





SE TESTING · HEALTHIER LIVIN

CID

: 2131735475

Name

:Mr MAHESHWARI PRATEEK

Age / Sex

:33 Years/Male

Ref. Dr

.

Reg.Location

:Vashi Main Centre

Reg. Date :13-Nov-2021 / 12:30

Report Date :13-Nov-2021 / 13:42

Printed :13-Nov-2021 / 13:42

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

----End of Report----

Dr Shilpa Beri MBBS DMRE

Reg No 2002/05/2302 Consultant Radiologist



CID

: 2131735475

Name

:Mr MAHESHWARI PRATEEK

Age / Sex

:33 Years/Male

Ref. Dr

Reg.Location

:Vashi Main Centre



Reg. Date :13-Nov-2021 / 12:07

Report Date :13-Nov-2021 / 13:44

Printed

:13-Nov-2021 / 13:44

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 11.1 x 3.7 cm. Left kidney measures 10.8 x 4.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. Gaseous distention of bowel loops is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 3.2 x 2.2 x 3.0 cm volume is 11.6 cc.

IMPRESSION:

Grade I fatty infiltration of the liver.

----End of Report----



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:13-Nov-2021 / 13:44

Dr Shilpa Beri MBBS DMRE

Reg No 2002/05/2302 Consultant Radiologist



Name : MR.MAHESHWARI PRATEEK

Age / Gender : 28 Years / Male

Consulting Dr. : -

Reg. Location: Vashi (Main Centre)

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Reported :13-Nov-2021 / 15:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Blood	1 Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.32	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.7	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5750	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	1920.5	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	500.3	200-1000 /cmm	Calculated
Neutrophils	53.6	40-80 %	
Absolute Neutrophils	3082.0	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	195.5	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	51.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	200000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	17.4	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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Age / Gender : 28 Years / Male

Consulting Dr. : - Collected : 13-Nov-2021 / 11:04

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Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



Dr.TEJASWINI DHOTE M.D. (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.48	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	37.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	49.9	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	72.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.87 111	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
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Age / Gender : 28 Years / Male

Consulting Dr. : - Collected : 13-Nov-2021 / 11:04

Reg. Location: Vashi (Main Centre) Reported: 13-Nov-2021 / 19:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 105.4 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

• In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

• For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

• HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

• The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***







M. Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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: 28 Years / Male Age / Gender

Consulting Dr. Collected

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 1-2

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent **Absent**

Bacteria / hpf 6-8 Less than 20/hpf



Dr.TEJASWINI DHOTE M.D. (PATH) **Pathologist**

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Age / Gender : 28 Years / Male

Consulting Dr. : -

PARAMETER

Reg. Location

: Vashi (Main Centre)

RESULTS

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BIOLOGICAL REF RANGE METHOD

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
ENT BASIC CHECK UP

ON PYT

Dr.SHEPHALI BODKHE
MBBS

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP B

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- · ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***







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Dr.MILLU JAIN
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Age / Gender : 28 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	180.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	67.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	52.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	127.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	114.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	13.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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Name : MR.MAHESHWARI PRATEEK

Age / Gender : 28 Years / Male

Consulting Dr. : - Collected : 13-Nov-2021 / 11:04

Reg. Location: Vashi (Main Centre) Reported: 13-Nov-2021 / 16:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.00	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3/T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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Dr.TEJASWINI DHOTE M.D. (PATH) Pathologist

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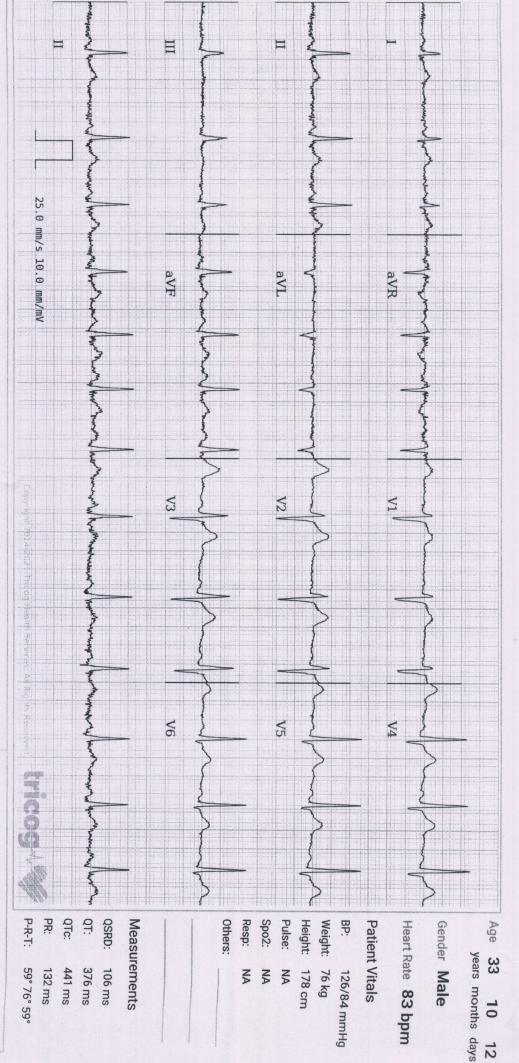
SUBURBAN DIAGNOSTICS - VASHI

Patient ID: Patient Name: MAHESHWARI PRATEEK 2131735475

Date and Time: 13th Nov 21 1:49 PM

10

12



Otherwise.Please correlate clinically. ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Baseline artefacts seen.

REPORTED BY

Auman

M.D (General Medicine) Dr. Anand N Motwani Reg No 39329 M.M.C



आधार - आम आदमी का अधिकार

Janes and .

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DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)



R E

0

R

Date: 13 11 4

CID: 2131735475

Name: Mr. Mahesh worr Prateck

Sex / Age: 284/ Male

EYE CHECK UP

Chief complaints:

Nil

Systemic Diseases:

Ni)

Past history:

Nil

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				616
Near				N6				NE

Colour Vision: Normal / Abnormal

Remark:

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CID# : **2131735475** SID# : 177804422509

Name : MR.MAHESHWARI PRATEEK Registered : 13-Nov-2021 / 10:54

Age / Gender : 28 Years/Male Collected : 13-Nov-2021 / 10:54

Ref. Dr : - Reported : 17-Nov-2021 / 09:24

Reg.Location : Vashi (Main Centre) Printed : 19-Nov-2021 / 10:15

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 178 Weight (kg): 76

Temp (0c):NormalSkin:NormalBlood Pressure (mm/hg):126/84Nails:Normal

Pulse: 84/min Lymph Node: Not Palpable / Not Tender

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: AS ABOVE

AVAILABLE REPORTS NOTED.

ADVICE: To consult family physician with all the reports.

DIET AND LIFESTYLE MANAGEMENT, FAT FREE FOODS, ABSTAIN FROM ALCOHOL IF ANY, MONITOR LIVER ENZYMES AND FASTING LIPID PROFILE AND COSNULT FAMILY PHYSICIAN.

CHIEF COMPLAINTS:

1) Hypertension: No

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2)	IHU	INO
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No

6) Asthama No

7) **Pulmonary Disease** No

8) Thyroid/ Endocrine disorders No

9) Nervous disorders No 10) GI system No

10) GI system No11) Genital urinary disorder No

12) Rheumatic joint diseases or symptoms No

13) Blood disease or disorder No

14) Cancer/lump growth/cyst No

15) Congenital disease No

16) Surgeries No

PERSONAL HISTORY:

Alcohol
 Smoking
 No

3) **Diet** Veg + Egg

4) **Medication** None

*** End Of Report ***

Dr.SHEPHALI BODKHE MBBS

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Recovery(6)	Recovery(5)	Recovery(4)	Recovery(3)	Recovery(2)	Recovery(1)	Peak Ex	ω	2		Hyperventilation	Standing	Supine			Stage Name	Test Termination Criteria	Mox BB: 160 (00	Protocol: Bruce	Test Details	Medications: NIL	Clinical History:		Name: MR PRATEEK MAHESHWARI ID: 2131735475	Patient Details		
0:9	1:0	1:0	1:0	1:0	1:0	0:59	3:0	3:0	3:0	0:14	0:14	1:9		(min:sec)	Stage Time		y m by s				\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Sex: M	K MAHESHW	Date		
1.0	1.0	1.0	1.0	1.0	1.8	13.5	10.2	7.0	4.6	1.0	1.0	1.0			Mets	THR ACHIEVED						3	ARI ID:	Date: 13-Nov-21		
0	0	0	0	0		4.2	3.4 4	2.5	1.7	0	0	0		(mph)	Speed								21317354	-21		
0	0	0	0	0	0	16	14	12	10	0	0	0			Grade	Max. BP x HR:	Max. HR:	Pr.MHR:					475			
101	97	100	109	105	130	167	149	133	118	105	94	90	(bpm)	Rate	Hean			9 9 9				Height: cms		Time: 11:17:39	SUE	
130/90	130/90	140/90	160 / 90	160/90	160 / 90	160 / 90	156 / 90	150/90	140/90	130/90	130/90	130/90		(mm/Hg)	Max BP	26/20 mmHg/min						cms		17:39 AM	SUBURBAN	
-1.06 aVR	-1.06 aVR	-1.27 aVR	-2.34 aVR	-1.91 aVR	-2.12 aVR	-1.49 aVR	-1.49 aVR	-1.49 aVR	-1.49 aVR	-1.49 aVR	-1.49 aVR	-1.49 aVR	(mm)	Level	May ST	3	Pr.MHR) bpm					Wei			DIAGNOSTICS	
2.12 V4	2.83 V4	3.18	-5.66 aVR	5.66 V3	5.31 V5	3.54	4.25	3.18	2.48	1.77	1.77	1.77	(mV/s)	Slope	May ST	Min. BP x HR:	Max. Mets:	THR: 163 (Weight: Kgs			OSTICS	
																IR: 8100 mmHg/min		THR: 163 (85 % of Pr.MHR) bpm								

