



# BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



ECU Number : 10405      MR Number : 23232686      Patient Name : KUMUDBEN DIGANTBHAI  
Age : 48      Sex : Female      Height : 157  
Weight : 95.5      Ideal Weight : 57      BMI : 38.74  
Date : 23/03/2024

Past H/O : K/C/O HYPERTENSION.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO

Gen.Exam. : G..C GOOD

B.P : 134/84 mm Hg

Pulse : 60/MIN REG.

Others : SPO2 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :





Patient Name : Mrs. KUMUDBEN DIGANTBHAI BHATT  
 Gender / Age : Female / 48 Years 2 Months 7 Days  
 MR No / Bill No. : 23232686 / 242093897  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 210864  
 Request Date : 22/03/2024 09:26 AM  
 Collection Date : 22/03/2024 09:33 AM  
 Approval Date : 22/03/2024 12:25 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.6	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.70	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	43.0	%	36 - 46
Mean Corpuscular Volume (MCV)	91.5	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.9	pg	27 - 32
MCH Concentration (MCHC)	31.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.2	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	5.72	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	53	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	6	%	1 - 6
Monocytes	8	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.03	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.85	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.38	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.41	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	293	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	<u>18</u>	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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GENERAL HOSPITAL

ESTD. 1964

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: Mrs. KUMUDBEN DIGANTBHAI BHATT	Type	: OPD
Gender / Age	: Female / 48 Years 2 Months 7 Days	Request No.	: 210864
MR No / Bill No.	: 23232686 / 242093897	Request Date	: 22/03/2024 09:26 AM
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

**Dr. Ameer Soni**  
MD (Path)

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Consultant	: Dr. Manish Mittal	Collection Date	: 22/03/2024 09:33 AM
Location	: OPD	Approval Date	: 22/03/2024 03:44 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	A		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	92	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	93	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	28	mg/dL	10 - 45
BUN	13.08	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.70	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	5.3	mg/dL	2.2 - 5.8

— End of Report —

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	93	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	162	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	47	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	115	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	<b>104</b>	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD ) on Vitros 5600</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	18.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.21		2.1 - 3.5
T. Ch./HDL Ch. Ratio	<b>3.45</b>		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.24	mg/dL	0 - 1
Bilirubin - Direct	0.10	mg/dL	0 - 0.3
Bilirubin - Indirect	0.14	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	34	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	32	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	<b>108</b>	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ<sup>2</sup>-glutamyl-p-nitroanilide on Vitros 5600)</i>			
<b>Total Protein</b>			
Total Proteins	7.69	gm/dL	6.4 - 8.2
Albumin	4.67	gm/dL	3.4 - 5
Globulin	3.02	gm/dL	3 - 3.2
A : G Ratio	1.55		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

--- End of Report ---

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**Thyroid Hormone Study**

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i> <i>Reference interval (ng/ml)</i>	2.47	ng/ml	
1 - 3 days : 0.1 - 7.4			
1-11 months : 0.1 - 2.45			
1-5 years : 0.1 - 2.7			
6-10 years : 0.9 - 2.4			
11-15 years : 0.8 - 2.1			
16-20 years : 0.8 - 2.1			
Adults (20 - 99 years) : 1.07 - 1.85			
Pregnancy (in last 5 months) : 1.2 - 2.5			
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4) <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i> <i>Reference interval (mcg/dL)</i>	11.0	mcg/dL	
1 - 3 days : 11.8 - 22.6			
1- 2 weeks : 9.8 - 16.6			
1 - 4 months : 7.2 - 14.4			
4 - 12 months : 7.8 - 16.5			
1-5 years : 7.3 - 15.0			
5 - 10 years : 6.4 - 13.3			
10 - 20 years : 5.6 - 11.7			
Adults (20-99 years) : 5.91 - 12.98			
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH) <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i> <i>Reference interval (microIU/ml)</i>	1.87	microIU/ml	
Infants (1-4 days) : 1.0 - 39			
2-20 weeks : 1.7 - 9.1			
5 months - 20 years : 0.7 - 6.4			
Adults (20-99 years) : 0.4001 - 4.049			
Pregnancy :			
1st trimester : 0.3 - 4.5			
2nd trimester : 0.5 - 4.6			
3rd trimester : 0.8 - 5.2			
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

— End of Report —

Dr. Ameet Soni  
MD (Path)



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 Approval Date : 22/03/2024 02:32 PM

**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		4.6 - 8.0
Specific Gravity	1.020		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	<b>Present</b>	/hpf	Nil
Organism	<b>Bacteria ++</b>		Absent

Reference : Wallach's Interpretation to laboratory test, 10th edition

--- End of Report ---

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MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. KUMUDBEN DIGANTBHAI BHATT  
Gender / Age : Female / 48 Years 2 Months 7 Days  
MR No / Bill No. : 23232686 / 242093897  
Consultant : Dr. Manish Mittal  
Location : OPD  
Type : OPD  
Request No. : 210864  
Request Date : 22/03/2024 09:26 AM  
Collection Date : 22/03/2024 09:33 AM  
Approval Date : 22/03/2024 06:30 PM

**Pap Smear**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Pap Smear

Pap Smear Screening Report...

Cyto No : P/757/24  
Received at 01.30 pm.

Clinical Details : H/O Hysterectomy.  
P/V findings : Vault - NAD.

TBS Report / Impression :

- \* Satisfactory for evaluation.
- \* Mild inflammatory cellularity (Neutrophils rich).
- \* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy ( NILM ).

**Note / Method :**

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

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MD (Path)

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- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23232686      Report Date : 22/03/2024  
 Request No. : 190109385      22/03/2024 9.26 AM  
 Patient Name : Mrs. KUMUDBEN DIGANTBHAI BHATT  
 Gender / Age : Female / 48 Years 2 Months 7 Days

**X-Ray Chest AP**

Both lung fields are clear.  
 Both costophrenic sinuses appear clear.  
 Heart size is normal.  
 Hilar shadows show no obvious abnormality.  
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Sharad Rungta, M.D DNB**

Consultant Radiologist

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

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Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23232686 Report Date : 22/03/2024  
Request No. : 190109431 22/03/2024 9.26 AM  
Patient Name : Mrs. KUMUDBEN DIGANTBHAI BHATT  
Gender / Age : Female / 48 Years 2 Months 7 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size with raised echopattern. No mass lesion identified.**  
The hepatic veins are clear and patent.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured.  
Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

**23x20mm sized defect is seen in umbilical region through which omental fat appears to be herniate out.**  
No ascites.

**COMMENT:**

- Mild fatty liver.
- Umbilical hernia.

Kindly correlate clinically.

**Dr. Harsh Sanjay Vyas,**  
Consultant Radiologist





Computerized Radiography
Ultra Sensitive Colour Doppler
Ultra High Resolution Sonography
Multi-Detector CT Scan
Magnetic Resonance Imaging (MRI)
Mammography
Interventional Radiology
Digital Subtraction Angiography (DSA)
Foetal Echocardiography
Echocardiography
4D USG & Doppler

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23232686      Report Date : 22/03/2024  
 Request No. : 190109473      22/03/2024 9.26 AM  
 Patient Name : Mrs. KUMUDBEN DIGANTBHAI BHATT  
 Gender / Age : Female / 48 Years 2 Months 7 Days

**Mammography (Both Breast)**

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show scattered fibro glandular parenchyma.  
 No obvious focal mass seen on either side.  
 No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.  
 No obvious skin thickening or nipple retraction seen.  
 Left benign axillary lymph nodes seen.

**IMPRESSION:**

No obvious focal mass in breasts.  
 BI-RADS category 2.

Kindly correlate clinically /Follow up

BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.

**INFORMATION REGARDING MAMMOGRAMS:**

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

Dr. Harsh Sanjay Vyas, D N  
 B  
 Consultant Radiologist



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

Patient No. : 23232686      Report Date : 22/03/2024  
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Patient Name : **Mrs. KUMUDBEN DIGANTBHAI BHATT**  
Gender / Age : Female / 48 Years 2 Months 7 Days

**Echo Doppler Screening**

MITRAL VALVE : NORMAL, MILD MR, NO MS  
AORTIC VALVE : TRILEAFLET, NO AR, NO AS  
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 60%, NO RESTING REGIONAL WALL MOTION ABNORMALITY  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : MILD MR, TRIVIAL TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. GRADE I LV DIASTOLIC DYSFUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL ALL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
Dr. V.C. CHAUHAN, M.D., CARD.



Name Mrs. Kumudben D Bhatt  
Patient ID Ecu/ 23232686

22.03.2024 09:44:54  
Standard 12-Lead

BHAHAL AMIN GENERAL HOSPITAL

Age 048Y  
Gender Female

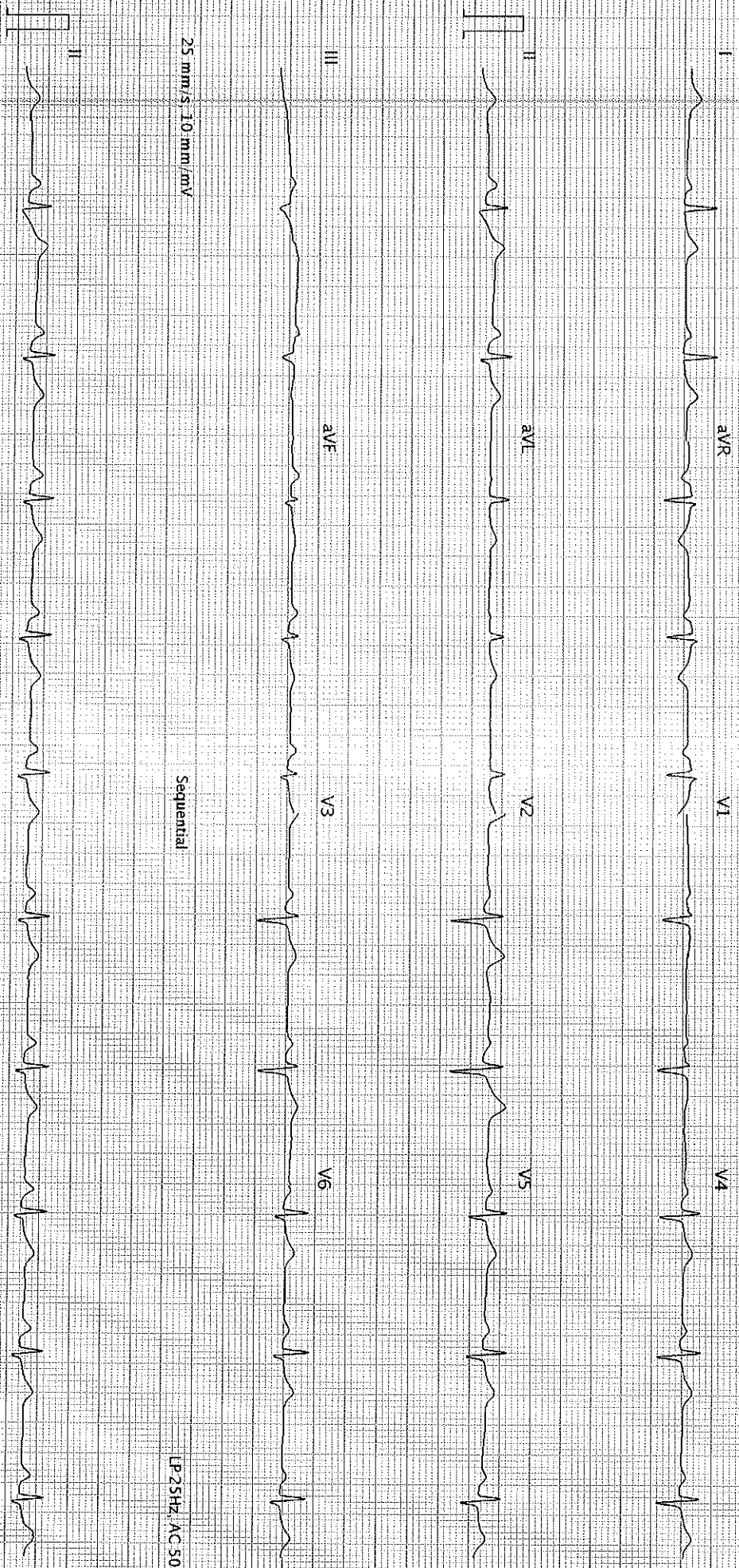
Ref: phys

HR 63 bpm  
RR 939 ms  
PR 111 ms  
P axis 51°  
QRS 38 ms  
QT 397 ms  
QTcB 405 ms  
T axis 29°

Unconfirmed report

Pacemaker Unknown

Remark



LP 25HZ, AC 50HZ

LP 25HZ, AC 50HZ

AT-102-G2 1.2.0 (1080-011030)

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