



Rajkumar

PRECISION DIAGNOSTICS
101, Feroz Road, Chennai
KBIUC

Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height :	176 cm	Weight:	88 kg
BMI :	28.4		

COMPLAINTS:

- Nil.

PRESENT HISTORY:

- Nil.

PAST HISTORY:

- Tonsilectomy.
- Nasal polypectomy.

FAMILY HSITORY:

- Father – T2DM.

PERSONAL HISTORY:

- Nil.

GENERAL EXAMINATION:

Pallor: No **Cyanosis:** No **Pedal oedema:** No
Icterus: No **Lymphadenopathy:**No
Pulse: 72/min **BP:** 120/80 mmHg **Respiratory Rate:** 16/min
Temp: Normal **Others:** Nil

Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
Ref Doctor	MediWheel		

SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: NFND

P/A: Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

XRAY:

- Essentially normal study.

ECG:

- Normal ECG.

ULTRASOUND ABDOMEN:

- Grade I fatty liver.

TMT:

- Positive for Inducible Ischemia.

LAB REPORTS:

- PP Urine Glucose – Not enclosed.
- Elevation in Uric acid level.
- Elevation in SGOT, SGPT levels.
- Elevated TGL,VLDL levels.
- Low HDL level.
- Elevated HbA1C level.
- Amorphous urates crystals present in urine.

Name	MR.RAJKUMAR S	ID	MED120981613
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EXAMINATION OF EYES:

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N6	N6
COLOUR VISION	Normal	Normal

➤ Within normal limits.

ADVISED:

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Heart healthy diet.
- Plenty of fluid intake.
- Repeat HbA1C after 3 months and Diabetologist opinion.
- Review with Cardiologist for further evaluation.



DR. N.L. ANANDHI
Consultant Physician

Name : Mr. RAJKUMAR S
PID No. : MED120981613
SID No. : 79491168
Age / Sex : 36 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 16/04/2022 9:08 AM
Collection On : 16/04/2022 2:05 PM
Report On : 16/04/2022 7:43 PM
Printed On : 17/04/2022 8:44 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	6.7	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)	3.05	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.22	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.21	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.39	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	250	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	9.5	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.239	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood Automated - Westergren method)	2	mm/hr	< 15
BUN / Creatinine Ratio	15.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 2 of 7

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.			
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	119.1	mg/dL	70 - 140
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.			
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	16.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.02	mg/dL	0.9 - 1.3
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	8.1	mg/dL	3.5 - 7.2
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.44	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	41.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	55.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33.1	U/L	< 55


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Reg No : 75347

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	108.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.83	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.54		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	172.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	231.4	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	42.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	83.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	46.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	130.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	136.98	mg/dL	
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INTERPRETATION: 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 glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.16	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.65	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.54	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.


2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine


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Printed On : 17/04/2022 8:44 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
COLOUR (Urine)	pale yellow		Yellow to Amber
APPEARANCE (Urine)	Slightly Turbid		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	Amorphous Urates Crystals Present.	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.


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Reg No : 1348036

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-- End of Report --

The results pertain to sample tested.

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Collection On : 16/04/2022 2:05 PM
Report On : 18/04/2022 6:28 PM
Printed On : 19/04/2022 9:44 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL


Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
Ref Doctor	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size (14.6 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi.

Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 10.2 x 4.4 cm.

Left kidney measures 10.0 x 5.8 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Prostate is normal in size, measures 2.9 x 2.7 x 2.6 cm (Vol-11 cc).

Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
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IMPRESSION:

- **Grade I fatty liver.**



Dr.J. Vinolin Nivetha M.D.R.D
Consultant Radiologist

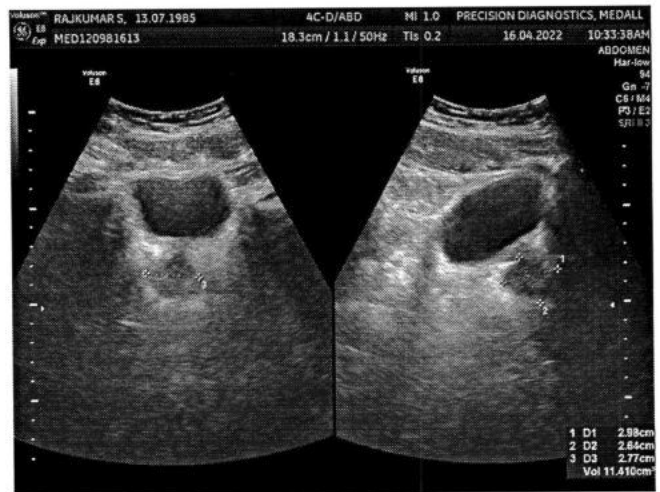
Precision Diagnostics
No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
Ref Doctor	MediWheel		



Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MR.RAJKUMAR S	ID	MED120981613
Age & Gender	36Y/MALE	Visit Date	16/04/2022
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Name	RAJKUMAR S	Customer ID	MED120981613
Age & Gender	36Y/M	Visit Date	Apr 16 2022 9:11AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

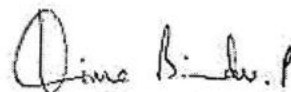
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. HIMA BINDU P

CONSULTANT RADIOLOGISTS



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 16-Apr-22

Time: 12:28:46 PM

Name: MR RAJKUMAR S ID: MED120981613

Age: 36 y

Sex: M

Height: 176 cms.

Weight: 88 Kg.

Clinical History:
Medications:
Test Details

Protocol: Bruce

Pr.MHR: 184 bpm

THR: 165 (90 % of Pr.MHR) bpm

Total Exec. Time: 10 m 7 s

Max. HR: 167 (91% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 160 / 90 mmHg

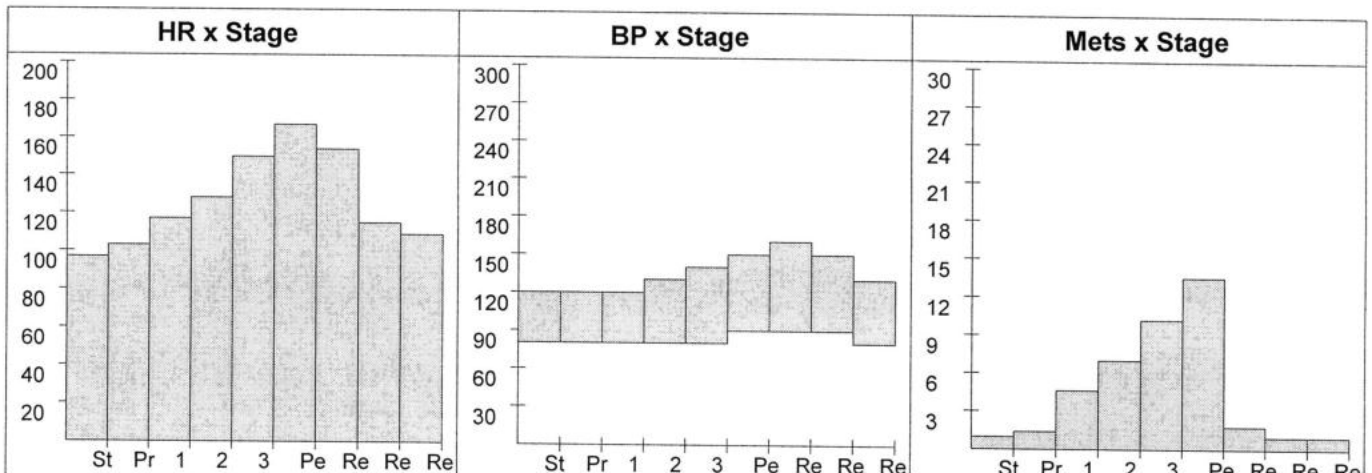
Max. BP x HR: 26720 mmHg/min

Min. BP x HR: 7760 mmHg/min

Test Termination Criteria: ACHIEVED THR

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0 : 46	1.0	0	0	97	120 / 80	-1.06 aVR	2.48 V2
1	3 : 0	4.6	1.7	10	117	120 / 80	-1.27 aVR	3.89 V2
2	3 : 0	7.0	2.5	12	128	130 / 80	-1.70 III	5.66 V2
3	3 : 0	10.2	3.4	14	150	140 / 80	-2.55 III	5.66 V2
Peak Ex	1 : 7	13.5	4.2	16	167	150 / 90	-4.67 III	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	154	160 / 90	-2.34 III	5.66 V2
Recovery(2)	1 : 32	1.0	0	0	115	150 / 90	-2.55 aVR	5.66 V2
Recovery(3)	1 : 6	1.0	0	0	109	130 / 80	-1.70 aVR	5.66 V2



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 16-Apr-22

Time: 12:28:46 PM

Name: MR RAJKUMAR S **ID:** MED120981613

Age: 36 y

Sex: M

Height: 176 cms.

Weight: 88 Kg.

Interpretation

- TMR achieved
- good effort tolerance
- ST ↓ in inferior leads

JMT +ve for inducible
ischaemia

→ Pradeep
18/4/22

PRECISION DIAGNOSTICS
101, ...
Kilpauk, Chennai - 600060
Ph: 044-4532 7777

MR RAJKUMARS (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

ID: MED120981613

Date: 16-Apr-22

Exec Time : 0 m 0 s

Stage Time : 0 m 40 s HR: 102 bpm

Protocol: Bruce

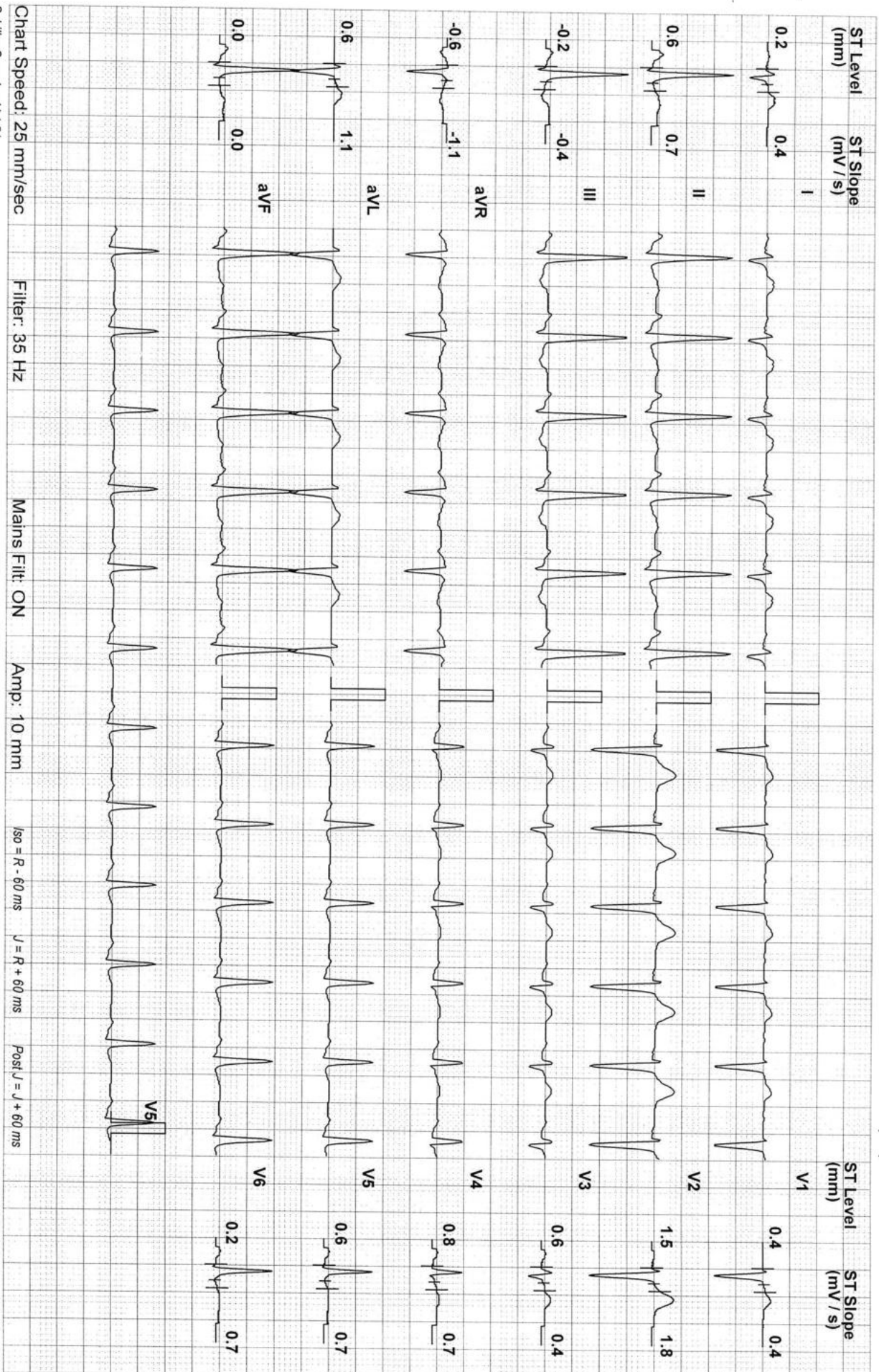
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P.: 120 / 80



Schiller Spandan V 4.51

Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MR RAJKUMARS (36 M)

ID: MED120981613

Date: 16-Apr-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s **HR: 115 bpm**

Protocol: Bruce

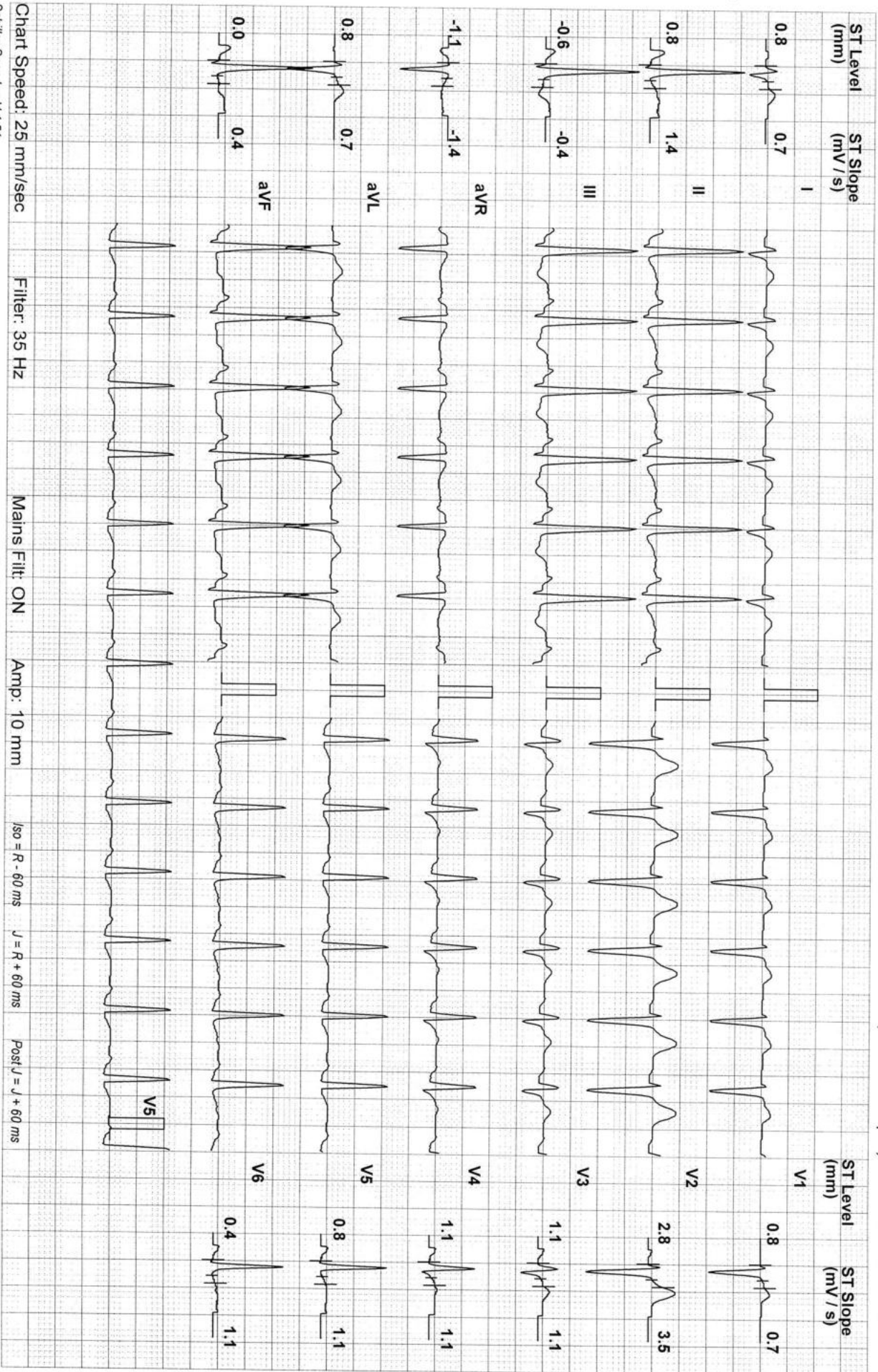
Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 165 bpm)

B.P: 120 / 80



Schiller Spandan V 4.51

Linked Median

MR RAJKUMAR S (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120981613

Date: 16-Apr-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 128 bpm

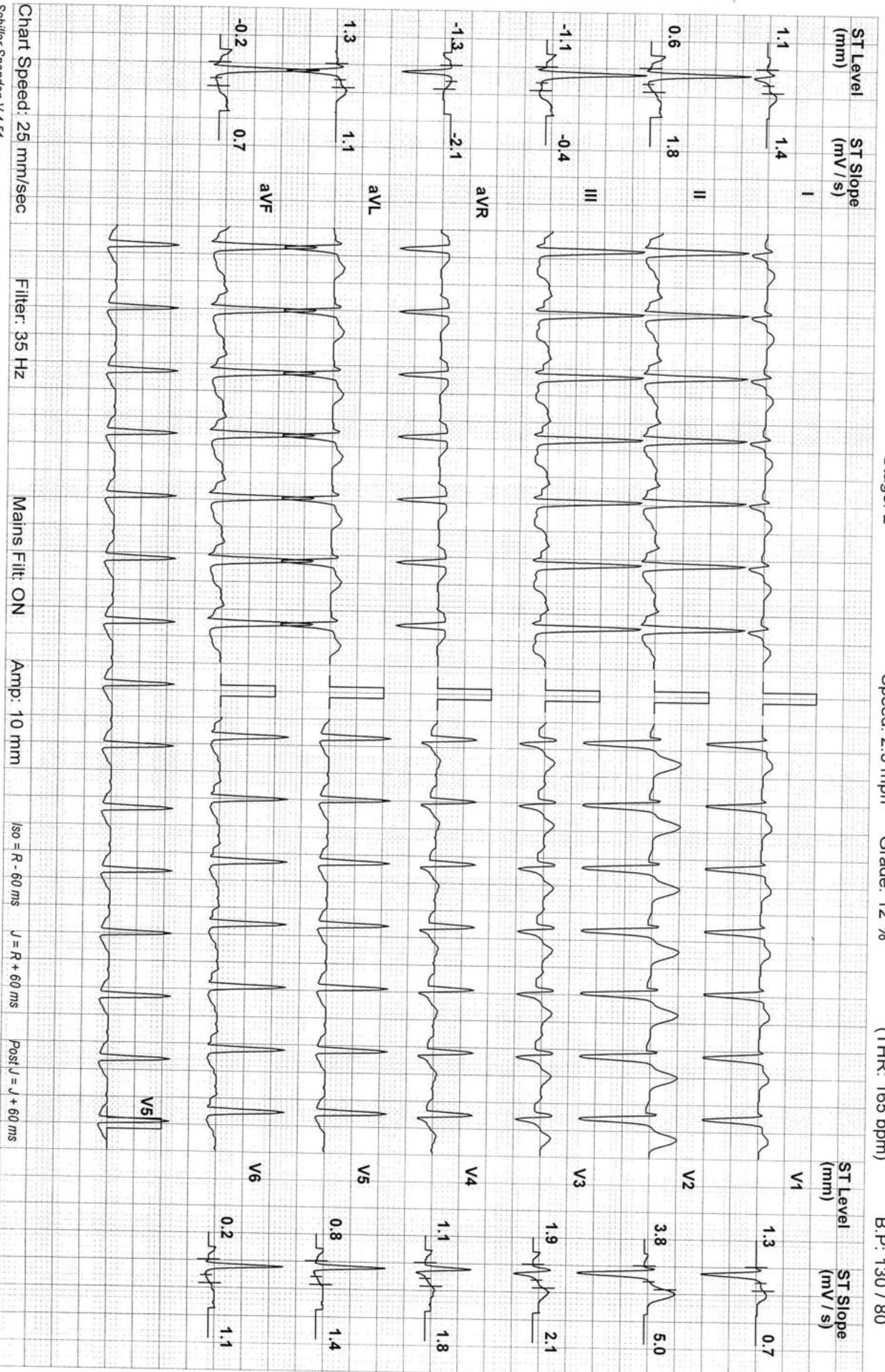
Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 165 bpm)

B.P: 130 / 80



Schiller Spandan V 4.51

Linked Median

MR RAJKUMAR S (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

Stage: 3

Date: 16-Apr-22

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

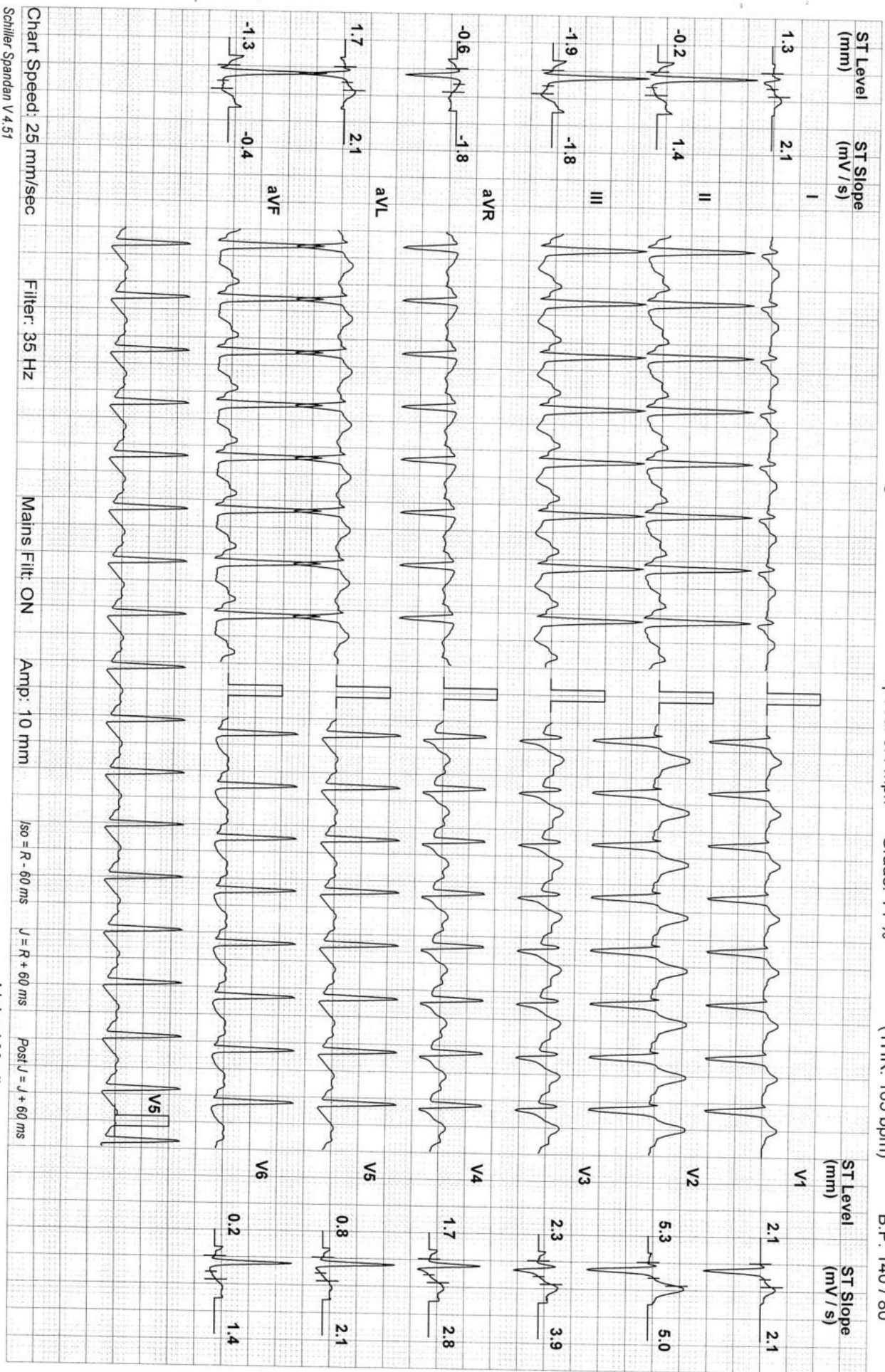
HR: 150 bpm

B.P: 140 / 80

Speed: 3.4 mph

Grade: 14 %

(THR: 165 bpm)



Linked Median

MR RAJKUMAR S (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120981613
Stage: Peak Ex

Date: 16-Apr-22
Speed: 4.2 mph

Exec Time : 10 m 1 s
Grade: 16 %
(THR: 165 bpm)

HR: 167 bpm
B.P: 150 / 90

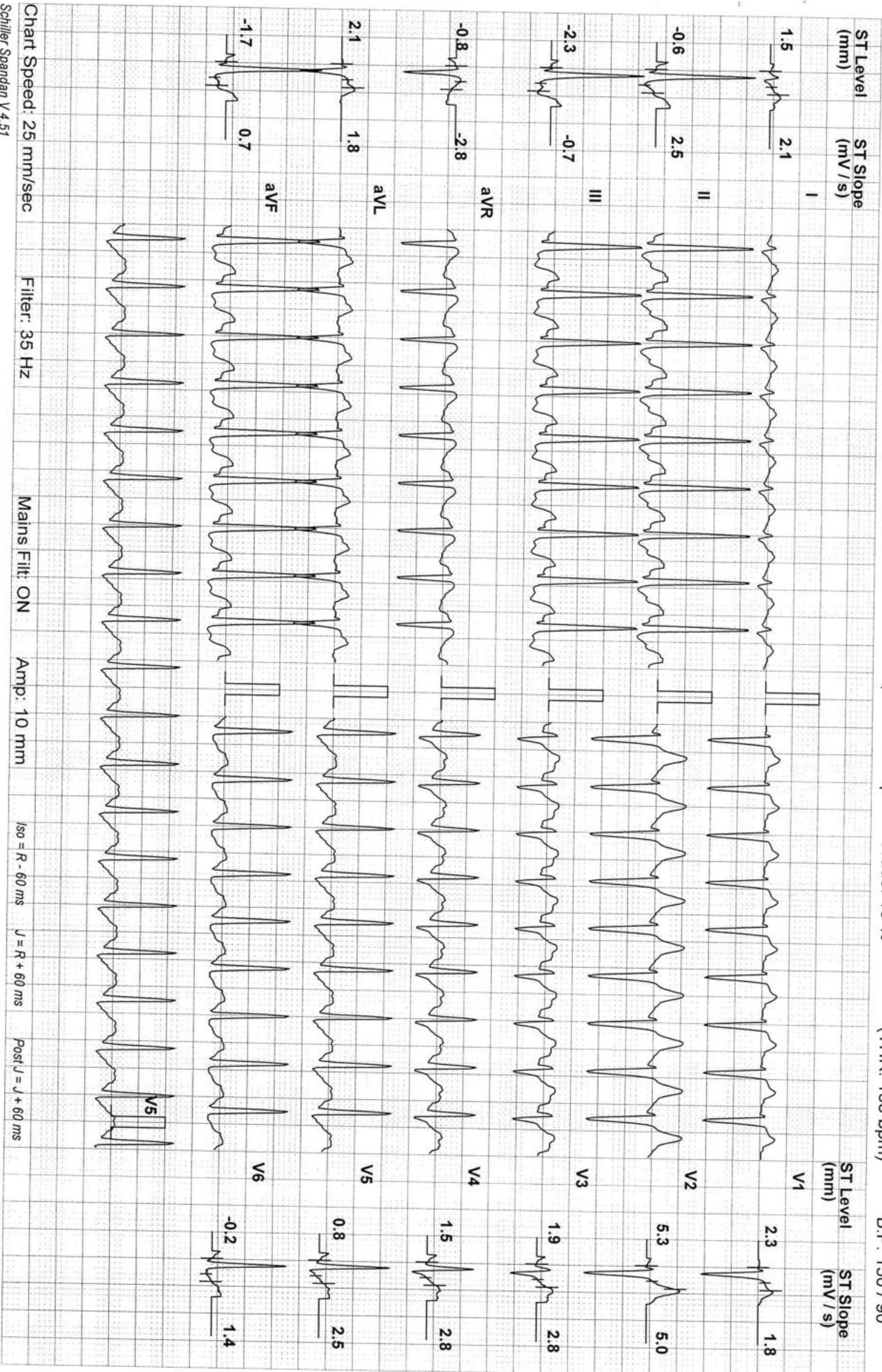


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR RAJKUMAR S (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

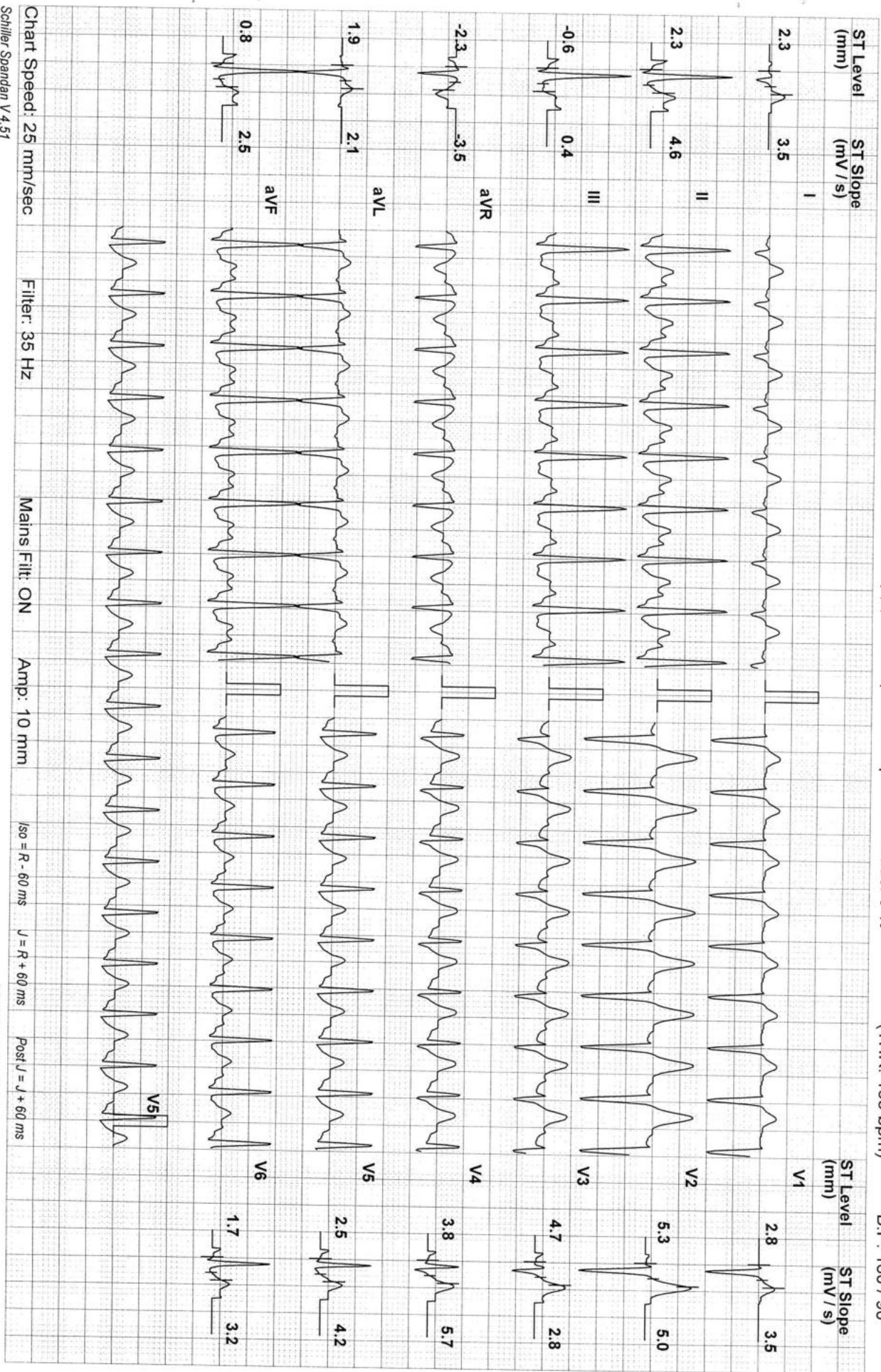
ID: MED120981613
Stage: Recovery(1)

Date: 16-Apr-22
Speed: 1 mph

Exec Time : 10 m 7 s
Grade: 0 %

Stage Time : 0 m 54 s
(THR: 165 bpm)

HR: 153 bpm
B.P: 160 / 90



Linked Median

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MR RAJKUMAR S (36 M)

ID: MED120981613

Date: 16-Apr-22

Exec Time : 10 m 7 s Stage Time : 1 m 26 s HR: 114 bpm

Protocol: Bruce

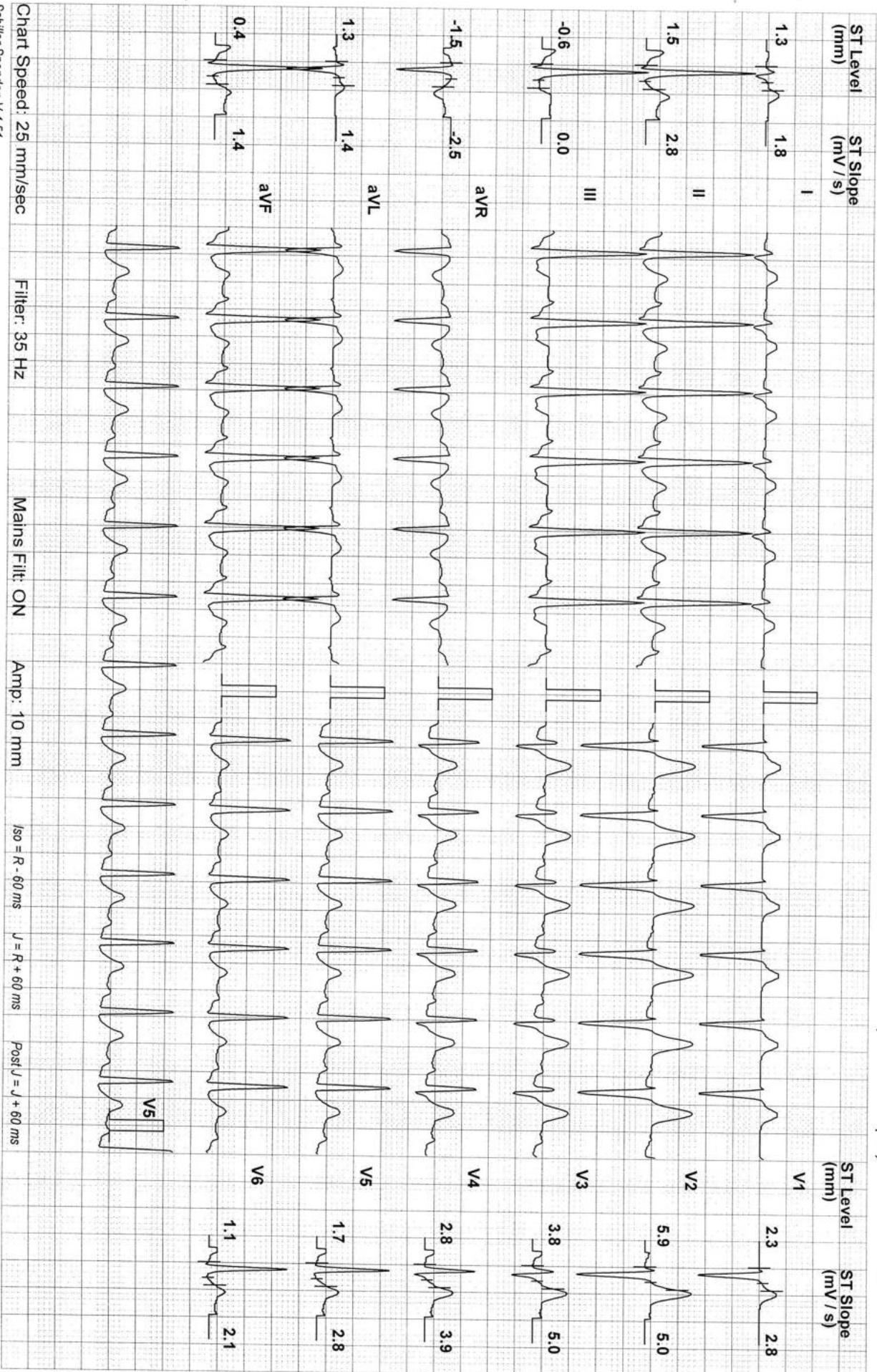
Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 150 / 90



MR RAJKUMAR S (36 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120981613

Date: 16-Apr-22

Exec Time : 10 m 7 s

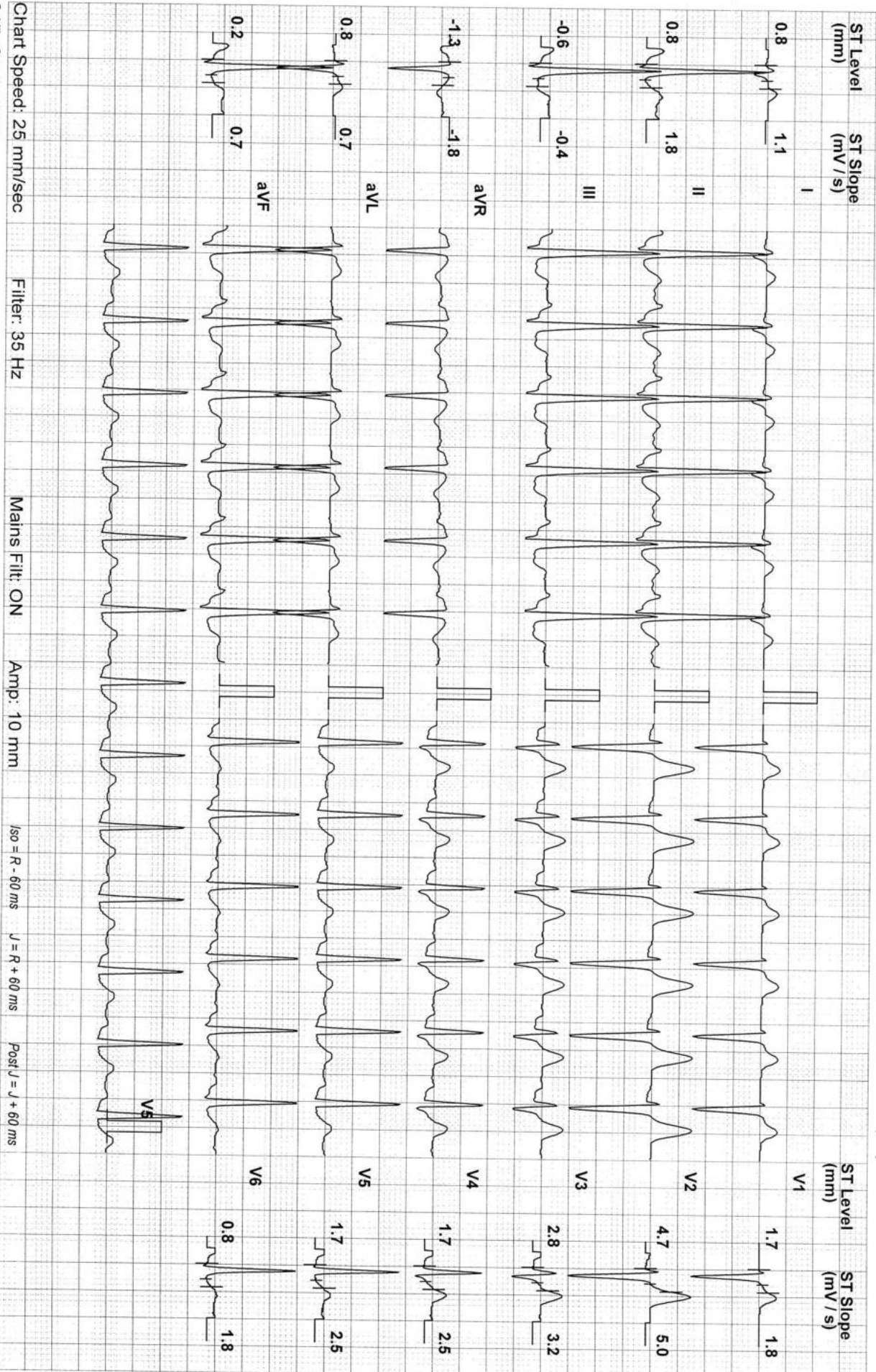
Stage Time : 1 m 0 s

HR: 111 bpm

B.P: 130 / 80

Grade: 0 %

(THR: 165 bpm)



Linked Median

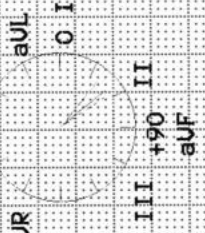
PRECISION DIAGNOSTICS
191 Pk
Kilb
Ph: 044-45927777

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

< P
< T
< QRS

-90

ement Results:
P 378 / 98 ms
R 405 ms
S 168 ms
T 98 ms
850 / 865 ms
55 / 50 / 39 degrees



Unconfirmed report.

Handwritten signature: *Manjula*
Handwritten text: ECG

