




DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. SEEMA VITTHAL BANKAR	LabNo	15279
UHID/IP No	150009832 / 175	Sample Date	13/04/2024 2:45PM
Age/Gender	39 Yrs/Female	Receiving Date	13/04/2024 2:48PM
Bed No/Ward	OPD	Report Date	13/04/2024 7:35PM
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)	13.0	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.63	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	38.60	%	36.0 - 46.0	
MCV	83.37	fl	78 - 100	Calculated
MCH	28.08	pg	26 - 34	Calculated
MCHC	33.68	gm/dl	30 - 36	Calculated
RDW	15.1	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7370	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	62	%	40 - 80	
Lymphocyte %	33	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	4569.4	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2432.1	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	221.1	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	147.4 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	289	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.6	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	20	mm/hr	< 20	Westergren


Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

Akurl 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 LABORATORY SCIENCES

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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

IMMUNO-HAEMATOLOGY

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

--End Of Report--

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MBBS MD (Path) Mumbai



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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP) Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	108.0	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)	86.20	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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A Superspeciality Hospital

CASHLESS FACILITY

Akurla Road, Next to Lodha Woods, Lokhandwala Township,
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email: info@apexhospitals.in | www.apexgroupofhospitals.com



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. SEEMA VITTHAL BANKAR	LabNo	15279	
ID/IP No	150009832 / 175	Sample Date	13/04/2024 2:45PM	
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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
(RENAL FUNCTION TEST)				
Sample: Serum				
Urea Nitrogen	1.0	mg/dl	0.60 - 1.30	Jaffes
Creatinine	18.92	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	8.84	mg/dl	7 - 20	
Sodium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.0	mm/hr	2.5 - 6.2	URICASE-PEROXIDASE
Phosphorus	3.0	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Calcium	140.0	mEq/L	135 - 146	ISE Direct
Potassium	4.0	mEq/L	3.5 - 5.5	ISE Direct
Chloride	104.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.8	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.27		1.00 - 2.50	Calculated Value

--End Of Report--

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
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.70	mg/dl	0.30 - 1.30	Diphenyl Diazonium Salt
Bilirubin Direct (Dbil)	0.32	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.38	mg/dl	0 - 1	
SGPT (ALT)	15.47	U/L	5 - 40	IFCC modified
SGOT (AST)	20.50	U/L	5 - 40	IFCC modified
Protein Total	6.8	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.27		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	71.86	IU/L	42 - 140	
GGTP (GAMMA GT)	18.48	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--


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MBBS MD (Path) Mumbai

DEPARTMENT OF LABORATORY SCIENCES

Patient Name Mrs. SEEMA VITTHAL BANKAR
 ID/IP No 150009832 / 175
 /Gender 39 Yrs/Female
 No/Ward OPD
 Prescribed By Dr. Ramesh Hari Pawar


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BIOCHEMISTRY

Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	131.4	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	101.0	mg/dl	< 150	Enzymatic End point
LDL Cholesterol	53.0	mg/dl	40.00 - 60.00	Phosphotungstat
HDL Cholesterol	20.20	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	58.20	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.48 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	1.10 L		2.50 - 3.50	Calculated Value

--End Of Report--


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 MBBS MD (Path) Mumbai

DEPARTMENT OF LABORATORY SCIENCES

Patient Name Mrs. SEEMA VITTHAL BANKAR
UHID/IP No 150009832 / 175
Age/Gender 39 Yrs/Female
Bed No/Ward OPD
Prescribed By Dr. Ramesh Hari Pawar

LabNo 15279
Sample Date 13/04/2024 2:45PM
Receiving Date 13/04/2024 2:48PM
Report Date 13/04/2024 7:30PM
Report Status Final



CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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URINE ROUTINE
Sample: Urine

PHYSICAL EXAMINATION

Quantity	30	ml		
Color	Pale Yellow			
Appearance	Hazy		Clear	Clear
Specific Gravity	1.015		1.010 - 1.025	

CHEMICAL EXAMINATION

pH	6.5		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	35-40/hpf			
RBCs	Absent			
Epithelial Cells	15-18/hpf			Absent
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			
Yeast Cells	Normal			
Amorphous Deposit	Absent			
Others	Absent			

Normal

--End Of Report--

Dr. SANDEEP B PORWAL
 MBBS MD (Path) Mumbai

Patient Id : PVD18324-25/2710
 Patient : MRS SEEMA VITTHAL BANKAR
 Age/sex : 39 Yrs/ Female
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24043534
 Reg. Date : 13/04/2024
 Report Date : 13/04/2024
 Case No. :



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	96.80	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 glycated 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: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - 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 glycemic 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

Report Id : PVD18324-25/2710
Patient : MRS SEEMA VITTHAL BANKAR
Age/sex : 39 Yrs/ Female
Center : APEX HOSPITALS KANDIVALI
Ref. By : Self

Sample ID : 24043534
Reg. Date : 13/04/2024
Report Date : 13/04/2024
Case No.



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

TOTAL T3 T4 TSH (TFT)

T3 (Triiodothyronine)	126.24	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)	7.58	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)	4.09	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

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusively 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 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.

DR. SANDEEP B. PO
MBBS MD (Path) MCh
MMC Reg no 20010



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DEPARTMENT OF RADIOLOGY

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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.

Bilateral hila are symmetrical in size, outline and density

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

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST

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



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Tele.:
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Mr. Seema Bantale

19/4/24

Age - 39 yrs/F

Optical Checkup

Distance

Rt eye - 0.18

Lt eye - 0.30

Near

Rt eye - N-6

Lt eye - N-6

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



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Tele.:
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MRS Seema Bunker
Age - 39 y / F

13/4/24

BP - 100/80 mmHg

Height - 54cm

Pulse - 59/min

SpO₂ - 99.1.

Weight - 60kg

**APEX HOSPITAL
KANDIVALI**

C-1010/1001/1001

scema banker
ID : 8936
DATE : 13-04-2024
AGE/SEX : 39 / F
HT/WT : 54 / 60
REF. BY : SELF

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/HR	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
SUFINE					70	100 / 80	70
HYPERVENT		0:5			68	100 / 80	68
Stage 1	2:55	2:55	2.7	10	100	100 / 80	100
Stage 2	5:55	2:55	4	12	127	110 / 70	139
Stage 3	8:55	2:55	5.4	14	142	120 / 80	170
PK-EXERCISE	9:17	0:17	6.7	16	151	120 / 80	181
RECOVERY	9:58	0:29			120	120 / 80	144
RECOVERY	10:43	1:14			101	120 / 80	121
RECOVERY	11:27	1:58			93	120 / 80	111
RECOVERY	11:36	2:7			88	120 / 80	105

RESULTS

EXERCISE DURATION : 9:17 MAX WORK LOAD

MAX BLOOD PRESSURE : 120 / 80 mm Hg

REASON OF TERMINATION :

BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS :

Apex Hospitals Kandivali
Akurti Road, Next To Lodha Woods,
Lokhandwala Township, Near Mahindra,
Gate No. 4, Kandivali (E), Mumbai - 101..

Technician : 44

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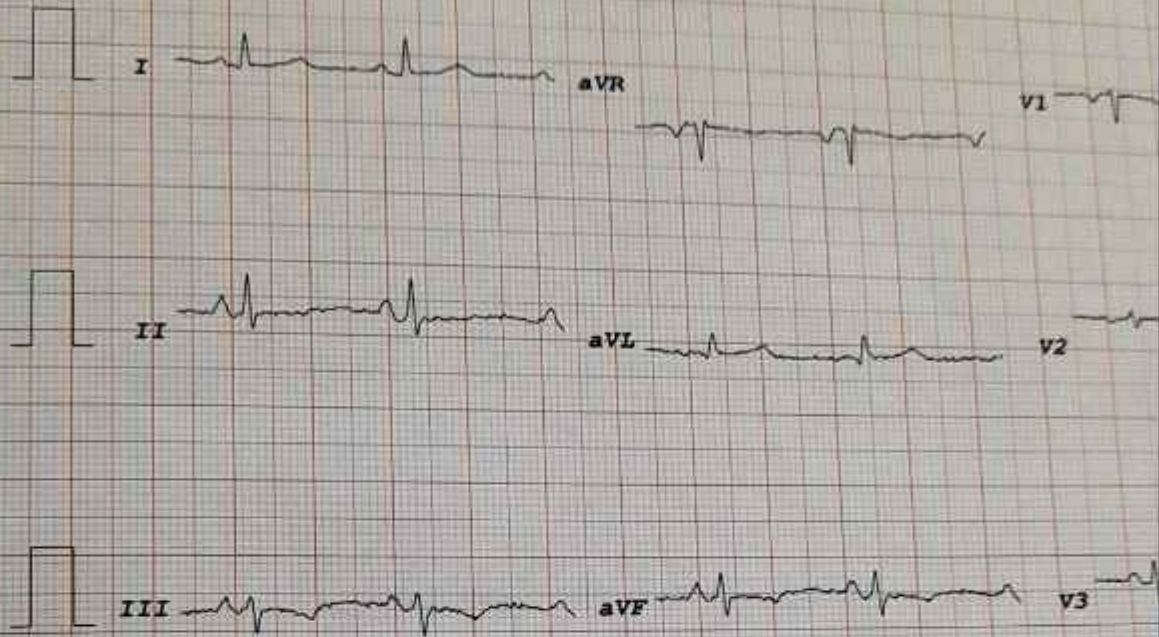
APEX HOSPITAL

seema bankar
I.D. 8936
Age 39/F
Date 13-04-2024

RATE 70bpm
B.P. 100/80

PRETEST
SUPINE

ST 8
#0ma



corrected

UVI-20, Indore, Ph. : 41

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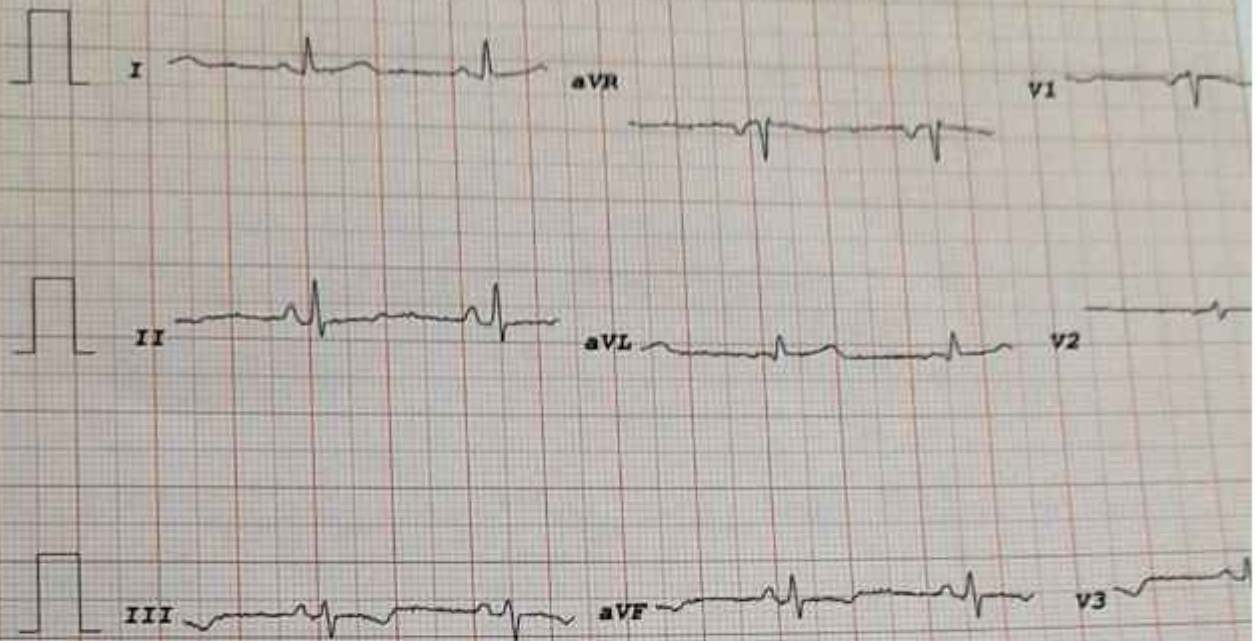
seema bankar
I.D. 8936
Age 39/F
Date 13-04-2024

RATE 68bpm
B.P. 100/80

PRETEST
HYPERVENT

ST @ 10mm
80ms Post.

PHASE TIME 0:05



Corrected.

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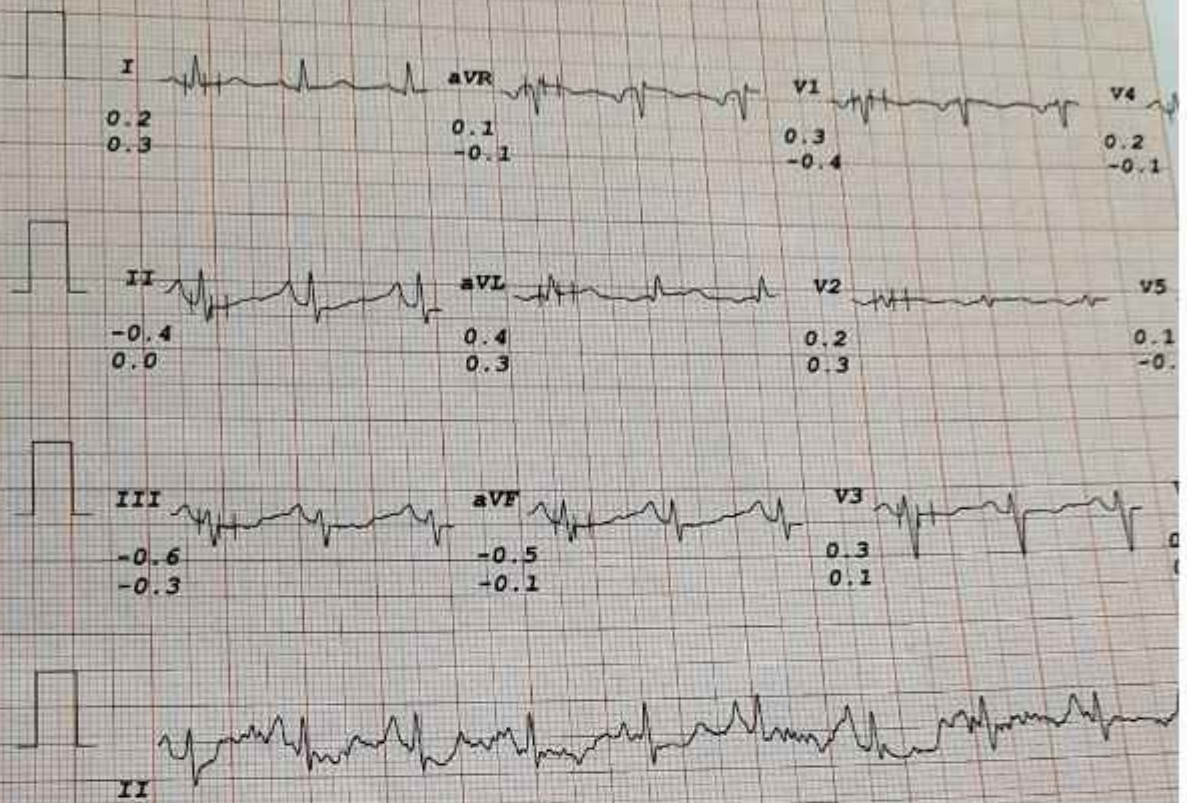
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seema banker
I.D. 8936
Age 39/F
Date 13-04-2024

RATE 100bpm
B.P. 100/80

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

ST @ 10mm
80ms Post
Speed 2.7
SLOPE 10



Lead Corrected

ENT-EM, Indore. Tel.: +91-

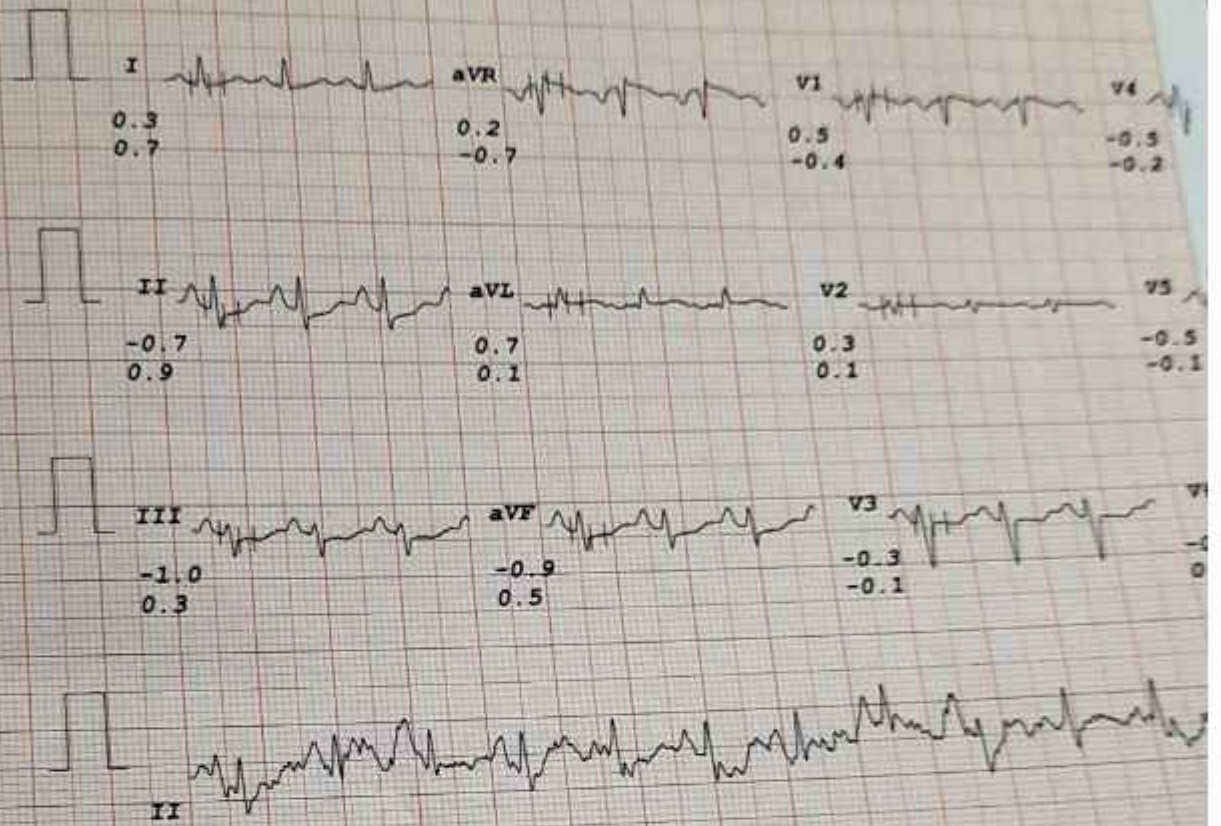
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seema bankar
I.D. 8936
Age 39/F
Date 13-04-2024

RATE 127bpm
B.P. 110/70

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

ST 0 10mm
80ms Post.
Speed 4 k
SLOPE 12



Base Corrected

OMI-EN, Indore, Tel: 222-2222

Computer

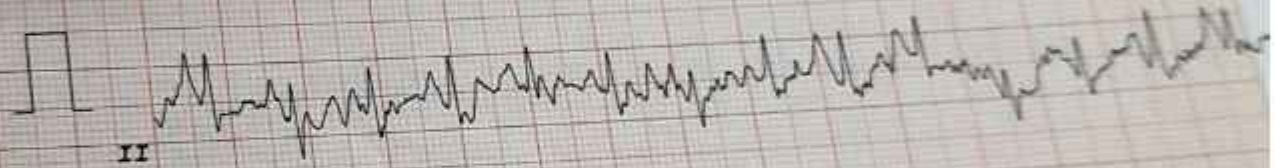
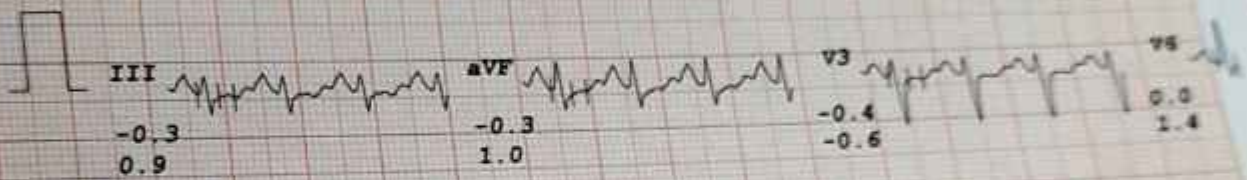
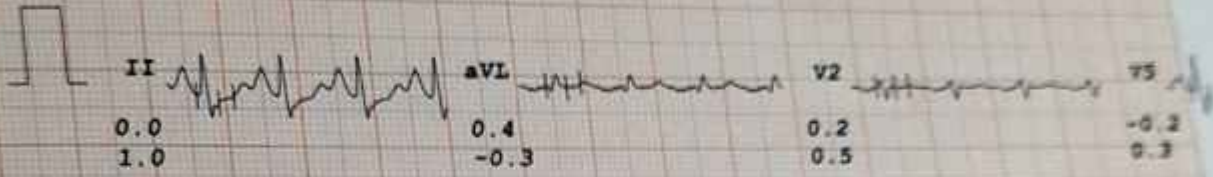
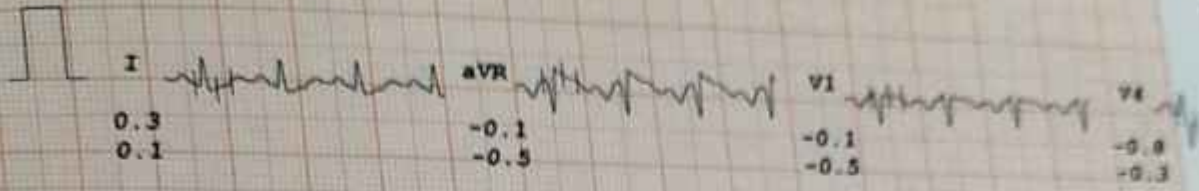
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emma bankar
I.D. 8936
Age 39/F
Date 13-04-2024

RATE 142bpm
B.P. 120/80

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

ST # 10mm
80mm Post.
Speed 2.4
SLOPE 14



UNI-EM, India. TEL: +91-120-6000

Base Corrected

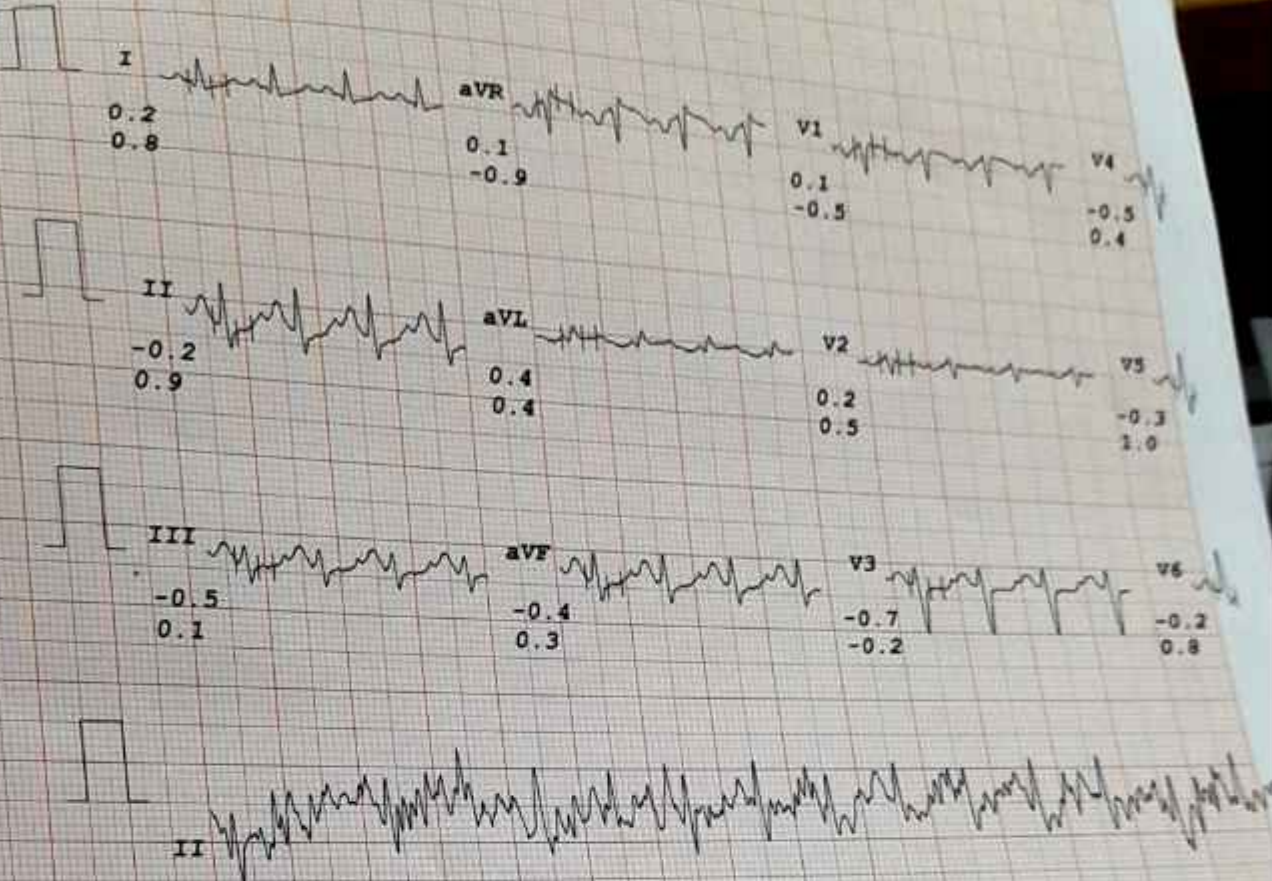
acom

12-04-2024

RATE 151bpm
B.P. 120/80

Bruce
PK-EXERCISE
TOTAL TIME 9:17
PHASE TIME 0:17

ST # 10mm
80ms Post
Speed 6.7
SLOPE 16



Base Corrected

UNI-SM, India. Tel: +91-731-4230

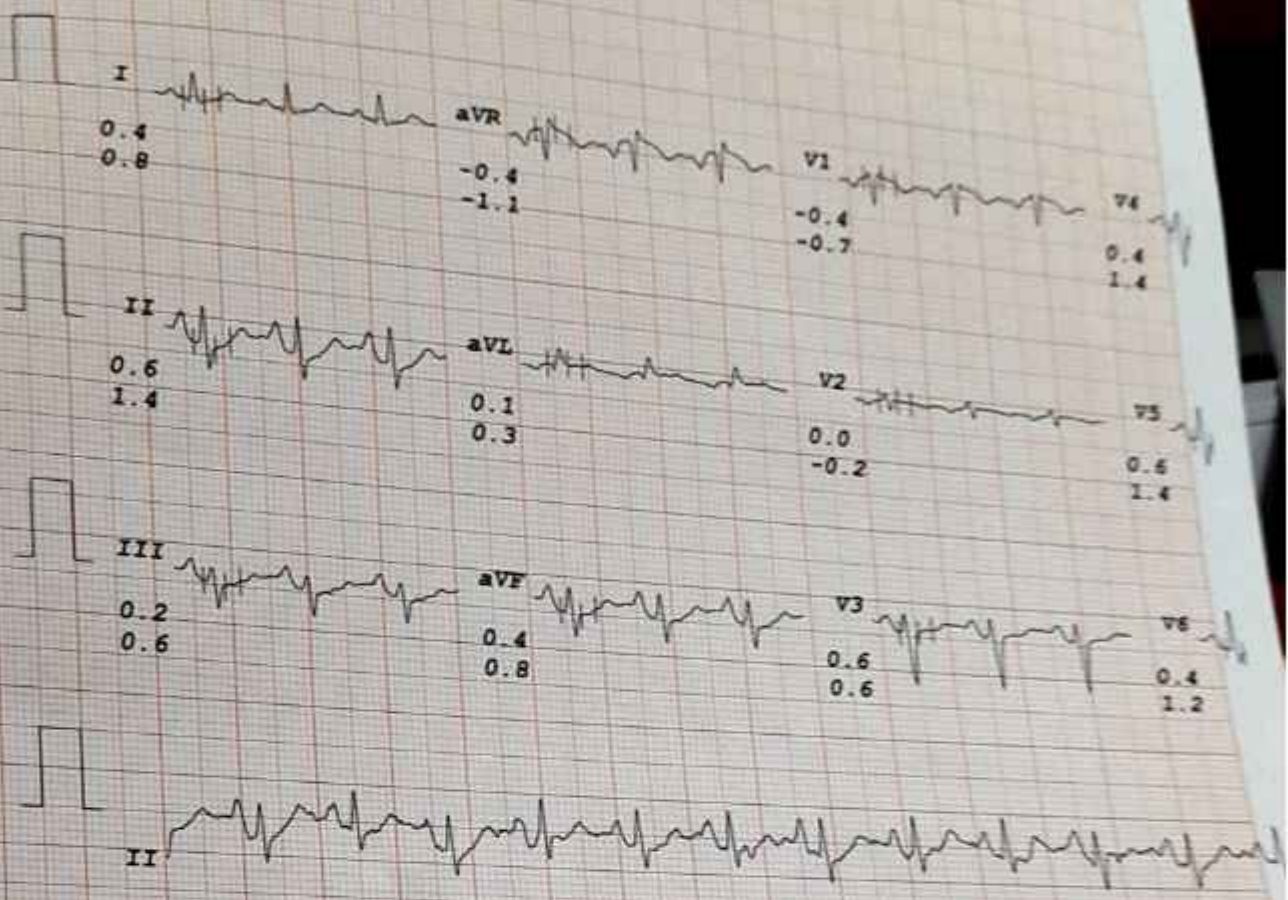
APEX HOSPITAL

Name: *Sanjay*
Age: 39/Y
Date: 13-04-2024

RATE 120bpm
B.P. 120/80

STAGE
RECOVERY
TOTAL TIME 9:58
PHASE TIME 0:29

ST # 10mm
50mm Post.



Base Corrected

UNI-SON, Jabber, Tel.: +91-731-4030033



अपेक्स हॉस्पिटल्स कादिवली

Name _____

Time _____

13/11/24

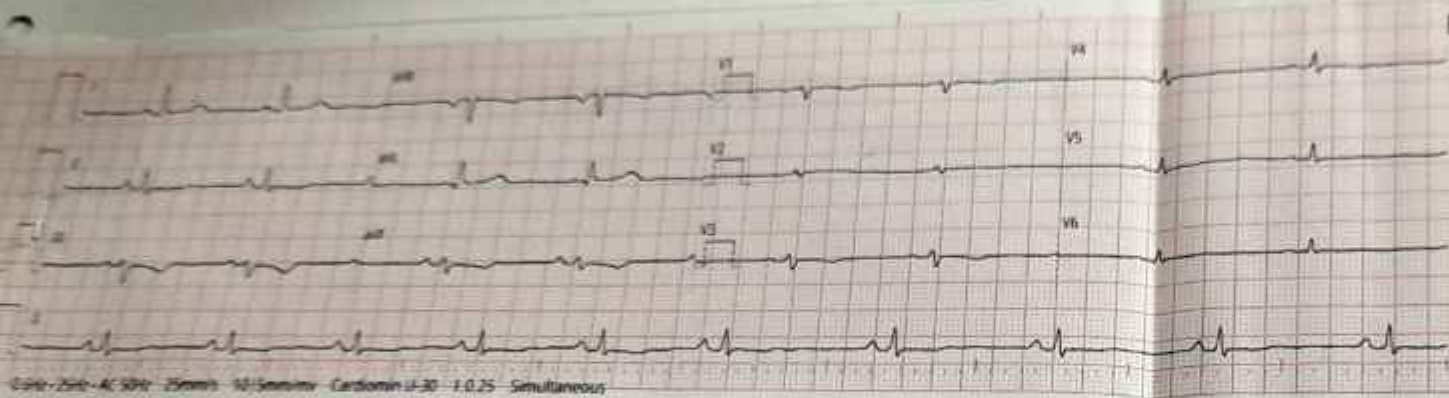
Age _____

Seema Banka

ECG report

ID : 20240413094441
Name :
Gender :
Age :
Dept :
Bed No :

HR : 90 bpm
PR : 144 ms
QRS : 88 ms
QT/QTc : 428/428 ms
P/QRS/T : 54/85/25°
RV5/ST : 0.611/0.361 mv
RV5-SV1 : 0.972 mv



© 2012 Zile - AC 50Hz 25mm/s 10/5mm/mv Cardiomir II-30 1.0.25 Simultaneous

Confir
Exam