



# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
Ph: 7705023379,-  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.BHATT JAGDISH CHANDRA	Registered On	: 17/Mar/2024 12:00:43
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 17/Mar/2024 12:32:23
UHID/MR NO	: CHL2.0000158120	Received	: 17/Mar/2024 13:23:28
Visit ID	: CHL20364102324	Reported	: 17/Mar/2024 17:07:02
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE 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)	POSTIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

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

Haemoglobin	14.30	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	
TLC (WBC)	5,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	<b>42.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>48.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	18.00	Mm for 1st hr.		
Corrected	<b>14.00</b>	Mm for 1st hr.	<9	
PCV (HCT)	45.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	<b>1.20</b>	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/ MICROSCOPIC
PDW (Platelet Distribution width)	<b>17.70</b>	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.10	%	35-60	ELECTRONIC IMPEDANCE





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PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.50</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.19	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	87.60	fL	80-100	CALCULATED PARAMETER
MCH	<b>27.50</b>	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	15.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,100.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	250.00	/cu mm	40-440	

Dr. Pankaj Punetha DNB(Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

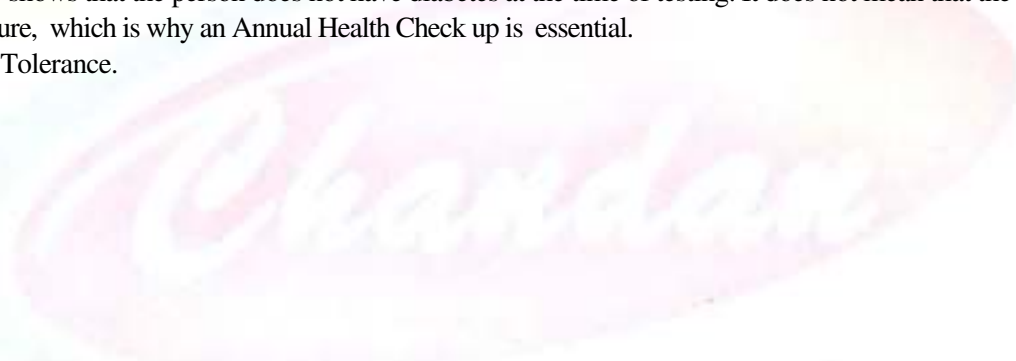
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#### GLUCOSE FASTING \*\* , Plasma

Glucose Fasting	103.80	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.



Dr Vinod Ojha  
MD Pathologist





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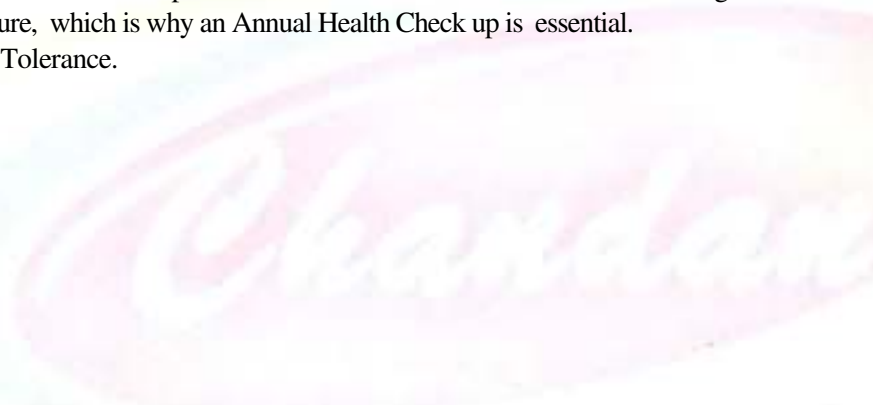
## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose PP**</b> <i>Sample: Plasma After Meal</i>	110.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

#### Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.



  
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	%NGSP		HPLC(NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/ mol/ IFCC		
Estimated Average Glucose (eAG)	106	mg/dl		

#### Interpretation:

##### NOTE:-

- eAG is directly related to A1c.
- 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 1diabetics. 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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

<b>BUN (Blood Urea Nitrogen) **</b> Sample: Serum	10.65	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine **</b> Sample: Serum	0.86	mg/dl	0.6-1.30	MODIFIED JAFFES
<b>Uric Acid **</b> Sample: Serum	4.60	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) ** , Serum</b>				
SGOT/ Aspartate Aminotransferase (AST)	18.20	U/L	<35	IFCC WITHOUT P5P
SGPT/ Alanine Aminotransferase (ALT)	13.30	U/L	<40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.40	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	3.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.47		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.40</b>	mg/dl	<0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	<0.8	JENDRASSIK & GROF

<b>LIPID PROFILE ( MINI ) ** , Serum</b>				
Cholesterol (Total)	135.11	mg/dl	<200 Desirable 200-239 Borderline High >240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	71	mg/dl	< 100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.22	mg/dl	10-33	CALCULATED
Triglycerides	116.10	mg/dl	< 150 Normal	GPO-PAP





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150-199 Borderline High  
 200-499 High  
 >500 Very High



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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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#### URINE EXAMINATION, ROUTINE\*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 5.0)			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	0.1-3.0	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>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION\*\* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0)







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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE\*\* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

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

### SUGAR, PP STAGE\*\* , Urine

Sugar, PP Stage ABSENT

#### 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 MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample: Serum</i>	0.20	ng/mL	<4.1	CLIA

#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE- TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	87.96	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.900	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.





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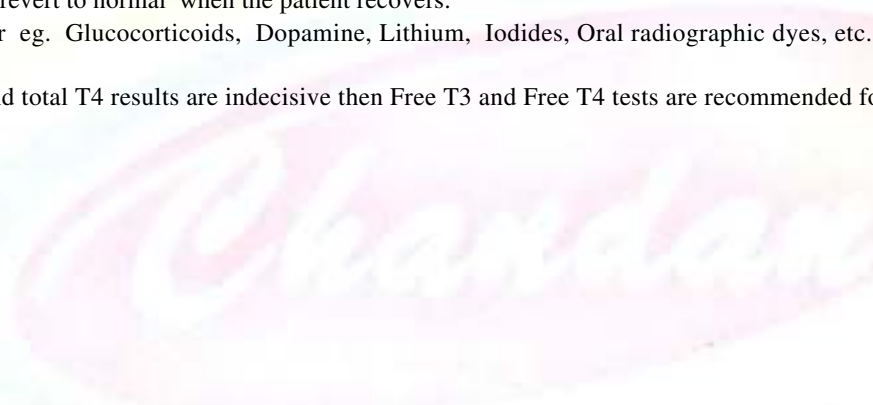
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- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary 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.



  
Dr Vinod Ojha  
MD Pathologist





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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.

#### IMPRESSION:-

**No significant abnormality is seen.**

#### Adv:-Clinico-pathological correlation.

  
DR AZIM KHAS  
(MD, RADIOLOGIST)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- The liver is normal in size and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

##### KIDNEYS (Note- CT is more sensitive to detect renal calculi).

- **Right kidney:-**
  - Right kidney is normal in size.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.
- **Left kidney:-**
  - Left kidney is normal in size.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

##### SPLEEN

- The spleen is normal in size (~8.6 cms) and has a normal homogenous echo-texture.





# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
Ph: 7705023379,-  
CIN : U85110DL2003PLC308206



Patient Name	: Mr. BHATT JAGDISH CHANDRA	Registered On	: 17/Mar/2024 12:00:46
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CHL2.0000158120	Received	: N/A
Visit ID	: CHL20364102324	Reported	: 17/Mar/2024 12:13:02
Ref Doctor	: Dr. MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

#### URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

#### PROSTATE

- The prostate gland is normal in size and normal in echotexture with smooth outline. No median lobe indentation is seen.

#### ***FINAL IMPRESSION:-***

- ***No significant sonological abnormality noted.***

Adv : Clinico-pathological & CT Abdomen correlation for further evaluation.

#### **Note:-**

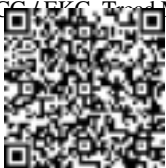
- **In case of any typing error, patient is requested to immediately inform to the doctor (radiologist), as the report is digitally signed.**
- **Discrepancy of laterality/side can be seen in 0.08% cases therefore review is advised before any operative procedure.**
- **This report is not for medico legal purpose as the patient identity is not confirmed.**

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

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

EGG (EKG, Tread Mill Test (TMT))



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: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



S K NURSING HOME AND HOSPITAL  
G B PANT MARG TIKONIA HALDWANI  
HALDWANI

**Station**  
Telephone: 05946-221040,220263

## EXERCISE STRESS TEST REPORT

Patient Name: JAGDISH CHANDRA BHATT,  
Patient ID: 79798978  
Height: 178 cm  
Weight: 82 kg

DOB: 29.06.1992  
Age: 31yrs  
Gender: Male  
Race:

Study Date: 17.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC  
Attending Physician: DR.DEVASHISH GUPTA(MD)  
Technician: MR.BHUWAN

Medications:

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Medical History:

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Reason for Exercise Test:

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### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:27	0.00	0.00	96	110/70	
	STANDING	00:19	0.00	0.00	90	110/70	
	HYPERV.	00:22	0.80	0.00	83	110/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	141	120/70	
	STAGE 2	03:00	4.00	12.00	160	130/80	
	STAGE 3	01:15	5.40	14.00	173	140/90	
RECOVERY		03:07	0.00	0.00	111	120/90	

The patient exercised according to the BRUCE for 7:15 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 93 bpm rose to a maximal heart rate of 173 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Max HR.


### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: above average (>20%).  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

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Physician-

  
DR DEVASHISH GUPTA (MD)

JAGDISH CHANDRA BHATT ,

Patient ID 79798978

17.03.2024

1:34:52pm

12-Lead Report

PRETEST

SUPINE

00:26

BRUCE

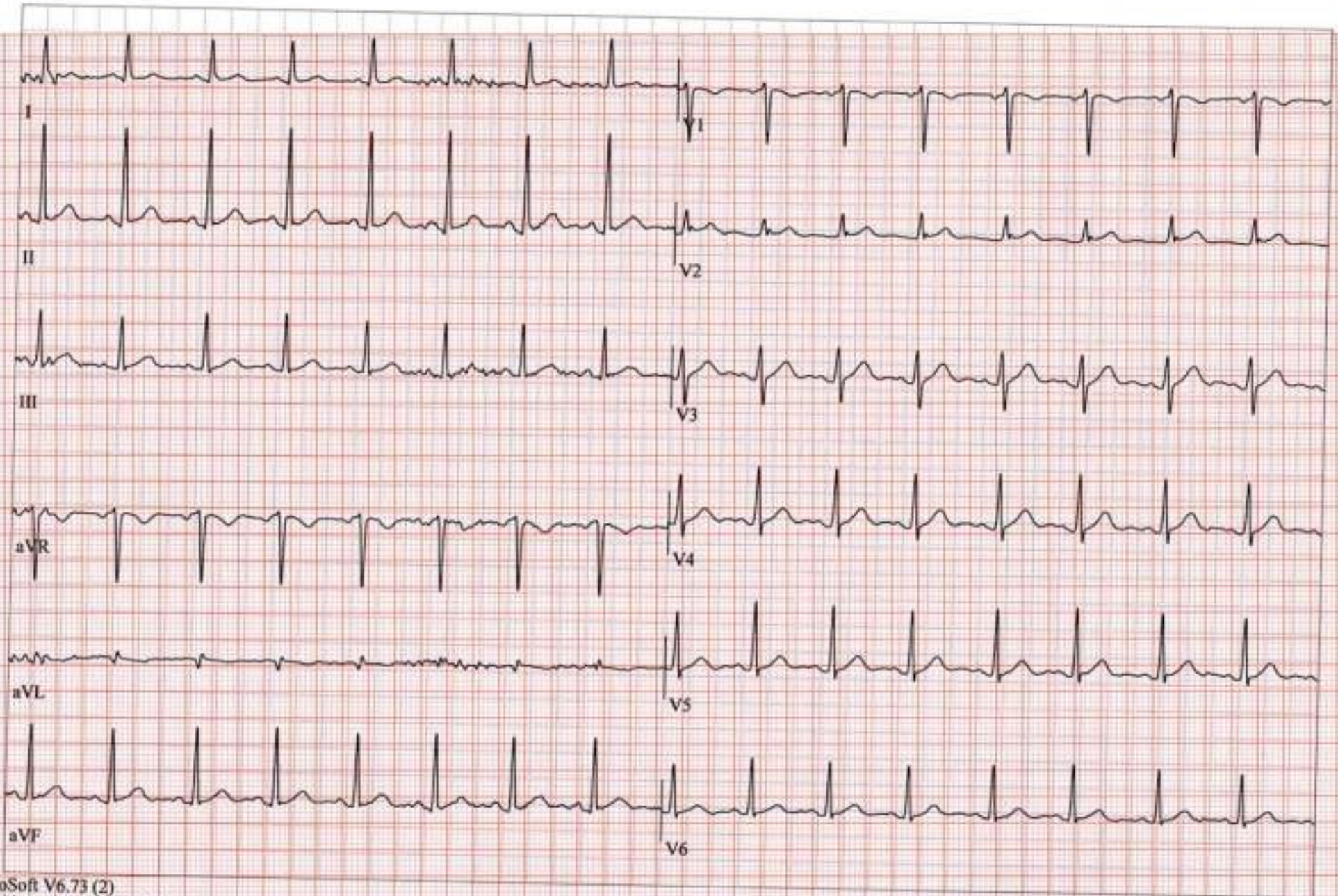
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

96 bpm

110/70 mmHg



GE CardioSoft V6.73 (2)

25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS  
Page 1



JAGDISH CHANDRA BHATT,

Patient ID 79798978

17.03.2024

1:35:12pm

12-Lead Report

PRETEST

STANDING

00:45

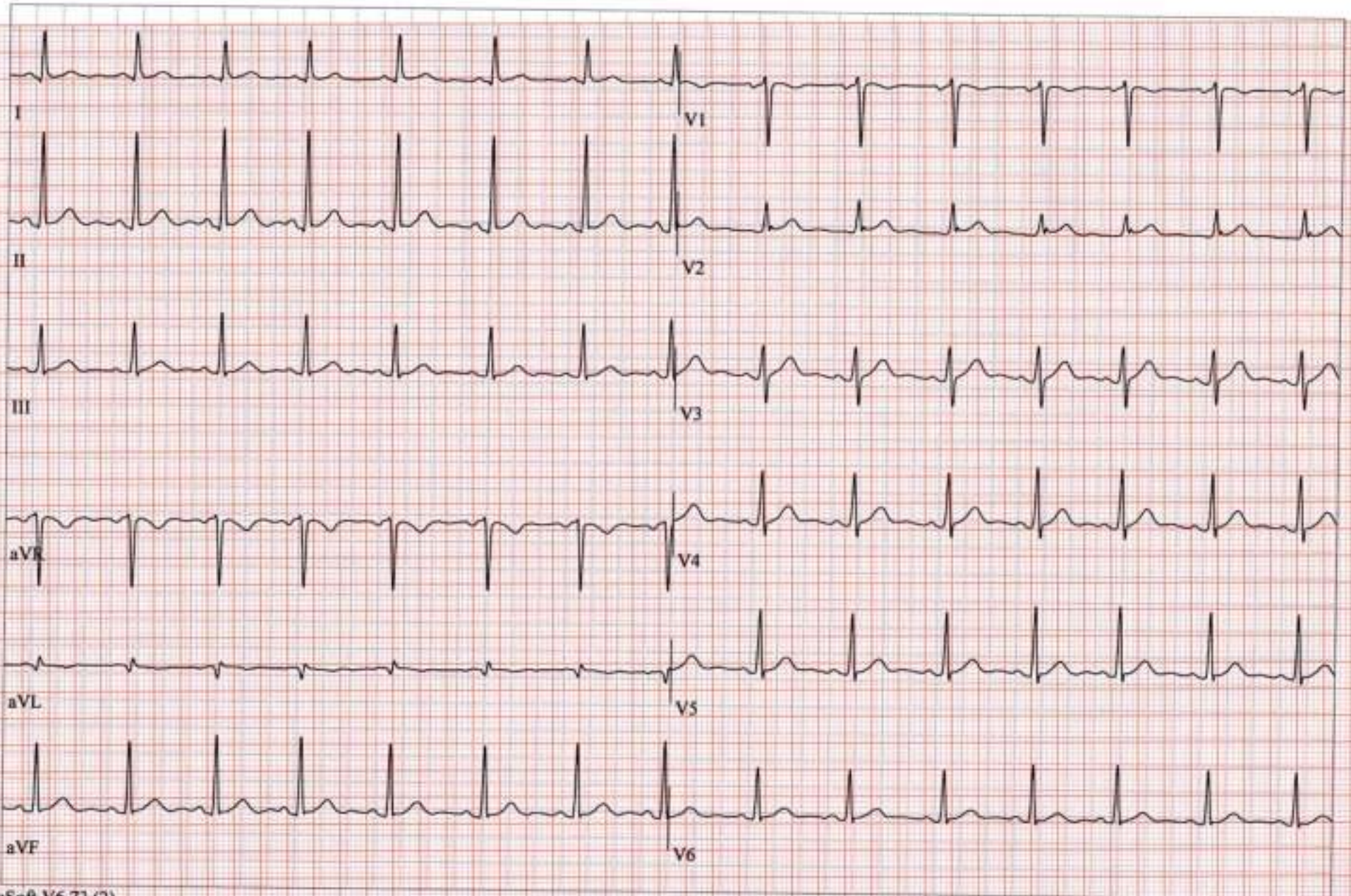
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

90 bpm  
110/70 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS  
Page 2

JAGDISH CHANDRA BHATT,

Patient ID 79798978

17.03.2024

1:35:30pm

12-Lead Report

83 bpm

110/70 mmHg

PRETEST

HYPERV.

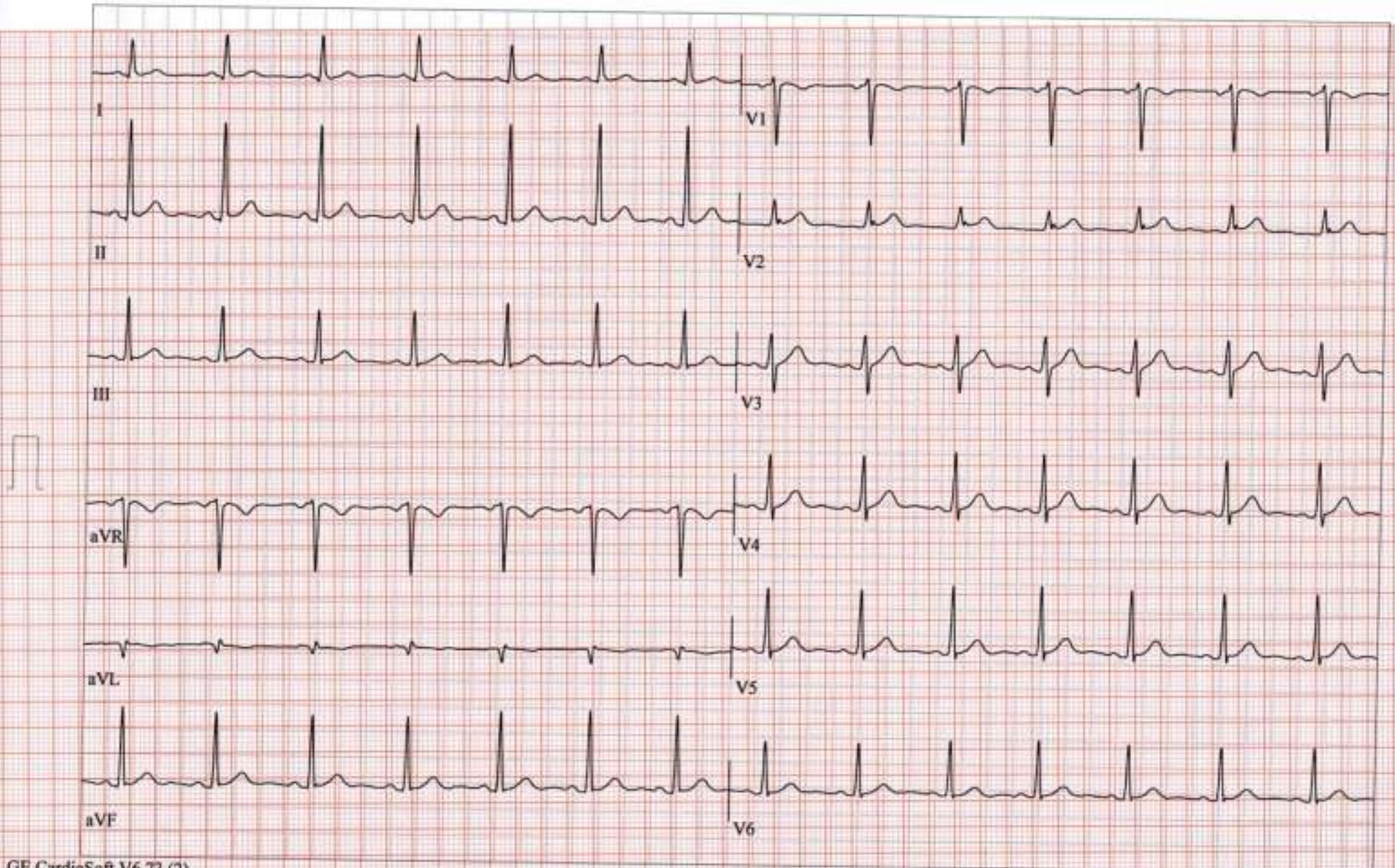
01:03

BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS  
Page 3

JAGDISH CHANDRA BHATT,

Patient ID 79798978

17.03.2024

1:38:36pm

12-Lead Report

EXERCISE

STAGE 1

03:00

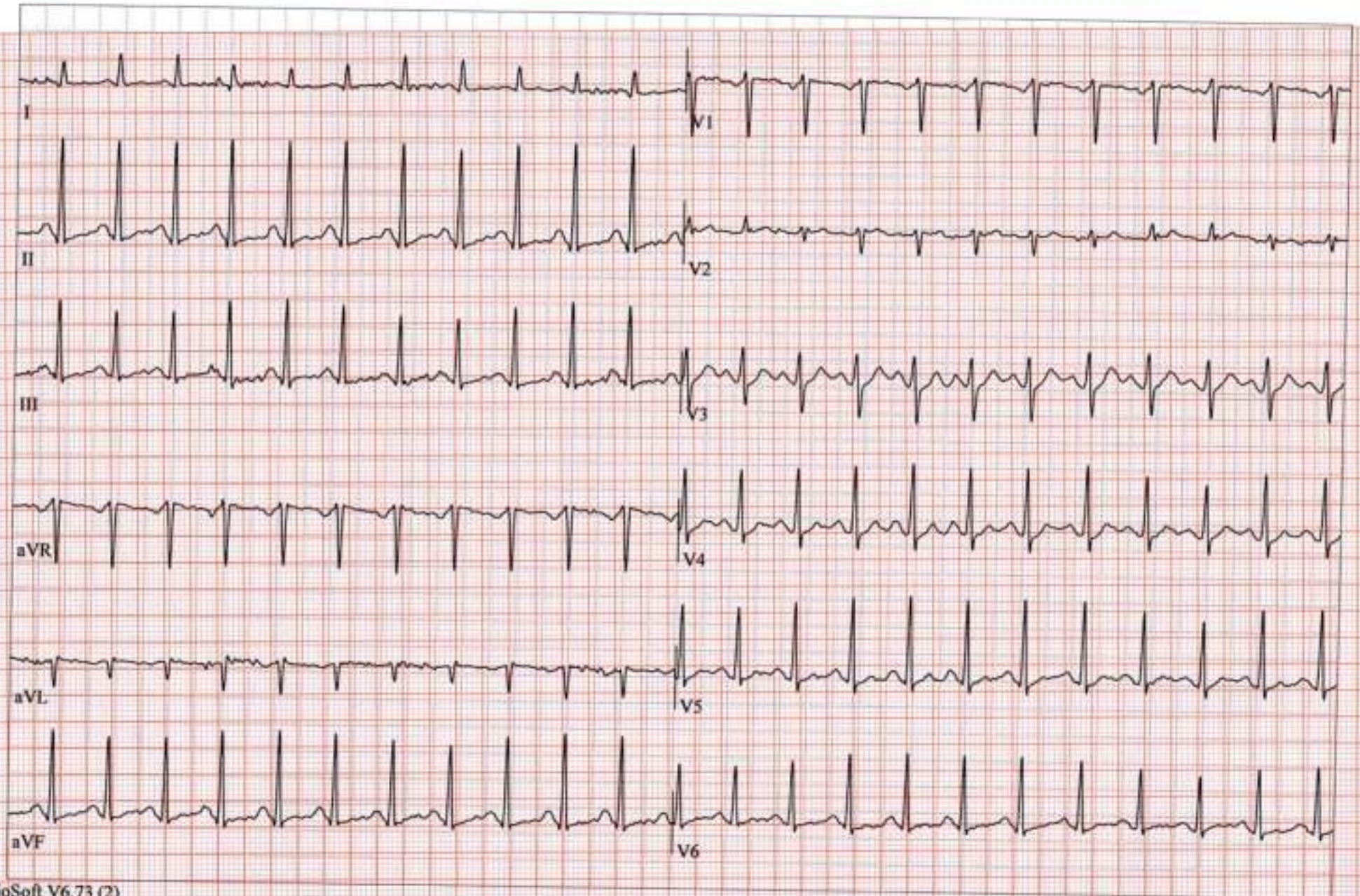
BRUCE

2.7 km/h

10.0 %

S K NURSING HOME AND HOSPITAL

141 bpm  
120/70 mmHg



GE CardioSoft V6.73 (2)  
25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS  
Page 4

JAGDISH CHANDRA BHATT,

Patient ID 79798978

17.03.2024

1:41:37pm

12-Lead Report

EXERCISE

STAGE 2

06:00

BRUCE

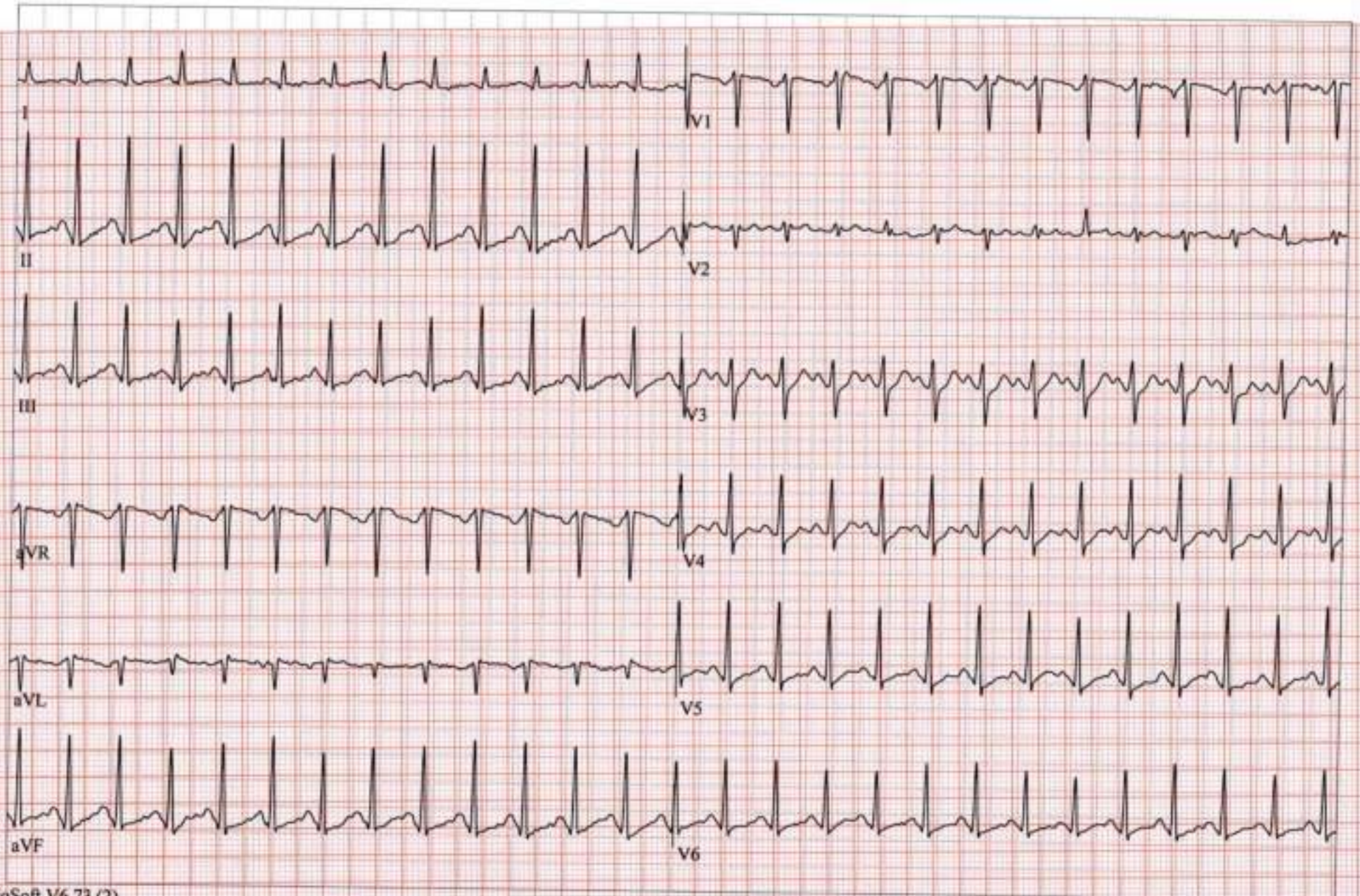
4.0 km/h

12.0 %

S K NURSING HOME AND HOSPITAL

160 bpm

130/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS  
Page 5

JAGDISH CHANDRA BHATT ,

Patient ID 79798978

17.03.2024

1:42:52pm

173 bpm

140/90 mmHg

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

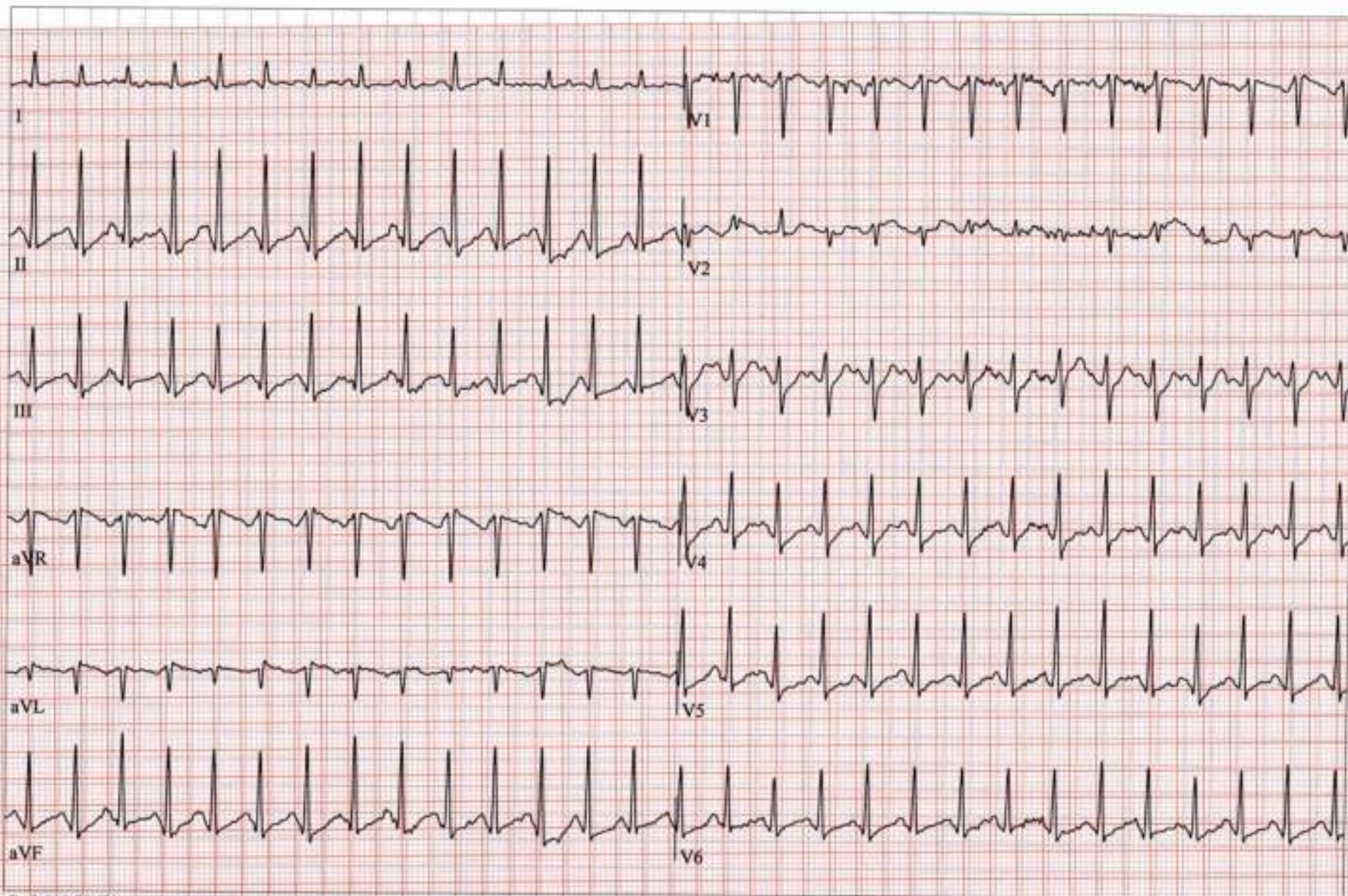
07:15

BRUCE

5.4 km/h

14.0 %

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GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

JAGDISH CHANDRA BHATT ,

Patient ID 79798978

17.03.2024

1:43:52pm

12-Lead Report

RECOVERY

#1

01:00

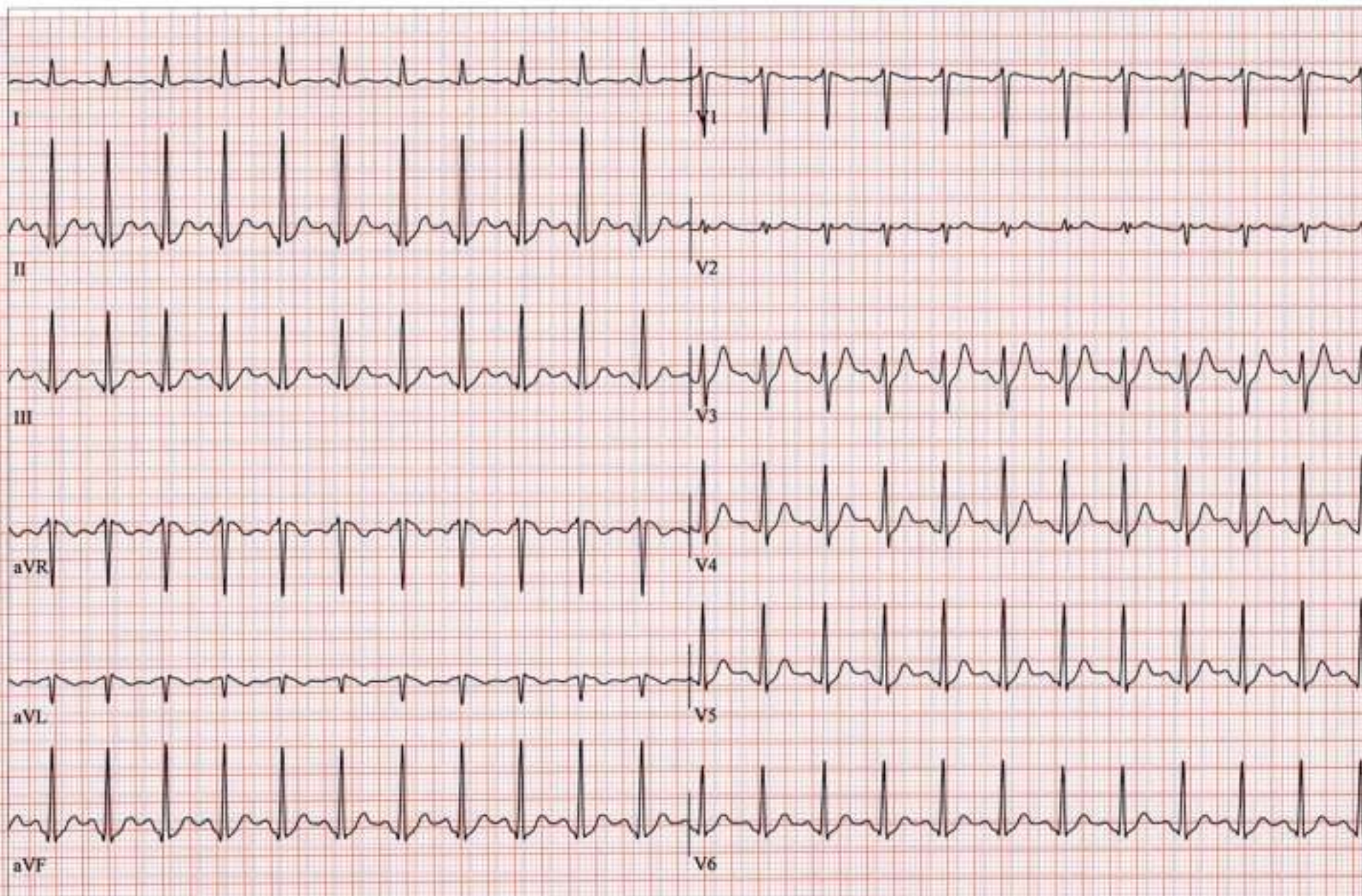
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

141 bpm  
140/90 mmHg



JAGDISH CHANDRA BHATT,  
Patient ID 79798978  
17.03.2024  
1:44:53pm

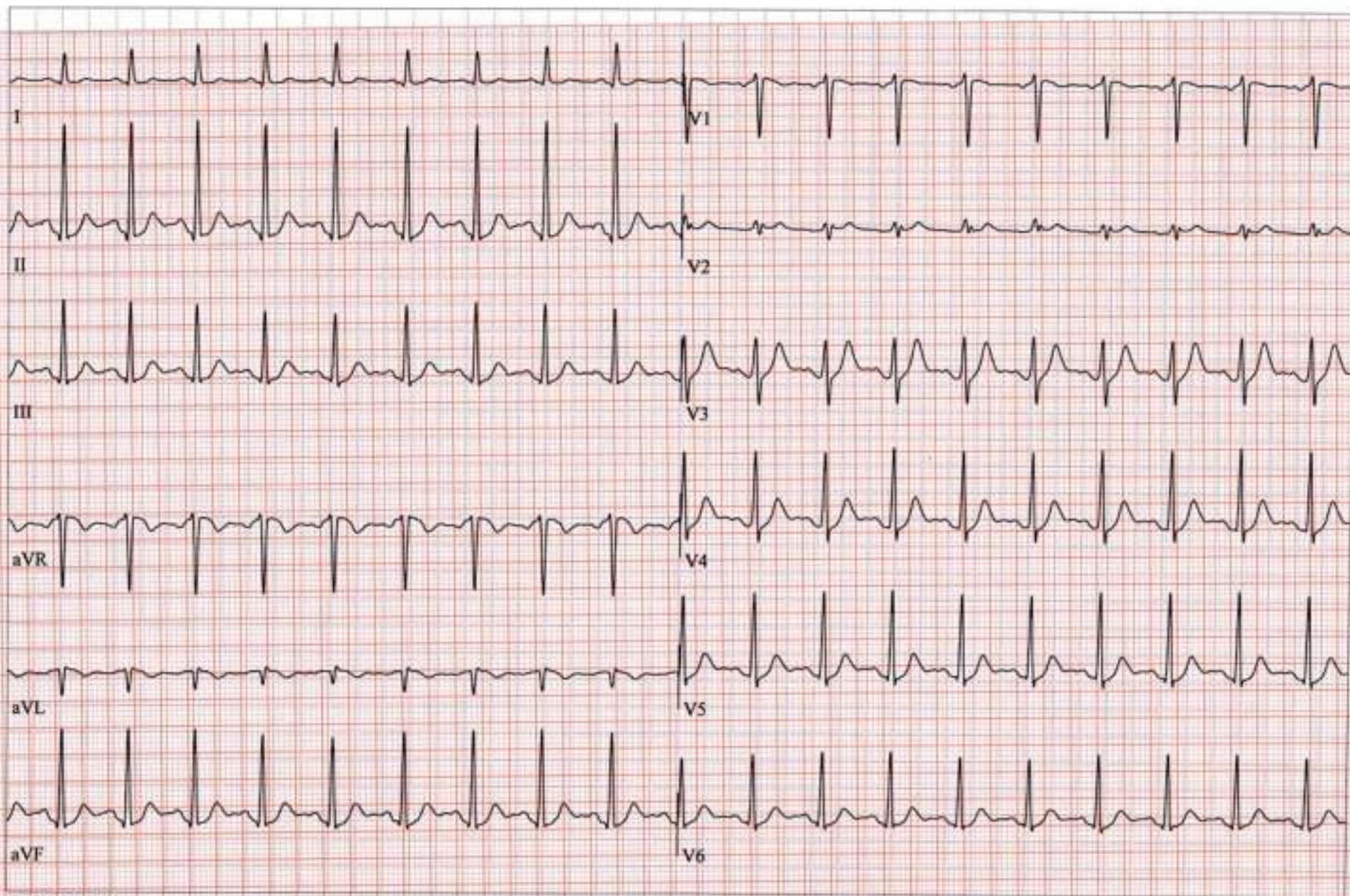
118 bpm  
130/90 mmHg

12-Lead Report

RECOVERY  
#1  
02:00

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL



JAGDISH CHANDRA BHATT,

Patient ID 79798978

17.03.2024

1:45:53pm

12-Lead Report

RECOVERY

#1

03:00

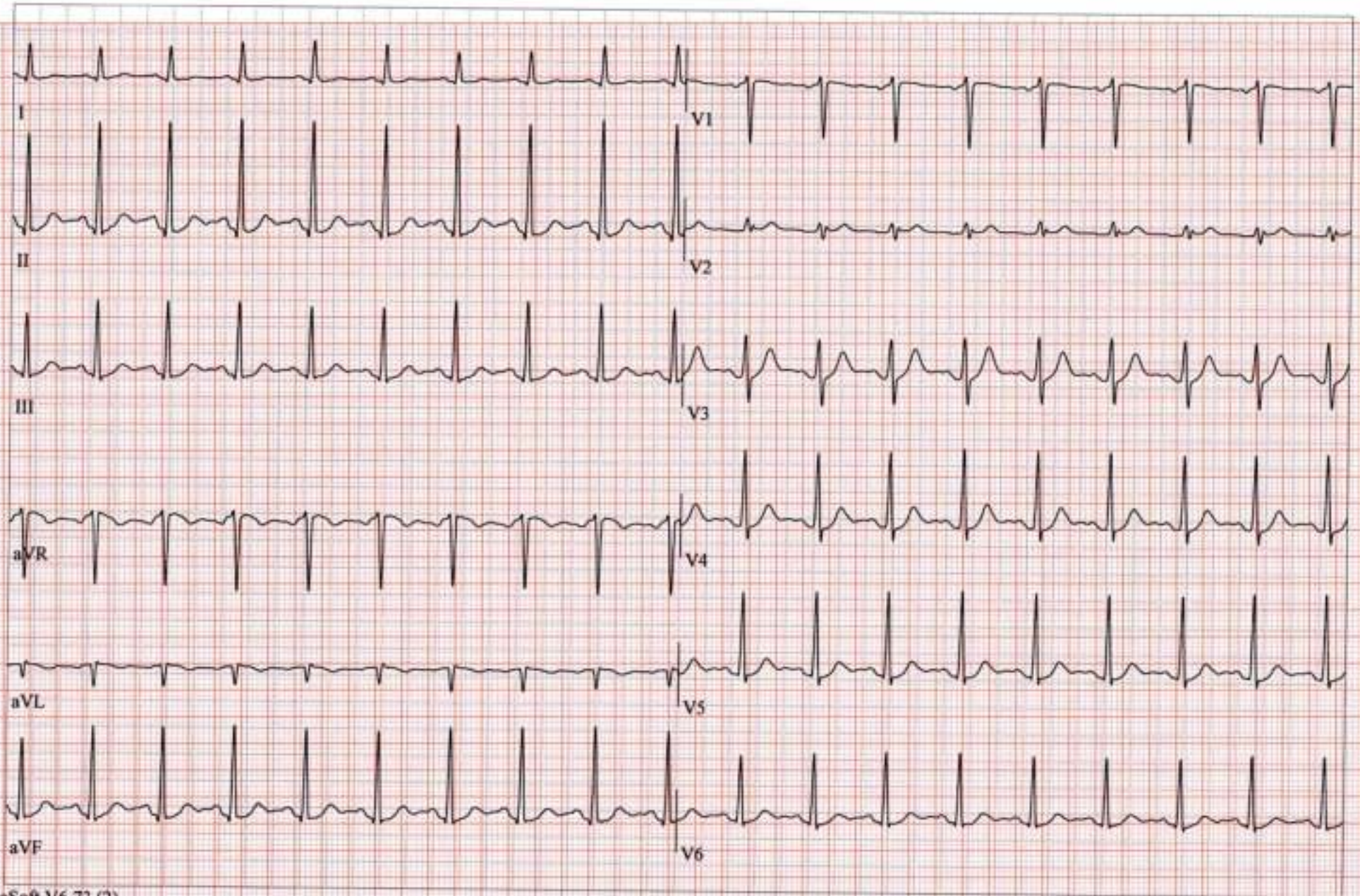
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL,

113 bpm  
120/90 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 1:34:21pm

MICRO MED CHARTS

Page 9

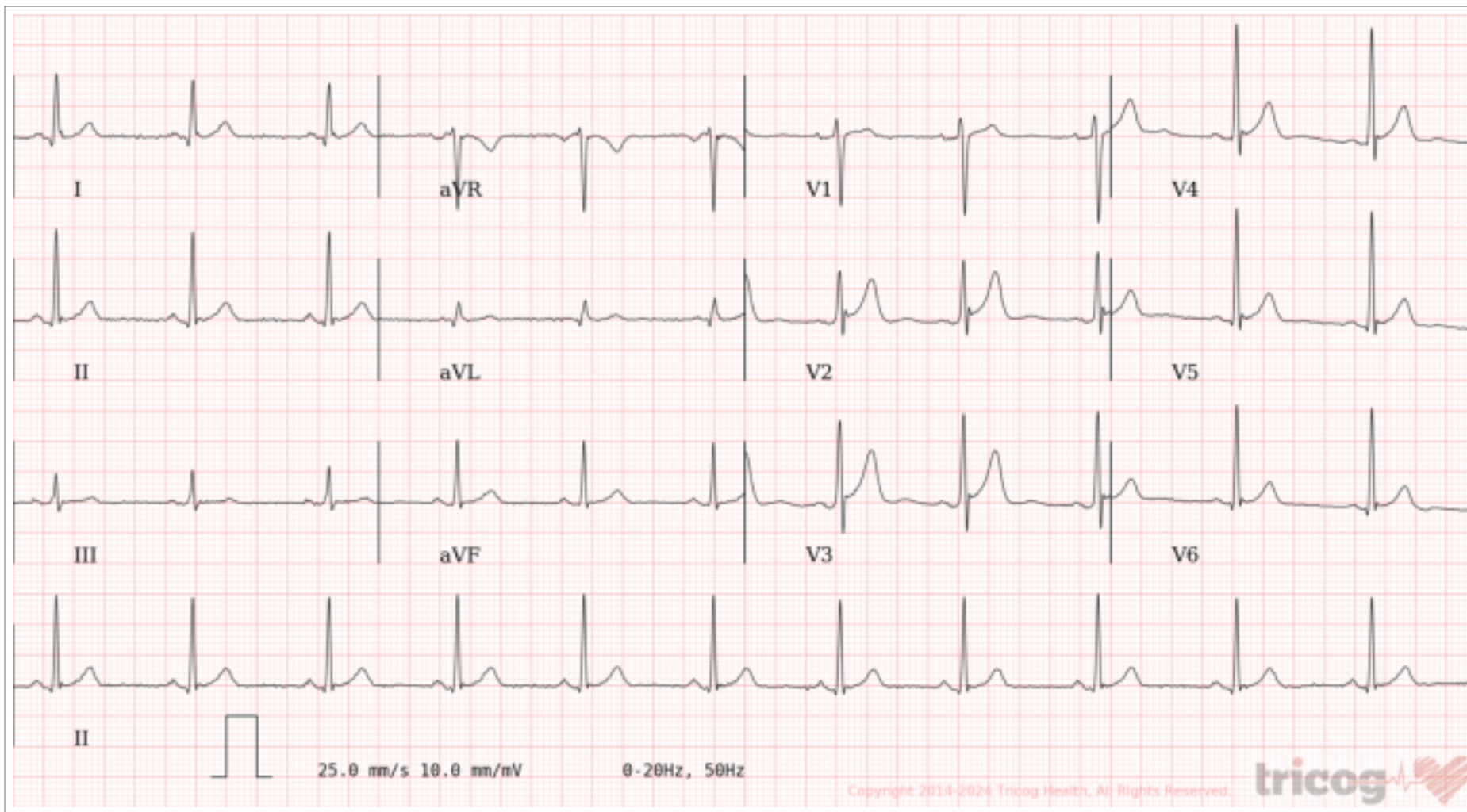


# Chandan Diagnostic



Age / Gender: 31/Male  
Patient ID: CHL20363682324  
Patient Name: Mr.BHATT JAGDISH CHANDRA

Date and Time: 17th Mar 24 10:23 AM



AR: 69bpm    VR: 69bpm    QRSD: 92ms    QT: 354ms    QTcB: 379ms    PRI: 122ms    P-R-T: 46° 51° 47°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Preethi Chandramouli

KMC 72169

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.