

**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gum Diseases • Dentures • Cosmetic Filling • Tooth Jewellery  
• Digital DPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Vivekand  
40/M

27/1/24

C/E → Pt has come for routine dental checkup

O/E → Stains + T  
Calculus +  
Generalised Attrition

Adv → Oral Prophylaxis

spn



Apollo Clinic

LICENSEE: SAMPIDDI AROGYAM PVT LTD.

Apollo Clinic @ Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online reports: <https://pr.apolloclinic.com>

0771 4033341/42

+91 9691826363

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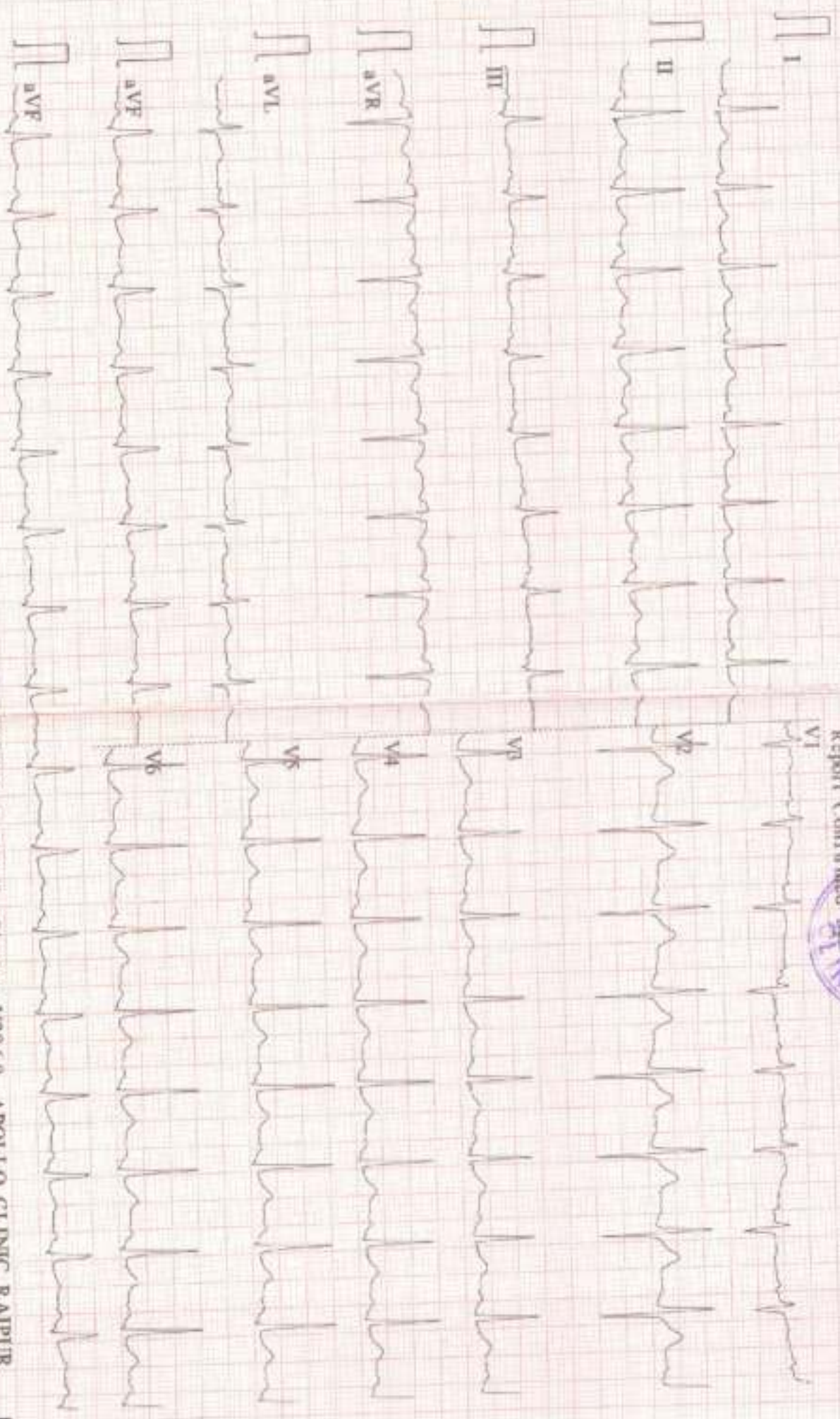
MR VIVEKANAND  
Male 40 years

HR : 99 bpm  
P : 114 ms  
PR : 144 ms  
QRS : 96 ms  
QT/QTc : 340/437 ms  
PQRST : 57/48/41 °  
RV5/SV1 : 1.438/0.519 mV

Sinus rhythm  
Normal ECG



Dr. Ankit Sharma  
MD Medicine  
Reg. No. - CGMC 7971/2018  
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 99 C/A

RT 9108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR



**NAME OF PATIENT: MR. VIVEKANAND**

**AGE: 40YRS /MALE**

**REFERRED BY: BOB**

**DATE: 27/01/2024.**

**CHEST X - RAY PA VIEW**

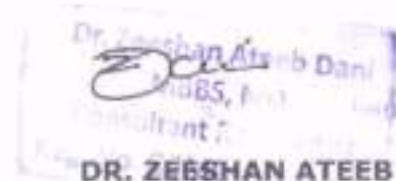
**FINDINGS:**

- 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**  
(MD)  
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.

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**0771 4033341**

PATIENT NAME:- MR. VIVEKANAND

REF BY :- BOB

AGE/SEX: 40 YRS/M

DATE:- 27.01.2024

**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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.50X4.67cm	10.01X5.19cm
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 22.085 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.


No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

**GRADE - I FATTY LIVER**

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
  
**DR. ZEESHAN ATEEB DANI**  
 (MD)  
 CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only, not the definitive diagnosis. Findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All reports are for clinical use only. For legal purposes, reports are signed by the doctor.


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 **0771 4033341**

Patient Name : MR VIVEKANAND  
UHID/ MR No : 8843  
Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:58PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y. Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 30/01/2024 04:05PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB)	14.8	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	5.08	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	44.40	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	87.4	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	29.1	Pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.7	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	5.26	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	52	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	35	%	15.0 - 45.0
Method: CELL COUNTER			
Monocytes	08	%	4.0 - 12.0
Eosinophils	05	%	1-5%
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path:

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*Dhananjay*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY





Patient Name : MR VIVEKANAND  
UHID/ MR No : 8843  
Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:58PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y Male  
OP Visit No : OPD-UNIT-II-5  
Reported On : 30/01/2024 04:05PM

### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	134	lacs/cu.mm	150-400

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*

Lab Technician / Technologist  
path

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DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : MR VIVEKANAND  
 UHID/ MR No : 8843  
 Visit Date : 27/01/2024  
 Sample Collected On : 27/01/2024 02:58PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 40 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 30/01/2024 04:05PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	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	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	26	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	32	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	78	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.9	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.4	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.87	%	1.1 - 2.2

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

Lab Technician / Technologist  
 path

Page 3 of 7

*Dhananjay*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

Patient Name : MR VIVEKANAND  
UHID/ MR No : 8843  
Visit Date : 27/01/2024  
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Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y Male  
OP Visit No : OPD-UNIT-II-1  
Reported On : 30/01/2024 04:05PM

### BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: $\leq 5.6$ , Pre-Diabetic 5.7-6.4, Diabetic: $\geq 6.5$

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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 inflammation.
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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 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:  $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
  - 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

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

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DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MR VIVEKANAND  
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 Visit Date : 27/01/2024  
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 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 40 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 30/01/2024 04:05PM

### HAEMATOTOLOGY

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) : A  
 RhD factor (Rh Typing) : POSITIVE

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

Lab Technician / Technologist  
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*Dhananjay*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

Patient Name : MR VIVEKANAND  
UHID/ MR No : 8843  
Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:58PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 40 Y. Male  
OP Visit No : OPD-UNIT-II-5  
Reported On : 30/01/2024 04:05PM


### 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)	5.0		
<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	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

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

Lab Technician / Technologist  
path

Page 1 of 2

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : Mr.VIVEKANAND	Collected : 27/Jan/2024 05:34PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 27/Jan/2024 05:38PM
UHID/MR No : DSUS.0000006241	Reported : 27/Jan/2024 07:03PM
Visit ID : DSUSOPV7272	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (IPSA) , SERUM	0.590	Normal	ng/mL	0-4	CLIA

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



*Signature*  
**DR. ANIKAL KHURR**  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY\*

 **+91 99916 25363**

 **0771 4033341**



Patient Name : MR VIVEKANAND  
 UHID/ MR No : 8843  
 Visit Date : 27/01/2024  
 Sample Collected On : 27/01/2024 02:58PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 40 Y. Male  
 OP Visit No : OPD-UNIT-II-3  
 Reported On : 30/01/2024 04:05PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	122.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen	10	mg/dl	7 - 20
METHOD: Spectrophotometric			
<b>Creatinine</b>	1.0	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
<b>Uric Acid</b>	4.5	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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

Lab Technician / Technologist  
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Page 1 of 7

*Dhananjay*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

Patient Name : MR VIVEKANAND  
 UHID/ MR No : 8843  
 Visit Date : 27/01/2024  
 Sample Collected On : 27/01/2024 02:58PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 40 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 30/01/2024 04:05PM

### BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	156.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	106.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric LDL Cholesterol	114	mg/dl	Optimal:< 100      Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	21.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.71		3.5-5
Method: Spectrophotometric			


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

Lab Technician / Technologist  
 path



**DR DHANAJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

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Patient Name : Mr.VIVEKANAND	Collected : 27/Jan/2024 05:34PM
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UHID/MR No : DSUS.0000006241	Reported : 27/Jan/2024 07:03PM
Visit ID : DSUSOPV7272	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	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRI-IODOTHYRONINE (T3, TOTAL)	1.65	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.30	Normal	ug/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.260	Normal	µIU/mL	0.34-5.60	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, Graves, 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





Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	%THR	BP	RRP	PVC	Comments
Standing	00:25	0:25	00.0	00.0	01.0	109	61 %	130/80	141	00	
EXStart	00:36	0:11	00.0	00.0	01.0	100	56 %	130/80	130	00	
BRUCE Stage 1	03:36	3:00	02.7	10.0	04.7	136	76 %	132/86	179	00	
PeakEX	05:25	1:49	04.0	12.0	06.2	163	91 %	136/86	221	00	
Recovery	05:55	0:30	00.8	00.0	01.8	149	83 %	136/86	202	00	
Recovery	06:25	1:00	00.8	00.0	01.0	132	73 %	136/86	179	00	
Recovery	07:25	2:00	00.0	00.0	01.0	122	68 %	134/82	163	00	
Recovery	08:25	3:00	00.0	00.0	01.0	121	67 %	134/82	162	00	
Recovery	09:25	4:00	00.0	00.0	01.0	113	63 %	134/82	151	00	
Recovery	09:49	4:24	00.0	00.0	01.0	110	61 %	132/82	145	00	

**FINDINGS :**

Exercise Time : 04:49  
 Max HR Attained : 163 bpm 91% of Target 180  
 Max BP Attained : 136/86 (mmHg)  
 Max Workload Attained : 6.2 Fair response to induced stress  
 Test Objective : CHD/EWAS/SAFD/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



GS / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 109

BRUCE: Standing(0:25)



Date: 27 / 01 / 2024

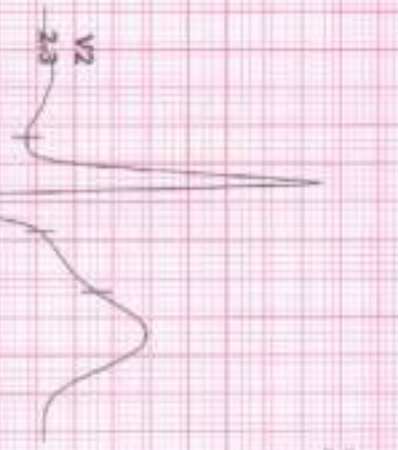
METS: 1.0/ 109 bpm 81% of THQ BP: 130/80 mmHg

Conducted Modernu BLC On March Chd HF 0.05 HALL F 36 Hz

ExTime: 00:00 0.0 Km/h 0.0%

4X 60 min rest 2

35 mm/Sec V0 Cm/IV



RI 1.0  
RII 1.2



VI 0.8  
VII 0.2



RI 1.4  
RII 1.0



VI 2.2  
VII 2.2



RI 0.0  
RII 0.2



VI 0.7  
VII 0.8



RII 1.0  
RII 1.5



VI 0.7  
VII 0.8



RII 0.5  
RII 0.7



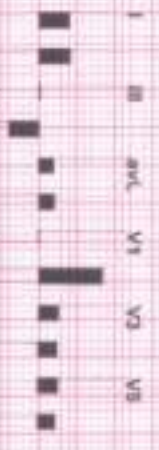
VI 0.2  
VII 0.2



RII 0.4  
RII 0.4



VI 0.6  
VII 0.6



REMARKS:



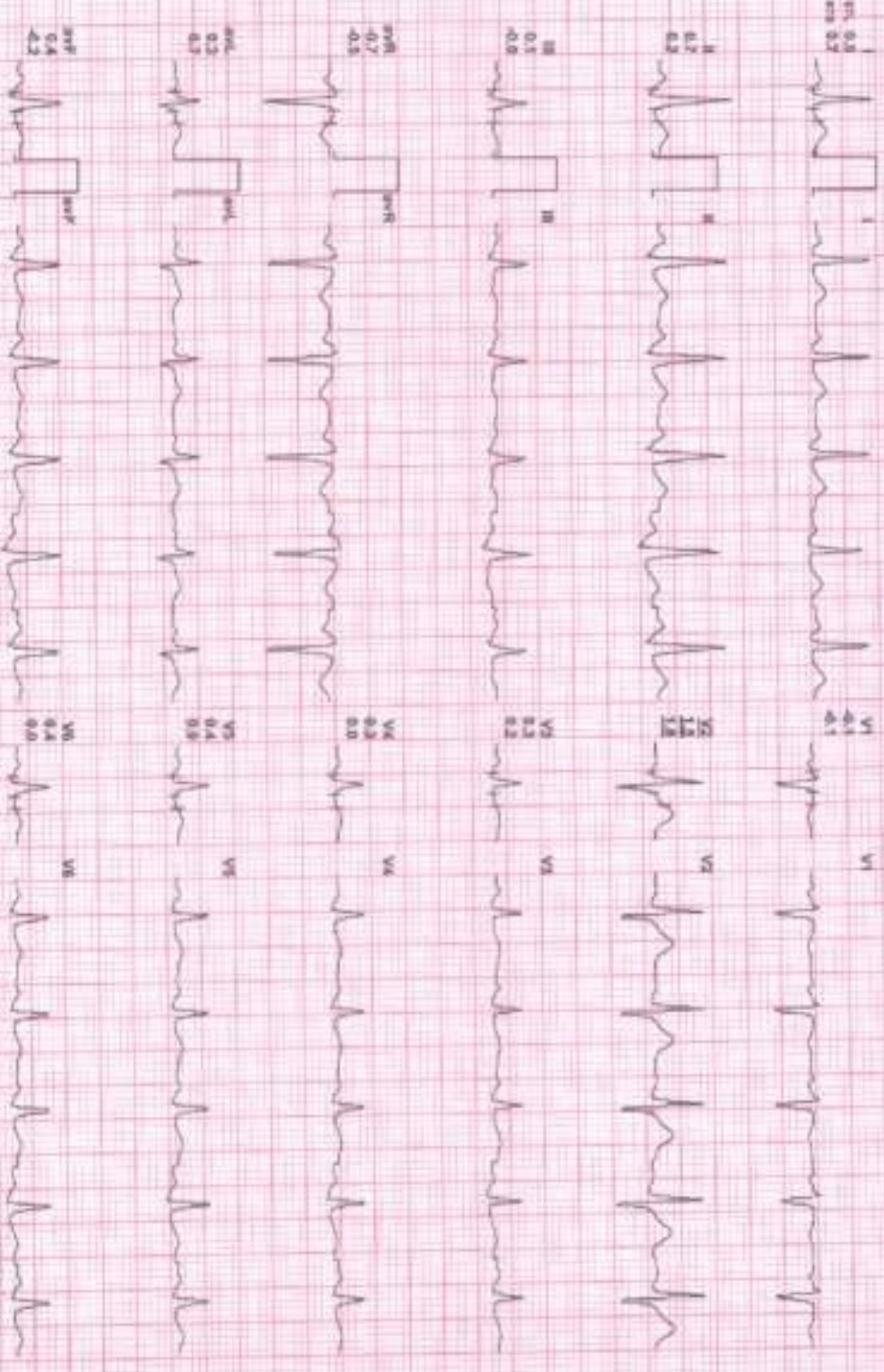
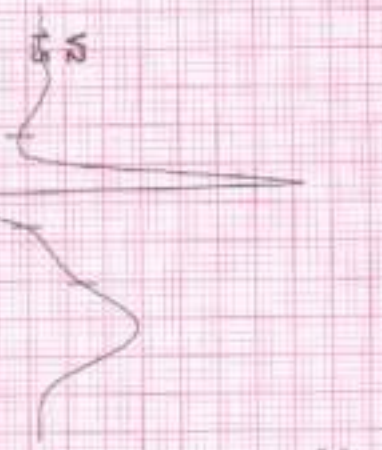
65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 100

Date: 27 / 01 / 2024

NETS: 1.6/ 100 bpm 56% of THR BP: 130/90 mmHg Combined Meds: BLC ON: MARCH DIV: HF 0.05 KALUF 35 MG

AX 60 ms Plead J

ExStim  
KCPA



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





65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 136

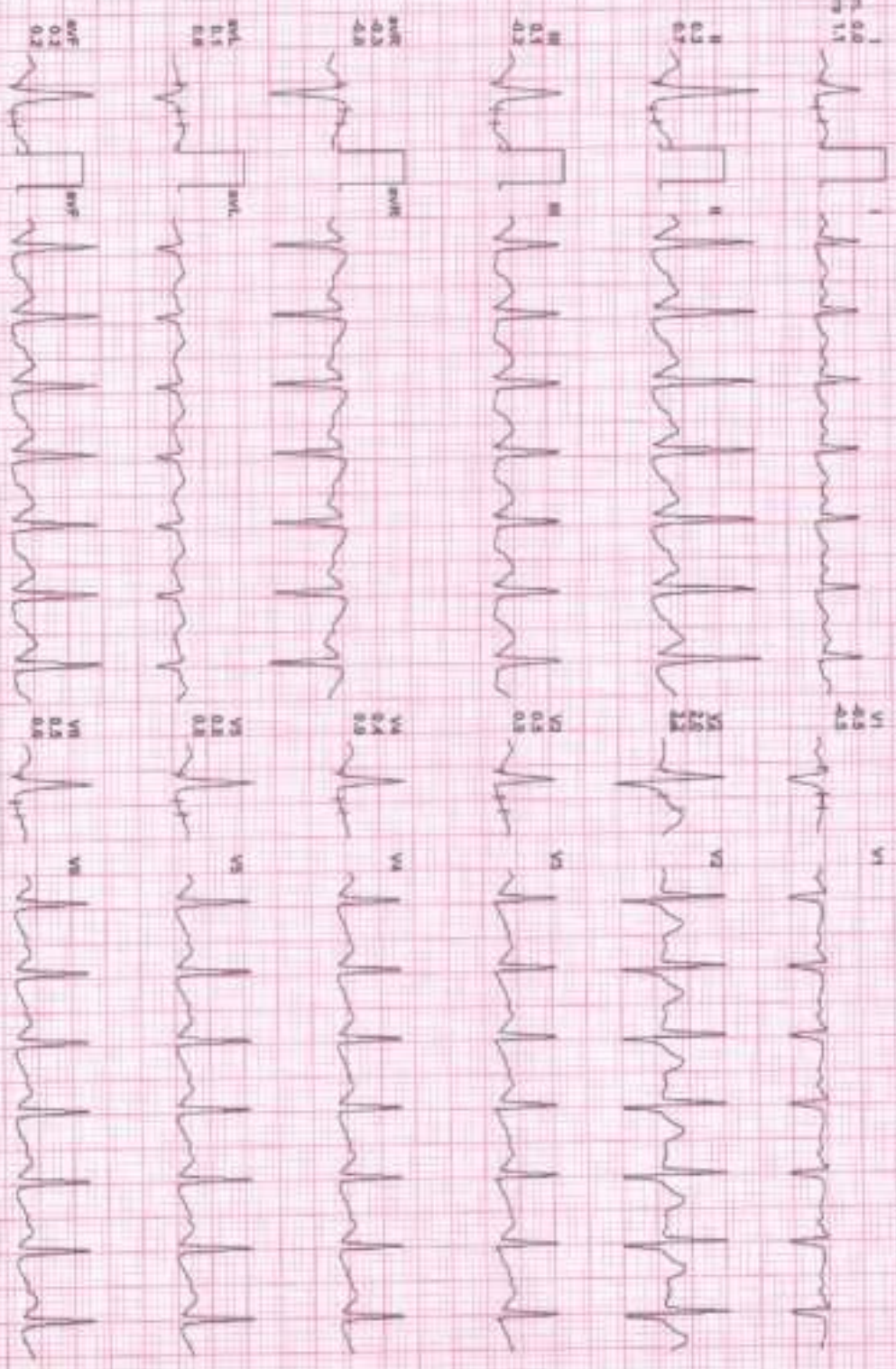
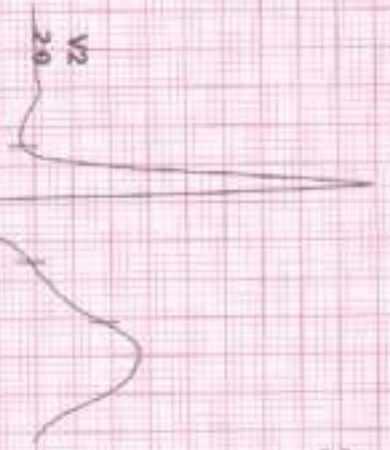
BRUCE: Stage 1(3:00)



Date: 27 / 01 / 2024  
4X 88 mts Post J

NETS: 4.27 196 bpm 76% of THR BP: 132/88 mmHg Combined Meds/ BLC DM/ NADA DM/ HE 0.05-HDL-C 35. M/L

ExTime 03:09 2.7 kmph 10.8%  
25 mm/Sec 1.6 Cm/Div



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



65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 163

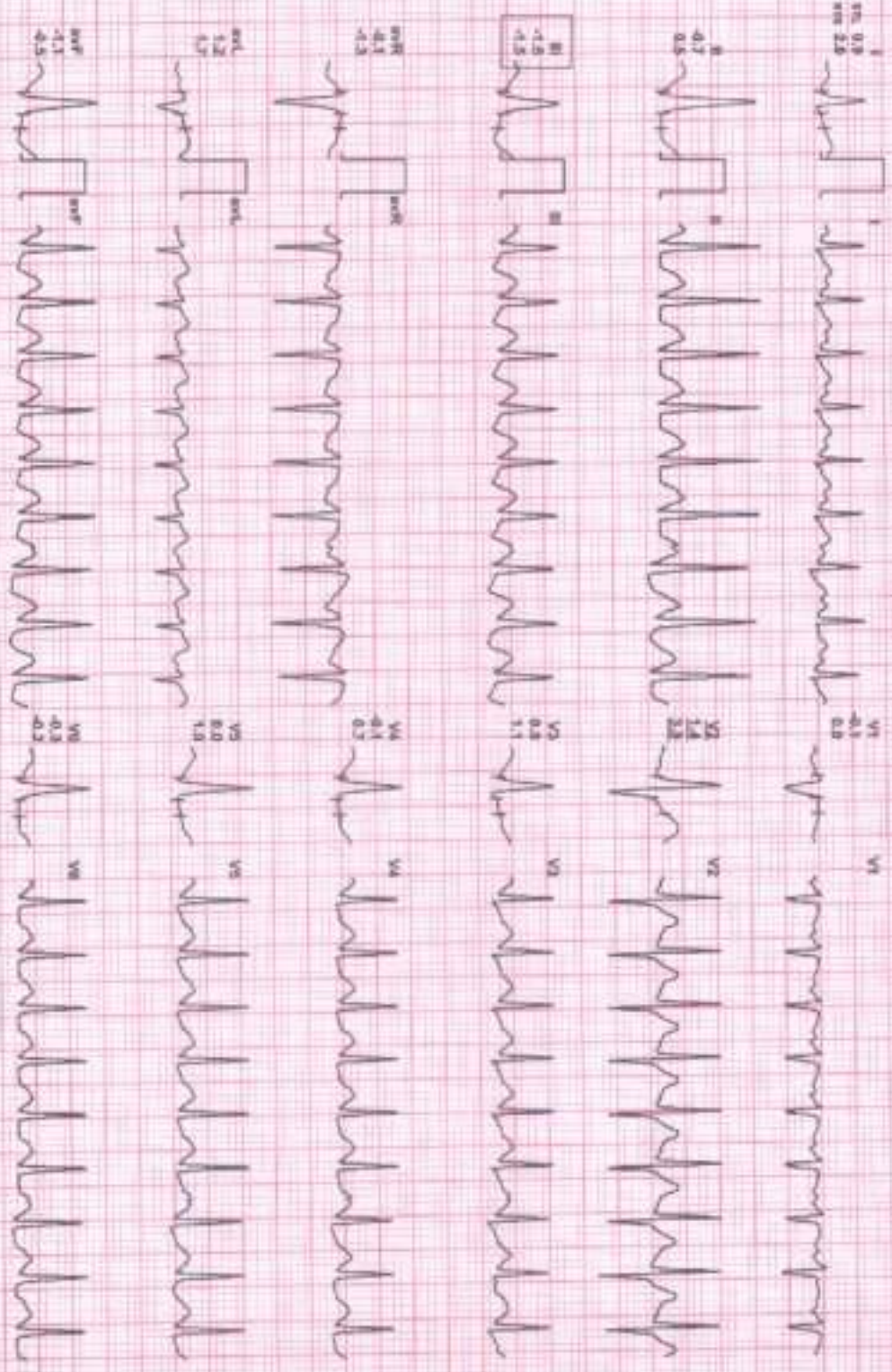
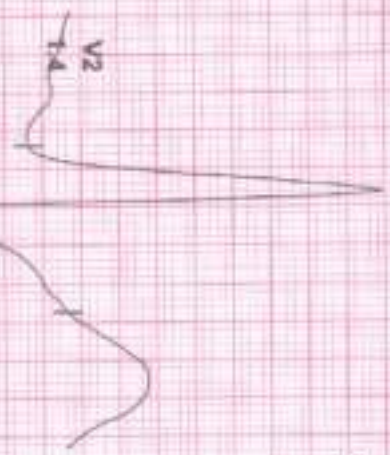
Date: 27 / 01 / 2024

NETS: 6.2/ 163 bpm 81% of THR BP: 136/96 mmHg Combined Medians BLC ON Motion DW HF 0.05 kcal E 35 Hz

Extra: 04:49 - 4.0 Km/h - 12.0%

4X 66 ms Post J

20 mm/Sec - 1.0 Cm/Div



REMARKS:

I III aVL aVF V1 V2 V3 V4 V5 V6

PeakEx





65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 149

Recovery(0:30)



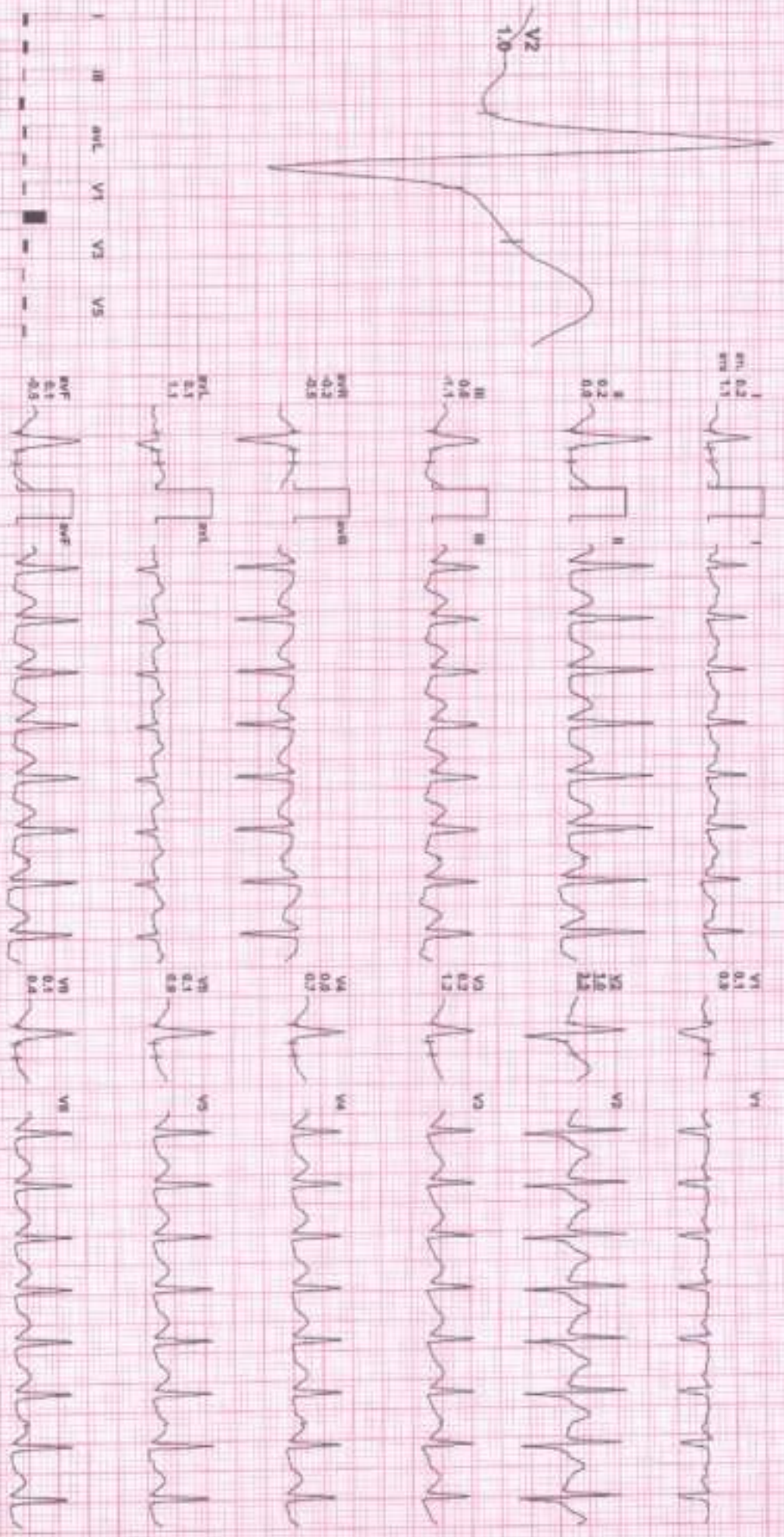
Date: 27 / 01 / 2024

NETS: 1.8V 149 bpm 83% of THR BP: 188/86 mmHg Combined Meds: Nil C Ovr Natch CW HF 0.05 PzLF 35 HR

EXTIME: 04:49 0.8 Kmth. 0.0%

AX SA and Post J

23 leads: 1.9 Chan IV



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



65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 132

Date: 27 / 01 / 2024

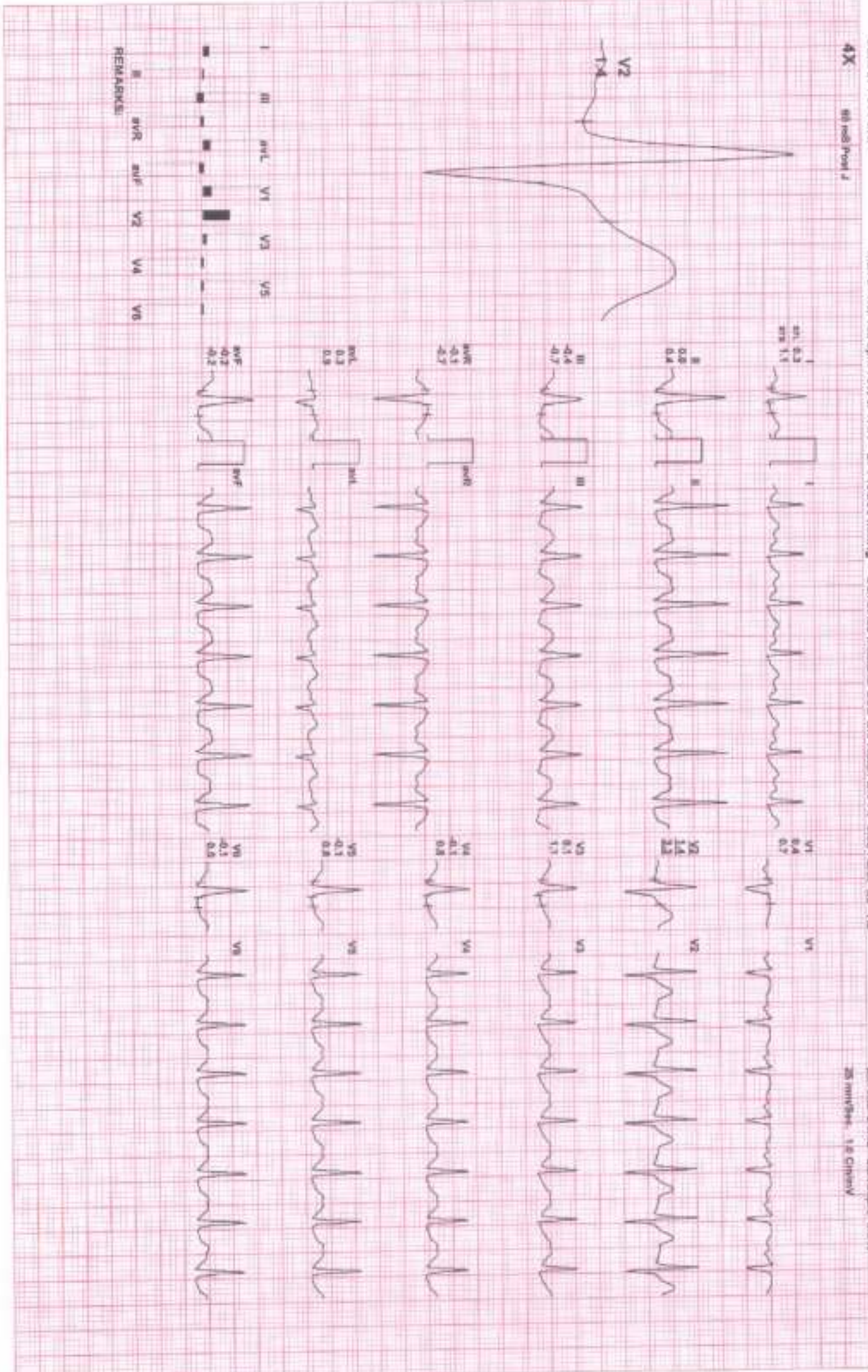
NETS: 140/132 bpm 73% of THR BP: 136/98 mmHg Contained Medicines: B.C. OW Natchi OW HF 0.05 HOALF 35 Hz

Extra: 04:49 0.8 KupaL 0.0%

4X: 80 ml Prod J

25 mm/Sec. 12 Cycles

Recovery(1:00)









65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 121

Recovery(3:00)



Date: 27 / 01 / 2024

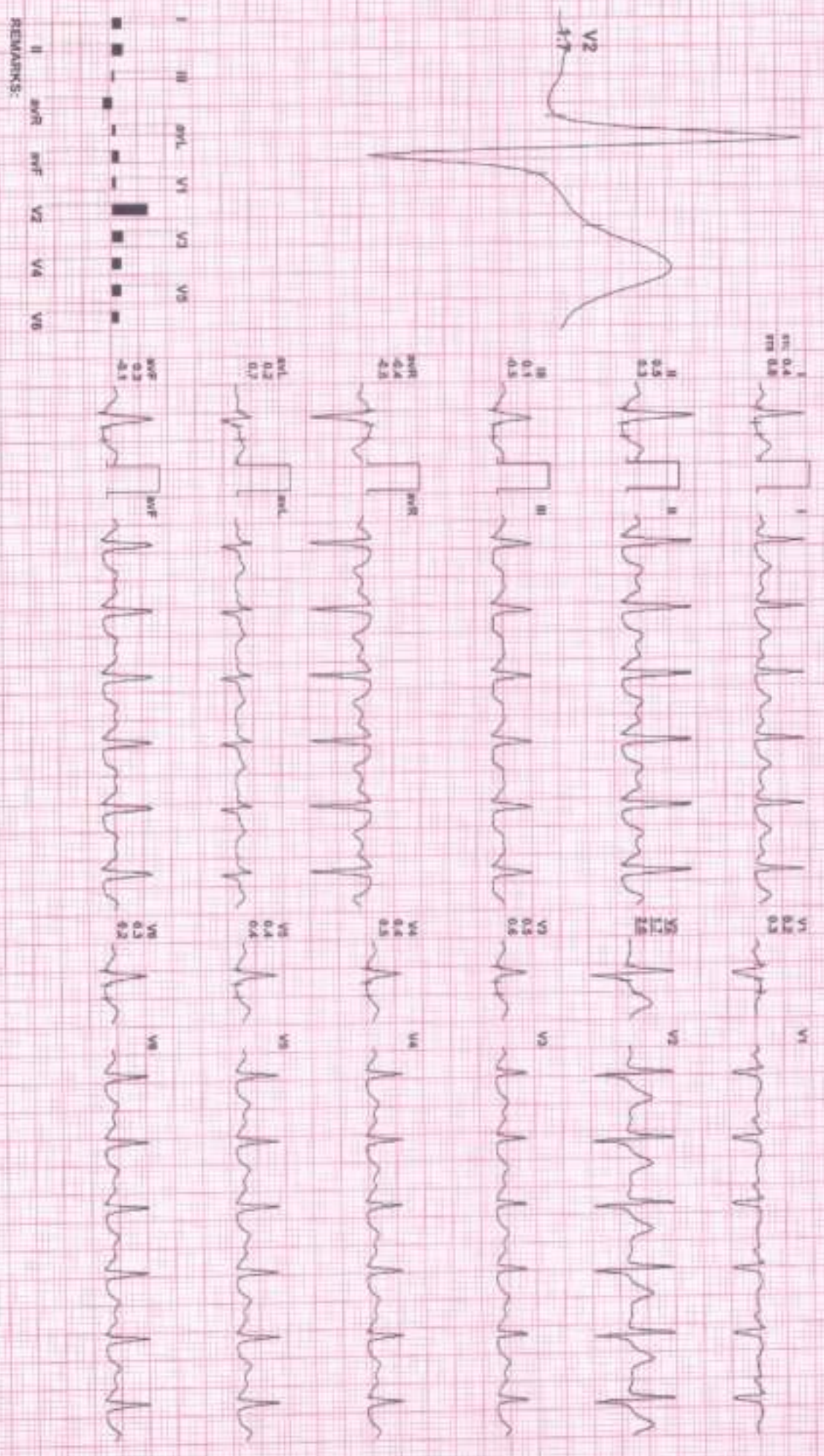
MEETS: 1.0/ 121 bpm 67% of THR BP: 134/82 mmHg

Cardiac Meds/ BLC OM NADA OM HF 0.05 HELLF 35 Hz

4X 38 ms Post J

Extra: 04:40 0.0 KIPP 0.0%

25 mm/Sec. 1.5 Channel





65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 113

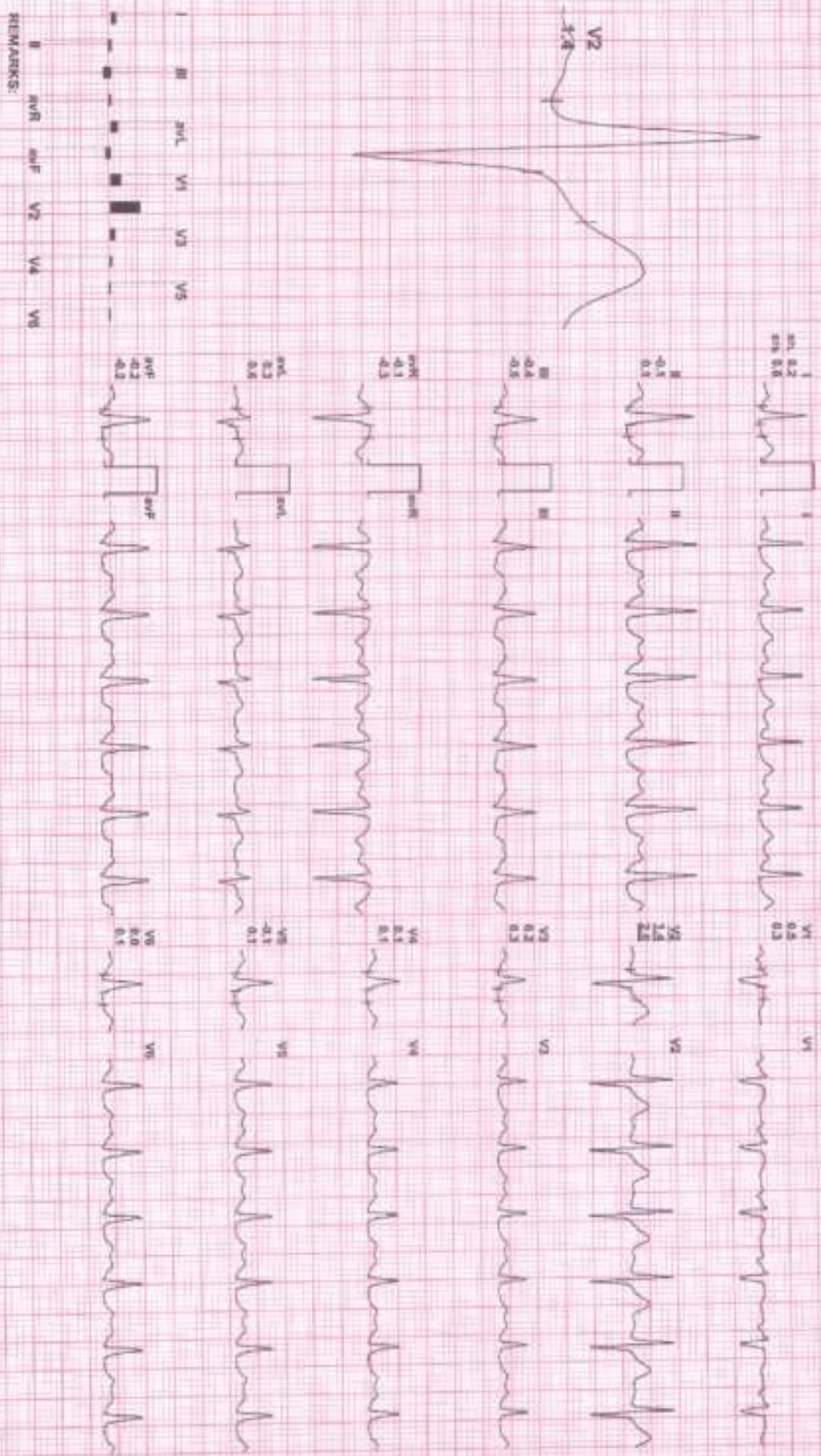
Date: 27 / 01 / 2024

NETS: 1.60 113 bpm 83% of THR BP: 134/82 mmHg Combined Medial/ BLC Cav Nason Cav HF 0.05 H&L F 35 Hz

AX 60 ms Post J

EXTIME: 94:49 0.0 Kmph 0.0%  
35 mm/sec 5.0 Cm/Div

Recovery(4:00)



REMARKS:



65 / MR VIVEKANAND / 40 Yrs / M / 177 Cms / 90 Kg / HR : 110

Recovery(4:24)



Date: 27 / 01 / 2024

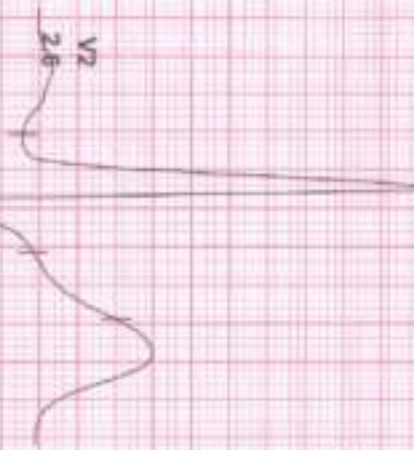
METS: 1.07 510 bpm 61% of THR BP: 132/82 mmHg

Cardiomed Medical/ B.L.C. Div/ Noida/ Qm/ HR: 0.05 Hz/ LF: 35 Hz

4X 60 ms/div

EXTRM: 04:49 0.8 kmph 0.0%

25 sec/Div. 1.0 cm/Div



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