



Dr. N. G. Moti Narayanan

DOI 21 09 2004

DL No TN04 20040011420
ANIL GUPTA
OAI PRAKASH GUPTA

FLAT NO 8-1502, TOWER-S, METRO ZONE
NO 44, PILLAIYAR KOIL STREET THIRUMANGALAI
ANNANAGAR WEST CHENNAI 600049

18 08 1987



Handwritten signature

End. No. TN02 DLR/0003787/2017 11/04/2017 11:57:13 AM
Access to drive throughout India subjects of the following descriptions
M2 1777 WL 10092002 TN04 DOI 21 09 2004 TN04

11-04-2022



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Signature of
Anil Gupta

Handwritten signature
Anil Gupta
Last Executed with the
M2 1777 WL 10092002 TN04 DOI 21 09 2004 TN04

Dr. N.G. MOTI NARAYANAN,
M.B.B.S., F.A.G.E.,
MEDICAL OFFICER Regd. No. 51314
M.M. DIAGNOSTICS CENTRE
K. KUMARASAMY NAGAR
VILVAKKAM, CHENNAI - 600 049

MEDICAL EXAMINATION REPORT (MER)

Application No: 0507417697 Examinee Name: Mr./Mrs./Ms. ANIL GUPTA

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 5/7/17 Place: - Clinic Residence/Office Time: 7:00 pm
 Mark Of Identification: Mole/Scar /Any Other (Specify location) A mole on the chin
 Date of Birth: 05 DD 03 MM 1967 YYYY Gender: Male Female Examinees Contact no: 9841048014
 Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co. ID card / Any other Details of photo ID checked: TNOI 2004 0011420

Measurements:
 Height: 178 cms Weight: 71 kgs Waist: 97 cms Hip: 98 cms
 Blood Pressure: Initial 120 Systolic / 70 Diastolic
 (If >140/90, pls record 3 reading with intervals of 5 mins each)
 1. _____ 2. _____ 3. _____
 Pulse rate and character: 72 Regular

Habits & Addictions: NO

TYPE	QUANTITY PER (DAY/WEEK/MTH)	DURATION
Cigarettes/Beedis/Cigar	_____	_____
Gutkha/Snuff/Paan etc	_____	_____
Beer/Wine/Hard Liquor	_____	_____

Family History & Health Status:


RELATION	AGE IF LIVING	HEALTH STATUS	IF DECEASED, AGE AND CAUSE OF DEATH
FATHER	<u>82</u>	<u>Good</u>	_____
MOTHER	<u>78</u>	<u>health</u>	_____
BROTHER (s) <u>2</u>	<u>45, 52</u>	<u>Good</u>	_____
SISTER (s)	<u>57, 46</u>	<u>health</u>	_____

If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis & date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
1) Are you the examinees medical attendant? If yes, since _____ year(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2) a) Is there any abnormality or deformity or disorder in general appearance? b) Describe Build - <u>Normal</u> / thin / muscular / obese / stocky c) Has there been any significant weight gain or weight loss recently?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3) Whether in the past, the examinee: a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls) b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests /Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings) c) Underwent surgery, if yes, please specify: i) The year and nature of operation & diagnosis ii) Location of the scar, size & condition of the scar. iii) Degree of impairment, if any	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4) Has the examinee or his / her spouse been tested positive or is under treatment for HIV / AIDS / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned above
5) Mouth, Eyes, Ears, Nose and Throat: a) Is there any evidence of oral cancer or leukoplakia? b) Any history of ear discharge / perforation / nose bleed or any other ear / nose / throat abnormality c) Any history of error of refraction or evidence of eye / retinal abnormality or Cataract	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
6) a) Is there any history of seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches? b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7) CVS: a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease? b) Any evidence of gallop, carotid bruit, raised JVP, pedal edema, gross pallor? c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10) a) Is examinee suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11) GI System - Is there. a) Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines? b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12) GU System: Has the examinee suffered or is suffering from diseases like stones, infections etc. of kidney, ureter, urinary bladder or urethra?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13) Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned on earlier page
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelasma? b) Any operative / non operative significant scars - burns, injuries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? b) Has examinee suffered from significant enlargement of lymph glands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19) Is the examinee currently under any form of medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20) FOR FEMALE EXAMINEE ONLY: a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ d) Do you suspect any disease related to breast on history? (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) f) Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis? If yes, please give details of date, reason and result.	<input type="checkbox"/>	<input type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

EXAMINEES DECLARATION: - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.

	Signature of person accompanying minor life & Relation	City
---	--	------

EXAMINERS DECLARATION: - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

Dr. N.G. MOTHINARAYANAN, M.B.B.S., F.A.G.E., MEDICAL OFFICER Regd. No. 51314 M.M. DIAGNOSTICKS CENTRE 12/3, KUMARASAMY NAGAR VILLIVAKKAM, CHENNAI - 600 049	Dr. N.G. MOTHINARAYANAN, M.B.B.S., F.A.G.E., MEDICAL OFFICER Regd. No. 51314 M.M. DIAGNOSTICKS CENTRE 12/3, KUMARASAMY NAGAR VILLIVAKKAM, CHENNAI - 600 049
--	--

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:-

Was the examinee co-operative? (YES / NO) yes

In your opinion, is there anything about the examinees health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? no

Any other remarks e.g. - your clinical impression, suggestions, recommendations WJ

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● LAB ● X-RAY ● ECG ● SCAN



IRQS/1610440
An ISO 9001 - 2008
Certified Organization

SID No. : 084921

Patient ID :0068736

Name : MR. ANIL GUPTA



Age / Sex : 50 Years / Male

Reg Date : 05 Jul 17/21:27

Ref. By : ICICI PRUDENTIAL LIFE INSURANCE

Report Date : 06 Jul 17/13:14

Resource : HEALTH ASSURE

Page # 1/5

Test

Result

Reference Value / Method

ICICI - SET - 5 - HEALTH ASSURE

HAEMATOLOGY

HEAMOGLOBIN (HB)	16.2 gm/dl	Male : 13.5 - 18.0 gms/dl Female : 12.0 - 16.0 gms/dl (Automated)
TOTAL WBC COUNT	8900 cells/cumm	4000 - 11000 cells/cumm (Automated)
DIFFERENTIAL COUNT		
POLYMORPHS	64 %	50 - 70 % (Automated)
LYMPHOCYTES	34 %	20 - 60 % (Automated)
EOSINOPHIL	2 %	1 - 6 % (Automated)
E.S.R		
1/2 Hr	4 mm	M : 0 -15 mm F : 0 -20 mm (WESTERGREN)
1 Hr	9 mm	
R.B.C. COUNT	5.40 millions/cumm	Male - 4.5 - 6.2 millions /cumm Female - 4.2 - 5.4 millions /cumm (Automated)
P.C.V (HAEMATOCRIT)	48.6 %	Male : 40 - 52 % Female : 38 - 47 % (Automated)
MCH	30.0 pg	27-32 pg (Automated)

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IRQS/1610440
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Age / Sex : 50 Years / Male

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Page # 2/5

Test	Result	Reference Value / Method
MCHC	33.3 gm/dl	32- 36 gm/dl (Automated)
MCV	90.0 fL	Male - 80 - 94 fl Female - 81 - 99 fl (Automated)
PLATELET COUNT	265000 cells/cumm	150000 - 400000 cells/cumm (Automated)

BIOCHEMISTRY

BLOOD SUGAR - RANDOM

BLOOD SUGAR	81 mg/dl	80 - 160 mg/dl (GOD / POD - Automated)
URINE SUGAR	NIL	
CREATININE	0.8 mg/dl	0.6 - 1.2 mg/dl (Automated)
HBA1C	5.6 %	Non -Diabetic : Lessthan 6.0 % Good Control : 6.1 - 7.0 % Fair Control : 7.1 - 8.0 % Poor Control : > 8.1 %

LIPID PROFILE

TOTAL CHOLESTROL	196 mg/dl	Less than 200 mg/dl (Automated)
TRIGLYCERIDES	135 mg/dl	Less than 200 mg/dl (Automated)
HDL CHOLESTEROL	40 mg/dl	More than 35 mg/dl (Automated)
LDL CHOLESTEROL	129 mg/dl	Less than 100 mg/dl (Automated)

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Patient ID :0068736

Name : MR. ANIL GUPTA



Age / Sex : 50 Years / Male

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Page # 3/5

Test	Result	Reference Value / Method
VLDL CHOLESTROL	27 mg/dl	Less than 40 mg/dl (Calculation)
CHOLESTEROL / HDL RATIO	4.9	(Calculation)
LDL / HDL RATIO	3.2	(Calculation)

LIVER FUNCTION TESTS

BILIRUBIN - TOTAL	0.91 mg/dl	0.1 - 1.2 mg/dl (Automated)
BILIRUBIN - DIRECT	0.25 mg/dl	Less than 0.3 mg/dl (Automated)
BILIRUBIN - INDIRECT	0.66 mg/dl	(Automated)
SGOT	27 U/L	Male : upto 35 U/L Female : upto 31 U/L (Automated)
SGPT	30 U/L	Male : 45 U/L Female : 34 U/L (Automated)
ALKALINE PHOSPHATASE	67 U/L	Children : 42 - 390 U/L Adult : 30 - 120 U/L (Automated)
GAMA GT	30.0 U/L	Male : up to 49 U/L Female : up to 32 U/L (Automated)
TOTAL PROTEIN	7.4 gm/dl	6.6 - 8.3 gm/dl (Automated)
ALBUMIN	4.5 gm/dl	3.5 - 5.3 gm/dl (Automated)

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SID No. : 084921

Patient ID :0068736

Name : MR. ANIL GUPTA



Age / Sex : 50 Years / Male

Reg Date : 05 Jul 17/21:27

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Page # 4/5

Test	Result	Reference Value / Method
GLOBULIN	2.9 gm/dl	2.0 - 3.6 gms/dl (Calculation)
AG RATIO	1.6	(Calculation)

SEROLOGY

HBSAG BY (ELISA)	NEGATIVE
HIV I & II (ELISA)	NEGATIVE

CLINICAL PATHOLOGY

URINE COTININE	126 mg/ml	Upto - 200 mg/ml
----------------	-----------	------------------

ICICI - SET - 5 - HEALTH ASSURE

CLINICAL PATHOLOGY

URINE ANALYSIS

COLOUR	PALE YELLOW
APPEARANCE	CLEAR
REACTION	ACIDIC
PH	6.0
ALBUMIN	NIL
SUGAR - R	NIL
BILE SALTS	ABSENT
BILE PIGMENTS	NEGATIVE
UROBILINOGEN	NORMAL
NITRITE	NEGATIVE

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Page # 5/5

Test	Result	Reference Value / Method
PUS CELLS	1 - 2 /HPF	
EPITHELIAL CELLS	0 -1 /HPF	
RBC	NIL	
CRYSTALS	NIL	
CAST	NIL	
OTHERS	NIL	
SPECIFIC GRAVITY	1.021	


PREPARED BY
(User : SELVARANT)

End Of Report
Dr. N.G. MUTHUKRISHNAN,
M.B.B.S., F.A.G.E.,
MEDICAL OFFICER Regd. No. 51314
M.M. DIAGNOSTICKS CENTRE
12/3, KUMARASAMY NAGAR
VILLIVAKKAM, CHENNAI - 600 049


CHIEF - LAB SERVICES

12/3, Kumaraswamy Nagar, Villivakkam, Chennai - 600 049.

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MR ANIL KUMAR, GUPTA

ID: 000090354

6 Jul 2017

23:27:39

87bpm

BP: 130/90

PRETEST

WARM-UP

0:47

BRUCE

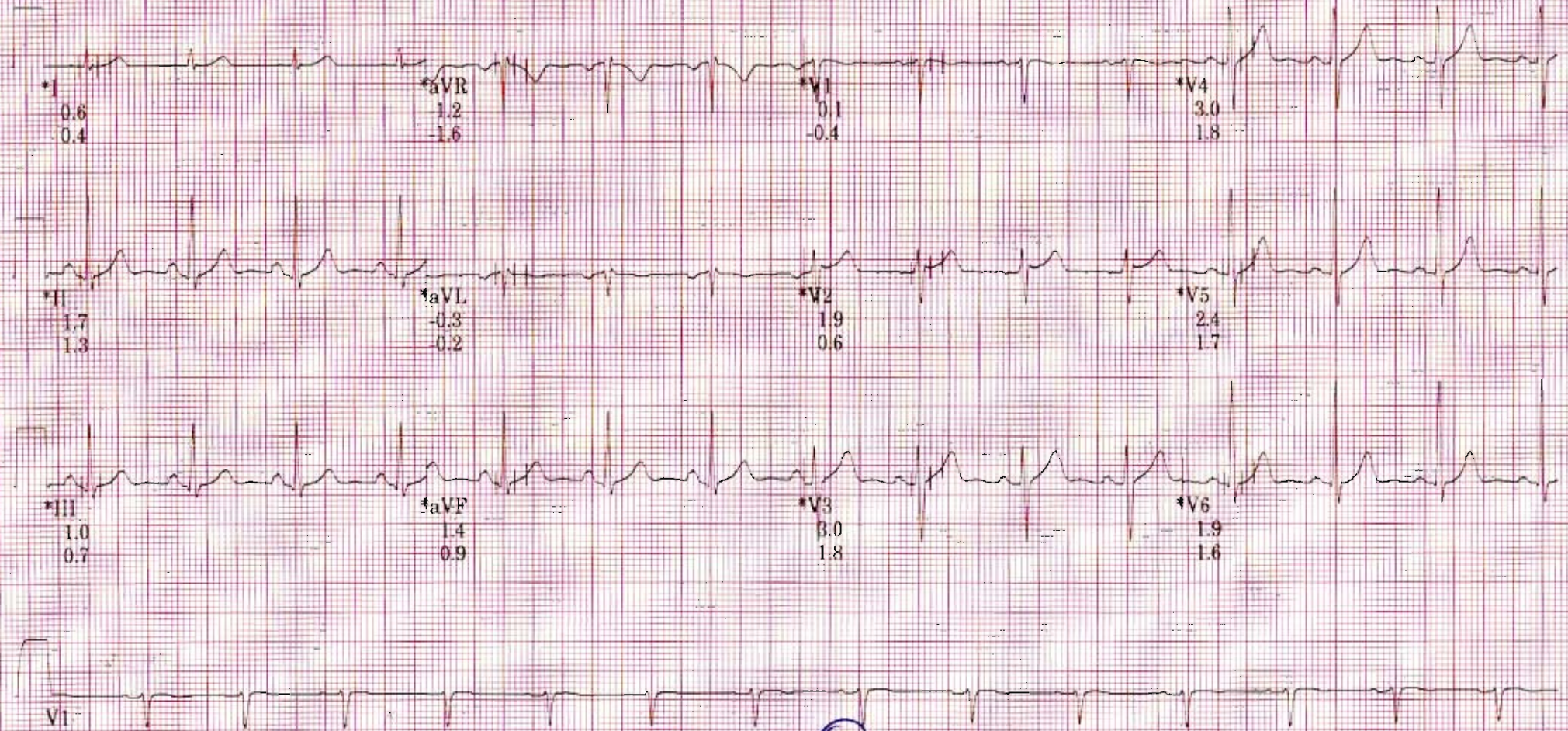
** *mph

** *%

ST @ 10mm/mV

80ms post/d

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

MR ANIL KUMAR GUPTA

ID: 000090354

6 Jul 2017

23:30:47

120bpm

BP: 130/90

EXERCISE

STAGE 1

2:50

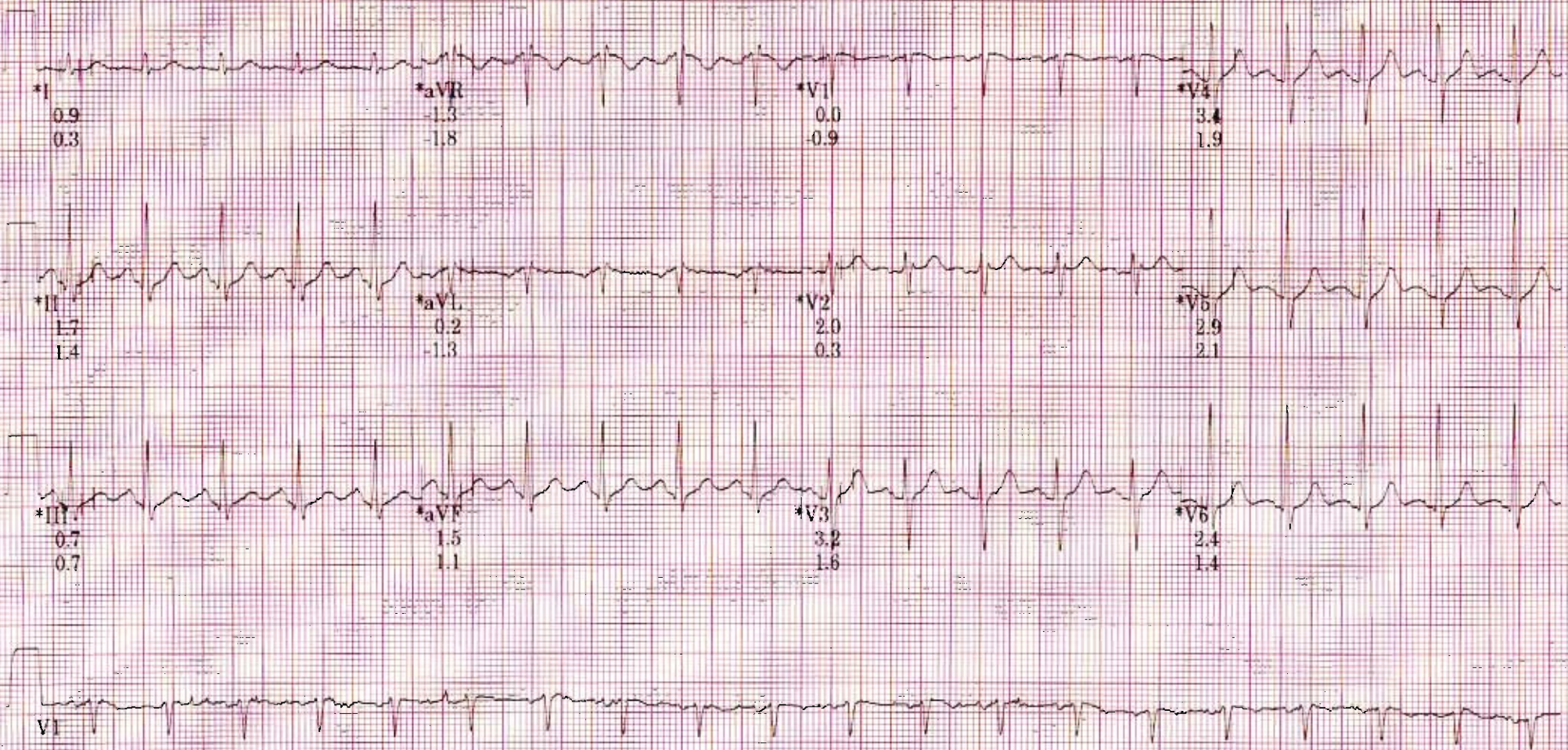
BRUCK

1.7mph

10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

②

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

2

MRANIL KUMAR, GUPTA

ID: 000090354

6-Jul-2017

23:33:47

139bpm

BP: 140/90

ST @ 10mm/mV
50ms postJ

EXERCISE

STAGE 2

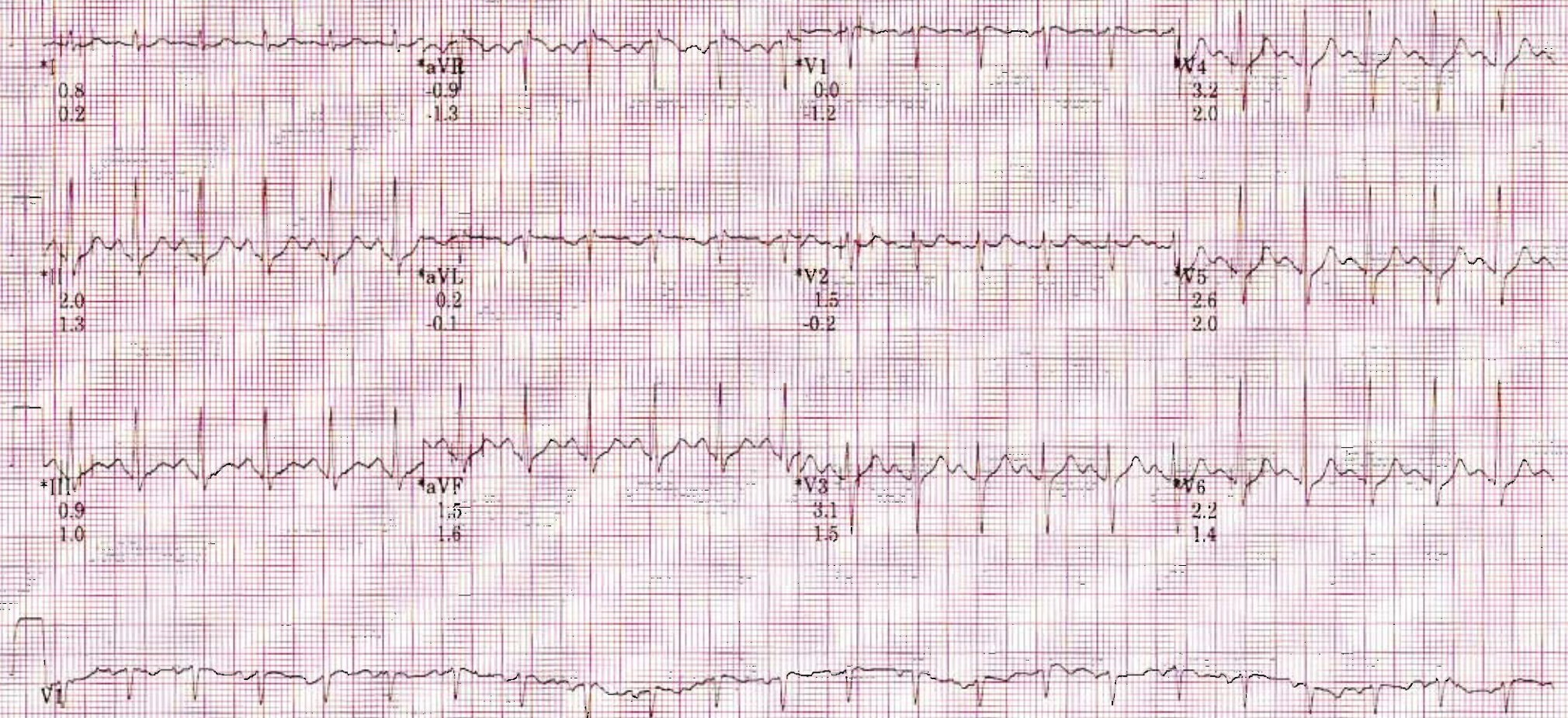
5:50

BRUCE

2.5mph

12.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

3

MRANIL KUMAR, GUPTA
ID: 000090354

6 Jul 2017
23:36:47

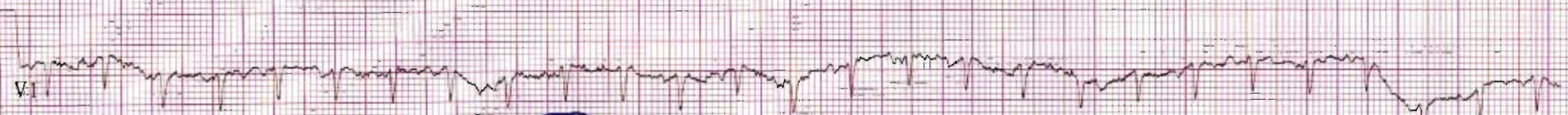
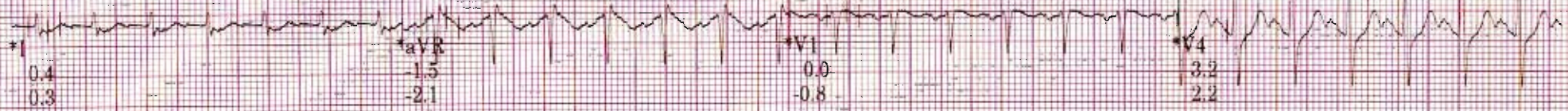
163bpm
BP: 150/90

EXERCISE
STAGE 3
8.50

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

MAC55 009C

0

MR ANIL KUMAR, GUPTA
ID: 000090354

6-JUL-2017
28:37:25

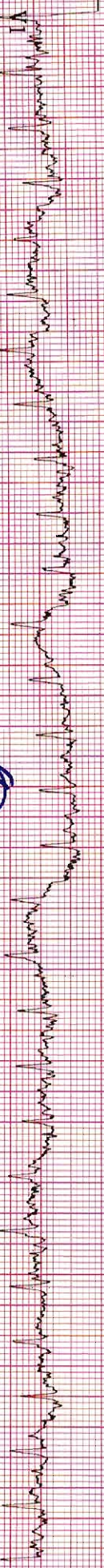
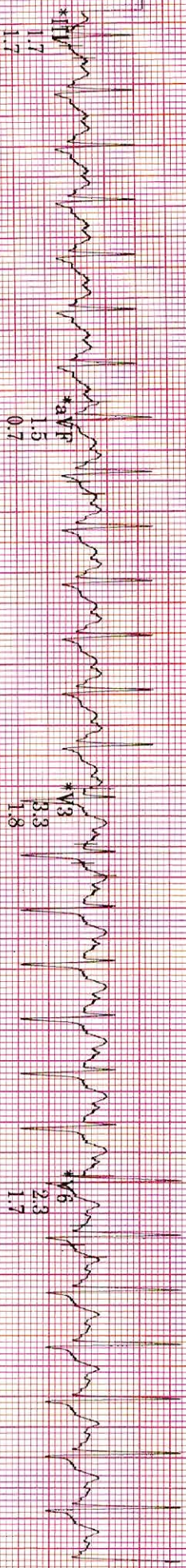
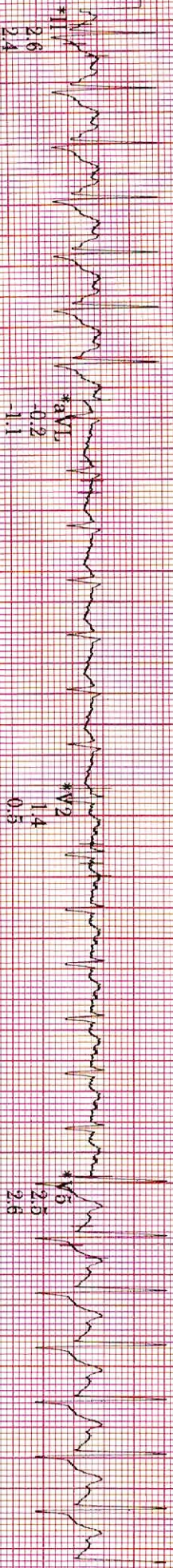
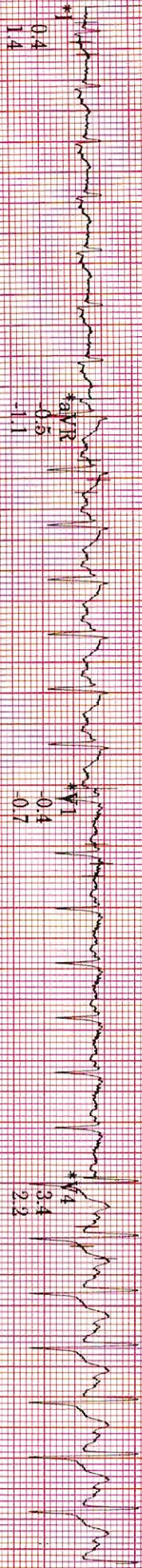
170bpm
BP: 150/90

EXERCISE
STAGE 4
9:28

BRUCE
4.2mph
16.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC55 009C

PRINTED IN U.S.A.

MR ANIL KUMAR GUPTA
ID: 000090354

6 Jul 2017
23:37:40

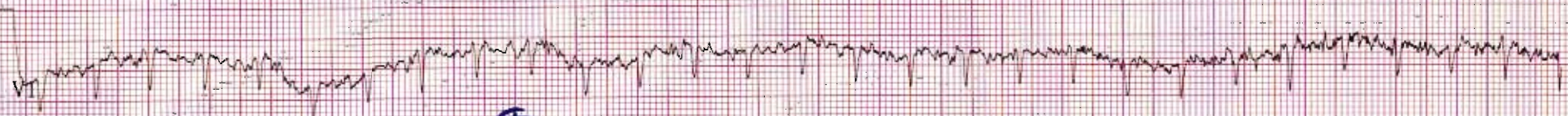
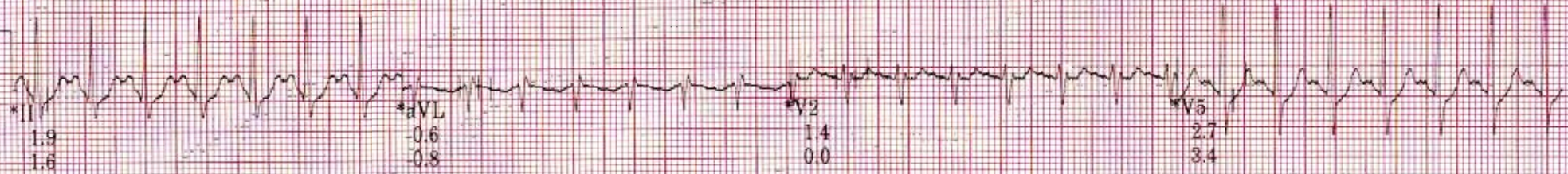
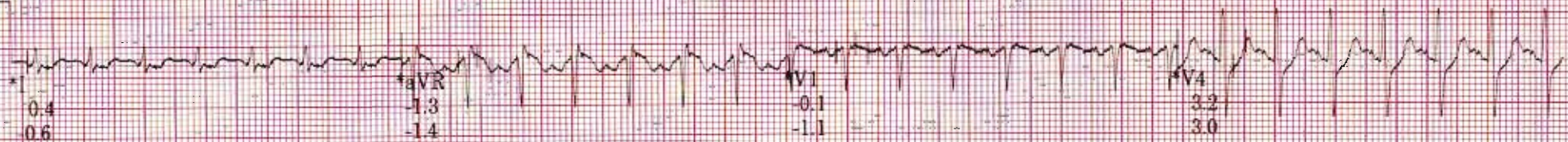
172bpm
BP: 150/90

EXERCISE
STAGE 4
9:42

BRUCE
4.2mph
16.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

Ⓟ

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

MAC55 0090

Ⓟ

MR ANIL KUMAR, GUPTA

ID: 000090354

6-Jul-2017

23:37:55

168bpm

BP: 150/90

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

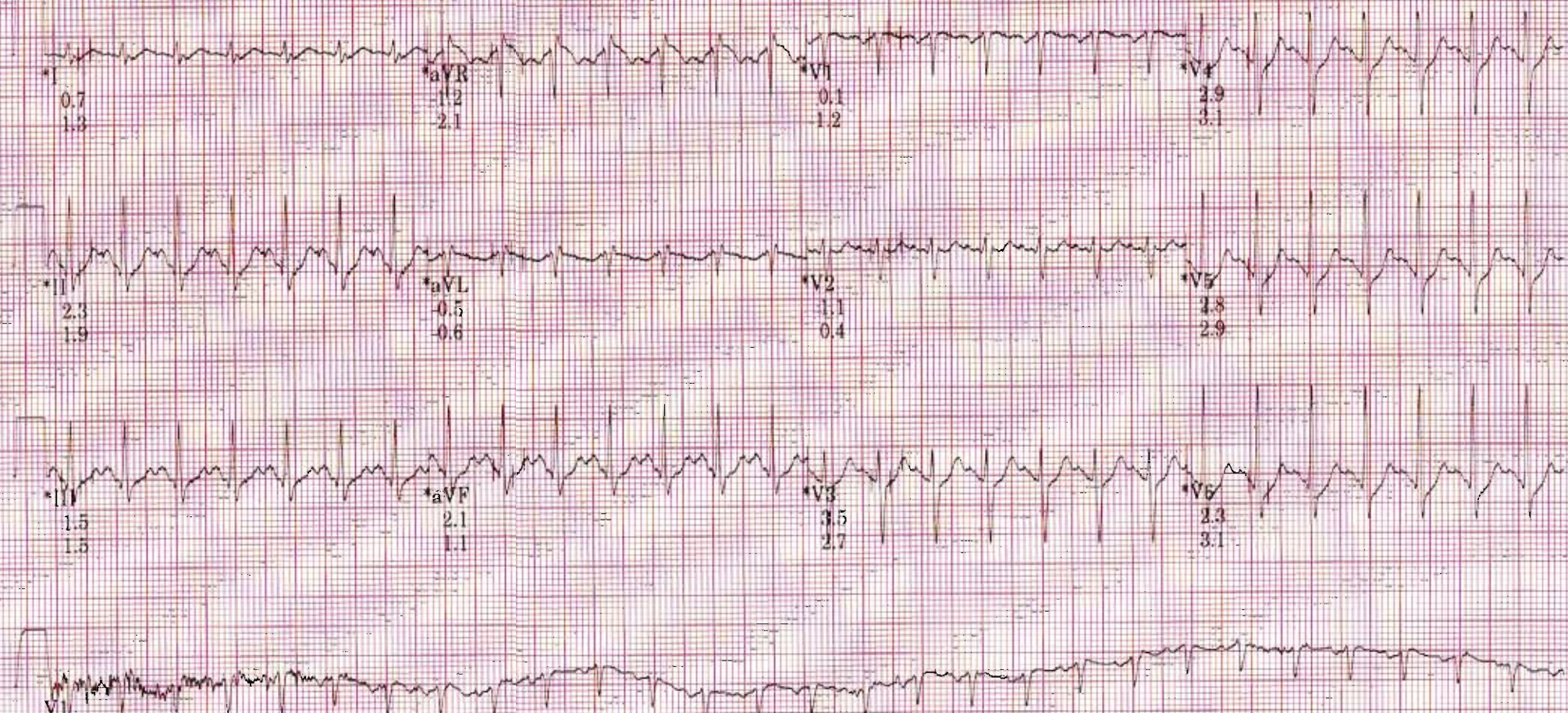
0.16

BRUCE

1.7mph

6.6%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm



* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55-009C



MR. ANIL KUMAR GUPTA
ID: 000090354

6-Jul-2017
23:38:29

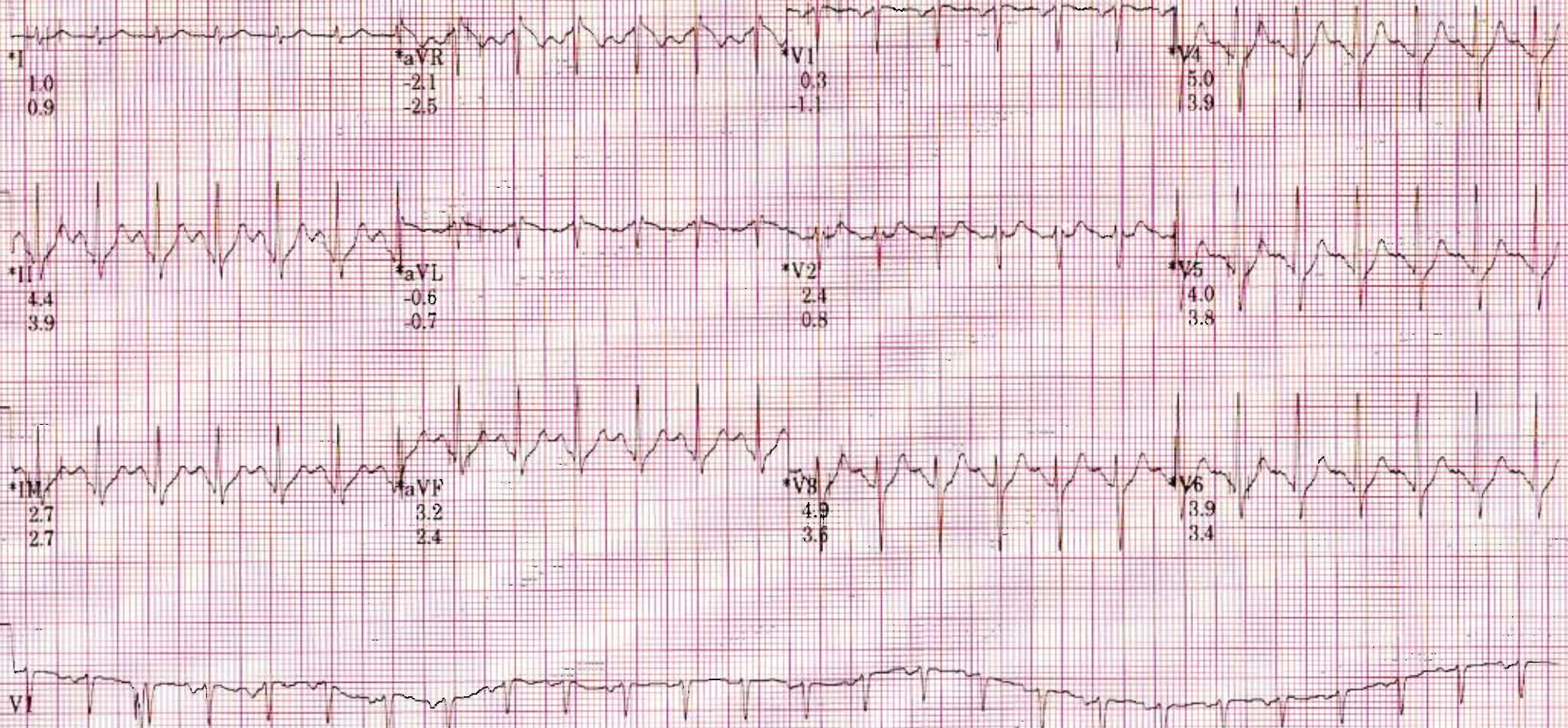
155bpm
BP: 160/90

RECOVERY
Post
0:50

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

8

MIRANJI, KUMAR, GUPTA
ID: 000090354

6-Jul-2017
23:39:29

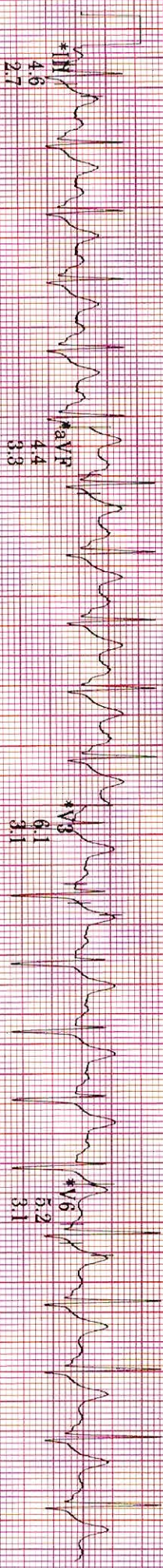
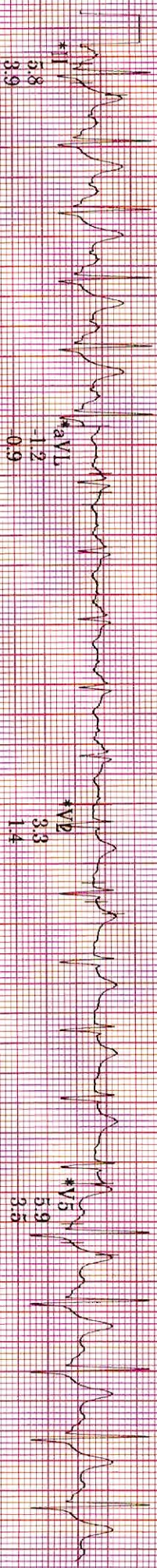
133bpm
BP: 170/80

RECOVERY
Post
1:50

BRUCH
***mph
**%
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 009C

P/N 2009828-020

GE Healthcare

PRINTED IN USA

MR ANIL KUMAR GUPTA

ID: 000090354

6-Jul-2017

23:40:29

122bpm

BP: 150/80

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

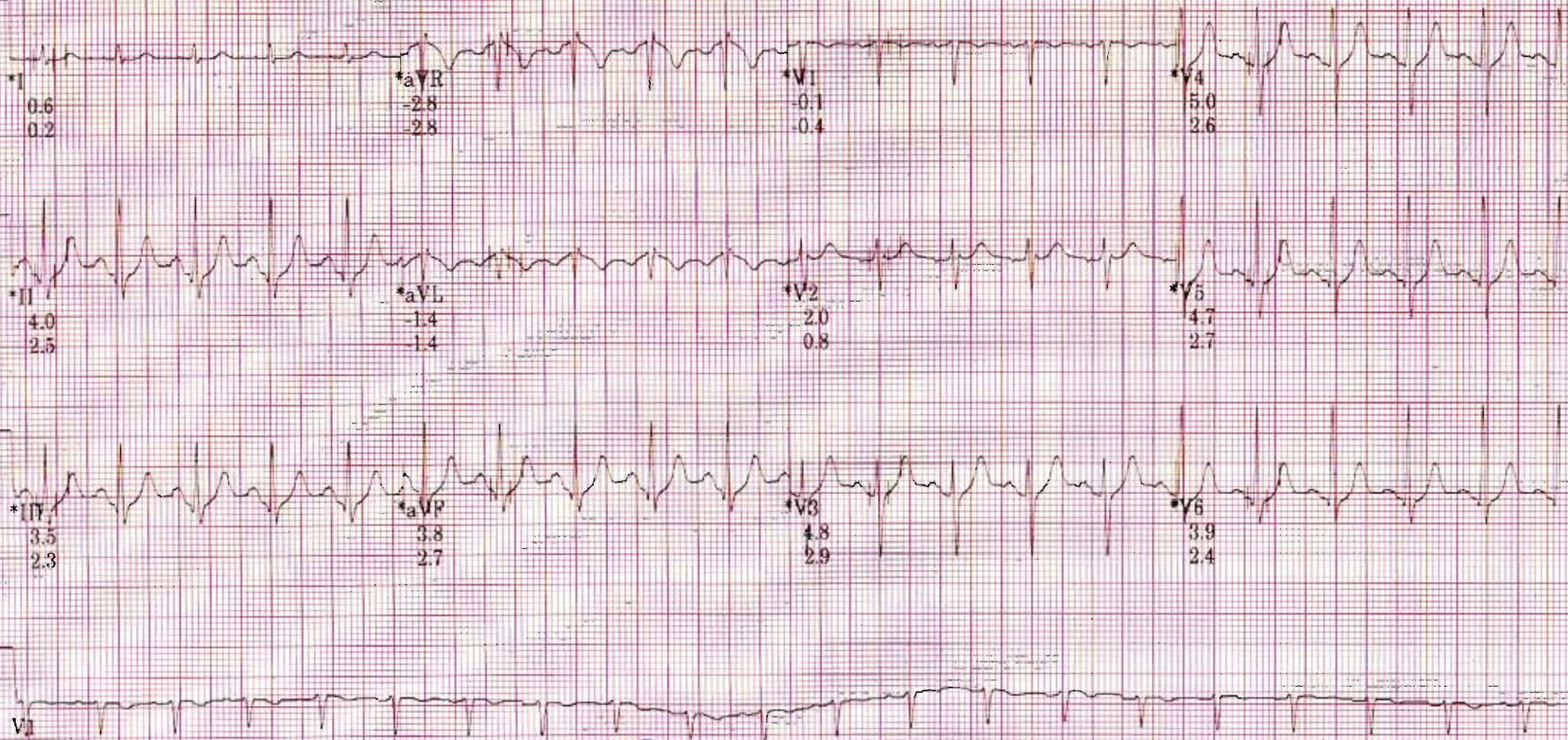
2:50

BRUCE

** mph

** %

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

70

* Computer Synthesized Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 009C

0

MR ANIL KUMAR, GUPTA

ID: 00090354

6-Jul-2017

23:41:29

115bpm

BP: 140/80

RECOVERY

Post

3:50

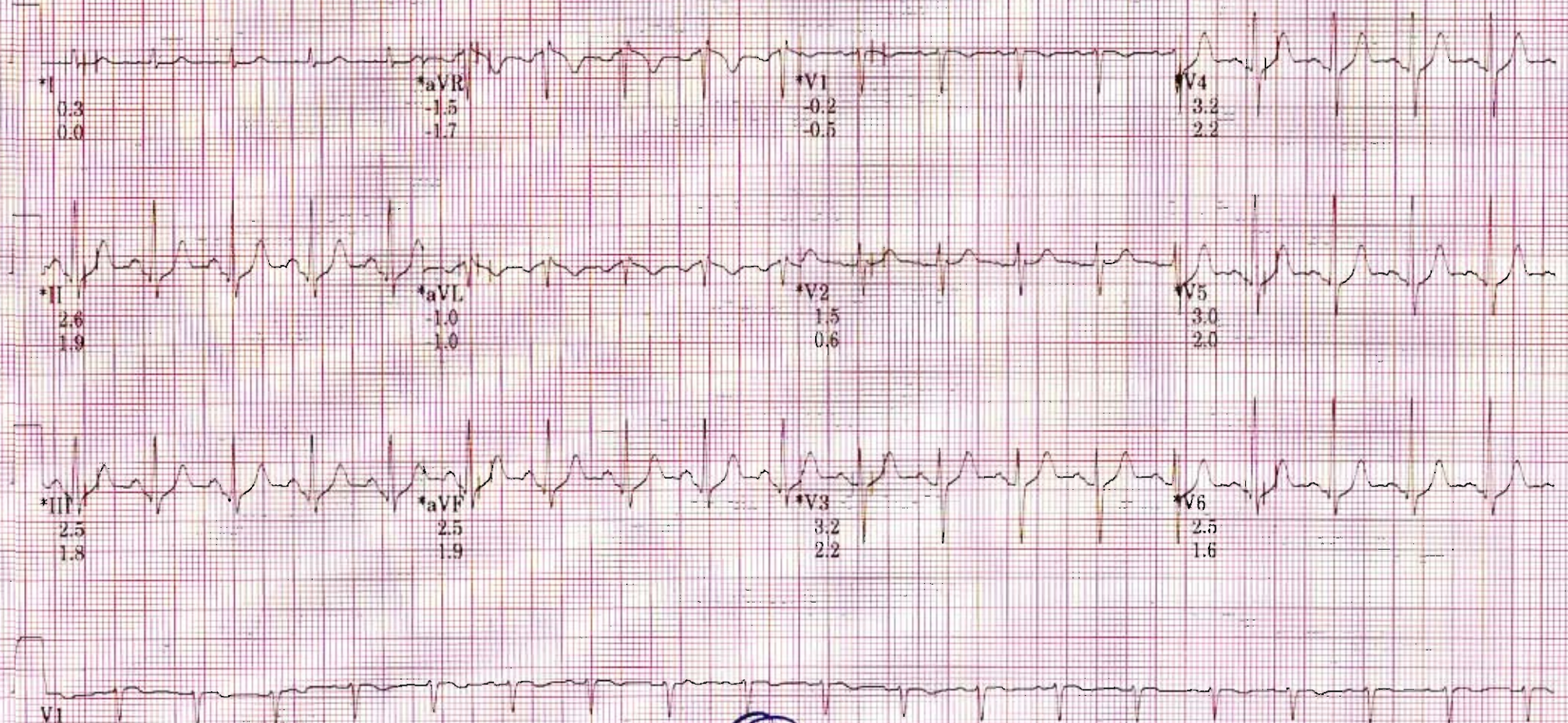
BRUCE

**↑mph

**↑%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

11

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 009C

MRANIL KUMAR, GUPTA

ID: 000090354

6-Jul-2017

23:42:29

112bpm

BP: 140/80

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

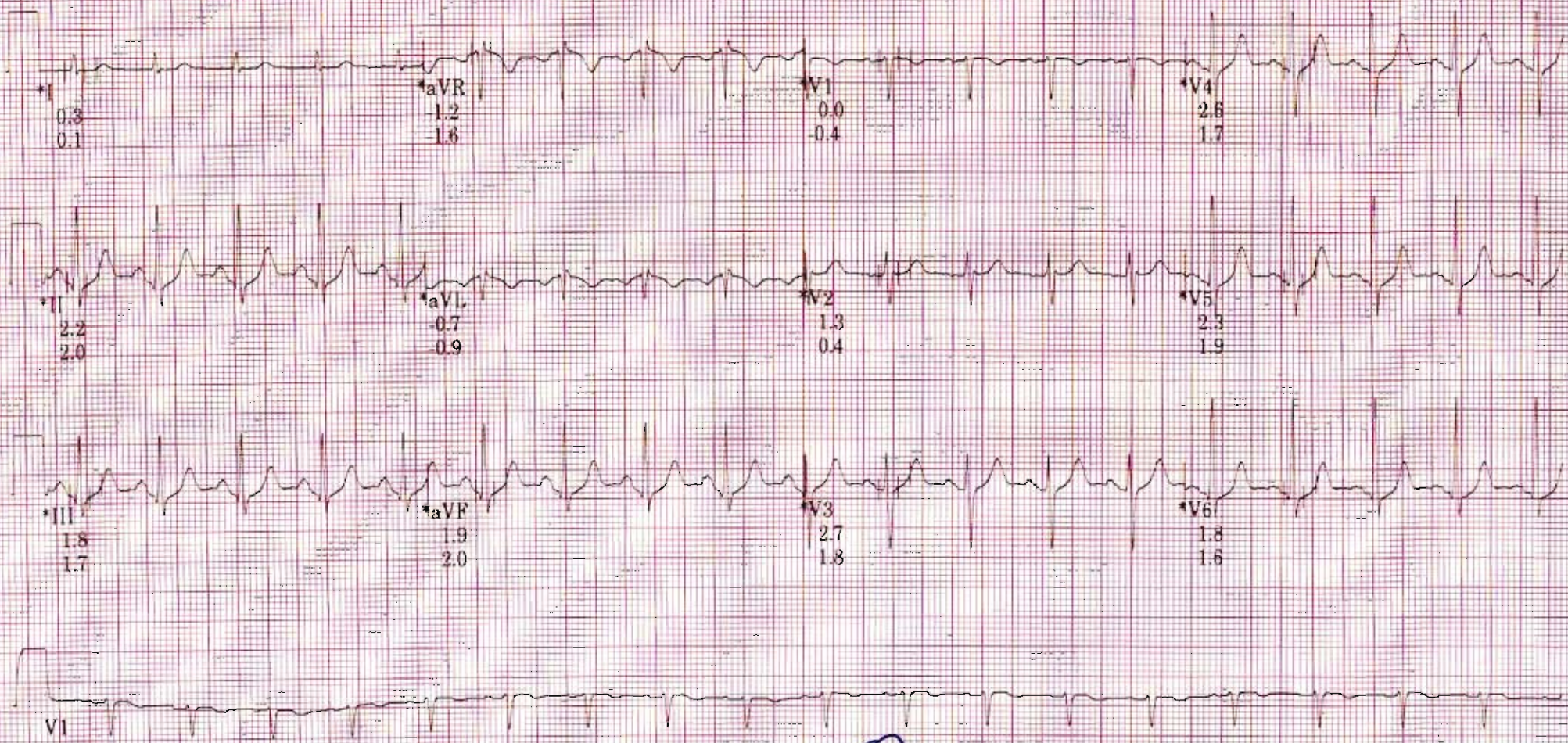
4:50

BRUCE

***mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

TABULAR SUMMARY REPORT

MRANIL KUMAR GUPTA

ID: 000090354

50years

Male

6-Jul-2017

23:26:53

Referred by:
Test ref:

BRUCE

Max HR: 172bpm 101% of max predicted 170bpm

Max BP: 170/80

Reason for Termination: Max HR attained

Comments: FINAL IMPRESSION: CARDIAC STRESS ANALYSIS IS NEGATIVE
POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA.

Total Exercise time: 9:42

25.0 mm/s

10.0 mm/mV

Maximum workload: 11.2METS

100hz

Handwritten signature: HLL A

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:07	***	***	1.0	88		
	STANDING	0:01	***	***	1.0	87		
	HYPERVERT	0:02	***	***	1.0	87		
EXERCISE	WARM-UP	0:55	1.1	0.0	1.3	94	130/90	122
	STAGE 1	3:00	1.7	10.0	4.6	120	130/90	156
	STAGE 2	3:00	2.5	12.0	7.0	139	140/90	195
	STAGE 3	3:00	3.4	14.0	10.1	163	150/90	245
	STAGE 4	0:42	4.2	16.0	11.2	172	150/90	258
RECOVERY	Post	5:09	***	***	1.0	113	130/80	147

Handwritten circled number: 13

Technician:

APOLLO MEDICAL CENTRE, ANNA NAGAR

Unconfirmed

MAC55 009C



SELECTED MEDIANS REPORT

MR. ANIL KUMAR, GUPTA

ID: 000090354

50 years

Male

BRUCE

Max HR: 172bpm 101% of max predicted 170bpm

Max BP: 170/80

Reason for Termination: Max HR attained

Comments: FINAL IMPRESSION: CARDIAC STRESS ANALYSIS IS NEGATIVE
POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA.

Total Exercise time: 9:42

25.0 mm/s

10.0 mm/mV

Maximum workload: 11.2 METS

100hz

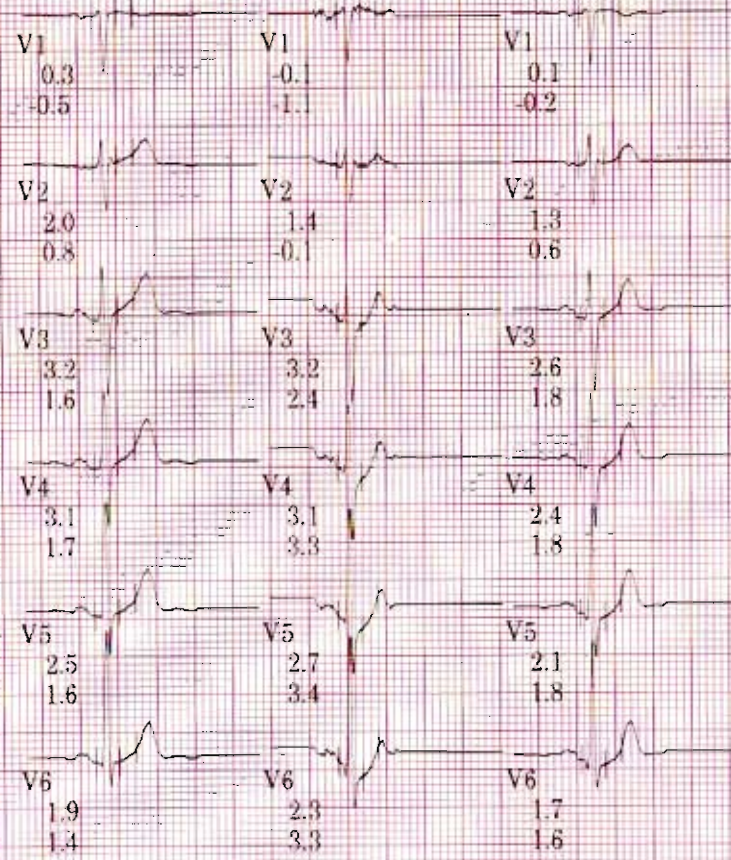
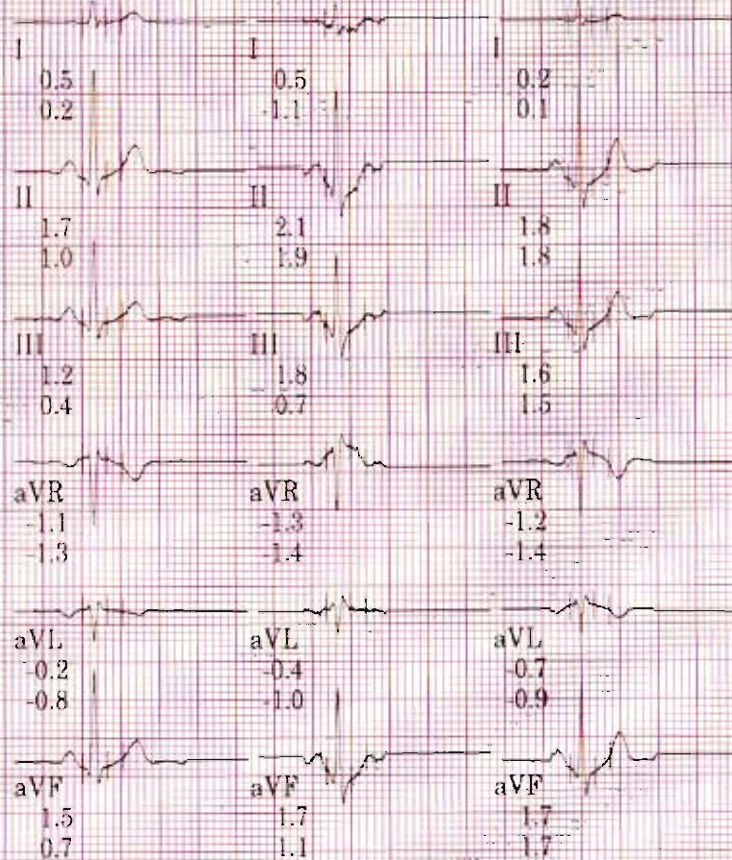
6 Jul 2017

23:26:53

Referred by:
Test ind:

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	9:42	5:09
94bpm	172bpm	113bpm
BP: 130/90	BP: 150/90	BP: 130/80

BASELINE EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00	9:42	5:09
94bpm	172bpm	113bpm
BP: 130/90	BP: 150/90	BP: 130/80



Technician:

APOLLO MEDICAL CENTRE, ANNA NAGAR

Unconfirmed

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

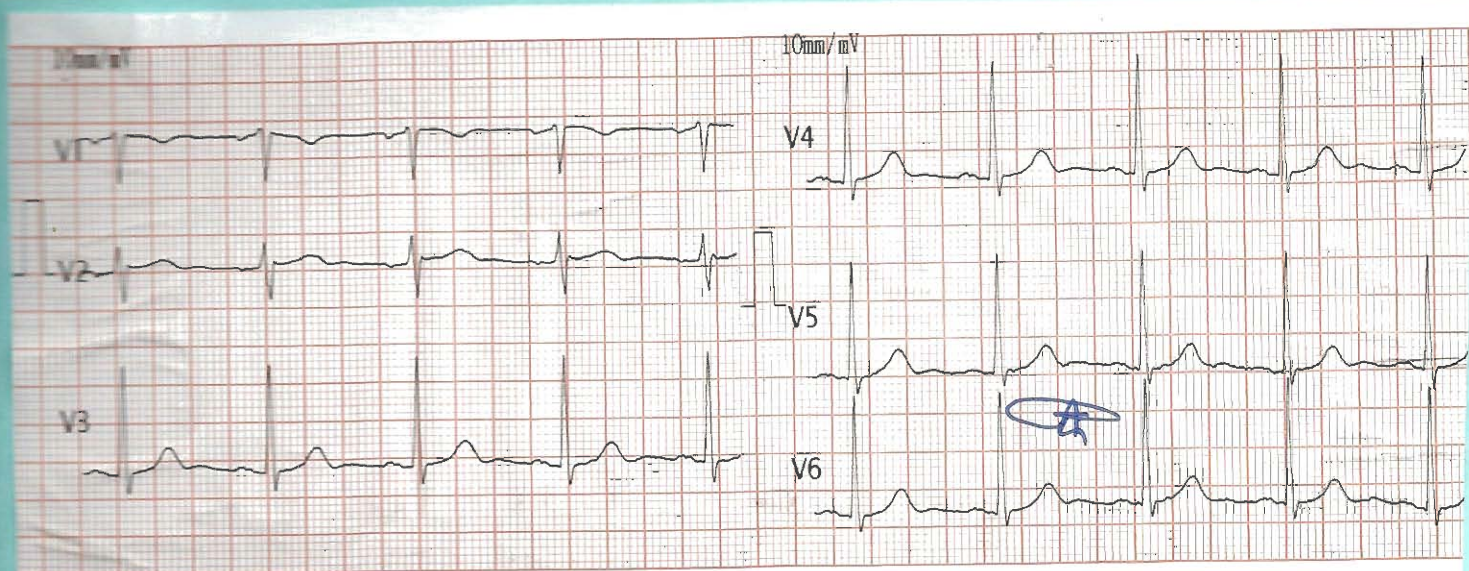
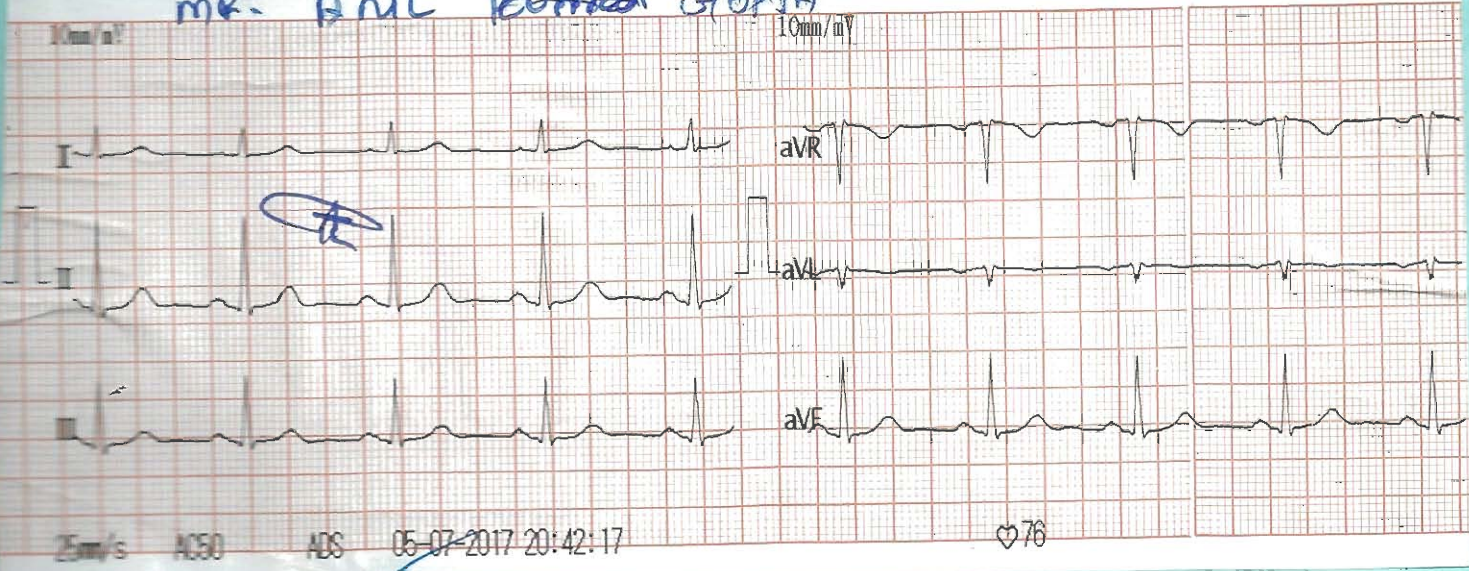
ELECTRO - CARDIOGRAM (E.C.G.)

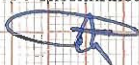
NAME : MR. ANIL GUPTA.

AGE / SEX : 50 / MALE INV NO. : _____

REF BY : ICTCI DATE : 5/7/17

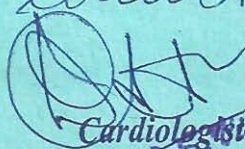
MR. ANIL GUPTA



Vent. Rate(BPM) : 77			<ECG Analysis-Result>:
PR Int.(ms) : 137			800 Normal Sinus Rhythm
P/QRS/T Int.(ms) : 98	96	162	500 rSR' Pattern in V1/V2
QT/QTc Int.(ms) : 361	410		*** Borderline Normal ECG ***
P/QRS/T Axis(Deg.) : 81	71	72	
RV1/SV5 Amp.(mV) : 0.08	0.21		
RV5/SV1 Amp.(mV) : 1.59	0.58		
V1.20 Technician :			Note : Unconfirmed Report Need to Review.
			
< 000000000472 -- -Y			/ cm/Kg / mmHg

COMMENTS

Within normal limits



Cardiologist
Dr. D. S. S. M.D.
 Reg. No. 45883
 Cardiologist & Diabetologist
 No.4, New Avadi Road,
 Villivakkam, Chennai - 600 049

