RJN Apollo Spectra HOSPITALS

Specialists in Surgery

CERTIFIED

Certificate No.: PEH-2022-1862
April 07, 2022 - April 06, 2024

MR No. 182028 Patient Name Dr Dinesh Verma Age 34 Sex M Date 09/11/24

Mob No. .....

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 170
W - 69
BP 123/80
P - 92

Surgeon's reference

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

XPRESS PATHLAB
(CM & HO Reg. No. -CL/9609/OCT-2019)

Patient NAME	: Mr.MUKESH VERMA	Collected	: 09/Nov/2024 09:21AM
Age/Gender	: 34 Y 0 M 0 D /M	Received	: 09/Nov/2024 10:14AM
UHID/MR NO	: ILK.00046718	Reported	: 09/Nov/2024 10:35AM
Visit ID	: ILK.139016	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name	: INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , *WHOLE BLOOD EDTA*

Haemoglobin (Hb%)	14.6	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	46.4	%	40-54	Cell Counter
RBC Count	5.0	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	92.6	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	29.1	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.5	g/dl	30.0-35.0	Calculated
RDW	13.9	%	11-16	Calculated
Total WBC count (TLC)	6,900	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	65.2	%	50-70	Cell Counter
Lymphocytes	24.5	%	20-40	
Monocytes	5.5	%	01-10	Cell Counter
Eosinophils	4.3	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	4,499	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1690	per cumm	600-4000	Calculated
Monocyte (Abs.)	379	per cumm	0-600	Calculated
Eosinophil (Abs.)	297	per cumm	40-440	Calculated
Basophils (Abs.)	35	per cumm	0-110	Calculated
Platelet Count	2.95	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	18	mm lst hr.	0-20	Wester Green

Dr. Sarita Pathak
MD. Path

SIN NO :1053175

RJN Apollo Spectra Hospitals
18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: lpc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , *WHOLE BLOOD EDTA*

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , *WHOLE BLOOD EDTA*

RBC'S : Normocytic Normochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.

No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE - FASTING (FBS) , *NAF PLASMA*				
Fasting Glucose	105.0	mg/dL	65-110	God - Pod
Ref.for Biological Reference Intervals: American Diabetic Assiosation.				
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , *FLUORIDE PLASMA*				
Post Prandial Glucose	116.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
Ref.for Biological Reference Intervals: American Diabetic Assiosation.				

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , *WHOLE BLOOD EDTA*				
Glycosylated Haemoglobin HbA1c	5.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	102.54			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE KIDNEY PROFILE (RFT/KFT) , *SERUM*				
Urea	14.57	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.5	mg/dL	3.5-7.2	Urease
Sodium	140.0	Meq/L	135-155	Direct ISE
Potassium	4.2	Meq/L	3.5-5.5	Direct ISE
Chloride	103.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	2.8	mg/dL	2.5-5.6	PMA Phenol
BUN	6.81	mg/dL	6.0-20.0	Reflect Spectrothoto

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* Results may vary from lab to lab and from time to time for the same parameter for the same patient * Assays are performed in accordance with standard procedures.
* In case of disparity test may be repeated immediately. * This report is not valid for medico legal purpose.

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
Type OF Sample	SERUM F			
Total Cholesterol	**219.0**	mg/dl	up to 200	End Point
Total Triglycerides	142.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	45.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	**174**	mg/dL	<130	
LDL Cholesterol	145.6	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	28.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.87		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*				
Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	18.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	23.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	89.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	21.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	8.0	g/dl	6.4-8.3	Biuret
Albumin	4.8	g/dL	3.5-5.2	BCG
Globulin	3.2	g.dl	2.0-3.5	Calculated
A/G Ratio	1.50	%	1.0-2.3	Calculated

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Patient NAME	: Mr.MUKESH VERMA	Collected	: 09/Nov/2024 09:21AM
Age/Gender	: 34 Y 0 M 0 D /M	Received	: 09/Nov/2024 12:48PM
UHID/MR NO	: ILK.00046718	Reported	: 09/Nov/2024 02:28PM
Visit ID	: ILK.139016	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name	: INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE-I , *SERUM*				
.Trilodothyronine Total (TT3)	1.46	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	8.52	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.091	µIU/ml	0.35-5.50	Chemilluminisence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u Iu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6.

PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u Iu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE : TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensetive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

-Primary hypethyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.

-Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.

- singhtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol .

-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday huperthyroidism).

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UHID/MR NO	: ILK.00046718	Reported	: 09/Nov/2024 02:31PM
Visit ID	: ILK.139016	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name	: INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

CUE - COMPLETE URINE ANALYSIS , *URINE*

Test Name	Result	Unit	Bio. Ref. Range	Method
Physical Examination				
Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.030		1.002-1.030	Dipstick
Chemical Examination				
Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick
Microscopic Examination.				
Pus Cells	2-3	/Hpf	0-2	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

URINE SUGAR FASTING , *URINE*

Fasting Urine Sugar	NIL		NIL	

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MD, Path

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE SUGAR (POST PRANDIAL) , *URINE(PP)*				
URINE SUGAR (P. P.)	NIL		NIL	

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

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SIN NO :1053175

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VERMA, MUKESH
Patient ID 182026
11/09/2024 Male
10:31:42am 34yrs Indian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

Tabular Summary

RATAN JYOTI DALMIA HEART INSTITUTE.

BRUCE: Total Exercise Time 06:38
Max HR: 157 bpm 84% of max predicted 186 bpm HR at rest: 117
Max BP: 130/90 mmHg Max RPP: 18070 mmHg*bpm
Maximum Workload: 13.00 METS
Max. ST: -0.75 mm, 0.00 mV/s in III; EXERCISE STAGE 4 06:38
Arrhythmia: A:48, PVC:1, PSVC:1
ST/HR index: 1.97 µV/bpm
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:43	0.50	0.00	1.2	121			0	0.50	
EXERCISE	STAGE 1	02:06	2.20	0.00	2.6	126			0	0.25	
	STAGE 2	02:05	3.00	12.00	8.2	137	120/80	16440	0	0.05	
	STAGE 3	01:55	3.80	14.00	11.2	153	130/90	19890	0	-0.20	
	STAGE 4	00:34	4.60	16.00	13.0	155			0	-0.75	
RECOVERY		03:03	0.00	0.00	1.0	121	120/80	14520	0	-0.10	

Test is Negative for excersice induced ischemia.

Dr. ABN...
MD...
Consultant...

VERMA, MUKESH
Patient ID 182026
11/09/2024
10:32:09am

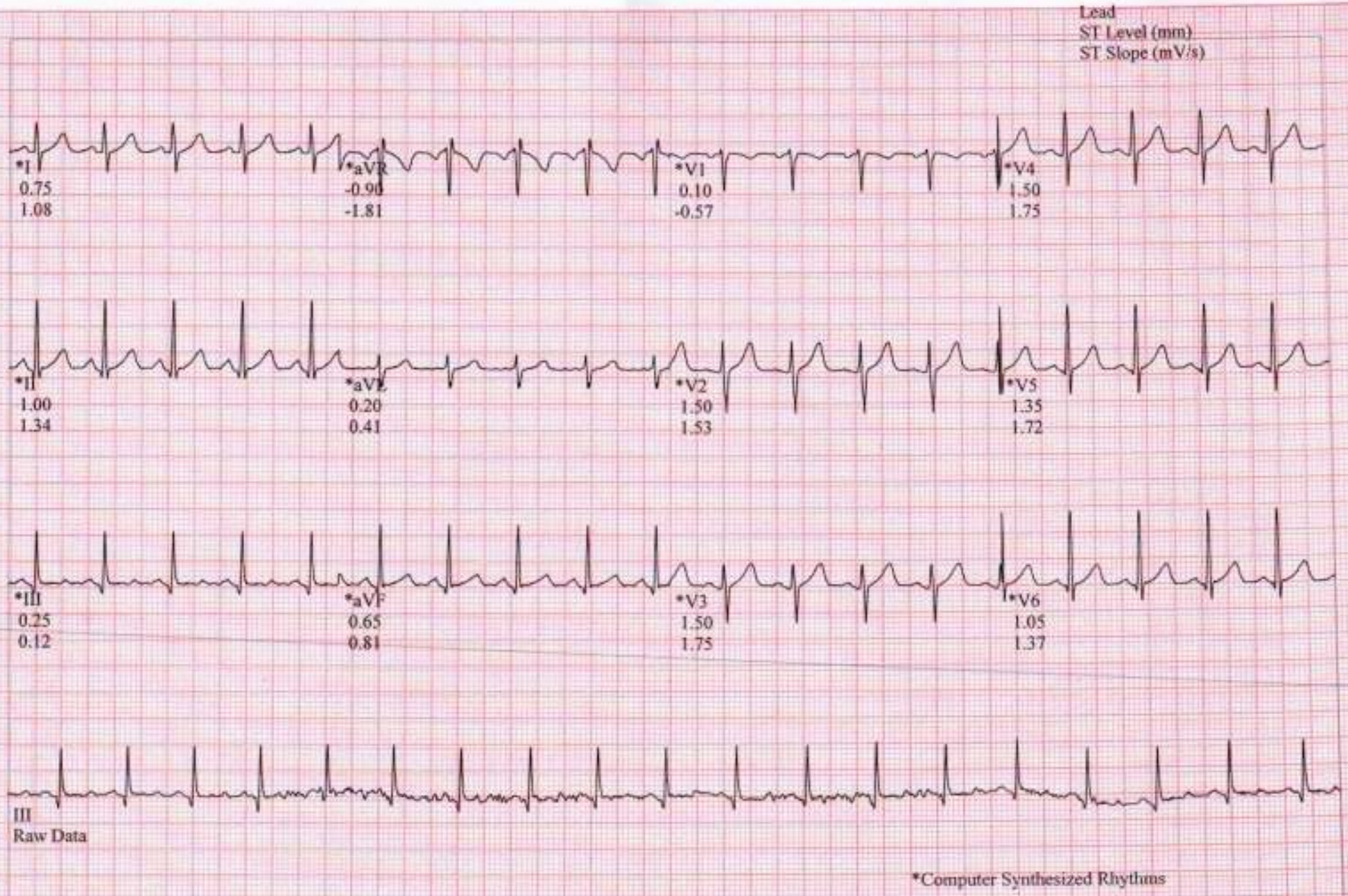
117 bpm

Linked Medians

PRETEST
SUPINE
00:25

BRUCE
0.0 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,



VERMA, MUKESH
Patient ID 182026
11/09/2024
10:34:30am

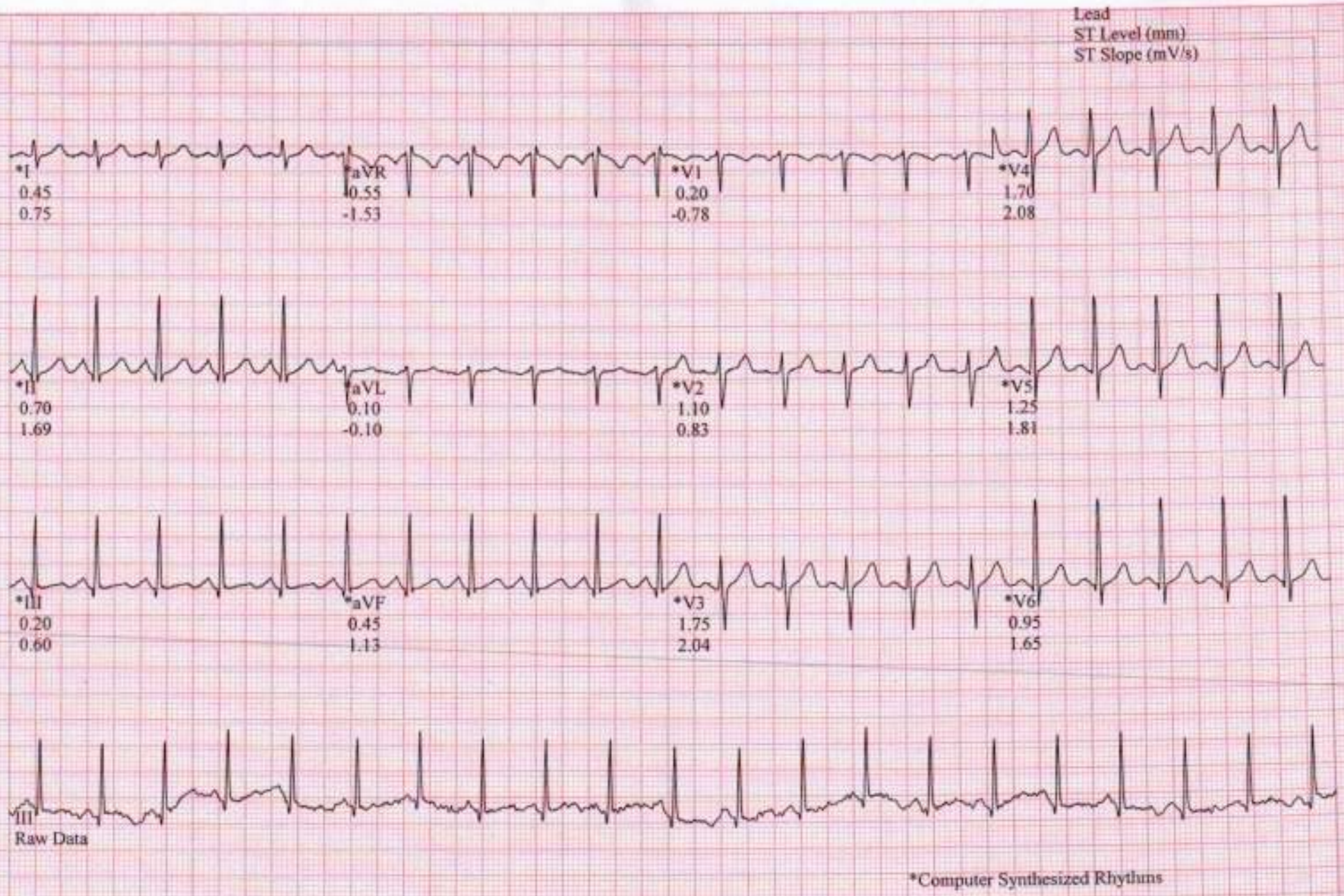
125 bpm

Linked Medians

EXERCISE
STAGE 1
02:03

BRUCE
2.2 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,



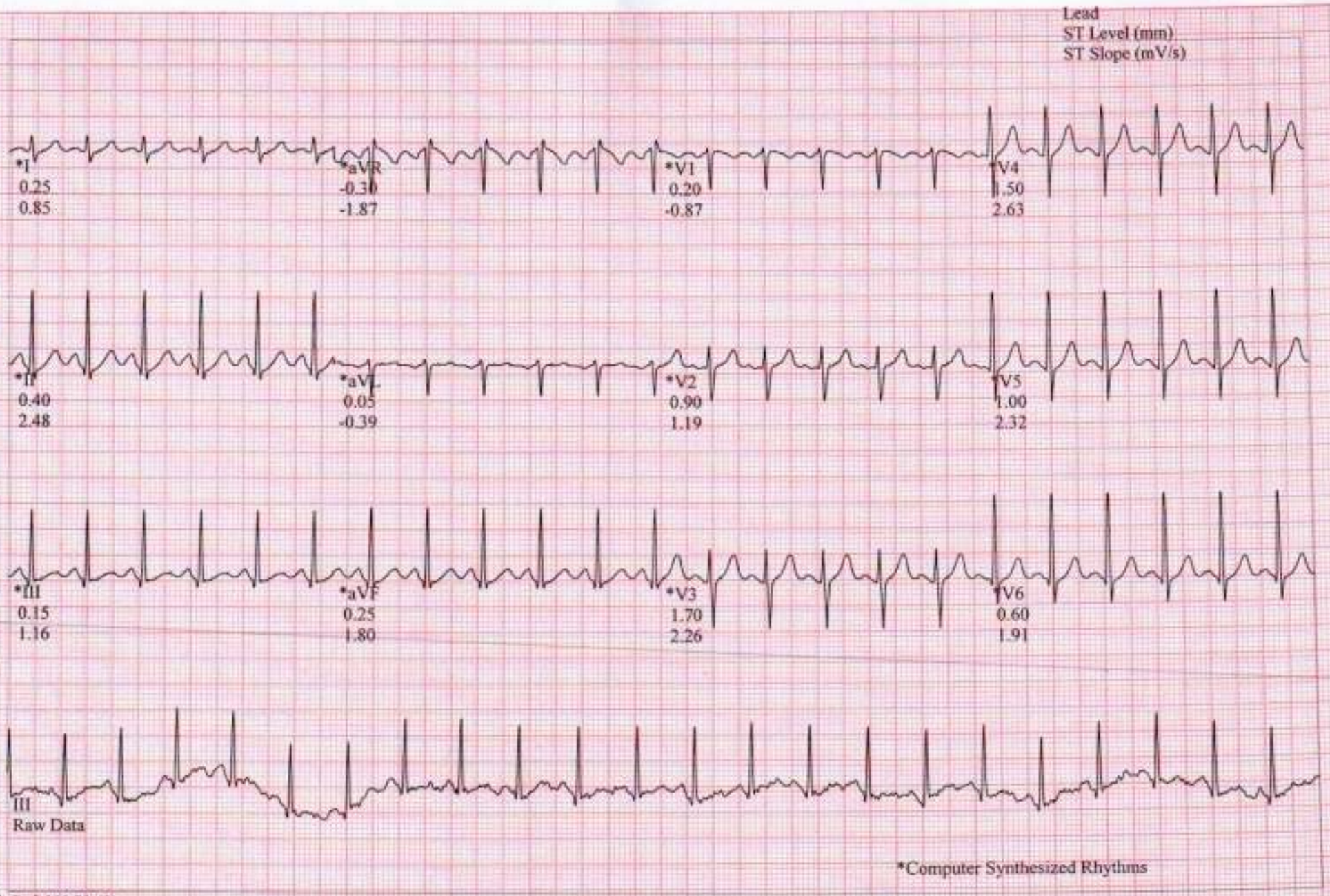
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:36:34am

137 bpm

Linked Medians
EXERCISE
STAGE 2
04:07

BRUCE
3.0 mph
12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE.



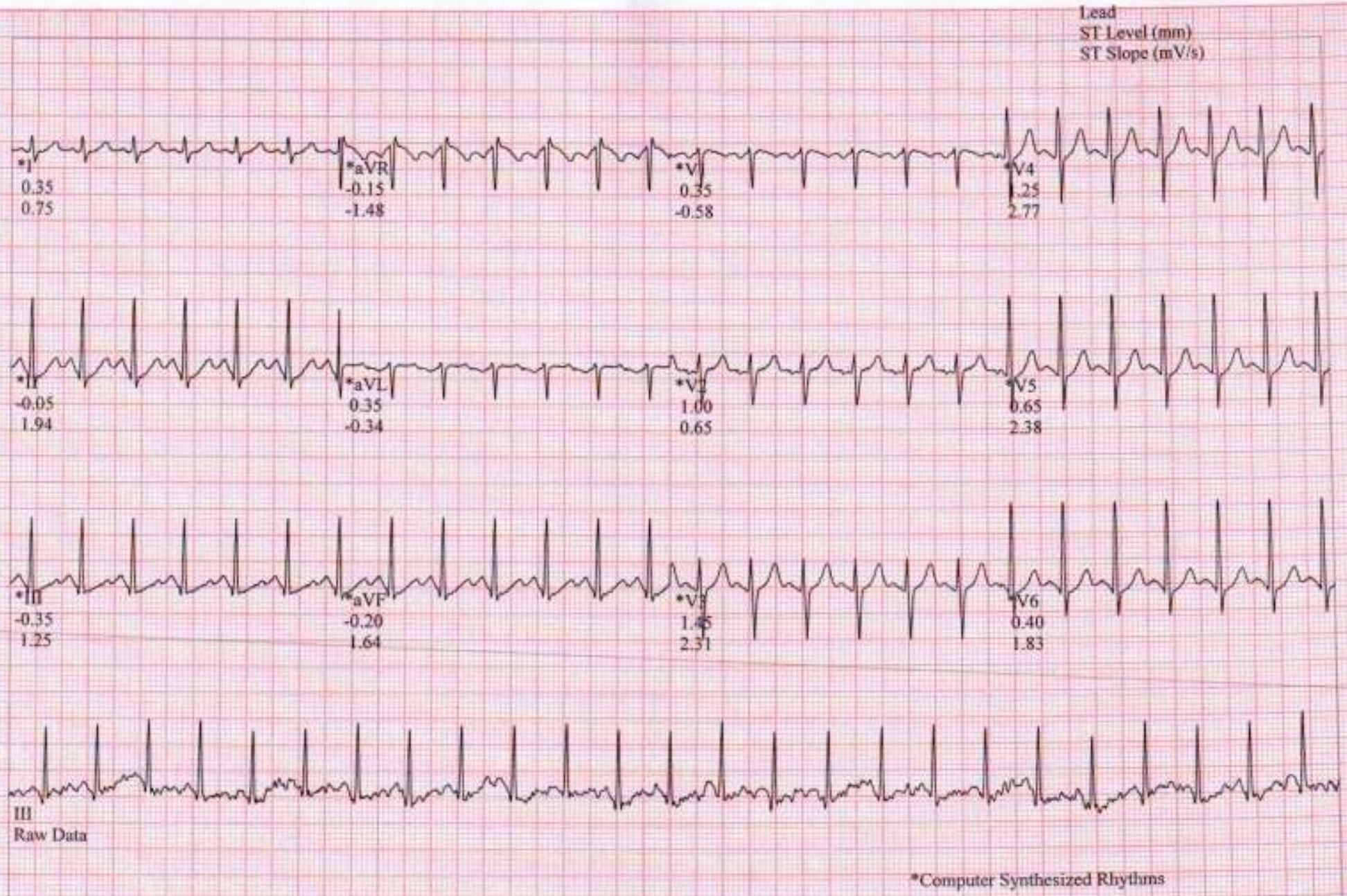
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:38:28am

153 bpm

Linked Medians
EXERCISE
STAGE 3
06:01

BRUCE
3.8 mph
14.0 %

RATAN JYOTI DALMIA HEART INSTITUTE.



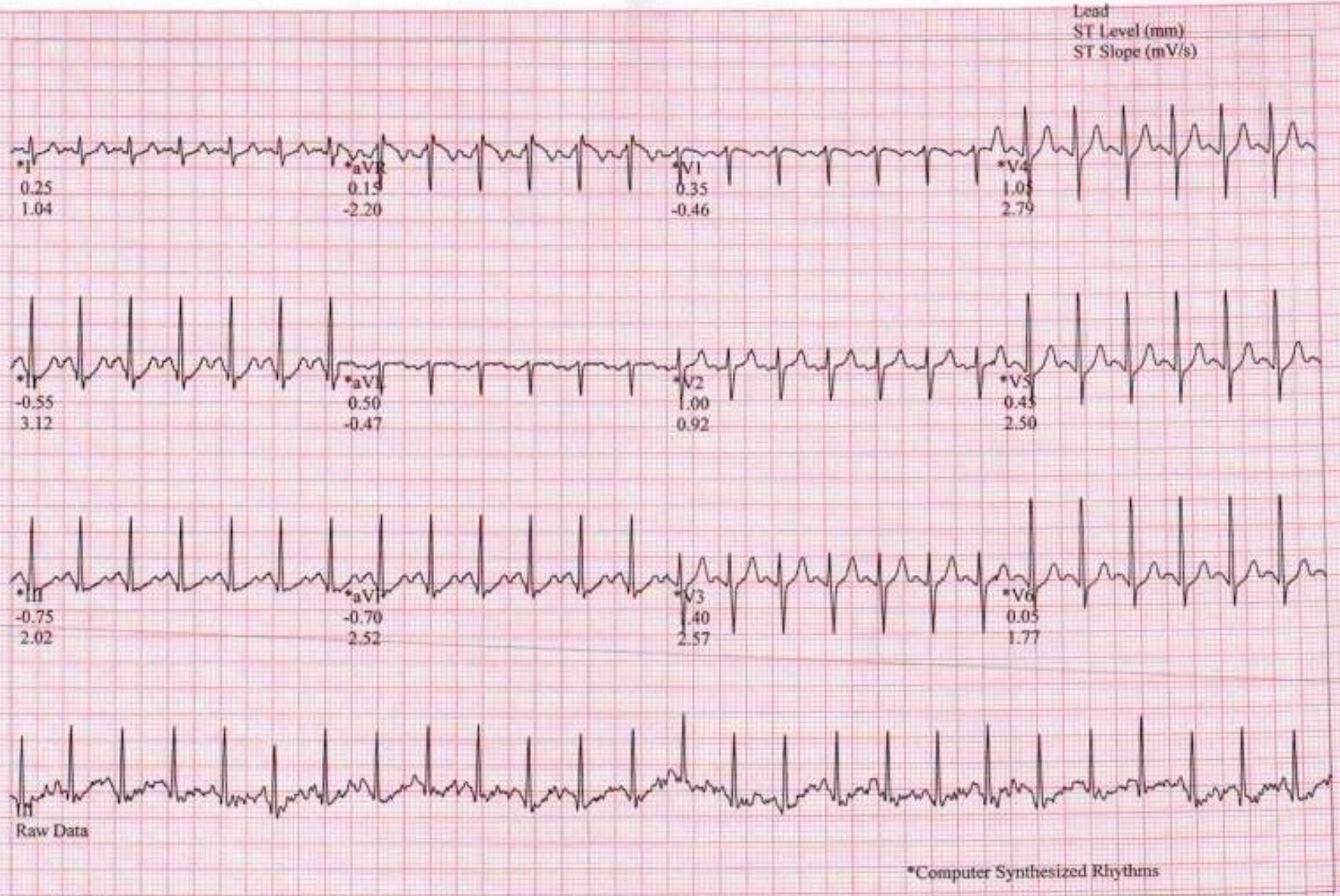
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:39:04am

155 bpm

Linked Medians (PEAK EXERCISE)

EXERCISE	BRUCE
STAGE 4	4.6 mph
06:38	16.0 %

RATAN JYOTI DALMIA HEART INSTITUTE.



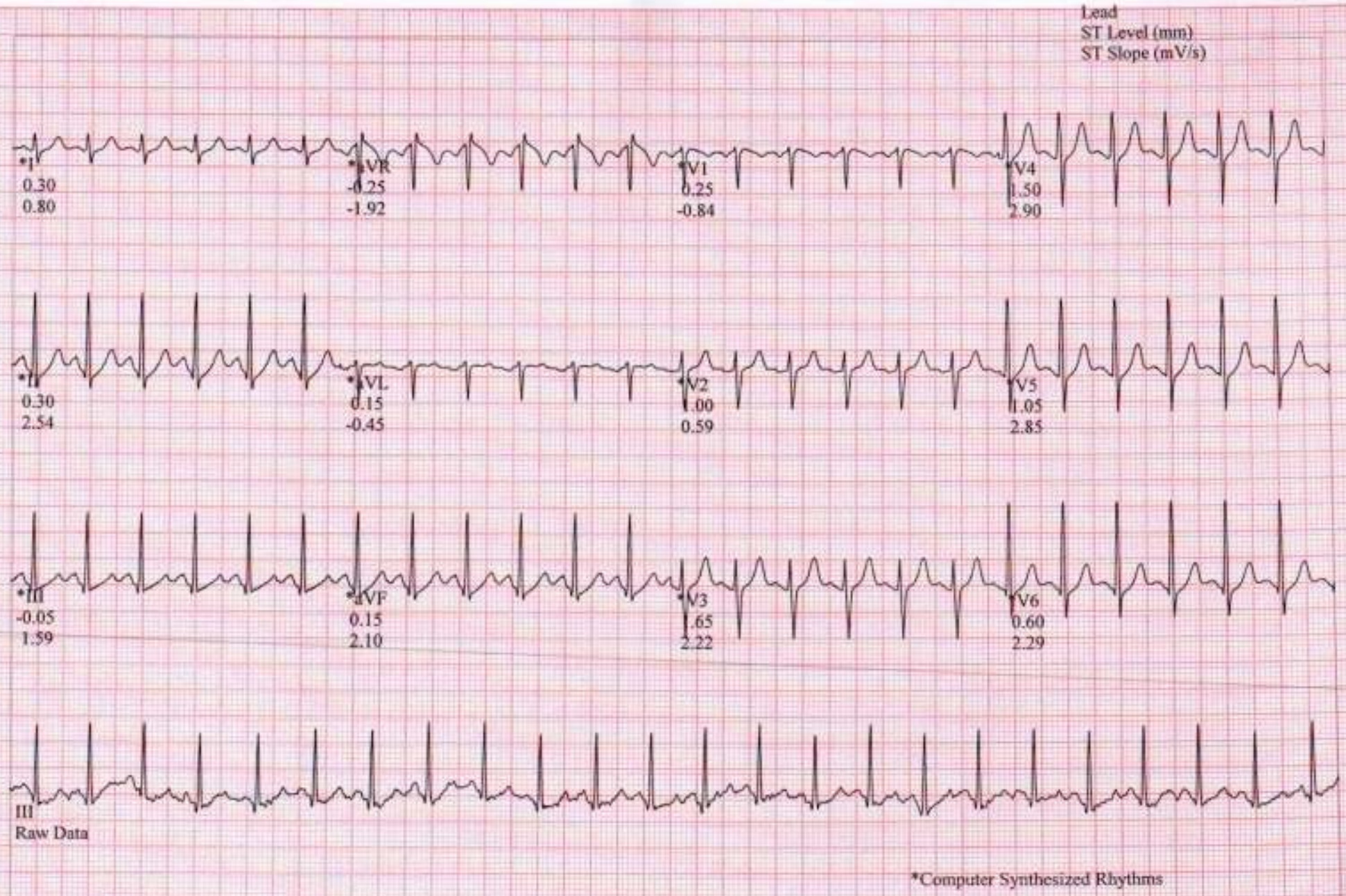
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:39:55am

144 bpm

Linked Medians
RECOVERY
#1
00:50

BRUCE
1.5 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE.



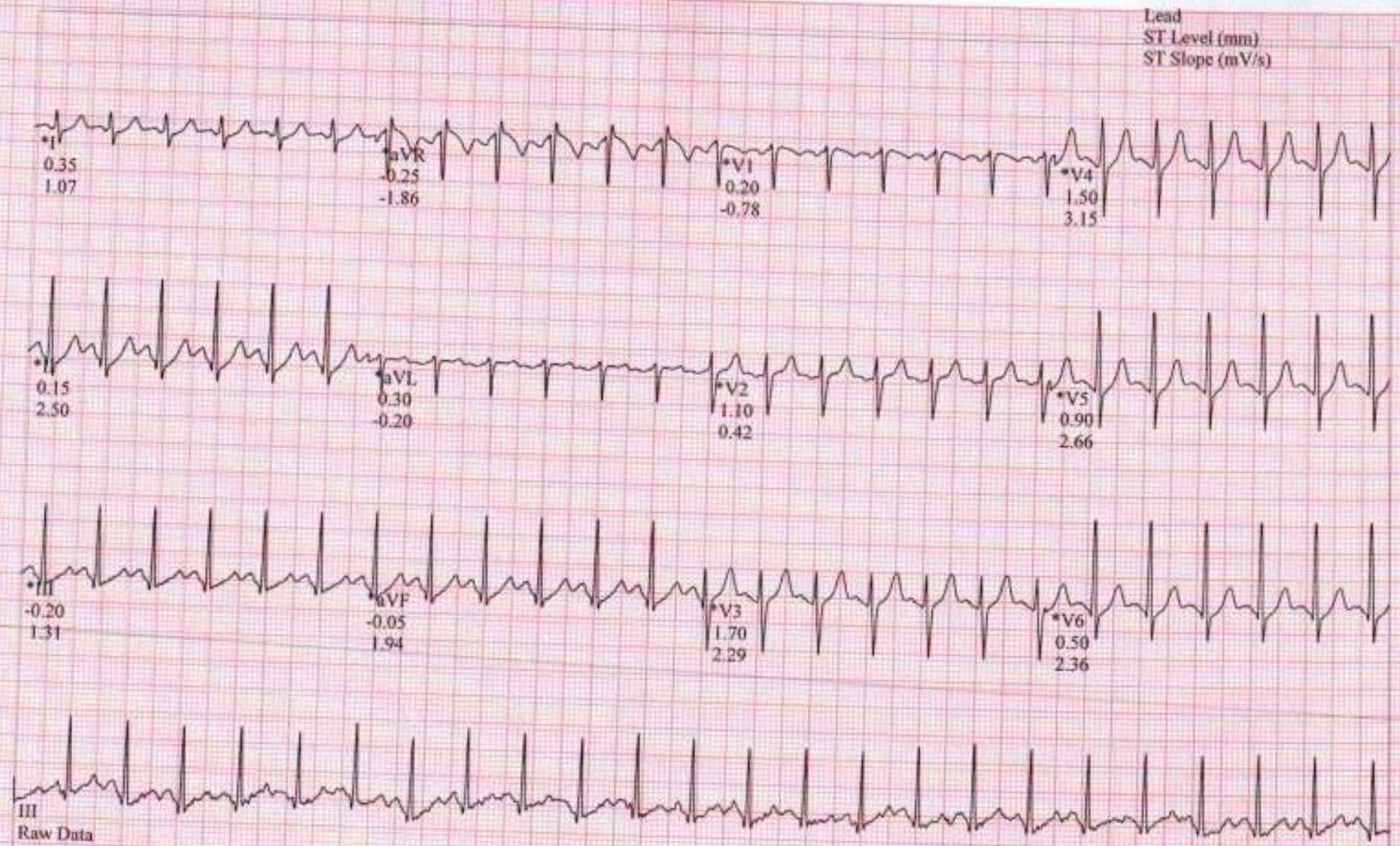
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:40:04am

148 bpm

Linked Medians
RECOVERY
#1
01:00

BRUCE
1.5 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE.



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

Start of Test: 10:31:42am

VERMA, MUKESH
Patient ID 182026
11/09/2024
10:42:05am

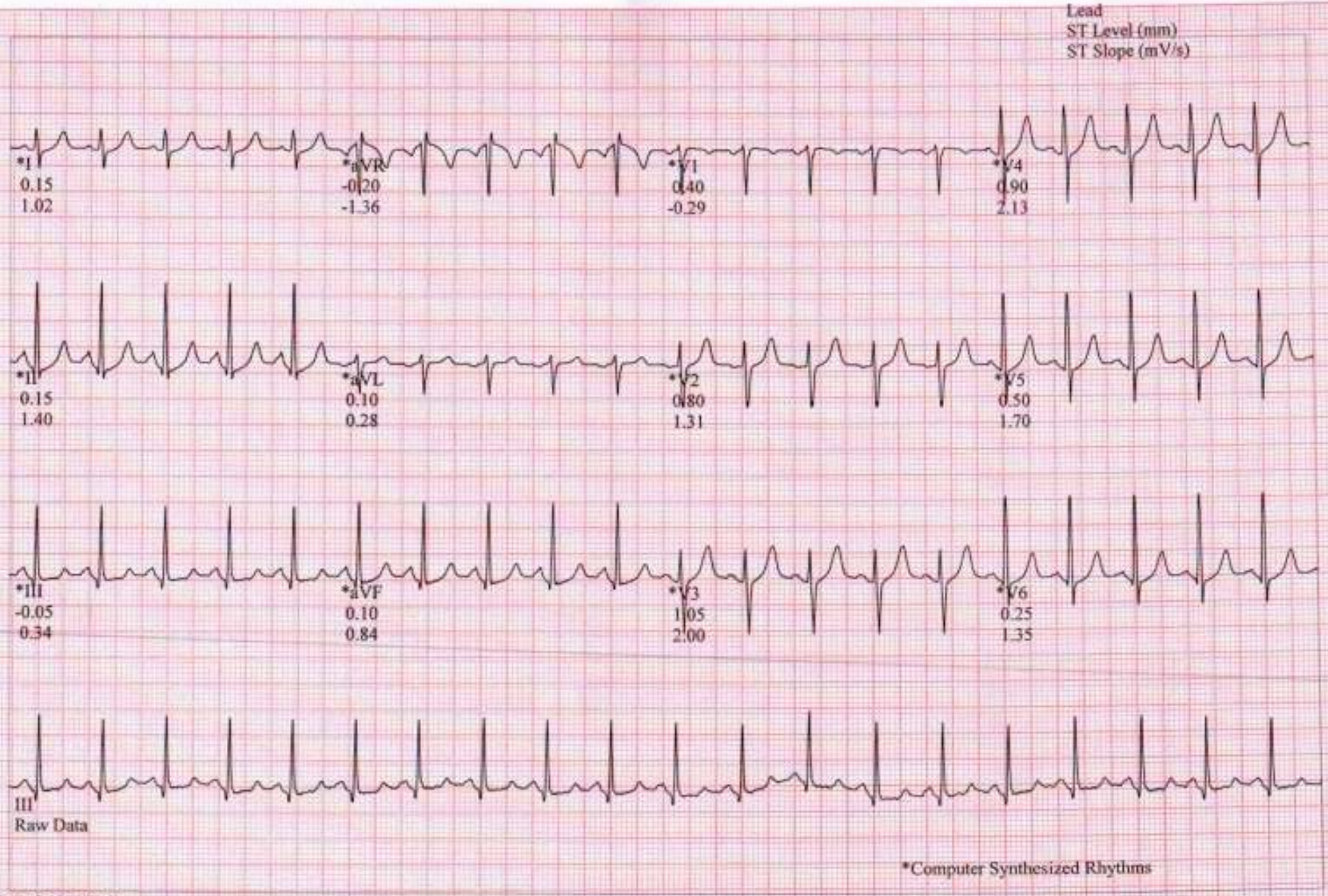
122 bpm
120/80 mmHg

Linked Medians

RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE



RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO.	: 2065631	DATE	: 09-November-2024
NAME	: MR MUKESH VERMA	MRD NO.	: R-136097
AGE/SEX	: 34 YRS / MALE	CITY	: GWALIOR

PAST SURGERIES :

NIL IN

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
11:03AM	16		18	

DIAGNOSIS :

ROUTINE EYE CHECKUP

Rx.	EYE	From	To	Instructions
1 LUBREX-DS 10ML/CARBOXYMETHYLCELLULOSE EYE DROPS IP (1% W/V) ONE DROP 3 TIMES A DAY FOR 60 DAYS	BOTH EYE	9-Nov-2024	7-Jan-2025	

TREATMENT PLAN : EYE CHECK UP 6 MONTHLY
GONIOSCOPY, DIL F NEXT VISIT

REFFERED TO :

NEXT REVIEW : **AS PER DR. ADVISED**

DR. KAMALPREET LIKHARI

Reg.No. MP-13147

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counselled

Advised medicine may be replaced with a good quality generic medicine.

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SPECIALIST IN SURGERY/CRITICAL CARE

RATAN JYOTI STAR IMAGING
Next generation imaging excellence

PATIENT NAME	-	**MUKESH VERMA 34Y/M**
REFERRED BY	-	**H.C.P**
DATE	-	**09/11/2024**
INVESTIGATION	-	**USG WHOLE ABDOMEN**

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal. Small hyperechoic lesion seen in left lobe of liver measured upto ~8mm

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 9.8cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~ 9.8x4.9cm and left kidney ~ 9.8x5.1cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is normal in shape, wall and content.

Prostate appears normal in size (~ 11.9cc), shape and echotexture.

No obvious ascites.

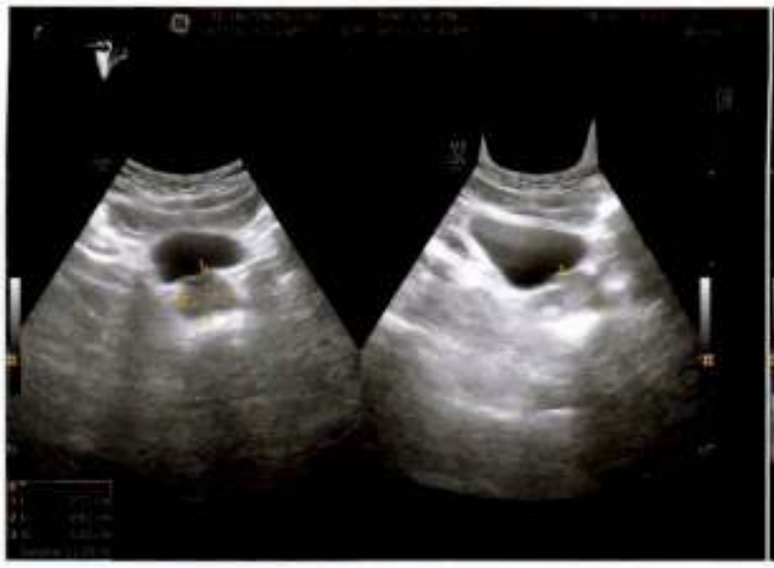
OPINION:- Features are suggestive of-

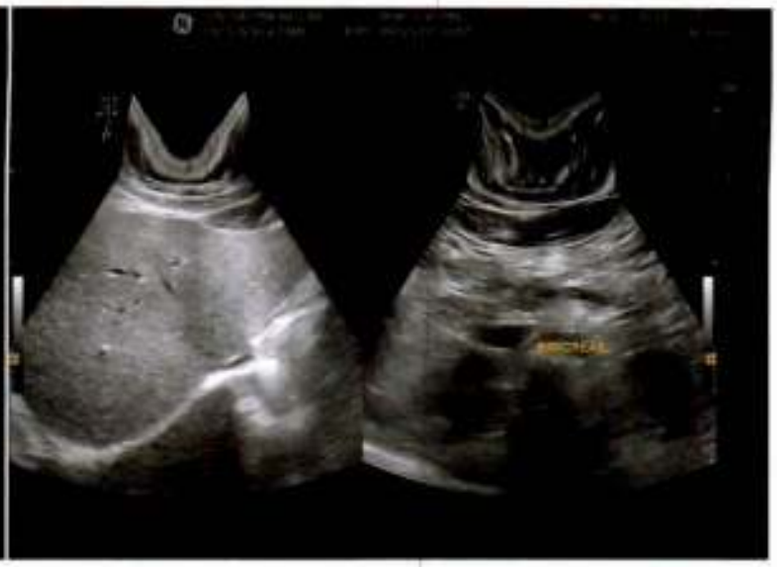
- **Small hyperechoic lesion in left lobe of liver (measured upto ~8mm)-? small hepatic hemangioma/ focal fatty change. Follow up/ CECT abdomen is suggested**
- **Grade I fatty liver**

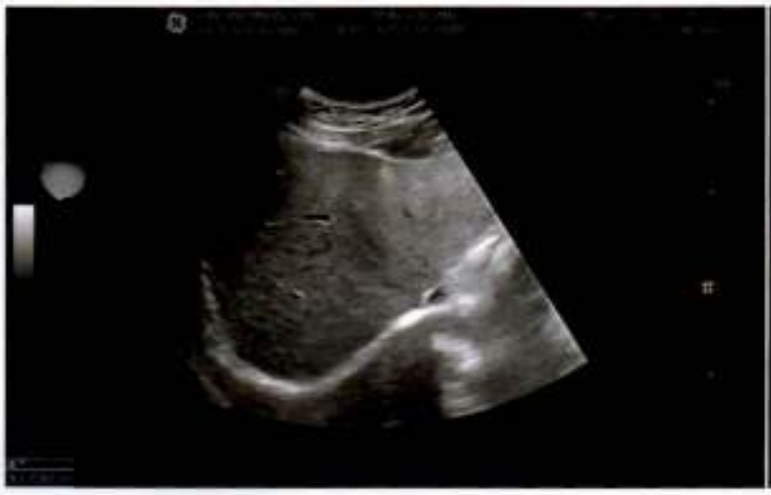
Suggested clinical correlation/Follow up imaging.

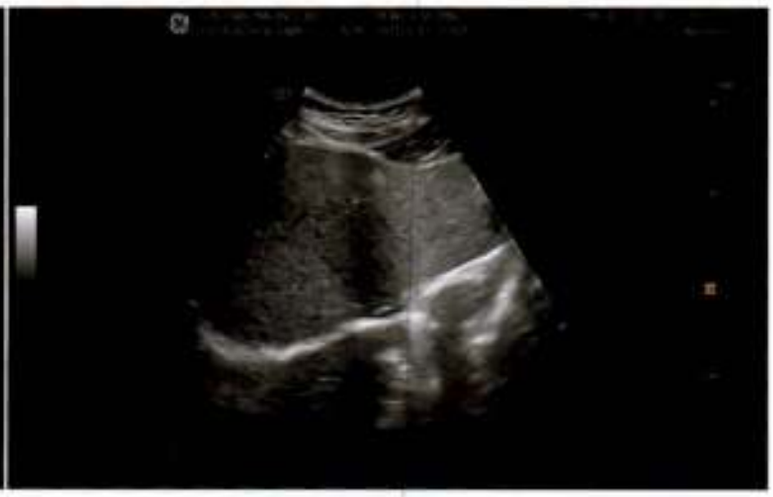
DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

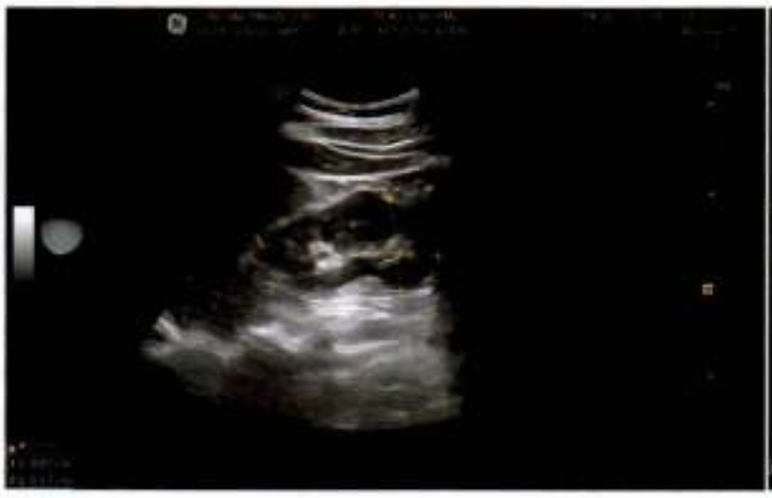
GROUND FLOOR, 18 - VIKAS NAGAR, NEAR SAI BABA TEMPLE, GWALIOR - 474002 (M.P.) ratanjyotistarimaginggwalior@gmail.com Emergency : 9752283232

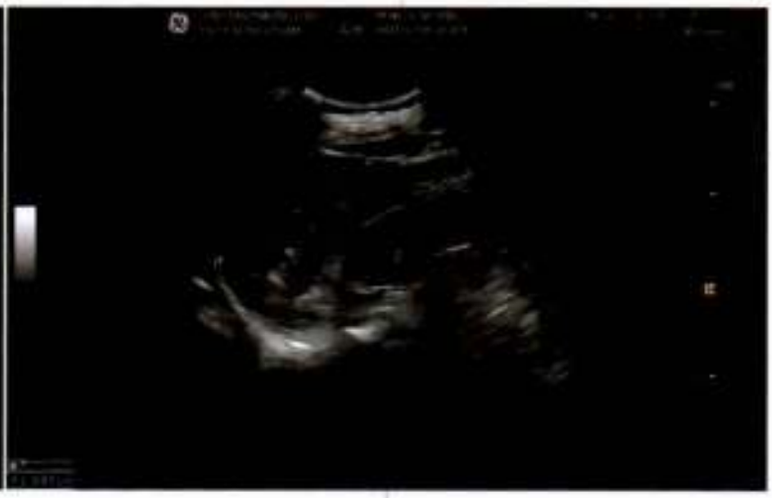


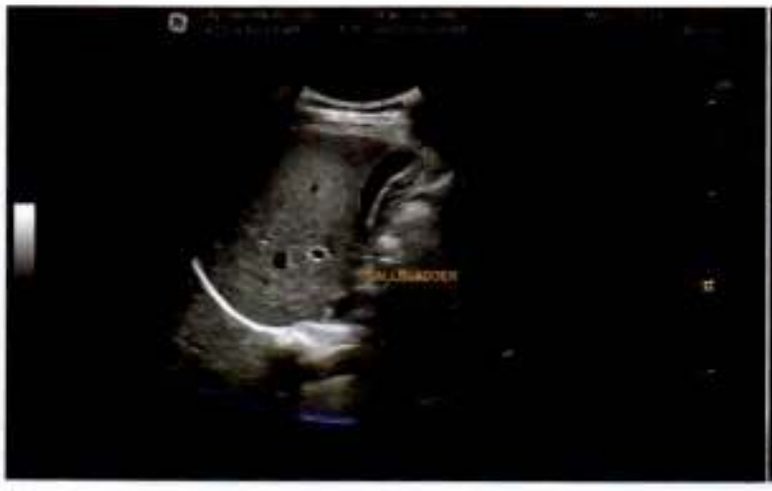


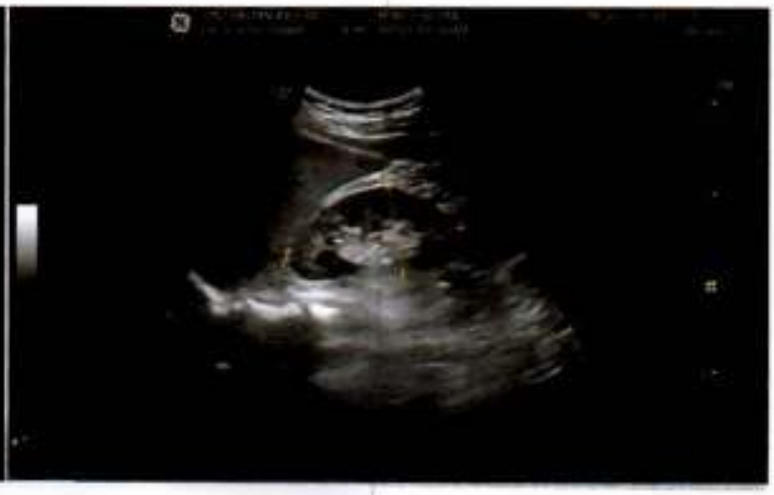












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Specialists in Surgery

PATIENT SAFETY & QUALITY OF CARE
NABH
CERTIFIED
Certificate No.: PEH-2022-1862
April 07, 2022 - April 06, 2024

PT. NAME: MUKESH VERMA		AGE/SEX:34Y/M
REF.BY: 182026		09/11/2024

X RAY CHEST (PA)

IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.
B/L costophrenic angle appear clear and normal.
Trachea is central.
Cardiothoracic ratio is within normal limit.
Soft tissue and bony cage appear normal.
B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

- **No significant abnormality is noted in CXR – PA except for prominent vascular markings.**

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

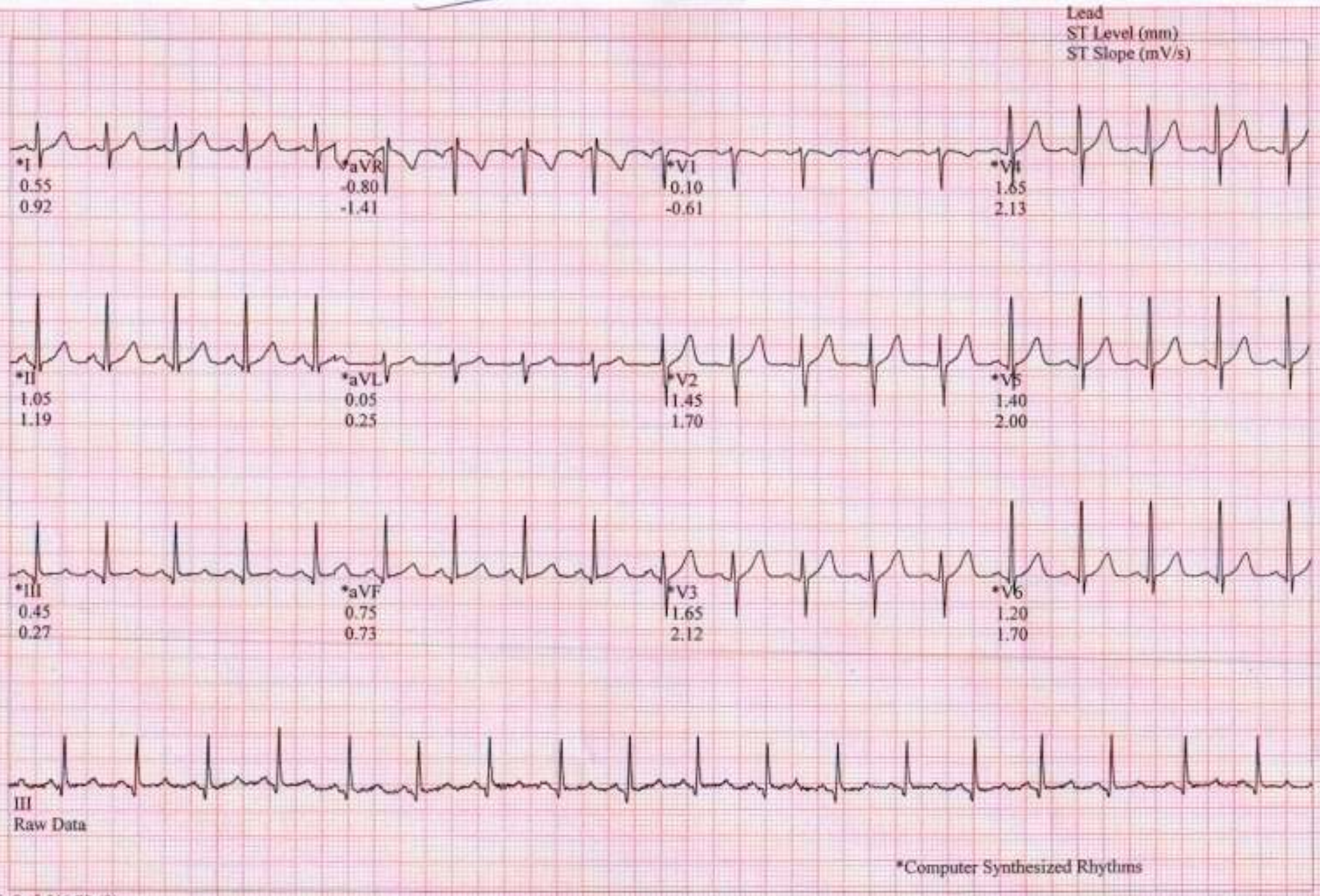
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:31:41am

112 bpm

Linked Medians

ECG

RATAN JYOTI DALMIA HEART INSTITUTE



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 60Hz 0.01Hz ERF+