



भारत सरकार  
GOVERNMENT OF INDIA



दिव्या विजेश भट  
Divya Vijesh Bhat  
जन्म तारीख / DOB: 08/10/1986  
महिला / FEMALE

5631 9563 4710

माझे आधार, माझी ओळख



8

Divya  
10/02/2022

CID# : 2205029549      SID# : 177804491600  
Name : MRS.DIVYA BHAT      Registered : 19-Feb-2022 / 08:00  
Age / Gender : 35 Years/Female      Collected : 19-Feb-2022 / 08:00  
Consulting Dr. :-      Reported : 19-Feb-2022 / 15:40  
Reg.Location : Borivali West (Main Centre)      Printed : 21-Feb-2022 / 10:24

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Asymptomatic

#### EXAMINATION FINDINGS:

Height (cms):	161cms	Weight (kg):	69.4kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70 mm of hg	Nails:	Normal
Pulse:	70/min	Lymph Node:	Not palpable

#### Systems

Cardiovascular: S1S2 audible  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

#### IMPRESSION:

*Normal*

#### ADVICE:

#### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | NO |
| 2) IHD               | NO |
| 3) Arrhythmia        | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis      | NO |

ADDRESS: 2<sup>nd</sup> 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                               | NO |
| 7) Pulmonary Disease                     | NO |
| 8) Thyroid/ Endocrine disorders          | NO |
| 9) Nervous disorders                     | NO |
| 10) GI system                            | NO |
| 11) 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 |
| 17) Musculoskeletal System               | NO |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | Veg |
| 4) Medication | NO  |

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



  
Dr.NITIN SONAVANE  
PHYSICIAN

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

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

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Collected : 19-Feb-2022 / 08:14  
Reported : 19-Feb-2022 / 12:48

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.49	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	4320	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	35.7	20-40 %	
Absolute Lymphocytes	1542.2	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	315.4	200-1000 /cmm	Calculated
Neutrophils	52.3	40-80 %	
Absolute Neutrophils	2259.4	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	194.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	8.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	11.3	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		



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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 11 2-20 mm at 1 hr. Westergren

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



*Bmhasakar*  
Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	5.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	71.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Enzymatic





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Reported : 19-Feb-2022 / 19:37

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



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



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Collected : 19-Feb-2022 / 08:14  
Reported : 19-Feb-2022 / 15:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	mg/dl	Calculated

**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.

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*J. Thakker*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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*Bmhasakar*

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Reported : 19-Feb-2022 / 14:10

**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.

**References:**

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

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*Anupa*  
Dr.ANUPA DIXIT  
M.D.(PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	92.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	152.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.0	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	19.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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



*Bmhasakar*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	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	3.99	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 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 transiently altered because 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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\*\*\* End Of Report \*\*\*



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

Date:- 19/02/2022

CID: 2205029549

Name:- Mrs ~~DAF~~ Divya Bhat

Sex / Age: f / 35

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: ✓

Aided Vision: Nil

Refraction: Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6

Colour Vision: Normal / ~~Abnormal~~

Remark:

Normal

**DR. NITIN SONAVANE**  
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**Name** : Mrs DIVYA BHAT  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 19-Feb-2022 / 08:39  
**Reported** : 19-Feb-2022 / 12:58

### 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-----

**This report is prepared and physically checked by Dr. Vikrant Patil before dispatch.**

Dr. VIKRANT S. PATIL  
M. D. Radio Diagnosis  
Reg No 2014052421

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**CID** : 2205029549  
**Name** : Mrs DIVYA BHAT  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 19-Feb-2022 / 09:45  
**Reported** : 19-Feb-2022 / 09:48

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 9.7 x 3.5 cm. Left kidney measures 10.3 x 4.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted, normal and measures 6.2 x 5.5 x 3.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 9 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture. The right ovary measures 3.4 x 2.4 cm.

The left ovary measures 2.3 x 1.8 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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**Opinion:**

**No significant abnormality is detected.**

**For clinical correlation and follow up.**

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr. Vikrant Patil before dispatch.**

Dr. VIKRANT S. PATIL  
M. D. Radio Diagnosis  
Reg No 2014052421

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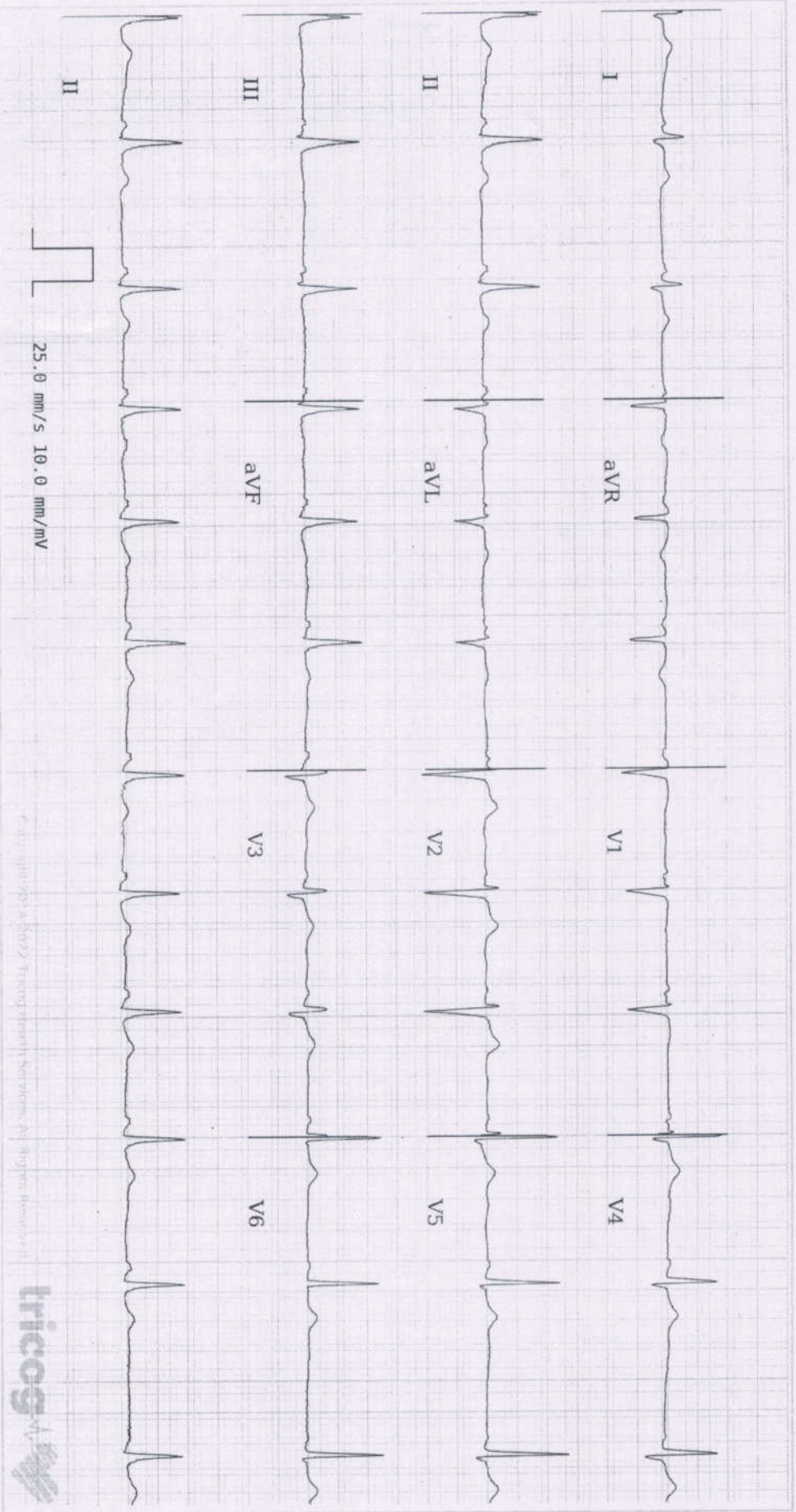
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Patient Name: DIVYA BHAT

Date and Time: 19th Feb 22 8:44 AM

Patient ID: 2205029549



Age 35 4 11  
years months days

Gender **Female**

Heart Rate **71 bpm**

**Patient Vitals**

BP: 110/70 mmHg

Weight: 69 kg

Height: 161 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

OSRD: 90 ms

QT: 364 ms

QTc: 395 ms

PR: 116 ms

P-R-T: 50° 84° 59°

REPORTED BY

*[Signature]*

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Marked Sinus Arrhythmia. Please correlate clinically.

**Suburban Diagnostics (I) Pvt. Ltd.**

3018, 302, 3rd Floor, Vini Elegance,

Above Tanisq Jeweller, L. T. Road,

Borivali (West), Mumbai - 400 092.

**DR. NITIN SONAYANE**  
M.B.B.S., A.F.L.C., D.D.I.A.B., C.A.R.D.  
Consultant Cardiologist  
87714

**CONSULTANT-CARDIOLOGIST**  
REGD. NO.: 87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and physical examination. 2) Patient vitals are as entered by the clinician and not derived from the ECG.