

Pooja Nema 33/f

Pit f firsure (causes) \bar{c} ~~71~~ ~~8~~
 accussal (causes) \bar{c} + 8
 emptying \bar{c} 8+

BP - 130/90
 P - 92/nt
 H - 160 cm
 wt - 74 kg

Dr Bushra
7828251782



*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE SAMRIDHI AROGYAM PVT. LTD

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

Email raipur1@apolloclinic.com | Website www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Date... 13/04/24.....

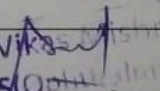
Patient Name .. Mrs. Pooja Nema

Employee Id

Sex/Age .. M / 33 year

MR No

| | | | | |
|----------------------------------|-------|------------|-------------------|-----|
| EXTERNAL EXAMINATION | | | | |
| SQUINT | | | | |
| NO | | | | |
| NYSTAGMUS | | | | |
| COLOUR VISION | | | | |
| NORMAL | | | | |
| FUNDUS:(RE):- | | WNL | (LE):- WNL | |
| INDIVIDUAL COLOUR IDENTIFICATION | | | | |
| Good. | | | | |
| DISTANT VISION:(RE):- | | 6/60 e 6/6 | (LE):- 6/60 e 6/6 | |
| NEAR VISION:(RE):- | | N6 | (LE):- N6 | |
| NIGHT BLINDNESS | | | | |
| NAD | | | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | -2.50 | -1.0 | 175° | |
| LEFT | -2.0 | -1.0 | 10° | |
| REMARKS :- | | | | |


 Dr. Vikas
 MBBS, MS (Ophthalmologist)
 Reg. No. CGMC 621/2006



NAME OF PATIENT; MRS. POOJA NEMA

REFERRED BY: BOB

AGE: 33YRS/FEMALE

DATE: 13/04/2024

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
Reg. No. MDC-2324/2008 (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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PATIENT NAME:- MRS. POOJA NEMA
REF BY :- BOB

AGE/SEX: 33 YRS/F
DATE:- 13.04.2024

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & 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 in size measures cm, and echotexture.

| Kidneys | RIGHT | LEFT |
|----------------------------------|---------------------------------|--------------|
| SIZE | 5.88X1.85 CM small right kidney | 10.29x5.09Cm |
| CORTICAL ECHOGENICITY | Normal | Normal |
| CORTICOMEDULLARY DIFFERENTIATION | Maintained | Maintained |
| PCS | Not Dilated | Not Dilated |
| Any other remarks | Nil | Nil |

Urinary bladder: Distended & normal.

Uterus is bulky in size (10.95 x 5.47 x 3.50 cm, Vol. – 109.766 cc) and echotexture. Endometrial thickness 1.1 mm.

Right Ovary: Normal in size (4.27 x 1.83 cm), shape and echotexture.

Left Ovary: Normal in size (3.93 x 2.66 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- SMALL RIGHT KIDNEY

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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Patient Name : MRS POOJA NEMA
UHID/ MR No : 10228
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/04/2024 11:10AM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 280 | lacs/cu.mm | 150-400 |
| ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method | 25 | mm /HR | 0 - 20 |
| Blood Group (ABO Typing) | | | |
| Blood Group (ABO Typing) | A | | |
| RhD factor (Rh Typing) | POSITIVE | | |

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path



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HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 10.5 | gm/dl | 12 - 16 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.29 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 31.50 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 73.4 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 24.5 | 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 | 14.1 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 5.58 | cells/cumm | 3.50 - 11.00 |
| Neutrophils Method: CELL COUNTER | 65 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 29 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 01 | % | 1-6% |
| Monocytes | 05 | % | 4.0 - 12.0 |
| Basophils Method: CELL COUNTER | 00 | % | 0.0 - 2.0 |


End of Report

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Lab Technician / Technologist
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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 0.8 | mg/dl | 0.1-1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.60 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 17 | U/L | 0 - 32 |
| SGPT (ALT) Method: Spectrophotometric | 26 | U/L | 0 - 33 |
| ALKALINE PHOSPHATASE | 110 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.0 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 3.9 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.1 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 1.85 | % | 1.1 - 2.2 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Amal



Patient Name : Mrs.POOJA NEMA
 Age/Gender : 33 Y 0 M 0 D /F
 UHID/MR No : DSUS.0000007209
 Visit ID : DSUSOPV8397
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 13/Apr/2024 01:59PM
 Received : 13/Apr/2024 02:26PM
 Reported : 13/Apr/2024 04:46PM
 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)

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Apollo Clinic

LICENCE: RAIPUR, RAIPUR AROGYAM PVT LTD

DR. RAJ KUMAR M.B.B.S, M.D (Pathology) Consultant Pathologist A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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SIN No: B119256687



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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) Glucose -Post prandial Method: REAGENT GRADE WATER | 90.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) Glucose- Fasting SUGAR REAGENT GRADE WATER | 83.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 1.10 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.99 | mg/dL | 2.6 - 7.2 |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

(Signature)
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 0771 4033341/4

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| HBA1C, GLYCATED HEMOGLOBIN | 5.5 | % | | HPLC |
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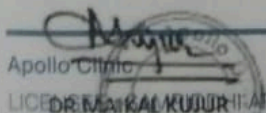
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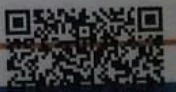
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DR. MAHESH KUMAR
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

Apollo Clinic, Plot No. 19, Phase A T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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 Client Name : PUP APOLLO CLINIC SAMRIDDHI 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) | 1.23 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 12.5 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.860 | µIU/mL | 0.35-5.5 | 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 |

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 Adcnoma; TSHoma/Thyrotropinoma |

*** End Of Report ***



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 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:10AM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 131.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 77.0 | 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 | 73.60 | mg/dl | Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HiOptimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1 |
| Method: Spectrophotometric VLDL Cholesterol | 15.40 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.12 | | 3.5 - 5 |
| Method: Spectrophotometric | | | |

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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user to you.

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CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity | 1.015 | | 1.001 - 1.030 |
| Reaction (pH) | 6.5 | | |
| 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) | 0-1 | /hpf | 0 - 2 |
| Pus cells | 4 - 6 | /hpf | 0 - 5 |
| Epithelial Cell | 2 - 4 | /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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0771 4033341/42

187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 142

Date: 13 / 04 / 2024

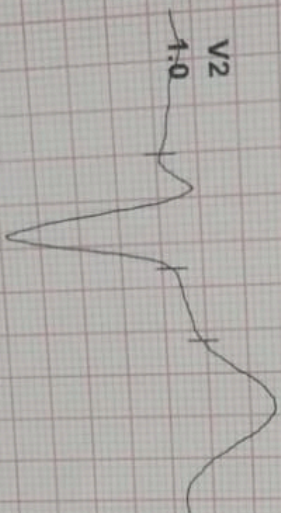
4X

60 mS Post J

METS: 1.0 / 142 bpm 76% of THR BP- 134/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 05:01 0.8 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

Recovery(1:00)



STL 0.5
STB 0.5

II 0.4
III 0.0
aVR -0.4

III 0.0
aVR -0.4
aVL -1.3

aVR -0.4
aVL -1.3

aVL 0.2
aVF 1.7

aVF 0.2
V1 1.7

V1 1.7

V1 0.5
V2 -0.2

V2 1.0
V3 1.0

V3 1.6
V4 3.3

V4 1.1
V5 3.0

V5 0.5
V6 2.1

V6 0.5
V6 1.5

REMARKS:

II aVR aVL V1 V2 V3 V4 V5 V6

187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 170

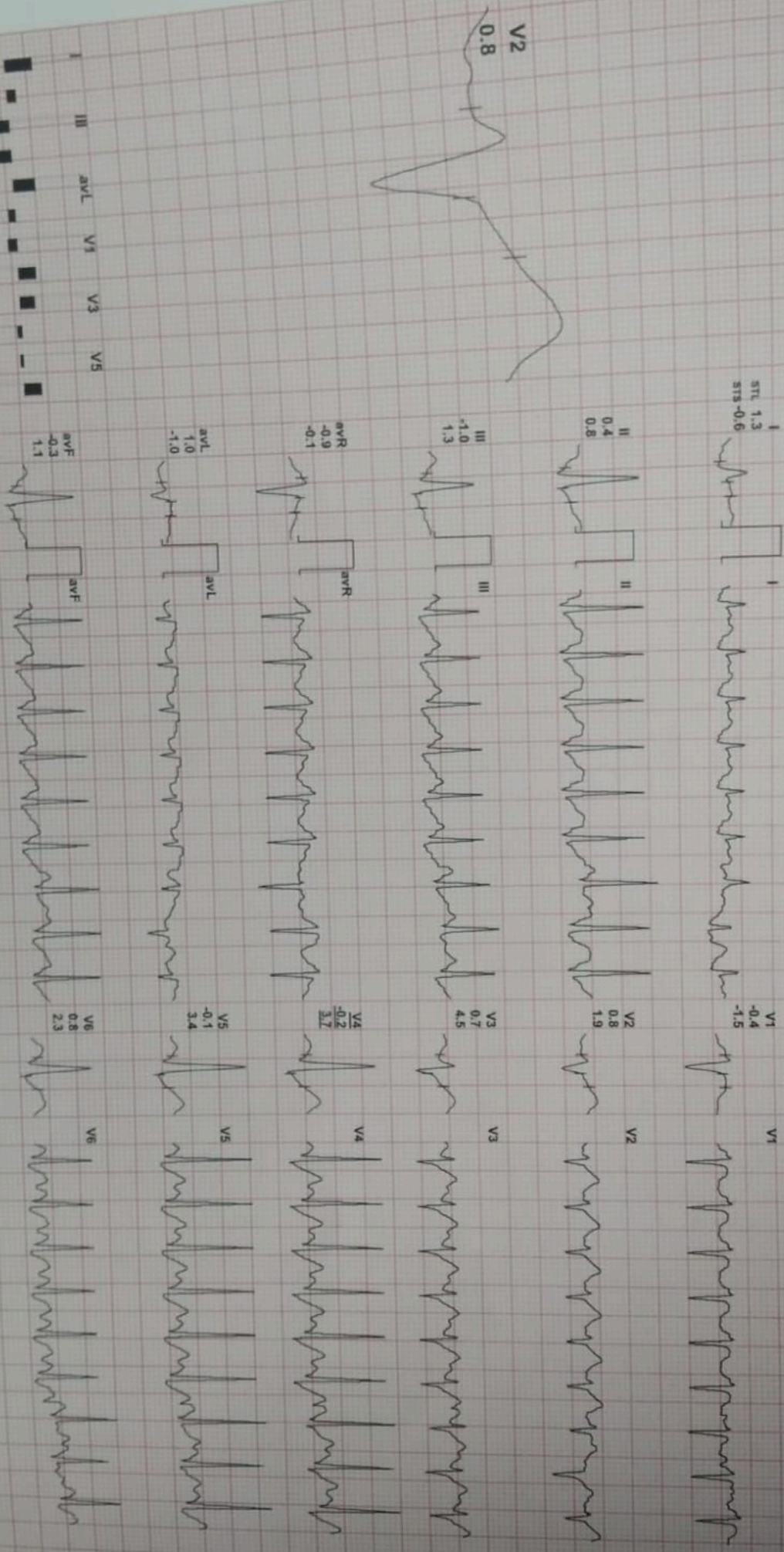
Date: 13 / 04 / 2024

METS: 6.3 / 170 bpm 91% of THR BP- 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

EXTime: 05:02 4.0 Km/h, 12.0%
25 mm/Sec. 1.0 Cm/mV

PeakEx



REMARKS:

P / MRS POOJA / 33 YRS / F / 160 Cms / 74 Kg / HR : 83

Date: 13 / 04 / 2024

METS: 1.0/ 83 bpm 44% of TH-R BP: 130/80 mmHg Combined Medication/ BLC On/ Natch On/ HF 0.05 HEALF 35 Hz

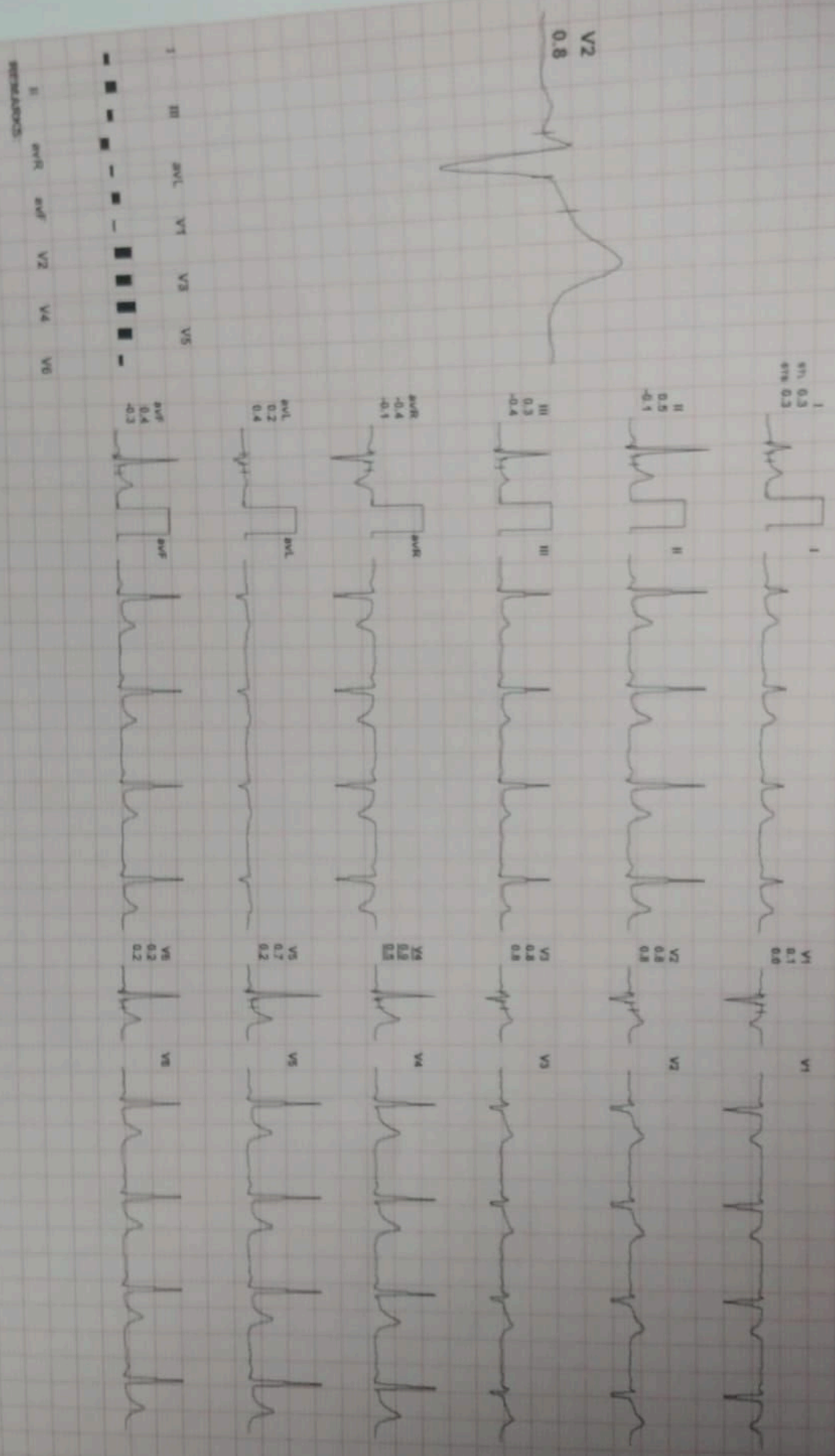
4X 80 mm Post J

ExStart



EXTIME: 00:00 0.0 Kbps 0.0%

25 mm/sec 12 Cal/cmV



STANDARDIZATION

II aVR aVL V1 V2 V3 V4 V5 V6

BRUCE: Standing(0:12)

AGHP L

187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 77

Date: 13 / 04 / 2024

METS: 1.0/ 77 bpm 41% of THR BP: 130/80 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

I
STL 0.3
STS 0.3

V1
0.1
0.0

V1

II
0.5
-0.1

V2
0.8
0.8

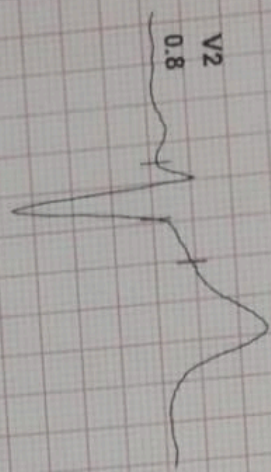
V2

V2
0.8

III
0.3
-0.4

V3
0.8
0.8

V3



aVR
-0.4
-0.1

V4
0.9
0.5

V4

aVL
0.2
0.4

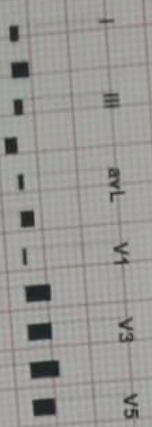
V5
0.7
0.2

V5

aVF
0.4
-0.3

V6
0.2
0.2

V6



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6

ID: 165
MRS POOJA NEMA
Female 33Years

13-04-2024 10:48:06 AM

HR : 73 bpm
P : 82 ms
PR : 106 ms
QRS : 82 ms
QT/QTc : 370/408 ms
P/QRS/T : 47/65/41 °
RV5/SV1 : 2.351/1.111 mV

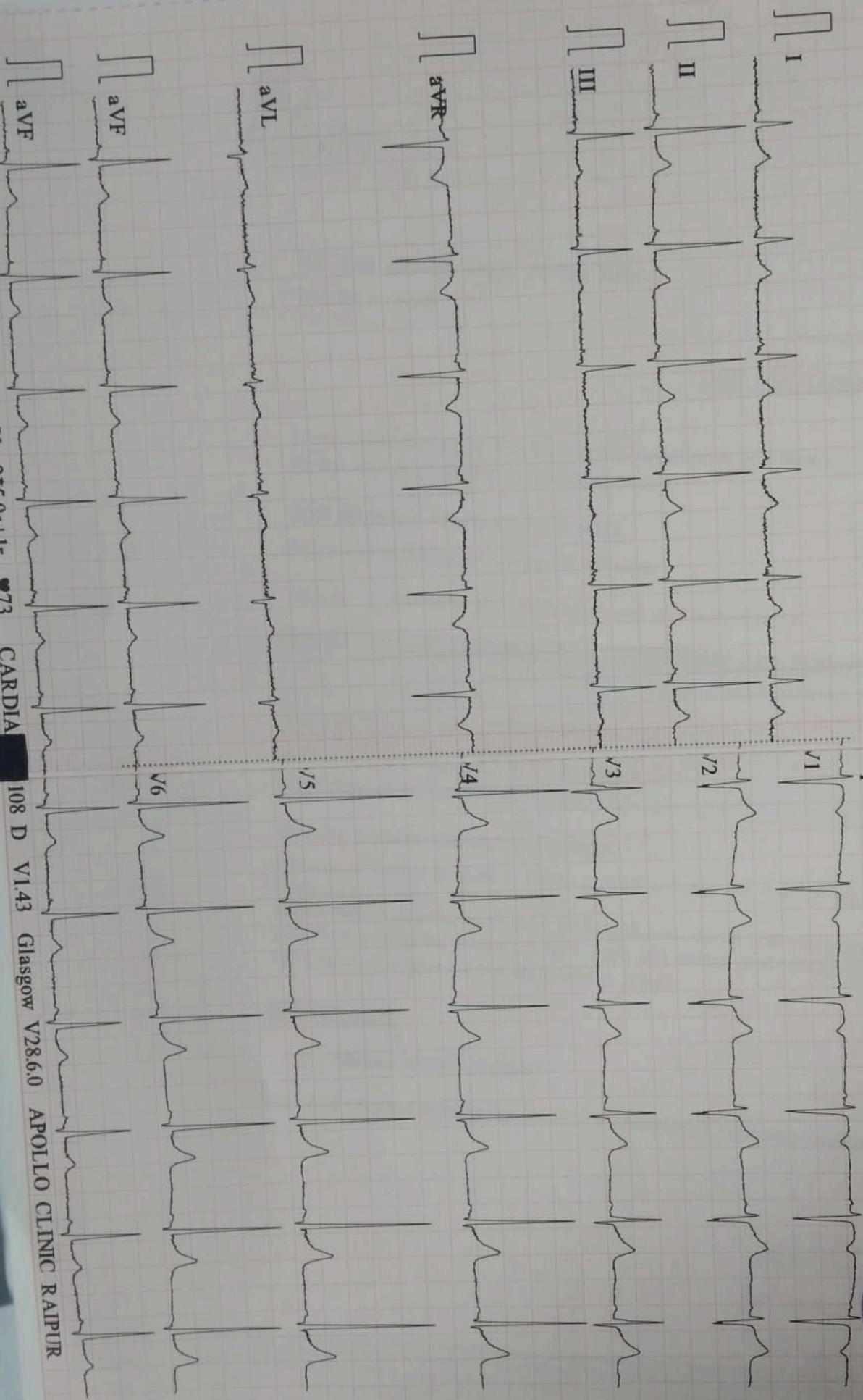
Diagnosis Information:

Sinus rhythm
Short PR interval
Borderline ECG

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



Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 73 CARDIA

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



RAIPUR Email:

87 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg
 Date: 13 / 04 / 2024

| Stage | Time | Duration | Speed(Kmph) | Elevation | METs | Rate | %THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|-------------|-----------|------|------|------|--------|-----|-----|----------|
| Standing | 00:12 | 0:12 | 00.0 | 00.0 | 01.0 | 077 | 41% | 130/80 | 100 | 00 | |
| ExStart | 00:19 | 0:07 | 00.0 | 00.0 | 01.0 | 083 | 44% | 130/80 | 107 | 00 | |
| BRUCE Stage 1 | 03:19 | 3:00 | 02.7 | 10.0 | 04.7 | 156 | 83% | 132/84 | 205 | 00 | |
| PeakEx | 05:20 | 2:01 | 04.0 | 12.0 | 06.3 | 170 | 91% | 136/86 | 231 | 00 | |
| Recovery | 05:50 | 0:30 | 00.8 | 00.0 | 01.7 | 153 | 82% | 136/86 | 208 | 00 | |
| Recovery | 06:20 | 1:00 | 00.8 | 00.0 | 01.0 | 142 | 76% | 134/84 | 190 | 00 | |
| Recovery | 06:56 | 1:37 | 00.0 | 00.0 | 01.0 | 118 | 63% | 132/82 | 155 | 00 | |

FINDINGS :

- Exercise Time : 05:01
- Max HR Attained : 170 bpm 91% of Target 187
- Max BP Attained : 136/86 (mm/Hg)
- Max Workload Attained : 6.3 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 DEEPAN DAS MBBS DIP CARDIO

187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 156

Date: 13 / 04 / 2024

4X

60 mS Post J

METS: 4.71 156 bpm 83% of THR

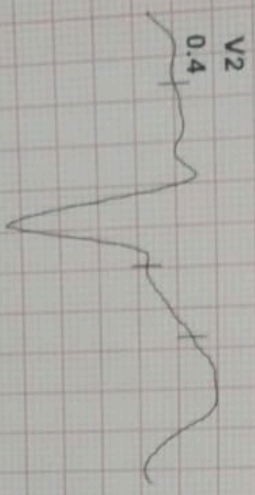
BP: 132/84 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

25 mm/Sec 1.0 Cm/mV

BRUCE: Stage 1(3:00)



STL -0.3
ST9 -0.5

II -2.2
III -1.6
aVF 1.4

III -1.6
aVF 1.4

aVR -0.2
aVL 1.4
aVF 1.4

aVL 1.1
aVF 1.1

aVF -1.9
aVL 1.1

V1 0.8
V2 -0.1

V2 0.4
V3 1.4

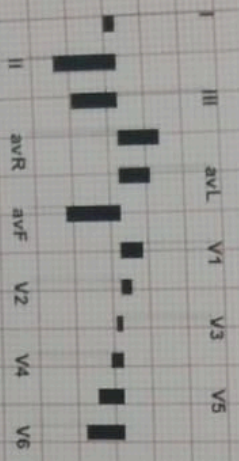
V3 -0.2
V4 2.6

V4 -0.4
V5 2.7

V5 -0.9
V6 2.8

V6 -1.9
V7 1.2

REMARKS:



187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 153

Date: 13 / 04 / 2024

METS: 1.7 / 153 bpm 82% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

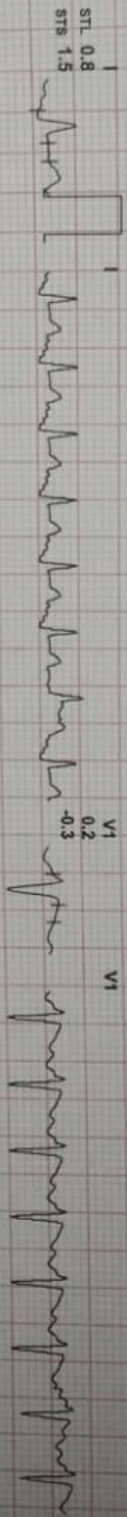
Recovery(0:30)



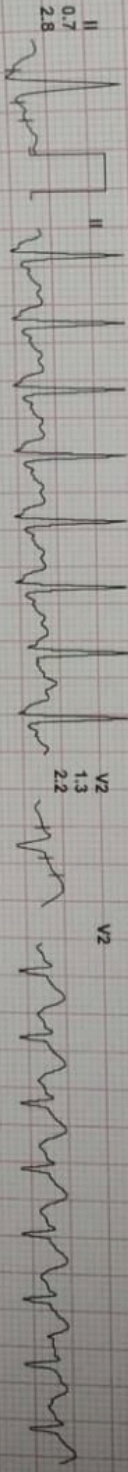
EXTime: 05:01 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J

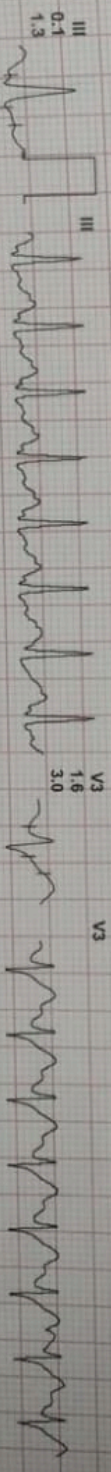
STL 0.8
STS 1.5



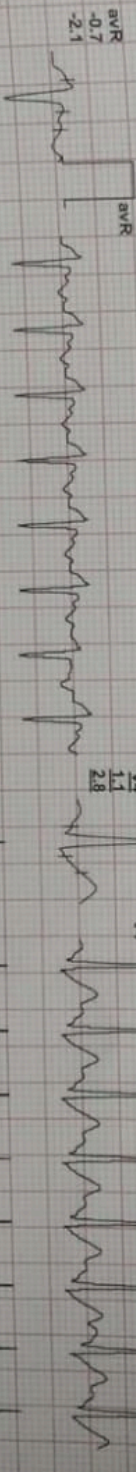
II 0.7
2.8



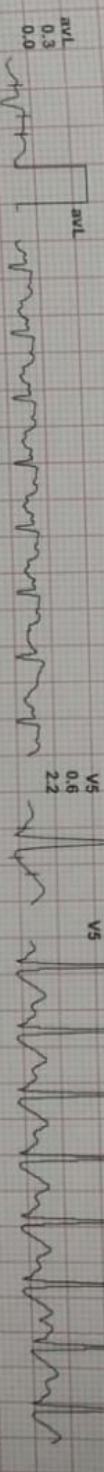
III 0.1
1.3



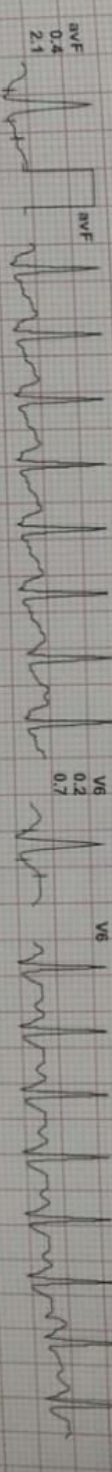
aVR -0.7
-2.1



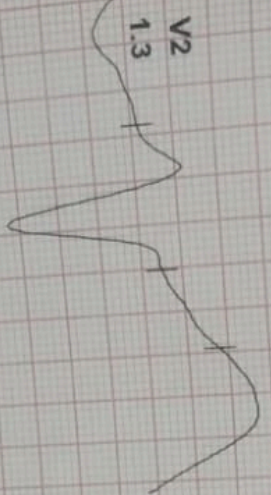
aVL 0.3
0.0



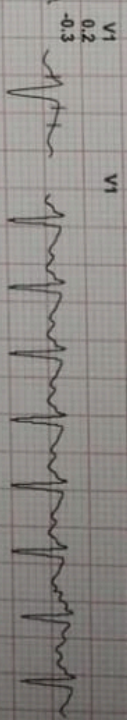
aVF 0.4
2.1



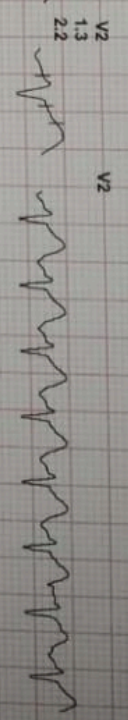
V2 1.3



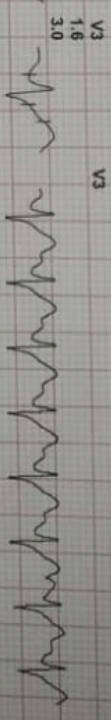
V1 -0.3
0.2



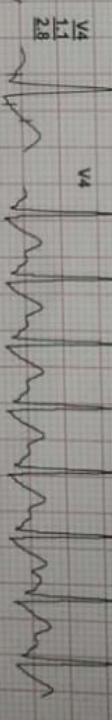
V2 1.3
2.2



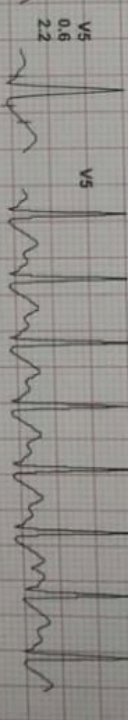
V3 1.6
3.0



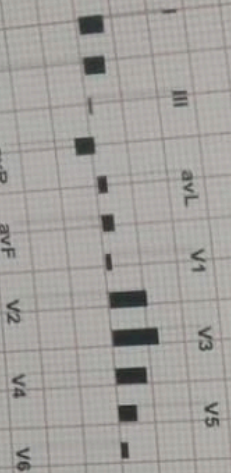
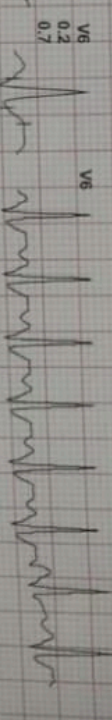
V4 1.1
2.8



V5 0.6
2.2



V6 0.2
0.7



REMARKS:

187 / MRS POOJA / 33 Yrs / F / 160 Cms / 74 Kg / HR : 118

Date: 13 / 04 / 2024

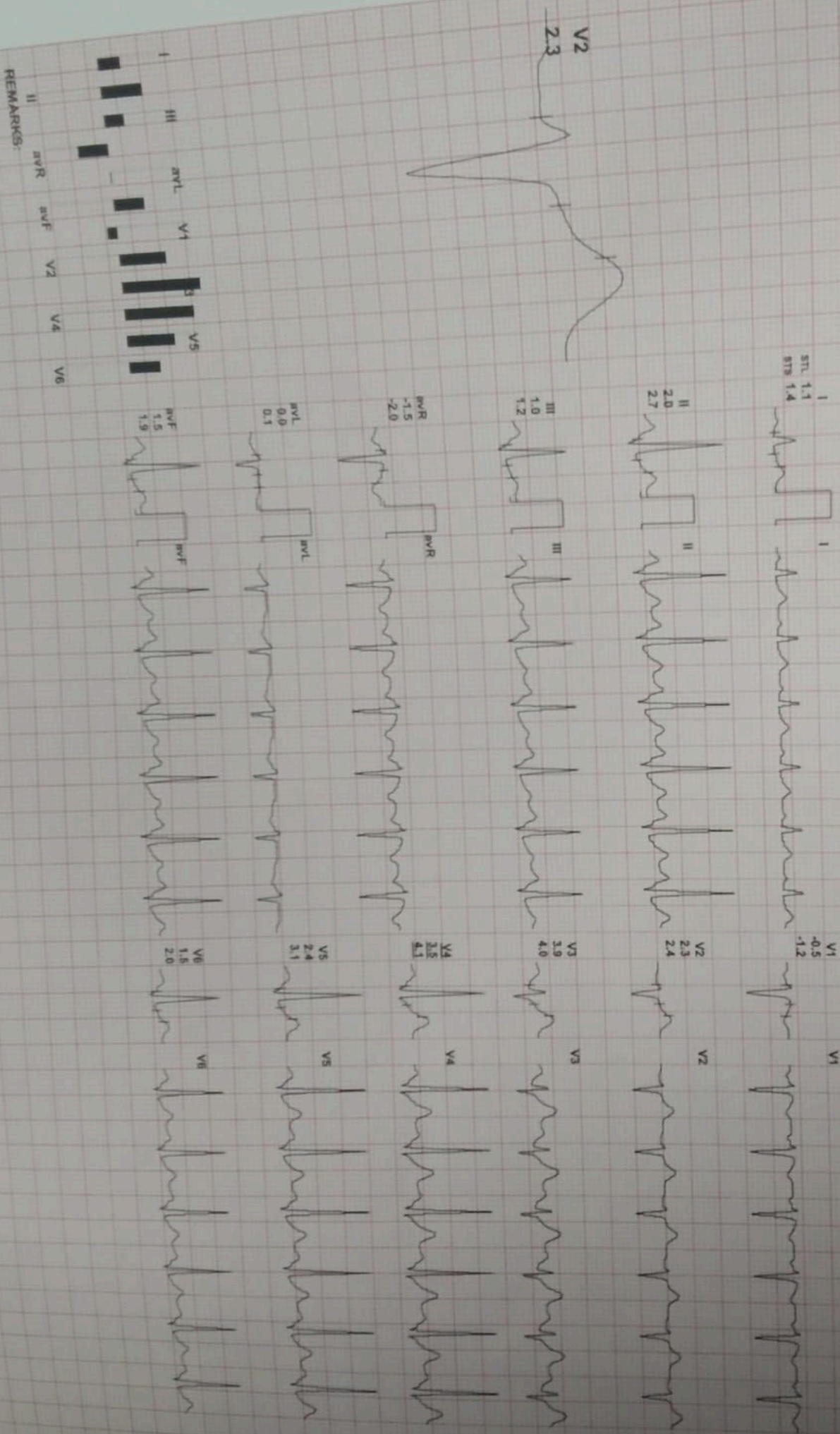
METS: 1.0/ 118 bpm 63% of THR BP: 132/82 mmHg

Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:01 0.0 Kmph, 0.0%
25 mm/Sec - 1.0 cm/mmV

4X 80 mS Post J

Recovery(1:37)



REMARKS: