



APEX HOSPITALS KANDIVALI DIAGNOSTIC


CASHLESS
FACILITY

Akurli Road, Next to Lodha Woods , Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022-62747000 (100 Lines)

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. SINGRAY KORAH	LabNo	14416	
UHID/IP No	150009504 / 10984	Order Date	22/02/2024 12:33PM	
Age/Gender	45 Yrs/Male	Receiving Date	22/02/2024 12:54PM	
Bed No/Ward	OPD	Report Date	23/02/2024 10:08AM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

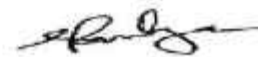
Trachea is central in position and no mediastinal abnormality is visible.

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--



Dr. SAUMIL PANDYA
MD, D.N.B



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A Superspeciality Hospital

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Tele.: 022-62747000 (100 Lines)

22/02/2024

Name: Mr. Singray Korah

Age: 45yr/m

C/u Cam for Routine checkup.

ofe f. Afib
P - 58/m
Bp - 120/80 mmHg
SpO2 - 98% on RA

ofe CAS WS M | NAD

PIA soft.

T - folvite (5mg) 1-0-0 x/month

Physician opinion
H/O Hypothyroid /
Thrombocytopenia /
Bradycardia.

Dr. Nadeem Motlekar

ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROLOGY | PEDIATRIC SURGERY



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Bed No/Ward	OPD	Report Date	22/02/2024 1:35PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	12.9 L	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.41	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	40.08	%	40.0 - 50.0	
MCV	74.09 L	fl	78 - 100	Calculated
MCH	23.84 L	pg	27 - 31	Calculated
MCHC	32.19	gm/dl	30 - 36	Calculated
RDW	14.8	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	3450 L	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	63	%	40 - 80	
Lymphocyte %	33	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	2173.5	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1138.5	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	69	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	69 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Leucopenia			
RBCs Morphology	Microcytosis +			
Platelet Count	79 L	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Reduced On Smear			
MPV	11.8	fl	7 - 12	

--End Of Report--

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	5	mm/hr	< 15	Westergren

--End Of Report--

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Age/Gender	45 Yrs/Male	Receiving Date	22/02/2024 12:46PM	
Bed No/Ward	OPD	Report Date	22/02/2024 1:07PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Provisional/Interim	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

--End Of Report--



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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	122.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	109.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	135	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	89	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	48	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	17.80	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	69.20	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.81 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	1.44 L		2.50 - 3.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.82	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.50	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.32	mg/dl	0 - 1	
SGPT (ALT)	45.37 H	U/L	5 - 40	IFCC modified
SGOT (AST)	38.39	U/L	5 - 40	IFCC modified
Protein Total	6.1	gm/dl	6.00 - 8.00	Biuret
Albumin	3.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.60	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.35		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	114.7	IU/L	42 - 140	
GGTP (GAMMA GT)	23.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	1.1	mg/dl	0.70 - 1.50	Jaffes
UREA	26.38	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	12.33	mg/dl	7 - 20	
Calcium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.5	mm/hr	3.5 - 8.5	URICASE-PEROXIDASE
Phosphorus	3.4	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	141.0	mEq/L	135 - 146	ISE Direct
Potassium	4.1	mEq/L	3.5 - 5.5	ISE Direct
Chloride	106.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.1	gm/dl	6.00 - 8.00	Biuret
Albumin	3.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.60	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.35		1.00 - 2.50	Calculated Value

--End Of Report--

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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.020		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	4-5/hpf			
RBCs	Absent			
Epithelial Cells	2-3/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

Patient Id : PVD18323-24/67799
Patient : MR SINGRAY KORAH
Age/sex : 45 Yrs/ Male
Center : APEX HOSPITALS KANDIVALI
Ref. By : Self

Sample ID : 24026021
Reg. Date : 22/02/2024
Report Date : 22/02/2024
Case No. :



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	

Method : HPLC-Biorad D10-USA

INTERPRETATION


- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent Control - 6 to 7 %.
 - Fair to Good Control - 7 to 8 %.
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MC Reg no 2001031640

Patient Id : PVD18323-24/67799
Patient : MR SINGRAY KORAH
Age/sex : 45 Yrs/ Male
Center : APEX HOSPITALS KANDIVALI
Ref. By : Self

Sample ID : 24026021
Reg. Date : 22/02/2024
Report Date : 22/02/2024
Case No. :

ISO 9001-2015 Certified



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	126.41	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.01	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	6.92	uIU/ml	0.27 - 4.20
Method : ECLIA			

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH-especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion*
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis-Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
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DR. SANDEEP B. PORWAL
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MBC Reg no 2001031640

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 Patient : MR SINGRAY KORAH
 Age/sex : 45 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24026021
 Reg. Date : 22/02/2024
 Report Date : 22/02/2024
 Case No. :



PSA (Prostate Specific Antigen)-Serum 0.41
 Total

ng/ml

Conventional for all ages: 0 - 4
 69- 80 Years : 0 - 6.5
 Above 80 yrs: 0 - 7.2


Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



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Patient Name: MR KORAH SINGARY M /45 Yrs
Ref. by: APEX HOSPITAL Date: - 22-02-24

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in(11.1 cm) size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation. **Small simple benign cyst seen in segment IV a of liver measuring 11 x 7 mm.**

PORTAL VEIN: It measures 10 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.4 x 4	10.2 x 5

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted. Prevoid volume is cc and post void residue is cc.

.....Continue On Page 2



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PROSTATE: It measures about 2.8 x 4.1 x 3.2 cm; volume is 20 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

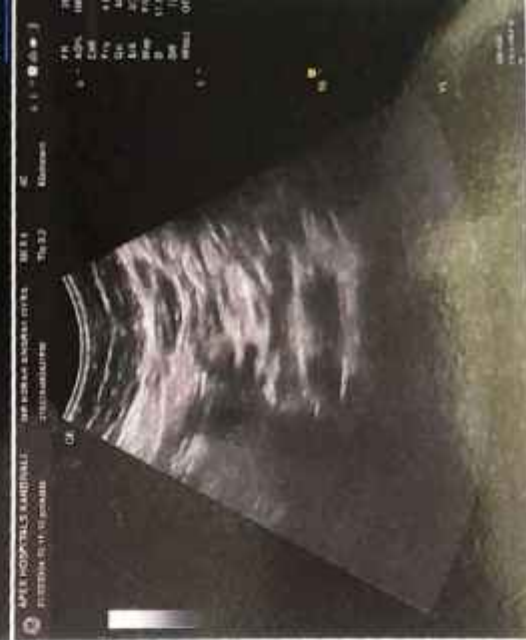
IMPRESSION:

- Small simple benign cyst in segment IV a of liver .
- No other significant abnormality is seen.

Thanks for the reference.

With regards,

Dr. Ravi Kumar
CONSULTANT RADIOLOGIST



**APEX HOSPITAL
KANDIVALI**

MR KORAH SINGRAY

ID : 8921
 DATE : 22-02-2024
 AGE/SEX : 45 / M
 HT/WT : 165 / 72
 REF BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

SE	TOTAL TIME	STAGE TIME	SPEED Km/HR	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
	2:55	2:55	2.7	10	65	120 / 80	78
	5:55	2:55	4	12	95	120 / 80	114
	8:55	2:55	5.4	14	120	130 / 90	156
	11:55	2:55	6.7	16	150	150 / 90	225
	12:37	0:37	8	18	169	150 / 90	253
	13:21	0:29			173	150 / 90	259
	14:18	1:26			157	150 / 90	235
					124	160 / 100	198

RESULTS

EXERCISE DURATION : 12:37
 MAX HEART RATE : 176 bpm 100 % of target heart rate 175 bpm
 MAX BLOOD PRESSURE : 160 / 100 mm Hg
 REASON OF TERMINATION :

BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :

IMPRESSIONS

**DR. VIVEK AGARWAL
 DM CARDIOLOGIST
 DNB CARDIOLOGIST
 IECPR
 MD MEDICINE MBBS
 2008/10/3715
 APEX HOSPITALS KANDIVALI**

an : 44

UNIT - DR. Incharge, Tel : +91-701-4030035, Fax : +91-701-4030180, E-Mail : apex@electromedicals.net

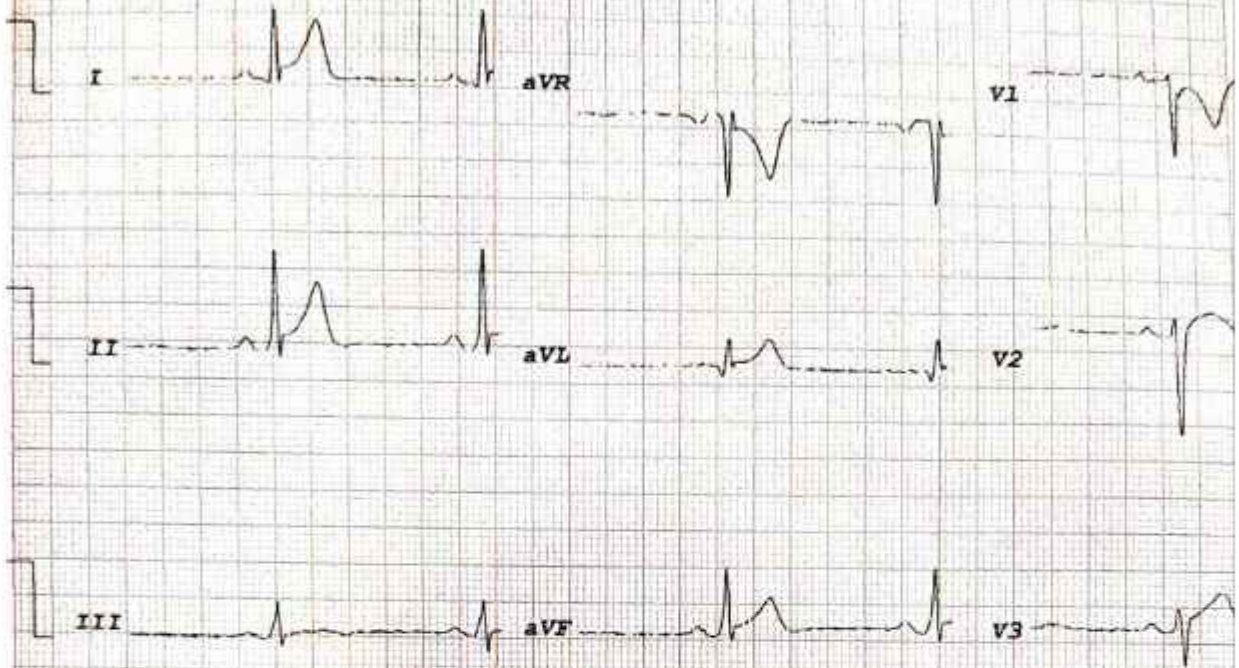
APEX HOSPITAL

KORAH SINGRAY
D. 8921
Age 45/M
Date 22-02-2024

RATE 65bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm
80ms Post.



DMC-EN, Indore, Tel: +91-771-4010003, Fax:

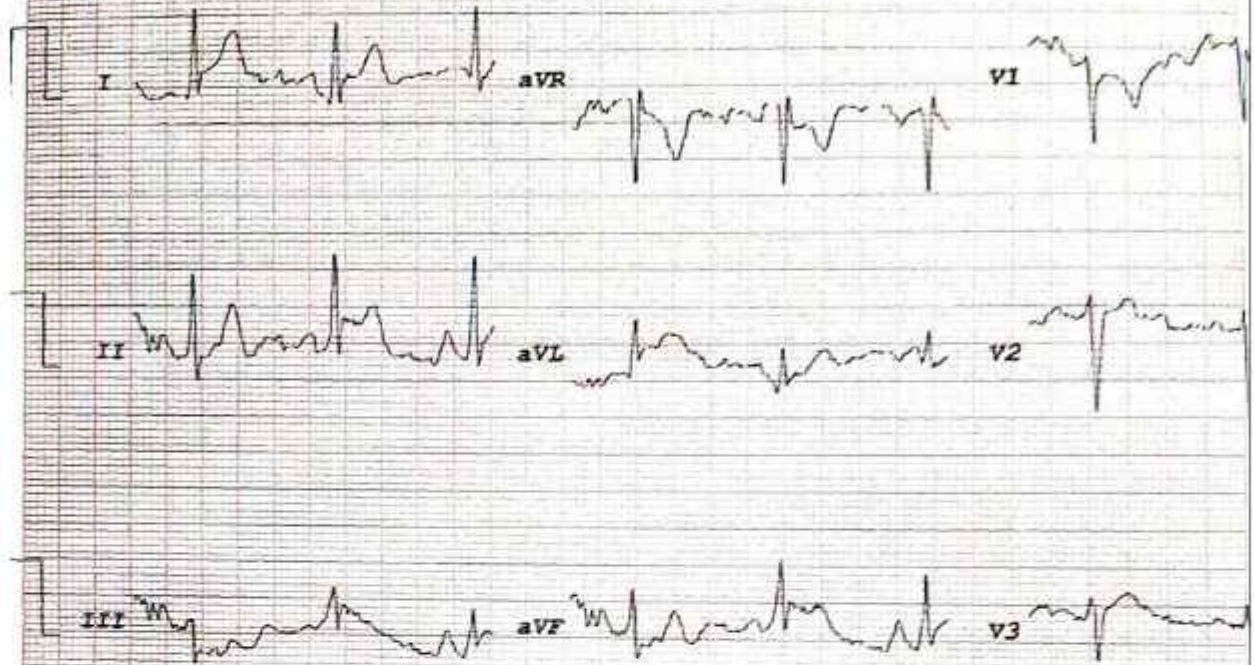
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DR KORAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

WARM UP

RATE 76bpm
B.P. 120/80

ST @ 10mm/
80mm Post.
Speed 1.5



DR. S.M. SODER, Delhi. Phone: 91-781-4039008, Fax:

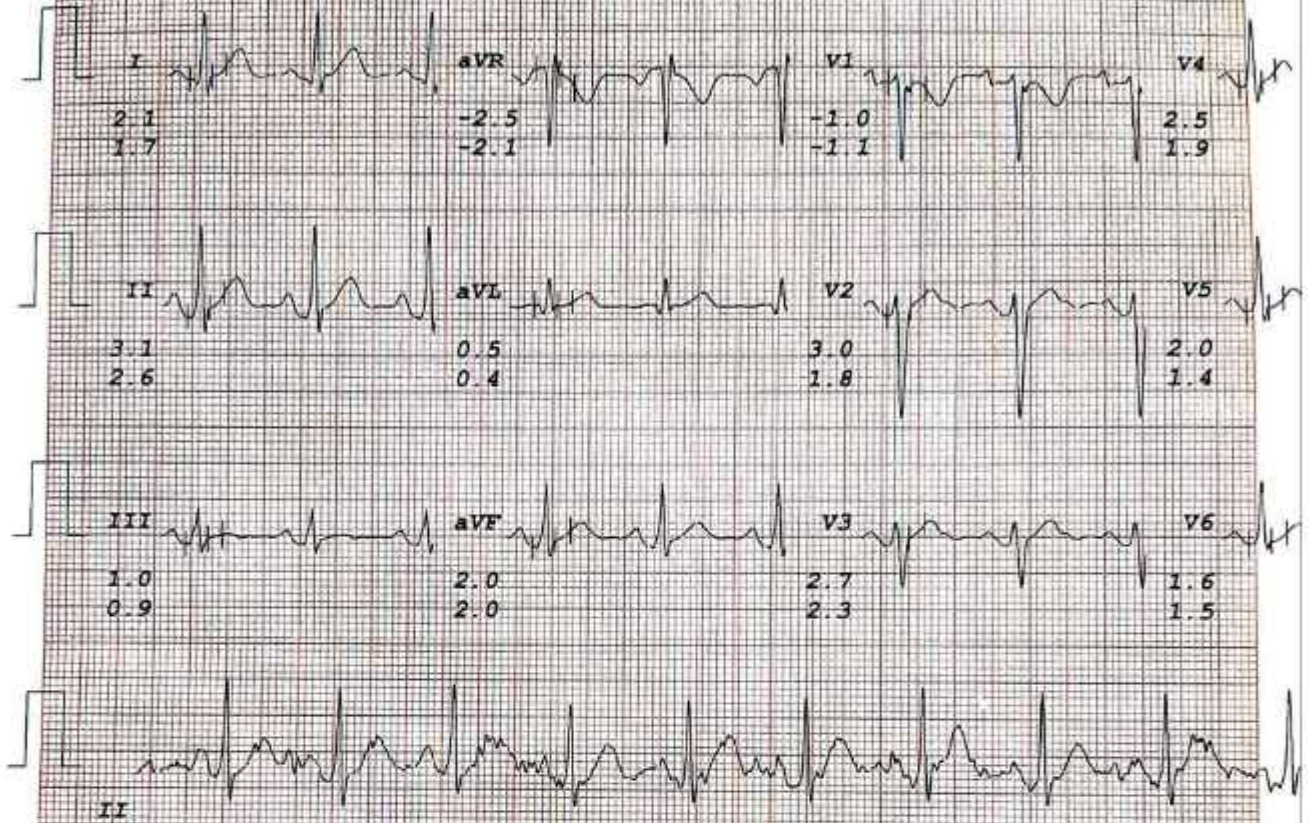
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MR. KORAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 95bpm
B.P. 120/80

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 2.7 k
SLOPE 10 %



Base Corrected

UNI-EM, Indore. Tel: +91-31-331-4030033, Fax: +91

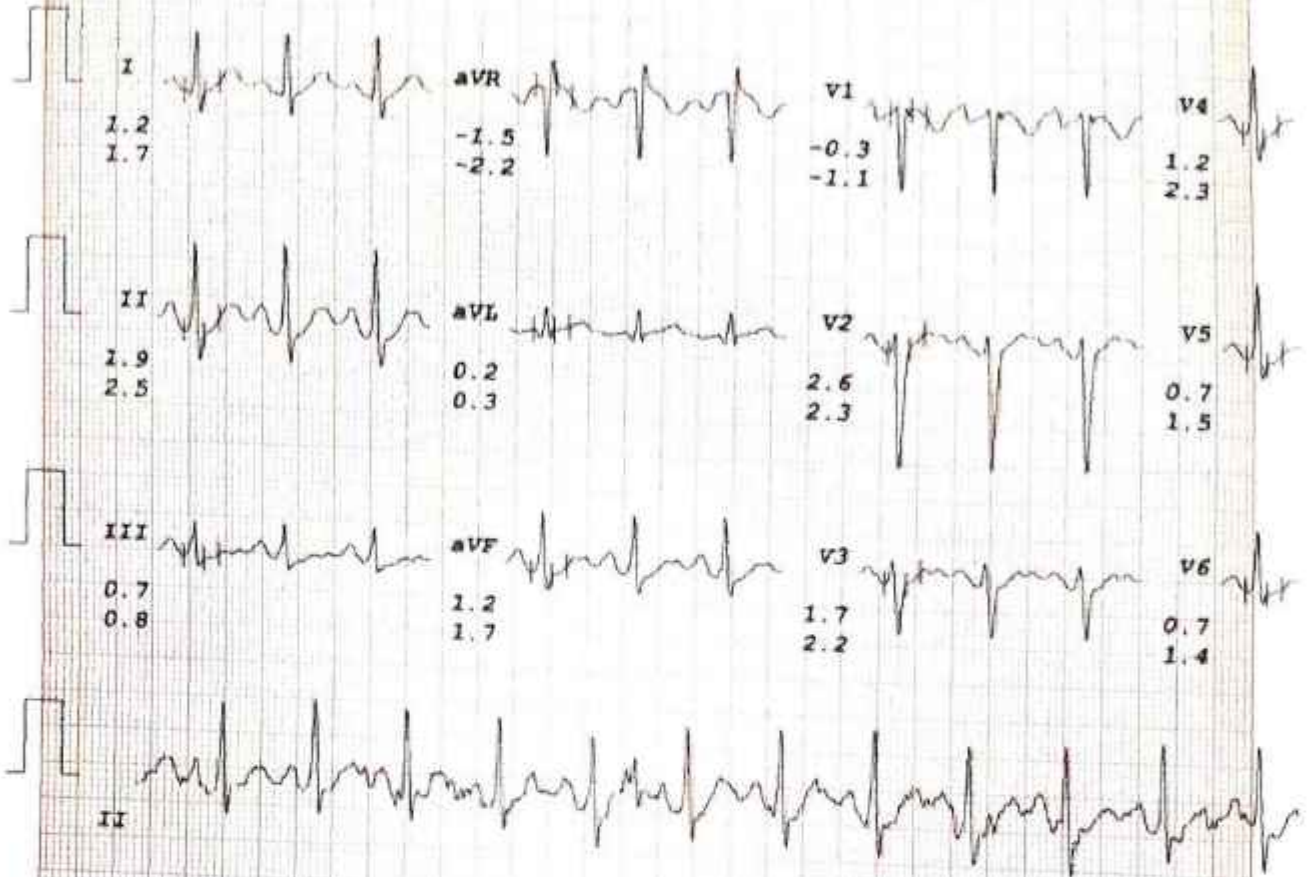
APEX HOSPITAL

MR KORAH BINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 120bpm
B.P. 130/90

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 4 km/
SLOPE 12 %



II

Base Corrected

UNI:01, Endura, Tel:2 +91-731-6030033, Fax: -91-

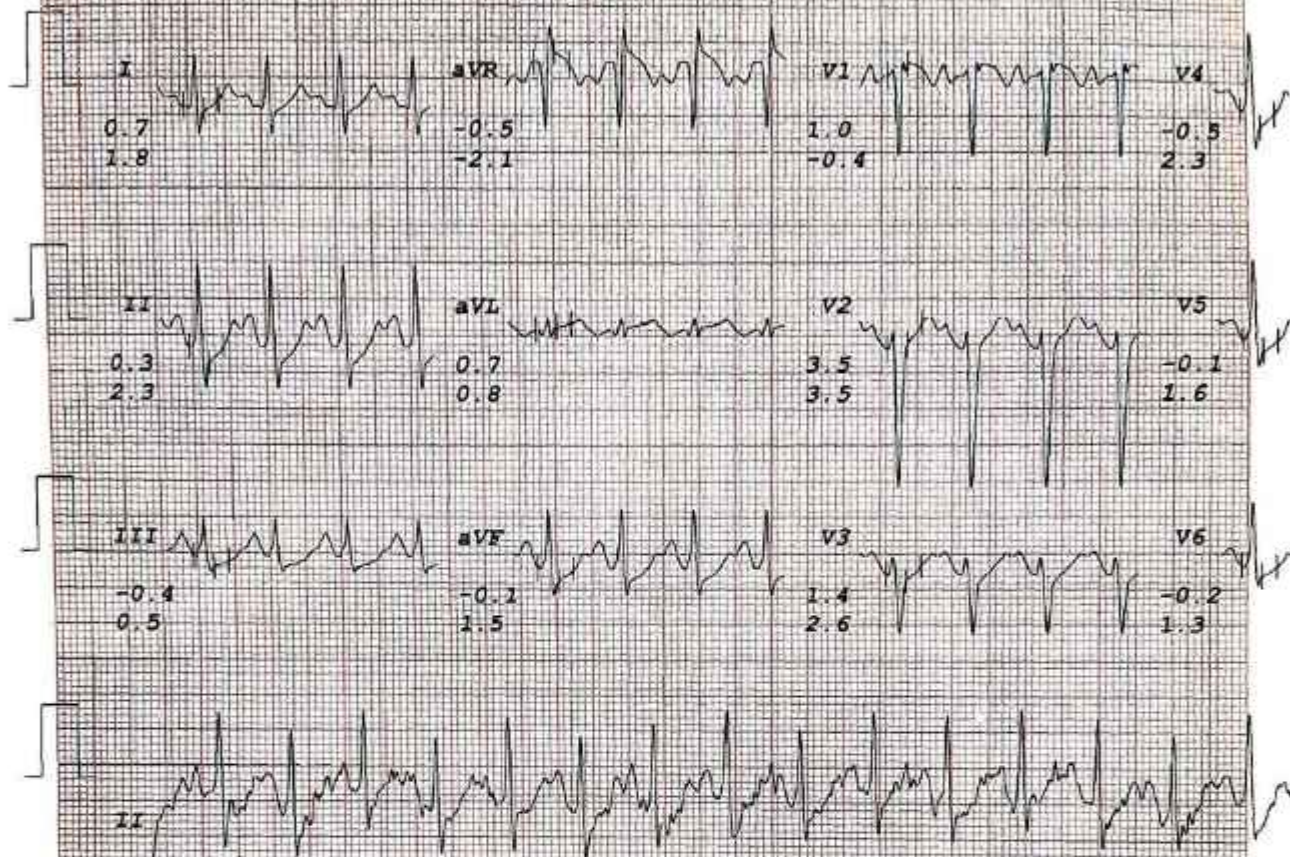
APEX HOSPITAL

MR. KORAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 150bpm
B.P. 150/90

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 5.4 k
SLOPE 14 s



Base Corrected

UNI-EM, Indico, Tel: 011-4030333, Fax: 011-

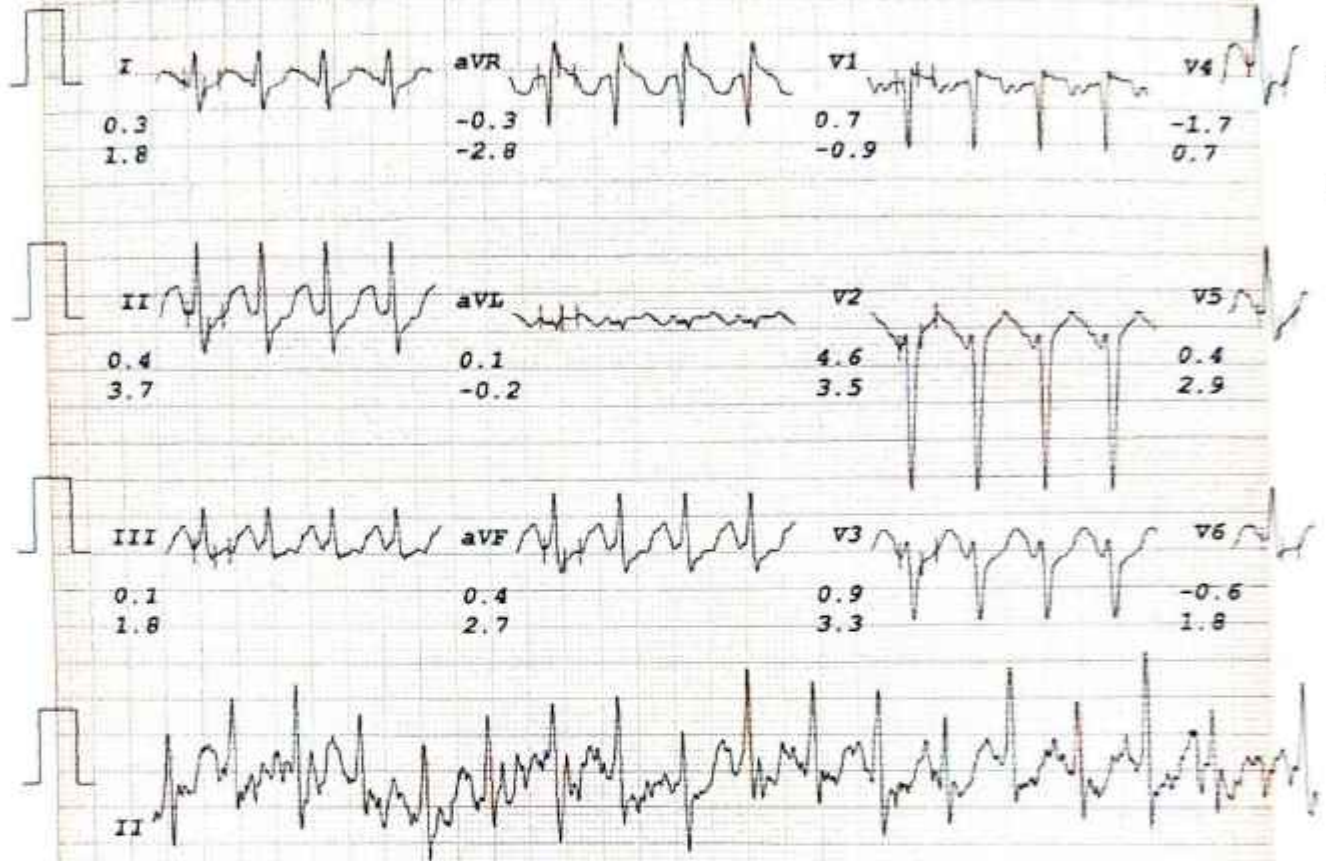
APEX HOSPITAL

MR KGRAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 169bpm
B.P. 150/90

Bruce
Stage 4
TOTAL TIME 11:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 6.7 k
SLOPE 16 #



Base Corrected

UNIT-08, DURGAM CHALSI, HYD-500008, INDIA

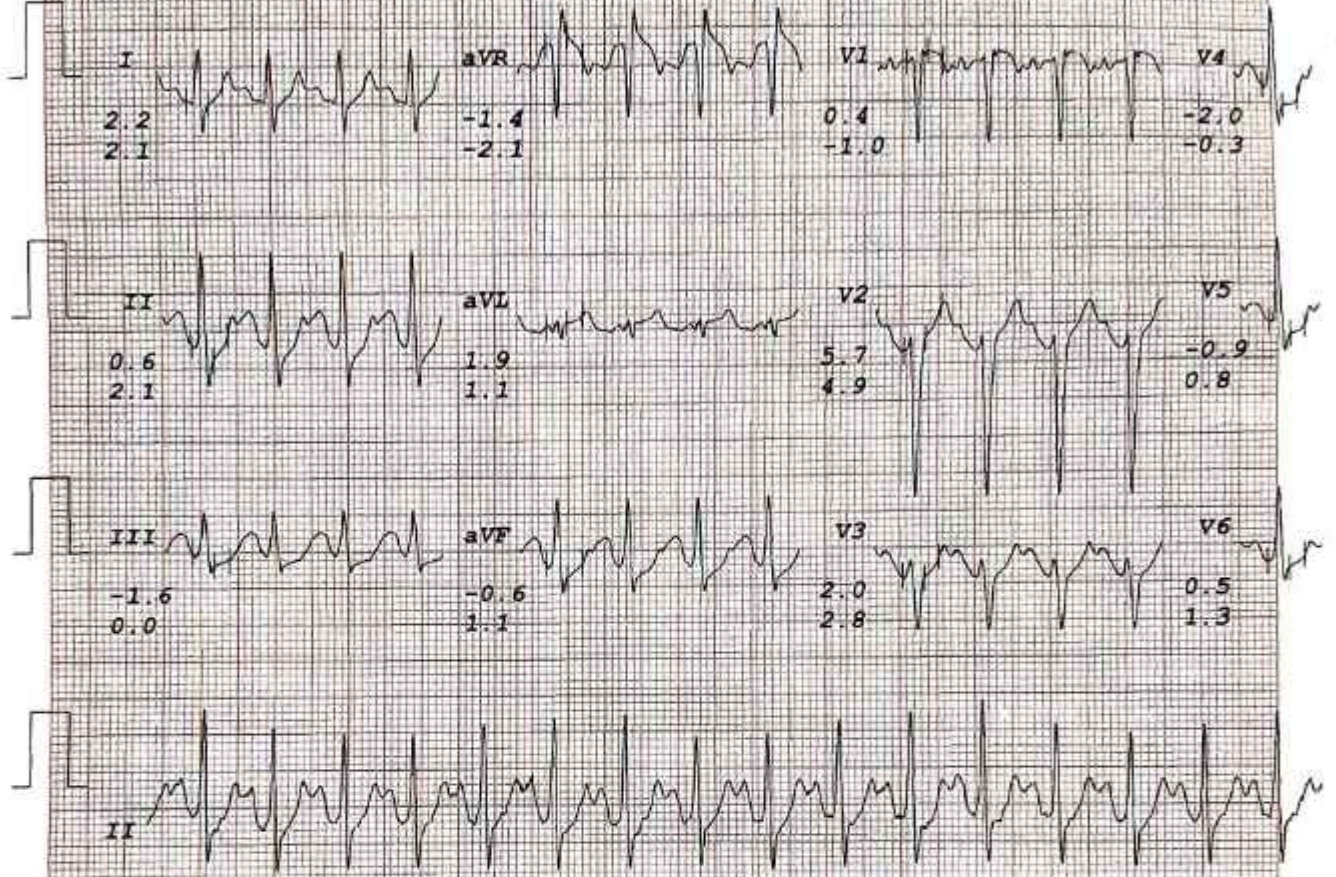
APEX HOSPITAL

MR KORAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 157bpm
B.P. 150/90

Bruce
RECOVERY
TOTAL TIME 13:21
PHASE TIME 0:29

ST @ 10mm/m
80ms PostJ



II

Base Corrected

INV-EM, Indore, Tel: +91-731-4930035, Fax: +91-

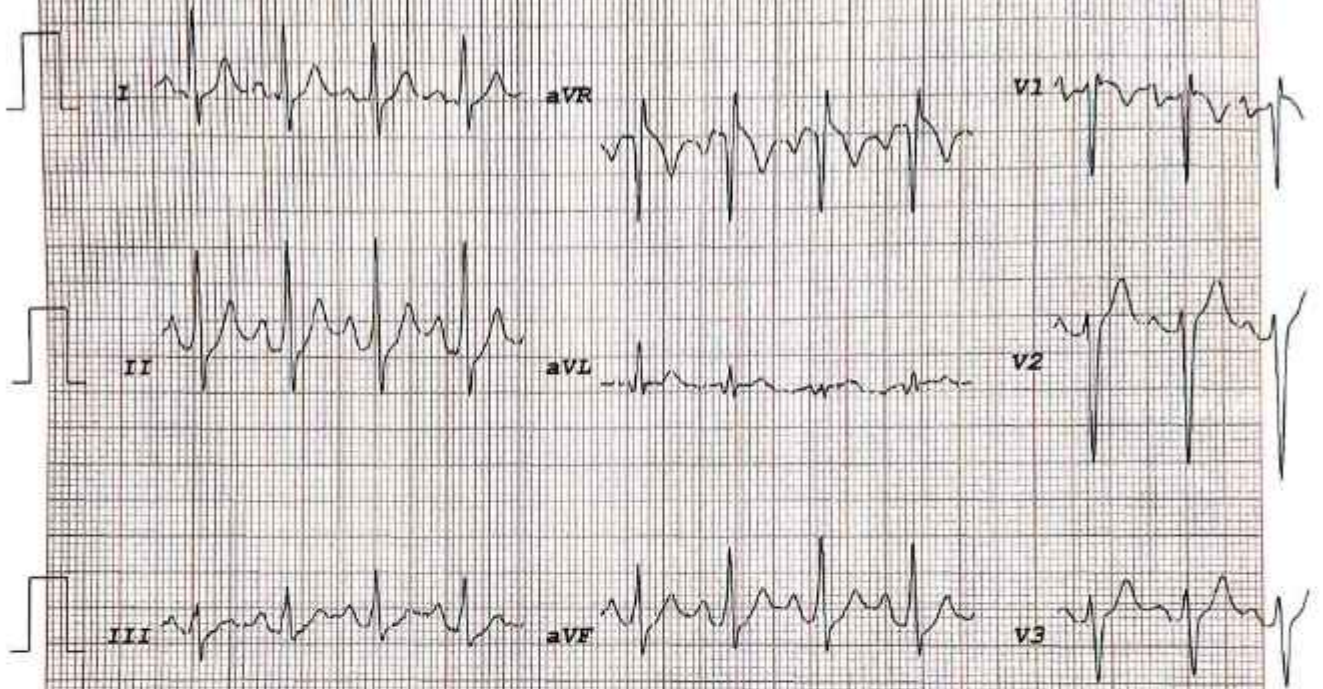
APEX HOSPITAL

MR KORAH SINGRAY
I.D. 8921
Age 45/M
Date 22-02-2024

RATE 124bpm
B.P. 160/100

Bruce
RECOVERY
TOTAL TIME 14:18
PHASE TIME 1:26

ST @ 10mm/m
80ms PostJ



OR

Base Corrected

UNI-EM, Endore, Tel: +91-751-4030035, Fax: +91-



APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS
FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022-62747000 (100 Lines)
150009504

22/02/24

MR. Kozah singray 45y/m

BP - 120/80 mmHg

P - 58/min

SpO2 - 98%

Height - 165 cm

wt - 71.5 kg

ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



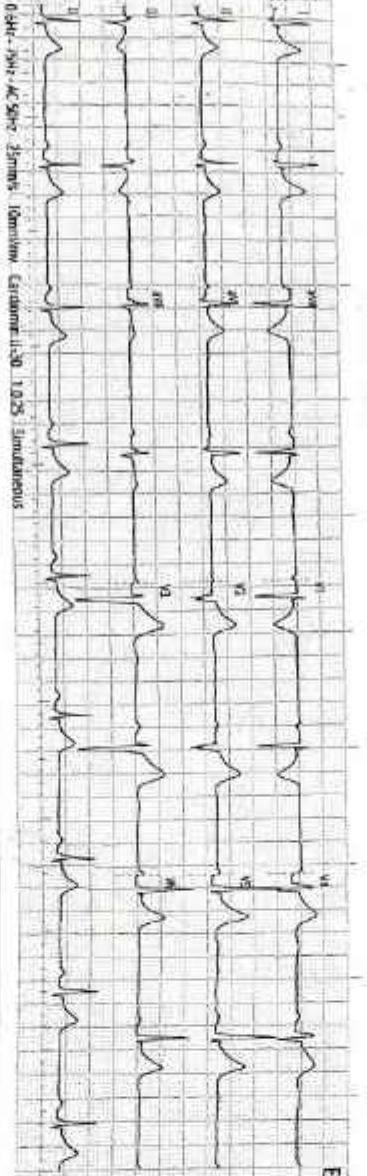
ओपेक्स हॉस्पिटल्स कोटिदोली

Name MR. KANHA SINGHARY

Date 22/02/24

Time 9 AM

Age 45 YRS Gender male



ECG report

ID : 2014022100715
Name :
Gender :
Age :
Dept :
Bed No :

HR : 94 bpm
PR : 194 ms
QRS : 95 ms
QT/QTc : 386/381 ms
P/QRS/T : 34/11/72°
P/QRS/T : 1.34/0.17/3 mm
RV5/V6 : 2.2/1.0 mV

Interpretation's by
Sinae Brindavada
Post ECG progression
Interpretation ECG

9 AM
22/02/24

MR. Kanha singhary

Confirm and sign:
Examination site: 2024-02-22 10:07:35