

Mr. Sumeet Kumar Panda
Age - 49 Y/M

Wt - 101 kg
H - 178 cm
BP - 150/80
P - 88/min
BMI -



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0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name *Mr. Sumeet Kumar Panda*

Date *29.12.24*

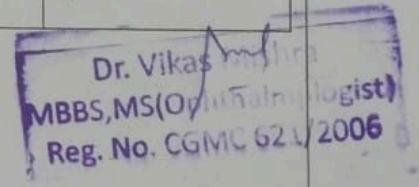
Sex/Age *M/43 Y/M*

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
<i>NORMAL</i>				
FUNDUS:(RE):-		<i>WNL</i>	(LE):-	<i>WNL</i>
INDIVIDUAL COLOUR IDENTIFICATION				
<i>Good</i>				
DISTANT VISION:(RE):-		<i>6/60 E 6/6</i>	(LE):-	<i>6/60 E 6/6</i>
NEAR VISION:(RE):-		<i>M18 E 6/16</i>	(LE):-	<i>M18 E 6/16</i>
NIGHT BLINDNESS				
<i>NAD</i>				
	SPH	CYL	AXIS	ADD
RIGHT	<i>+2.0</i>		<i>—</i>	<i>+2.25</i>
LEFT	<i>+2.0</i>		<i>—</i>	<i>+2.25</i>

REMARKS :-



PATIENT NAME:- MR. SUMEET KUMAR PANDA
REF BY :- BOB

AGE/SEX: 49 YRS/M
DATE:- 29.03.2024

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	10.11X5.58cm	10.06X5.66cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is normal in size measures weight 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
MBBS, MD
Consultant
DR. ZEESHAN ATEEB DANI
(MD)
Reg. No. CGMC-2324/2008
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 congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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NAME OF PATIENT; MR. SUMEET KUMAR PANDA

AGE: 49YRS/MALE

REFERRED BY: BOB

DATE: 29/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

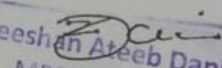
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
DR. ZEESHAN ATEEB DANI
S.No. CGMC-2324/24 (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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ID: 688
MR SUMAR KUMAR PANDA
Male 49Y ears

29-03-2024 10:59:37 AM

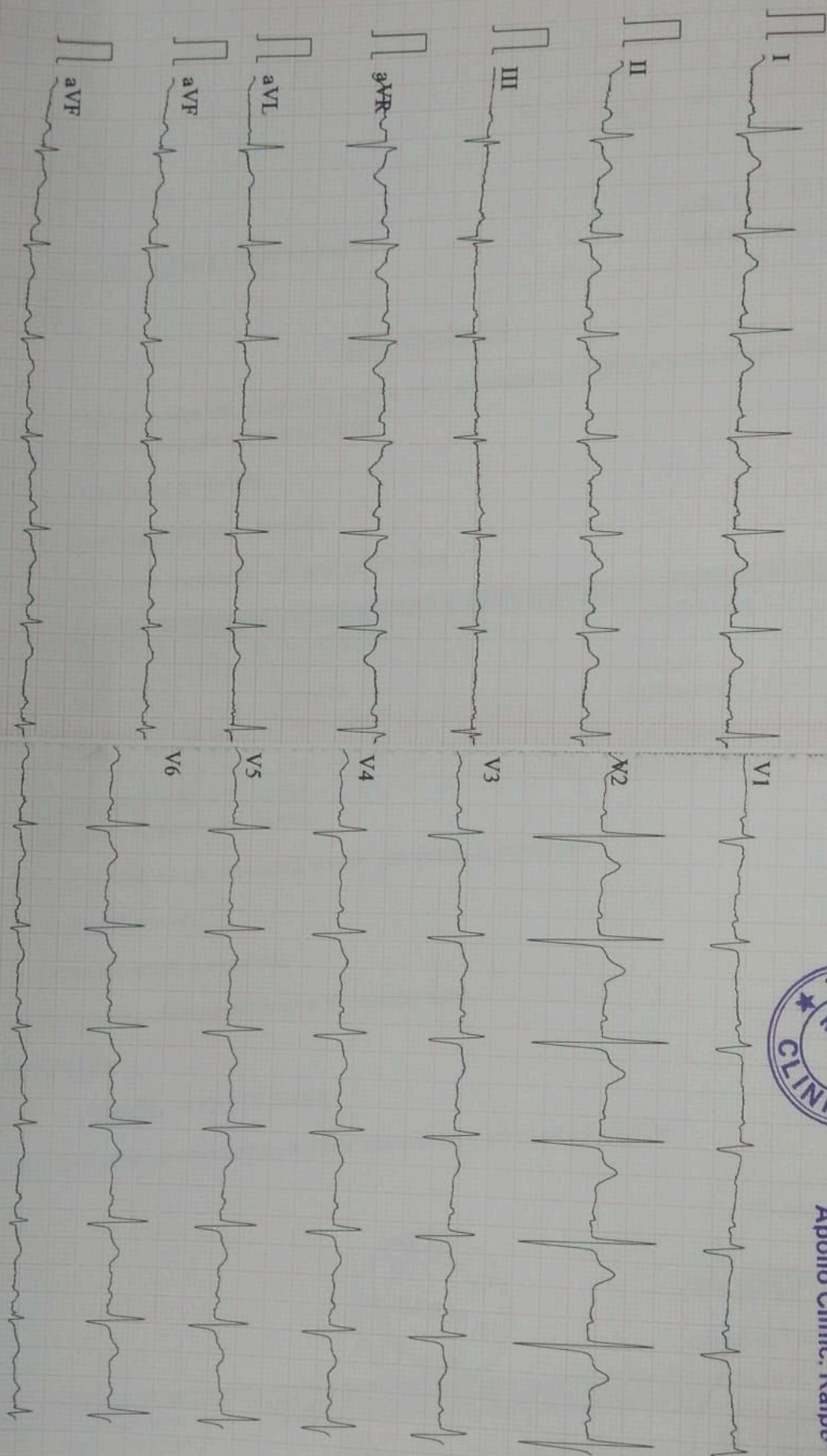
HR : 82 bpm
P : 108 ms
PR : 166 ms
QRS : 98 ms
QT/QTc : 366/428 ms
P/QRS/T : 54/13/36 °
RV5/SV1 : 0.667/0.421 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 82 CARDI

9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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

Mr Sumant Kumar Panda
49/M

29/3/24

clt - pt. came for routine Dental checkup.

O/E - Cervical Abfraction in $\frac{3}{456}$. (due to Harsh brushing)
Gen. Attrition.

Adv - Restⁿ in $\frac{3}{456}$.
Y.T. (Modified Bass technique of Brushing)

Rx

- Enax Tooth paste (1)
- colgate ultra soft (Carbon brush) tooth brush



Patient Name : Mr.SUMEET KUMAR PANDA
 Age/Gender : 49 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007030
 Visit ID : DSUSOPV8175
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 29/Mar/2024 12:48PM
 Received : 29/Mar/2024 12:52PM
 Reported : 29/Mar/2024 02:12PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.2	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.4	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.730	µIU/mL	0.35-5.5	CLIA

Comment:

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)

For pregnant females

First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. 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.
2. 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.
3. 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.
4. 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, Goitre, 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



Patient Name : MR SUMEET KUMAR PANDA
 UHID/ MR No : 9998
 Visit Date : 29/03/2024
 Sample Collected On : 29/03/2024 03:20PM
 Ref. Doctor : SELF
 Sponsor Name :

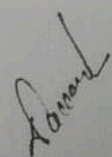
Age/Gender : 49 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 30/03/2024 01:17PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.000		
Reaction (pH)	5.0		
Chemical Examination			
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
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1 - 2	/hpf	0 - 5
Epithelial Cell	1 - 2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
 Results are to be corelated clinically

Lab Technician / Technologist
 path



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Patient Name : MR SUMEET KUMAR PANDA
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 49 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 30/03/2024 01:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	17	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	22	U/L	0 - 41
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 5

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY


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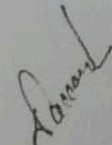
BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	114.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	101.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.01	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.23	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path




Patient Name : MR SUMEET KUMAR PANDA
UHID/ MR No : 9998
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:20PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 49 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 30/03/2024 01:17PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	306	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

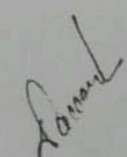
Blood Group (ABO Typing) B
RhD factor (Rh Typing) POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : Mr.SUMEET KUMAR PANDA
 Age/Gender : 49 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007030
 Visit ID : DSUSOPV8175
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 29/Mar/2024 12:48PM
 Received : 30/Mar/2024 01:51PM
 Reported : 30/Mar/2024 03:20PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.890	ng/mL	0-4	CLIA

*** End Of Report ***



K. Anusha
 Dr. K. Anusha

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Apollon G T Dr. Chandra A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Consultant Biochemist
 Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

SIN No:IM07245777
 Online appointments : www.askapollo.com | Online reports : https://phr.apolloclinic.com

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name : MR SUMEET KUMAR PANDA
 UHID/ MR No : 9998
 Visit Date : 29/03/2024
 Sample Collected On : 29/03/2024 03:20PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 49 Y Male
 OP Visit No : OPD-UNIT-II-2
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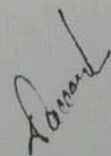
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.34	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	95.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.8	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.34	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR SUMEET KUMAR PANDA
 UHID/ MR No : 9998
 Visit Date : 29/03/2024
 Sample Collected On : 29/03/2024 03:20PM
 Ref. Doctor : SELF
 Sponsor Name :

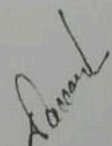
Age/Gender : 49 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 30/03/2024 01:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	157.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	96.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.83		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



Patient Name : Mr.SUMEET KUMAR PANDA
 Age/Gender : 49 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007035
 Visit ID : DSUSOPV8181
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 29/Mar/2024 05:08PM
 Received : 29/Mar/2024 05:35PM
 Reported : 29/Mar/2024 09:40PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

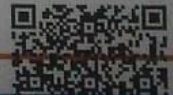
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

*** End Of Report ***



JAIPUR Email:

66 / MR SUMEET / 49 Yrs / M / 178 Cms / 101 Kg
 Date: 29 / 03 / 2024

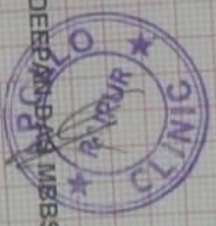
Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Standing	00:08	0:08	00.0	00.0	01.0	105	61 %	140/80	147	00	
Start	00:14	0:06	00.0	00.0	01.0	100	58 %	140/80	140	00	
RUCE Stage 1	03:14	3:00	02.7	10.0	04.7	133	78 %	142/82	188	00	
WeakEx	05:23	2:09	04.0	12.0	06.4	149	87 %	144/84	214	00	
Recovery	05:53	0:30	00.8	00.0	01.7	136	80 %	144/84	195	00	
Recovery	06:23	1:00	00.8	00.0	01.0	126	74 %	142/82	178	00	
Recovery	07:03	1:41	00.0	00.0	01.0	104	61 %	142/82	147	00	

FINDINGS :

- Exercise Time : 05:09
- Max HR Attained : 149 bpm 87% of Target: 171
- Max BP Attained : 144/84 (mm/Hg)
- Max Workload Attained : 6.4 Fair response to induced stress
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY.



Doctor : DR DEEPAK SINGH MBBS DIP CARDIO

166 / MR SUNEET / 49 Yrs / M / 178 Cms / 101 Kg / HR : 100

Date: 29 / 03 / 2024

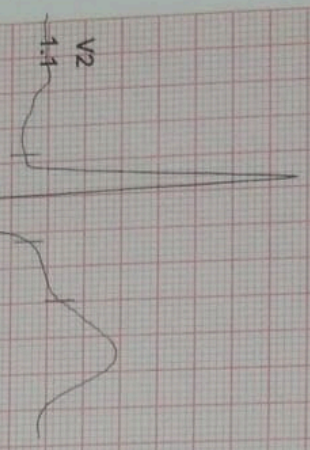
4X 80 ms Post J

METS: 1.0/ 100 bpm 58% of THR BP: 140/80 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 HzLF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

ExStart

AGHPL



I
STL 0.4
STS 0.6

II
0.9
1.0

III
D.4
0.4

aVR
-0.7
-0.8

aVL
0.0
0.1

aVF
0.7
0.7

V1
-0.1
-0.3

V2
1.1
1.1

V3
0.8
0.7

V4
0.8
0.8

V5
0.7
0.8

V6
0.6
0.6

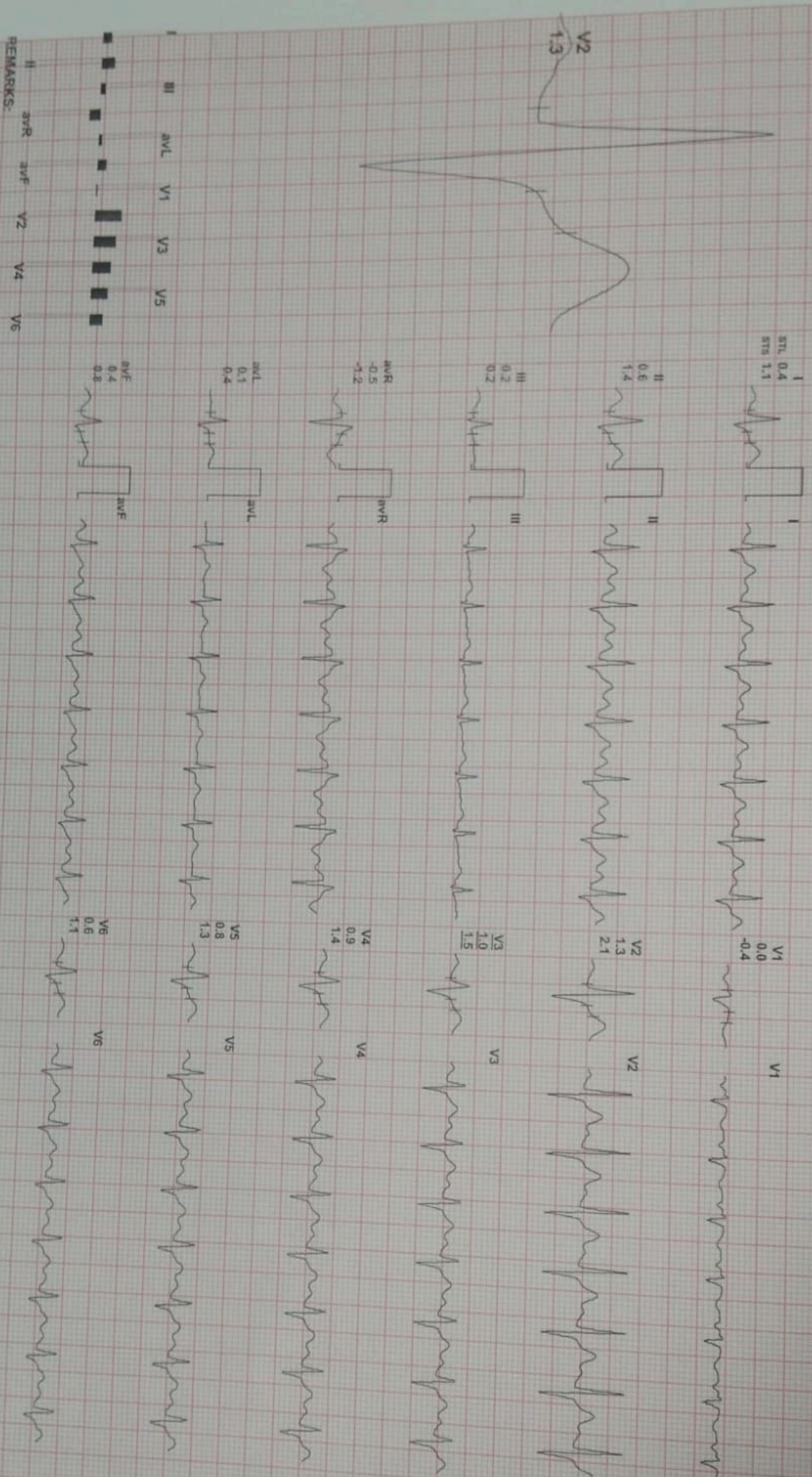
REMARKS:
II aVR aVF V2 V4 V6
III aVL V1 V3 V5

Date: 29 / 03 / 2024

METS: 4.7 / 133 bpm 78% of THR BP: 142/82 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 HzLF 35 Hz

4X 60 mS Post J

EXTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

Recovery(1:41)

ACHPD

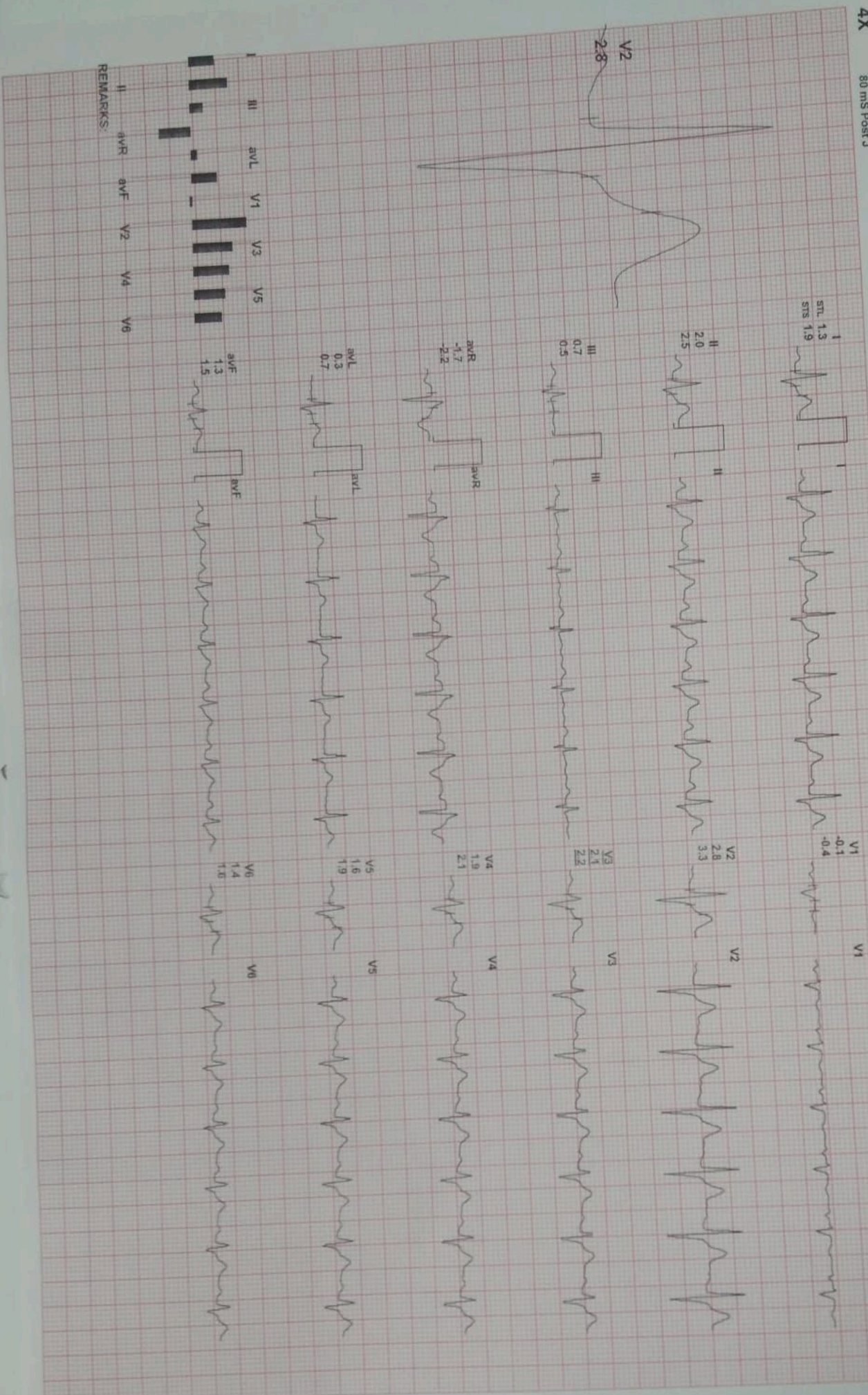
166 / MR SUMEET / 49 Yrs / M / 178 Cms / 101 Kg / HR : 104

Date: 29 / 03 / 2024

METS: 1.0/ 104 bpm 61% of THR BP: 142/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLFL 35 Hz

ExTime: 05:09 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

BRUCE: Standing(0:09)

ACIPL

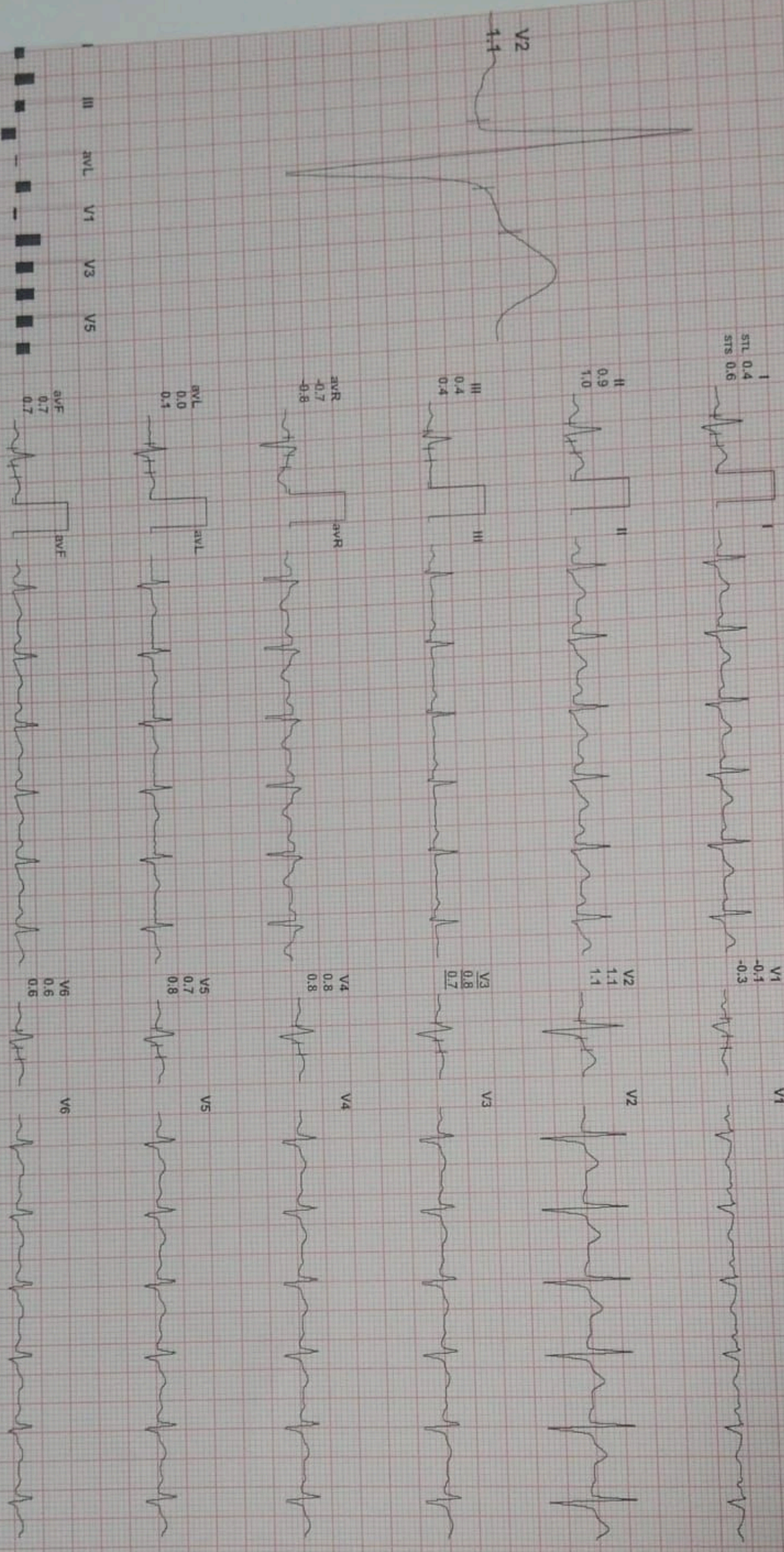
166 / MR SUMEET / 49 YRS / M / 178 Cms / 101 Kg / HR : 105

Date: 29 / 03 / 2024

MEETS: 1.0/ 105 bpm 61% of THR BP: 140/80 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



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

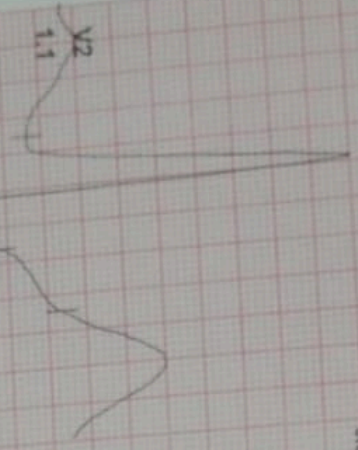
166 / MR SUNEET / 49 Yrs / M / 178 Cms / 101 Kg / HR : 149

Date: 29 / 03 / 2024

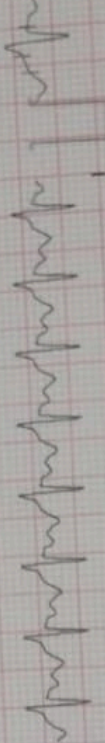
METS: 6.41 149 bpm 87% of THR BP: 144/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 05:10 4.0 Km/Ph, 12.0%
25 mm/Sec. 1.0 Cm/mV

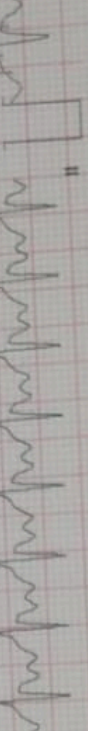
4X 60 ms Post J



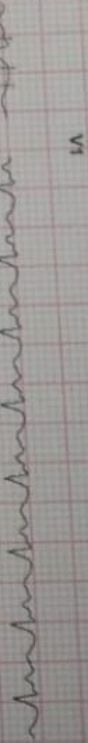
III 0.4
aVL 0.4
STX 1.7



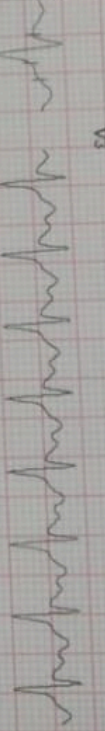
II 0.6
III 0.2
aVR -0.5



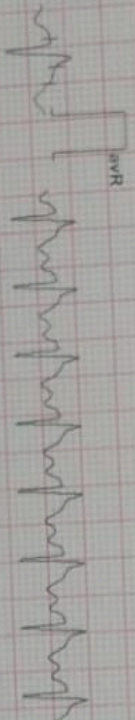
V1 0.2
V2 1.1
V3 1.0



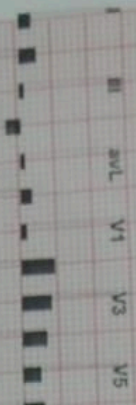
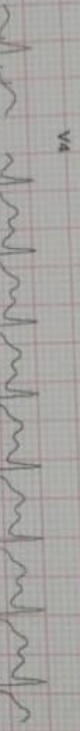
V4 0.8
V5 0.6
V6 0.7



aVR -0.5
aVL 0.1
aVF 1.2



V4 0.8
V5 0.6
V6 0.7



REMARKS

166 / MR SUMEET / 49 Yrs / M / 178 Cms / 101 Kg / HR : 136

Date: 29 / 03 / 2024

MEETS: 1.7/ 136 bpm 80% of THR BP- 144/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

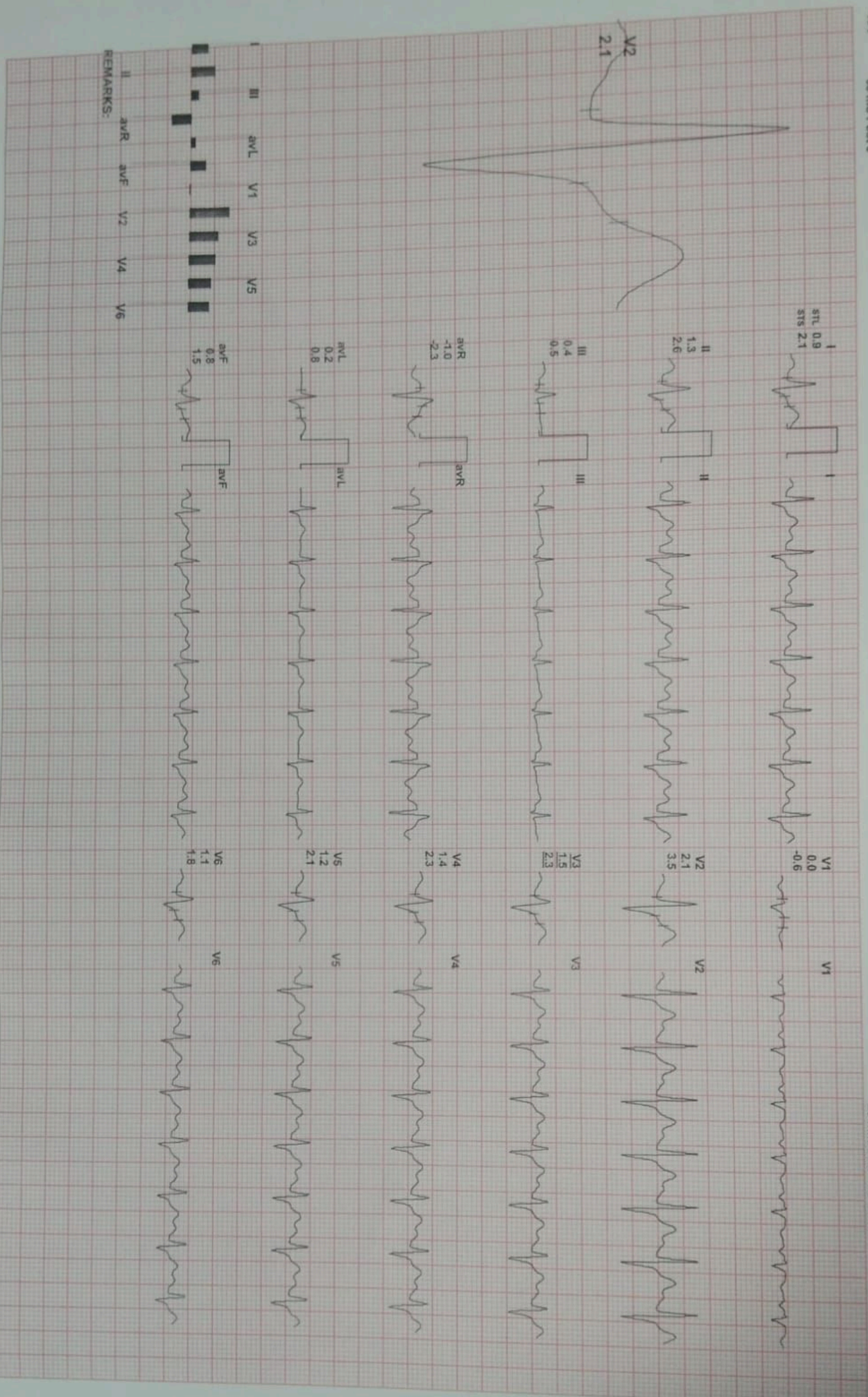
4X 60 ms Post J

Recovery(0:30)

AGHPL

EXTime: 05:09 0.8 KmPh, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

166 / MR SUNEET / 49 Yrs / M / 178 Cms / 101 Kg / HR : 126

Date: 29 / 03 / 2024

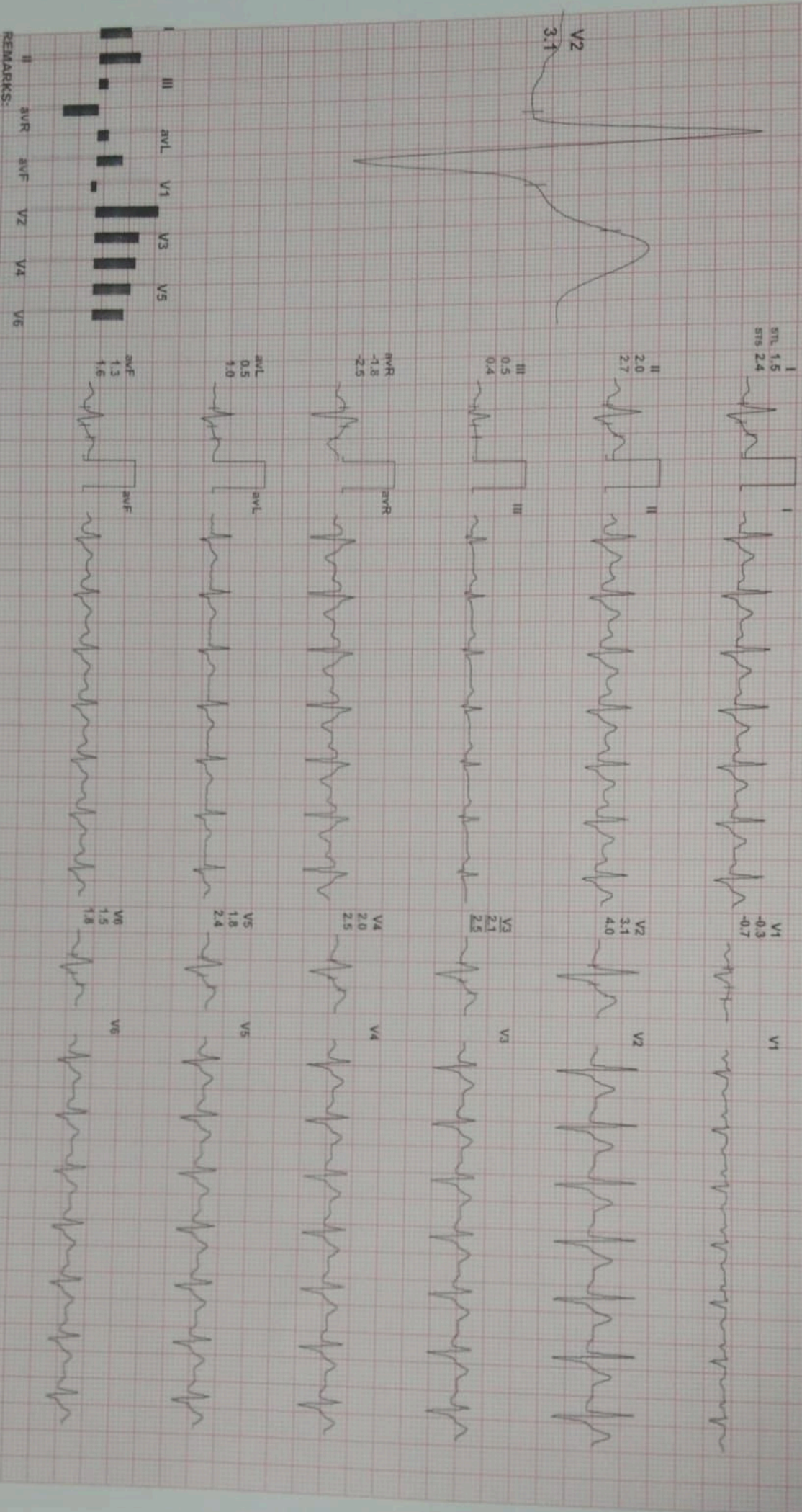
4X 70 MS Post J

METS: 1.0/ 126 bpm 74% of THR BP: 142/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Recovery(1:00)

ACHP/L

ExTime: 05:09 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: