

Health Check up Booking Request(43E1141)

Medsave <info@medsave.in>
To: healthcare@shridurga@gmail.com
Or: customercare@medsave.in

5 October 2024 at 14:47



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?

Name: SRIKANTH BHANDARKAR
 Proposal No: 5332
 Branch Code: 310
 Contact Details: 9810163230
 Location: D63, Har Gyan Smriti Anja Marg, South Extension I, Block D, New Delhi, Delhi 110042
 Appointment Date: 06-10-2024

Member Information		
Booked Member Name	Age	Gender
SRIKANTH BHANDARKAR	50 year	Male

Included Test -

- Haemogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Computerised Tread Mill Test (TMT)
- Physical Medical Examination Report (PMER) (Rs. 50,00,000 to Rs 99,99,999)

Thanks,
Medsave
Team



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SRIKANTH BHANDARKAR

PERDOOR RAMACHANDRA
BHANDARKAR

18/04/1974

Permanent Account Number

AOFPS8132N

[Handwritten signature]

Signature



21092010

[Handwritten signature]
Dr. MAHESH PAL
MBBS, (MD)



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office 310

Proposal No : 5332

Name of Life to be assured: Srikanth Bhargadarkar

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 M2 on the 06/10/24 day of 2024 at 10:05 a.m.p.m.

Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:
Dr. MAHESH PAL
M.B.B.S. (M.D.)

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. Hemogram
4. SFT 13
5. RVA
6. CTMT
7. HbA1C





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

Branch Code: 310
Proposal/ Policy No: 5232
MSP name/code: 0013
Date & Time of Examination: 06/10/20
Medical Diary No & Page No: _____

10:05 AM

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: pan ID Proof No. _____
(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. M. Pal (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

[Signature]

1 Full name of the life to be assured: Srikanth Bhandarkar
2 Date of Birth: 10/4/74 Age: 56 Gender: Male
3 Height (In cms): 176 Weight (in kgs): 76
4 Required only in case of Physical MER

Pulse: 76 Blood Pressure (2 readings):
1. Systolic 124 Diastolic 86
2. Systolic 124 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

<p>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</p>	<p>NO</p>
<p>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.</p>	<p>NO</p>
<p>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), Rhinorrhoea (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. If yes provide all investigation and treatment reports</p>	<p>NO</p>

Dr. MAHESH PAL
MBBS (MD)



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	NO
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol ?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	NO
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder ?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment / 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 disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	NO NO
18	Is there any abnormality 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 HIV /AIDS/ Sexually transmitted diseases (e.g. syphilis, gonorrhea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drug etc) which is relevant in assessment of medical risk of examinee.	NO

Dr. MAHESH PAL
M.B.B.S. (MD)



For Female Proponents only		
i.	Whether pregnant? If so duration.	X/A
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	

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

Declaration

You Mr/Ms Srikanth Bhandari 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. MAHESH PAL
MBBS, (MD)
Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

Instructions to the Cardiologist:

Solm Srikandh Bhandarkar

- 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 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

06/10/24

day of

24

at

10.05 a.m./p.m.

Signature of the L.A.

Signature of the Cardiologist
Cardiologist's Name & Address
Qualification:



Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	75	124/86	76

(B) Cardiovascular System

.....
 NAD

Rest ECG Report:

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

Conclusion:

LONL

Dated at

ND
on the06/10/24
day of 20.24

at 10:05 a.m./p.m.

Signature of the Cardiologist
 Dr. R. K. KUMAR
 M.D. (Medicine), P. G.D.S. (C)

Qualification:



SHRI DURGA HEALTH CARE

Mr. SRIKANTH BHANDARKAR

ID : 55
 AGE/SEX : 50 Yr/M
 HT/WT : / /
 DATE : 06-10-2024 10:26:25 AM
 REF BY : Dr.
 MACHINE INTERPRETATION : Normal ECG.

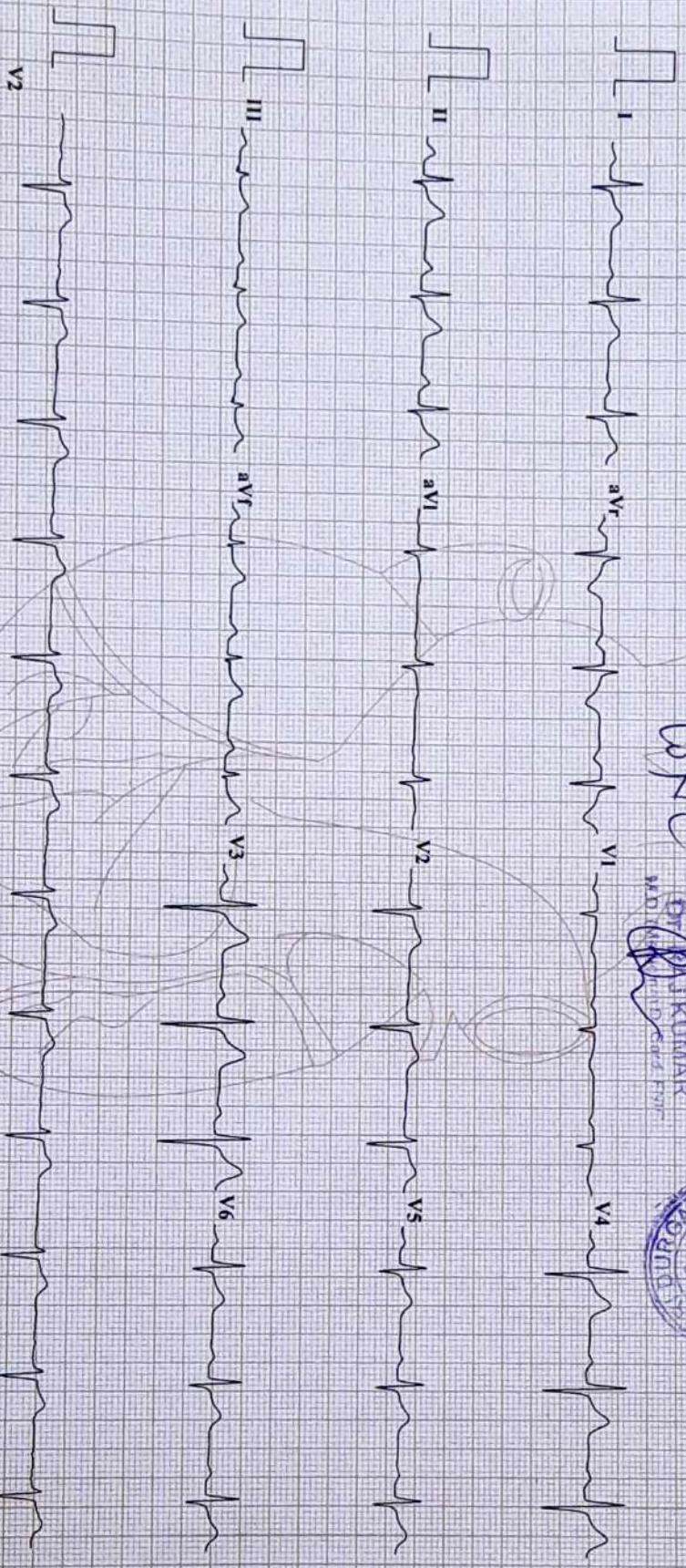
RATE : 77 bpm
 BP : N/A
 P Axis : 60 deg
 QRS Axis : 46 deg
 T Axis : 52 deg

P Duration : 122 ms
 PR Duration : 191 ms
 QRS Duration : 86 ms
 QT Interval : 343 ms
 QTc Interval : 376 ms

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

Linked Median

WNL
 DR. SRIKANTH BHANDARKAR
 M.D. (General Medicine)



Filtered(35 Cycle) And Base Corrected

UNIPK, Indore Rd. +91-731-4030035, Fax +91-731-4031180, Email: em@electromedics.net, Web: www.unipk.com, ECG Ver: H 0.1



Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SRIKANTH BHANDARKAR	Sex:	MALE
Lab. No:	202401005	Age:	50
Date:	6/10/2024	Ref. By	LIC

Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	14.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,000	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	24	%	20 - 35
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.8	million/cmm	3.5 - 5.5
PCV	44	%	36 - 52
MCV	91	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	1.90	Lac/cmm	1.5 - 4.5

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



SDHC



-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

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:	SRIKANTH BHANDARKAR	Sex:	MALE
Lab. No:	202401005	Age	50
Date:	6/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	99	mg/dl	70 - 110
Total Cholesterol	180	mg/dl	120 - 220
High Density Lipid (HDL)	45	mg/dl	35-70
Low Density Lipid (LDL)	109	mg/dl	50 - 150
S. Triglycerides	130	mg/dl	25 - 160
S. Creatinine	0.9	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	16	mg/dl	6.0 - 21
S. Protien	7.2	g/dl	6.4 - 8.2
Albumin	4.1	g/dl	3.4 - 5.0
Globulin	3.1	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	28	IU/L	11 - 50
S. Alkaline Phosphatase	101	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	14.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



SDHC



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

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Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SRIKANTH BHANDARKAR	Sex:	MALE
Lab. No:	202401005	Age:	50
Date:	6/10/2024	Ref. By:	LIC

HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.3%

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

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Note Valid For Medico-legal Purposes

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Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SRIKANTH BHANDARKAR	Sex:	MALE
Lab. No:	202401005	Age:	50
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	2-1	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



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

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:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

Sri Kanchh Bhagadarkar
50/M

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 20.24

at 10:05 a.m./p.m

Signature of the L.A.

Dr. RAJ KUMAR
M.D. (M.B.B.S.)
Signature of the Cardiologist
Cardiologist's Name & Address

Qualification:



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					81	126/74	102
	SITTING							
	STANDING					84	126/74	105
	HYPERVENTILATION					80	126/74	100
	WARM UP							
EXERCISE	STAGE 1	2.55	2.7	10	4.67	115	126/74	144
	STAGE 2	2.55	4	12	7.04	137	138/88	189
	STAGE 3							
	PEAK EXERCISE	1.6	5.4	14	8.16	151	160/98	241
RECOVERY	RECOVERY	0.29				136	160/98	217
	RECOVERY	2.55				111	14-90	155
	RECOVERY	5.55				104	128/82	132

The protocol used - BRUCE

Total Exercise Time -

7.6

Maximum Blood Pressure -

160/98

Maximum Workload -

8.16

Maximum heart rate -

151

Maximum predicted heart rate 88 %

Reason for termination -

Comments:

Negative for RMI



Dr. RAJ KUMAR
Card. FNIC
Signature of the Cardiologist

Name & Address:

Qualification:



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

SHRI DURGA HEALTH CARE

SRIKANTH BHANDARKAR

TREADMILL TEST REPORT

ID : 76
 DATE : 06/10/2024
 AGE/SEX : 50 / M
 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					81	126 / 74	102	2.5	-0.6	1.7	
STANDING					84	126 / 74	105	1.3	-0.2	0.9	
HYPREVENT					80	126 / 74	100	1.2	-0.5	1	
Stage 1	2:55	0:19	2.7	10	115	126 / 74	144	-0.3	-0.8	0.5	4.67
Stage 2	5:55	2:55	4	12	137	138 / 88	189	0.6	-0.2	0.3	7.04
PR-EXERCISE	7:6	1:6	5.4	14	151	160 / 98	241	1.2	-0.2	0.5	8.16
RECOVERY	7:43	0:29			136	160 / 98	217	0.3	-0.4	1	
RECOVERY	10:9	2:55			111	140 / 90	155	0.2	0	0.1	
RECOVERY	13:9	5:55			104	128 / 82	133	0.2	-0.1	0.2	

RESULTS

EXERCISE DURATION : 7:6
 MAX HEART RATE : 151 bpm
 MAX BLOOD PRESSURE : 160 / 98 mm Hg
 REASON OF TERMINATION :

MAX WORK LOAD

: 8.16 METS

BP RESPONSE :
 ARRYTHMIA :
 H.R. RESPONSE :
IMPRESSIONS

*Rejection for RMI
 six effort follow*

DR. RAJ KUMAR
 M.D. (General Phys)



Technician :



SRIKANTH BHANDARKAR
I.D. 76
Age 50/M
Date 06/10/2024

RATE 84bpm
B.P. 126/74

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

SHRI DURGA HEALTH CARE

LINKED MEDIAN

Mag. X 2

V1

I 0.9
aVR -1.1
-0.8

V1 -0.2
-0.3
V4 1.6
1.3

II 1.3
1.1
aVL 0.2
-0.1

V2 1.2
0.6
V5 0.9
0.6

III 0.4
0.6
aVF 0.9
0.8

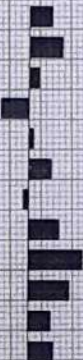
V3 2.1
1.6
V6 1.0
0.6

-0.2
-0.3

II aVR aVL V2 V4 V6



I III aVR aVL V1



SRINATH BHANDARKAR
MD (Med) FRCG
SHRI DURGA HEALTH CARE



SRIKANTH BHANDARKAR

I. D. 76

Age 50/M

Date 06/10/2024

RATE 80bpm

B.P. 126/74

SHRI DURGA HEALTH CARE

PRETEST

HYPERVENT

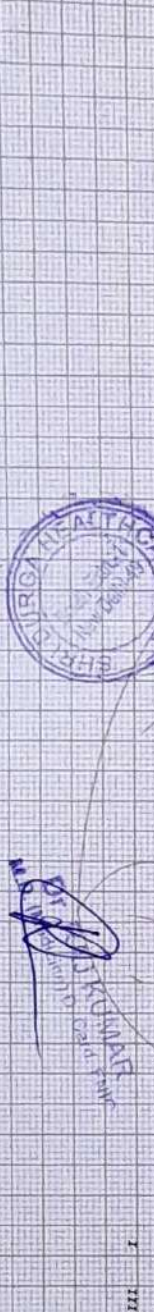
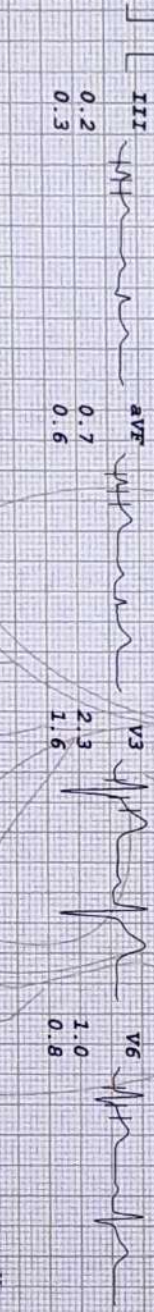
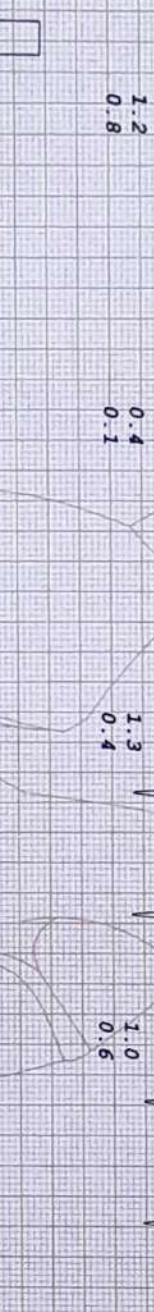
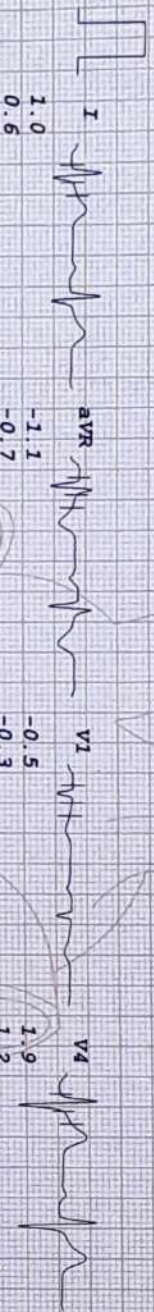
PHASE TIME 0:19

ST @ 10mm/mV
90ms Post J

LINKED MEDIAN

Mag. X 2

V1



Handwritten signature
SRIKANTH BHANDARKAR



SHRI DURGA HEALTH CARE

SRIKANTH BHANDARKAR

I.D. 76
Age 50/M
Date 06/10/2024

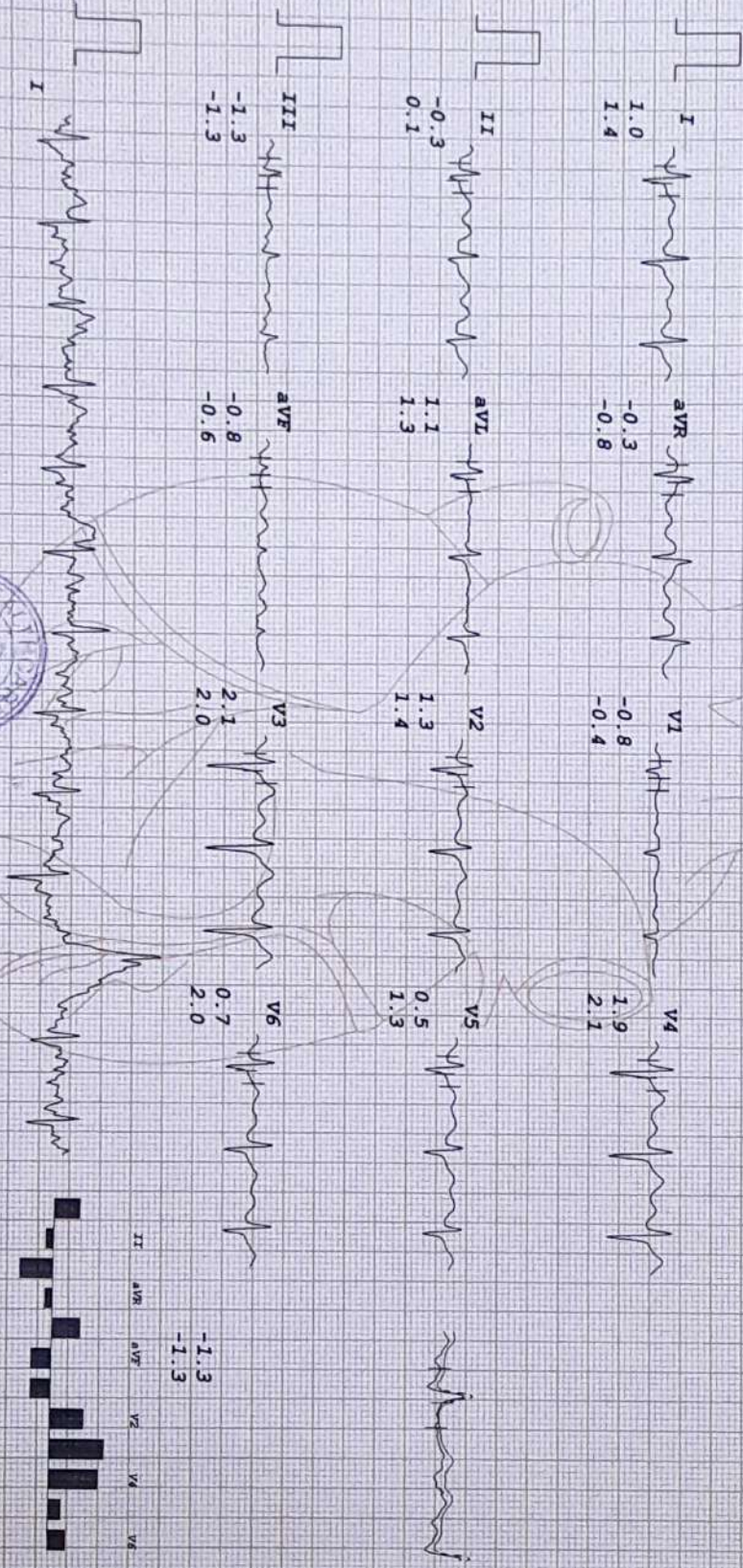
Rate 115bpm
B.P. 126/74

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 s

LINKED MEDIAN

Mag. X 2
III



DR. S. KUMAR
M.D. (General Medicine)
D. Cardiac MRCP



SHRI DURGA HEALTH CARE

SRIKANTH BHANDARKAR

I.D. 76

Age 50/M

Date 06/10/2024

RATE 137bpm

B.P. 138/88

Pace Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

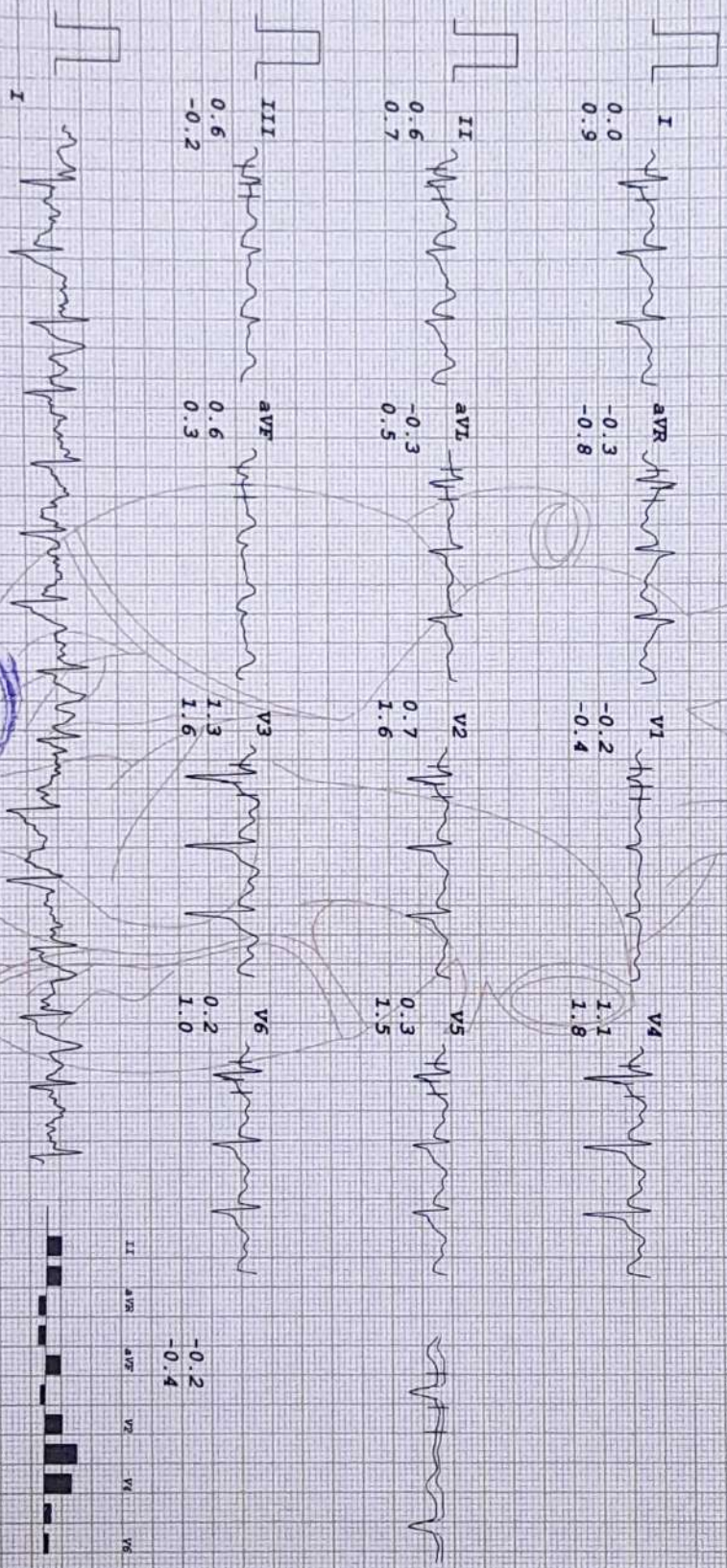
80ms Postf

Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2



DR. SUKUMAR
MD, DM, DNB (Cardiology)



SRIKANTH BHANDARKAR

I.D. 76

Age 50/M

Date 06/10/2024

RATE 151bpm

B.P. 160/98

SHRI DURGA HEALTH CARE

Bruce

PK-EXERCISE

TOTAL TIME 7:06

PHASE TIME 1:06

ST @ 10mm/mV

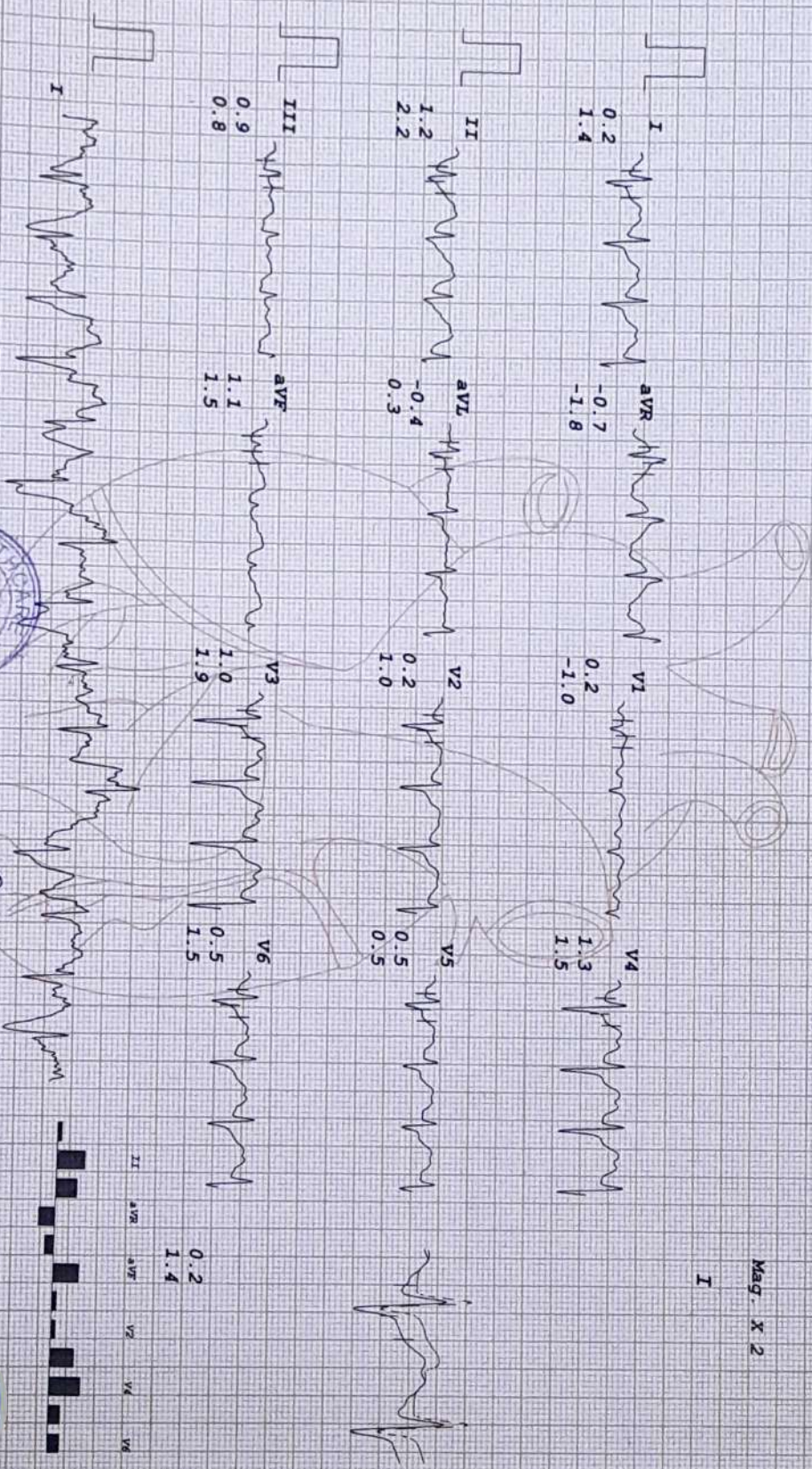
80ms PostU

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2



DR. S. KUMAR
MD (CC) & DM (FM)
MD (CC) & DM (FM)



SHRI DURGA HEALTH CARE

SRIKANTH BHANDARKAR

I.D. 76

Age 50/M

Date 06/10/2024

RATE 111bpm

B.P. 140/90

Bruce

RECOVERY

TOTAL TIME 10:09

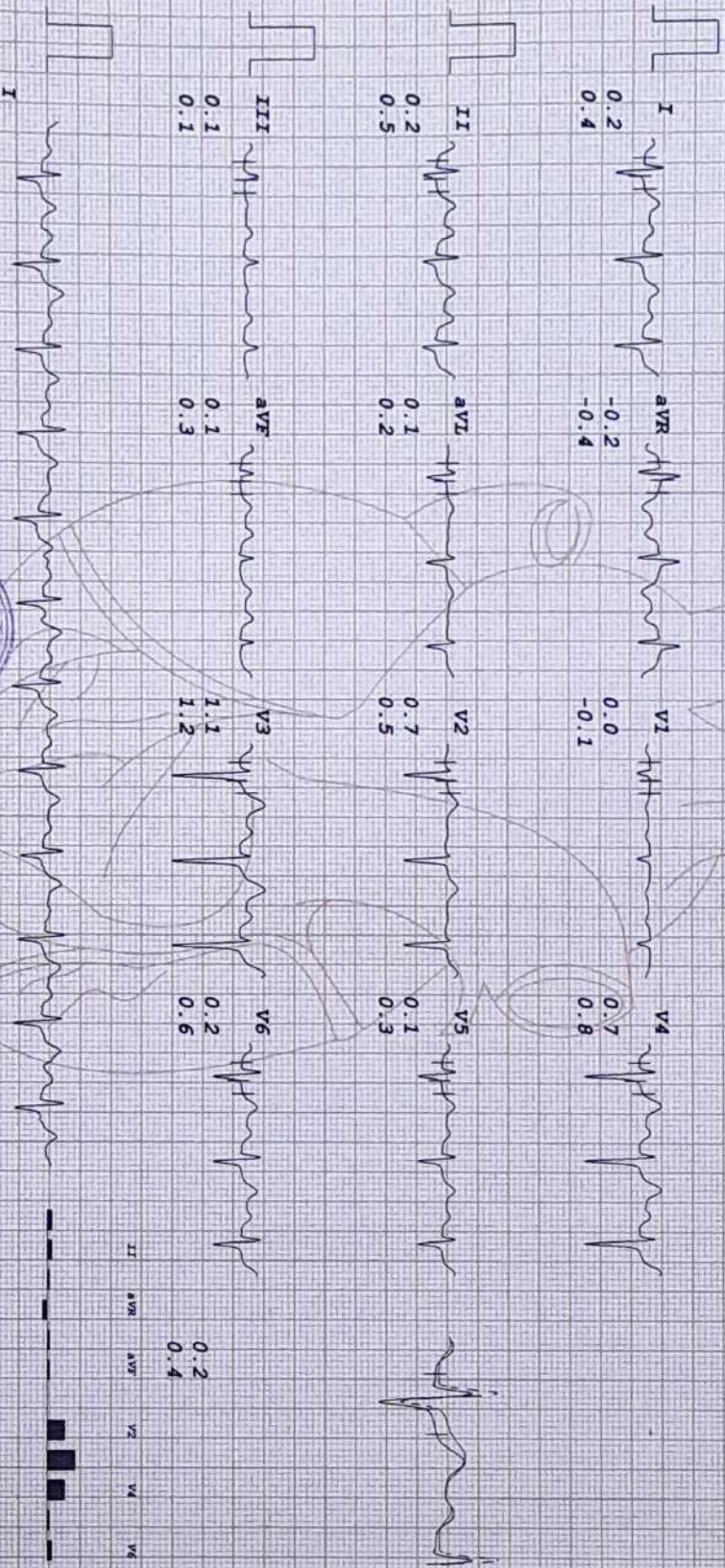
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

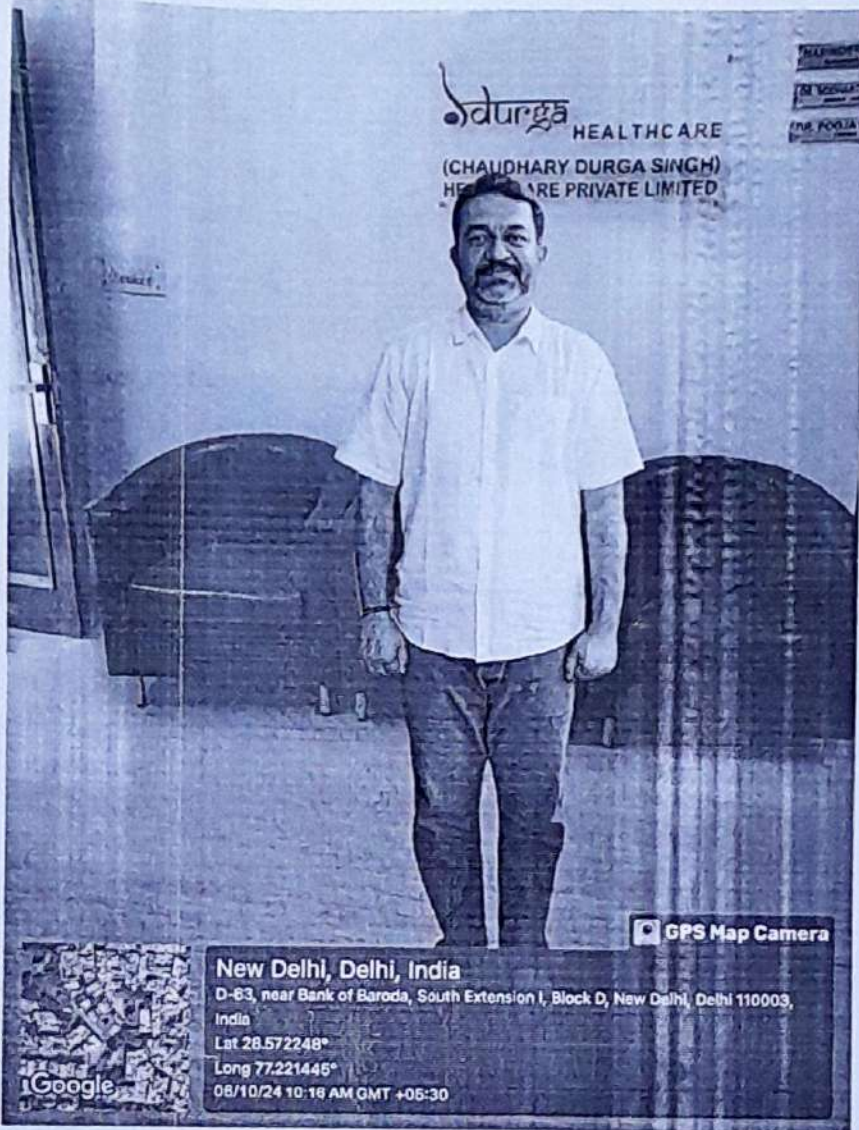
LINKED MEDIAN

Mag. X 2



Dr. KUNDE
MD





Dr. MAHESH PAL
 (M.B.B.S. (M.D.))

