



भारत सरकार  
Government of India



Issue Date: 27/07/2011



Manoshi Chowdhury

DOB: 03/04/1974

Female



3046 8730 1628

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Print Date: 27/07/2022

Address: C/O Pradeep Chowdhury, 1P  
HO-CHI-MINH SARANI, DIAMOND CITY  
WEST TOWER-3, FLAT-10B, Sarsuna  
South 24 Parganas, West Bengal, 700061



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1947

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# PACKAGE TRACK SHEET

Mediwheel Full Body Health Checkup Female Above 40

Name : Mrs. MANOSHI CHOWDHURY / 49 Year(s) / Female	Date : 26/08/2023 9:36AM
PHID No. : NMHK.2215097	Bill No. : OPCR8422
Start Time : 09:36:34	Completion Time :
Corporate Company :	Payer : ArcoFemi Healthcare Ltd.
Insurance :	

	Time In	Time Out	Signature/Date Time
<b>Initial Assessment</b>			

Height: 160.3 cm  
Pulse: 89 bpm

Weight: 63 Kg.  
BP: 110/80 mmHg  
SpO<sub>2</sub> → 97%.

BMI.  
Temp.

**Package Details**

**1. HEALTH CHECKUPS**

- GLYCOSYLATED HAEMOGLOBIN (HBA1C)-()
- THYROID FUNCTION TEST-()
- BLOOD GROUPING & Rh TYPING-()
- BLOOD SUGAR(PP)-()
- PAPSMEAR (CERVICAL / VAGINAL)-()
- BLOOD SUGAR(F)-()
- COMPLETE HAEMOGRAM ( CBC )-()
- LIPID PROFILE-()
- STOOL FOR R/E-()
- LIVER FUNCTION TEST ( LFT )-()
- SERUM CREATININE-()
- URIC ACID-()
- BLOOD UREA NITROGEN-()
- URINE FOR R/E-()
- URINE FOR SUGAR FASTING-()
- URINE FOR SUGAR PP-()
- BUN / CREATINE RATIO-()
- X-RAY CHEST PA-()
- USG SCREENING-()
- USG SCREENING (WHOLE ABDOMEN)-()
- ECG-()
- ECHO SCREENING-()
- STRESS TEST (TREAD MILL)-()


**2. OP Consultation**

- General Medicine-(Dr. SELF)
- Gynecology-(Dr. SUSMITA BASU)
- Dental-(Dr. SELF DENTAL)
- Ophthalmology-(Dr. SELF EYE)




## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mrs. MANOSHI CHOWDHURY	<b>Age/Sex</b>	: 49 Year(s)/Female
<b>UHID</b>	: NMHK.2215097	<b>Order Date</b>	: 26/08/2023 09:36
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9804501944
<b>Ref. Doctor</b>	: NMH	<b>DOB</b>	: 03/04/1974
<b>Address</b>	: 1-3/10B D C W , BAKUL TALA ,Kolkata,West Bengal ,700061	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132333	Collection Date : 26/08/23 10:18	Ack Date : 26/08/2023 11:30	Report Date : 26/08/23 16:13

#### BLOOD GROUPING & Rh TYPING

Sample EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

BLOOD GROUP	'A'
Agglutination forward & Reverse	
RH TYPE	POSITIVE

#### COMPLETE HAEMOGRAM ( CBC )

Sample EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	9.3 ▼	gm/dl	12 - 15
Colorimetric method (Cyn Meth)			
RBC COUNT	4.6	x10 <sup>6</sup> /ul	3.8 - 4.8
Electrical Impedance Method			
TOTAL WBC COUNT	10.7 ▲	10 <sup>3</sup> /cm <sup>3</sup>	4 - 10
Electrical Impedance Method		m	
PLATELET COUNT	160	10 <sup>3</sup> /cm <sup>3</sup>	150 - 410
Electrical Impedance Method		m	
PCV	30 ▼	%	36 - 46
RBC pulse ht. detection method			
MCV	66 ▼	fl	83 - 101
calculated			
MCH	20 ▼	pg	27 - 32
Calculated			
MCHC	31 ▼	gm/dl	31.5 - 34.5
Calculated			
ESR	30 ▲	%	0 - 12
Modified Westergren Method			

#### DIFFERENTIAL COUNT



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NEUTROPHILS	66	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	31	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	01	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

### **PERIPHERAL BLOOD SMEAR**

RBC	Microcytes (++) Hypochromia (++)
WBC	Within normal limits.
PLATELET	Adequate.

End of Report

**Dr. MAINAK CHAKRABORTY**  
**MBBS, MD(PATH)**  
 (CONSULTANT PATHOLOGIST)

Checked By

## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132333	Collection Date : 26/08/23 10:18	Ack Date : 26/08/2023 11:36	Report Date : 26/08/23 14:04

#### SERUM CREATININE

Sample- Serum

##### SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
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*Jaffe Gen2 Compensated*

#### LIVER FUNCTION TEST ( LFT )

Sample- Serum

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.7	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	23	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	94	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.2	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.2	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.3	-	1.1 - 2.5
<i>Calculated</i>			
GGT	10	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			



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**Order Date** : 26/08/2023 09:36

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**Address** : T-3/10B D C W , BAKULTALA ,Kolkata,West Bengal ,700061

### BLOOD UREA NITROGEN

Sample- Serum

SAMPLE:-

BLOOD UREA NITROGEN

Calculated

SERUM

6.1

mg/dl

6 - 20

### LIPID PROFILE

Sample- Serum

**SAMPLE : SERUM**

TOTAL CHOLESTEROL

123

mg/dl

Desirable <200 |  
Borderline 200-239 |  
High >=240

CHOD-PAP

HDL CHOLESTEROL

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL

40

mg/dl

40 - 60

64

mg/dl

Optimal < 100 |  
Borderline 130 - 159  
| High >160

Homogenous Enzymatic Colorimetric

VLDL

CALCULATED

CHOLESTEROL-HDL RATIO

LDL-HDL RATIO

TRIGLYCERIDES

19

mg/dl

0 - 30

3.08

-

1.60

-

96

mg/dl

Desirable <150 |  
Borderline 150 - 200  
|  
High >200

Enzymatic Colorimetric

### URIC ACID

Sample- Serum

**SAMPLE : SERUM**

URIC ACID

Enzymatic Colorimetric

5.3

mg/dl

2.4 - 5.7

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

**SAMPLE : EDTA BLOOD**



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HBA1C

7.4

## Interpretation &amp; Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & 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 HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 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/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control :

Excellent Control - 6 -7 %,

Fair to Good Control - 7 - 8 %,

Unsatisfactory Control - 8 - 10 %

Poor Control - &gt; 10 % .

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

## BLOOD SUGAR(F)

Sample- Plasma

## SAMPLE : PLASMA

BLOOD SUGAR FASTING 180 ▲ mg/dl 70 - 109

Hexokinase

## BLOOD SUGAR(PP)

Sample- Plasma

## SAMPLE : PLASMA

BLOOD SUGAR PP 229 ▲ mg/dl 70.00 - 140.00

Hexokinase

End of Report

Dr.S. Chatterjee  
MD, MBBS, FAACC



### LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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#### BUN / CREATINE RATIO

Sample- Serum

#### SAMPLE : SERUM

BUN / CREATINE RATIO 10.2

End of Report

**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)

Checked By





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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0132333      Collection Date : 26/08/23 10:18      Ack Date : 26/08/2023 11:36      Report Date : 26/08/23 16:31

#### THYROID FUNCTION TEST

Sample- Serum

##### SAMPLE : SERUM

T3	1.08	ng/ml	0.60 - 1.80
ECLIA			
T4	6.51	ug/dL	5.40 - 11.70
ECLIA			
TSH	1.91	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27- 5.50 Newborns - <25 Upto 12 years – 0.3- 5

##### ECLIA

##### Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report



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**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By



**LABORATORY INVESTIGATION REPORT**

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**Age/Sex** : 49 Year(s)/Female  
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**PAP Smear**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132405	Collection Date : 26/08/23 15:03	Ack Date : 26/08/2023 15:03	Report Date : 28/08/23 11:10

Sample- Serum  
 OBSERVATION

**CY-196/23**

**CYTOLOGY / PAP SMEAR REPORT**

**Bethesda Classification 2014**

SPECIMEN – Cervicovaginal smear.  
 GROSS –Two smears received. Stained with PAP stain.  
 Adequacy of Specimen – Paucicellular.  
 General Classification – Benign.  
 Cell Type –  
 ·Predominantly superficial squamous epithelial cells seen.

Endocervical cells – Occasional.  
 Metaplastic Cells – Absent.  
 No intraepithelial lesion or malignant cell seen.  
 Degenerative changes – Absent.  
 T.Vaginalis/ Candida/other organism- Absent  
 Neutrophils – Few.  
 Bacteria – Present(+).

**IMPRESSION :**

·Negative for intraepithelial lesion or malignancy.  
 Remarks : It is a screening test. Negative report do not excluded presence of neoplasia.



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**Facility** : NARAYAN MEMORIAL HOSPITAL

End of Report

**Dr. MAINAK CHAKRABORTY**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

Checked By



### LABORATORY INVESTIGATION REPORT

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**UHID** : NMHK.2215097

**Episode** : OP

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**Age/Sex** : 49 Year(s)/Female

**Order Date** : 26/08/2023 09:36

**Mobile No** : 9804501944

**DOB** : 03/04/1974

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132333	Collection Date : 26/08/23 10:18	Ack Date : 26/08/2023 13:10	Report Date : 26/08/23 16:31

#### URINE FOR SUGAR FASTING

Sample- Urine

#### **SAMPLE : URINE**

RESULT

ABSENT

End of Report

**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)

Checked By

### LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132383	Collection Date : 26/08/23 13:13	Ack Date : 26/08/2023 18:40	Report Date : 26/08/23 20:09

#### URINE FOR SUGAR PP

Sample- Urine

#### **SAMPLE : URINE**

RESULT

ABSENT

End of Report



**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By

**LABORATORY INVESTIGATION REPORT**

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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132333	Collection Date : 26/08/23 10:18	Ack Date : 26/08/2023 13:10	Report Date : 26/08/23 16:51

**URINE FOR R/E**

Sample- Urine

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.015		
REACTION(pH)	ACIDIC (pH - 6.0)		

**CHEMICAL EXAMINATION**

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-2/HPF	<5/HPF
EPITHELIAL CELLS	3-4/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report





### LABORATORY INVESTIGATION REPORT

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**Facility** : NARAYAN MEMORIAL HOSPITAL

**Dr.DIP NARAYAN MUKHERJEE**

MD(Microbiology)

RegNo: Reg no. 57062

Checked By



## DIAGNOSTICS REPORT

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 26/08/2023 09:36
Age/Sex	: 49 Year(s)/Female	Report Date	: 28/08/2023 12:06
UHID	: NMHK.2215097	IP No	:
Ref. Doctor	: NMH	Facility	: NMH
		Mobile	: 9804501944
Address	: T-3/10B D C W, BAKULTALA, Kolkata, West Bengal, 700061		

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER** : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.9 cm.

**CD** : Normal. CD measures 0.3 cm.

**GALL BLADDER** : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

**PANCREAS** : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

**SPLEEN** : Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

**KIDNEYS** : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Cortico medullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 10.5 cm & Left kidney measures : 10.3 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

**POST VOID BLADDER** : No significant residual urine is seen.

## DIAGNOSTICS REPORT

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 26/08/2023 09:36
Age/Sex	: 49 Year(s)/Female	Report Date	: 28/08/2023 12:06
UHID	: NMHK.2215097	IP No	:
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**UTERUS** : Anteverted, **bulky in size**. Normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 10.2 cm x 5.0 cm x 3.5 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.

**PERITONEUM** : :No free fluid is noted.

**RETROPERITONEUM** : IVC and aorta appear normal. No lymphadenopathy is seen.

**IMPRESSION** : Mildly bulky uterus.



**Dr. MADHUSHREE RAY NASKAR, MBBS**  
**, DMRD**

Consultant Radiologist

RegNo: 57032



## DIAGNOSTICS REPORT

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 26/08/2023 09:36
Age/Sex	: 49 Year(s)/Female	Report Date	: 26/08/2023 10:46
UHID	: NMHK.2215097	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9804501944
Address	: T-3/10B D C W, BAKULTALA, Kolkata, West Bengal, 700061		

### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

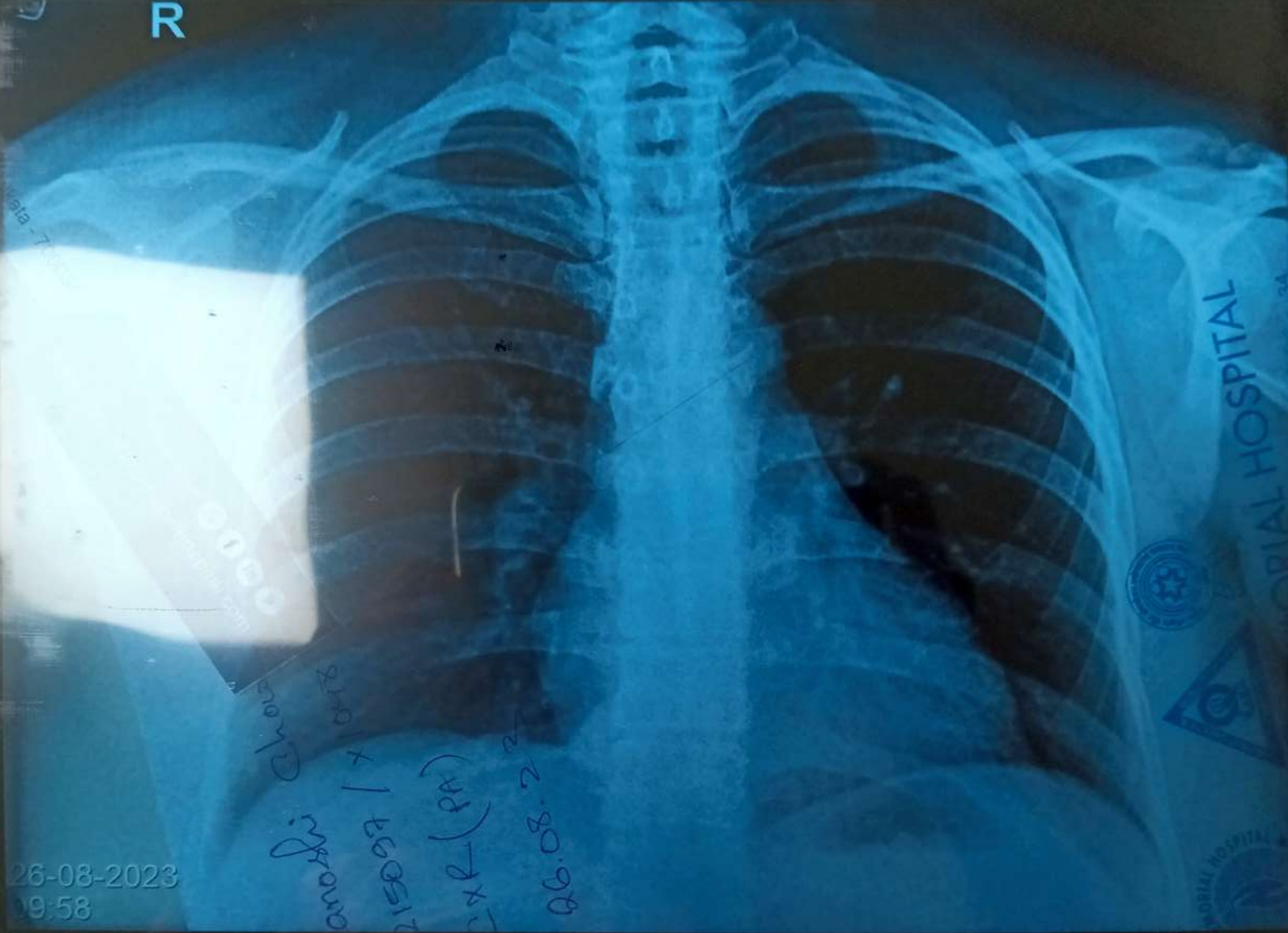
No obvious bony abnormality is seen.

**Dr. Arun Kumar Mazumder ,**

MBBS, MD (Radiodiagnosis)

RegNo: WBMC 48861

R



26-08-2023  
09:58

Chowdhury Manoshi / X1048  
215097  
24R (PA)  
06.08.23

NMHK2215097 X1048 MANOSHI CHOWDHURY, F. 49 years

NARAYAN MEMORIAL HOSPITAL

Dr



**DIAGNOSTICS REPORT**

HWS

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 26/08/2023 09:36
Age/Sex	: 49 Year(s)/Female	Report Date	: 26/08/2023 11:46
UHID	: NMHK.2215097	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9804501944
Address	: T-3/10B D C W, BAKULTALA, Kolkata, West Bengal, 700061		

**ELECTROCARDIOGRAM REPORT (ECG)**

HR : 77 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 152 msec  
QRS axis : Normal (23 Degree)  
QRS duration : 72 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 414 msec  
QT : 364 msec

**IMPRESSION:**

- Sinus rhythm. Normal QRS axis.  
- Non specific ST-T changes.  
Clinical correlation please.

**Dr. Sudip Chakraborty, MBBS, DIP (Preventative Cardiology) fellow Clinical**

RegNo: 56285

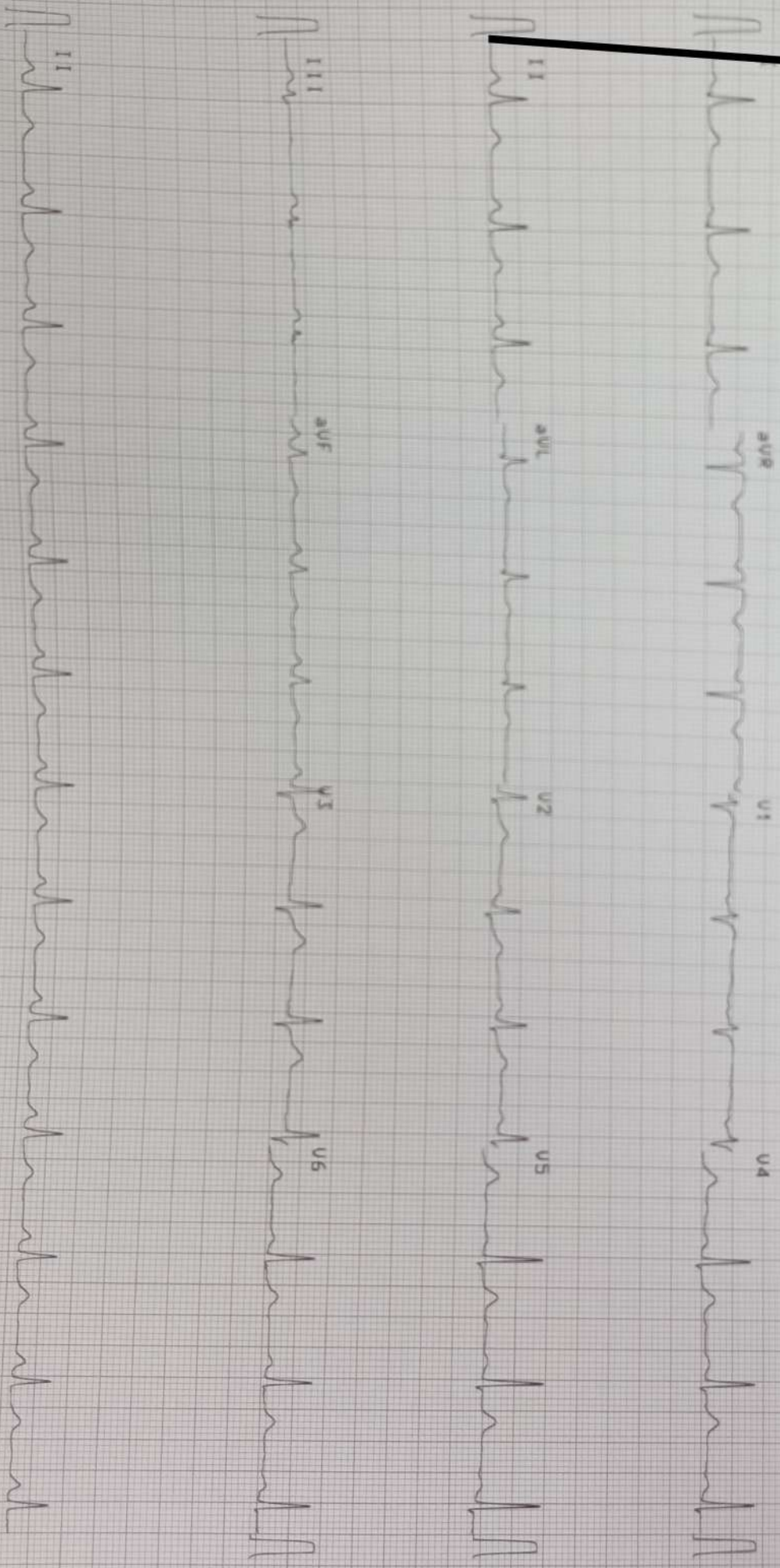
Weight: 69 kg

Interval:	Rate (b/min)	Axis:
RR	78.4 ms	P 60 °
P	184 ms	QRS 23 °
PR	152 ms	T 31 °
QRS	72 ms	P (II) 8.17 mV
QT	364 ms	S (VI) -8.34 mV
QTc	414 ms	R (V5) 1.11 mV
(Bazett)		Sokol. 1.45 mV

SINUS RHYTHM  
NORMAL ECG

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 55F 585 26.08.2023 11:39:30

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1 25 61