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OPD PRESCRIPTION

MR NO. : 1777577	Token No : 20	Location : Haldwani
UHID NO. : 82232		Issue Date : 10:21:31 am 14/09/2024
Patient Name : Mr. KUMAR SHIV PRASAN		Mobile No. : 9454825973
Age / Sex : 46 Years / Male		Org. Name : Hospital
Relative name : S/O MR. RAM AADHAR		Doctor Name : DR. (MAJ) SAURABH MAYANK
Address : PILIKOTI HALDWANI		Speciality : INTERNAL MEDICINE

BP 110/70 mmHg SPO₂ 99.1. P/R 80/min (M)

T₃ → 2.05
T_{SH} → 13.97

After → 10 days

T₃
T₄
T_{SH}

41 → Hypothyroidism
 ↳ Irregular
 Treatment
T.M. Thyroid 5mg
 Size 1 year

T.M. → Negative
ECHO → Normal
USG - Abdomen, Groin & Joints
Unobscured hernia
↓
Surgery advised



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OUT PATIENT PRESCRIPTION

LOC SV NO. : 108865	Location : Haldwani
UHID NO. : 82232	Date : 14/09/2024 10:23:31 am
Patient Name : Mr. KUMAR SHIV PRASAN	Mobile : 9454625973
Age : 46 Years	Org. name : Hospital
Sex : Male	Consultant : DR PRATIBHA GURURANI
Relative name : S/OMR RAM AADHAR	Speciality : ENT SURGEON
Address : PILIKOTI HALDWANI	Token No. : 5

BP 110/70 mmHg SpO2 99% PIP 80 ml

om, ARS, NT, ET dysfunction, wax etc.

PNB. of LOR.
Nasal blockage.

o/e - Nose - om, ARS NT, Pale mucosa.

Ear - Rt - wax
thoroughly
cleaned

oc - wax

- Allegria duo nasal spray
- Tab Belatus M
- Tab Alegra 250
- Tab Defent 6
- Tab Pentam 100
- Tab Roxmax 100



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OUT PATIENT PRESCRIPTION

Company

LOC SV NO. : 108864	Location : Haldwani
UHID NO. : 82232	Date : 14/09/2024 10:23:11 am
Patient Name : Mr. KUMAR SHIV PRASAN	Mobile : 9454625973
Age : 46Years	Org. name : Hospital
Sex : Male	Consultant : DR MAANSI SETHI ARORA
Relative name : S/OMR RAM AADHAR	Speciality : OPHTHALMOLOGIST
Address : PILIKOTI HALDWANI	Token No. : 7

BP. 110/70 mmHg SPO₂ 99%

PIA 80 min

AR < +0.50 DS / +0.50 DC X 145
+0.75 DS / +0.25 DC X 180

clp ⇒ ~~slow~~
⇒ Pain in B.E (on 2 off)
⇒ Heaviness in B.E from 2 months

N.A. < 6/6
6/6

H/O ⇒ Wearing same glasses from 4 months

NET < 15.6
15.4

Kelcar
Pupils N5NR [HTN DM] ^{ph}

Add (B/E) ⇒ +1.50 DS.

Adv. - glasses

acc. done as per pt.

- rd Rungstens - 14

B/E < 6/6
6/6
Add (B/E) ⇒ N6

Handwritten signature and initials

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Date	14/09/2024 12:03:11 PM	Srl No.	1031	UHID No.	OPD-82232
Name	Mr. KUMAR SHIV PRASAN	Age	45 Yrs.	Printed on 14/09/2024 02:44 PM	
Ref. By	Dr. SAURABH MAYANK	Sex	M		

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	11.9	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,060	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	56	%	40 - 75
LYMPHOCYTE	32	%	20 - 40
EOSINOPHIL	06	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	3.36	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	35.7	%	40 - 54
M C V	106.25	fl.	80 - 100
M C H	35.417	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,99,000	Lakh / cu mm	150000 - 400000
ESR	06	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

**** End Of Report ****


LAB TECHNICIAN



DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

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Date 14/09/2024 12:03:11 PM
 Name Mr. KUMAR SHIV PRASAN
 Ref. By Dr. SAURABH MAYANK

Sri No. 1031
 Age 45 Yrs.
 Sex M

UHID No. OPD-82232
 Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
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∴ **HAEMATOLOGY**

Hb A1c	5.2	%	
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EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycaemia. The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycaemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1c** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**** End Of Report ****


LAB TECHNICIAN


DR. ANAMIKA YADAV
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UK-0464



Ujala Cygnus

HEALTHCARE SERVICES

Ujala Cygnus Central Hospital Haldwani



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Ref. By Dr. SAURABH MAYANK

Srl No. 1031
Age 45 Yrs.
Sex M

UHID No. OPD-82232
Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
KIDNEY FUNCTION TEST (KFT)			
Roche cobas c 311			
BLOOD UREA Urease / GLDH	17.5	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	1.17	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	6.0	mg / dL	3.4 - 7.0
SODIUM ISE	139.2	mmol/L	136.0 - 145.0
POTASSIUM ISE	4.20	mmol/L	3.5 - 5.10
CALCIUM o-cresolphthaleine complexone	9.5	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	4.7	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	6.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.2	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	202.0	mg / dL	0.0 - 200.0

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

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Uttarakhand: Kashipur, Sitargarj Jammu & Kashmir: Srinagar
CIN: U85190DL2011PTC391657

Contd...4

Date 14/09/2024 12:03:11 PM
 Name Mr. KUMAR SHIV PRASAN
 Ref. By Dr. SAURABH MAYANK

Srl No. 1031
 Age 45 Yrs.
 Sex M

UHID No. OPD-82232
 Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
LIVER FUNCTION TEST (LFT)			
Roche cobas c 311			
BILIRUBIN TOTAL DPD	1.81	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendressik-Grof	0.79	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	1.02	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	6.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.2	gm / dL	3.5 - 5.5
GLOBULIN	1.9	gm / dL	2.5 - 4.0
A/G RATIO	2.211	%	0.8 - 2.0
SGOT IFCC	21.3	IU / L	5.0 - 45.0
SGPT IFCC	19.7	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	71.0	U / L	60.0 - 170.0
GAMMA GT IFCC	29.4	IU / L	8.0 - 71.0

**** End Of Report ****

LAB TECHNICIAN




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 MBBS DNB PATHOLOGY

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Date **14/09/2024 12:03:11 PM**
Name **Mr. KUMAR SHIV PRASAN**
Ref. By **Dr. SAURABH MAYANK**

Srl No. **1031**
Age **45 Yrs.**
Sex **M**

UHID No. **OPD-82232**
Printed on **14/09/2024 02:44 PM**

Test Name	Value	Unit	Normal Value
LIPID PROFILE			
Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	156.6	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	202.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	52.9	mg / dL	40.0 - 79.4
VLDL	31.32	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	117.78	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	3.819		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.226		0.00 - 3.55

**** End Of Report ****

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DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

Date **14/09/2024 12:03:11 PM**

 Name **Mr. KUMAR SHIV PRASAN**

 Ref. By **Dr. SAURABH MAYANK**

 Srl No. **1031**

 Age **45 Yrs.**

 Sex **M**

 UHID No. **OPD-82232**

 Printed on **14/09/2024 02:44 PM**

Test Name	Value	Unit	Normal Value
THYROID PROFILE			
MINI VIDAS : BIOMERIEUX			
T3	2.05	ng / mL	0.60 - 1.81
ELFA Method			
T4	6.91	ug / dL	4.5 - 10.9
ELFA Method			
TSH	13.97	uIU / mL	0.35 - 5.50
ELFA Method			

NOTE:- KINDLY CORRELATE CLINICALLY.

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH - 5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS - 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS	0.35 - 5.50	uIU / mL
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Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3, T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

LAB TECHNICIAN



Contd...7



Date 14/09/2024 12:03:11 PM
Name Mr. KUMAR SHIV PRASAN
Ref. By Dr. SAURABH MAYANK

Srl No. 1031
Age 45 Yrs.
Sex M

UHID No. OPD-82232
Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.			
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.			
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

LAB TECHNICIAN

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UK-9464



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Date 14/09/2024 12:03:11 PM
Name Mr. KUMAR SHIV PRASAN
Ref. By Dr. SAURABH MAYANK

Srl No. 1031
Age 45 Yrs.
Sex M

UHID No. OPD-82232
Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR FASTING
HEXOKINASE

106.9	mg / dL	60.0 - 110.0
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**** End Of Report ****

LAB TECHNICIAN

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MBBS DNB PATHOLOGY



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Date 14/09/2024 12:03:11 PM
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Ref. By Dr. SAURABH MAYANK

Srl No. 1031
Age 45 Yrs.
Sex M

UHID No. OPD-82232
Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
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SEROLOGY

TOTAL PSA	0.42	ng / mL	
ELFA			

INTERPRETATION :
Expected Values :

Age (years)	PSA concentrations (ng / mL)	
	Low Limit	High Limit
< 40	0.21	1.72
40 - 49	0.27	2.19
50 - 59	0.27	3.42
60 - 69	0.22	6.16
> 69	0.21	6.77

PSA is reliable tumour marker for already diagnosed prostatic carcinomas. It is uniquely associated only with prostatic tissue, and therefore is specific for it. Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute value.

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary tract. Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

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Uttarakhand: Kashipur, Sitarganj Jammu & Kashmir: Srinagar
CIN: U85190DL2011PTC391657



Date 14/09/2024 12:03:11 PM
Name Mr. KUMAR SHIV PRASAN
Ref. By Dr. SAURABH MAYANK

Srl No. 1031
Age 45 Yrs.
Sex M

UHID No. OPD-82232
Printed on 14/09/2024 02:44 PM

Test Name	Value	Unit	Normal Value
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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	6.5		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2	/ HPF	
RBCs	NIL	/ HPF	NIL
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	0 - 1	/ HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

UK-9464



CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MR. KUMAR SHIV PRASAN AGE/SEX:45/M DATE:14/09/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS		NORMAL			NORMAL
AO (ed)	3.1cm	(2.1 - 3.7cm)	IVSs	0.7cm	(0.6 - 1.2 cm)
LA (es)	3.0cm	(2.1 - 3.7 cm)	LVIDs	1.0cm	(0.6 - 1.2 cm)
IVSd	1.1cm	(1.5 - 3.0 cm)	LVPWs	1.8 CM	(0.6 - 1.2 cm)
LVIDd	4.0cm	(3.6 - 5.2 cm)	EF	60%	(60% - 85%)
LVPWd	2.8cm	(2.3 - 3.9 cm)	FS	18%	(30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal		Interatrial septum	: Intact
AML : Normal		Interventricular Septum	: Intact
PML : Normal		Pulmonary Artery	: Normal
Aortic Valve	: Normal	Aorta	: Normal
Tricuspid Valve	: Normal	Right Atrium	: Normal
Pulmonary Valve	: Normal	Left Atrium	: Normal
Right Ventricle	: Normal		
Left Ventricle	: Normal		

----P.T.O

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with Reduce contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.

COLOR FLOW MAPPING :

NO MR.NO TR.

IMPRESSION :

1. LV Normal in size with normal LV systolic function. (LVEF = 60%).
2. No LV regional wall motion abnormality in basal state.
3. Normal color flow.
4. Normal Cardiac Chamber Dimension.
5. RV normal in size with adequate systolic function.
6. Normal mitral inflow pattern.
7. No I/C Clot/Veg/PE.



DR. YOGESH NAGENDRA
MBBS, MD, DM (CARDIOLOGY)

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.



DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MR. KUMAR SHIV PRASAN

AGE/SEX-46Y/M

UHID NO- 82232

DATE: 14/SEP/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.9 cms and shows increased echotexture.

PORTAL VEIN: is not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~9.9 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

PTO



URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

PROSTATE: is normal in size with normal echotexture and volume approx 12.0 cc.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

A 1.9 cms sized midline defect is seen in the anterior abdominal wall at the level of umbilicus with herniation of omentum through this defect.

IMPRESSION: *USG appearances are suggestive of -*

- **Grade II fatty liver.**
- **Umbilical hernia as described above.**

(Adv- Clinico-pathological correlation)

DR. (MAJ) RAVINDER SINGH
MBBS, MD.
CONSULTANT RADIOLOGIST

Number of images-06

This is a professional report based on imaging only and should always be related clinically and with other relevant investigations. This report not for medico-legal purpose. In case of any discrepancy due to machine error or typing error get it rectified immediately.



EM -

138 - 5161305 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg
 Date : 14/09 / 2024 02:21:07 PM Refd By : DR YOGESH NAGENDRA Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Sup	00:07	0:07	00.0	00.0	01.0	083	48 %	-/-	000	00	
Sta	00:11	0:04	00.0	00.0	01.0	083	48 %	-/-	000	00	
Exc	00:14	0:03	01.7	10.0	01.1	081	47 %	-/-	000	00	
BR	03:14	3:00	01.7	10.0	04.7	144	83 %	130/80	187	00	
Pe	04:01	0:47	02.5	12.0	05.3	154	89 %	130/80	200	00	
Re	04:31	0:30	00.0	00.0	01.8	146	84 %	130/80	189	00	
Re	05:01	1:00	00.0	00.0	01.0	105	60 %	130/80	136	00	
Re	06:01	2:00	00.0	00.0	01.0	082	47 %	120/80	098	00	
Re	06:09	2:08	00.0	00.0	01.0	083	48 %	120/80	099	00	

FINDINGS :

Exercise Time : 03:47
 Initial HR (ExStrt) : 81 bpm 47% of Target 174
 Initial BP (ExStrt) : 0/0 (mm/Hg)
 Max WorkLoad Attained : 5.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.5 mm in Stage 1
 Duke Treadmill Score : 03.6
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 154 bpm 89% of Target 174
 Max BP Attained 130/80 (mm/Hg)

VO2Max : 18.6 ml/Kg/min (Very Poor)

REPORT :

CONCLUSIONS:

1. Stress test is negative for ischemia
2. Blood pressure response to exercise is normal.

Doctor : DR YOGESH NAGENDRA

13851671005 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 83

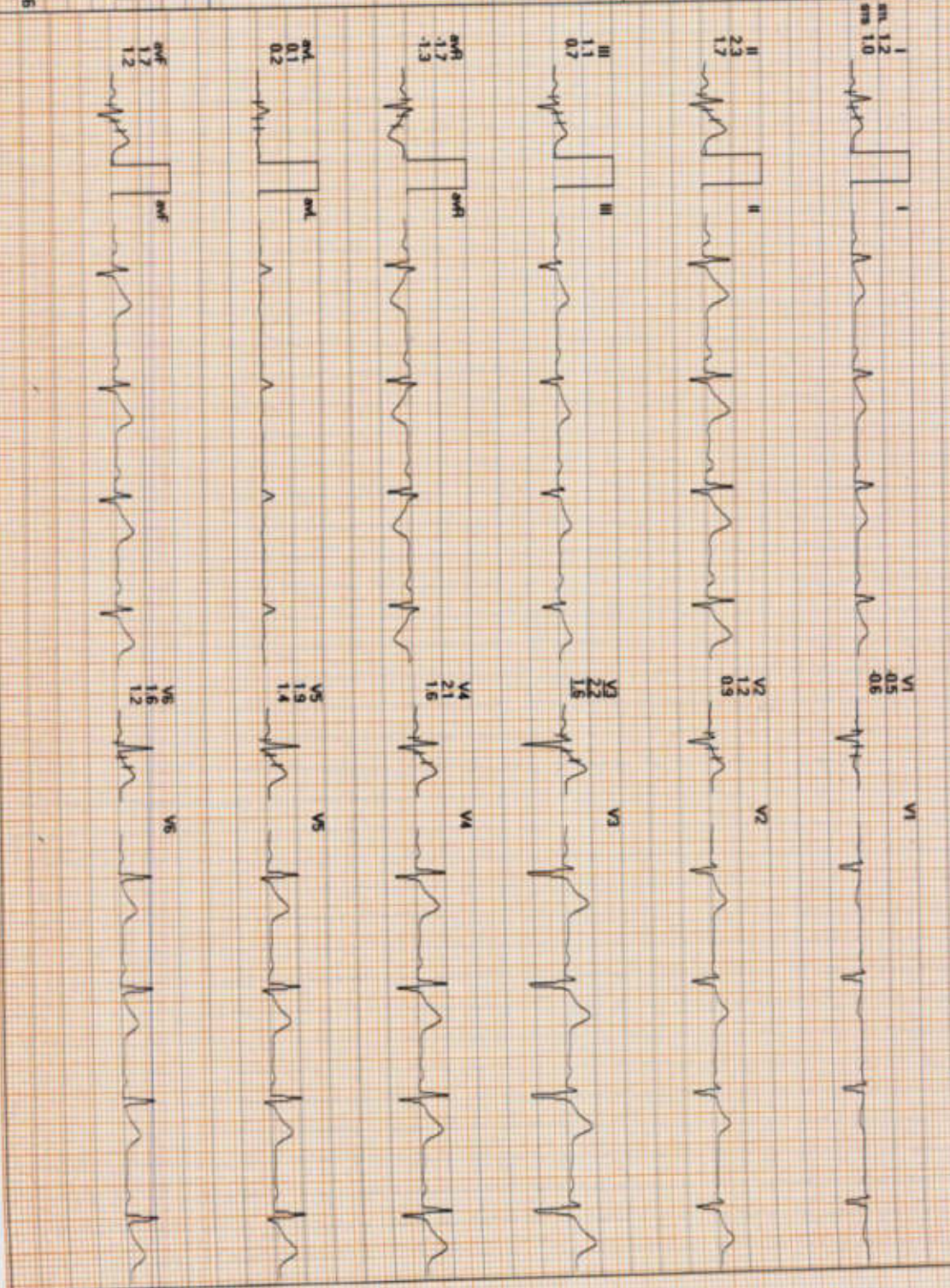
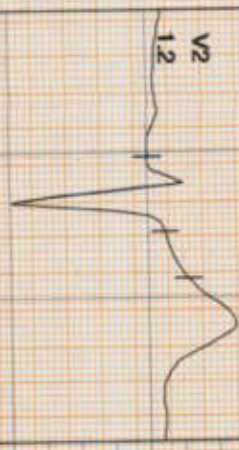
BRUCE:Supine(0:07)



Date: 14 / 01 / 2024 02:21:07 PM METS: 1.0/ 83 bpm 48% of THR BP: - / - mmHg Combined Medication/ BLC ON/ Noctis ON/ HF 0.05 T4/F 35 Hz

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

4X 90 ms Post J



REMARKS:

CAJ/CARDIOPRINT

ADX_GEM217220330/RVAllenagers

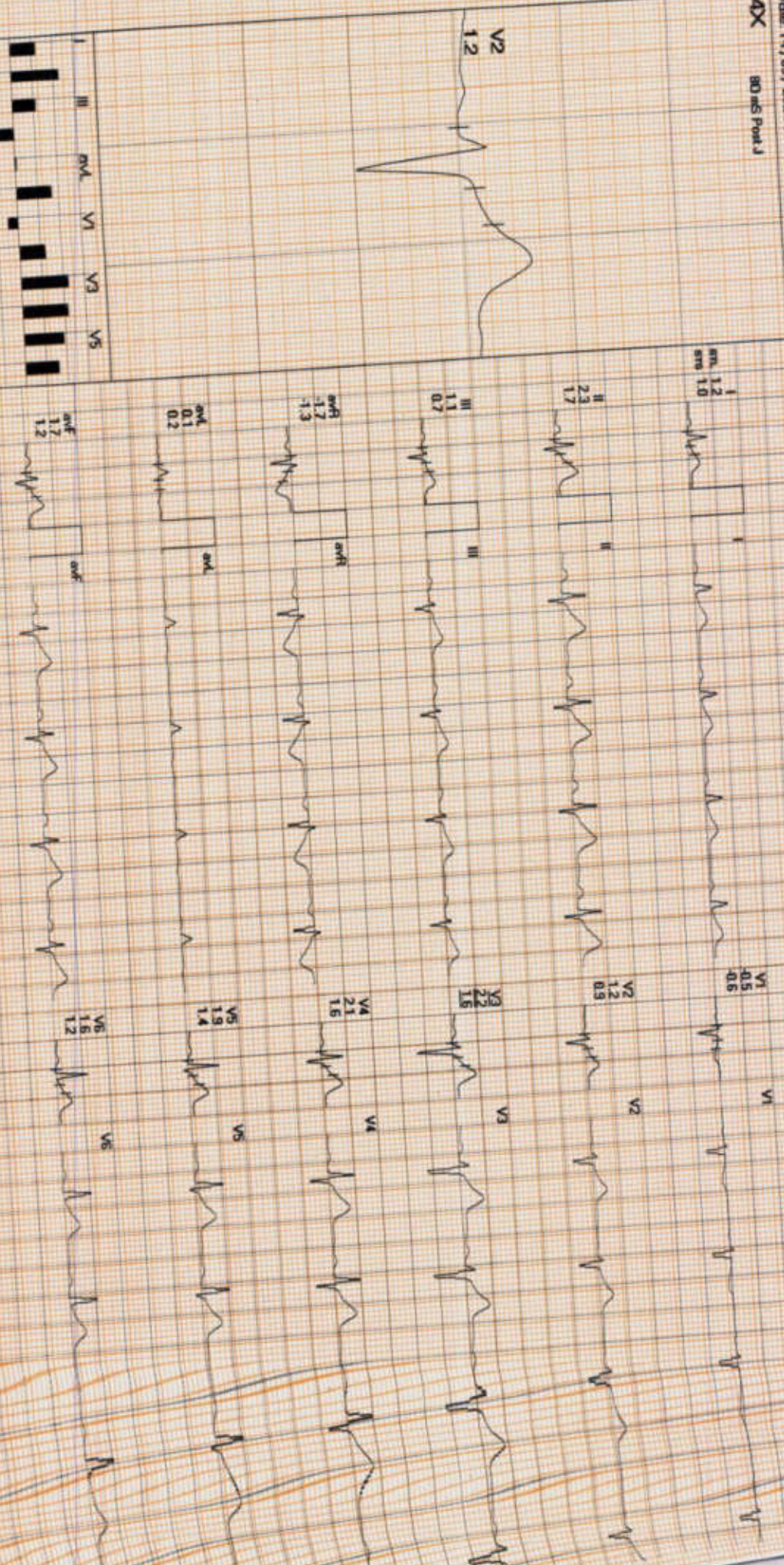
1385161805 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 83

Date: 14/09/2024 02:21:07 PM

METS: 1.0/83 bpm 48% of THR BP: - / - mmHg Combined Meds: / BLC: On/ Notch On/ HF: 0.05 H/LF: 35 HR

EXTime: 00:00 0.0 rrrph 0.0%
25 mm/5sec 1.0 Cm/mV

ADX 90 AS Post J



REMARKS:

(ADX_GEM217Z 20330) GEM217Z

BRUCE: Standing(0:06)

ACIP

1395161805 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 10 Kg / HR : 81

Date: 14 / 09 / 2024 02:21:07 PM

METS: 1.1 / 81 bpm 47% of THPR BP: / / mmHg Combined Medians/ BLOC ON/ Nuch ON/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 1.7 migh. 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



ExStart



(ADX_GEM217220330)(EVAL)engens

1385161805 / MR KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 144

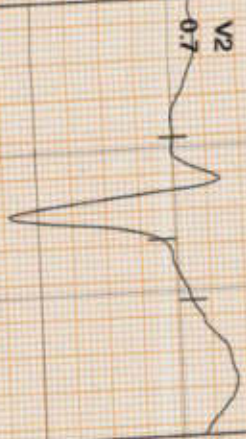
BRUCE: Stage 1(3:00)



Date: 14/09/2024 02:21:07 PM METS: 4.7/144 bpm 83% of THR BP: 130/80 mmHg Combined Medication/BLC On/Noch On/HR: 8.05 H/L/F: 35 Hz

EXTime: 03:00 1.7 mph 10.0%
25 mm/Sec 1.0 Cal/lead

QX 60 ms Post J



II 0.8
III 0.8
aVF 1.4



V1 0.5
V2 1.0



II 1.8
III 0.9
aVF 2.5



V2 0.7
V3 1.2



III 0.9
aVF 1.2



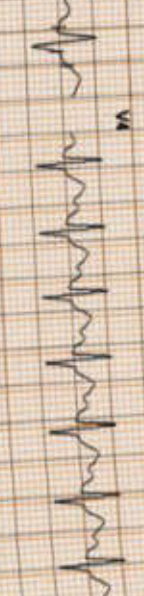
V3 1.5
V4 2.5



aVR 1.3
aVL 0.0
aVF 2.0



V4 1.6
V5 2.9



aVL 0.0
aVF 0.3



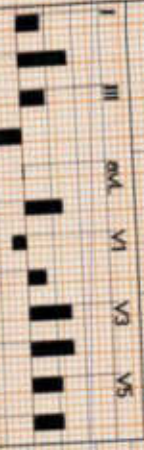
V5 1.1
V6 1.8



aVF 1.4
aVL 1.8



V6 1.1
V6 1.5



REMARKS:

ADX_GEM217220330Y(P)Aalengens

1385161905 / MR KUMAR SHIV PRASANN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 154

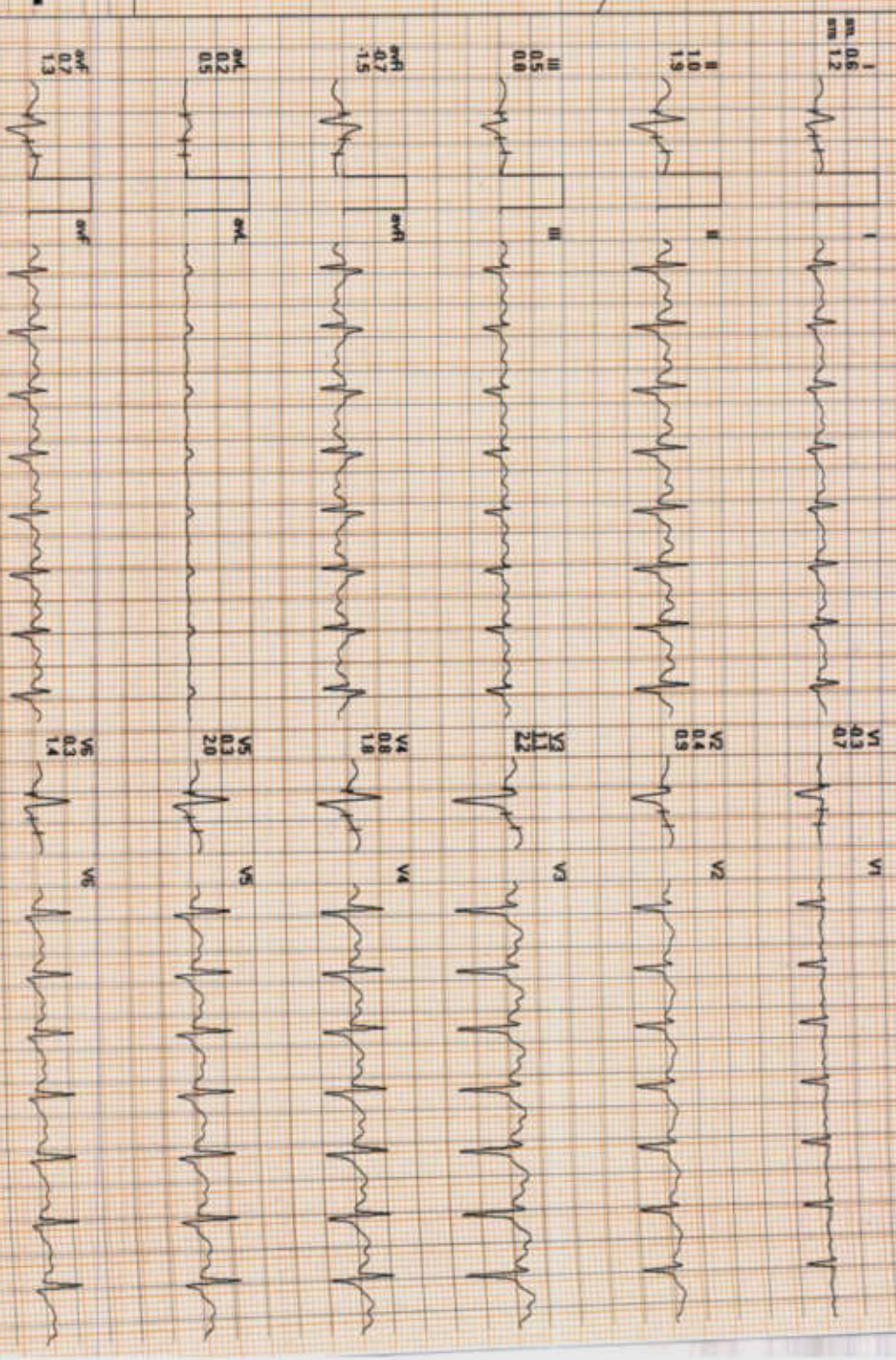
Date: 14 / 09 / 2024 02:21:07 PM METS: 5.3 / 154 bpm 89% of THR. BP: 130/80 mmHg Combined Medication/ BLC ON/ Natch ON/ HF: 0.05 Hz/ LF: 35 Hz

EXTIME: 03:47 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV

PeakEx



4X 60 and Post J



REMARKS:

1395161805 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 146

Date: 14/09/2024 02:21:07 PM

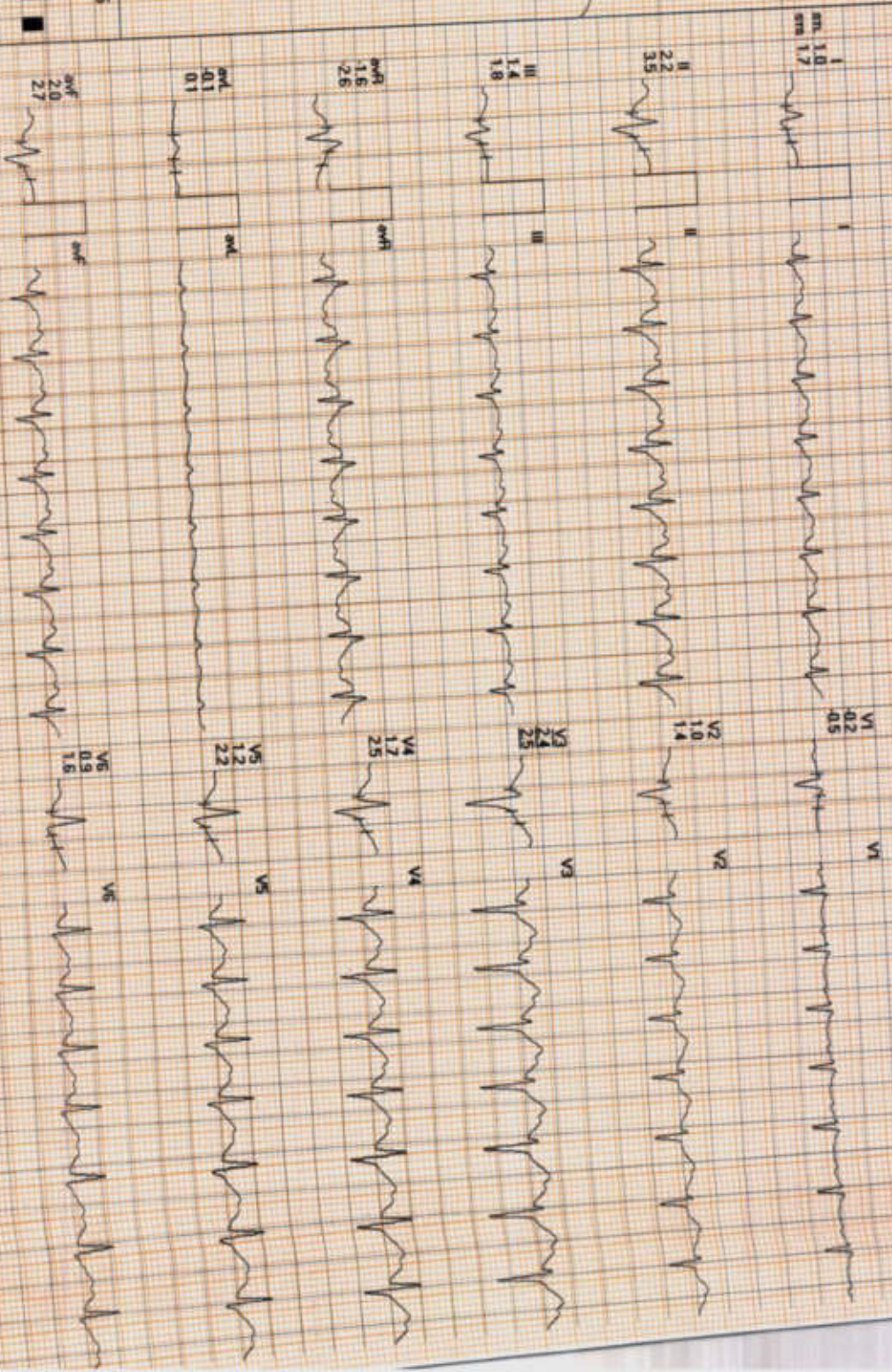
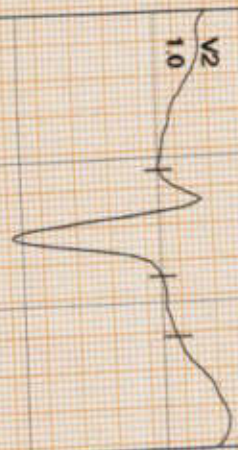
METS: 1.0/1.46 bpm 84% of THR BP: 130/80 mmHg Combined Meds/BLG ON/Notch ON/HR 0.05 HzAF 35 Hz

EXTIME: 03:47 0.0 mph 0.0%
25 mm/sec 1.0 Ch/lead

Recovery(0:30)



4X 60 sec Post 1



REMARKS:

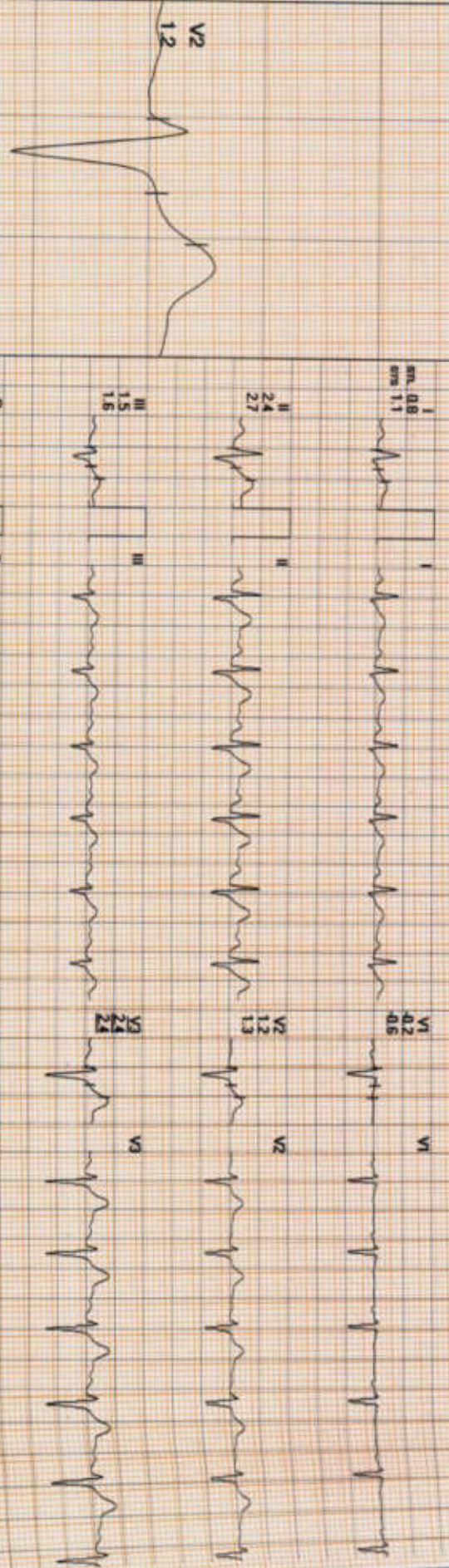
ADX_GEM2172203300(PY)Allengars

1385161805 / NIK KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 105

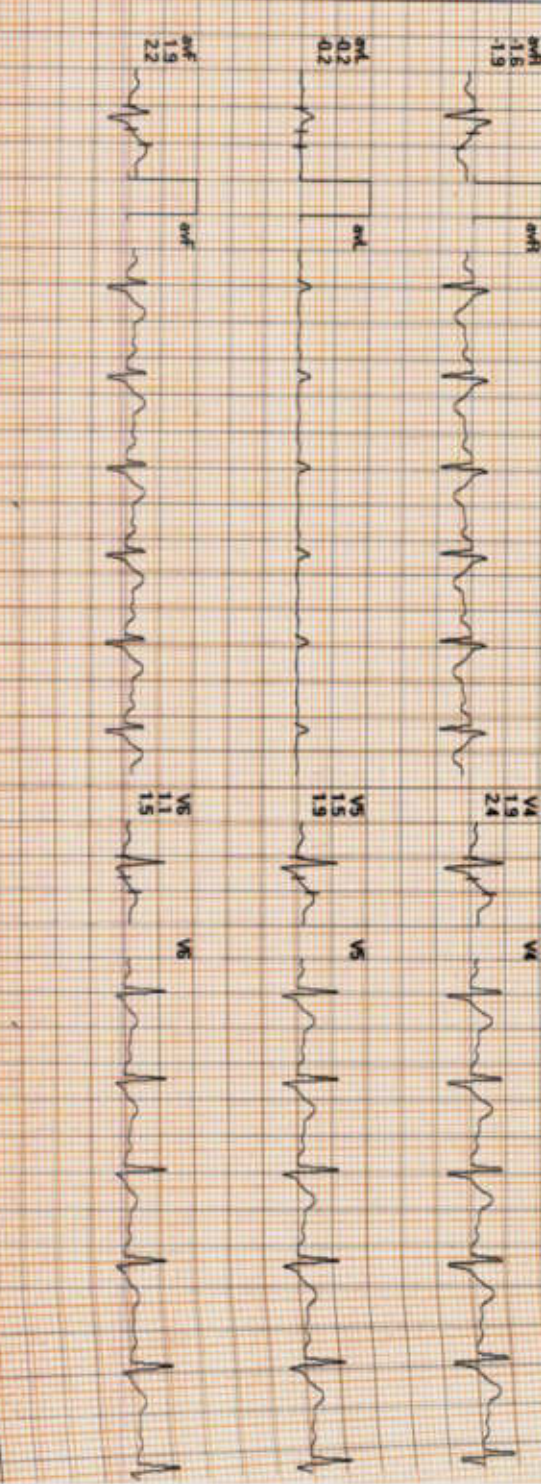
Date: 14 / 09 / 2024 02:21:07 PM METS: 1.0/ 105 bpm 60% of THR BP: 130/80 mmHg Combined Meds/ ECG On/Noch On/HR 9.05 Hz/AF 35 Hz

4X 80 ms Post J

Recovery(1:00)
EXTIME: 03:47 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



Lead	PR (ms)	QRS (ms)	QT (ms)
I	160	115	355
II	160	115	355
III	160	115	355
aVR	160	115	355
aVL	160	115	355
aVF	160	115	355
V1	160	115	355
V2	160	115	355
V3	160	115	355
V4	160	115	355
V5	160	115	355
V6	160	115	355



REMARKS:

(ADX_GEM217220330)(P)Alliengens

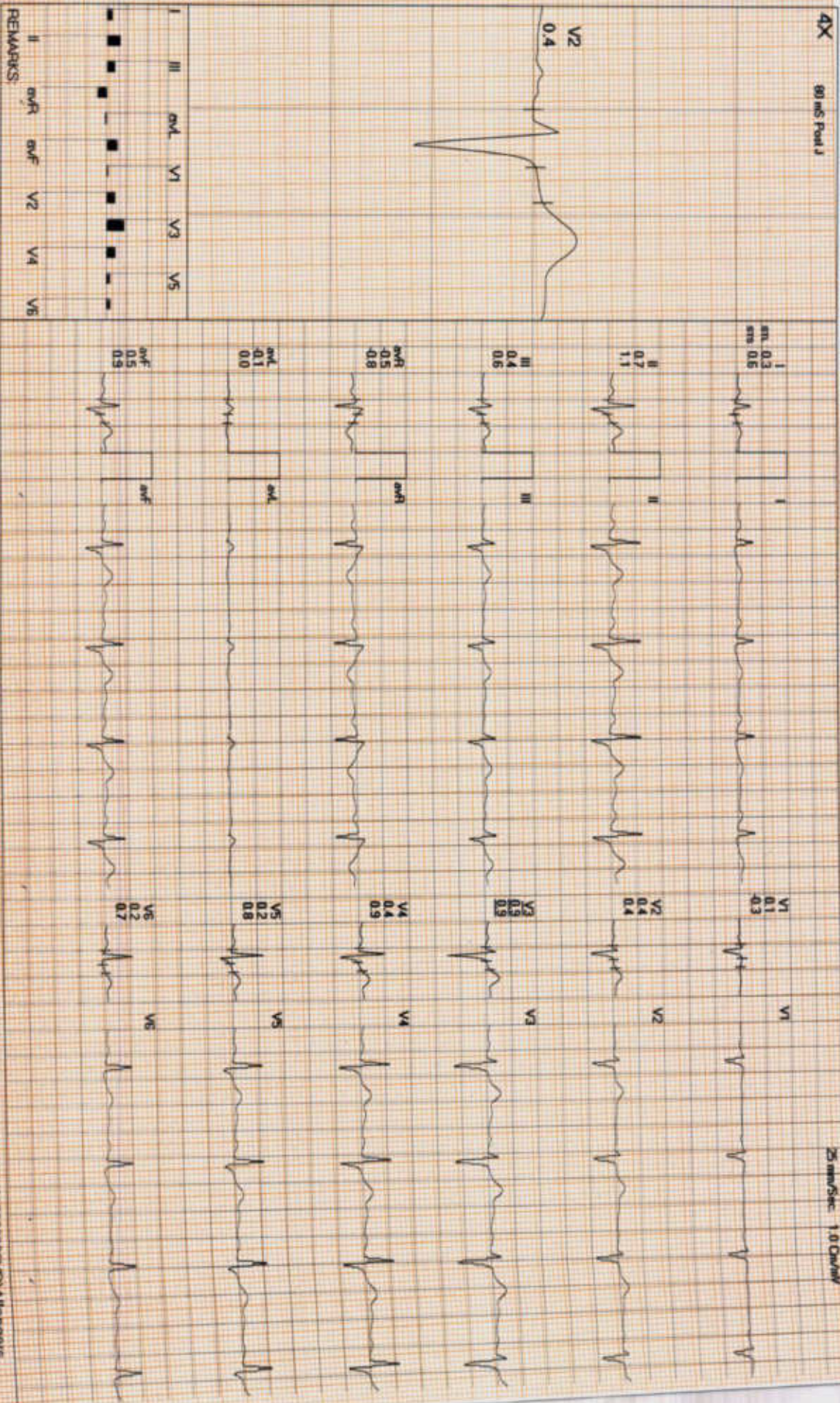
1385161805 / MR. KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 82

Date: 14 / 09 / 2024 02:21:07 PM

METS: 1.0/ 82 bpm 47% of THR BP: 120/80 mmHg Combined Meds: BLC ON/ Natch ON/ HF 0.05 Hz/LF 35 Hz

Ex-Time: 03:47 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV

Recovery(2:00)



1385161805 / MR KUMAR SHIV PRASAN / 46 Yrs / M / 0 Cms / 0 Kg / HR : 83

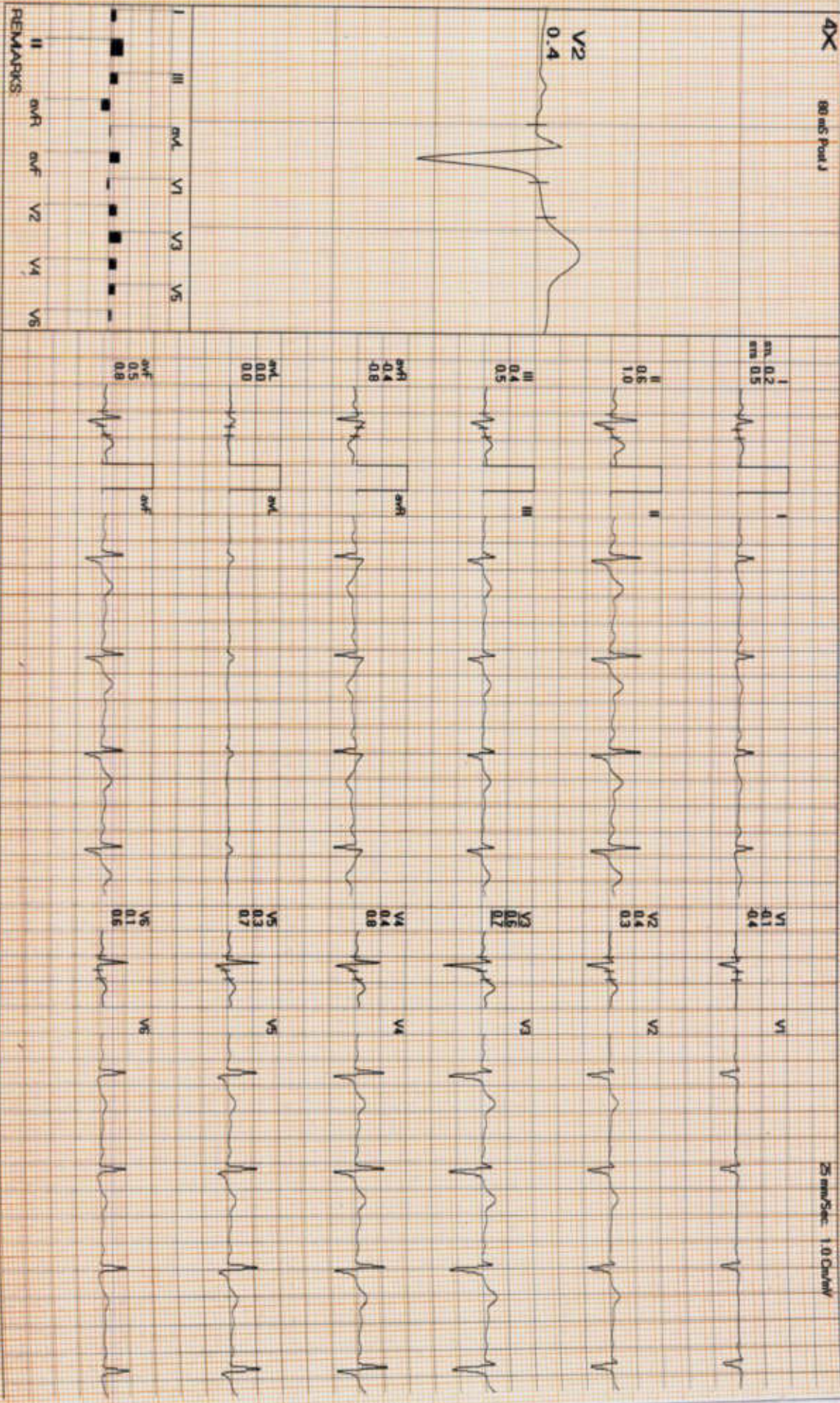
Date: 14/09/2024 02:21:07 PM METS: 1.0/ 83 bpm 48% of THR BP: 120/80 mmHg Combined Meds/BLG ON/Naich ON/HF 0.05 HU/LF 35 Hz

Recovery(2:08)



AX 90 at Post J

EXTime: 03:47 0.0 mph, 0.0%
25 mm/Sec 1.0 Div/ly



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

01-2011 07:17:27
567

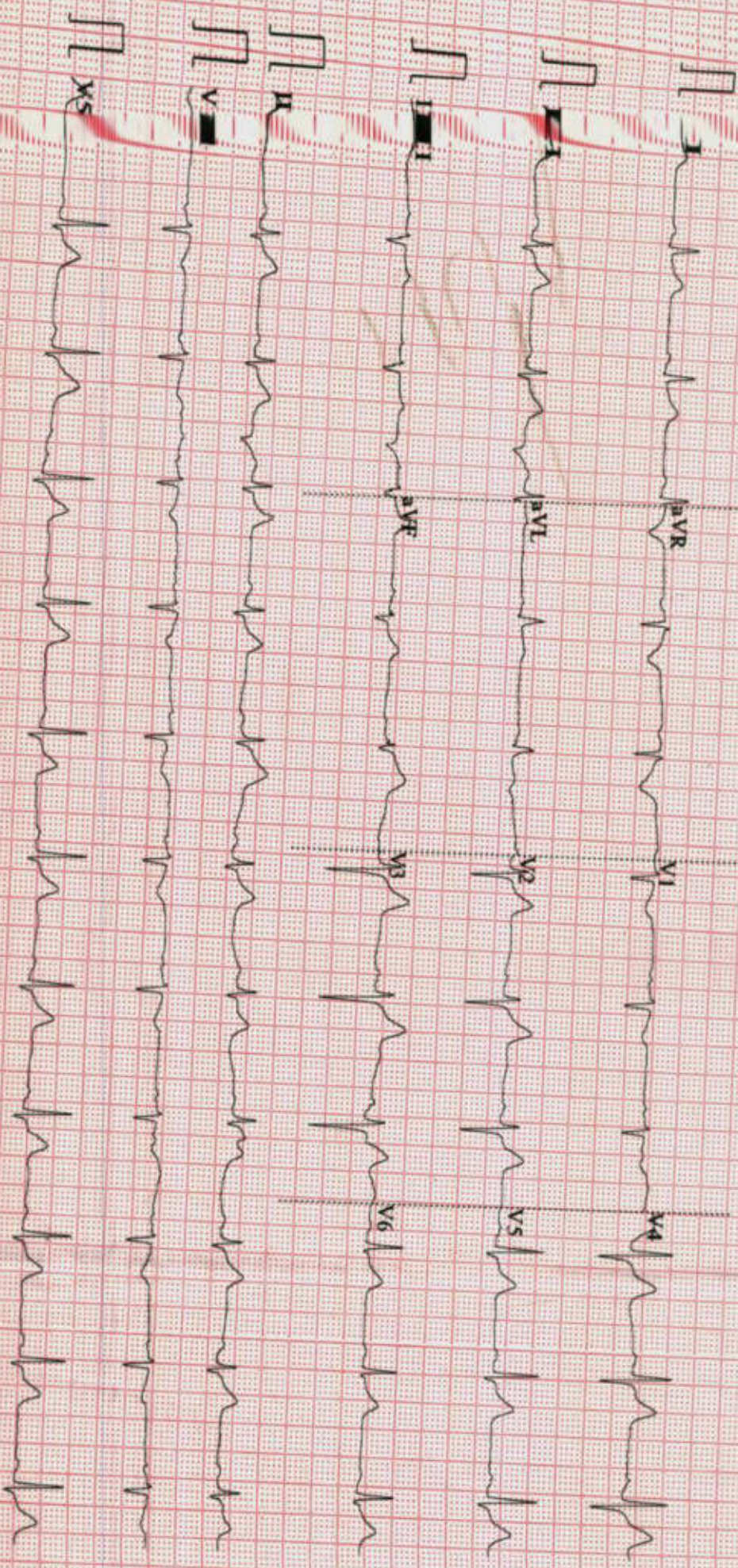
Ma 6c Years

HR	: 67 bpm
P	: 107 ms
PR	: 159 ms
QRS	: 89 ms
QT/QTc	: 365/387 ms
PQRST	: 30/-10/42 °
RV5/SV1	: 0.889/0.455 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

14/09/24
Kumar Shiv

Report Confirmed by:



0.7-25Hz AC50 25mm/s 10mm/mV 4*2.5s+3r 67

V2.02 SEMIP V1.7 UJALACTYGNUSCENTRAL HOSPIT