SUBURBAN DIAGNOSTICS PVT. LTD.

Patient Details Date: 18-Jul-22 Time: 11:12:33

Name: MRS MARIYA ANJUM ID: 2219901250

Age: 31 y Sex: F Height: 167 cms Weight: 58 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 189 bpm THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 34 s Max. HR: 163 (86% of Pr.MHR)bpm Max. Mets: 10.20

Max. BP: 160 / 70 mmHg Max. BP x HR: 26080 mmHg/min Min. BP x HR: 5530 mmHg/min

Test Termination Criteria: BREATHLESS

Protocol Details

	Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate	Max. BP (mm/Hg)	Max. ST Level	Max. ST Slope	
						(bpm)		(mm)	(mV/s)	Ш
	Supine	0 14	1.0	0	0	79	110 / 70	-0.42 III	-1.06 III	
	Standing	0 13	1.0	0	0	96	110 / 70	-0.85 III	-1.42	
	Hyperventilation	0 26	1.0	0	0	88	110 / 70	-1.06 aVR	-1.77	
	1	3.0	4.6	1.7	10	127	130 / 70	-2.12 III	-2.48 III	
	2	3 0	7.0	2.5	12	142	140 / 70	-2.12 III	-2.12 III	
Ħ	Peak Ex	0 34	10.2	3.4	14	163	160 / 70	-2.34 aVF	-2.12 III	
	Recovery(1)	1.0	1.8	1	0	124	160 / 70	-5.10 aVF	-5.66 III	
	Recovery(2)	1.0	1.0	0	0	99	140 / 70	-1.70	2.12 V3	
	Recovery(3)	1 0	1.0	0	0	89	140 / 70	-1.06 III	-1.42	
Ħ	Recovery(4)	1.0	1.0	0	0	88	120 / 70	-0.85 III	-1.42 III	
	Recovery(5)	0 10	1.0	0	0	93	110 / 70	-0.64 III	-1.06 III	

Interpretation

The patient exercised according to the Bruce protocol for 6 m 34 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 79 bpm, rose to a max, heart rate of 163 (86% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 160 / 70 mmHg, POOR EFFORT TOLERANCE

NORMAL CHRONOTROPIC RESPONSE

NO ANGINA/ANGINA EQUIVALENTS

NO ARRHYTHMIAS

ST-T DEPRESSION IN INFERIOR - LATERAL LEAD FROM BASELINE

IMPRESSION:STRESS TEST IS BORDERLINE POSITIVE FOR STRESS INDUCIBLE

ISCHEMIA. ADV. CARDIOLOGIST REF.

Disclaimer Negative stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence clinical correlation is mandatory

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

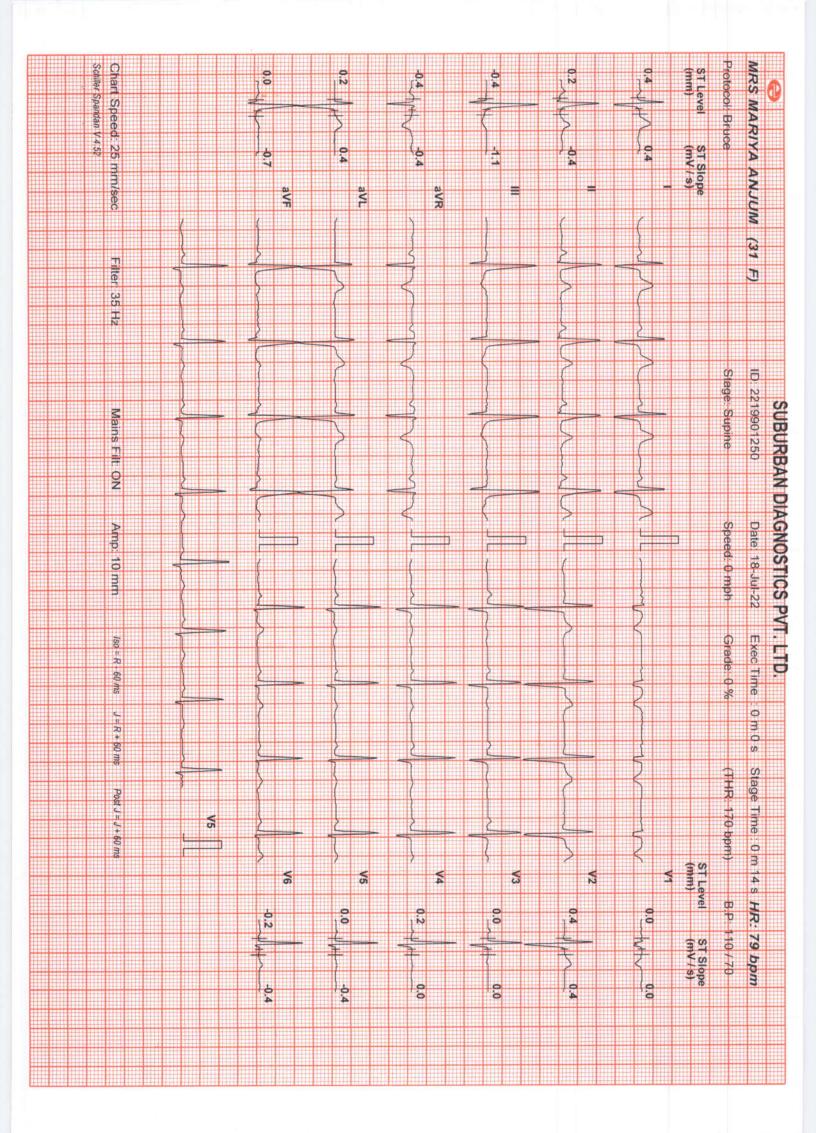
Doctor: DR NITIN SONAVANE

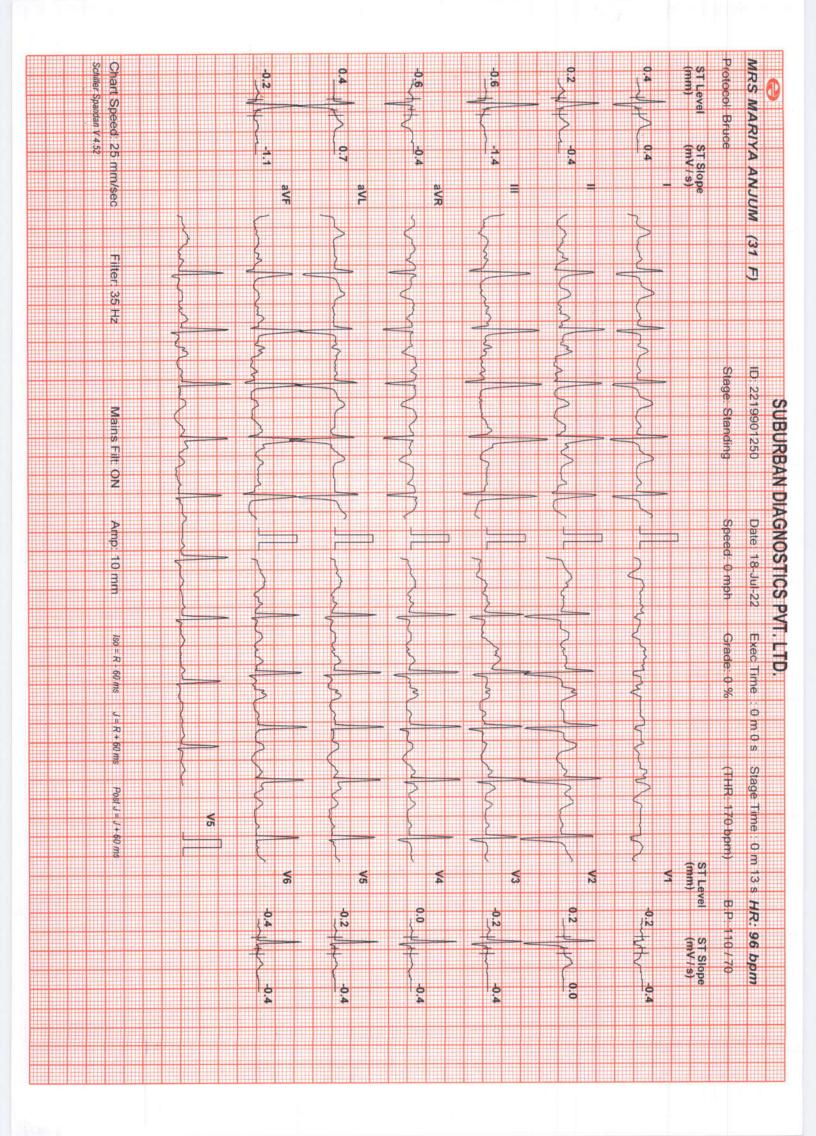
M B B S AFLH, D DIAB, D CARD

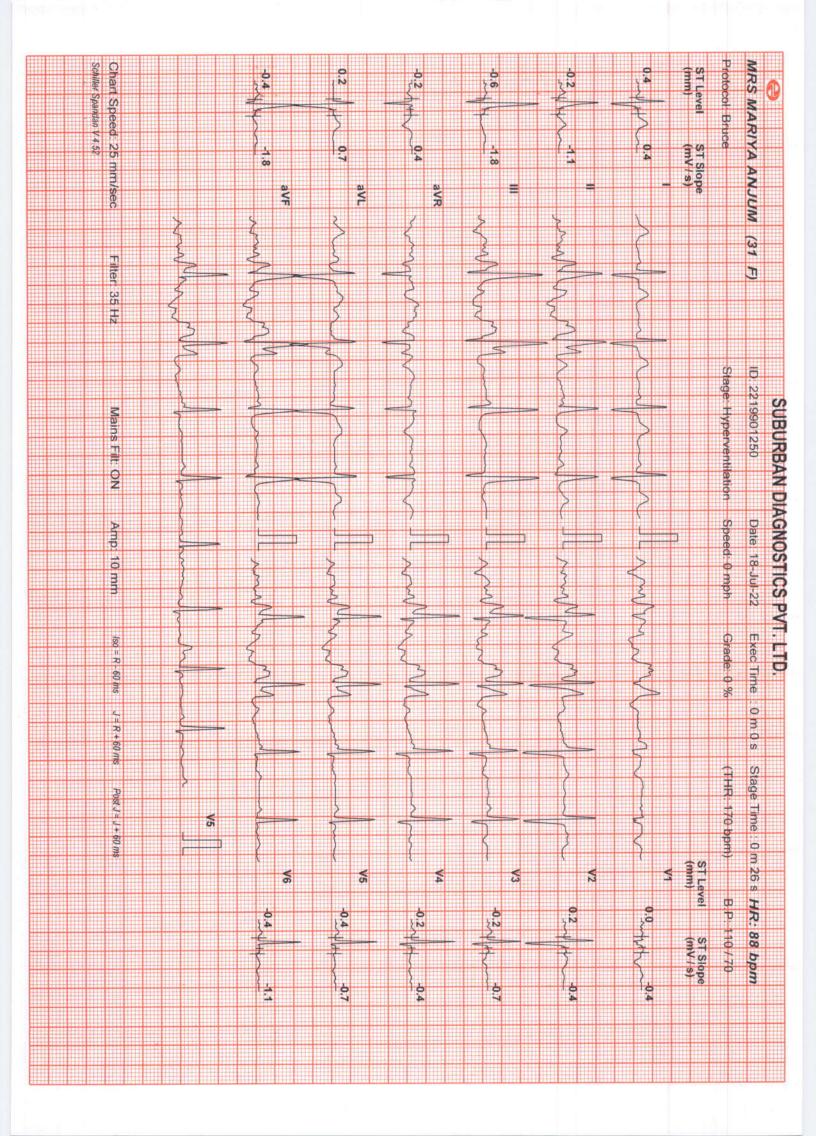
CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

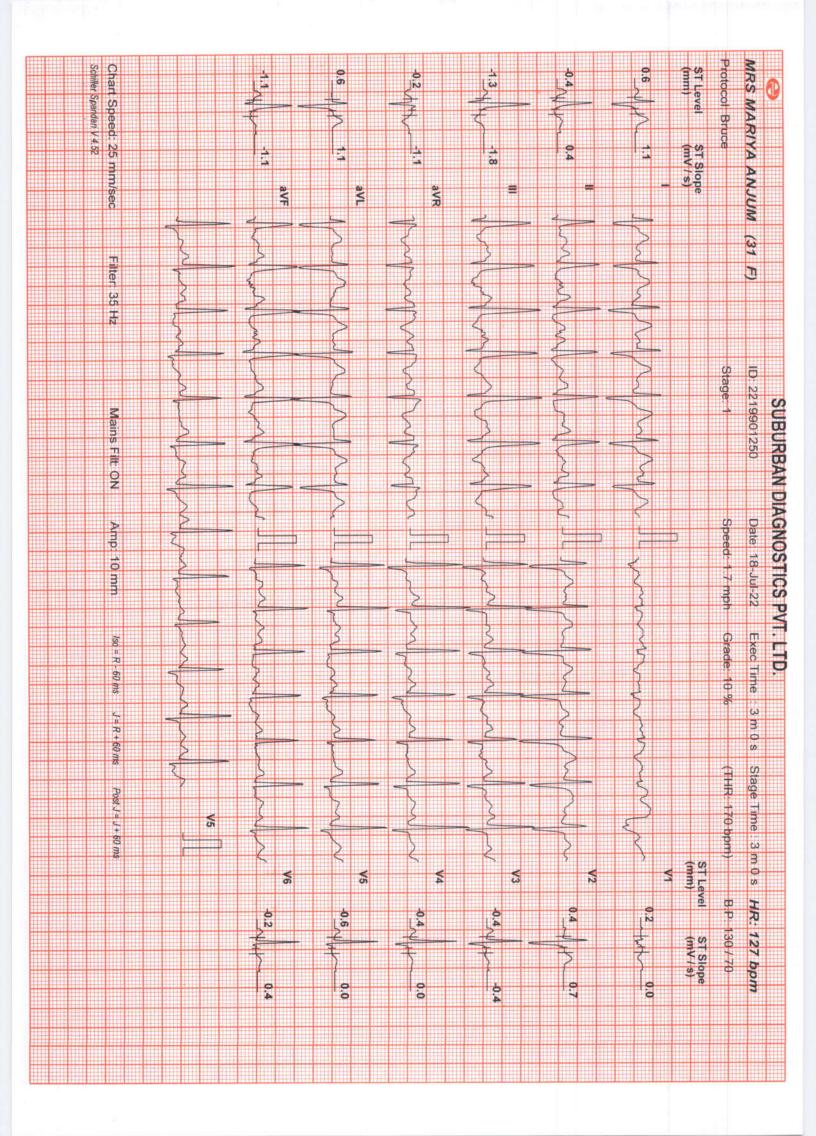
Above Tanisq Jweller, L. T. Rock. Borivali (West), Mumbai - 400 092.

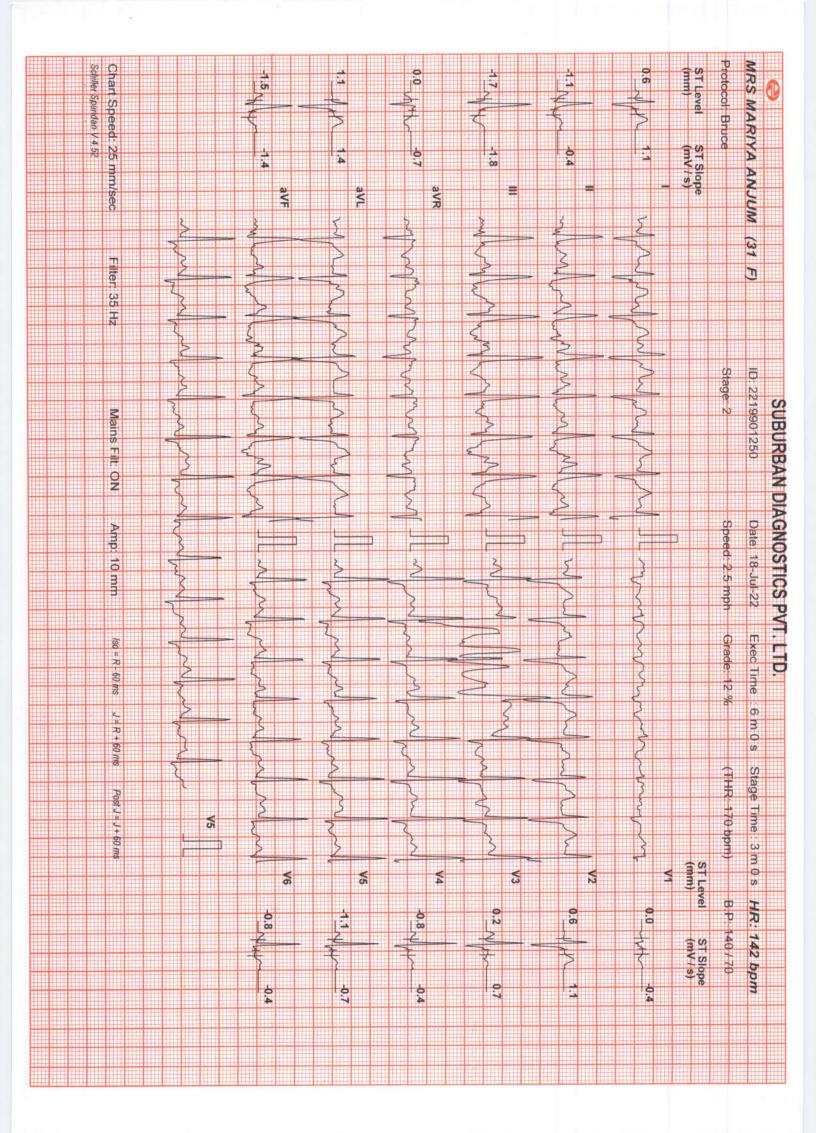
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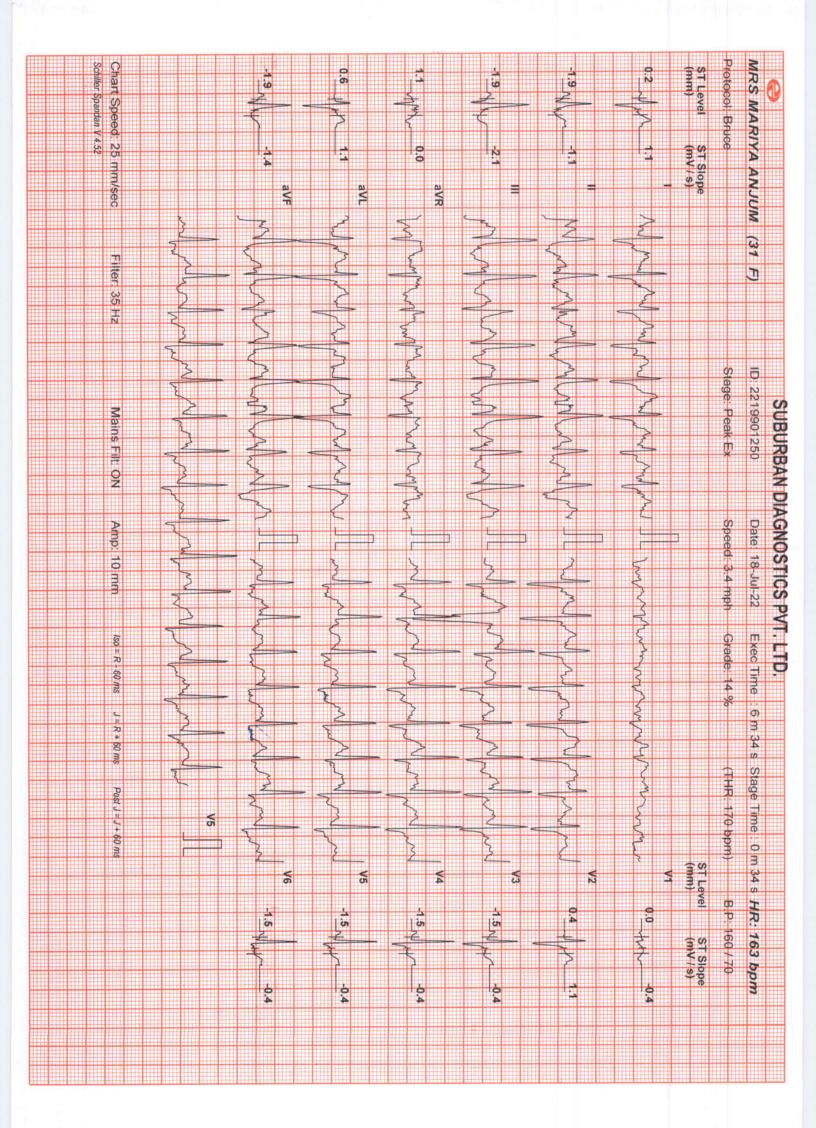


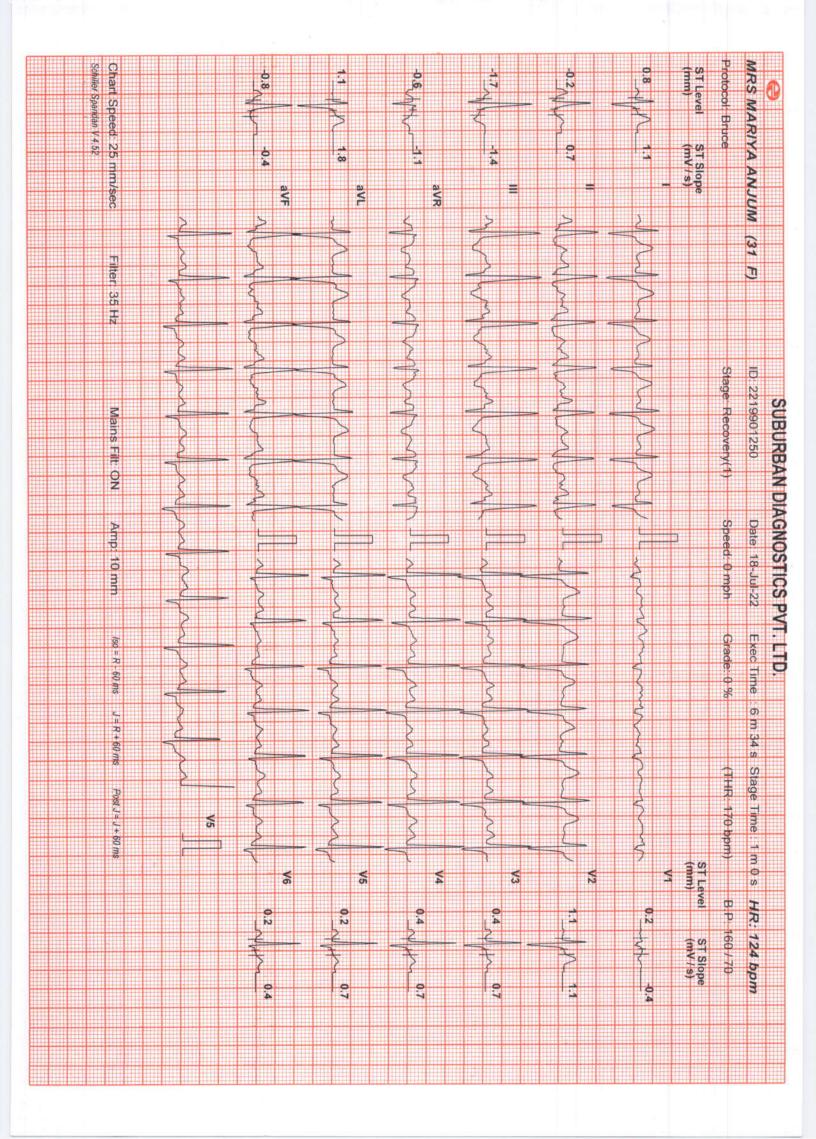


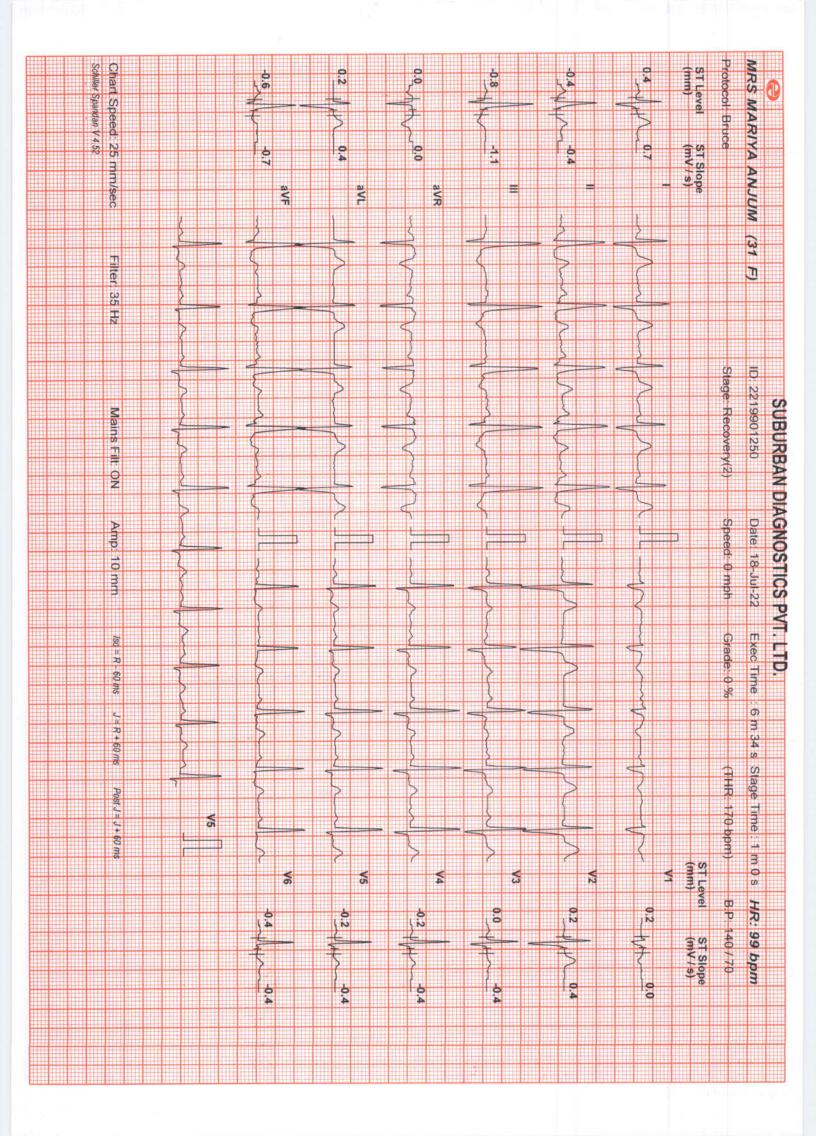


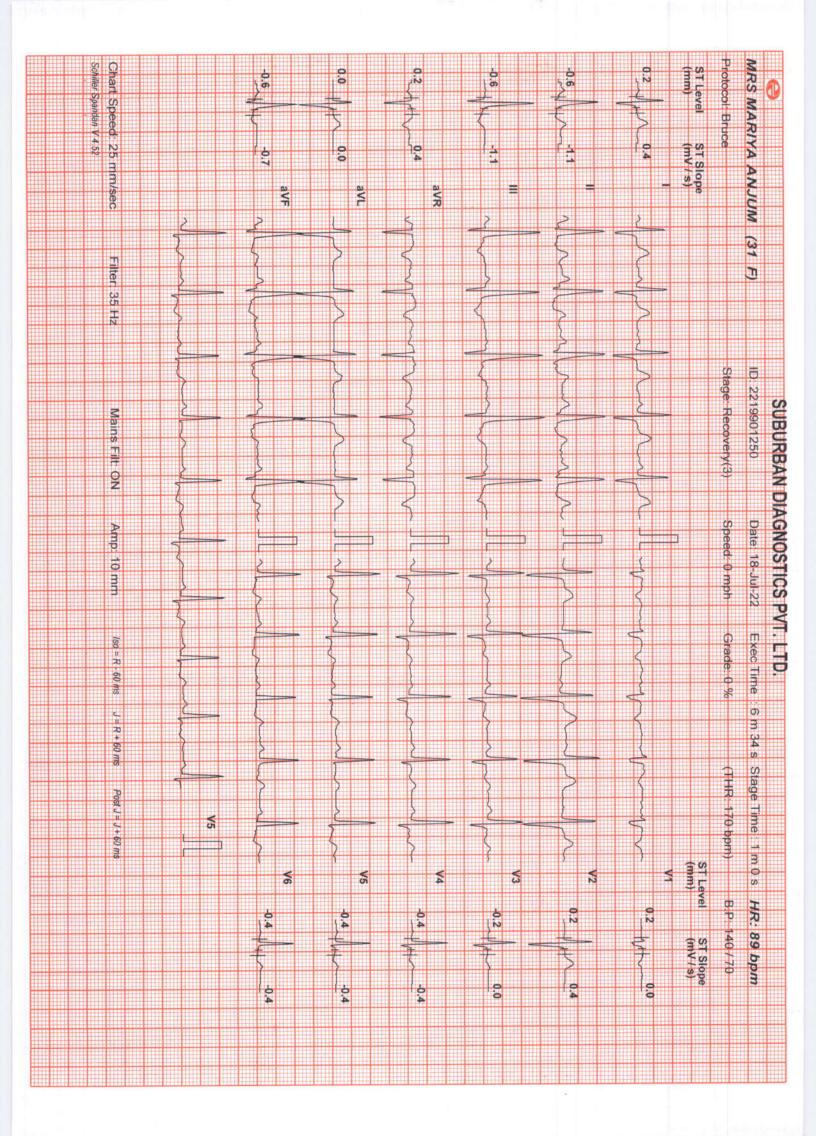


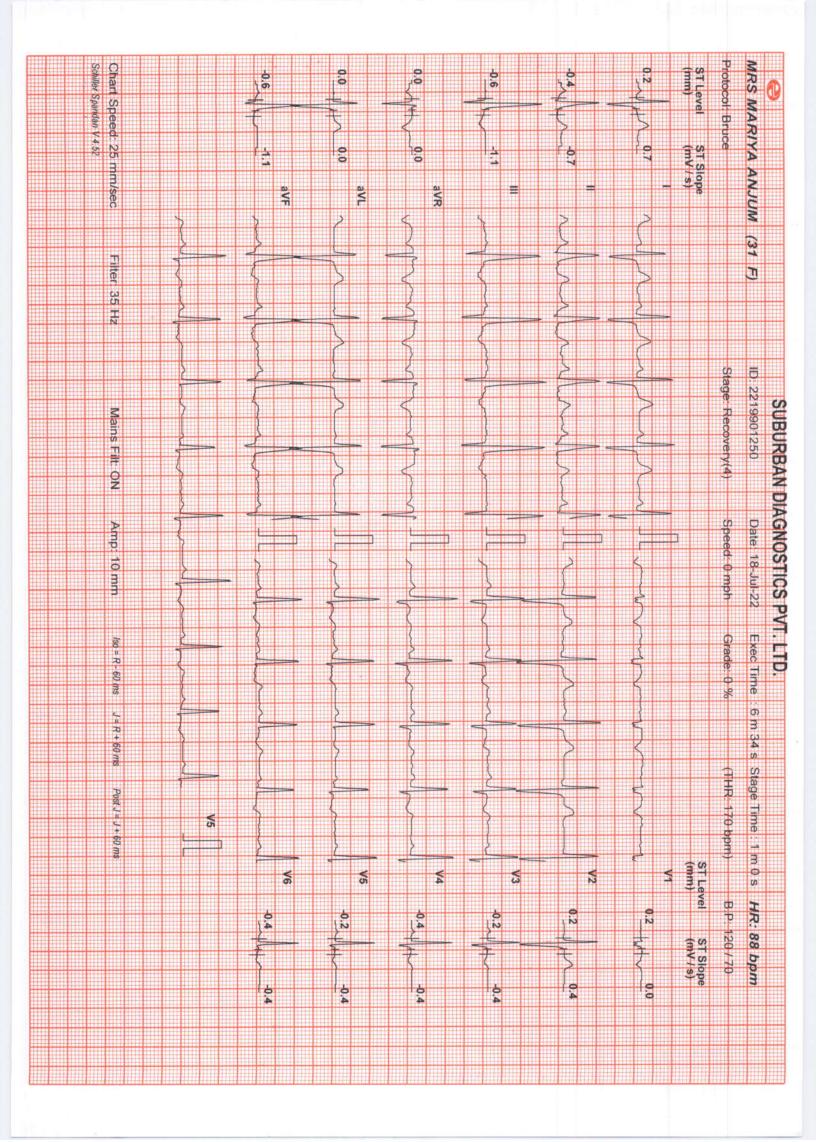


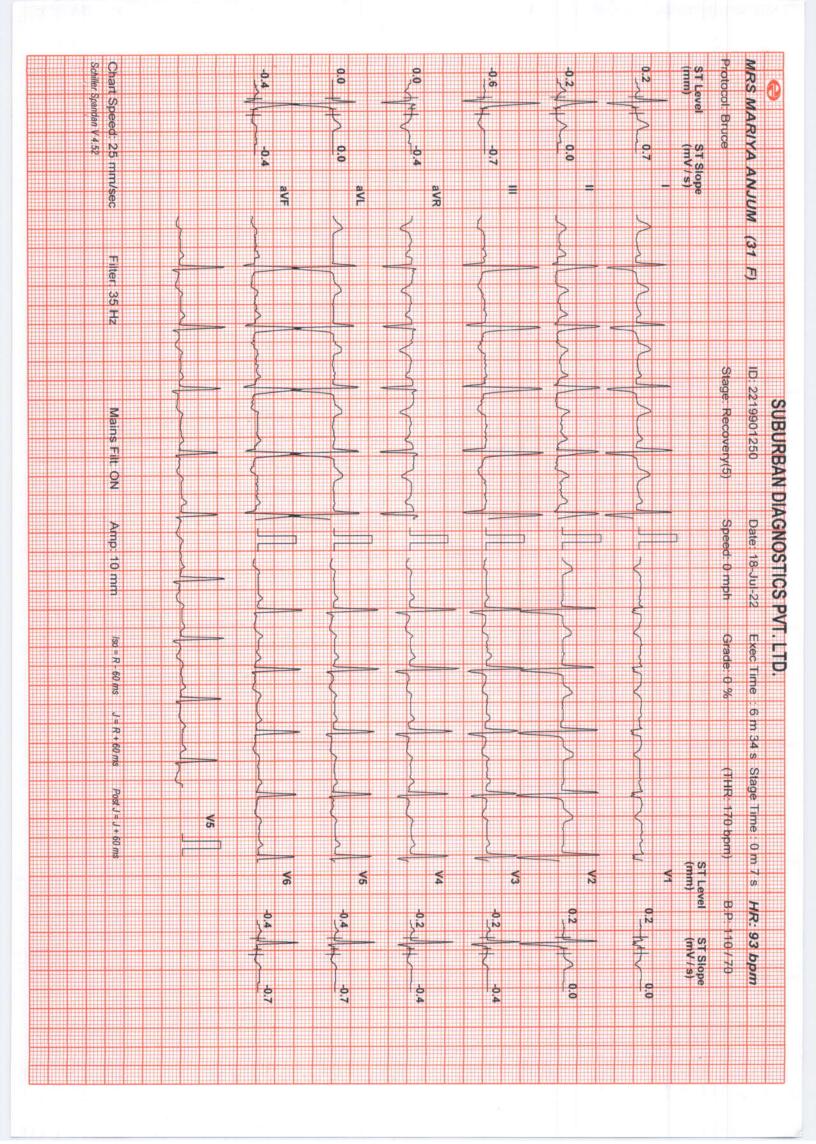












भारत सरकार Government of India महिया अस्मित्रा अस्मित्रा अस्मित्रा महिला म्हरमात्रक महिला महरमात्रक महरमात्रक

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Eleganenee, Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.

Mary Anjun



CID#

: 2219901250

Reg.Location : Borivali West (Main Centre)

Name

: MRS.MARIYA ANJUM

Consulting Dr. : -

Age / Gender : 31 Years/Female

Collected

: 18-Jul-2022 / 10:10

R

E

0

R

Reported

: 18-Jul-2022 / 14:05

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):

167cms

Weight (kg):

58.4kg

Afebrile

Skin:

Normal

Temp (0c):

Nails:

Normal

Blood Pressure (mm/hg): 110/70mmhg

Lymph Node:

Not palpable

Pulse:

74/min

Systems

Cardiovascular: S1S2 audible

Respiratory:

AEBE

Genitourinary:

NAD

GI System:

Liver & Spleen not plapable

CNS:

NAD

IMPRESSION:

USG -> gynec refy
TMT -> Cardiologist resh.

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:

NO

2) IHD

NO NO

3) Arrhythmia

NO

4) Diabetes Mellitus 5) Tuberculosis

NO

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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6)	Asthama	1	10	
,		١	VO	
	Thyroid/ Endocrine disorders	١	NO	
9)	Nervous disorders	١	O	
10)	GI system	١	OV	
	Genital urinary disorder	1	OV	
	Di sematia igint dispasses or symptoms	1	NO	

12) Rheumatic joint diseases or symptoms NO

13) Blood disease or disorder 14) Cancer/lump growth/cyst

15) Congenital disease

16) Surgeries 17) Musculoskeletal System NO Ectopic pregnancy operation april 2022

NO

NO

NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mix
4)	Medication	NO

*** End Of Report ***

Dr.NITIN SONAVANE **PHYSICIAN**

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAD, D.CARD. CONSULTANT-CAPTHOLOGIST REGD. NO.: 87714

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: 2219901250

Name

: MRS.MARIYA ANJUM

Age / Gender

: 31 Years / Female

Consulting Dr. Reg. Location

: -

: Borivali West (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected Reported : 18-Jul-2022 / 10:12 : 18-Jul-2022 / 12:26 R

E

R

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

2 (101)			
PARAMETER	CBC (Complete RESULTS	e Blood Count), Blood BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS Haemoglobin RBC PCV MCV MCH MCHC	12.7 4.29 38.6 90 29.6 32.9 13.2	12.0-15.0 g/dL 3.8-4.8 mil/cmm 36-46 % 80-100 fl 27-32 pg 31.5-34.5 g/dL 11.6-14.0 %	Spectrophotometric Elect. Impedance Measured Calculated Calculated Calculated Calculated
WBC Total Count	6830	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A Lymphocytes Absolute Lymphocytes	32.8 2240.2	20-40 % 1000-3000 /cmm	Calculated
Monocytes Absolute Monocytes	9.6 655.7	2-10 % 200-1000 /cmm	Calculated
Neutrophils Absolute Neutrophils	55.4 3783.8	40-80 % 2000-7000 /cmm	Calculated
Eosinophils Absolute Eosinophils	1.8 122.9	1-6 % 20-500 /cmm	Calculated
Basophils Absolute Basophils	0.4 27.3	0.1-2 % 20-100 /cmm	Calculated
Immature Leukocytes	3 <u>0</u> 1		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATFLET PARAMETERS

Platelet Count	202000	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated
MPV	11.1		Calculated
PDW	23.6	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia

Microcytosis

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:18-Jul-2022 / 12:03

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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB

2-20 mm at 1 hr.

Collected

Reported

Westergren

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









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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.07	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.69	0.1-1.0 mg/dl	Calculated
	7.6	6.4-8.3 g/dL	Biuret
TOTAL PROTEINS, Serum		3.5-5.2 g/dL	BCG
ALBUMIN, Serum	4.8	2.3-3.5 g/dL	Calculated
GLOBULIN, Serum	2.8	1 - 2	Calculated
A/G RATIO, Serum	1.7	1 - 2	
SGOT (AST), Serum	20.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.4	35-105 U/L	Colorimetric
	17.7	12.8-42.8 mg/dl	Kinetic
BLOOD UREA, Serum	8.3	6-20 mg/dl	Calculated
BUN, Serum	0.3		Famimatic
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic Calculated
eGFR, Serum	134	>60 ml/min/1.73sqm	
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic

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Age / Gender

:31 Years / Female

Consulting Dr.

: -

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

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Collected : 18

Reported

: 18-Jul-2022 / 15:24 :19-Jul-2022 / 10:26 R

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0

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

Urine Sugar (PP)

Absent

Absent

Urine Ketones (PP)

Absent

Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West







Dr.ANUPA DIXIT

M.D.(PATH)
Consultant Pathologist & Lab
Director

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % **HPLC**

Diabetic Level: >/= 6.5 %

Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

85.3

4.6

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.

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







Thakken Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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: 2219901250

Name

: MRS.MARIYA ANJUM

Age / Gender

: 31 Years / Female

Consulting Dr.

PARAMETER

Occult Blood

: -

Reg. Location

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Collected Reported

BIOLOGICAL REF RANGE

: 18-Jul-2022 / 10:12 :18-Jul-2022 / 15:27 R

E

R

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

Absent

PHYSICAL EXAMINATION Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (5.0)	
1,000	100	Abcont

Absent

RESULTS

MICROSCOPIC EXAMINATION

ent ent
ent
ent
sent
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: 2219901250

Name

: MRS.MARIYA ANJUM

Age / Gender

: 31 Years / Female

Consulting Dr.

: -

Reg. Location

: Borivali West (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION Color Reaction (pH) Specific Gravity Transparency Volume (ml) CHEMICAL EXAMINATION Proteins Glucose Ketones Blood	Pale yellow 5.0 1.015 Clear 40 Absent Absent Absent 1+	Pale Yellow 4.5 - 8.0 1.001-1.030 Clear - Absent Absent Absent Absent	pH Indicator GOD-POD Legals Test Peroxidase
Bilirubin Urobilinogen Nitrite	Absent Normal Absent	Absent Normal Absent	Diazonium Salt Diazonium Salt Griess Test
MICROSCOPIC EXAMINATION Leukocytes(Pus cells)/hpf Red Blood Cells / hpf Epithelial Cells / hpf	2-3 1-2 0-1	0-5/hpf 0-2/hpf	
Casts Crystals Amorphous debris Bacteria / hpf	Absent Absent Absent 6-8	Absent Absent Absent Less than 20/hpf	
Others		per or see to marginale	

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

DADAMETED	RESULTS	BIOLOGICAL REF RANGE	METHOD
PARAMETER CHOLESTEROL, Serum	168.2	Borderline High: 200-239mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.8	High: >/=240 mg/dl Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	125.2	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	105.0	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	Calculated
VLDL CHOLESTEROL, Serum	20.2	< /= 30 mg/dl 0-4.5 Ratio	Calculated Calculated
CHOL / HDL CHOL RATIO, Serum LDL CHOL / HDL CHOL RATIO,	3.9	0-3.5 Ratio	Calculated

Serum
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	4.56	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto 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.

Diumal 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:

1. 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.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.

this assay is designed to minimize interference from heterophilic antibodies.

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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Andre Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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Date:- 18 17221

CID: 2219901250

Name: Mrs Manya Anjum Sex/Age: F/31

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

							2000	
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	1.0			610				615
				01)				NIC
Near				1016				0

Colour Vision: Normal / Abnormal

Remark:

Normal

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: 2219901250

Name

: Mrs MARIYA ANJUM

Age / Sex

: 31 Years/Female

Ref. Dr

:

Reg. Location

: Borivali West

Reg. Date

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X-RAY CHEST PA VIEW

-----End of Report-----

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.

Right sided cervical rib is noted.

Kindly correlate clinically.

Mehlde

DR. NIKHIL DEV M.B.B.S, MD (Radiology) Reg No – 2014/11/4764 Consultant Radiologist

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: 2219901250

Centre

Name

: Mrs MARIYA ANJUM

Age / Sex

: 31 Years/Female

Ref. Dr

USG. Location

: Mahavir Nagar, Kandivali West Main

Reg. Date

: 18-Jul-2022

Reported

: 18-Jul-2022 / 17:08

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.2cm), shape and smooth margins. It shows normal 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 partially distended. No evidence of obvious gall stones 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 8.8 x 3.8cm. Left kidney measures 8.6 x 4.2cm.

SPLEEN:

The spleen is normal in size (10.8cm) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. It measures 5.3 x 5.1 x 3.4cm in size.

The endometrial thickness is 7.4mm.

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OVARIES:

Both the ovaries are well visualised and appears normal.

Centre

Dominant follicle is noted in the right ovary.

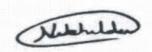
The right ovary measures 3.2 x 2.8 x 2.8cm. and ovarian volume is 13.7cc.

The left ovary measures 2.2 x 2.1 x 1.2cm. and ovarian volume is 3.1cc.

Mild to moderate fluid with internal echoes is noted in the POD.

Kindly correlate clinically and with further investigations.

-----End of Report-----



DR. NIKHIL DEV M.B.B.S, MD (Radiology) Reg No - 2014/11/4764 Consultant Radiologist

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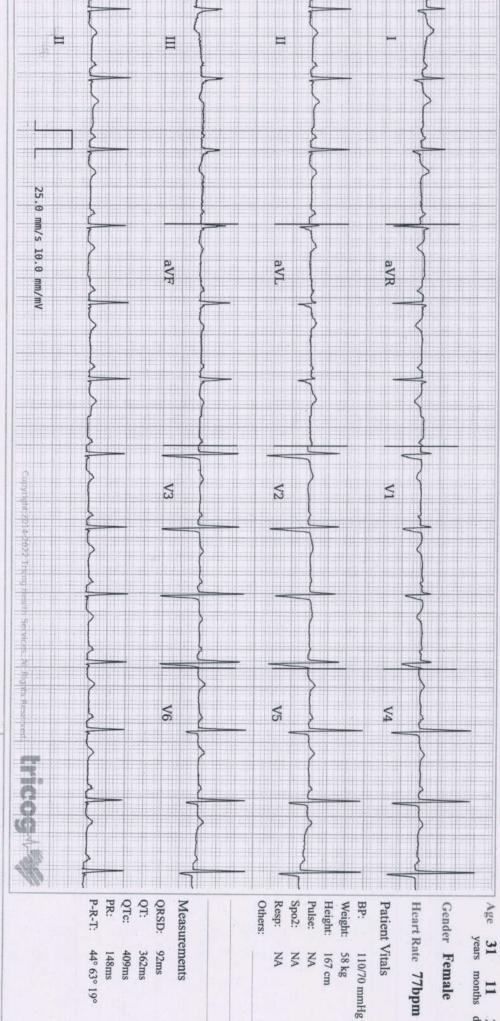
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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient ID: Patient Name: MARIYA ANJUM 2219901250

Date and Time: 18th Jul 22 10:50 AM



months days

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFI.H, D.DIAB,D.CARD Consultant Cardiologist

Sinus Rhythm, Normal Axis, Nonspecific ST Abnormality. Please correlate clinically.

Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092. 301& 302, 3rd Floor, Vini Eleganence Suburban Diagnostics (1) Pw. Ltd.

Disclaimer: 1) Analysis in this report is based on ECG ulone and should be used as an adjunct to clinical listory, symptoms, and results of other invasive physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.