



OPD ASSESSMENT FORM



Name Ms. Rubik sated Hasan Kodai Age Sex 56 / M MR.No. _____
 Doctor Dr Krunal Gajjar Date 14/10/23
 Ht : 172 Wt. : 77 kg Temp : _____ Pulse : 98.5 bpm BP : 136 / 73
 SPO2 : 98% Post of walk SPO2 : _____

Chief Complaints :

NOT - ANY

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

R | NAD
CNS

Past History :

N.S.
K140 DM.

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx
→ Tab. Gabapin (100)
0-0-1 x (15) days.

Investigation advised :

Krunal
Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. 020412

SUNSHINE GLOBAL HOSPITAL
SUKAT, Signature

Follow Up : _____ Date : _____



OPD ASSESSMENT FORM



Name Mr. Rafik Saifed Husan Age.Sex 56/M MR.No. S144505

Doctor Dr. Hardik Shroff Date 14/10/23

Ht : _____ Wt : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaint

Drug / Food Allergy :

Nil

Prior Medication Reviewed : Yes No

On examination :

RF BR - nil

Vn R gl C⁶
a₆ 2/6

Past History :

SI R - 1.5 x 20-22
L - 1.0 x 100-120
M⁶ 2/5

Provisional Diagnosis :

Fundi (Central) RF MAD

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices : (Write in Capital Letters)

RF Aetymatium
C⁶ 2/6

R_x

Investigation advised :

C⁶ 2/6

Dr. Hardik Shroff
DOMS, FNB (Ophthalmology)

Follow Up : SOS Date : _____

Signature-28902
SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.



OPD ASSESSMENT FORM



Name Mr. Rafik Saifed Husen Age Sex 56/M MR.No. 5144505
 Doctor Dr. Shailaja Desai Date 14/10/23
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine dental check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

- stain calculus
- missing I

Past History :

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :
(Write in Capital Letters)**

Rx

1) scaling
2) Replacement of I

Investigation advised :

Dr. Shailaja Desai
Dr. Shailaja Desai
 B.D.S. (Dental Surgeon)
 A-9793
 Dental Surgeon
 Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____

Signature



PAT. NAME : Rafik Saiyad Hasan Kadri	Date : 14/10/2023
REF. DOCTOR : Hosp. Dr.	AGE : 56 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S144505

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy. Urinary bladder appears well distended and normal. Prostate appears normal in size, shape and echopattern. No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- No significant abnormality seen.

Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 14/10/2023 – 11:09 AM

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PAT. NAME : Rafik Saiyad Hasan Kadri	Date : 14/10/2023
REF. DOCTOR : Hosp. Dr.	AGE : 56 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S144505

Clinical Details: HC

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 14/10/2023 – 11:04 AM

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MR No. : S144505	Collection Date : 14/10/2023 9:40AM
Patient Name : Mr. Rafik Salyed Hasan Kadri	Age : 56 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 14/10/2023 11:26AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.1	gm/dl	13.0 - 17.0
PCV	43.8	%	40 - 50
RBC COUNT	5.58	mill/cmm	4.5 - 5.5
MCV	78.5	fl	76 - 96
MCH	23.5	pg	26 - 32
MCHC	29.9	%	32 - 36
RDW	14.8	%	11 - 15
PLATELET COUNT	4.51	lacs/cmm	1.5 - 4.5
WBC COUNT	6760	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	51	%	40 - 70
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	08	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Eosinophilla		
HEMOPARASITES	Increased		
	Not Seen		

SYSMEX XN-550

***** End Report *****

Dr. Shobha Choksl
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S144505	Collection Date : 14/10/2023 9:40AM
Patient Name : Mr. Rafik Saiyed Hasan Kadri	Age : 56 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 14/10/2023 11:27AM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	129	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY


THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.04	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.66	ug/dl	5.1 - 14.0
TSH (CLIA)	2.10	uIU/ml	0.2 - 4.5

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated whilled in secondary and tertiary hypothyroidism . TSH levels are low.


Dr. Shobha Choksi
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MR No. : S144505

Patient Name : Mr. Rafik Salyed Hasan Kadri

Ref By : Dr. Hospital A Doctor

Collection Date : 14/10/2023 9:40AM

Age : 56 Y Sex : Male

Report Date : 14/10/2023 11:27AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HbA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	7.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	162.81	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay
Note:- Criteria for the diagnosis of diabetes HbA1c \geq 6.5*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).

2. HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.

3. HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.

4. Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.

5. Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

***** End Report *****

Dr. Shobha Choksi
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MR No. : S144505	Collection Date : 14/10/2023 9:40AM
Patient Name : Mr. Rafik Saiyed Hasan Kadri	Age : 56 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 14/10/2023 11:29AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	150	mg/dl	50 - 200
HDL CHOLESTEROL Direct	51	mg/dl	40 - 60
LDL CHOLESTEROL Direct	85.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	65	mg/dl	50 - 150
*LDL Calc	13	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	2.94		0 - 5
LDL / HDL RATIO	1.68		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****

Dr. Shobha Choksi
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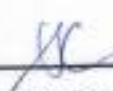
MR No. : S144505
Patient Name : Mr. Rafik Salyed Hasan Kadri
Ref By : Dr. Hospital A Doctor

Collection Date : 14/10/2023 9:40AM
Age : 56 Y Sex : Male
Report Date : 14/10/2023 11:30AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	40	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.5	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
GPT (IFCC)	12	U/L	5 - 41
SGOT (IFCC)	15	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.9	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.4	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.88	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFJE)	0.7	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	15.5	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.8	mg/L	
URINE CREATININE (JAFJE)	157.6	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	3.68	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S144505	Collection Date : 14/10/2023 9:40AM
Patient Name : Mr. Rafik Salyed Hasan Kadri	Age : 56 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 14/10/2023 11:28AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	6.8	mg/dl	3.4 - 7.0

CLINICAL CHEMISTRY

PSA [PROSTATE SPECIFIC ANTIGEN]			
PSA (CLIA)	0.621	ng/ml	0 - 4.0

CHEMILUMINESCENCE

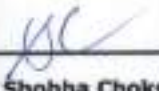
Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/ml.

Percentage of Free PSA = Free PSA / Total PSA x 100 = Percent free PSA.

Patient with prostate cancer generally have a lower percentage of free PSA compared to benign prostatic hyperplasia.

Percentage free PSA of less than 25% is a high likelihood of prostatic cancer.

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S144505	Collection Date : 14/10/2023 9:40AM
Patient Name : Mr. Rafik Salyed Hasan Kadri	Age : 56 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 14/10/2023 11:31AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	40	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.030	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

***** End Report *****

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S144505
Patient Name : Mr. Rafik Salyed Hasan Kadri
Ref By : Dr. Hospital A Doctor
Collection Date : 14/10/2023 9:40AM
Age : 56 Y Sex : Male
Report Date : 14/10/2023 12:54 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	145	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

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D: S144505

Visit

14-Oct-2023
9:56:28

56years

Caucasian

Male

BRUCE

Exercise time: 9:15

Max HR: 169bpm 103% of max predicted 164bpm
Max BP: 150/90
Maximum workload: 10.4 METS

Reason for Termination:
Comments:

Referred by:
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
REST	SUPINE	4:53	0.6	0.0	1.4	83	113/73	113
EXERCISE	STAGE 1	1:00	1.7	0.0	4.6	118	113/73	160
	STAGE 2	0:50	2.5	2.0	7.0	136	113/80	189
	STAGE 3	3:00	3.4	4.0	10.1	161	147/80	225
	STAGE 4	0:15	4.1	6.0	10.4	169	147/80	247
RECOVERY	RECOVERY	4:04	0.6	0.0	1.0	95	130/80	126

Test is negative for inducible ischemia

Technician:

Unconfirmed

MAC55-0103

ID: S144505

Visit

14-Oct-2023

10:00:02

80bpm

BP: 136/73

PRETEST
SUPINE

3:34

BRUCE

** mph

** %



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm id

MAC55 0108

ID: S144505

Visit:

14-Oct-2023

10:06:21

EXERCISE

STAGE 1

3:00

118bpm

BP: 136/73

ST @ 10mm/mV

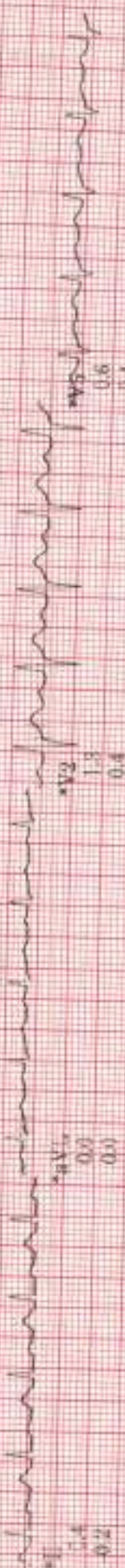
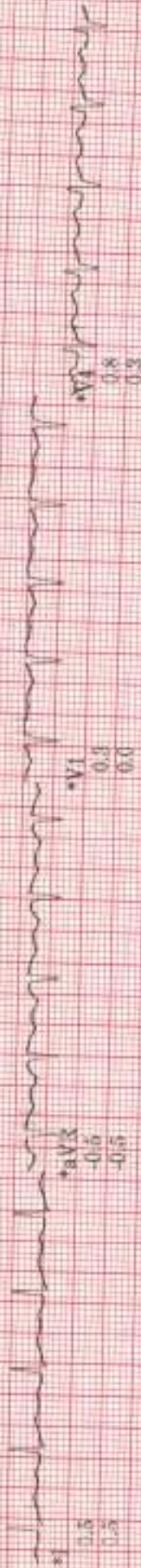
80ms postL

BRUCE

1.7mph

10.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 D10R

II

ID: S144505

Visit:

14-Oct-2023

10:09:21

135bpm

BP: 140/80

EXERCISE
STAGE 2

6:00

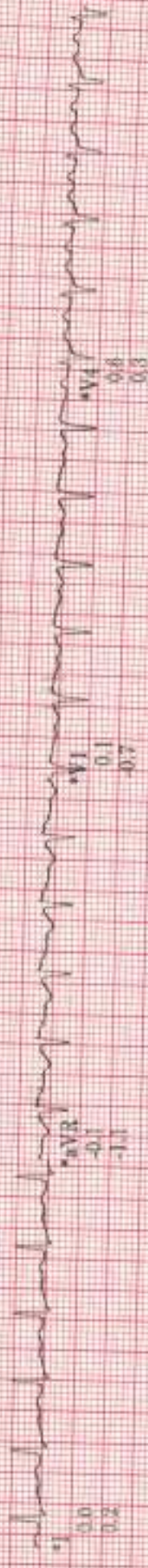
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postJ

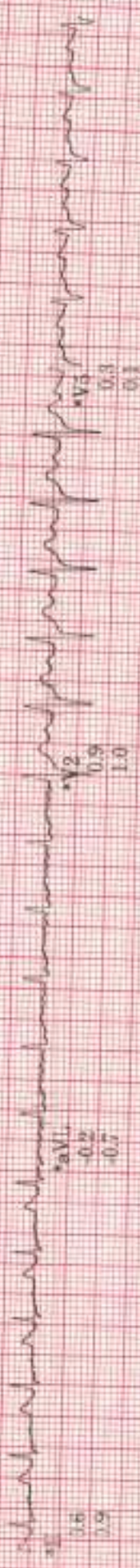
Lead
ST(mm)
Slope(mV/s)



aVR
-0.1
-1.1

V1
0.1
-0.7

V4
0.6
0.3



aVL
-0.2
-0.7

V2
0.9
1.0

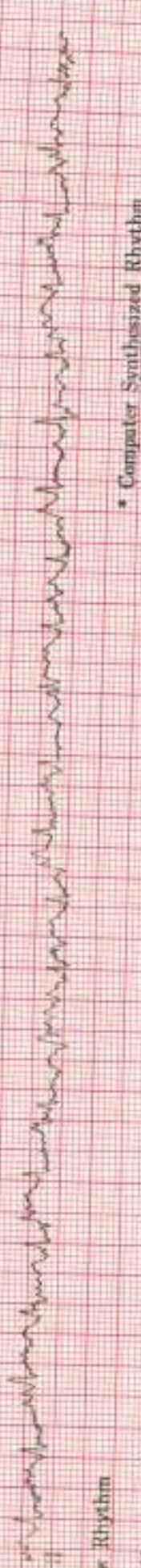
V5
0.3
0.1



aVF
0.5
0.6

V3
1.0
0.9

V6
0.0
-0.1



Law Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

• Computer Synthesized Rhythm

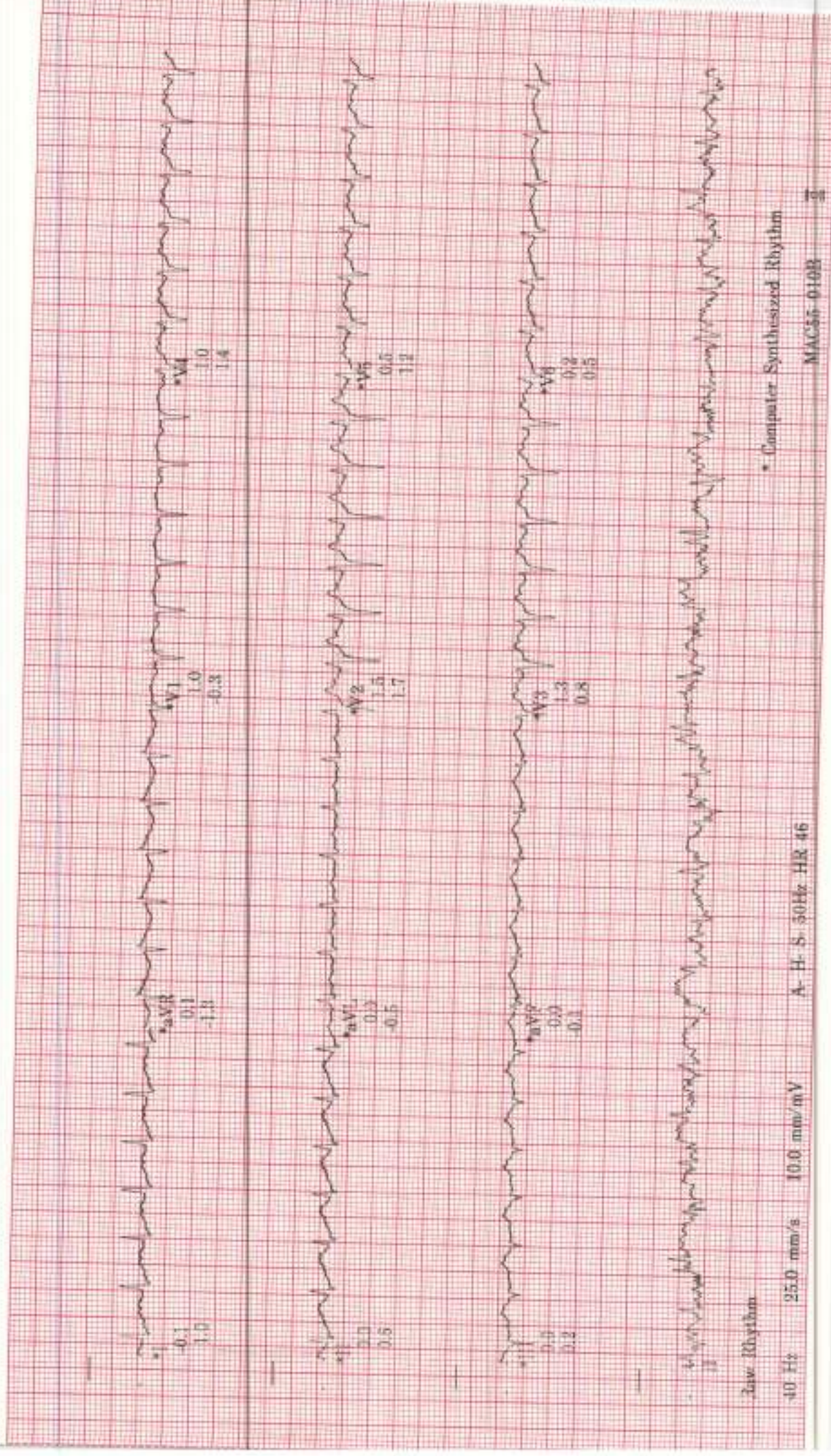
MAC55-010B

ID: S144505
Visit:
14-Oct-2023
10:12:21

EXERCISE
STAGE 3
9:00
BRUCE
3.4mph
14.0%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms post



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55-010B

ID: S144505

Visit:

14-Oct-2023

10:12:36

EXERCISE

STAGE 4

9:15

167bpm

BP: 140/80

BRUCE

4.2mph

16.0%

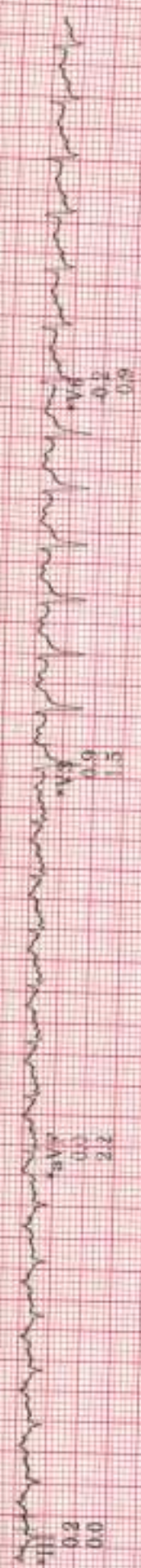
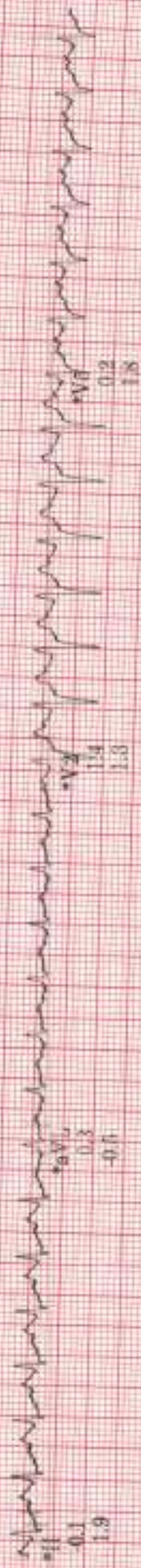
ST @ 10mm/mV

80ms postJ

Lead

ST(mm)

Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

• Computer Synthesized Rhythm

MAC55-010B

2

ID: S144505

Visit:

14-Oct-2023

10:14:36

RECOVERY
RECOVERY

2:00

105bpm

BP: 150/90

ST @ 10mm/mV

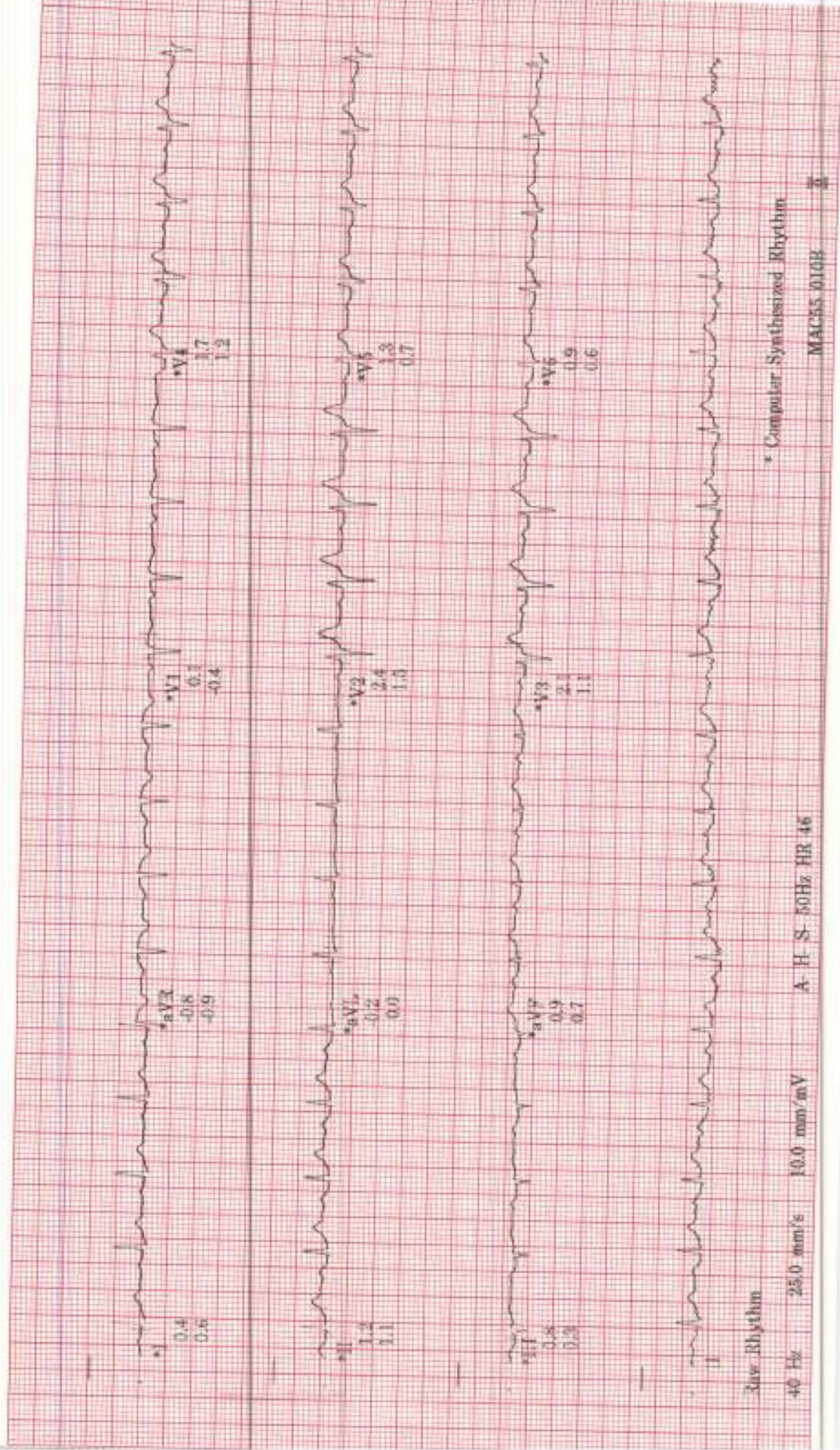
80ms post-d

BRUCE

** mph

** %

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55-010R

ID: S144505

Via: C

14-Oct-2023

10:16:36

RECOVERY
RECOVERY
4:00

99bpm

BP: 130/80

ST @ 10mm/mV
80ms postJ

BRUCE

**mph

**%g

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV

A-R-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC-55-D1003

II

DE S144505

V-511

14-Oct-2023

5:53:28

55 years

Caucasian

Male

Referred by:
Test Ind:

BRUCY

Exercise time: 9:15

Max HR: 169bpm 103% of max predicted 164bpm

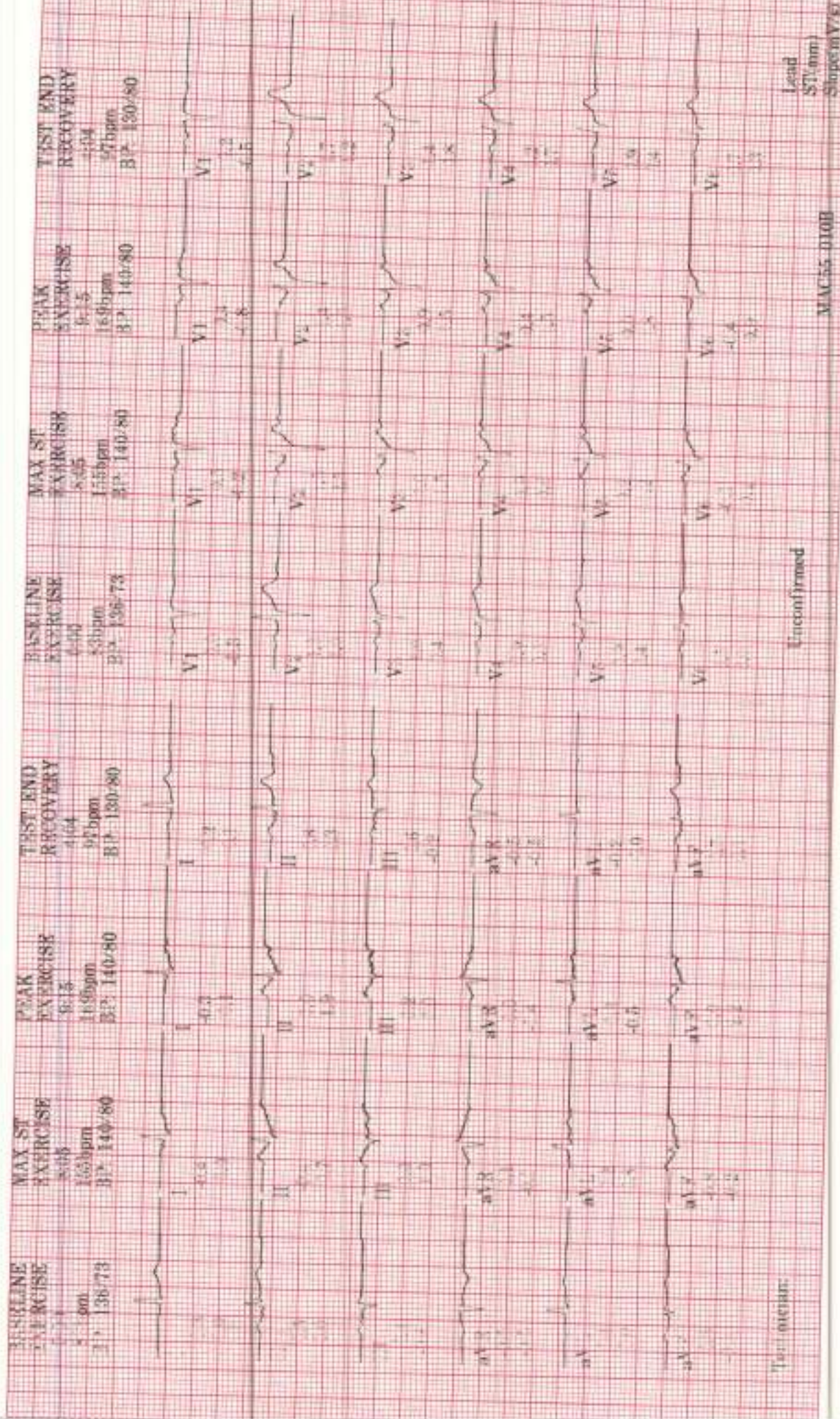
Max EP: 150/90

Maximum workload: 10.4 METS

Reason for Termination:

Comments:

25.0 mm/s
10.0 mm/mV
100hz



Technician:

Unconfirmed

MAC55-010B

Lead
ST (mm)
Slope (mV/s)

ID: S144505

Visit:

14-Oct-2023

9:56:28

56years

Caucasian

Male

BRUCE

Max HR: 169bpm 103% of max predicted 164bpm

Max BP: 150/90

Reason for Termination:

Comments:

Exercise time: 9:15

Maximum workload: 10.4 METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test ind:

BASILINE

EXERCISE STAGE 1
0:00 1.4 METS

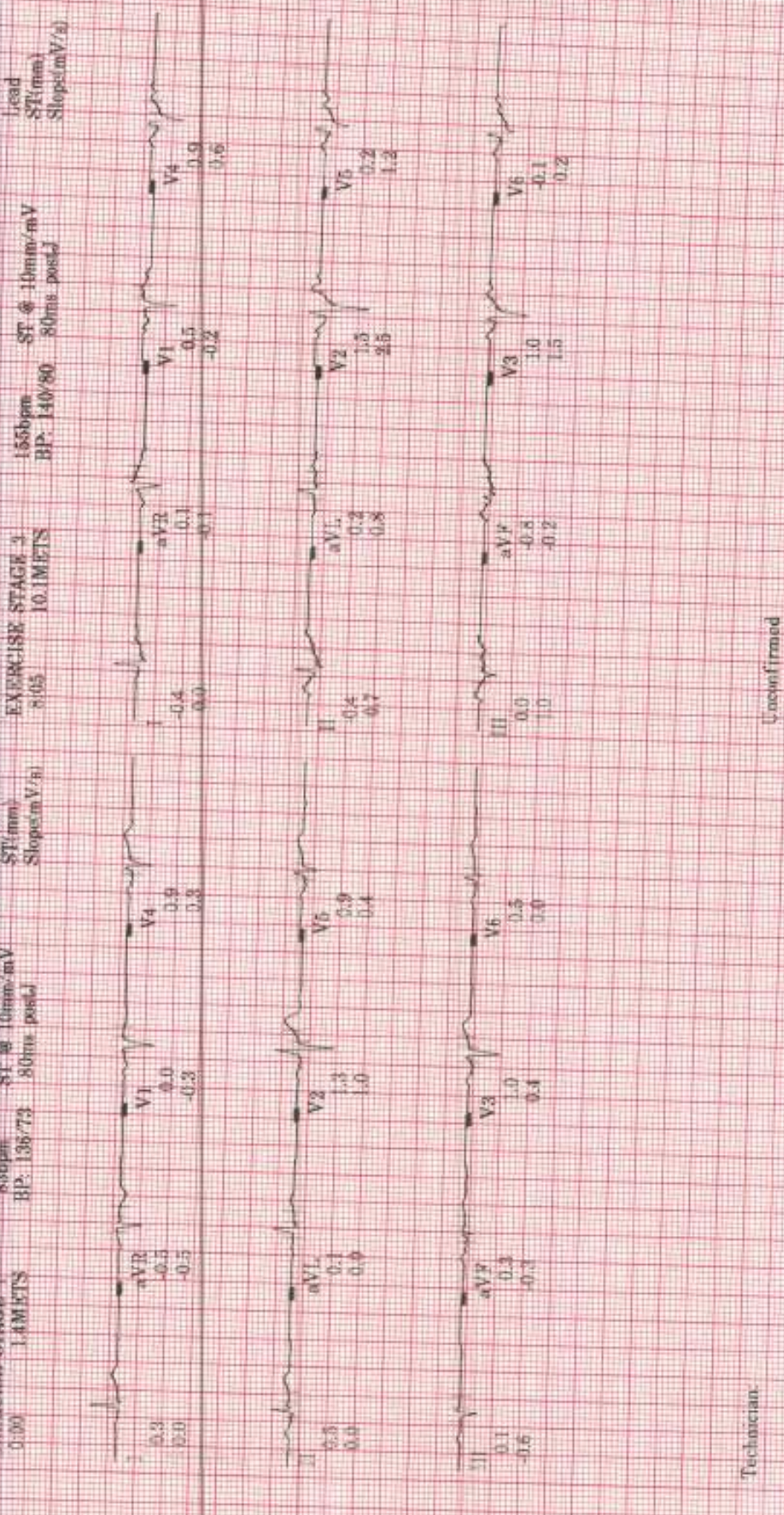
88bpm ST @ 10mm/mV
BP: 136/73 80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3
8:05 10.1 METS

155bpm ST @ 10mm/mV
BP: 140/80 80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

MAC55-010B

14-Oct-2023
9:56:28

PRETEST
SUPINE
3:35
50bpm
BP: 136/73
1.0METS

EXERCISE
STAGE 1
0:00
83bpm
BP: 136/73
1.4METS

EXERCISE
STAGE 1
1:00
108bpm
BP: 136/73
3.0METS

EXERCISE
STAGE 1
2:00
132bpm
BP: 136/73
4.6METS

EXERCISE
STAGE 1
3:00
118bpm
BP: 136/73
4.6METS

EXERCISE
STAGE 2
4:00
125bpm
5.8METS

EXERCISE
STAGE 2
5:00
133bpm
7.0METS

BRUCE

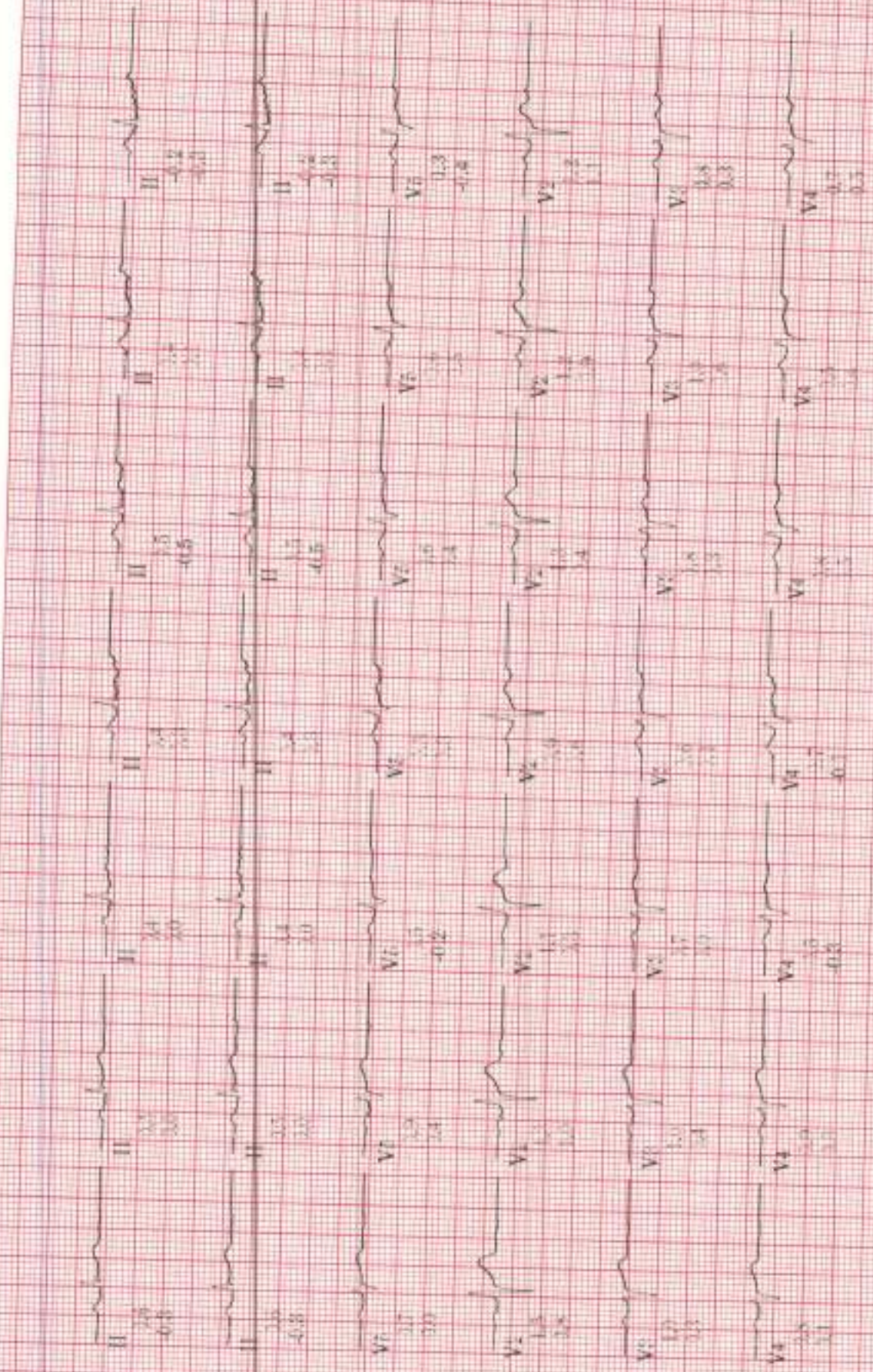
ST @ 10mm/mV

40ms postd

25.0 mm/s

10.0 mm/mV

100Hz



Lead
ST (mm)
Slope (mV/s)

10: 3144305

14-Oct-2023
9:56:28

EXERCISE STAGE 2
6:00
135bpm
BP: 140/80
7.0METS

EXERCISE STAGE 3
7:00
144bpm
BP: 140/80
8.5METS

EXERCISE STAGE 3
8:00
154bpm
BP: 140/80
10.1METS

EXERCISE STAGE 3
8:05
155bpm
BP: 140/80
10.1METS

EXERCISE STAGE 3
9:00
161bpm
BP: 140/80
10.1METS

EXERCISE STAGE 4
9:15
169bpm
BP: 140/80
10.4METS

RECOVERY
RECOVERY
1:00
129bpm
BP: 140/80
5.7METS

PEAK

BRUCE

ST @ 10mm/mV
60ms postJ

25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55-010B

ID: S144505
Visit:

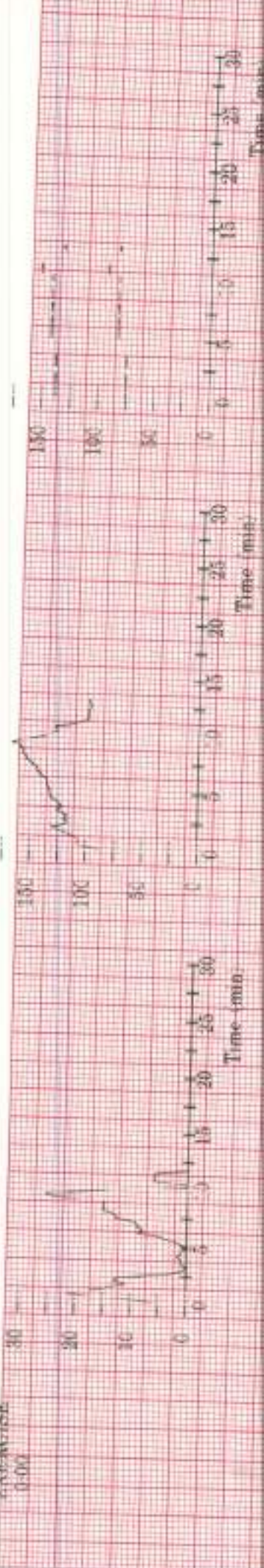
14-Oct-2023
9:56:28

BRUCE

Heart Rate (bpm) 250 ---
BP (mmHg) 250 ---
200 ---

ST @ 10mm/mV 40 ---
50ms postd
EXERCISE

PVC's/m
200 ---



INFERIOR MYOCARDIAL INFARCTION, PROBABLY OLD
ABNORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

82 BPM
174 ms
109 ms
2/390 ms
19 -4 0

Reviewed by _____

Mr. Rafik Kaddaj
SE (M)

