

Patient Name : MR AJINKYA KHARAT



SPL23/5390



Age/Gender : 34 Yrs/Male

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>BLOOD GROUP AND RH FACTOR</b>			
Blood Group	'O'		
Rh Factor	POSITIVE(+VE)		

**Dr.S R. SARDA**  
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4, Vyankateshnagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858

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**HBA1C/GLYCOCYLATED**

HbA1c Glycosilated Haemoglobin 5.5 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 111 mg/dL

**As per American Diabetes Association (ADA)**

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**ADA criteria for correlation**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Note:**1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments:**HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIPID PROFILE</b>			
Cholesterol-Total <i>Method: Spectrophotometry</i>	166	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	109	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	45	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	99.20	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	21.80	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	3.69		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	2.20		2.5 - 3.5

#### NOTE

8-10 hours fasting sample is required

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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#### BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING	92	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	120	mg/dl	70 - 140
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Method: Hexokinase

#### **ADA 2019 Guidelines for diagnosis of Diabetes Mellitus**

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>Serum Creatinine</b> <i>Method: Modified Jaffe's</i>	0.9	mg/dL	0.70 - 1.40
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.60	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.20	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.40	mg/dl	0.3 - 0.7
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	29	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	31	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	92	U/L	74 - 390
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.5	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.5	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.00	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.50		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	28	IU/L	15 - 73

**NOTE :**

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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BUN 9 7 - 21

Method : Calculated

**Clinical Significance:**

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers, (2) reduced renal perfusion resulting from dehydration or heart failure, (3) nearly all types of kidney disease, and (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>Thyroid Function Test (TFT)</b>			
T3	115.86	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	8.64	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	3.80	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>URINE ROUTINE</b>			
<b>Physical Examination</b>			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
<b>Chemical Examination</b>			
Specific Gravity	1.015		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
<b>Microscopic Examination</b>			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	Absent	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Ranges
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**COMPLETE BLOOD COUNT**

Total WBC Count	9,500	cell/cu.mm	4000 - 11000
Haemoglobin	14.2	g%	13 - 18
Platelet Count	2,78000	/cumm	150000 - 450000
RBC Count	4.39	/Mill/ul	4.20 - 6.00

**RBC INDICES**

Mean Corp Volume MCV	97.3	fL	80 - 97
Mean Corp Hb MCH	32.3	pg	26 - 32
Mean Corp Hb Conc MCHC	33.3	gm/dL	31.0 - 36.0
Hematocrit HCT	42.7	%	37.0 - 51.0

**DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	54	%	40 - 75
Lymphocytes	35	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	05	%	01 - 06
Basophils	00	%	00 - 01

**NOTE:**

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	08	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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**INTERPRETATION :**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report. \*\*\*\*

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Age/Gender : 34 Yrs/Male

Ref. Dr. : MEDIWHEEL



SPL23/5390

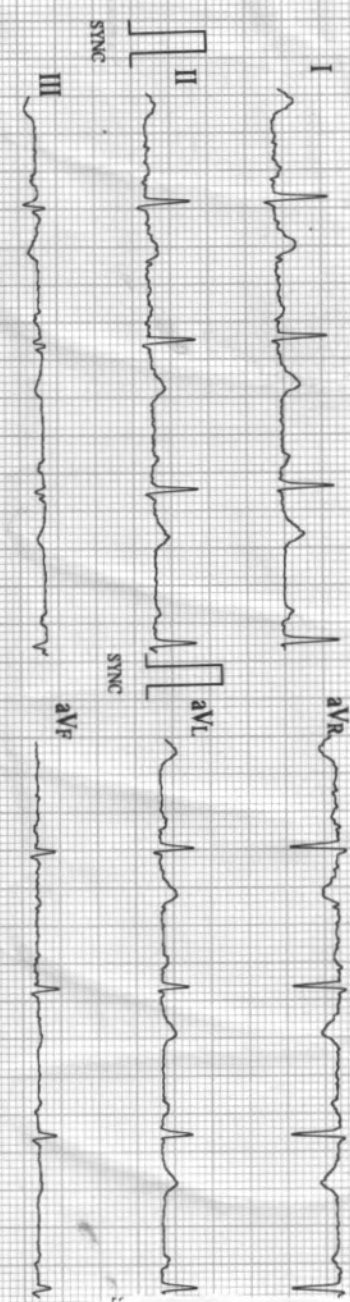
Report Date

: 10/11/2023



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25mm/s 0.5-25Hz  
10mm/mV

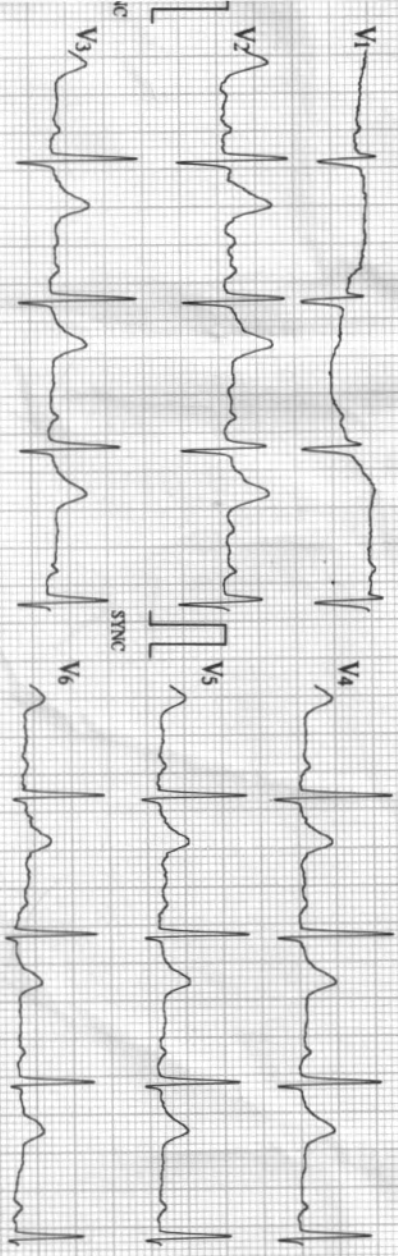


10mm/mV

ECG-1209 V2.004 (BIOS: V2.004/AMF-V1.008)

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

10mm/mV



11/10/2023 09:20

ID : 4283

Name:

Sex :

Age :

*Blant*

Ms. Ananya Blant  
34m/m

HR : 76 bpm

P-R : 787 ms

P-R : 168 ms

QRS : 90 ms

QT/QTc : 377/424 ms

P/QRS/T : -6/16/9

RV5/SVI : 1.080/0.570 mV

RV5+SVI : 1.650 mV

\*Machine Interpretation Only\*

Confirm with Physician

Dr. A. S. Sarda

M.D. Reg. No. 73570

RD A CENTER FOR DIABETES & SELF CARE  
Dr. Anandhakar, Jai Shree Hospital, Aurangabad  
Ph: 9822198798, 2334488

BIOMEDICS SADASHIV PETH PUNE-30 C

**SARDA**

**CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jalna Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name: Mr. Ajitkumar Chavhan Age: 32y/m  
152B

**CLINICAL SUMMARY:**

Weight: \_\_\_\_\_ Height (Cms): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**ECG FINDINGS:**

Rate: 76/min QRS Complex: (N)

Rhythm: (N) ST Segment: (N)

Mechanism: (N) T. Wave: (N)

Axis: (N) QT Interval: (N)

P. Wave: (N) PR Interval: (N)

Recommendation: nm

Date: 10/11/23

Dr. A.S.   
Dr. M.D. Reg. M. S. SELF CARE  
SARDA CENTER FOR T. JALNA ROAD, AURANGABAD  
4, Vyankateshnagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858



Patient Name: <b>AJINKYA KHARAT</b>	Date: <b>10/11/2023</b>
Patient Id: <b>3981</b>	Age/Sex: <b>34 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

## ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** The liver is normal in size It measures 15.8 cm, shape, position. **Mild diffuse fatty changes are noted.** Normal respiratory movements are seen. No focal solid or cystic mass lesion is noted.

**BILIARY SYSTEM:** Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

**PANCREAS:** The pancreas is normal in size, shape, and echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

**SPLEEN:** The spleen is normal in size It measures 10.7 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

**KIDNEYS:** Right kidney measures 11.1 x 5.1 cm. Left kidney measures 10.4 x 5.9 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. No e/o hydronephrosis of on either side. **Small non-obstructive calculus of size 4.1 mm is noted in left lower pole calyx.**

**URINARY BLADDER:** The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

**PROSTATE:** The prostate is normal in shape, position, echogenicity and echotexture. The prostate measure 2.6 x 3.3 x 3.4 cm (volume = 15.0 gm). There is no focal solid or cystic mass lesion in it.

**SEMINAL VESICALS:** Both seminal vesicles are normal in size, shape, echogenicity and echotexture.

**OTHERS:** There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

### **CONCLUSION:**

- 1. Grade I fatty changes in liver.**
- 2. Small non-obstructive left renal calculus.**

DR. AMEY S. JAJU  
MBBS, DNB (Radiology)  
Fellow in MSK Imaging  
Reg. No. 2019/05/3879  
**CONSULTANT RADIOLOGIST**







Dr. Amey Jaju  
MBBS, DNB Radiology  
Fellowship in MSK Imaging



**Anushree**  
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: **AJINKYA KHARAT**

Date: **10/11/2023**

Patient Id: **3978**

Age/Sex: **34 Years / MALE**

Ref Phy: **DR. SARDA**

Address :

## RADIOGRAPH OF CHEST PA VIEW

### Findings:

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.


Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

### Impression:

**No significant abnormality noted in X-ray chest.**

  
DR. AMEY S. JAJU  
MBBS, DNB (Radiology)  
Fellow in MSK Imaging  
Reg. No. 2019/05/3879



**DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)**  
**Fellow in MSK imaging**  
**CONSULTANT RADIOLOGIST**



ANUSHREE SONOGRAPHY & X-RAY CENTRE

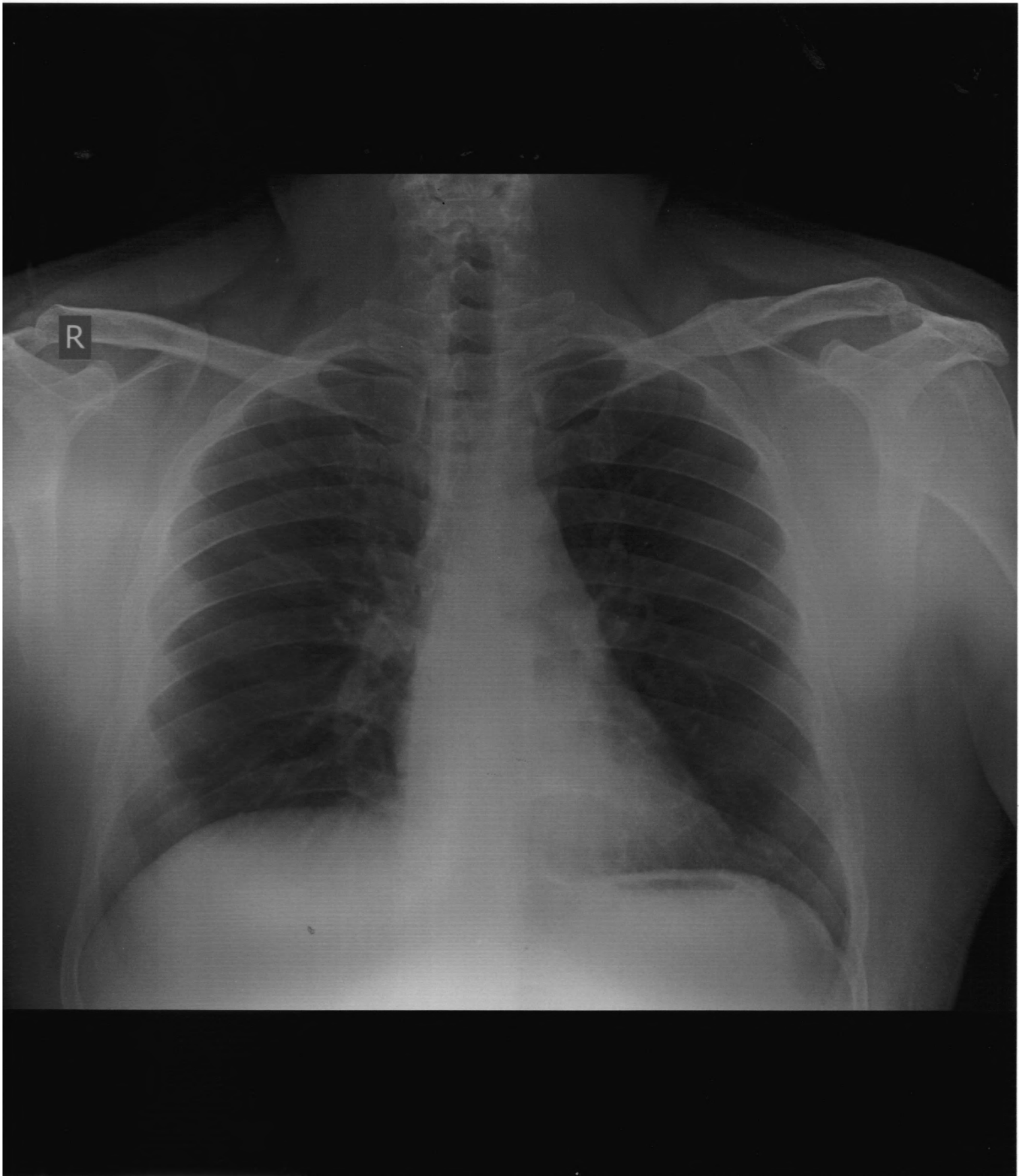
Name:Ajinkya Kharat

Age:34 Y

Sex:Male

RefDr:Dr. Sarda

Date:10-Nov-2023



Name : Mr.Ajinkya Kharat

Date : 10/11/2023

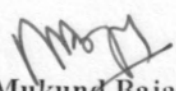
Age/Sex :34Yrs/Male

Ref.By: Dr.Sarda Sir

### STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 8.11 Min.
- Baseline Heart Rate and Blood Pressure - 81bpm,BP- 125/90mm of Hg.
- Mets- 10.10.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 200bpm, BP – 165/90 mm of Hg.
- Predicted Maximal Heart Rate Achieved -107%.
- Reason For Termination - Target Heart rate achieved.

CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.

  
Dr. Mukund Bajaj  
D. M. (Cardiology)  
Interventional Cardiologist

Dr. Mukund Bajaj  
M.D , D.M. (Cardiology)  
Reg. No. 2002/03/1761



ASIAN HOSPITAL  
MOTIWALA SQUARE  
AURANGABAD

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: Kharat, Ajihkye  
Patient ID: 03096  
Height: 183 cm  
Weight: 114 kg

DOB: 02.06.1989  
Age: 34yrs  
Gender: Male  
Race: Asian

Study Date: 10.11.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. DEORAO THENGE  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	03:11	0.00	0.00	85	125/90	
	STANDING	00:30	0.50	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	113	135/90	
	STAGE 2	03:00	2.50	12.00	144	145/90	
	STAGE 3	02:11	3.40	14.00	196	155/90	
RECOVERY		04:00	0.00	0.00	106	165/90	

The patient exercised according to the BRUCE for 8:11 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 81 bpm rose to a maximal heart rate of 200 bpm. This value represents 107 % of the maximal, age-predicted heart rate. The resting blood pressure of 125/90 mmHg, rose to a maximum blood pressure of 165/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

Exercise of bruce protocol for 8.11 min.  
Target heart rate achieved.  
No angina/arrythmias.No ST-T Changes.  
Test is negative for induced ischemia.

Physician

Technician



Dr. Mukul Basal  
M.D. D.M. (Cardiology)  
Reg. No. 2002/03/1761



Tabular Summary

**Kharat, Ajihkye**

Patient ID 03096

10.11.2023

1:40:47pm

Male 183 cm 114 kg

34yrs Asian

Meds:

Test Reason:

Medical History:

Ref MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 08:11  
 Max HR: 200 bpm 107% of max predicted 186 bpm HR at rest: 81  
 Max BP: 165/90 mmHg BP at rest: 125/90 Max RPP: 28055 mmHg\*bpm  
 Maximum Workload: 10.10 METS  
 Max ST: -0.65 mm, 0.00 mV/s in III; EXERCISE STAGE 3 08:00  
 ST/HR index: 0.39  $\mu$ V/bpm

**Reasons for Termination:** Target heart rate achieved

**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** Exercise of bruce protocol for 8.11 min.

Target heart rate achieved.

No angina/arrhythmias.No ST-T Changes.

Test is negative for induced ischemia.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	03:11	0.00	0.00	1.0	85	125/90	10625	0	0.45	
	STANDING	00:30	0.50	0.00	1.1	81			0	0.45	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	113	135/90	15255	0	0.10	
	STAGE 2	03:00	2.50	12.00	7.0	144	145/90	20880	0	-0.25	
	STAGE 3	02:11	3.40	14.00	10.1	196	155/90	30380	0	-0.45	
RECOVERY		04:00	0.00	0.00	1.0	106	165/90	17490	0	0.30	

**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:43:58pm

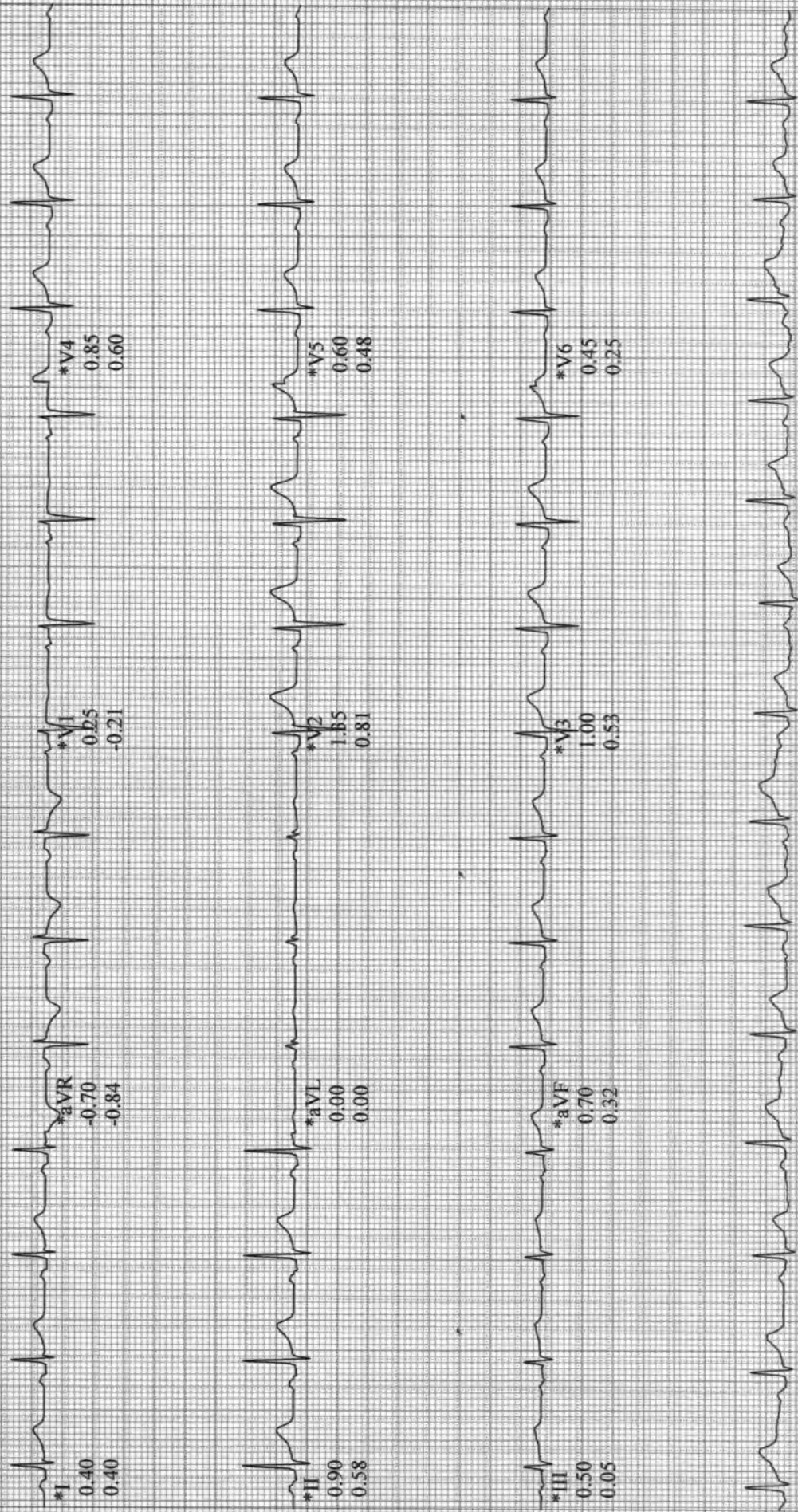
Linked Medians

PRETEST  
SUPINE 03:08  
BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

83 bpm  
125/90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms



**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:43:59pm

Linked Medians

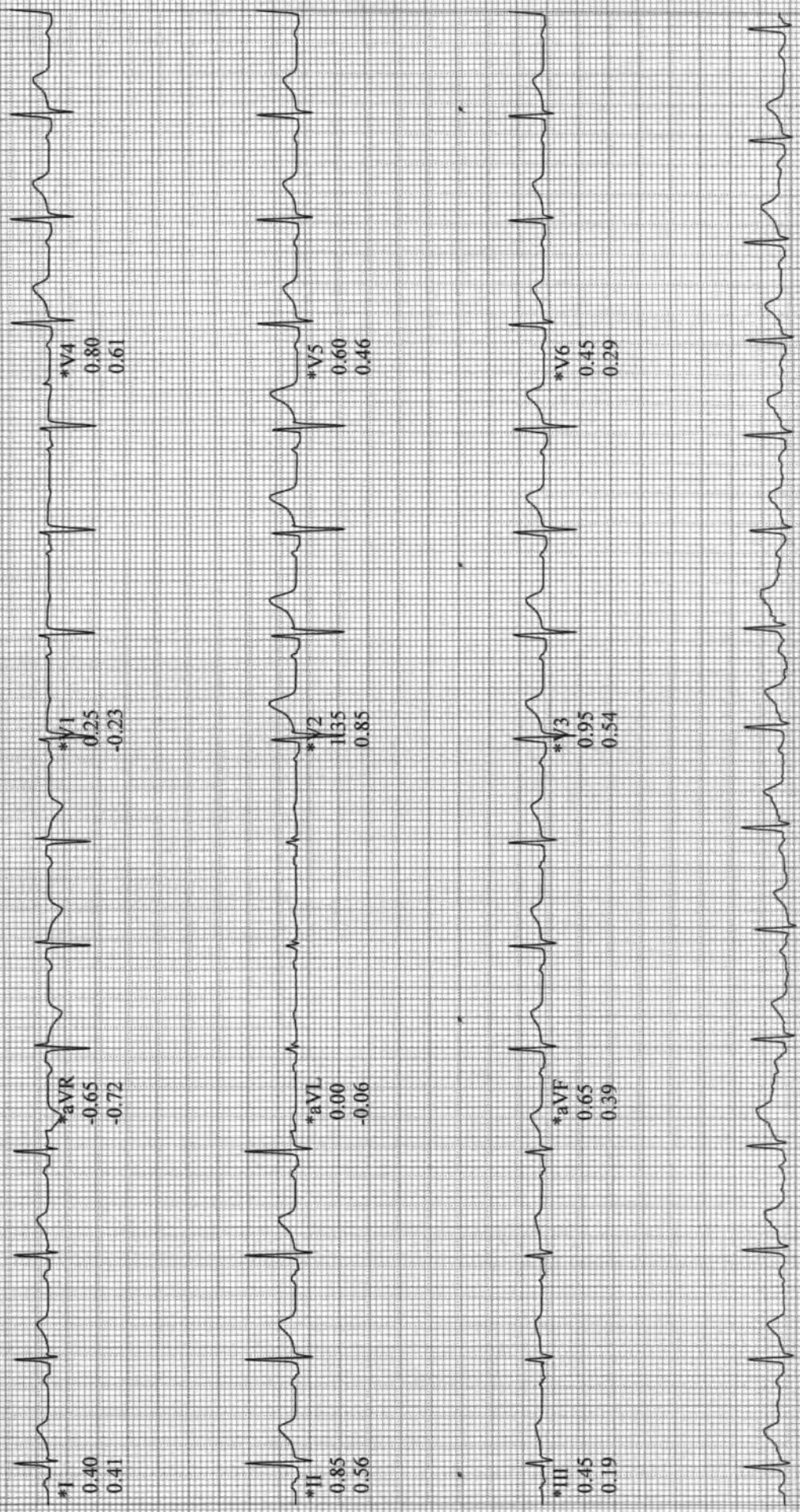
PRETEST  
STANDING  
03:11

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

85 bpm  
125/90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



II  
Raw Data

\*Computer-Synthesized Rhythms

**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:47:23pm

12-Lead Report

EXERCISE  
STAGE 1  
02:50

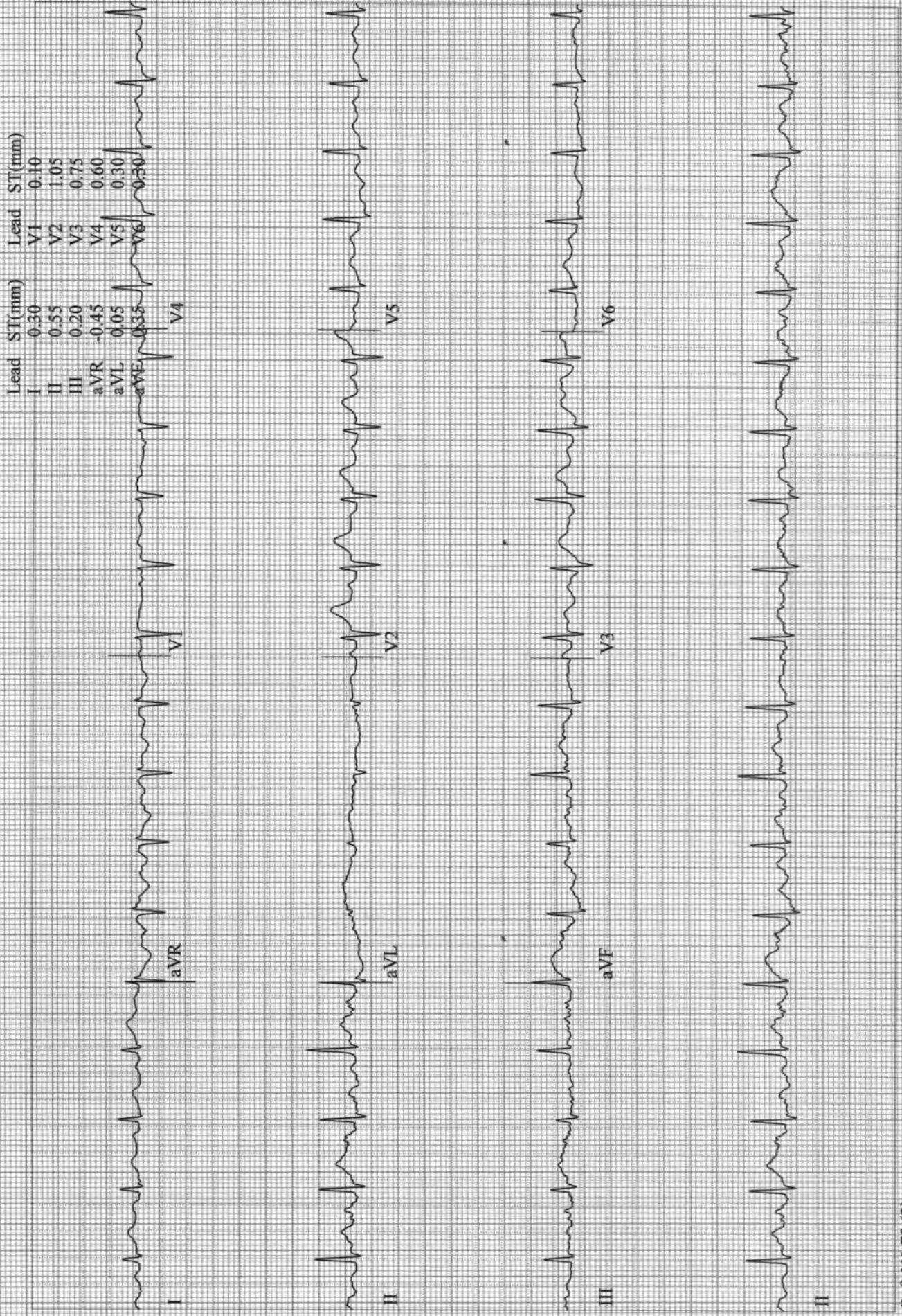
113 bpm  
135/90 mmHg

BRUCE  
1.7 mph  
10.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	0.10
II	0.55	V2	1.05
III	0.20	V3	0.75
aVR	-0.45	V4	0.60
aVL	0.05	V5	0.30
aVF	0.35	V6	0.30





**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:50:23pm

12-Lead Report

EXERCISE  
STAGE 2  
05:50

144 bpm  
145/90 mmHg

BRUCE  
2.5 mph  
12.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
------	--------	------	--------

I	0.55	V1	0.05
---	------	----	------

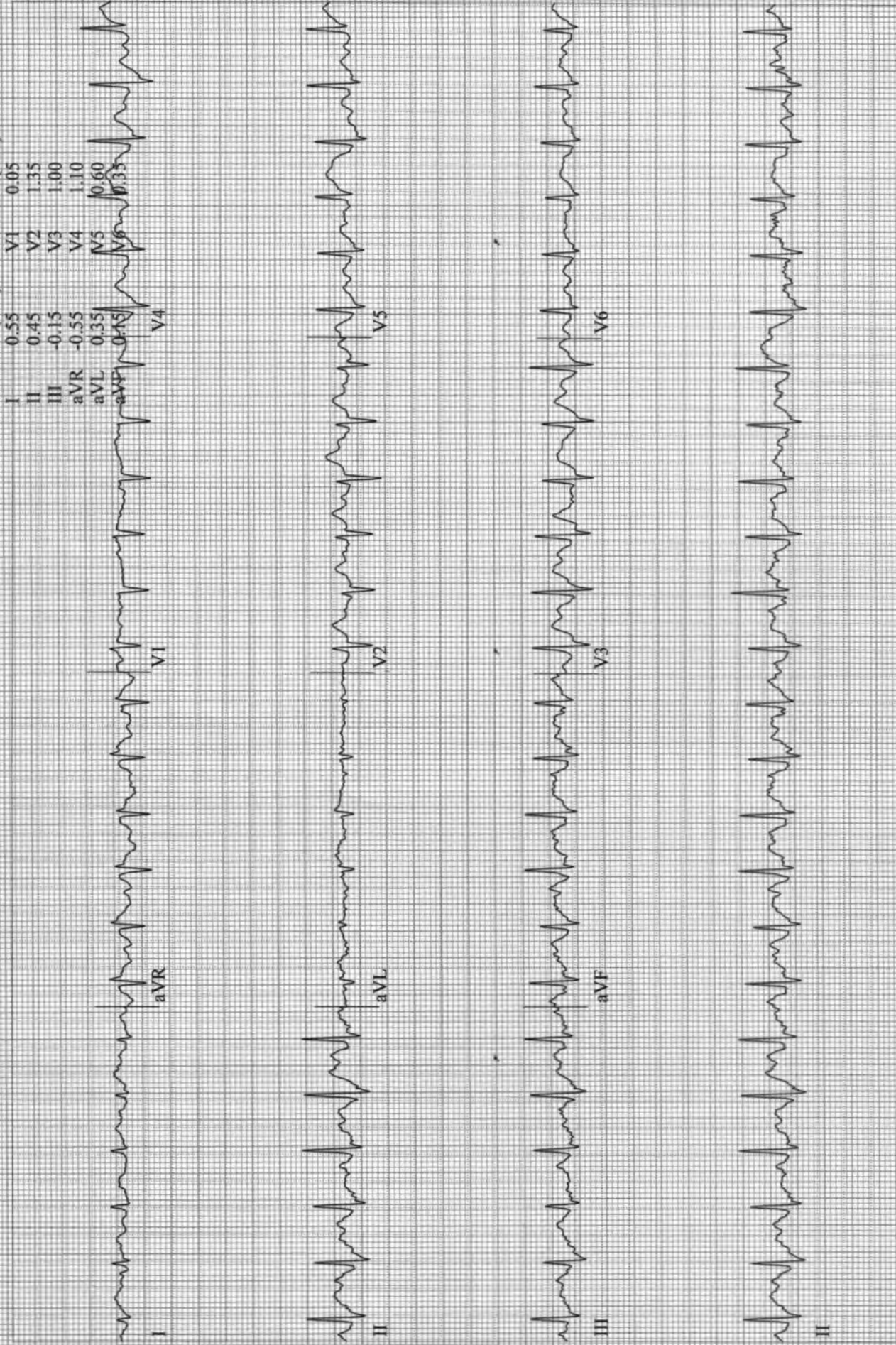
II	0.45	V2	1.35
----	------	----	------

III	-0.15	V3	1.00
-----	-------	----	------

aVR	-0.55	V4	1.10
-----	-------	----	------

aVL	0.35	V5	0.60
-----	------	----	------

aVF	0.55	V6	0.35
-----	------	----	------

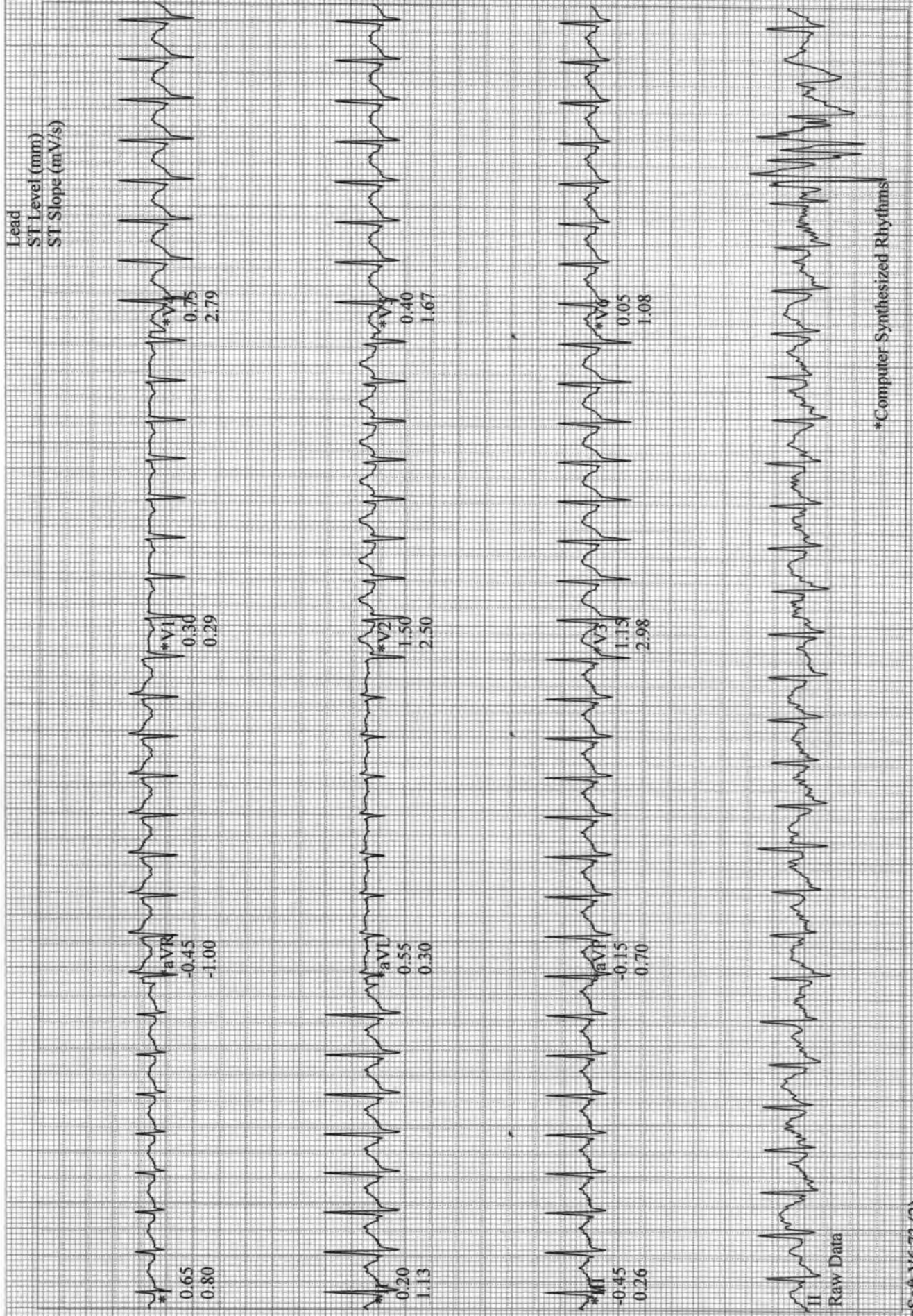


**Kharat, Ajitkya**  
Patient ID 03096  
10.11.2023  
1:52:39pm

Linked Medians ( PEAK EXERCISE )  
EXERCISE BRUCE  
STAGE 3 3.4 mph  
08:11 14.0 %

196 bpm  
155/90 mmHg

ASIAN HOSPITAL





**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:53:34pm

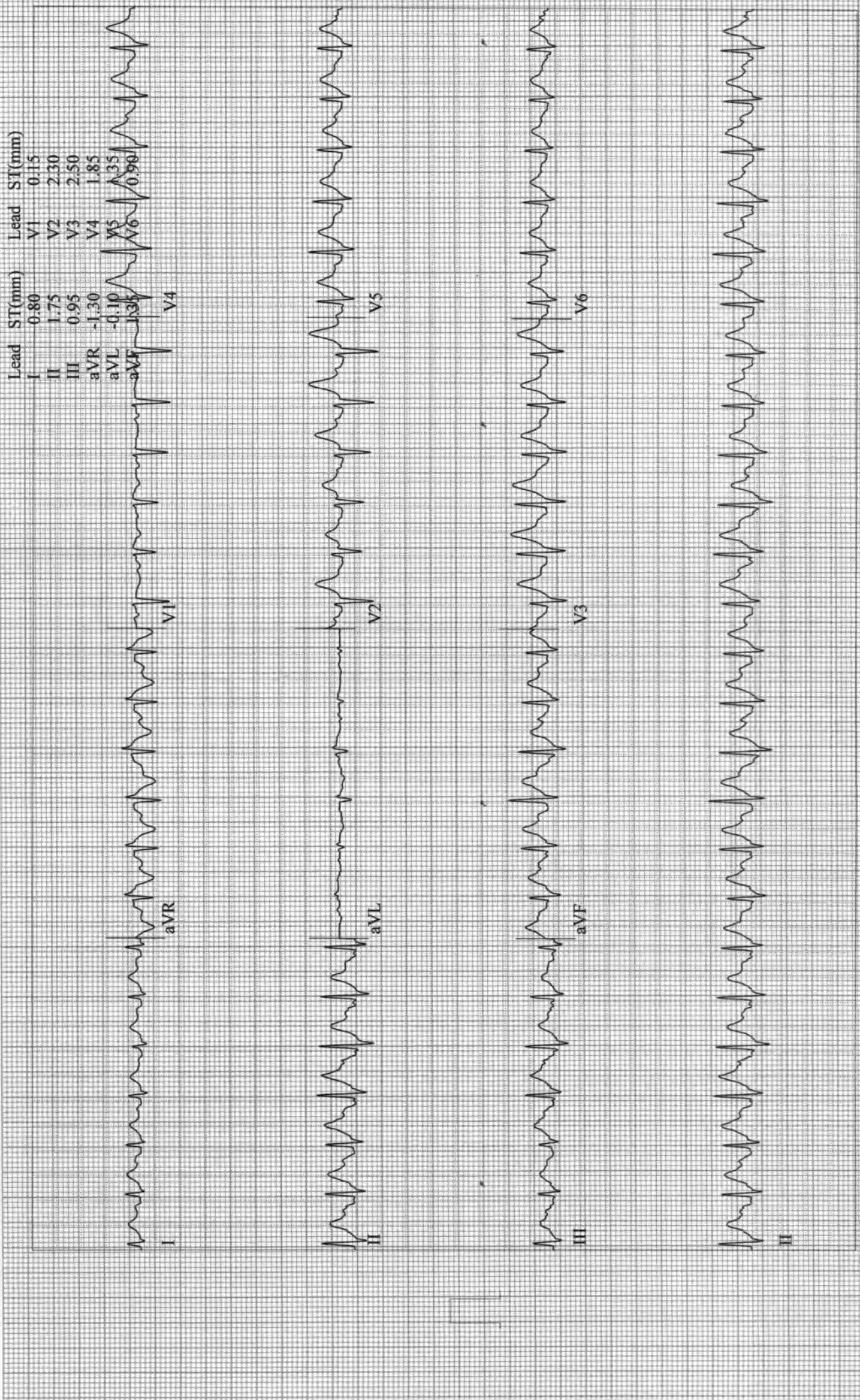
12-Lead Report  
RECOVERY  
#1  
00:50

151 bpm  
155/90 mmHg

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points



**Kharat, Ajihkye**  
Patient ID 03096  
10.11.2023  
1:54:34pm

12-Lead Report

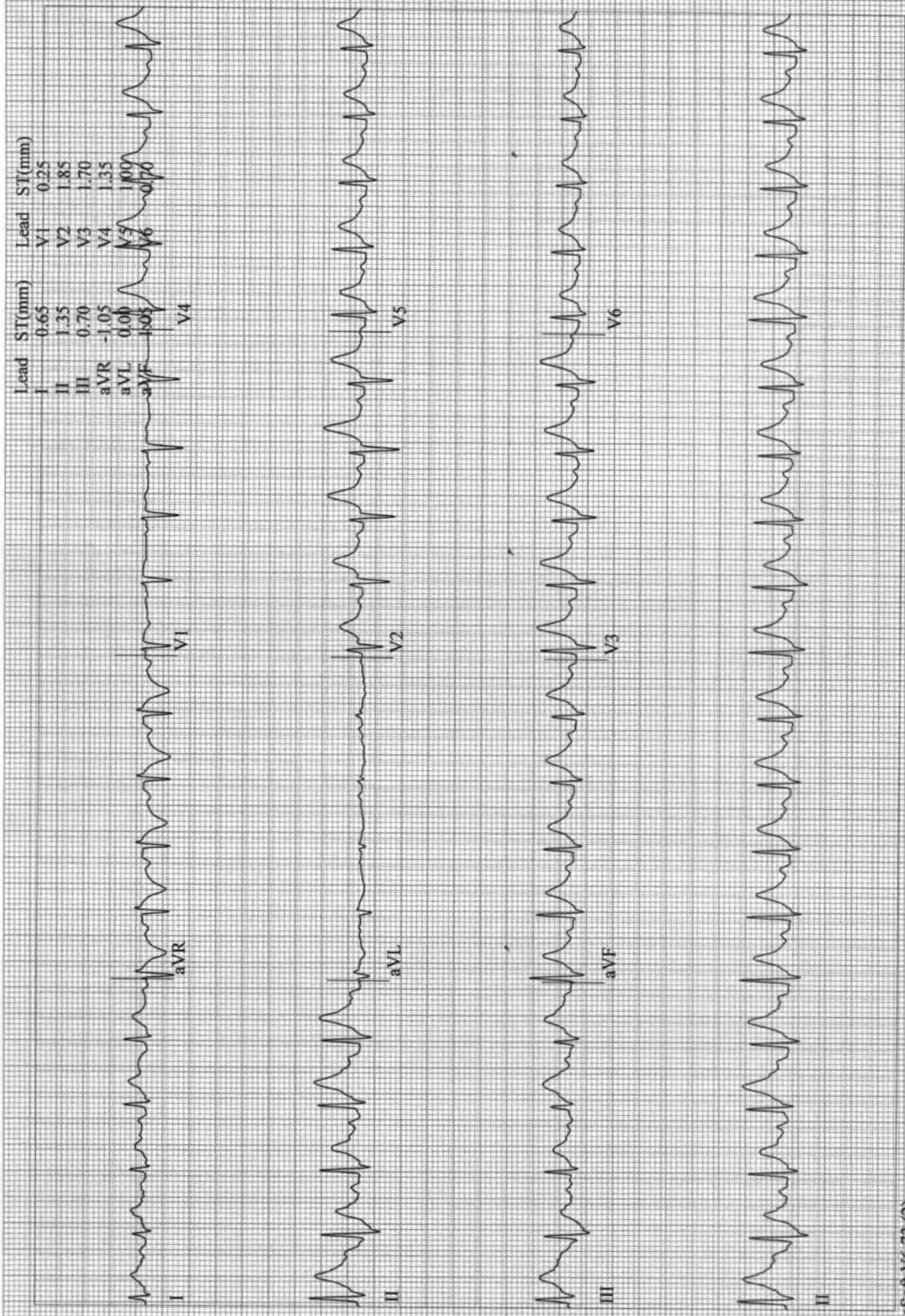
RECOVERY  
#1  
01:50

121 bpm

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points





**Kharat, Ajihkya**  
Patient ID 03096  
10.11.2023  
1:55:34pm

12-Lead Report

RECOVERY  
#1  
02:50

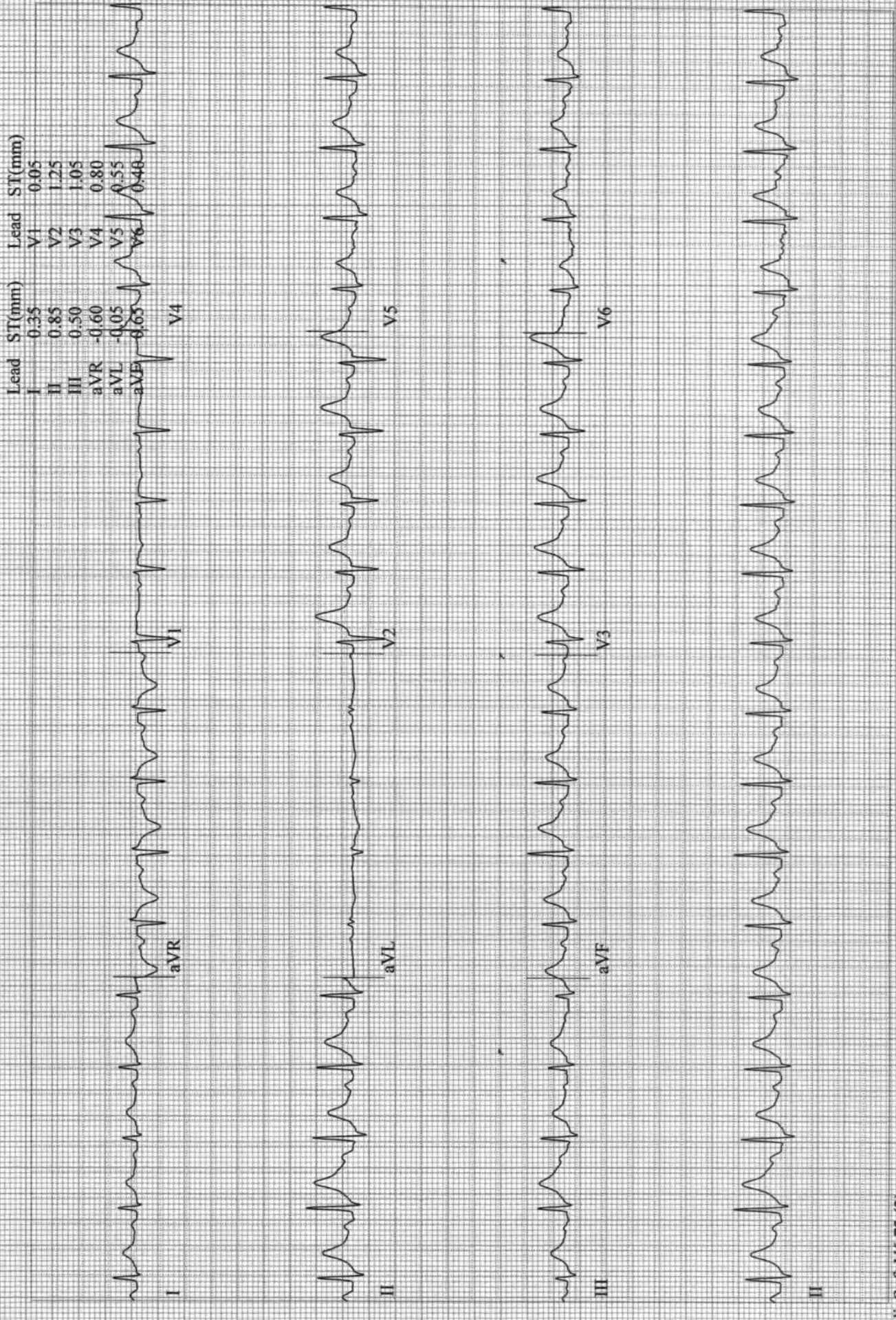
110 bpm  
165/90 mmHg

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.05
II	0.85	V2	1.25
III	0.50	V3	1.05
aVR	-0.60	V4	0.80
aVL	-0.05	V5	0.55
aVF	0.05	V6	0.40





**Kharat, Ajihkye**  
 Patient ID 03096  
 10.11.2023  
 1:56:34pm

12-Lead Report  
 RECOVERY  
 #1  
 03:50

BRUCE  
 0.0 mph  
 0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
 Auto Points

