



# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun  
Ph: 9235501532, 01356617357  
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.PRANTIKA-22S38319	Registered On	: 09/Nov/2024 09:01:15
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 09/Nov/2024 09:17:51
UHID/MR NO	: IDUN.0000241723	Received	: 09/Nov/2024 10:25:09
Visit ID	: IDUN0265232425	Reported	: 09/Nov/2024 11:58:03
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	12.60	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	8,520.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils )	64.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	29.00	%	20-40	FLOW CYTOMETRY
Monocytes	5.50	%	2-10	FLOW CYTOMETRY
Eosinophils	1.30	%	1-6	FLOW CYTOMETRY
Basophils	0.20	%	< 1-2	FLOW CYTOMETRY
<b>ESR</b>				
Observed	4.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Leter gestation - 70 (95 if anaemic)	
Corrected	--	Mm for 1st hr.	< 20	
PCV (HCT)	40.50	%	40-54	
<b>Platelet count</b>				
Platelet Count	2.69	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	38.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	<b>0.32</b>	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.68	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	86.50	fL	80-100	CALCULATED PARAMETER
MCH	<b>26.80</b>	pg	27-32	CALCULATED PARAMETER
MCHC	31.00	%	30-38	CALCULATED PARAMETER
RDW-CV	<b>16.10</b>	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,460.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	110.00	/cu mm	40-440	

DR.SMRITI GUPTA MD (PATHOLOGY)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	93.77	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body . Lack of insulin or resistance to it action at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP <i>Sample: Plasma After Meal</i>	104.87	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.





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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

**BUN (Blood Urea Nitrogen)**

9.00

mg/dL

7.0-23.0

CALCULATED

Sample: Serum





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Interpretation:

**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine</b>	0.85	mg/dl	0.5-1.20	MODIFIED JAFFES
<i>Sample: Serum</i>				

#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid</b>	4.23	mg/dl	2.5-6.0	URICASE
<i>Sample: Serum</i>				

#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	28.89	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>41.92</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>79.08</b>	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.24	gm/dl	6.2-8.0	BIURET
Albumin	4.41	gm/dl	3.4-5.4	B.C.G.
Globulin	2.83	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.56		1.1-2.0	CALCULATED





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	117.18	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.82	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.52	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	194.47	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	61.11	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	98	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>35.17</b>	mg/dl	10-33	CALCULATED
Triglycerides	175.85	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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UHID/MR NO	: IDUN.0000241723	Received	: 09/Nov/2024 14:56:39
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE , Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	5-8/h.p.f			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	2-4/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, PP STAGE , Urine

Sugar, PP Stage	ABSENT
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Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	85.98	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	<b>5.760</b>	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

**IMPRESSION : NO SIGNIFICANT ABNORMALITY DETECTED**

Dr. Amit Bhandari MBBS MD RADIOLOGY





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

**LIVER** : is normal in size and echotexture. No focal lesion seen.

**PORTAL VEIN** : is normal at porta .

CBD is normal in size and measures approx 4 mm. Intra Hepatic biliary radicles are not dilated.

**GALL BLADDER is not seen (h/o cholecystectomy).**

**SPLEEN** : is normal in size, shape and echotexture. No focal lesion is seen.

**PANCREAS**: Head and body appear normal. Tail is obscured by bowel gases. No evident peripancreatic collection is seen.

**RIGHT KIDNEY:-** is normal in size, (92 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

**LEFT KIDNEY:-** is normal in size, (96 mm) shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

**LYMPHNODES** : No pre-or-para aortic lymph node mass is seen.

**URINARY BLADDER**: seen in distended state with echofree lumen. Wall thickness is normal.

**UTERUS**: - is retroverted. No focal lesion seen. Endometrial thickness is approx 5 mm.

**ADNEXA**: - Both ovaries re normal.

**FLUID** : No significant free fluid seen in peritoneal cavity.

#### **IMPRESSION: - NO SIGNIFICANT ABNORMALITY DETECTED.**

Note: - In case of any discrepancy due to typing error kindly get it rectified immediately.

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

Result/s to Follow:

STOOL ROUTINE EXAMINATION, SUGAR, FASTING STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EX



Dr. Amit Bhandari MBBS MD RADIOLOGY

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

365 Days Open

\*Facilities Available at Select Location

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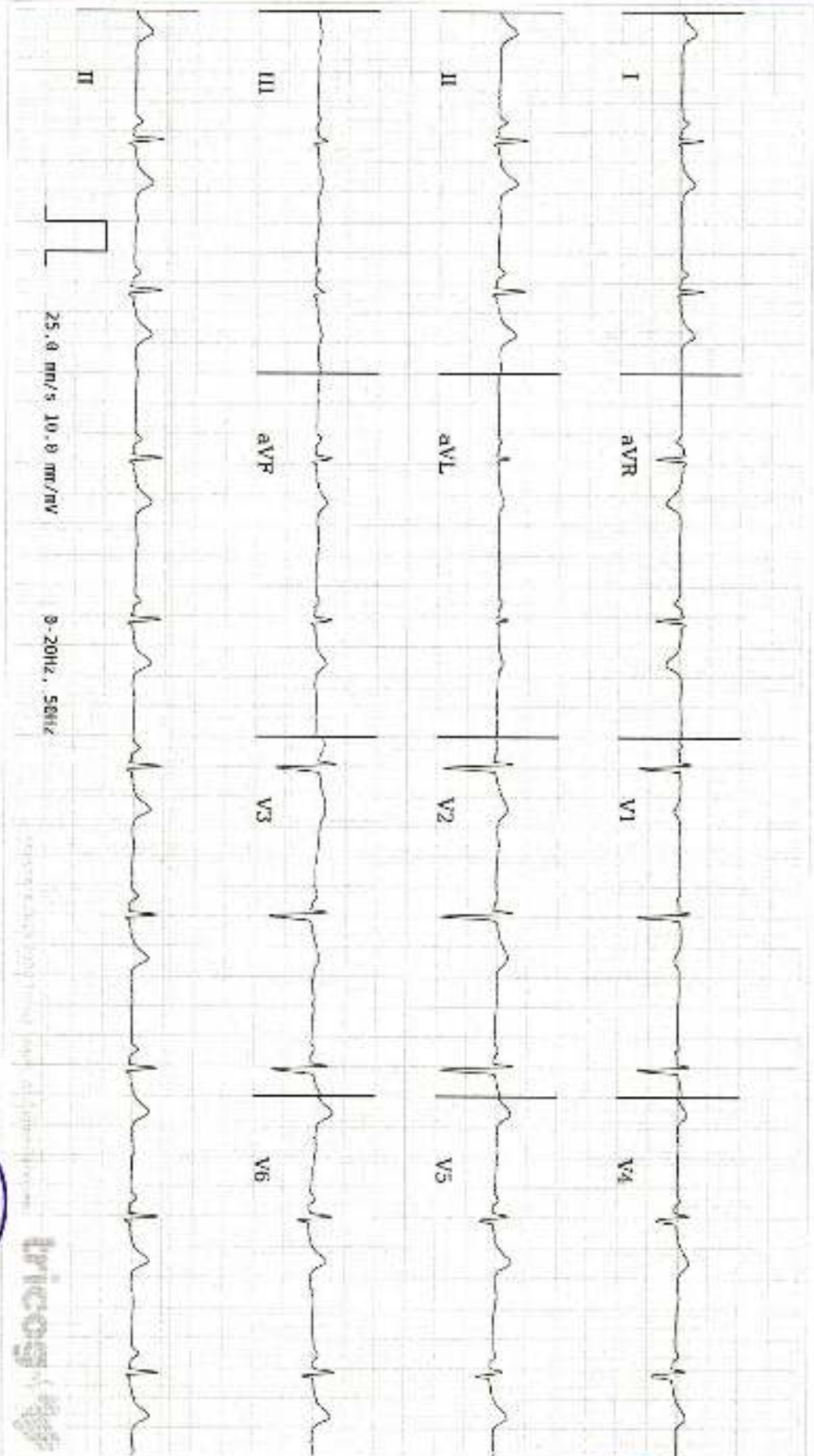


Age / Gender: 30/Female

Date and Time: 9th Nov 24 9:12 AM

Patient ID: IDUN0265232425

Patient Name: Mrs.PRANTIKA-22838319



A3: 59bpm

VA: 59bpm

QRSD: 76ms

QT: 428ms

QTOR: 423ms

EAL: 136ms

45° 38° 45°

25.0 mm/s 10.0 mm/mV

9-20Hz, 50Hz

Home Sample Collection  
08069366666Download  
Chandan 24x7 App**Abnormal: Sinus Bradycardia. Poor "R" wave progression in anterior leads. Please correlate clinically.**

Interpretation in this report is based on ECG trace and should only be used as an adjunct to clinical history. Symptoms and results of other investigations and investigations have and must be interpreted by a qualified physician.



REPORTED BY

Dr. Manjusha Goshal Chhabra



# CHANDAN DIAGNOSTIC CENTRE

56 ARWELIA BUILDING 1ST FLOOR MKP CHOWK DEHRADUN

**Ms. PRANTIKA**  
 Age 30F  
 Recorded 9/11/2024 9:58  
 Ref by: MEDIWHEEL ACROFEM  
 Indication:

ID: 25523  
 HW:

## TREADMILL TEST SUMMARY REPORT

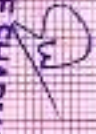
Protocol: BRUCE  
 History:  
 Medication:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr.)	GRADE (%)	HR (BPM)	S.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					85	114/78	36	-1.1	0.2	-0.7	
HYPERVENT	0:30	0:30			89	114/76	101	-1.0	0.2	-0.5	
STANDING					89	114/76	98	-1.0	0.2	-0.5	
STAGE 1	2:50	2:50	2.70	10.00	122	116/90	143	-2.8	0.7	1.6	4.90
STAGE 2	5:50	2:50	4.00	12.00	150	124/95	196	-3.1	0.5	-2.0	7.10
STAGE 3	7:20	1:20	5.40	14.00	165	124/86	204	-2.6	0.4	1.6	8.54
PEAK EXERCISE	7:34	1:34			163	124/86	202	-2.7	0.5	-4.7	8.52
RECOVERY	2:58	2:58		0.00	100	106/70	108	-2.0	0.5	-4.5	

**RESULTS:**

Exercise Duration: 7:34 Minutes  
 Max Heart Rate: 165 bpm, 86% of target heart rate 190 bpm  
 Max Blood Pressure: 124/95 mmHg  
 Max Work Load: 8.52 METS  
 Reason of Termination:

**IMPRESSIONS**  
 GOOD EFFORT TOLERANCE  
 NORMAL LONOTROPIC AND CHRONOTROPIC RESPONSE  
 NO ANGINAL PAIN OR ST-T OR R-T WAVE CHANGES  
 NO SIGNIFICANT ST-T OR R-T WAVE CHANGES WERE SEEN DURING OR AFTER THE EXERCISE.  
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA.

  
**Dr. GOPAL JEE SHARMA**  
 D.N.B.  
**CHANDAN DIAGNOSTIC CENTRE**  
 56, New Road, MKP Chowk  
 Dehradun-248001  
 Reg. No. 0368883

DR RAJ PRATAP SINGH

DR GOPAL JEE SHARMA

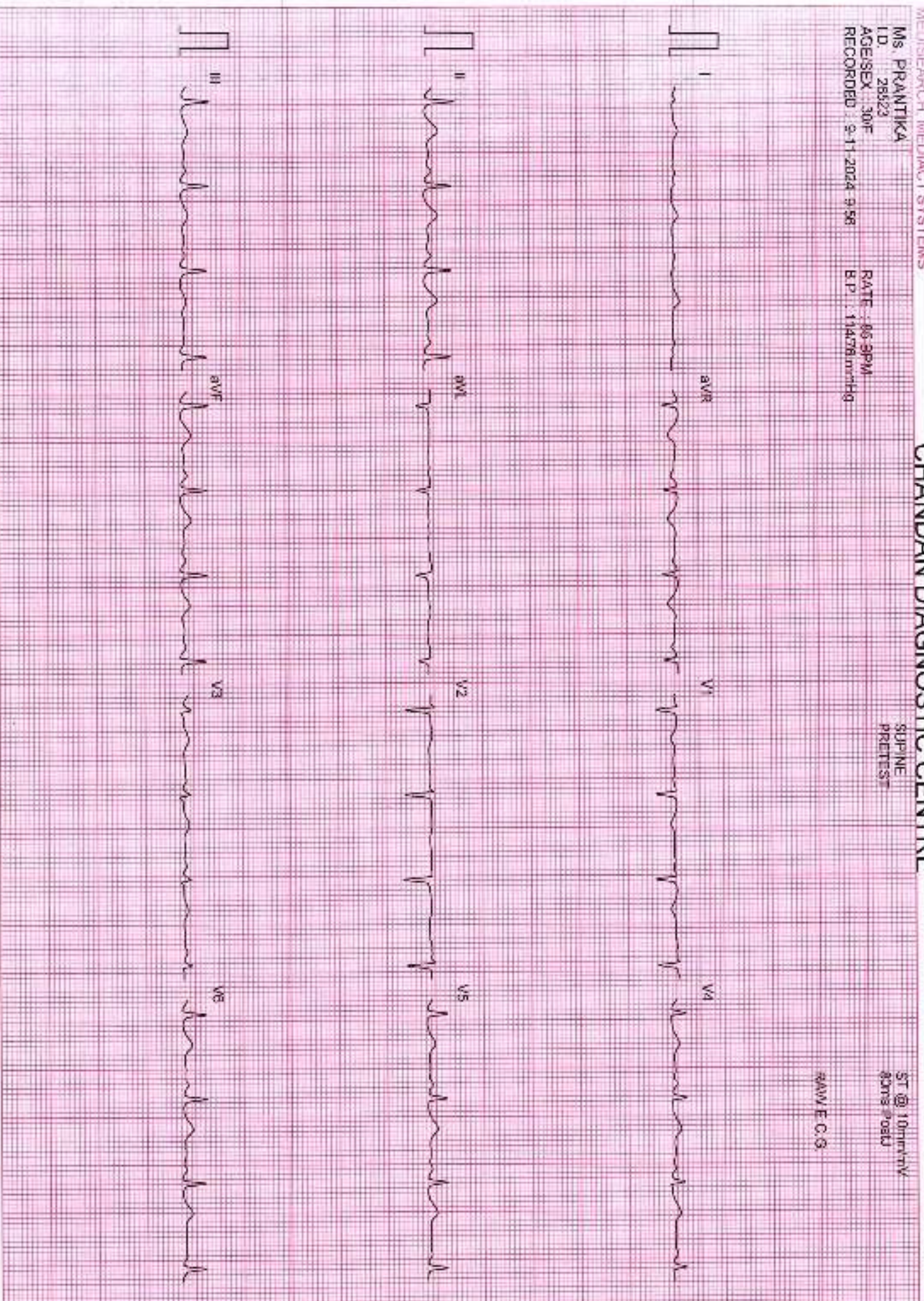
SUPINE  
PRETTS

ST @ 10min/1V  
@Dns@osU

Ms. PRANTIKA  
I.D. 28523  
AGE/SEX : 30F  
RECORDED : 9-11-2024 9:58

RATE : 86 BPM  
R.P. : 114.78mmHg

@ANV E.C.G.



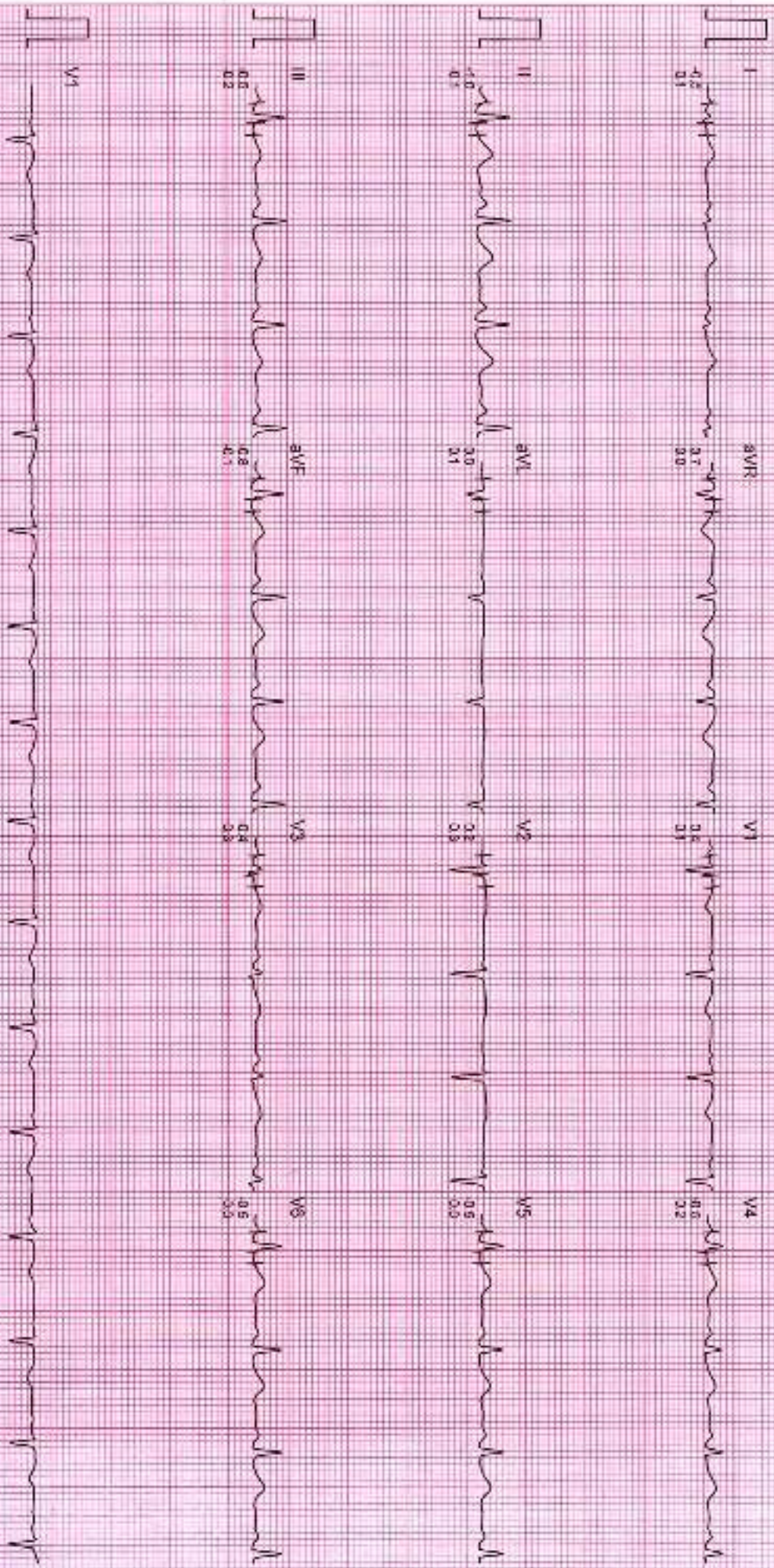
# CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA  
I.D. : 28523  
AGE/SEX : 30/F  
RECORDED : 9-11-2024 8:58

HYPERVENTILATION  
PRETEST  
STAGE TIME : 0:30

5.1 @ 10mm/mV  
20ms Post  
LINKED/MEDIAN

RATE : 89 BPM  
B.P. : 114/75 mmHg



# CHANDAN DIAGNOSTIC CENTRE

MS. PRANTIKA  
ID : 20524

AGE/SEX : 30F

RECORDED : 5-11-2024 9:55

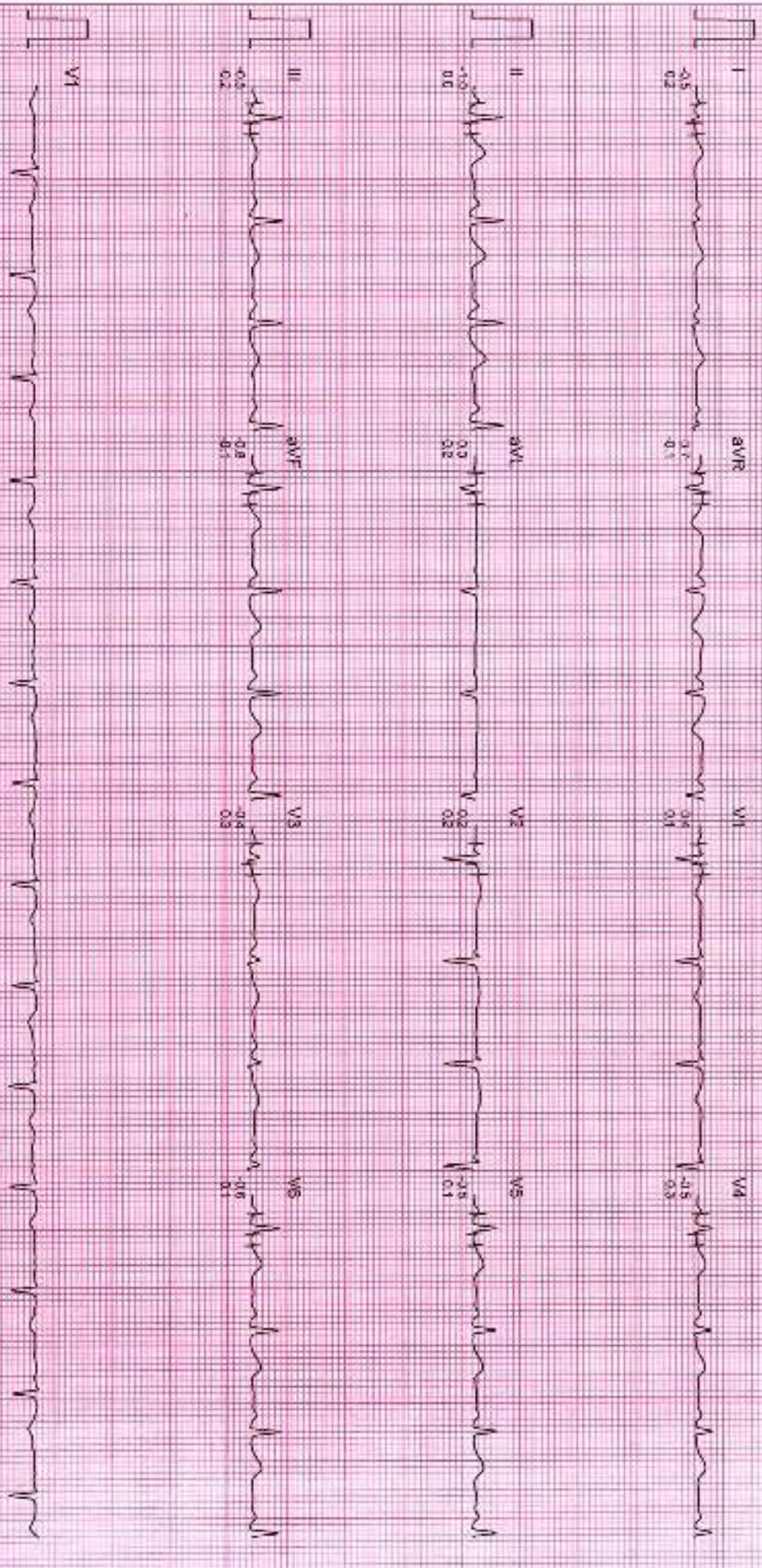
RATE : 56 BPM

BP : 114/76 mmHg

STANDING  
PRETEST

ST @ 10mm/mV  
8cms Post

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Cardicom, INDIA Ph. 091-731-2620740 Tal. 091-731-2620741  
HCRV35103M

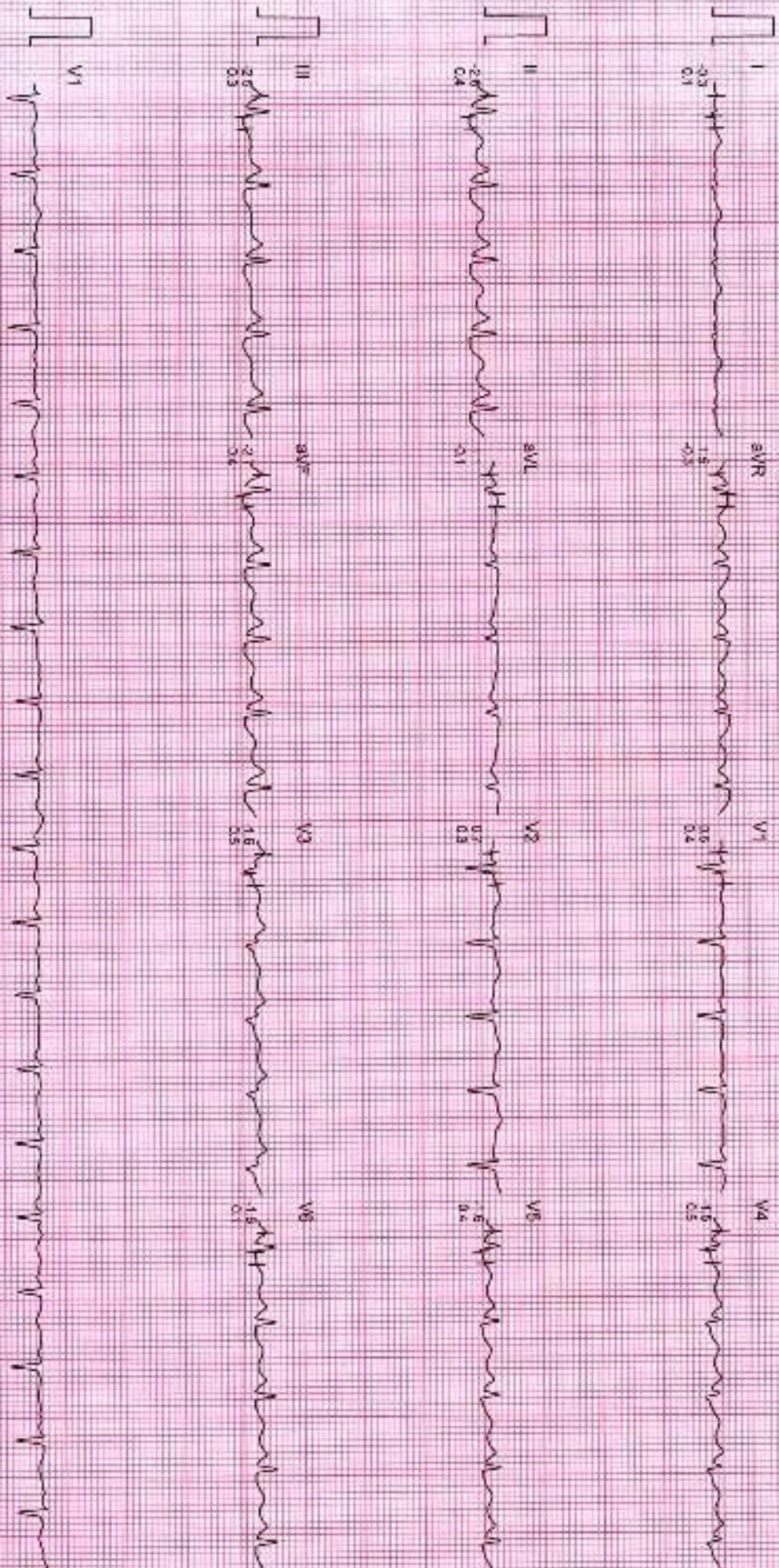


Ms. PRANTIKA  
I.D. : 26523  
AGE/SEX : 30/F  
RECORDED : 9-11-2024 9:56

RATE : 122 BPM  
B.P. : 118/80 mmHg

BRUCE  
EXERCISE :  
PHASE TIME : 2:59  
STAGE TIME : 2:59

S.T @ 10mm/mV  
30ms Pulse  
SPEED : 2.7 Km/HR  
GRADE : 10.0 %  
LINKED MEDIUM

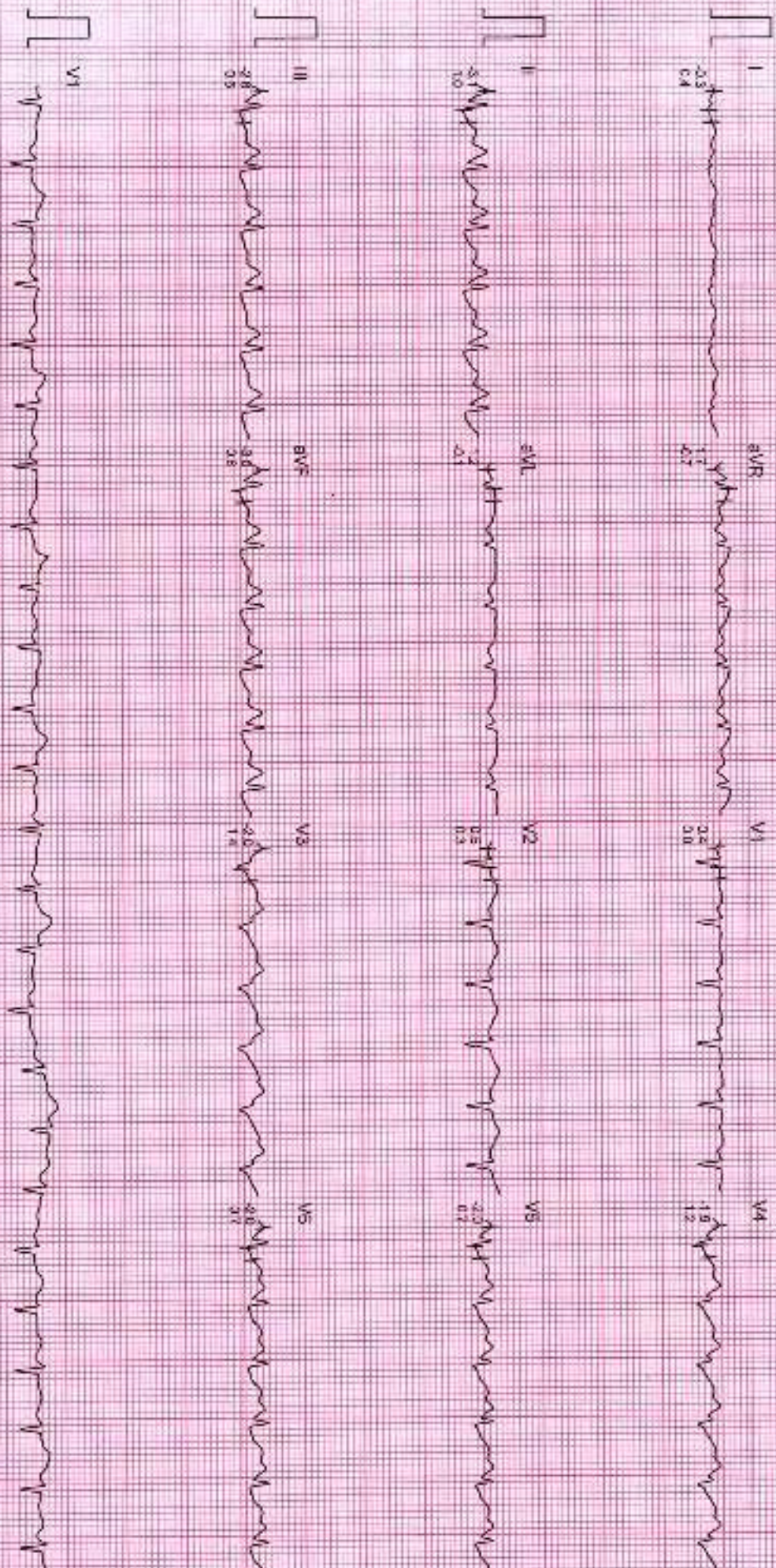


Ms. PRANTIKA  
I.D. 28523  
AGE/SEX : 30F  
RECORDED : 9-11-2024 9:56

RATE : 160 BPM  
9.2 : 124/86 mmHg

BRUCE  
EXERCISE ?  
PHASE TIME : 5:59  
STAGE TIME : 2:59

ST  $\otimes$  6mm/mV  
30mm/5sec  
SPEED : 40.Km/HR  
GRADE : 12.0 %  
LINKED MEDIUM



# CHANDAN DIAGNOSTIC CENTRE

Ms. PRANATIKA  
ID: 28523  
AGE/SEX: 30/F  
RECORDED: 9-11-2024 9:59

BRUCE  
EXERCISE 3  
PHASE TIME: 7:29  
STAGE TIME: 1:29

ST @ 10mm/mV  
40ms @ 25Hz  
SPEED: 2.4 Km/h  
GRADE: 14.0 %

LINKED/MEDIAN

RATE: 105 BPM  
B.P.: 124/85 mmHg



# CHANDAN DIAGNOSTIC CENTRE

MR. PRANTIKA  
ID : 20523  
AGE/SEX : 30F  
RECORDED : 9-11-2024 8:56

RATE : 163 BPM  
B.P : 124/86 mmHg

ST @ 10mm/1V  
GAIN: Post J  
SPEED : 54 Km./Hr.  
GRADE : 14.0 %  
LINKED MEDIUM

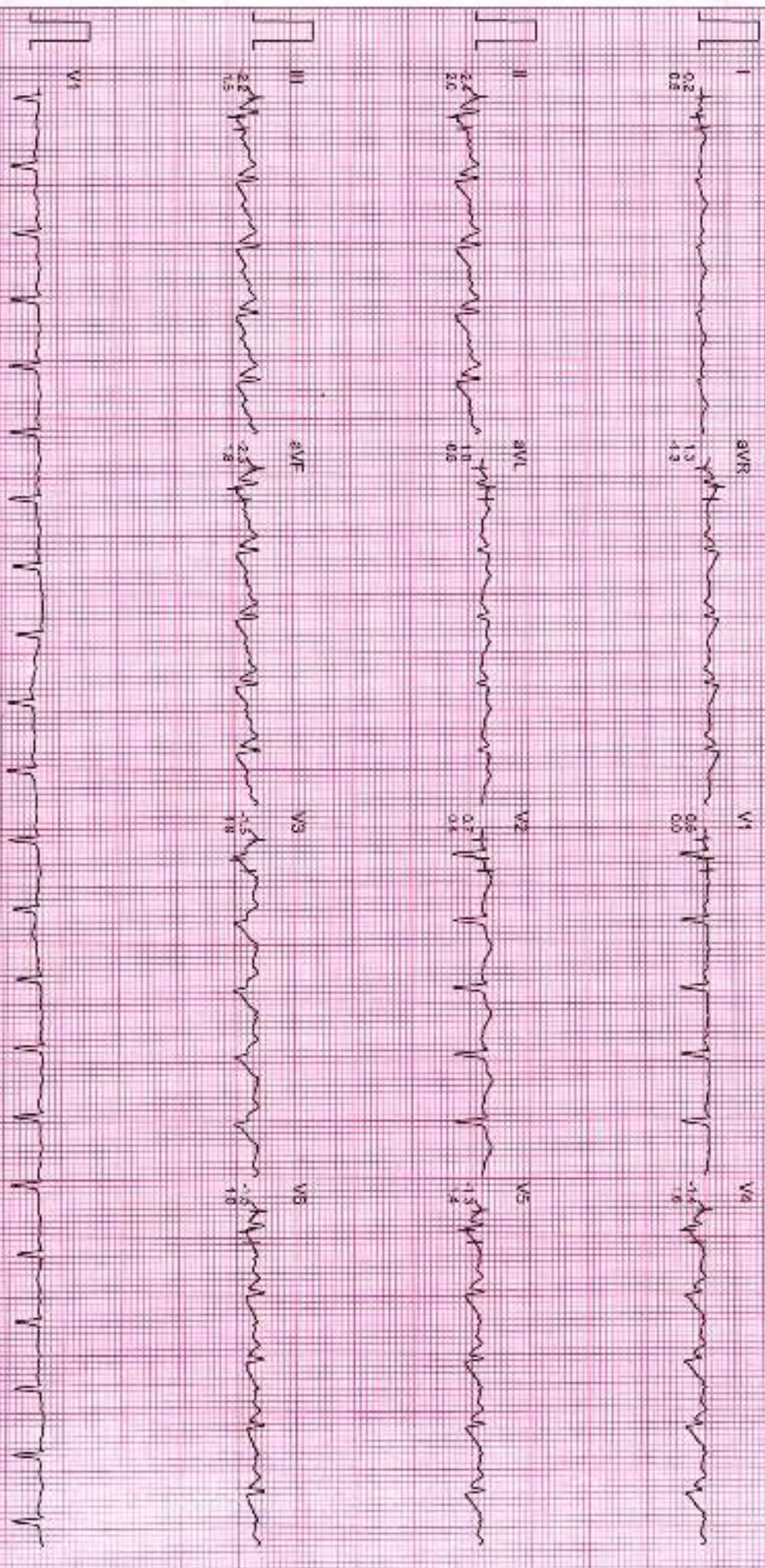


# CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA  
ID : 28623  
AGE/SEX : 30/F  
RECORDED : 9-11-2024 9:55

DATE : 129 BPM  
S.P. : 120/92 mmHg

ST @ : 60mm/100mm  
S.G.Ms PostJ  
SPEED : 0.0 km/h  
GRADE : 0.0 %  
LINKED MEDIUM



# CHANDAN DIAGNOSTIC CENTRE

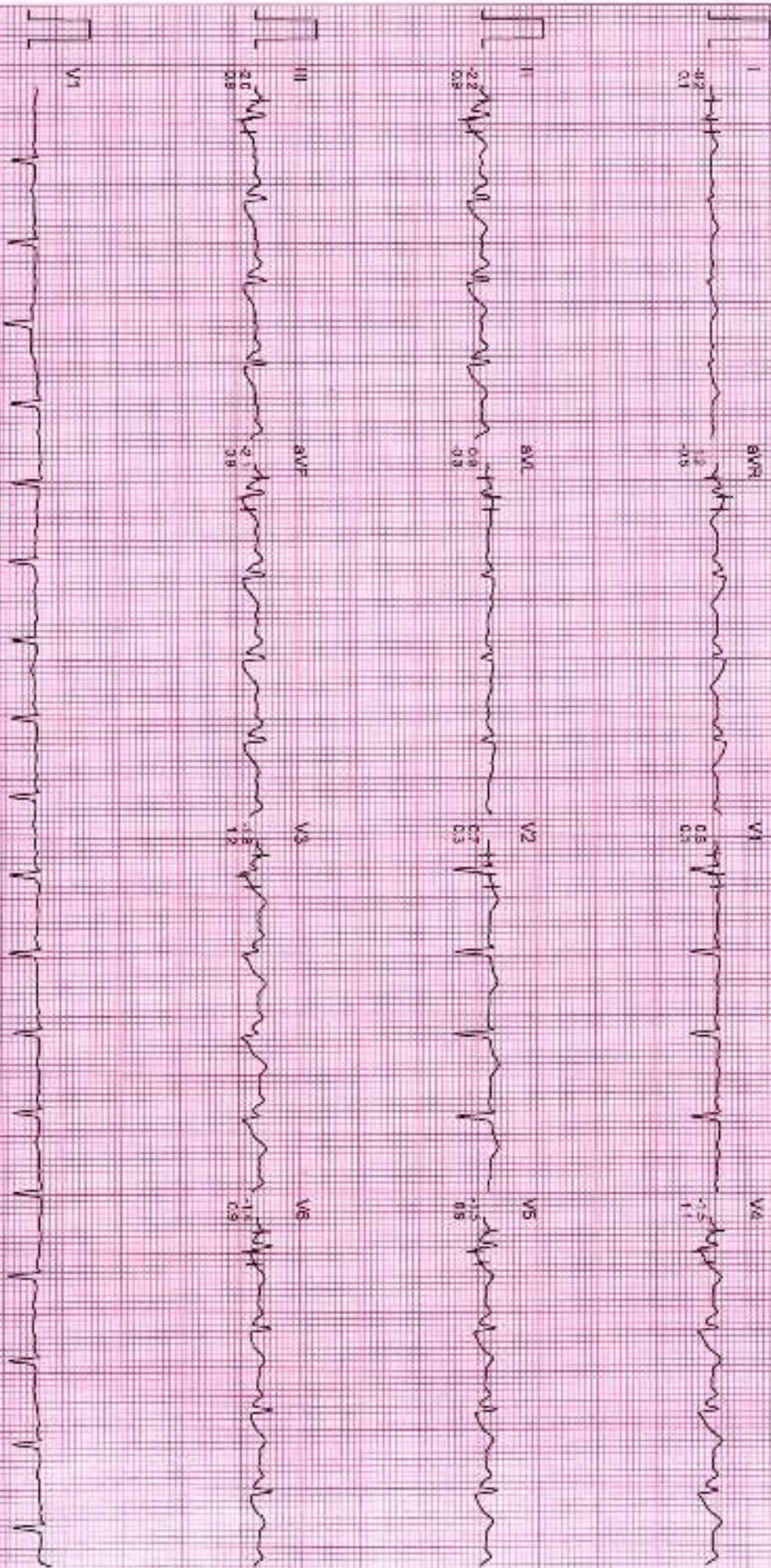
Ms. PRANTIKA  
ID : 26523  
AGE/SEX : 30/F  
RECORDED : 9-11-2024 9:56

RATE : 114 BPM  
B/P : 114/75 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 1:59

ST @ 10mm/mV  
80ms/box  
SPEED : 0.0 Km/hr  
GRADE : 0.0%

LINKED-MEDIAN



Filtered

Computer Connected Baseline

20mm/Sec 10mm/mV

Cardic.com, INDIA Ph. 091-731-2820740  
SIVA SASTRI  
SIVA SASTRI  
SIVA SASTRI

# CHANDAN DIAGNOSTIC CENTRE

Ms. PRANTIKA  
I.D. : 26523  
AGE/SEX : 30/F  
RECORDED : 9-11-2024 9:56

BRUCE  
RECOVERY  
PHASE TIME : 2:59

ST @ 10mm/mV  
60ms Post J  
SPEED : 25 km/hr  
GRADE : 0.5  
LINKED-MEDIAN

