
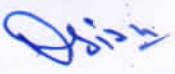


7/05/1978




Rajsthani Diagnostic &
Medical Research Centre
Jhunjhunu


7665859708

Name: Dharmveer Singh -
 Patient ID: BOBE13579

09.03.2024 10:29:29
 Standard 12-Lead

Rajasthan Diagnostic & MR Centre
 8-110 Subhash Marg, Indira Nagar, Mandawa, Mod
 Jhunjhunu (Raj.)

Date of birth: Male
 Gender: Male
 Height: Unknown
 Weight: Unknown
 Ethnicity: Unknown
 Pacemaker: Unknown
 Indication: Remark

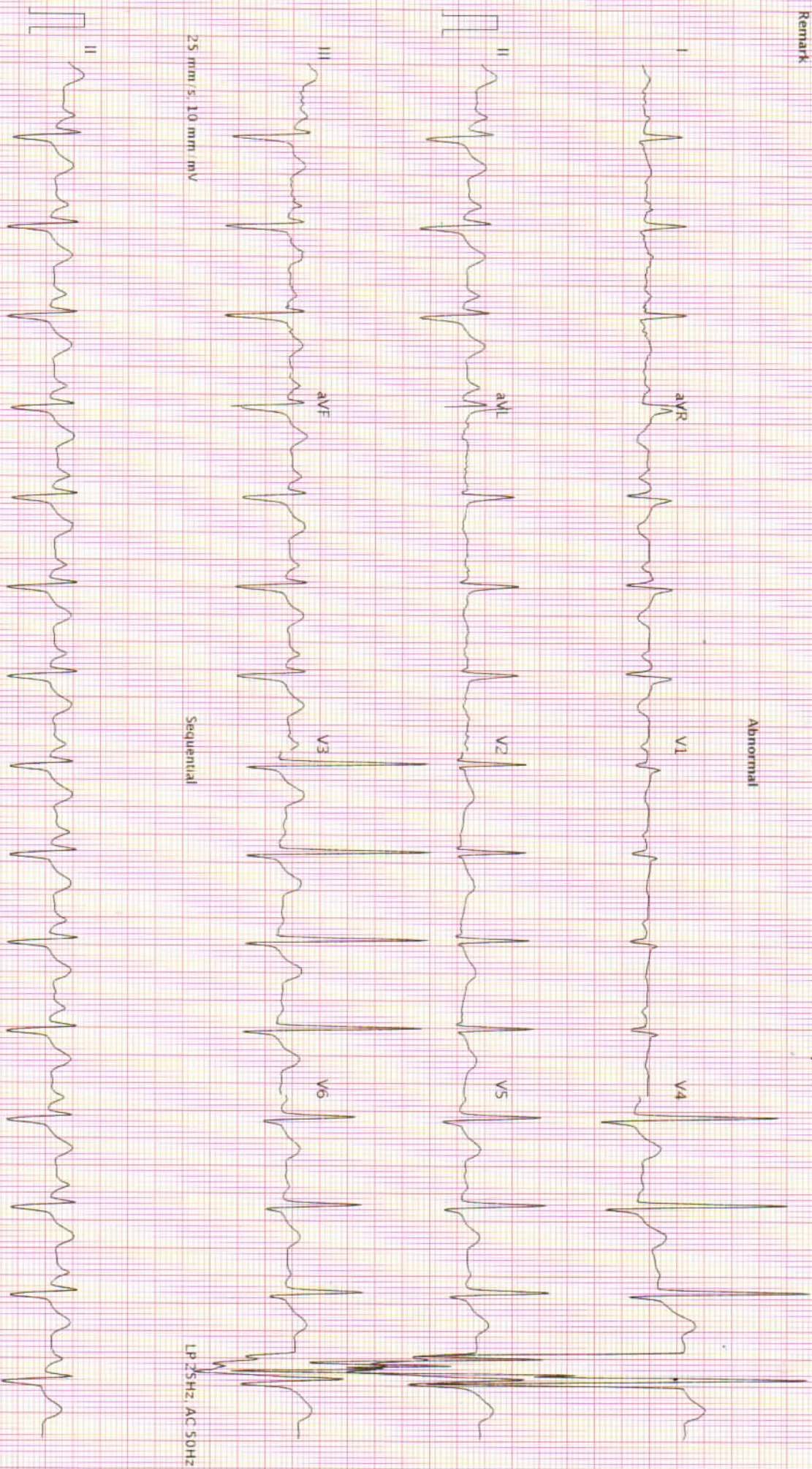
Visit ID: Room: Medication:
 Order ID: Ord. prov.: Ord. prol.:

HR 93 bpm
 P axis 67
 QRS axis 95
 T axis 67

RR 646 ms
 P 132 ms
 PR 153 ms
 QRS 105 ms
 QT 371 ms
 QTcB 462 ms

Sinus rhythm
 Abnormal left axis deviation
 Incomplete right bundle branch block
 Left anterior fascicular block
 Left ventricular hypertrophy with repolarisation abnormality
 Abnormal ECG
 Unconfirmed report

Abnormal



Sequential

LP 25HZ, AC 50HZ

25 mm/s, 10 mm/mV

AT-102 G2 1.2.0 (1080-009831)

Printed on 09.03.2024 10:29:47

LP 25HZ, AC 50HZ

Page 1 of 1



RAJSTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	DHARMVEER SINGH	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	9-Mar-24

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is mildly enlarged in size 29gm, regular in shape and outline. Capsule is intact.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

IMPRESSION:

- ❖ Mild Prostatomegaly.

Advised: clinicopathological correlation

DR. ANUSHA MAHALAWAT
MD, RADIODIAGNOSIS
Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



आपातकालीन सेवार्

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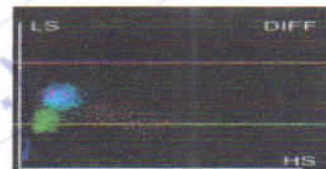
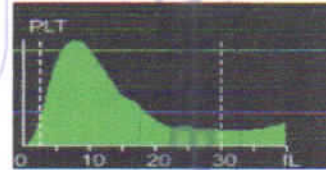
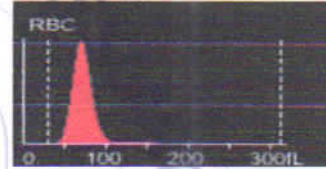
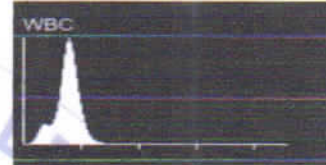


Hematology Analysis Report

First Name: DHARMVEER SINGH
 Last Name: Department:
 Gender: Male Med Rec. No.:
 Age: 45 Year

Sample ID: 3
 Test Time: 09/03/2024 08:49
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.25	4.00-10.00	10 ³ /uL
2 Neu%	44.9 L	50.0-70.0	%
3 Lym%	35.5	20.0-40.0	%
4 Mon%	11.6	3.0-12.0	%
5 Eos%	7.3 H	0.5-5.0	%
6 Bas%	0.7	0.0-1.0	%
7 Neu#	1.91 L	2.00-7.00	10 ³ /uL
8 Lym#	1.51	0.80-4.00	10 ³ /uL
9 Mon#	0.49	0.12-1.20	10 ³ /uL
10 Eos#	0.31	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	5.34	3.50-5.50	10 ⁶ /uL
13 HGB	11.6	11.0-16.0	g/dL
14 HCT	40.7	37.0-54.0	%
15 MCV	76.3 L	80.0-100.0	fL
16 MCH	21.8 L	27.0-34.0	pg
17 MCHC	28.6 L	32.0-36.0	g/dL
18 RDW-CV	13.1	11.0-16.0	%
19 RDW-SD	41.1	35.0-56.0	fL
20 PLT	184	100-300	10 ³ /uL
21 MPV	8.7	6.5-12.0	fL
22 PDW	11.5	9.0-17.0	%
23 PCT	0.161	0.108-0.282	%
24 P-LCR	28.1	11.0-45.0	%
25 P-LCC	52	30-90	10 ³ /uL



Mamta Khuteta

Dr. Mamta Khuteta
 M D. (Path.)

RMC No : 4720/16260

Submitter: Operator: admin Approver:
 Draw Time: 09/03/2024 08:48 Received Time: 09/03/2024 08:48 Validated Time:
 Report Time: 09/03/2024 12:31 Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977



Reg. No. : 51/PNDT/CMHO/JJN/2020

RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory



MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

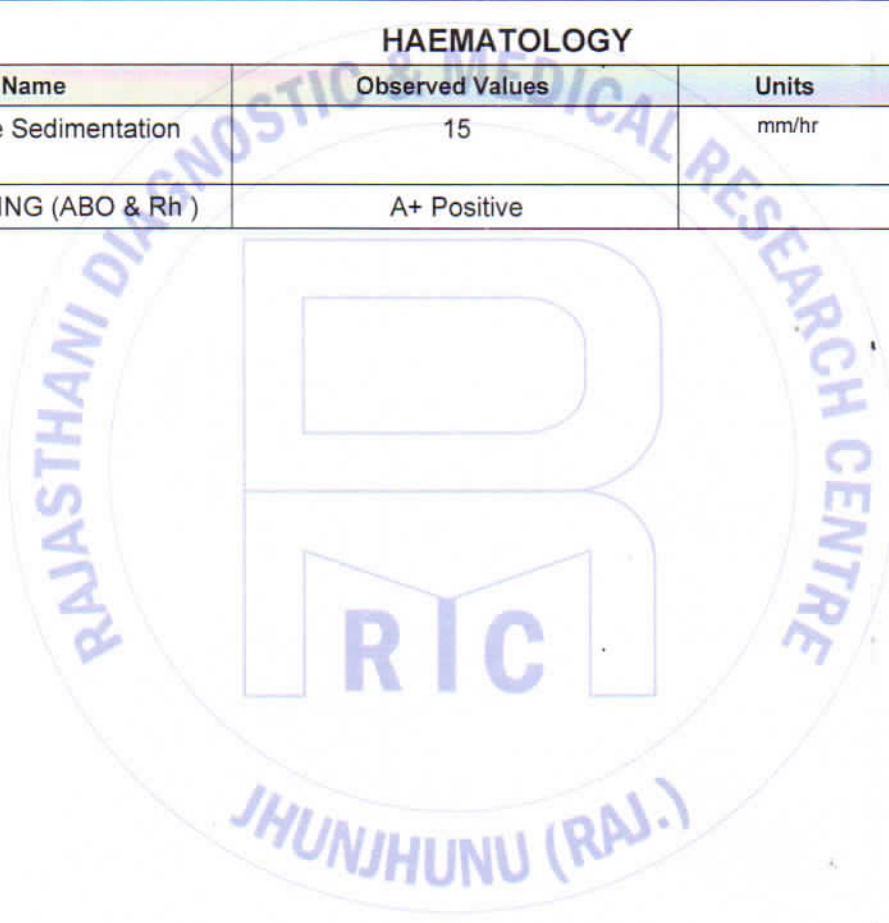
Patient Name: **DHARMVEER SINGH**
 Sr. No. : **3228**
 Patient ID No.: **3040**
 Age : **45** Gender : **MALE**
 Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **09-03-2024 09:13 AM**
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 Bar Code 
 LIS Number **2 9 5 8**

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		



Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist
 24 SERVICE

TECHNOLOGIST

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Mamta Khute
 Dr. Mamta Khute
 M.D (Path)
 BMC No. : 4720/15

PATHOLOGIST

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MRI

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MEMOGRAPHY

Patient Name: **DHARMVEER SINGH**
 Sr. No. : 3228
 Patient ID No.: 3040
 Age : 45 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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HAEMATOLOGY**HbA1c(Glycosylated hemoglobin)**

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	91.06	mg/dL	
eAG (Estimated Average Glucose)	5.05	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos,therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.


 Dr. Ashish Sethi
 Consultant Biochemist

आपातकालीन सेवाएँ
 TECHNOLOGIST

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 Dr. Mamta Khute
 M.D. (Path.)
 BMC No. : 4720/2020

PATHOLOGIST

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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY

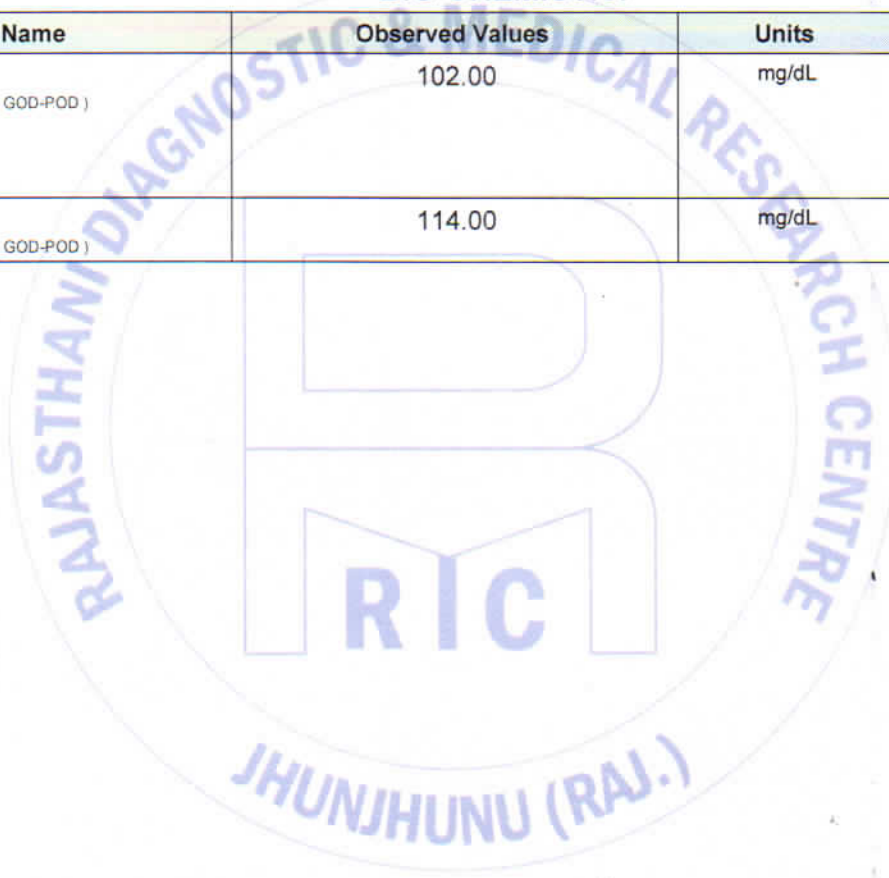
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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	102.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121
Blood Sugar PP (Method : GOD-POD)	114.00	mg/dL	Glucose 2 h Postparandial: <120



Ashish sethi
 Dr. Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Mamta Khule
 Dr. Mamta Khule
 M.D. (Path.)
 GMC No. : 4720



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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	31.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	1.02	mg/dL	0.6--1.30
Calcium	10.60	mg/dL	8.5--11
Uric Acid (Method : Uricase-POD)	5.87	mg/dL	2.4--7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	36.01	IU/L	15.0--85.0


Dr. Ashish Sethi
Consultant Biochemist
24 SERVICE

TECHNOLOGIST

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Dr. Mamta Khute
M.D (Path)
DMC No. : 4720

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MC - 5346

Patient Name: **DHARMVEER SINGH**
 Sr. No. : **3228**
 Patient ID No.: **3040**
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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	35.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	26.00	U/L	5-40
Bilirubin(Total) (Method : Diazo)	0.87	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day :1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.15	mg/dL	0-0.3
Bilirubin(Indirect)	0.72	mg/dL	0.1-1.0
Total Protein (Method : BIURET Method)	6.98	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin(Tech.:BCG) (Method : BCG)	3.82	gm/dL	0-4 days:2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.16	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.21		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	158.00	U/L	108-306



Dr. Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

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Kamla Khule
 Dr. Kamla Khule
 M.D. (Path.)
 TMC No. : 4720



PATHOLOGIST

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B-110, Subhash Marg, Indira Nagar, Bhubaneswar (Baj), Ph. No. : 1592 294977

**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**

Patient Name: **DHARMVEER SINGH**
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**BIO-CHEMISTRY
LIPID PROFILE**

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	174.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	48.05	mg/dL	35-65
Triglycerides (Method: GPO)	141.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	97.75	mg/dL	10-150
VLDL Cholesterol	28.20	mg/dL	0-40

Ashish sethi
Ashish Sethi
 Consultant Biochemist

TECHNOLOGIST

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PUPOSE

Kamla Khule
Dr. Kamla Khule
 M.D (Path)
 DMCC No. : 4720

PATHOLOGIST

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Patient Name: **DHARMVEER SINGH**
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THYROID HORMONES
T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.87	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	9.62	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone) L	0.2	µIU/mL	0.35 -- 5.50 µIU/mL

Sample Type : **Serum**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) Abbott USA

Remarks :

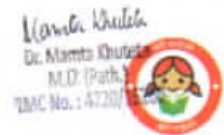
Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.



TECHNOLOGIST

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Patient Name: **DHARMVEER SINGH**
 Sr. No. : **3228**
 Patient ID No.: **3040**
 Age : **45** Gender : **MALE**
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IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	1.06	ng/mL	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00

Method : **Fluorescence Immunoassay Technology**Sample Type : **Serum / Plasma / Whole Blood****Test Performed by:-**Fully Automated Chemi Luminescent Immuno Assay (**ARCHITECT- i1000 PLUS**) Abbott USA**SUMMARY:-**

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.



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Patient Name: **DHARMVEER SINGH**
 Sr. No. : 3228
 Patient ID No.: 3040
 Age : 45 Gender : MALE
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 09-03-2024 09:13 AM
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URINE EXAMINATION
URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
-----------	-----------------	-------	---------------------

PHYSICAL

Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.5		4.5-6.5

CHEMICAL

Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		

MICROSCOPIC

Red Blood Cells	Nil	/h.p.f.	
Pus Cells	3-5	/h.p.f.	
Epithelial Cells	2-3	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

Note: This report is not valid for medico legal purposes.



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RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY



NAME : DHARMVEER SINGH	AGE 45 /SEX M
REF.BY :BOB HEALTH CHECK UP	DATE: 09.03.2024

X-RAY CHEST PA

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



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B-110, Subhash Marg, Indira Nagar, Jhunjhunu (Raj.) Ph. No. : 1592-294977

Email:

Report



DHARMVEER SINGH / 45 Yrs / M / 171 Cms / 68 Kg
Date: 09 - 03 - 2024 Technician : MANOJ KUMAR Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:32	0:32	00.0	00.0	01.0	087	50 %	128/80	111	00	
Standing	01:37	1:05	00.0	00.0	01.0	082	47 %	128/80	104	00	
HV	02:41	1:04	00.0	00.0	01.0	086	49 %	128/80	110	00	
Warm Up	03:48	1:07	00.0	00.0	01.0	089	51 %	128/80	113	00	
ExStart	04:52	1:04	01.0	00.0	01.0	099	57 %	130/80	128	00	
BRUCE Stage 1	07:52	3:00	01.7	10.0	04.7	116	66 %	132/82	153	00	
BRUCE Stage 2	10:52	3:00	02.5	12.0	07.1	133	76 %	134/84	178	00	
PeakX	11:02	0:10	03.4	14.0	07.3	136	78 %	134/84	182	00	
Recovery	11:32	0:30	01.1	00.0	04.2	130	74 %	134/84	174	00	
Recovery	12:02	1:00	01.1	00.0	01.2	122	70 %	136/84	165	00	
Recovery	13:02	2:00	00.0	00.0	01.0	094	54 %	132/82	124	00	
Recovery	14:02	3:00	00.0	00.0	01.0	096	55 %	130/82	124	00	
Recovery	15:02	4:00	00.0	00.0	01.0	098	56 %	128/80	125	00	
Recovery	15:07	4:05	00.0	00.0	01.0	099	57 %	128/80	126	00	

REPORT :


Rajshant Diagnostic & Medical Research Centre
 Jhunjhunu

DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm

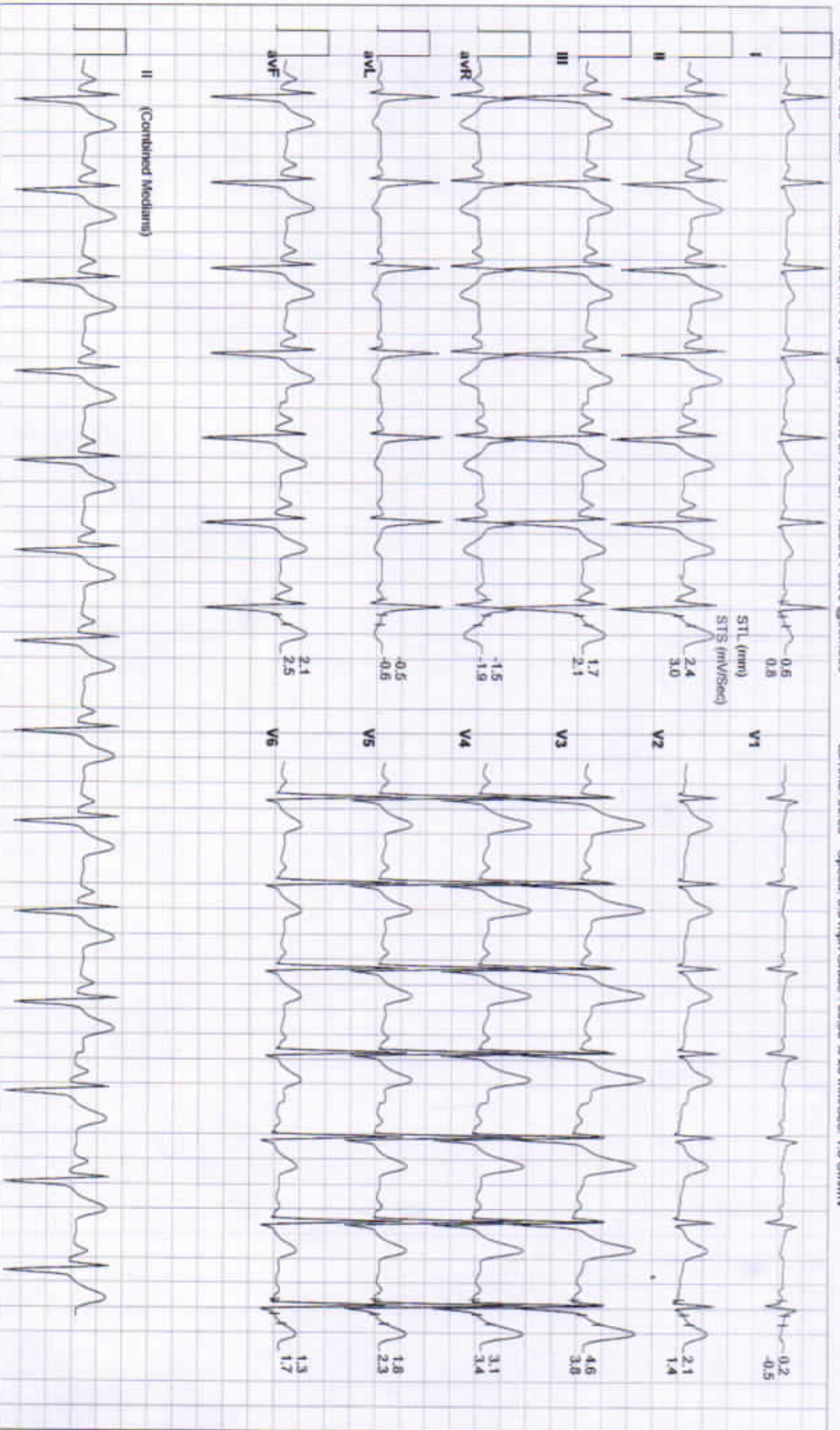
BRUCE:Supine(0:32)



Date: 09 - 03 - 2024

MEFs : 1.0 HR : 67 Target HR : 50% of 175 BP : 128/80 Post J @dlnSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)

DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm

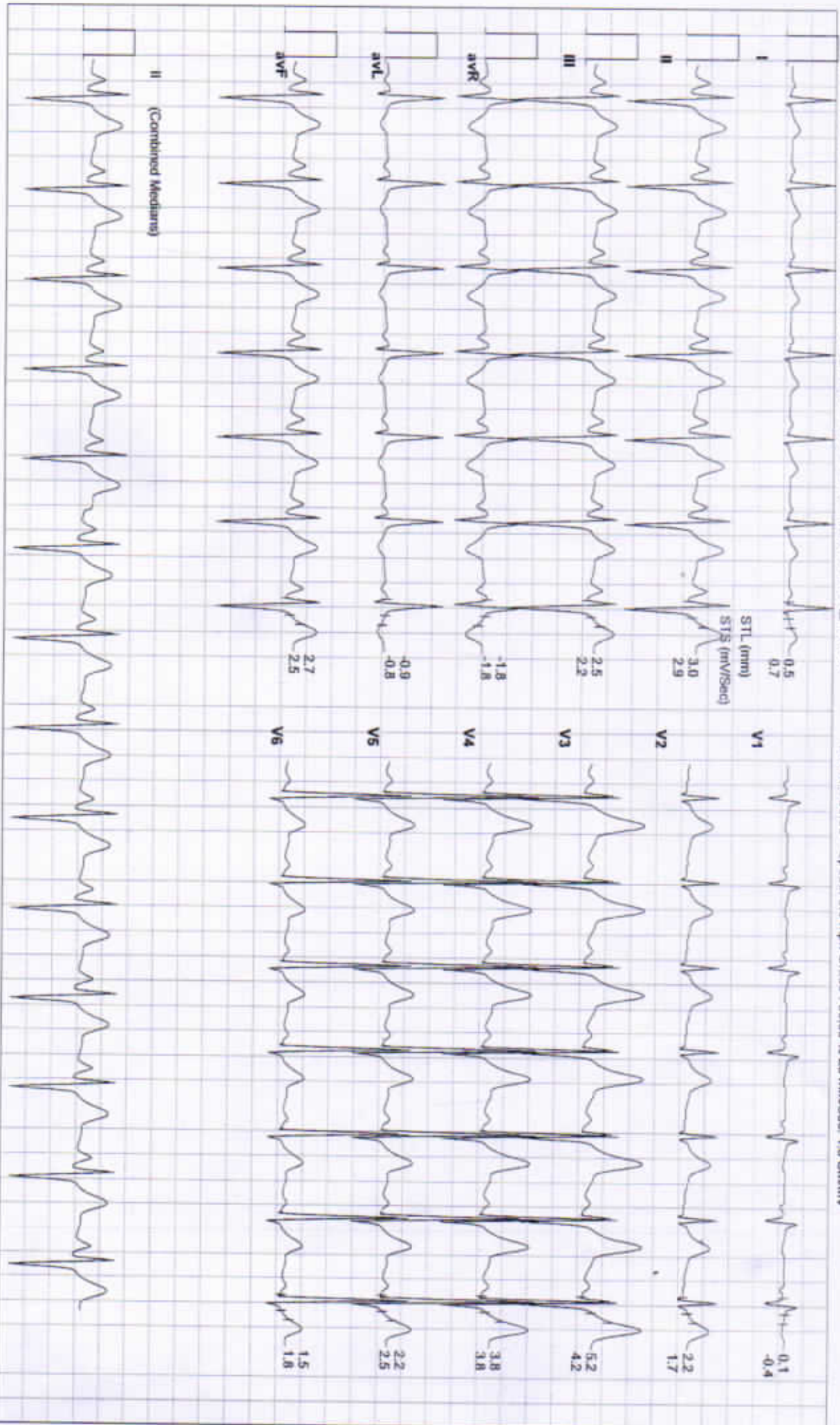
BRUCE: Standing(1:05)



Date: 09 - 03 - 2024

MEFs : 1.0 HR : 82 Target HR : 47% of 175 BP : 120/80 Post J @90mSec

ExTime: 00:00 Speed: 0.0 miph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm

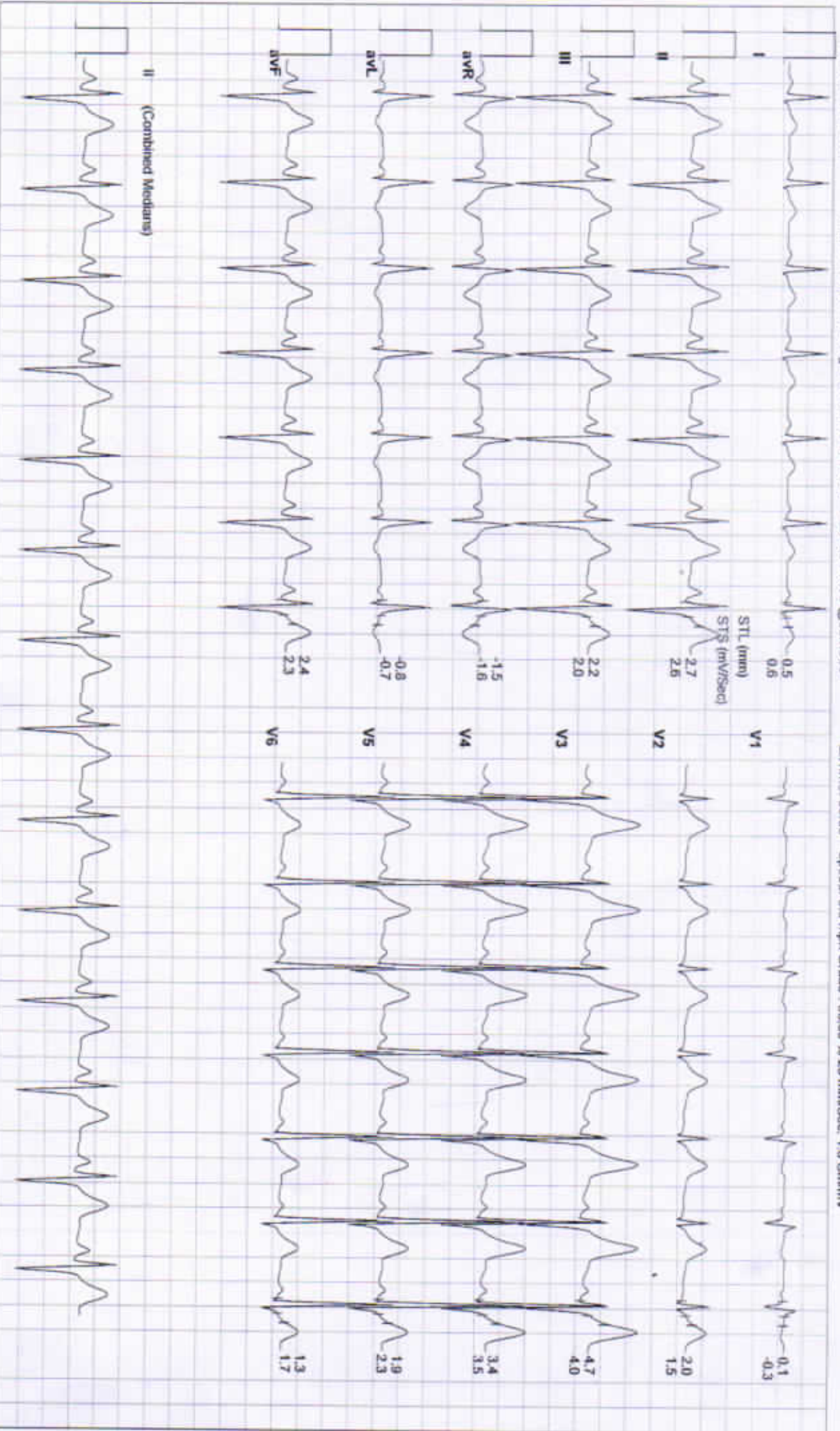
BRUCE:HV(1:04)



Date: 09 - 03 - 2024

METs : 1.0 HR - 86 Target HR : 49% of 175 BP : 120/80 Post J @60mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

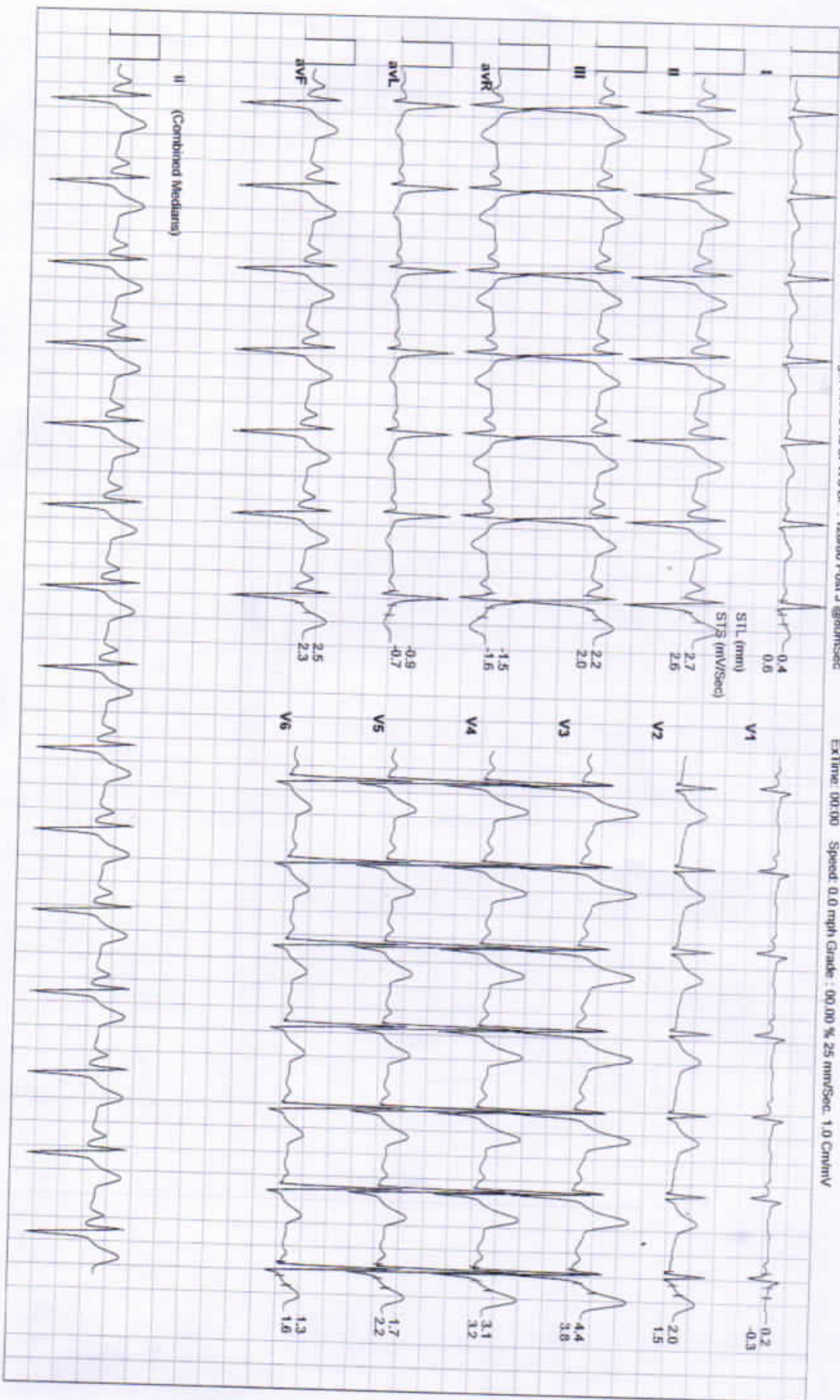
6X2 Combine Medians + 1 Rhythm
BRUCE: Warm Up(1:07)



Date: 09 - 03 - 2024

METr: 1.0 HR : 89 Target HR : 51% of 175 BP : 128/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

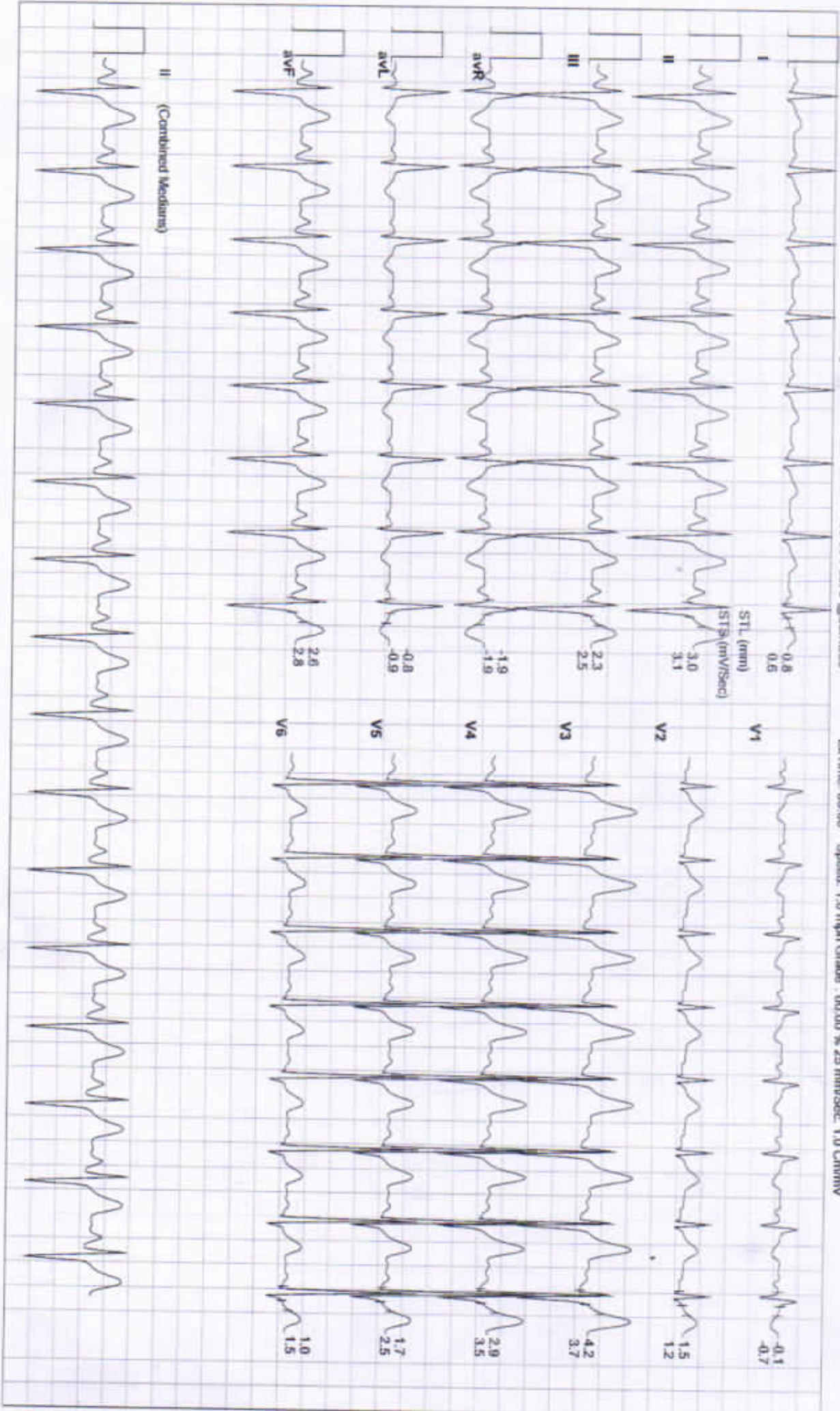


DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm ExStart



Date: 09-03-2024 METs : 1.0 HR : 99 Target HR : 57% of 175 BP : 130/80 Post J @JdmsSec ExTime: 00:00 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



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6X2 Combine Medians + 1 Rhythm

BRUCE:Stage 1(3:00)

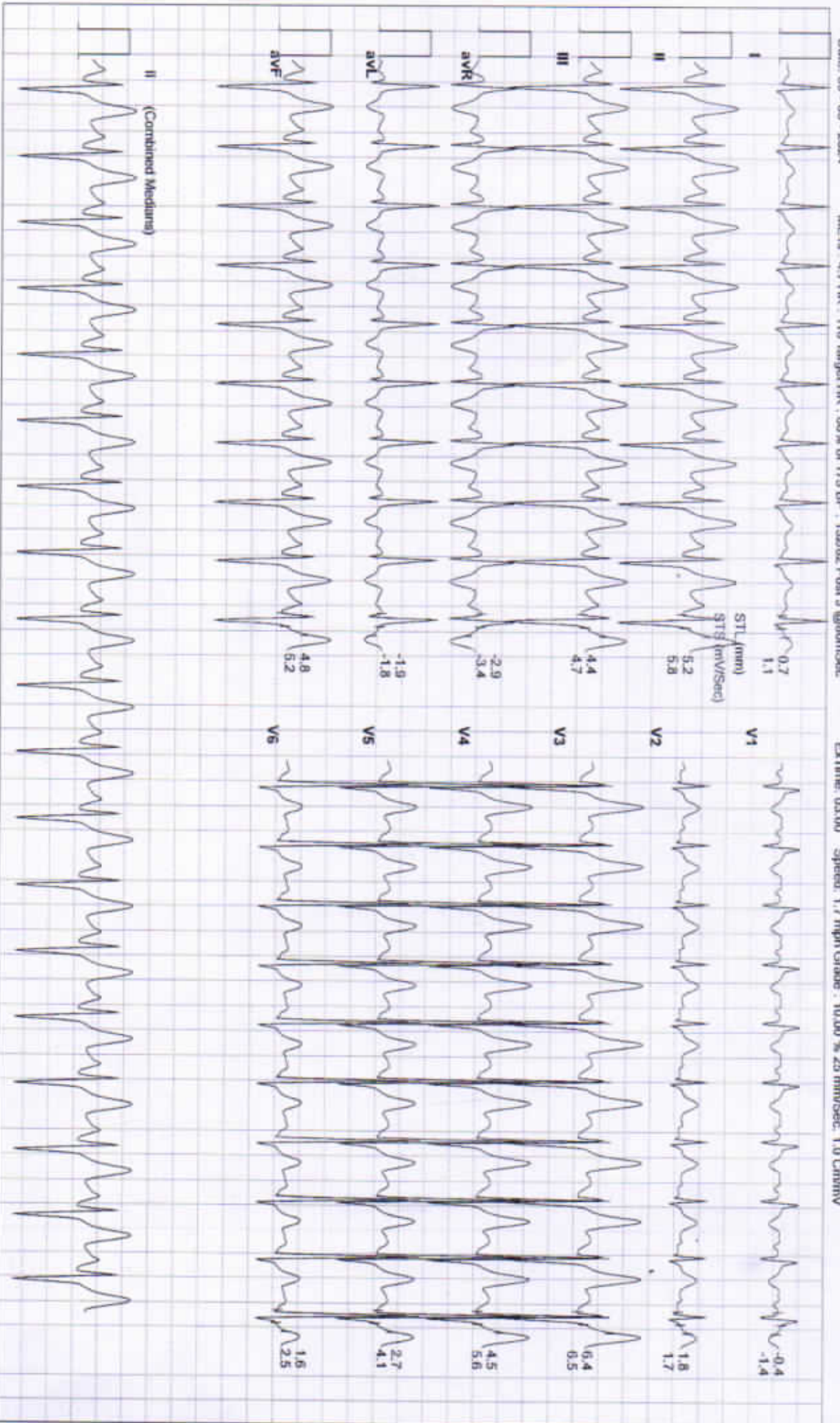


Date: 09 - 03 - 2024

MEFs : 4.7 HR : 116 Target HR : 66% of 175 BP : 132/82 Post J @00mSec

ExTime: 03:00

Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



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6X2 Combine Medians + 1 Rhythm
BRUCE: Stage 2(3:00)



Date: 09 - 03 - 2024

MEFs : 7.1 HR : 133 Target HR : 76% of 175 BP : 134/04 Post J @80mSec

ExTime: 06:00 Speed: 2.5 m/Ph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



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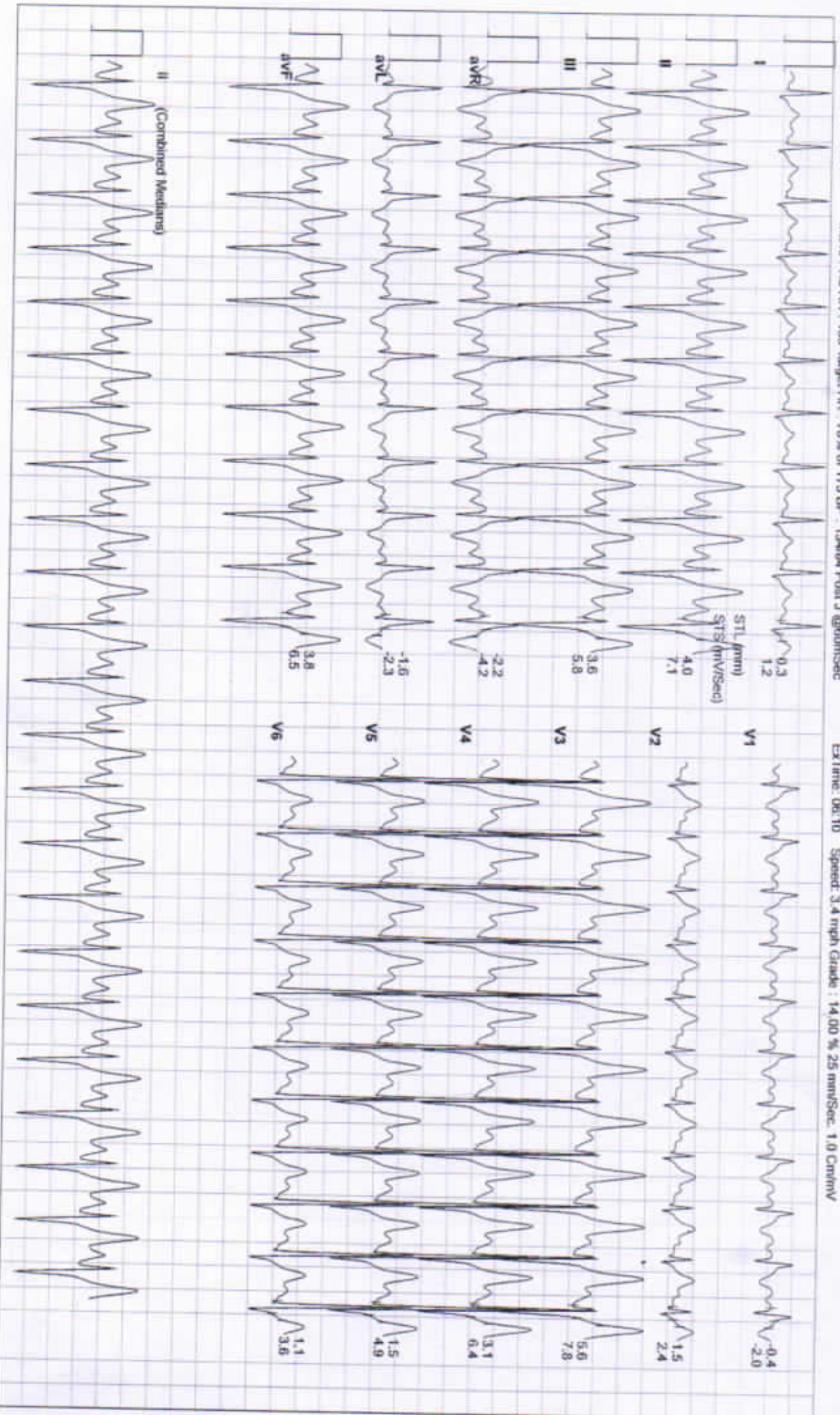
6X2 Combine Medians + 1 Rhythm PeakEx



Date: 09 - 03 - 2024

MEts : 7.3 HR : 136 Target HR : 78% of 175 BP : 134/84 Post J @60ms/Sec

EXTime: 06:10 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

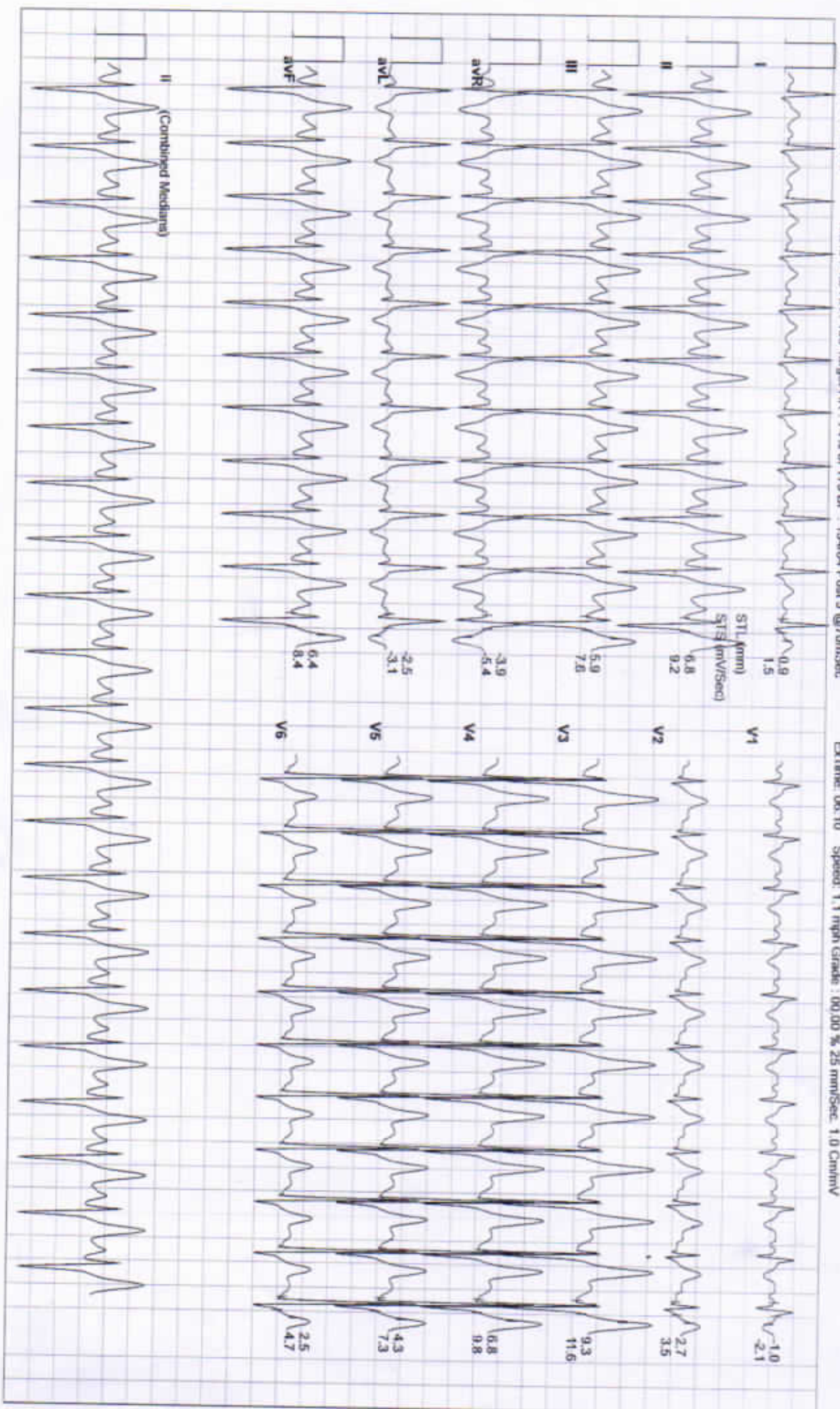
DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm Recovery(0:30)



Date: 09 - 03 - 2024 METs : 4.2 HR : 130 Target HR : 74% of 175 BP : 134/84 Post J @70mSec

ExtTime: 06:10 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



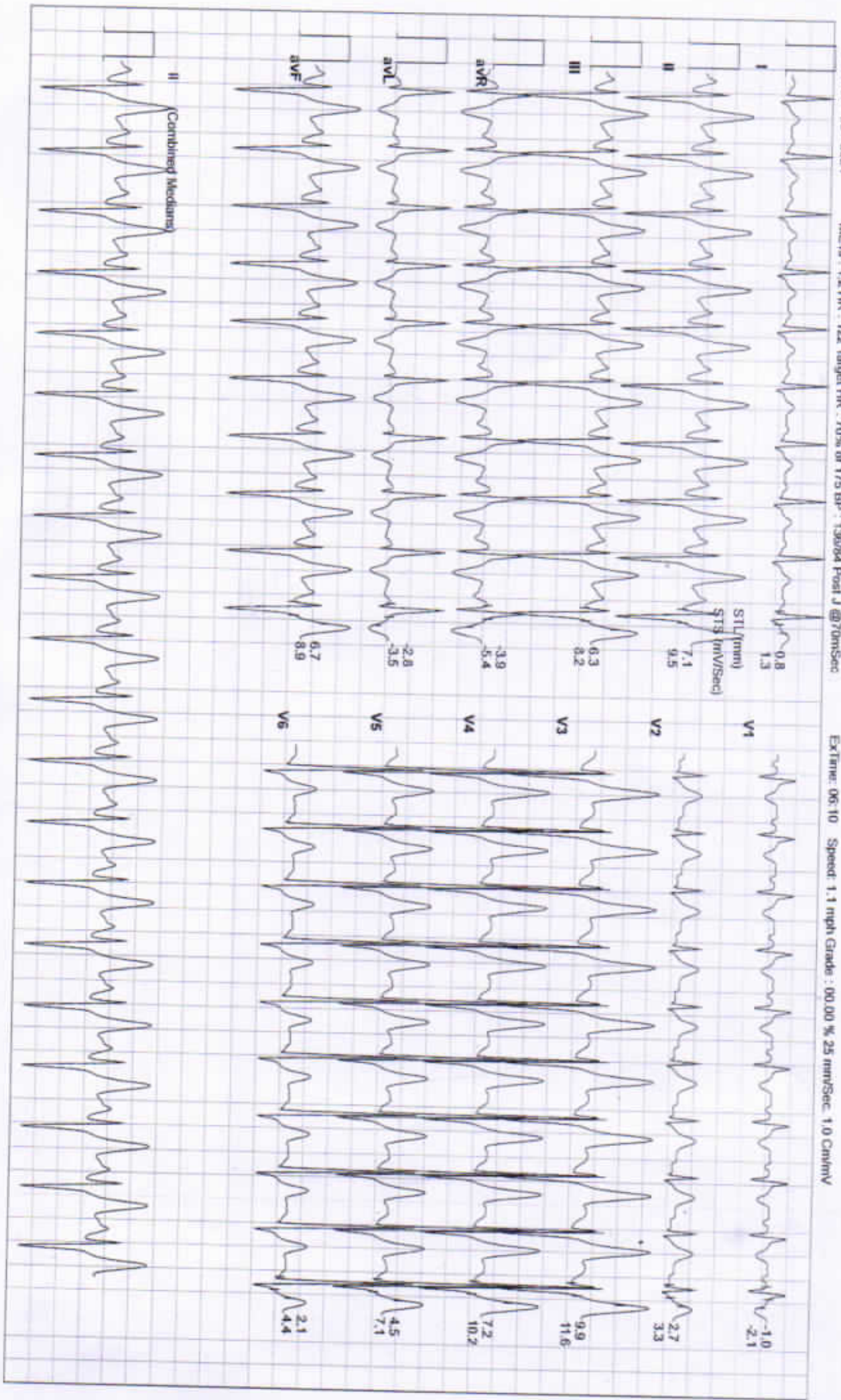
DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm Recovery(1.00)



Date: 09 - 03 - 2024 METs : 1.2 HR : 122 Target HR : 70% of 175 BP : 130/84 Post J @70mSec

ExTime: 06:10 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



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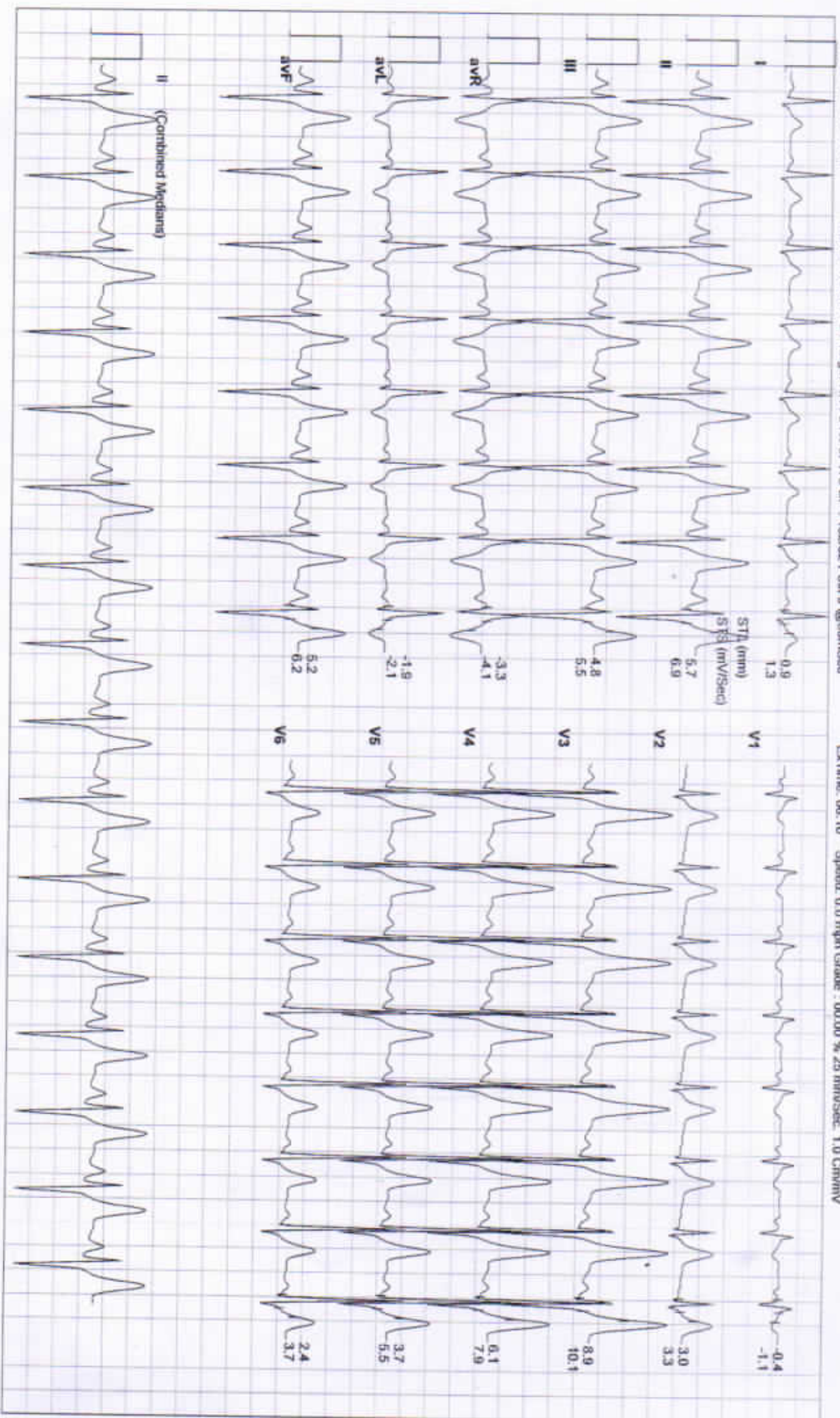
6X2 Combine Medians + 1 Rhythm Recovery(2:00)



Date: 09 - 03 - 2024

MEts : 1.0 HR : 94 Target HR : 54% of 175 BP : 132/82 Post J @80mSec

ExTime: 06:10 Speed: 0.0 mph Grade : 00.00 % 25 mmV/Sec. 1.0 Cm/mV



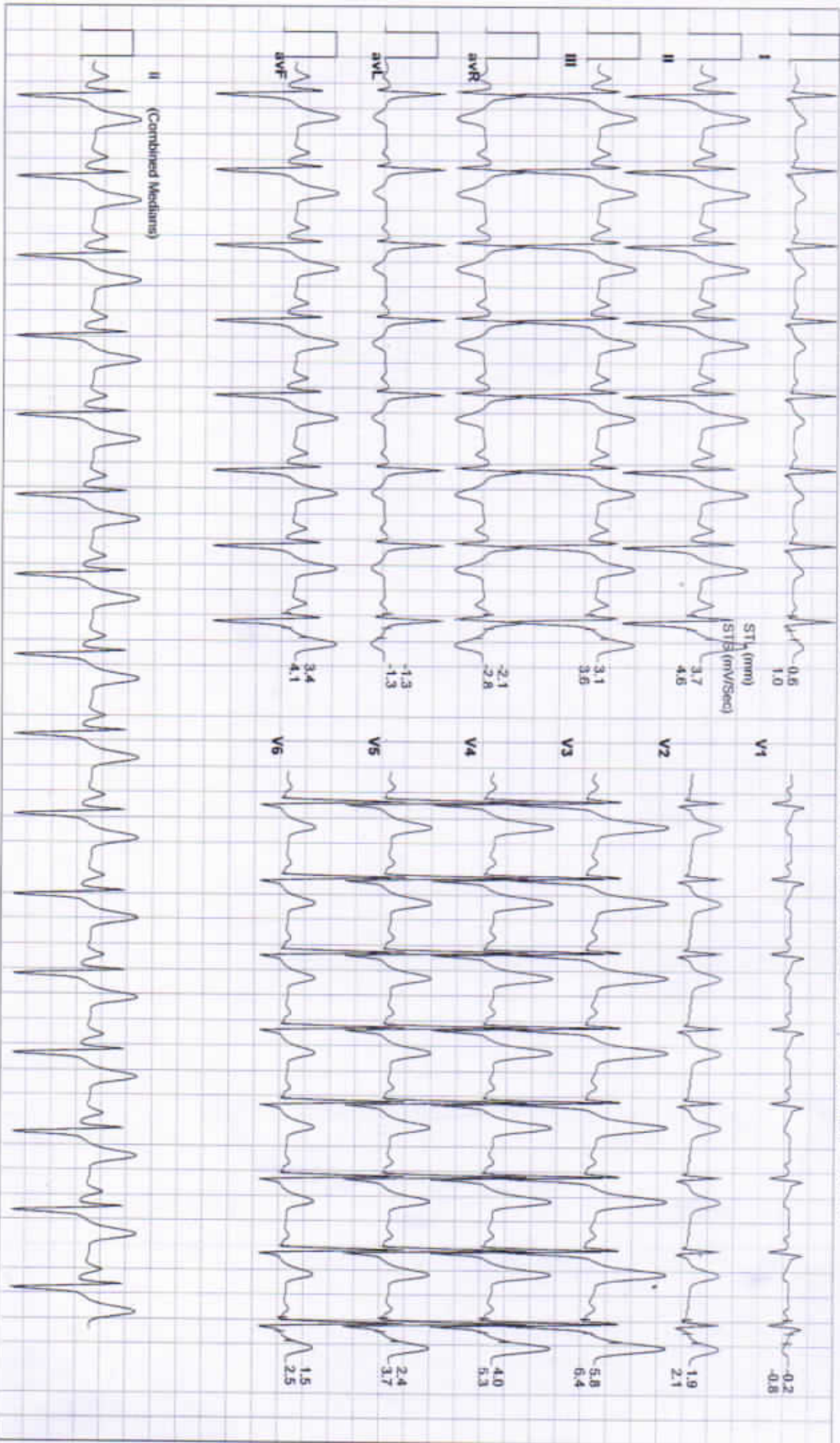
DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm Recovery(3:00)



Date: 09 - 03 - 2024 METs : 1.0 HR : 90 Target HR : 55% of 175 BP : 130/82 Post J @80mSec

ExTime: 06:10 Speed: 0.0 mph Grade : 00.00 % 25 mmv/Sec. 1.0 Cm/mv



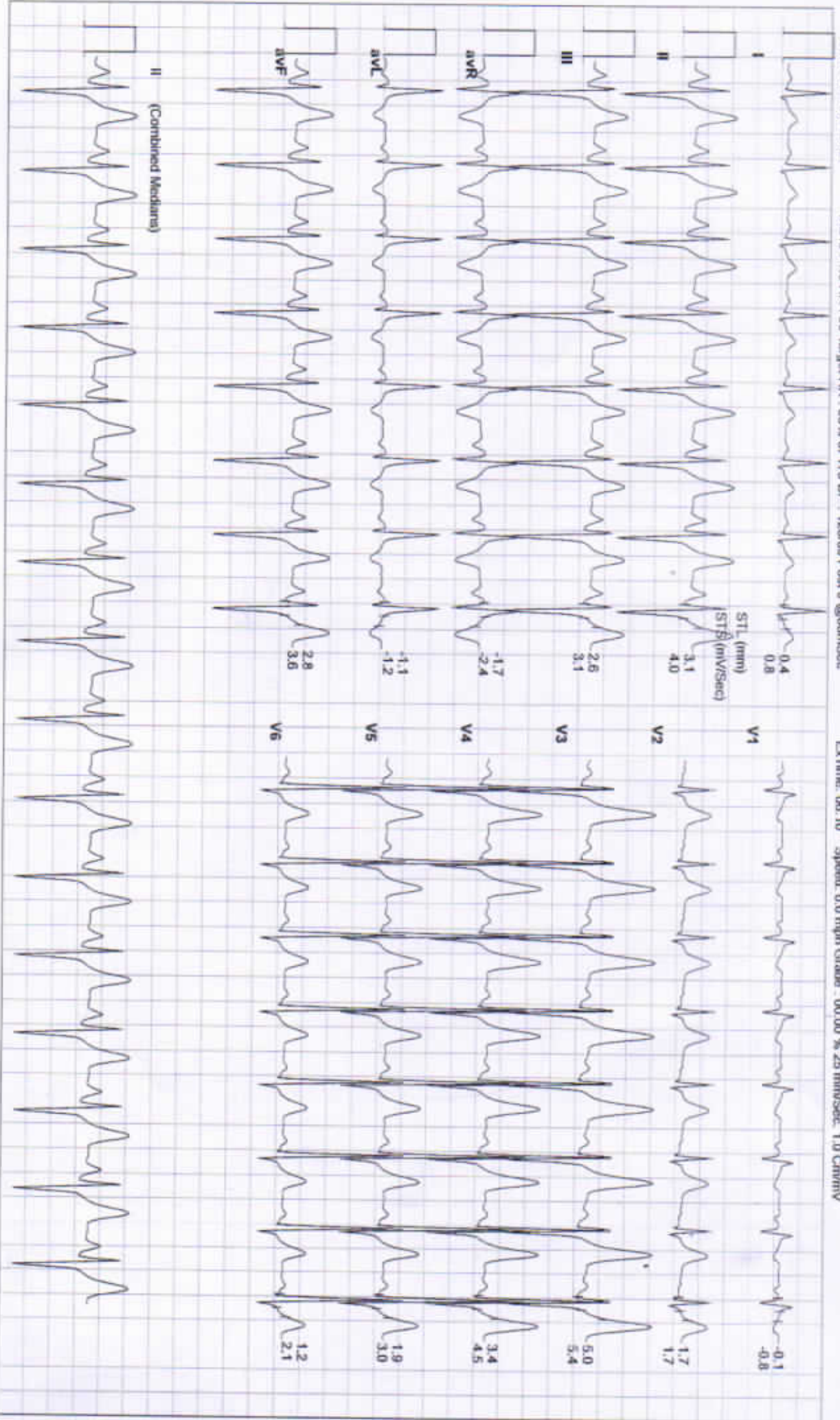
DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm Recovery(4:00)



Date: 09 - 03 - 2024 METs : 1.0 HR : 98 Target HR : 56% of 175 BP : 128/80 Post J @80mSec

EXTime: 06:10 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



DHARMVEER SINGH / 45 Yrs / Male / 171 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm Recovery(4:05)



Date: 09 - 03 - 2024 METs : 1.0 HR : 90 Target HR : 57% of 175 BP : 128/80 Post J @80mSec

ExTime: 06:10 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

