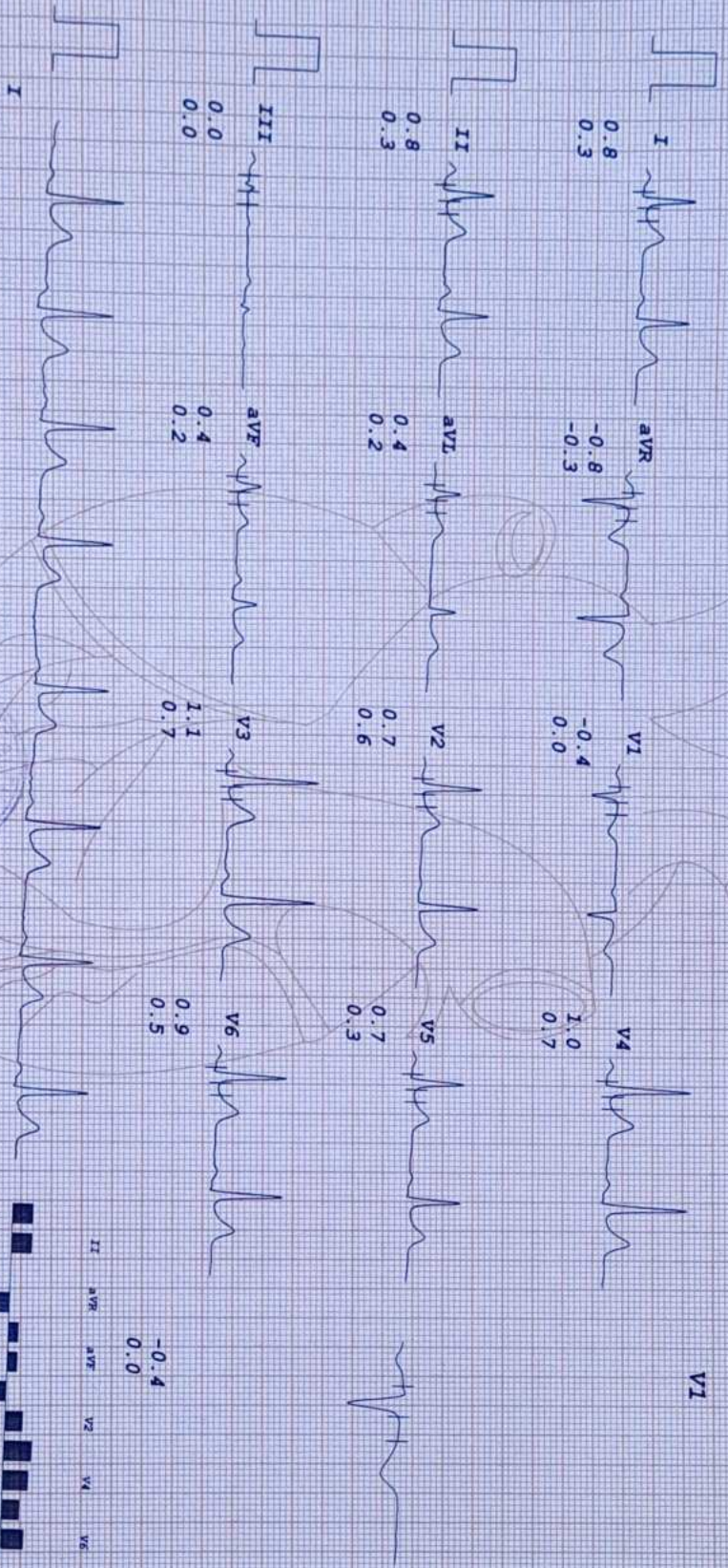
# SHRI DURGA HEALTH CARE

PRETEST  
SUDINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



Physian Fullered 35 Gc 1st/1st/1st Bhardwaj Complex, Indore. Tel: 91-731-4030035, Fax: 91-731-4031200. E-Mail: info@dr.medical@net. Web: www.uns-em.com. TWT: Ver. 1.7.0.4

NITTI KHURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 75ppm  
B.P. 128/86

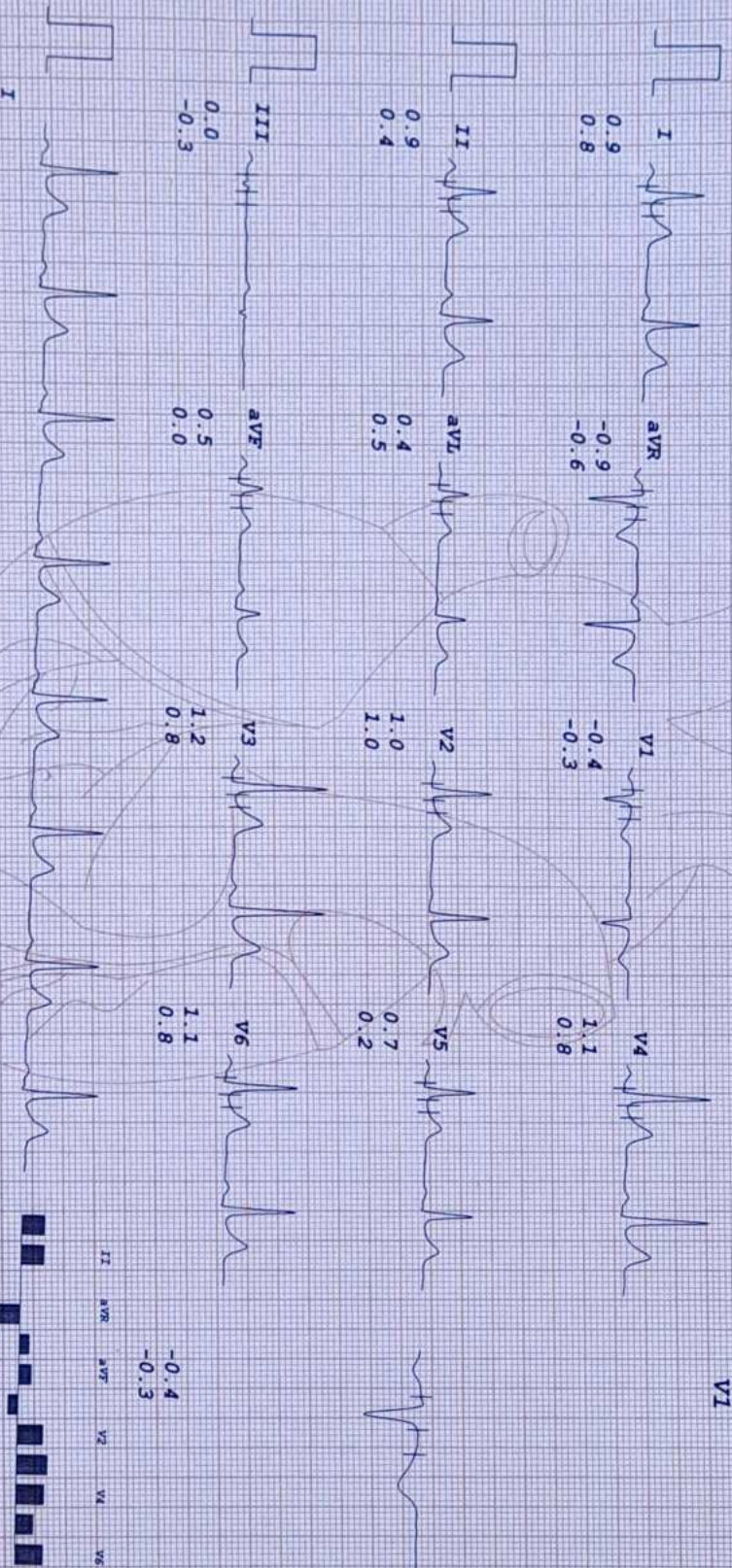
# SHRI DURGA HEALTH CARE

PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIUM

Mag. X 2



Dr. SANJAY KUMAR  
MD (Medicine)  
ID Card: 5411  
M.D. IN (Medicine)

**NIITI KHURANA**

I.D. 78

Age 58/F

Date 06/10/2024

**SHRI DURGA HEALTH CARE**

RATE 73bpm  
B.P. 128/86

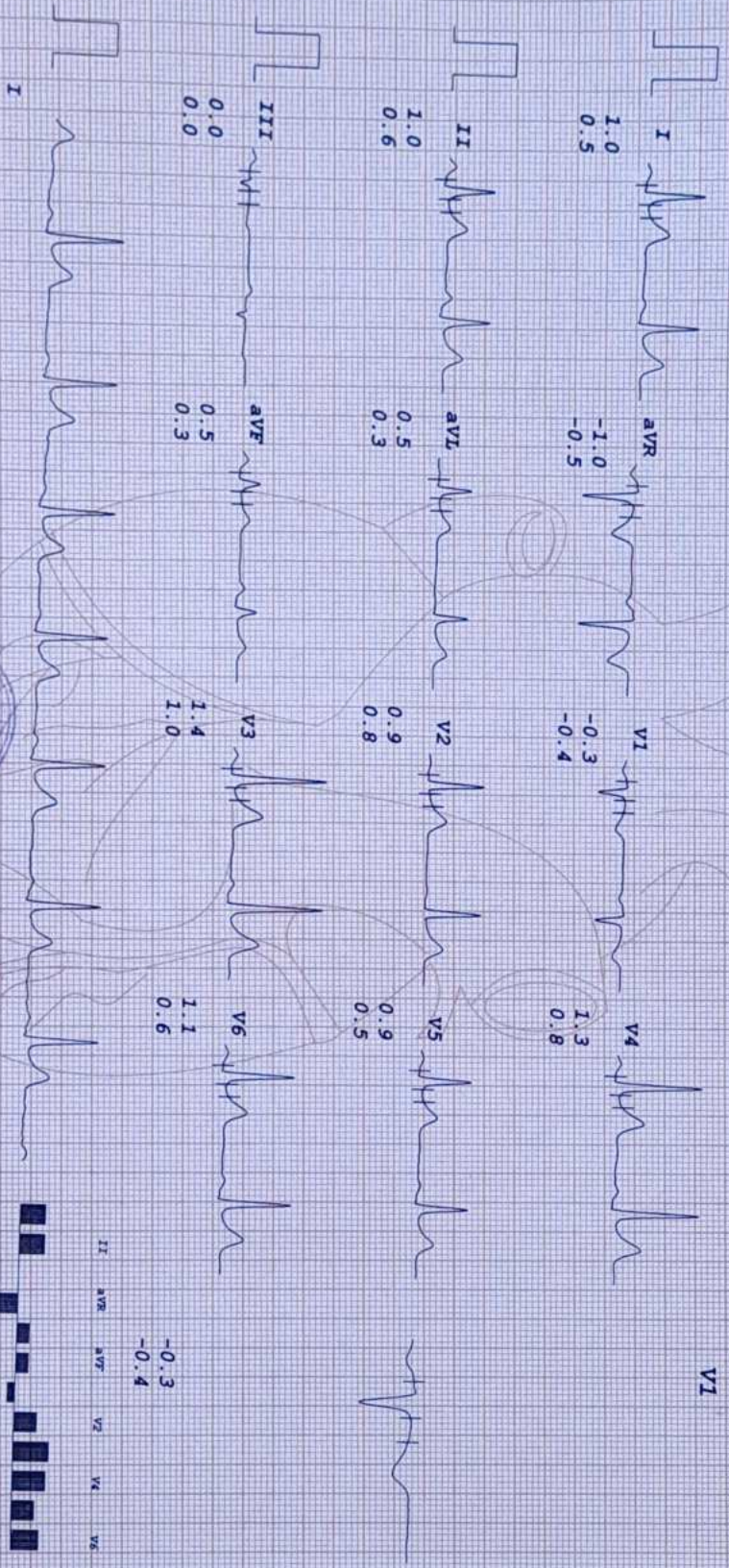
PRETEST  
HYPERVENT

ST @ 10mm/mV  
80ms PostLJ

PHASE TIME 0:25

LINKED MEDIAN

Mag. X 2



**MD. J. KUMAR**  
MBBS, DNB (Cardiology)

NIETI KHORANA  
I.D. 78

Age 58/F  
Date 06/10/2024

RATE 133bpm  
B.P. 128/86

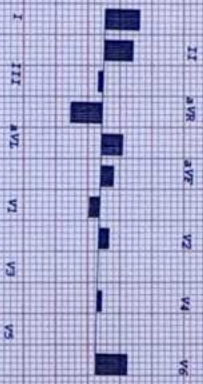
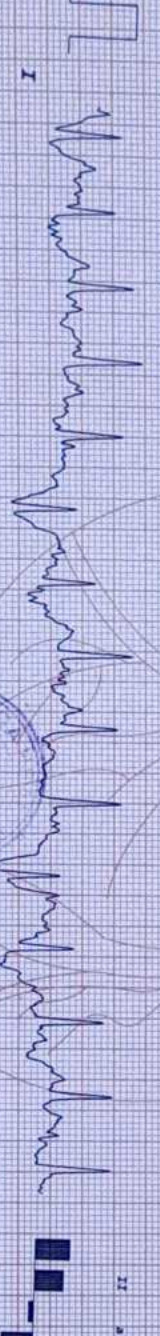
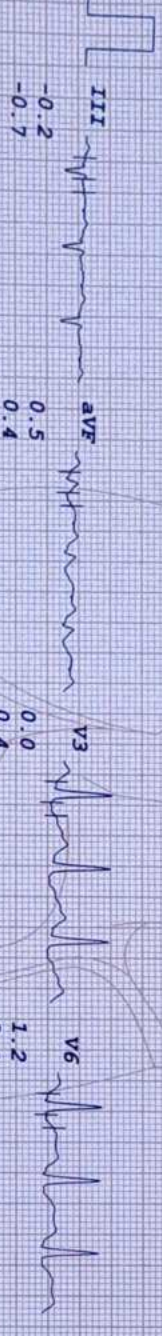
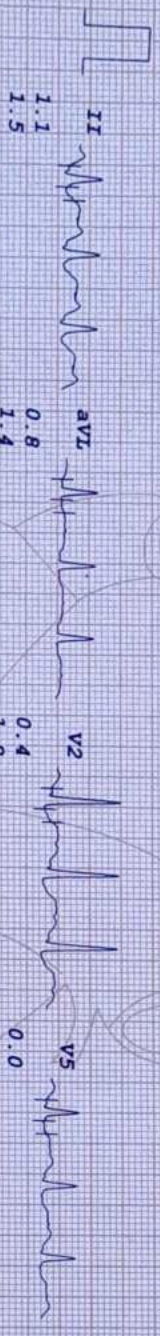
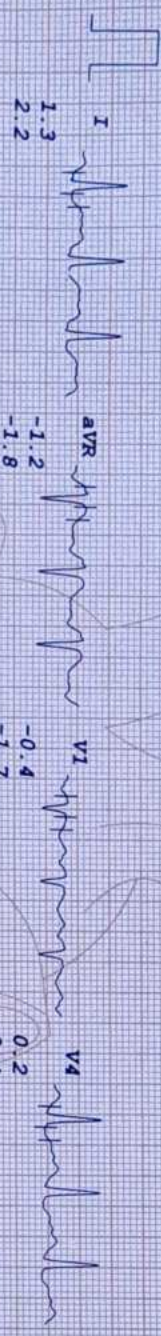
# SHRI DURGA HEALTH CARE

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55  
ST @ 10mm/mV  
80ms Postly  
Speed 2.7 km/hr  
SLOPE 10 %

LINKED MEDIAN

MAG. X 2

V1



DR. P. S. KUMAR  
M.D. (C) (G) (S) (E) (C) (S) (M) (E) (T)

**NITTI KHURANA**  
 I.D. 78  
 Age 58/F  
 Date 06/10/2024

**RATE 159bpm**  
 B.P. 144/92

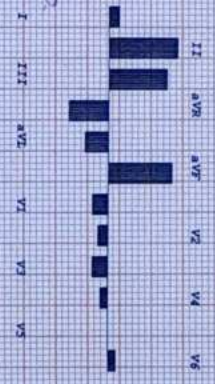
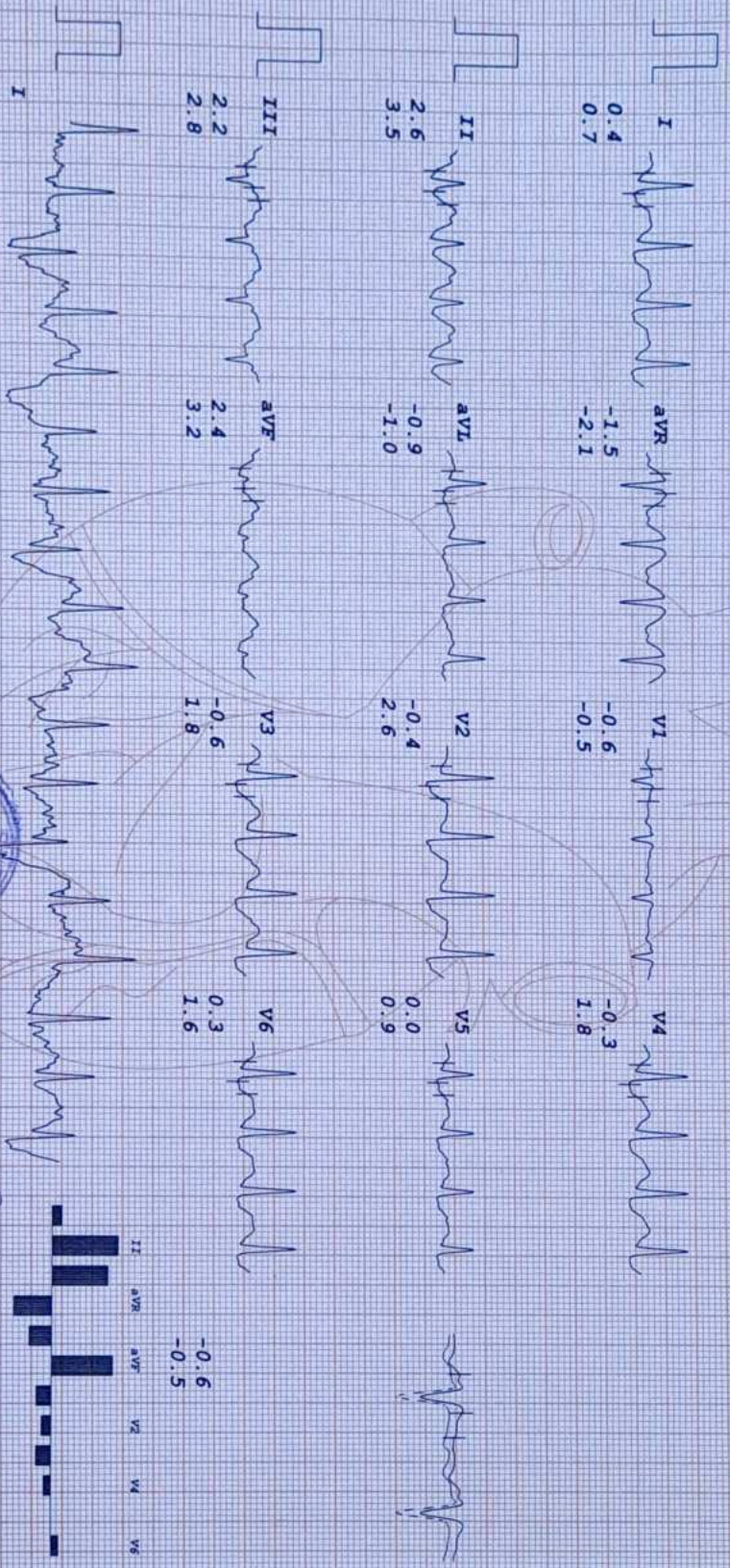
**Brice**  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

**ST @ 10mm/mV**  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 8

**LINKED MEDIAN**

Mag. X 2

**SHRI DURGA HEALTH CARE**



**Dr. NITTI KHURANA**  
 Director  
 SHRI DURGA HEALTH CARE

# SHRI DURGA HEALTH CARE

NIPTI KHORANA

I.D. 78

Age 58/F  
Date 06/10/2024

RATE 169bpm

B.P. 164/102

Bruce

PK-EXERCISE

TOTAL TIME 7:05

PHASE TIME 1:05

ST @ 10mm/mv

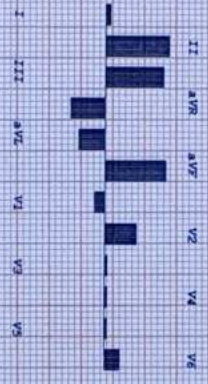
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2



DR. KUNWAR  
M.D. (C) NIP

# SHRI DURGA HEALTH CARE

NIITI KHURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 159bpm

B.P. 164/102

Brice

RECOVERY

TOTAL TIME 7:42

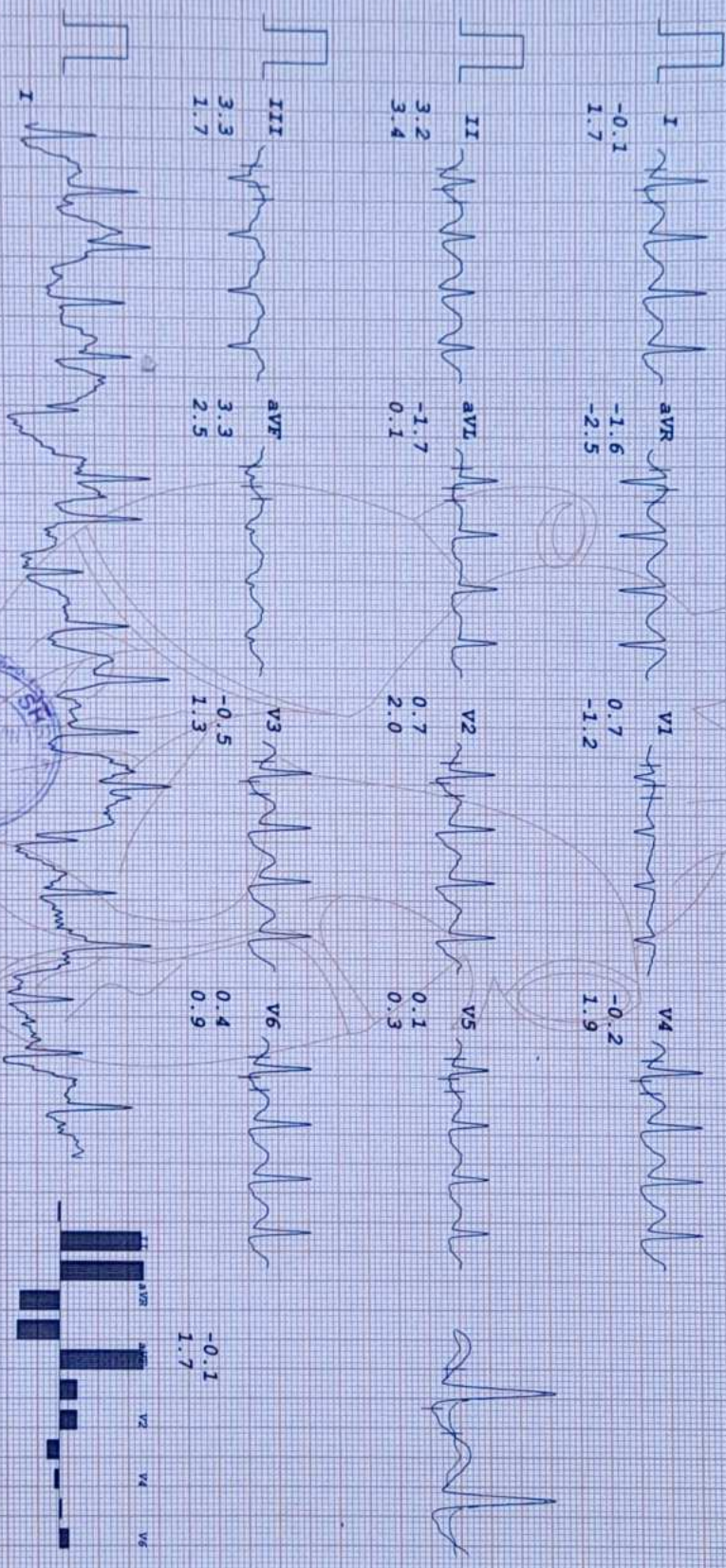
PHASE TIME 0:29

ST @ 10mm/mv

80ms PostJ

LINKED MEDIAN

Mag. X 2



**Dr. NITI KHURANA**  
 MD, DNB (Cardiology)  
 Senior Consultant

# SHRI DURGA HEALTH CARE

NITTI KHURANA

I.D. 78

Age 58/F

Date 06/10/2024

RATE 111bpm

B.P. 146/96

Bruce

RECOVERY

TOTAL TIME 10:08

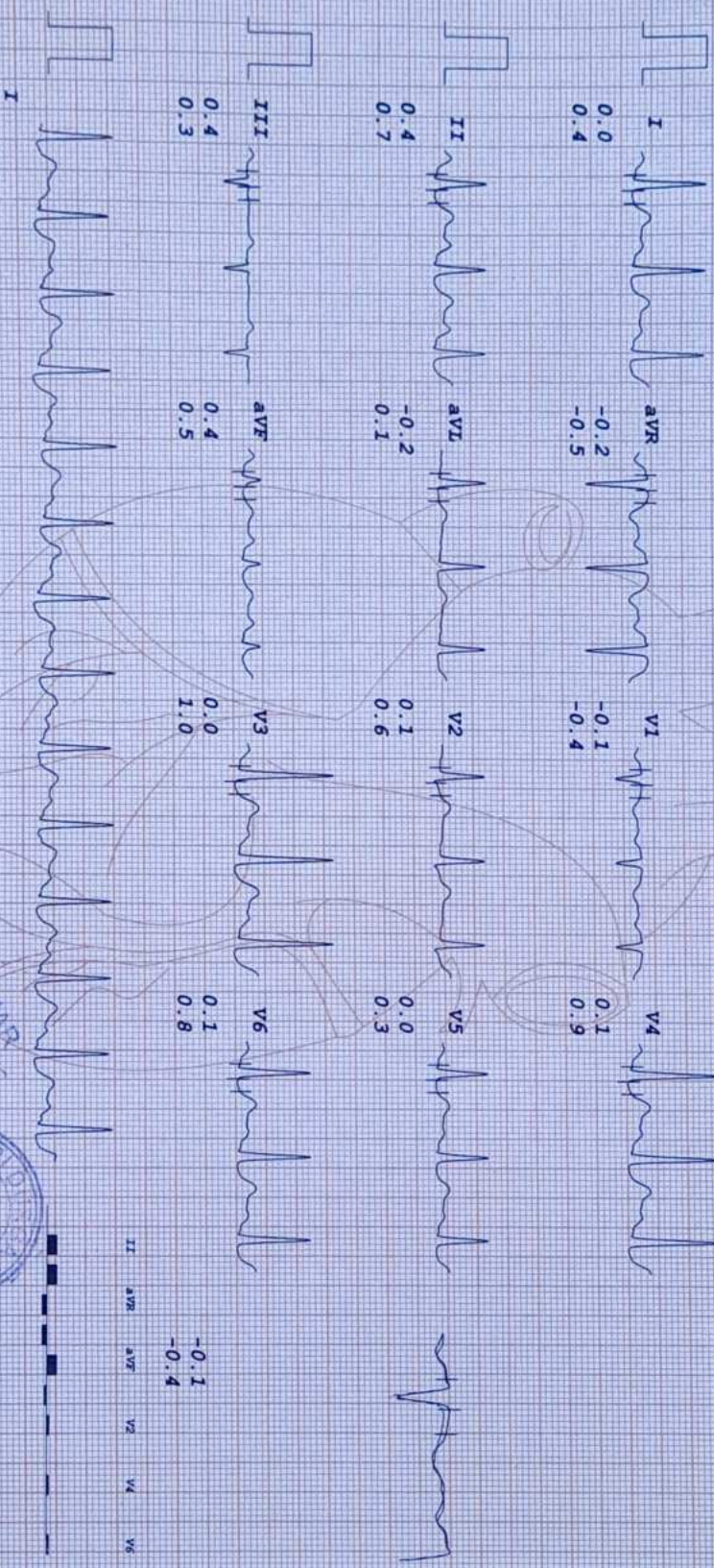
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostT

LINKED MEDIAN

Mag. X 2



Lead	ST Segment Depression (mm)
I	0.0
II	0.4
III	0.3
aVR	-0.2
aVL	-0.2
aVF	0.4
V1	-0.1
V2	0.1
V3	0.0
V4	0.1
V5	0.0
V6	0.1

Dr. PANKAJ KUMAR  
M.D. (General Medicine)





# SHRI DURGA HEALTH CARE

NIITI KHURANA

I.D. 78  
Age 58/F  
Date 06/10/2024

RATE 104bpm  
B.P. 128/84

Bruce  
RECOVERY  
TOTAL TIME 13:08  
PHASE TIME 5:55

ST @ 10mm/mv  
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. S. S. JUMAR  
M.D. (Gen. Med.)



**sdurga** HEALTHCARE  
 (CHAUDHARY DURGA SINGH)  
 HEALTHCARE PRIVATE LIMITED

NARINDI  
 DR. SIDHAR  
 DR. POOJA



**GPS Map Camera**

**New Delhi, Delhi, India**  
 D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,  
 India  
 Lat 28.572248°  
 Long 77.221445°  
 06/10/24 11:14 AM GMT +05:30

Dr. *Pradyuman*  
 M.B.B.S

