

Date: 14/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 2709

Name of the Life to be assured KUNAL MADHAV KALELE

The Life to be assured was identified on the basis of \_\_\_\_\_

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist/ Doctor

Dr. PANKAJ KANAN  
MBBS, LMRD  
Reg. No. 25508

Name: \_\_\_\_\_

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

  
(Signature of the Life to be assured)

Name of life to be assured: \_\_\_\_\_

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	YES	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	HBAlC / UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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

Branch Code:  
Proposal/ Policy No: 2709  
MSP name/code :  
Date & Time of Examination:  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:  
Identity Proof verified: VID ID Proof No. 5663  
( 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 ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured:	<u>KUNAL MADHAV KALELE</u>	
2	Date of Birth:	Age:	Gender:
	<u>21-11-1985</u>	<u>38-10</u>	<u>M</u>
3	Height (In cms):	Weight ( in kgs) :	
	<u>180</u>	<u>102</u>	
4	Required only in case of Physical MER		
	Pulse :	Blood Pressure (2 readings):	
	<u>78/4</u>	1. Systolic <u>124</u>	Diastolic <u>82</u>
		2. Systolic <u>124</u>	Diastolic <u>82</u>

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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	No
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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. If yes provide all investigation and treatment reports	No



8	<p>a. Suffering from <i>Hypertension</i> (high blood pressure) or <i>diabetes</i> 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>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <i>endocrine disorders</i> such as thyroid disorder etc.?</p> <p>f. 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, <i>heartattack</i>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <i>high cholesterol</i>?</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 <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	no
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	no
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassemia or any Circulatory disorder?	no
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	no
14	Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	no
15	Suffering or ever suffered from any <i>physical impairment</i> 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 <i>disorder of the Stomach</i> / 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 / <i>psychiatric disorder</i>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	no
18	Is there any <i>abnormality</i> 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 <i>HIV /AIDS/ Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	no
20	Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drugs</i> etc) which is relevant in assessment of medical risk of examinee.	no

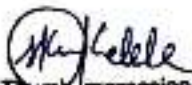


For Female Proponents only		
i.	Whether pregnant? If so duration.	NA
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynsec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries 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 \_\_\_\_\_ 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 14 day of 11 2024 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: DELHI  
Date: 14/11/2024



Signature of Medical Examiner  
Name & Code No:  
Stamp:

**Dr. RAINA KHAN**  
MBS, DMRD  
Reg. No. 25508



Dr. RANJIT KUMAR  
REGISTRATION NO. 25508



# irine diagnostic

healthpartner

S. No. : 14/NOV/09  
Name : MR KUNAL MADHAV KALELE AGE : 38Years  
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE  
Date : 14-11-2024

## B I O C H E M I S T R Y

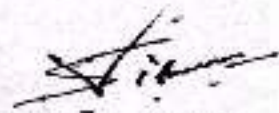
Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	92	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.67	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.45	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.22	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.9	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN	2.5	mg/dl.	(2.3-3.5)
A/G RATIO	1.76		(1.0-3.0)
S.G.O.T. (AST)	25	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	28	IU/L	(5.0-40.0)
GAMMA GT	26	U/L	(9-45)
ALKALINE PHOSPHATASE	135	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	186	mg/dl.	(150-200)
HDL CHOLESTEROL	48	mg/dl.	(30-63)
S. TRIGLYCERIDES	136	mg/dl.	(60-160)
LDL	120	mg/dl.	(UPTO-150)
VLDL	41	mg/dl.	(23-45)
SERUM CREATININE	0.78	mg%	(0.6-1.2)
BUN	16	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



  
DR. SHILPI GUPTA  
M.B.B.S.MD(Path) 64715  
Consultant Pathologist

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## HAEMATOLOGY

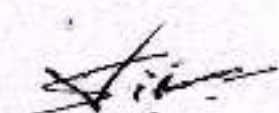
Test	Result	Units	Normal Range
Hemoglobin	14.7	gm%	12-16
Total Leucocytes Count (TLC)	9600	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	60	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	04	%	01-06
Monocytes	04	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation			
Rate (ESR)	10	mm/1Hr	00-15
Red Blood Cell [RBC]	5.7	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	46.5	%	37-54
Mean Cell Value [MCV]	79.2	fl	76-96
Mean Cell Hemoglobin [MCH]	28.4	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.5	%	30-35
Platelet count	2.50	Lakhs	1.5-4.5

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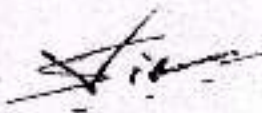
healthpartner

S. No. : 14/NOV/09  
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## Cotinine

Test	Result
Cotinine	NEGATIVE



  
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Ref. by : LIFE INSURANCE CORPORATION SEX : MALE  
Date : 14-11-2024

## H A E M A T O L O G Y

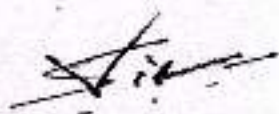
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.1	%

### INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.



  
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Ref. by : LIFE INSURANCE CORPORATION  
Date : 14-11-2024  
AGE : 38Years  
SEX : MALE

## S E R O L O G Y

\*\*Test Name : Human Immunodeficiency  
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

\*\*Test Name : Hepatitis B Surface  
Antigen (HbsAg)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"



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Name : MR KUNAL MADHAV KALELE  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 14-11-2024  
AGE : 38Years  
SEX : MALE

## URINE EXAMINATION

### PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.013

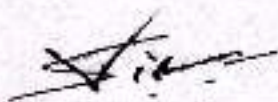
### CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

### MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



  
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DD-23 KALKAJI DELHI :- 110019

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
 Proposal No. 2709  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature)  
 Full Name of Life to be assured: KUNAL MADHAV KALELE  
 Age/Sex : 38 Y/O/M

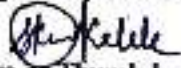
## Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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.*

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 DELHI on the day of 14/11/2024 2023

Signature of L.A. 

Signature of the Cardiologist  
 Name & Address  
 Qualification Code No.

Dr. RAINA KHAN  
 MBBS, DMRD  
 Reg. No. 25508



## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
180	102	124/82	78/4

(B) Cardiovascular System

.....

.....

## Rest ECG Report:

Position	Supine	P Wave	ⓐ
Standardisation Inv	ⓐ	PR Interval	ⓐ
Mechanism	ⓐ	QRS Complexes	ⓐ
Voltage	ⓐ	Q-T Duration	ⓐ
Electrical Axis	ⓐ	S-T Segment	ⓐ
Auricular Rate	78/4	T-wave	ⓐ
Ventricular Rate	78/4	Q-Wave	ⓐ
Rhythm	Regular		
Additional findings, if any.	Nil		

Conclusion: ECG-NHL

Dr. RAINA KHAN  
MBBS, DMRD  
Reg. No. 95500

Dated at DEW on the day of 14/11/2024 200



Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

# IRINE DIAGNOSTIC

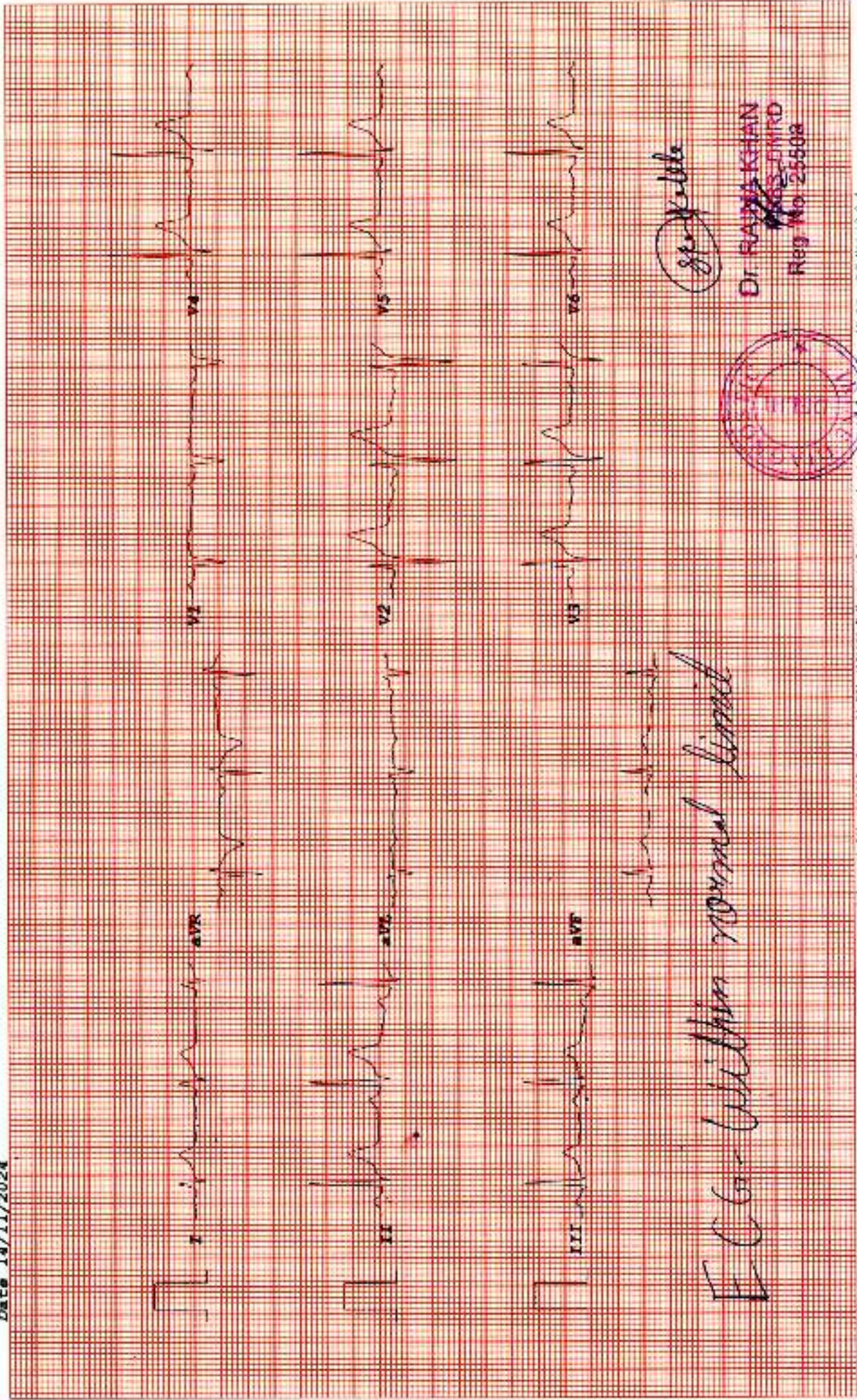
KUNAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

RATE 77bpm  
S.P. 120/80

PRETEST  
ECG

ST @ 10mm/mV  
80ms Post J

RAW ECG



*ECG - Within normal limit*

*Dr. Kalle*



DR. RAJESH KKHAN  
KALHE ROAD  
KALHE, PUNE  
Reg. No. 255502

ANNEXURE II - 2

**LIFE INSURANCE CORPORATION OF INDIA**  
**COMPUTERISED TREADMILL TEST**

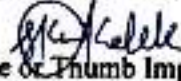
Form No. LIC03 - 003

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
Proposal No. 2709  
Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature) \_\_\_\_\_

Full Name of Life to be assured: KUNAL MADHAV KALELE  
Age/Sex: 38+0/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 & 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 DELHI on the day of 14/11/2024 200

Dr. RAINA KHAN  
MBBS, DMRD  
Reg. No. 26508

Signature of L.A. 

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.



### 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							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 141/90

Maximum Workload - 11.02

Maximum heart rate 169

Maximum predicted heart rate 182

Reason for termination -

Comments: *NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHAEMIA*



**Dr. RAJNAX KHAN**  
MBBS, D.L.D.  
Reg. No. 25508

Signature of the Cardiologist  
Name & Address  
Qualification    Code No.

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)

*(Handwritten signature)*



# IRINE DIAGNOSTIC

DD 23 KAL KA JI DELHI 110019

KUNAL MADHAV KALELE

ID : 5464364

DATE : 14/11/2024

TREADMILL TEST REPORT

PROTOCOL : Bruce

RECEIVED : 18/11/24  
 TIME : 11:47 AM  
 RECEIVED BY : IRINE INSURANCE CORPORATION

PHASE	TOTAL STAGE TIME	STAGE NUMBER	GRADE %	SPEED (km/h)	SPEED (MPH)	ST. TAPE (MM)		HR/MS
						11	VI	
SUBMAX				120	75	1.6	1.6	116
HYPERVENT				120	75	1.6	1.6	116
VALIANTVA				120	75	1.6	1.6	116
STAIRING				120	75	1.6	1.6	116
Stage 1	2:00	5.3	10	120	75	1.6	1.6	116
Stage 2	2:55	8	12	120	75	1.6	1.6	116
Stage 3	3:55	8.5	14	120	75	1.6	1.6	116
PC-DYSC-SL	3:55	8.5	14	120	75	1.6	1.6	116
RECOVERY	10:57			120	75	1.6	1.6	116
RECOVERY	12:58			120	75	1.6	1.6	116
RECOVERY	15:58			120	75	1.6	1.6	116

**RESULTS**

EXERCISE INTENSIFICATION : 9.44  
 MAX HEART RATE : 161 bpm 82 % of Maximal heart rate 182 bpm  
 MAX BLOOD PRESSURE : 146 / 90 mm Hg  
 REASON OF TERMINATION : Achieved HR

BP RESPONSE : Normal,  
 ARRHYTHMIA : None  
 ECG RESPONSE : Normal (sinus tachycardia) - Reassured.

**IMPRESSIONS**

Negative for Provocable myocardial ischemia.

*[Signature]*

Dr. RAINA KHAN  
 MBBS, MD  
 Reg. No. 15508



Dr. RAINA KHAN  
 MBBS, MD  
 Reg. No. 15508

Technician :

# IRINE DIAGNOSTIC

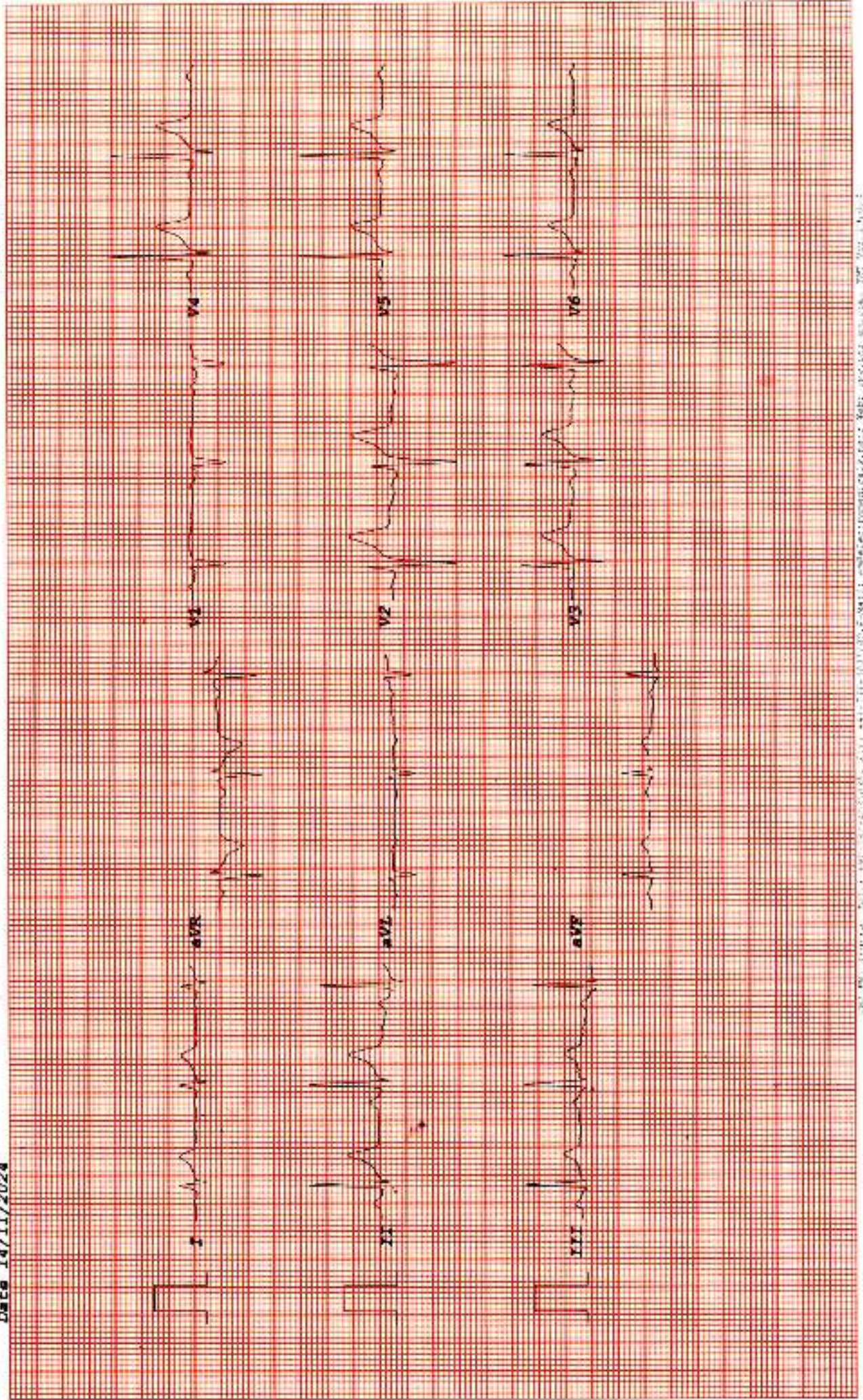
KUNAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

RATE 77bpm  
B.P. 120/80

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

RAW ECG



# IRINE DIAGNOSTIC

KUNAL MADHAV KALELE  
 I.D. 5464564  
 Age 38/M  
 Date 14/11/2024

RATE 68bpm  
 S.F. 120/80

PRETEST  
 HYPERVENT

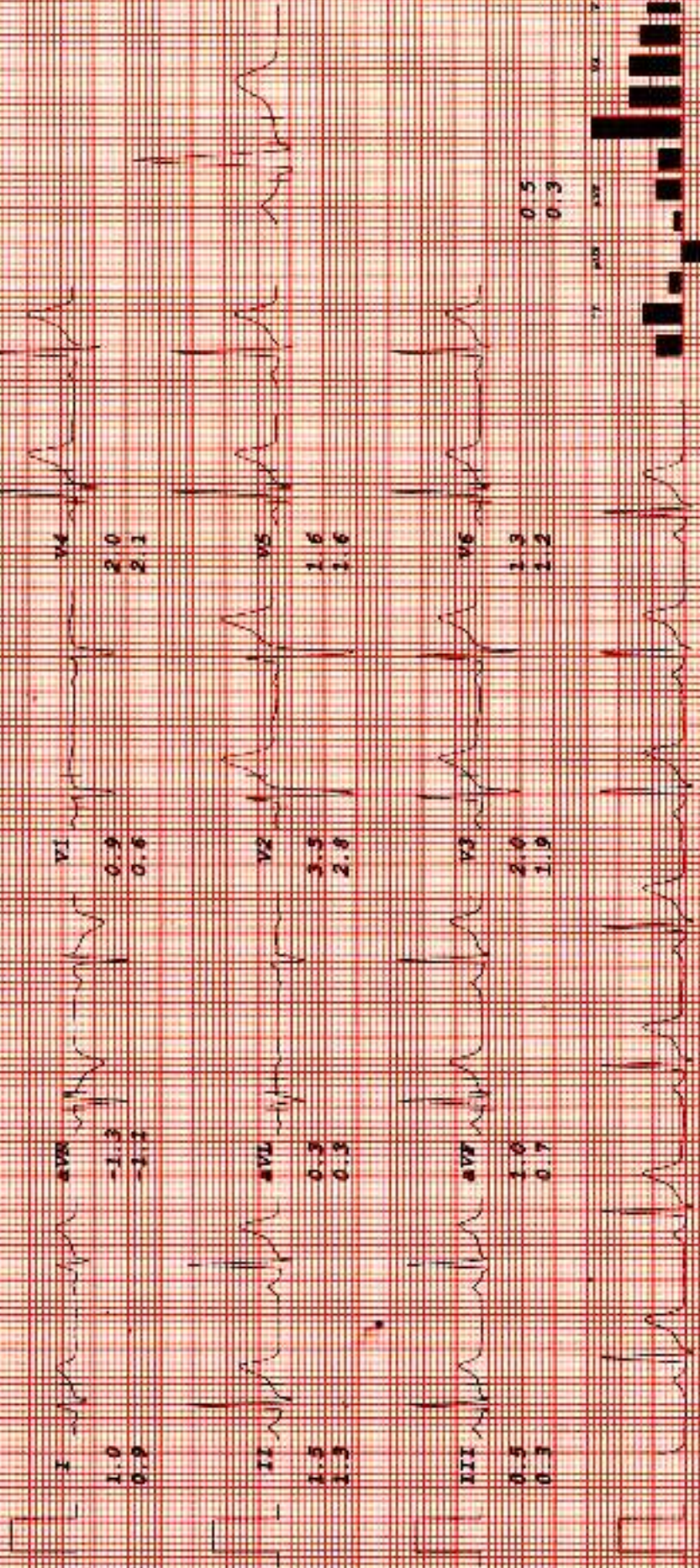
SF @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

PHASE TIME 0:05

Mag. X 2

III



II

I III aVR aVL V1 V2 V3 V4 V5 V6

# IRINE DIAGNOSTIC

KONAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

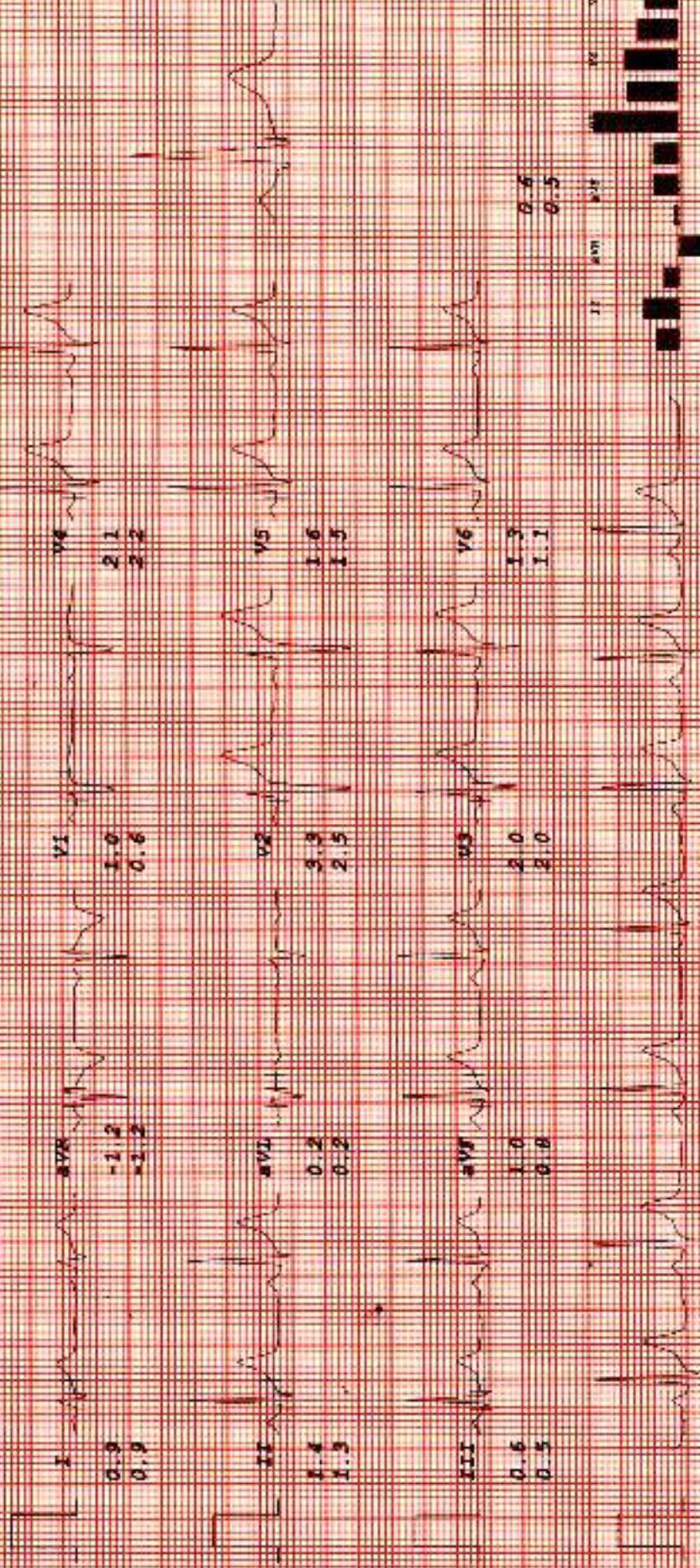
PRETEST  
VALSALVA  
RATE 68bpm  
B.P. 120/80

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag: X 2

III



II

II III aVR aVL aVF V1 V2 V3 V4 V5 V6

# IRINE DIAGNOSTIC

KONAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

RATE 68bpm  
B.P. 120/80

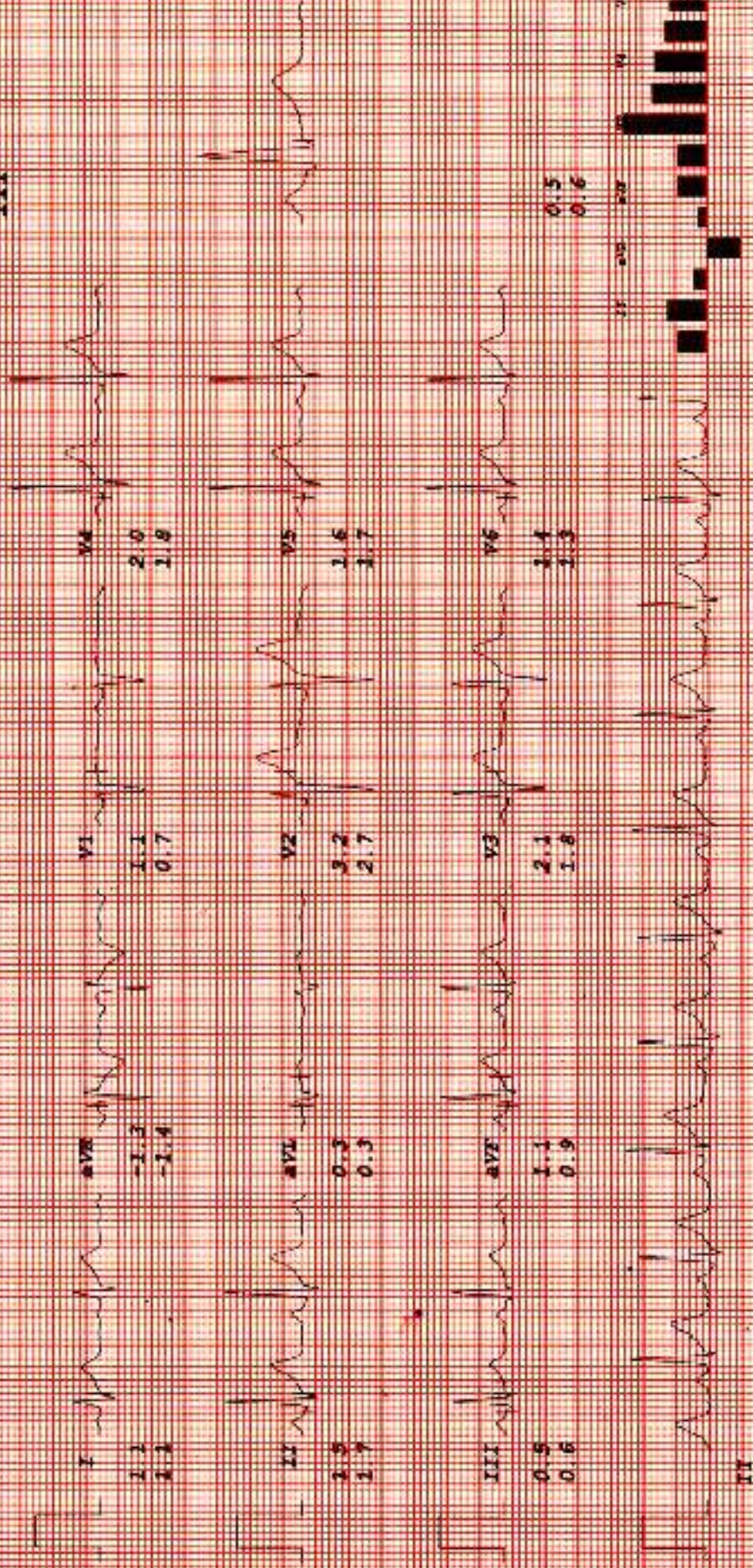
PRETEST  
STANDING

ST @ 10mm/mV  
50ms PostJ

LINKED MEDIAN

Mag. X 2

III



III

# IRINE DIAGNOSTIC

KUNAL MADHAV KALELE  
 I.D. 5464564  
 Age 38/M  
 Date 14/11/2024

RATE 113bpm  
 B.P. 130/80

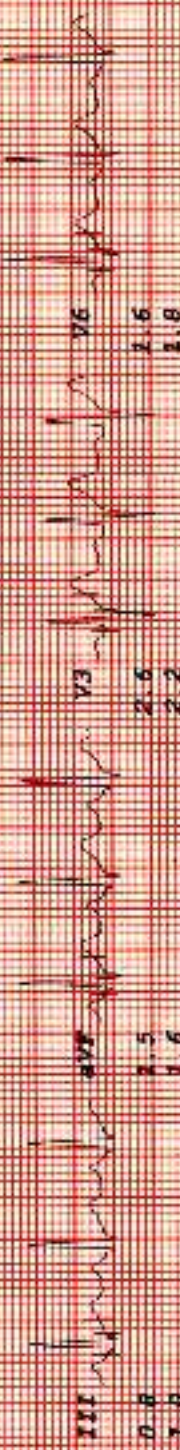
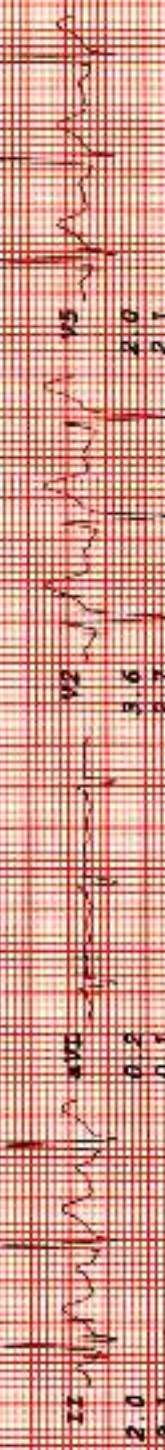
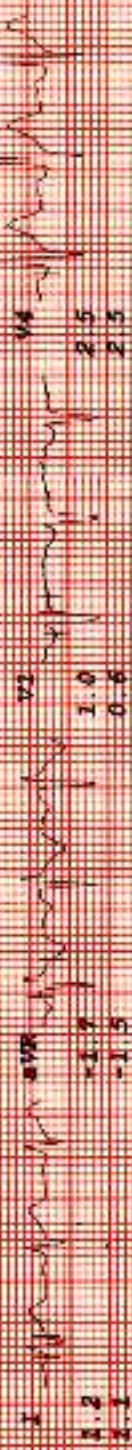
Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

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

LINKED MEDIAN

May X-2

III



May X-2

# IRINE DIAGNOSTIC

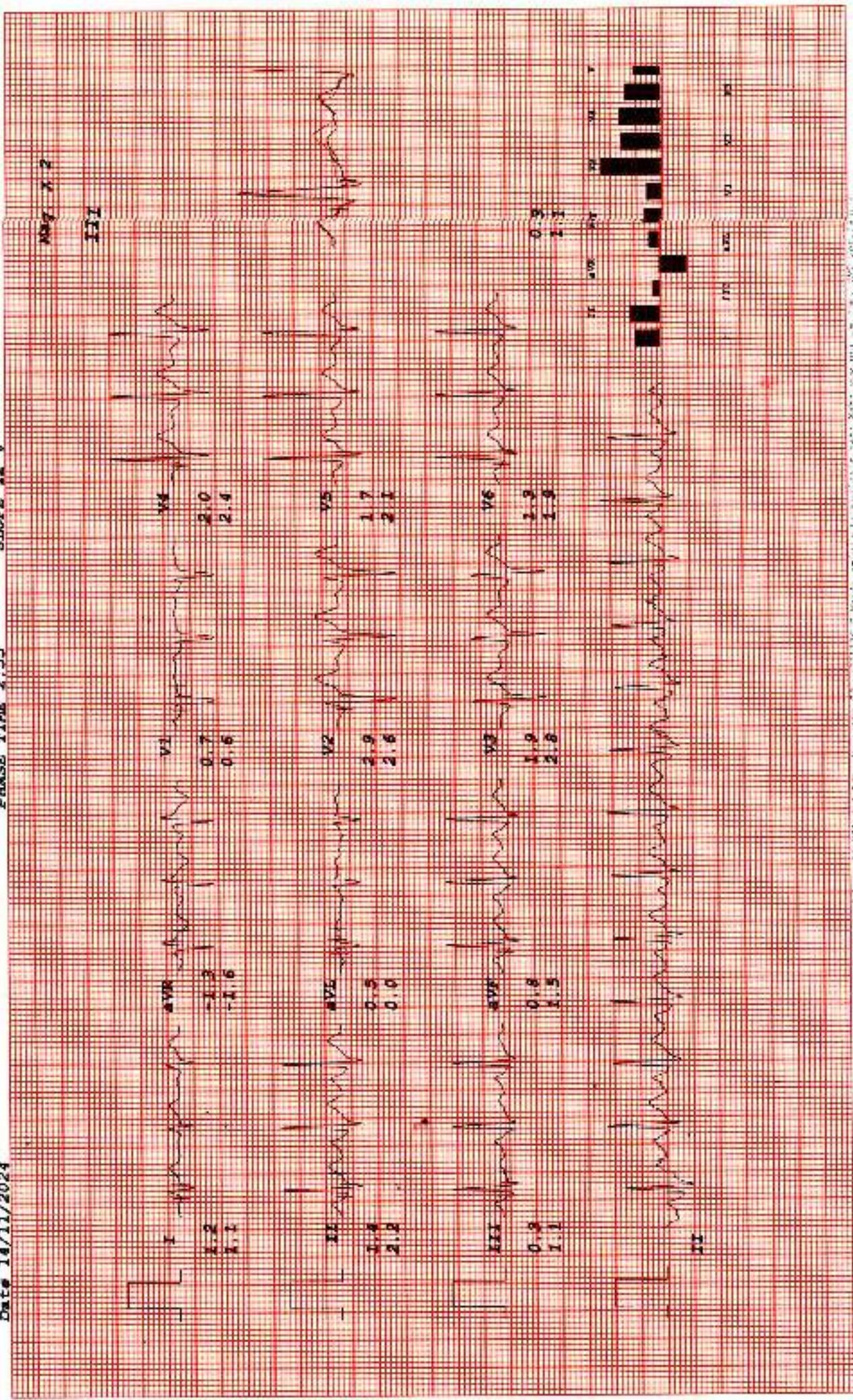
KUNAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

RATE 122bpm  
B.P. 134/86

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
50ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

LINKED MEDIAN



# IRINE DIAGNOSTIC

KUNAL MADHAV KALELE  
 I.D. 5464564  
 Age 38/M  
 Date 14/11/2024

RATE 155bpm  
 B.P. 140/86

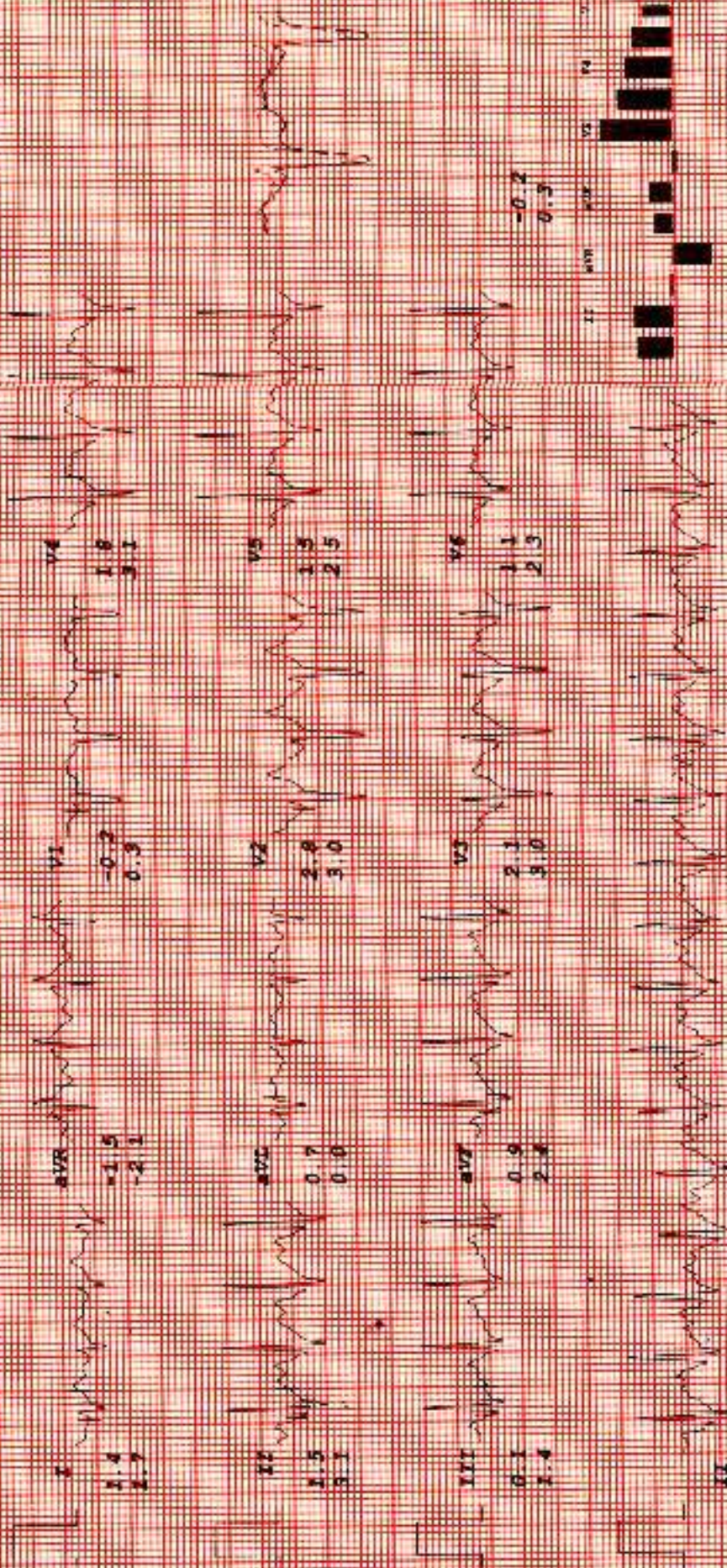
Bruce  
 Stage 3  
 TOTAL TIME 9:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

mag. x 2

V2



PR QRS QT



IRINE DIAGNOSTIC

KUNAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

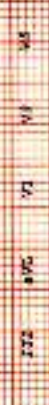
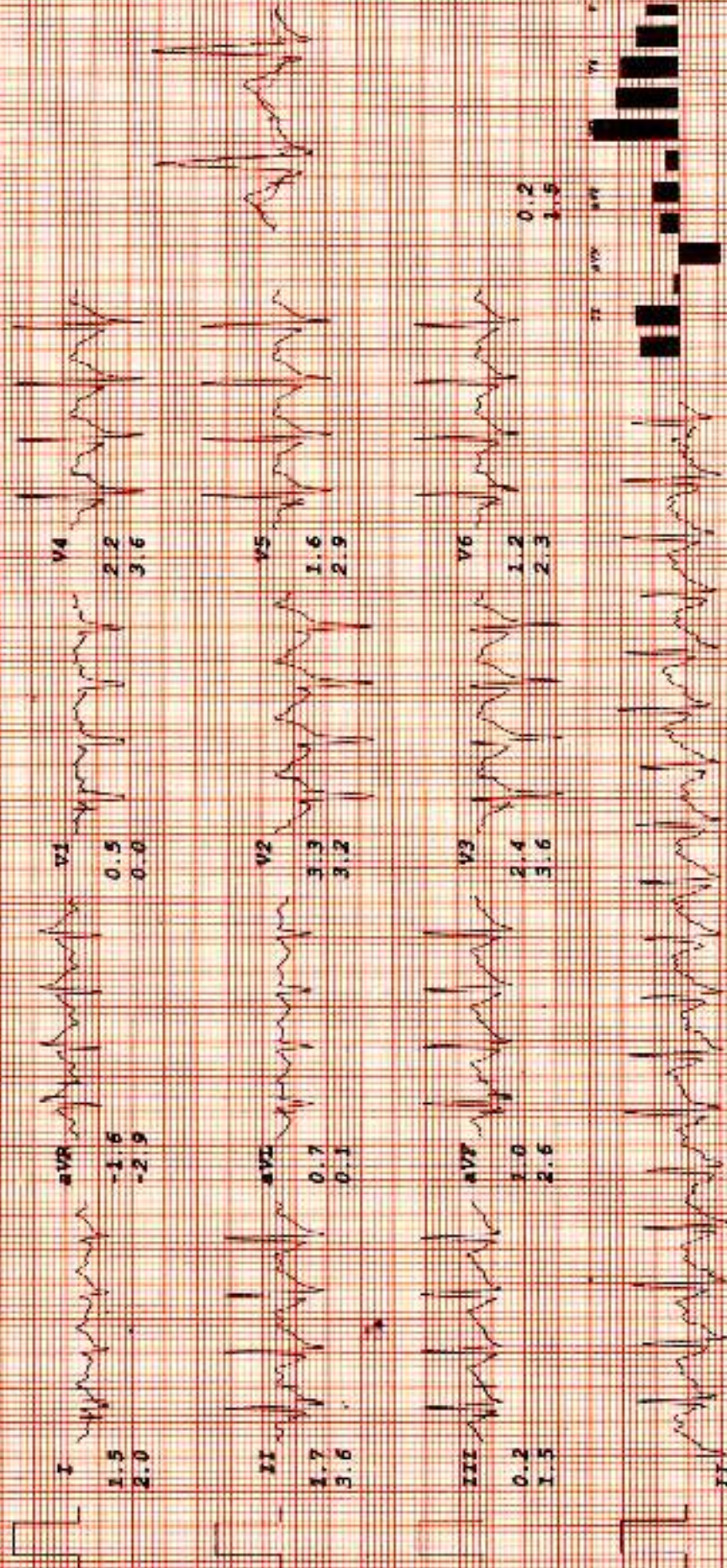
BRUCE  
PK-EXERCISE  
RATE 169bpm  
B.P. 146/90

ST @ 10mm/mV  
80ms PostJ  
Speed 6.7 km/hr  
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III



# IRINE DIAGNOSTIC

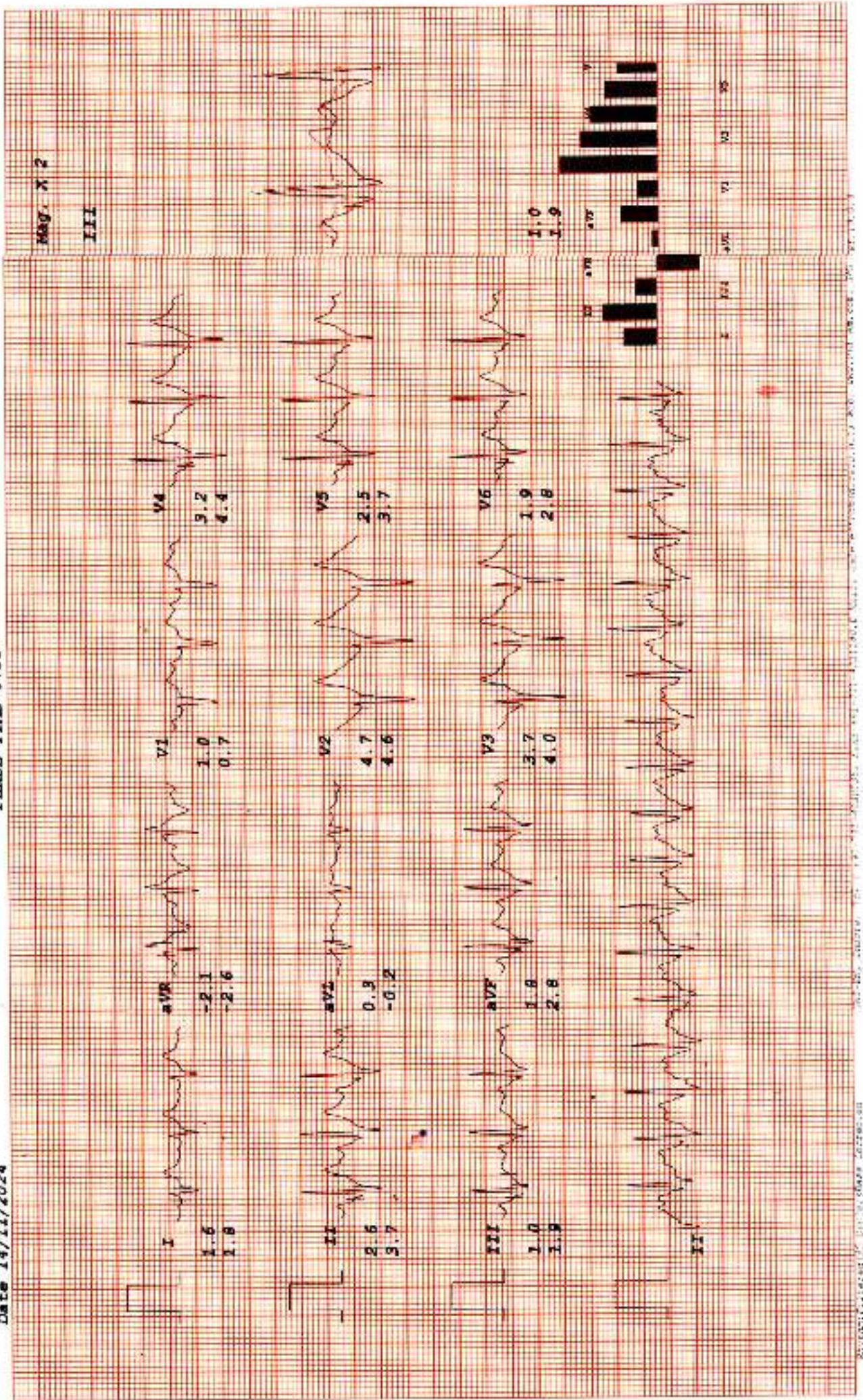
KUNAL MADHAV KHALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

RATE 132bpm  
B.P. 146/90

Bruce  
RECOVERY  
TOTAL TIME 10:57  
PHASE TIME 0:59

ST @ 10mm/mv  
80ms PostJ

LINKED MEDIAN



# IRINE DIAGNOSTIC

ST @ 10mm/mV  
50ms PostJ

Bruce  
RECOVERY  
TOTAL TIME 12:53  
PHASE TIME 2:55

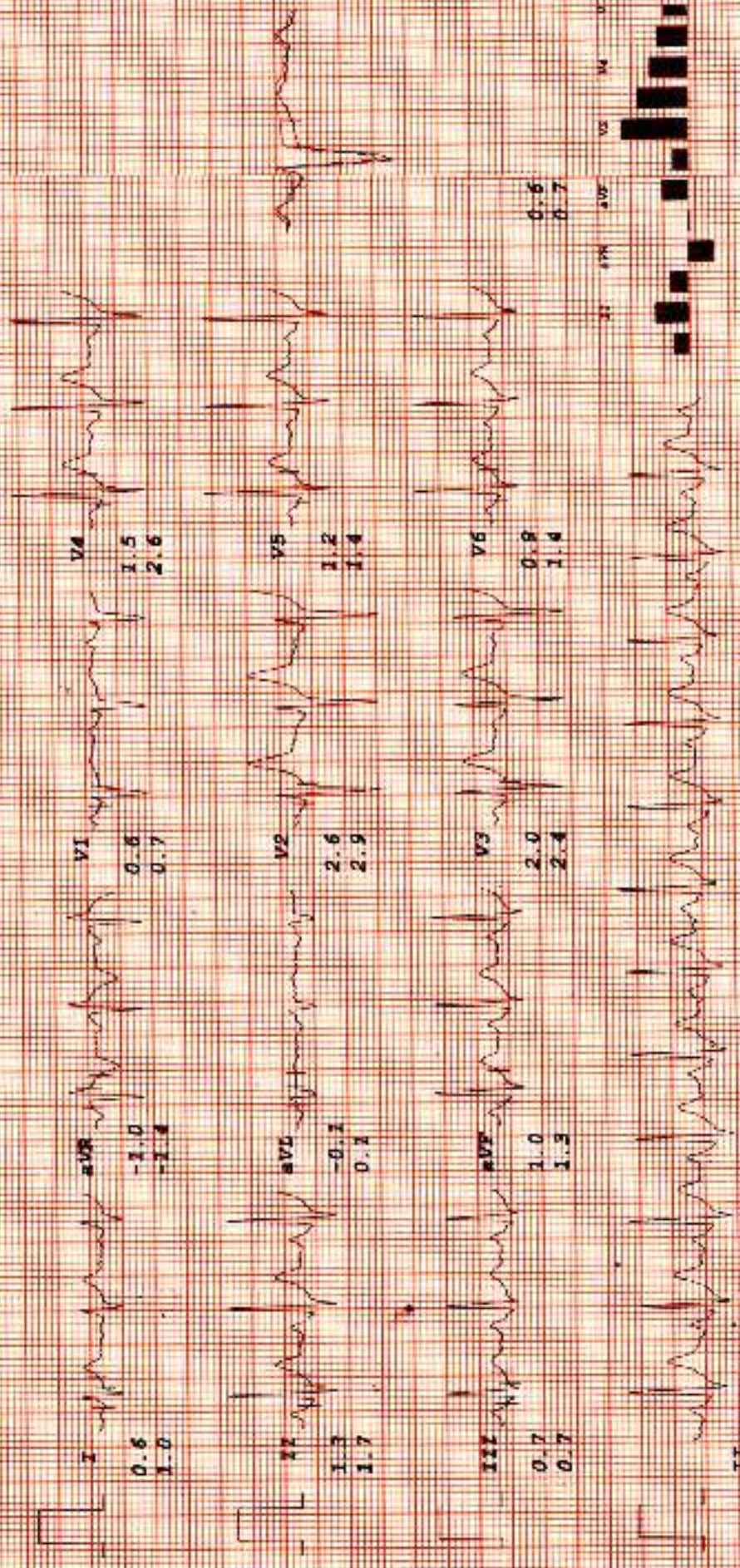
RATE 108bpm  
B.P. 136/84

KUNAL MADHAV KALELE  
I.D. 5464564  
Age 38/M  
Date 14/11/2024

LINKED MEDIAN

Mag. X 2

VI



II

III aVR aVL aVF V1 V2 V3 V4 V5 V6

# IRINE DIAGNOSTIC

KUNAL MADHAV KALELE  
 I.D. 5464564  
 Age 38/M  
 Date 14/11/2024

RATE 103bpm  
 B.P. 124/80

Bruce  
 RECOVERY  
 TOTAL TIME 15:53  
 PHASE TIME 5:55

ST @ 10mm/mv  
 80ms PostJ

LINKED MEDIAN

Mag X 2

AVR



V1 1.0  
0.5

V4 1.3  
1.6



V2 2.4  
1.9

V5 1.0  
1.4



V3 1.7  
1.6

V6 0.7  
1.0



AVR

AVL

V1

V2

V3

V4

V5

V6

AVR

AVL

V1

V2

V3

V4

V5

V6

AVR

AVL

V1

V2

V3

V4

V5

V6