

30 years

Female

Asian

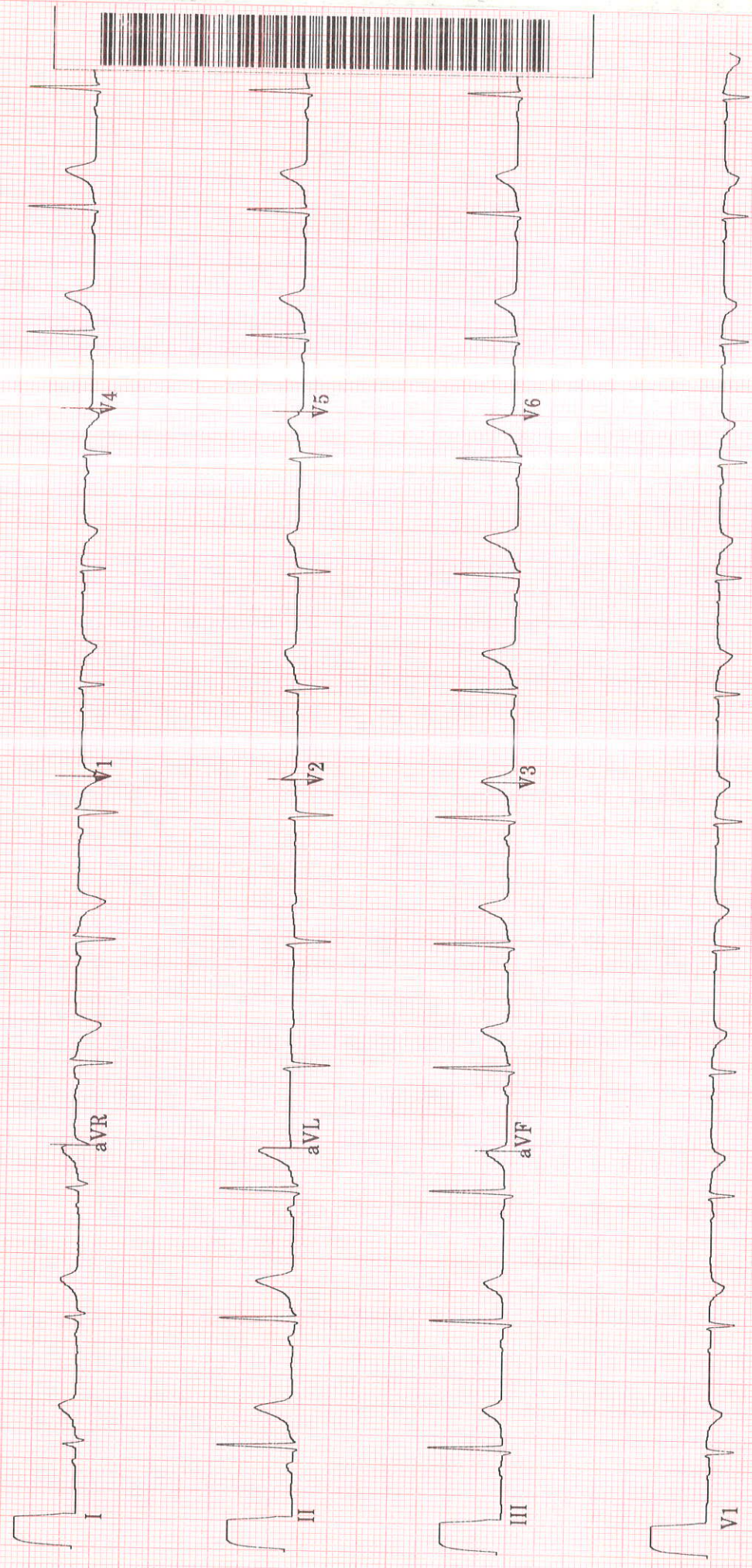
Vent. rate 72 b/j  
PR interval 152 ms  
QRS duration 76 ms  
QT/QTc 380/416 ms  
P-R-T axes 65 91 64

Normal sinus rhythm  
Rightward axis  
Borderline ECG

Technician:  
Test ind:

Referred by: hcp

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239





## TMT INVESTIGATION REPORT

Patient Name :Deepak GAUTAM	Location	: Ghaziabad
Age/Sex : 35Year(s)/male	Visit No	: V0000000001-GHZB
MRN No <u>MH011254583</u>	Order Date	: 26/08/2023
Ref. Doctor : HCP	Report Date	: 26/08/2023

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 185BPM
<b>Duration of exercise</b>	: 6min 03sec	<b>85% of MPHR</b>	: 157BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 163BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 130/90mmHg Peak BP : 146/90mmHg	<b>% Target HR</b>	: 88%
		<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	77	130/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	139	140/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	162	146/90	Nil	No ST changes seen	Nil
STAGE 3	0:03	163	146/90	Nil	No ST changes seen	Nil
RECOVERY	2:05	98	134/90	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**MD, DM (CARDIOLOGY),FACC  
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY),MNAMS  
Sr.Consultant Cardiology**Dr. Sudhanshu Mishra**MD  
Cardiology Registrar

## LABORATORY REPORT

Name	: MR DEEPAK GAUTAM	Age	: 35 Years
Registration No	: MH011254583	Lab No	: 202308004245
Patient Episode	: H18000000916	Collection Date	: 26 Aug 2023 12:12
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Aug 2023 09:05
Receiving Date	: 26 Aug 2023 12:12		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Page 1 of 1

-----END OF REPORT-----

  
**Dr. Charu Agarwal**  
 Consultant Pathologist

## RADIOLOGY REPORT

NAME	MR Deepak GAUTAM	STUDY DATE	26/08/2023 12:00PM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011254583
ACCESSION NO.	R6010913	MODALITY	US
REPORTED ON	26/08/2023 12:16PM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS

#### FINDINGS

LIVER: appears enlarged in size (measures 168 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 98 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears upper limit of normal in size and measures 12.9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.7 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 92 x 36 mm.

Left Kidney: measures 90 x 45 mm. It shows a concretion measuring 2.3 mm at mid calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 23 x 22 x 21 mm with volume 6 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### IMPRESSION

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

**-Left renal concretion.**

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*



RADIOLOGY REPORT

NAME	MR Deepak GAUTAM	STUDY DATE	26/08/2023 12:00PM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011254583
ACCESSION NO.	R6010913	MODALITY	US
REPORTED ON	26/08/2023 12:16PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

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**IMPRESSION**

- Hepatomegaly with diffuse grade II fatty infiltration in liver.
- Left renal concretion.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

## LABORATORY REPORT

Name : MR DEEPAK GAUTAM Age : 35 Yr(s) Sex : Male  
 Registration No : MH011254583 Lab No : 202308004245  
 Patient Episode : H18000000916 Collection Date : 26 Aug 2023 10:29  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 15:18  
 Receiving Date : 26 Aug 2023 12:12

## HAEMATOLOGY

## COMPLETE BLOOD COUNT (AUTOMATED)

RBC COUNT (IMPEDENCE) 5.32  
 HEMOGLOBIN 15.4  
 Method: cyanide free SLS-colorimetry  
 HEMATOCRIT (CALCULATED) 46.8  
 MCV (DERIVED) 88.0  
 MCH (CALCULATED) 28.9  
 MCHC (CALCULATED) 32.9  
 RDW CV% (DERIVED) 14.1  
 Platelet count 140  
 Method: Electrical Impedance  
 MPV (DERIVED) ----

## SPECIMEN-EDTA Whole Blood

millions/cumm [4.50-5.50]  
 g/dl [13.0-17.0]  
 % [40.0-50.0]  
 fL [83.0-101.0]  
 pg [25.0-32.0]  
 g/dl [31.5-34.5]  
 % [11.6-14.0]  
 x 10<sup>3</sup> cells/cumm [150-410]  
 x 10<sup>3</sup> cells/cumm [4.00-10.00]  
 % [40.0-80.0]  
 % [20.0-40.0]  
 % [2.0-10.0]  
 % [1.0-6.0]  
 % [0.0-2.0]  
 mm/1sthour [0.0-10.0]

Page 1 of 2

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**LABORATORY REPORT**

<b>Name</b>	: MR DEEPAK GAUTAM	<b>Age</b>	: 35 Yr(s) Sex :Male
<b>Registration No</b>	: MH011254583	<b>Lab No</b>	: 202308004245
<b>Patient Episode</b>	: H1800000916	<b>Collection Date</b>	: 26 Aug 2023 10:29
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 26 Aug 2023 18:05
<b>Receiving Date</b>	: 26 Aug 2023 12:12		

**BIOCHEMISTRY**

**Glycosylated Hemoglobin**

Specimen: EDTA

**HbA1c (Glycosylated Hemoglobin)**      6.7      %      [0.0-5.6]

Method: HPLC

As per American Diabetes Association(ADA)

HbA1c in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk )5.7-6.4

Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)      146      mg/dl

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 glycemic control.

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
Consultant Pathologist



## LABORATORY REPORT

Name : MR DEEPAK GAUTAM Age : 35 Yr(s) Sex : Male  
Registration No : MH011254583 Lab No : 32230810138  
Patient Episode : R03000054005 Collection Date : 26 Aug 2023 19:48  
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 26 Aug 2023 22:54  
Receiving Date : 26 Aug 2023 20:07

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.93	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	8.23	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	3.790	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

-----END OF REPORT-----

*Neelam Singal*

Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY



<b>Name</b> :	MR DEEPAK GAUTAM	<b>LABORATORY REPORT</b>	:	35 Yr(s) Sex :Male
<b>Registration No</b> :	MH011254583	<b>Lab No</b> :	202308004245	
<b>Patient Episode</b> :	H1800000916	<b>Collection Date</b> :	26 Aug 2023 10:29	
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	26 Aug 2023 15:48	
<b>Receiving Date</b> :	26 Aug 2023 12:12			

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Serum LIPID PROFILE</b>			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	195	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	233	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	44.0	mg/dl	[35.0-65.0]
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>47</b>	<b>mg/dl</b>	<b>[0-35]</b>
CHOLESTEROL, LDL, CALCULATED	104.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.4		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**LABORATORY REPORT**

Name : MR DEEPAK GAUTAM : 35 Yr(s) Sex : Male  
 Registration No : MH011254583 Lab No : 202308004245  
 Patient Episode : H18000000916 Collection Date : 26 Aug 2023 10:29  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 15:47  
 Receiving Date : 26 Aug 2023 12:12

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE</b>			
Specimen: Serum			
<b>UREA</b>	12.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	5.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.93	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.61	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	106.0	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



<b>Name</b> :	MR DEEPAK GAUTAM	<b>LABORATORY REPORT</b>	:	35 Yr(s) Sex : Male
<b>Registration No</b> :	MH011254583	<b>Lab No</b> :	202308004245	
<b>Patient Episode</b> :	H18000000916	<b>Collection Date</b> :	26 Aug 2023 10:29	
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	26 Aug 2023 15:48	
<b>Receiving Date</b> :	26 Aug 2023 12:12			

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.72	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.60	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.62	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.72		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	38.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	81.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	110.0	IU/L	[32.0-91.0]
GGT	64.0	U/L	[7.0-50.0]

<b>Name</b>	: MR DEEPAK GAUTAM	<b>LABORATORY REPORT</b>	: 35 Yr(s) Sex : Male
<b>Registration No</b>	: MH011254583	<b>Lab No</b>	: 202308004245
<b>Patient Episode</b>	: H18000000916	<b>Collection Date</b>	: 26 Aug 2023 10:29
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 26 Aug 2023 15:48
<b>Receiving Date</b>	: 26 Aug 2023 12:12		

**BIOCHEMISTRY**

<b>TEST</b>	<b>RESULT</b>	<b>UNIT</b>	<b>BIOLOGICAL REFERENCE INTERVAL</b>
-------------	---------------	-------------	--------------------------------------

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
**Consultant Pathologist**



**LABORATORY REPORT**

Name : MR DEEPAK GAUTAM : 35 Yr(s) Sex : Male  
 Registration No : MH011254583 Lab No : 202308004246  
 Patient Episode : H1800000916 Collection Date : 26 Aug 2023 10:29  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 15:57  
 Receiving Date : 26 Aug 2023 10:29

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma <b>GLUCOSE, FASTING (F)</b> Method: Hexokinase	130.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
 Drugs-  
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----



Dr. Alka Dixit Vats  
Consultant Pathologist

**LABORATORY REPORT**

Name : MR DEEPAK GAUTAM : 35 Yr(s) Sex : Male  
 Registration No : MH011254583 Lab No : 202308004247  
 Patient Episode : H18000000916 Collection Date : 26 Aug 2023 15:16  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 16:19  
 Receiving Date : 26 Aug 2023 15:16

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	211.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:  
 Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
 Consultant Pathologist



## LABORATORY REPORT

Name : MR DEEPAK GAUTAM Age : 35 Yr(s) Sex : Male  
Registration No : MH011254583 Lab No : 202308004245  
Patient Episode : H1800000916 Collection Date : 26 Aug 2023 10:29  
Referred By : HEALTH CHECK MGD Reporting Date : 28 Aug 2023 10:34  
Receiving Date : 26 Aug 2023 12:12

### BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

-----END OF REPORT-----



Dr. Charu Agarwal  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	MR Deepak GAUTAM	STUDY DATE	26/08/2023 10:43AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011254583
ACCESSION NO.	R6010912	MODALITY	CR
REPORTED ON	26/08/2023 10:50AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

**No significant abnormality noted.**

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*



Deepak K. Constan  
11254583

Normal sinus rhythm  
Normal ECG

Vent. rate 77 bpm  
PR interval 126 ms  
QRS duration 86 ms  
QT/QTc 348/393 ms  
P-R-T axes -22 35 71

Technician:  
Test ind:

Unconfirmed

Referred by:

