

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Suresh Singh	Age/Sex : 57 Year(s)/Male
UHID : NMHK.2203908	Order Date : 21/03/2022 12:50
Episode : OP	
Ref. Doctor : NMH	Mobile No : 8697527439
Address : 25, BANK GARDEN , BASDRONI ,Kolkata,West Bengal ,700070	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 18:14

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE **0.6 ▼** mg/dl 0.7 - 1.2
Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7.9 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID **7.4 ▲** mg/dl 3.4 - 7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 13.2

Sample No : 07H0059929B	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 18:14
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 95 mg/dl 70 - 109
Hexokinase

Sample No : 07H0059943B	Collection Date : 21/03/22 15:34	Ack Date :	Report Date : 21/03/22 18:14
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP **147 ▲** mg/dl 70.00 - 140.00
Hexokinase

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

Checked By

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Biochemistry

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Sample No : 07H0059929A	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 18:14

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.5	%	Non-diabetic : 4-6
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By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.
c) Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait).
6. For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:
Excellent control:- 6 - 7%,
Fair to good control:- 7 - 8%,
Unsatisfactory control:- 8 - 10%
Poor control >10%

End of Report



Dr.S. Chatterjee
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Checked By

Patient report

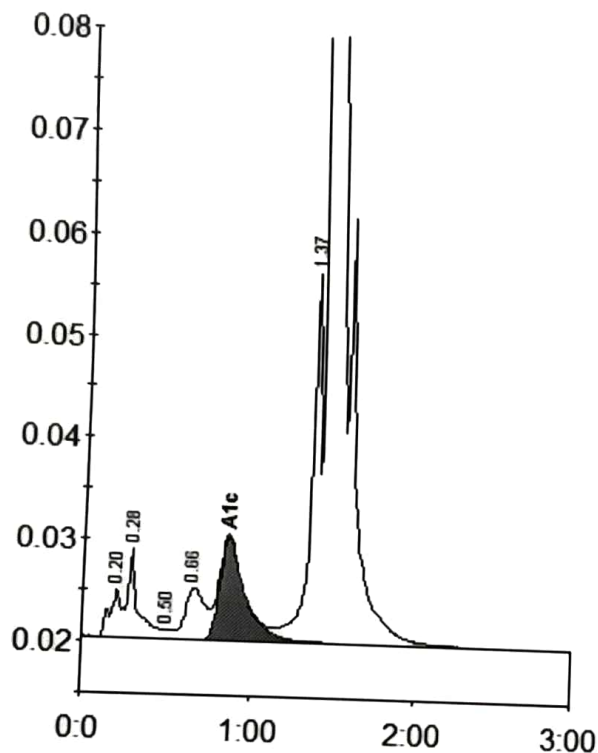
Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 7
 Rack #: ---

DATE: 21/03/2022
 TIME: 14:41
 Software version: 4.30-2
 07H0059929A
 21/03/2022 14:26
 Method: HbA1c
 Rack position: 7

Mr. Suresh Singh
 (R)NMHK.2203908 57y/ M



07H0059929A
 EDTA Wh 21-03 12:51



Peak table - ID: 07H0059929A

Peak	R.time	Height	Area	Area %
A1a	0.20	4728	19772	0.8
A1b	0.28	8716	38147	1.5
F	0.50	926	3508	0.1
LA1c/CHb-1	0.66	5012	41109	1.6
A1c	0.86	10234	104534	5.5
P3	1.37	36606	133926	5.1
A0	1.44	787069	2271001	86.9
Total Area:			2611996	

Concentration:	%	mmol/mol
A1c	5.5	36

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Biochemistry

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Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 18:14

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.1	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.4 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.7	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	80 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	58 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	107	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.6	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.8	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.8	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.7	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	35	U/L	8 - 61

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	186	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	30 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	128	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	41 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	6.20	-	
LDL-HDL RATIO	4.27	-	
TRIGLYCERIDES	205	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 22/03/22 10:33

THYROID FUNCTION TEST

SAMPLE : SERUM

TEST	RESULT	UNIT	REF RANGE
T3 ECLIA	1.05	ng/ml	0.6 - 1.8
T4 ECLIA	9.79	ug/dL	5.4 - 11.7
TSH ECLIA	3.12	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (intralipid < 1500 mg/dL), biotin (<102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
5. The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
6. The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report



Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 17:31

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

TEST	RESULT	UNIT	REF RANGE
HAEMOGLOBIN (HB)	12.9 ▼	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>		x10 ⁶ /ul	4.5 - 5.5
RBC COUNT	4.86	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	5.5	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PLATELET COUNT	230	%	40 - 50
<i>Electrical Impedance Method</i>			
PCV	41	fl	83 - 101
<i>RBC pulse ht. detection method</i>			
MCV	84	pg	27 - 32
<i>calculated</i>			
MCH	27	gm/dl	31.5 - 34.5
<i>Calculated</i>			
MCHC	32	%	0 - 12
<i>Calculated</i>			
ESR	10	%	40 - 80
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

CELL TYPE	RESULT	UNIT	REF RANGE
NEUTROPHILS	65	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	30	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
PLATELET	Adequate

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End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 15:09

BLOOD GROUPING & Rh TYPING


SAMPLE : EDTA BLOOD

BLOOD GROUP 'O'

Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 15:50

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
 (CONSULTANT PATHOLOGIST)
 RegNo: 82734
 Checked By

LABORATORY INVESTIGATION REPORT

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 15:50

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

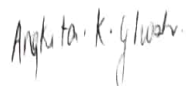
Sample No : 07H0059943	Collection Date : 21/03/22 15:34	Ack Date :	Report Date : 22/03/22 11:19
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2203908	Order Date : 21/03/2022 12:50
Episode : OP	Mobile No : 8697527439
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059929	Collection Date : 21/03/22 12:51	Ack Date :	Report Date : 21/03/22 15:50

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT	ABSENT		
Sample No : 07H0059943	Collection Date : 21/03/22 15:34	Ack Date :	Report Date : 22/03/22 11:19

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT	ABSENT
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End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By



SURESH SINGH 2203908

PID NO: P2162100053656
 Age: 57.0 Year(s) Sex: Male



Reference: **Dr.SELF**
 Sample Collected At:
 Narayan memorial hospital
 601 diamond harbour road 700034
 Processing Location:-MHL RAJARHAT
 (KRL) Kolkata: 700136

VID: 216212100052261

Registered On:
 21/03/2022 07:29 PM
 Collected On:
 21/03/2022 7:29PM
 Reported On:
 21/03/2022 10:09 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
PSA- Prostate Specific Antigen (Serum,ECLIA)	0.328	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

Interpretation: Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Comments: Patients on Biotin supplement may have interference in some immunoassays.

Reference: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

-- End of Report --

Page 1 of 1

Dr. Subhasish Saha
 MD Pathology

Results relate only to the sample as received. Refer to conditions of reporting overleaf.

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

DIAGNOSTICS REPORT

Patient Name	: Mr. Suresh Singh	Order Date	: 21/03/2022 12:50
Age/Sex	: 57 Year(s)/Male	Report Date	: 21/03/2022 16:13
UHID	: NMHK.2203908	IP No	:
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is diffusely raised.** Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal . CBD measures 0.4 cm.

GALL BLADDER : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

PANCREAS : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

SPLEEN : **Spleen is marginally enlarged** and parenchyma shows normal homogeneous pattern. Spleen measures : 12.1 cm.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 10.6 cm & Left kidney measures : 10.9 cm.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

POST VOID BLADDER : No significant residual urine is seen (Volume : 39 cc).

DIAGNOSTICS REPORT

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PROSTATE : Prostate is mildly raised in size. Outline and echotexture appear normal.
No focal lesion is seen.
Prostate measures 3.7 cm x 4.5 cm x 3.1 cm. It weight approx 28 gm.

PERITONEUM : No free fluid is noted.

RETROPERITONEUM : IVC and aorta appear normal. No lymphadenopathy is seen.

IMPRESSION :

- * Diffuse fatty changes in liver.
- * Marginal splenomegaly.
- * Grade I prostatomegaly.



Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

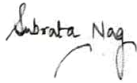
Patient Name	: Mr. Suresh Singh	Order Date	: 21/03/2022 12:50
Age/Sex	: 57 Year(s)/Male	Report Date	: 21/03/2022 19:57
UHID	: NMHK.2203908	IP No	:
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X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable .

IMPRESSION :-

No significant lung parenchyma abnormality.
Needs clinical correlation.



**Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718

DIAGNOSTICS REPORT

Patient Name	: Mr. Suresh Singh	Order Date	: 21/03/2022 12:50
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UHID	: NMHK.2203908	IP No	:
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STRESS TEST (TREAD MILL)

Interpretation

Summary: Resting ECG: normal. Functional capacity: normal. HR response to Exercise: appropriate. BP response to Exercise: appropriate. Chest pain: none. Arrhythmia: none. ST changes: no significant changes.

Conclusion

**EXERCISE STRESS TEST IS NEGATIVE FOR EVIDENCE OF PROVOCABLE MYOCARDIAL ISCHAEMIA.
GOOD EFFORT TOLERANCE.**
Please correlate clinically.



Dr. MUNNA DAS , MD
(MEDICINE),DM(CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696

EXERCISE STRESS TEST REPORT

Patient Name: MR. SURESH SINGH
Pat. Regn. ID.: NMHK 2203908
Height: 167 cm.
Weight: 85 kg

DOB: 01-01-1965
Age: 57 yrs.
Gender: Male
Race: Indian

Study Date: 22-03-2022
Test Type: Treadmill Stress Test
Protocol: BRUCE

Attending Physician: Dr. Sourav Basu
Reporting Physician: Dr. Munna Das, Cardiologist
Technician: Sneha Bhandari

Medication:

1. T. Amaryl (1mg)
2. T. Telma (80mg)

Medical History:

Hypertension & Diabetes.

Reason for Exercise Test:

Health check up.

Phase Name	Stage Name	Time in stage	Mets	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)
PRETEST	SUPINE	00:17	1.0	0.00	0.00	71	120/80
	STANDING	00:30	1.0	0.00	0.00	86	120/80
	HYPERVEN.	00:23	1.0	0.00	0.00	77	120/80
EXERCISE	STAGE 1	03:00	4.6	1.70	10.00	105	130/90
	STAGE 2	03:00	7.0	2.50	12.00	129	140/90
	STAGE 3	03:00	10.2	3.40	14.00	156	140/100
	PEAK EXERCISE	00:02	13.5	4.20	16.00	156	140/100
RECOVERY	EARLY	1:00	1.8	1.00	0.00	136	140/100
	LATE	5:13	1.0	0.00	0.00	102	120/80

The patient exercised according to the BRUCE for 9:02 mins, achieving a work level of Max. METS: 13.5. The resting heart rate of 71 bpm rose to a maximal heart rate of 156 (96% of Pr.MHR) bpm. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/100 mmHg. The exercise stress test was stopped due to THR achieved.

Interpretation

Summary: Resting ECG: normal. Functional capacity: normal. HR response to Exercise: appropriate. BP response to Exercise: appropriate. Chest pain: none. Arrhythmia: none. ST changes: no significant changes.

Conclusion

EXERCISE STRESS TEST IS NEGATIVE FOR EVIDENCE OF PROVOCABLE MYOCARDIAL ISCHAEMIA. GOOD EFFORT TOLERANCE.

Please correlate clinically.

Protocol: Bruce

ID: 2203908

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 17 s HR: 71 bpm

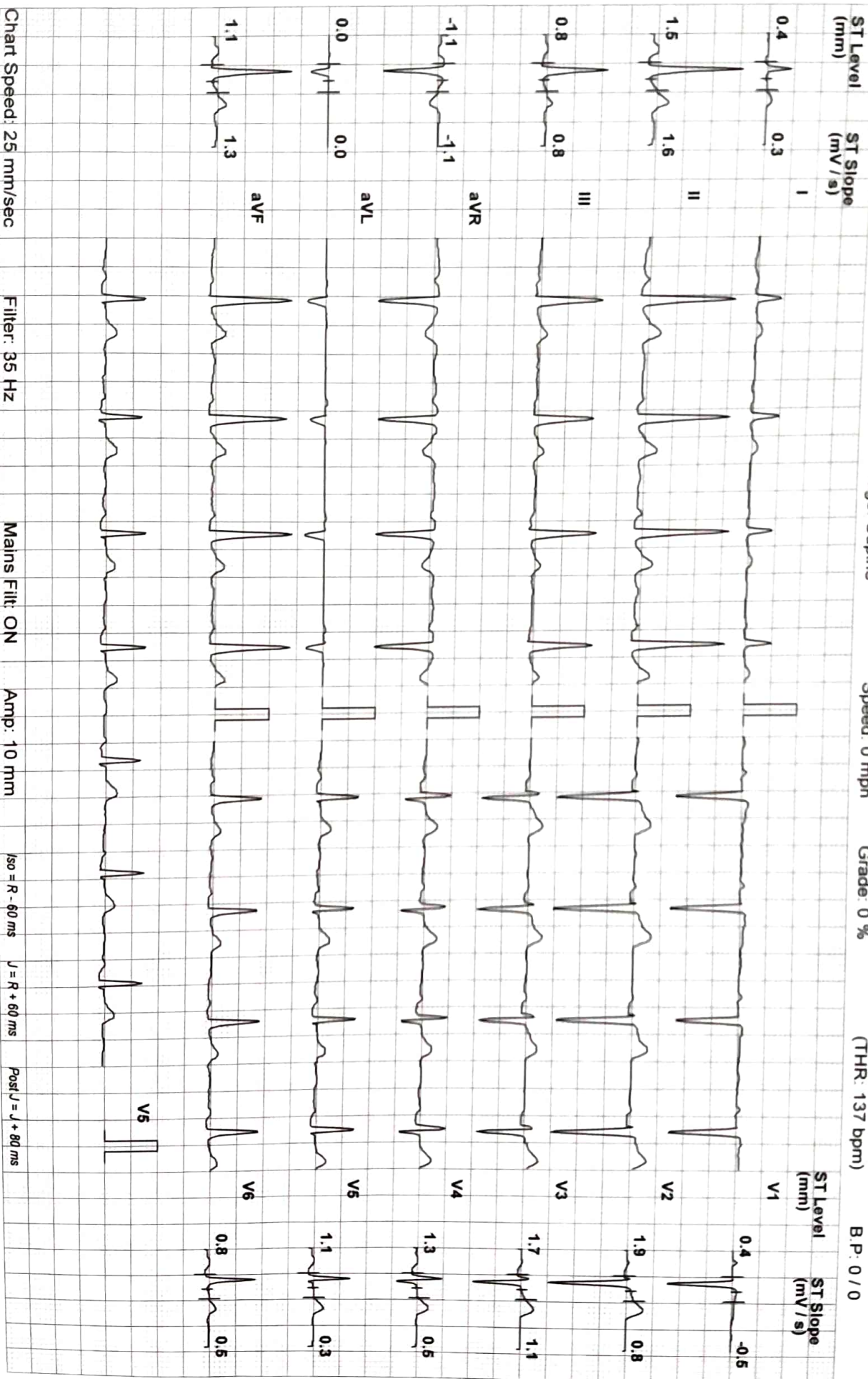
Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 0 / 0



Narayan Memorial Hospital, Behala

SURESH SINGH (58 M)

ID: 2203908

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s

HR: 86 bpm

Protocol: Bruce

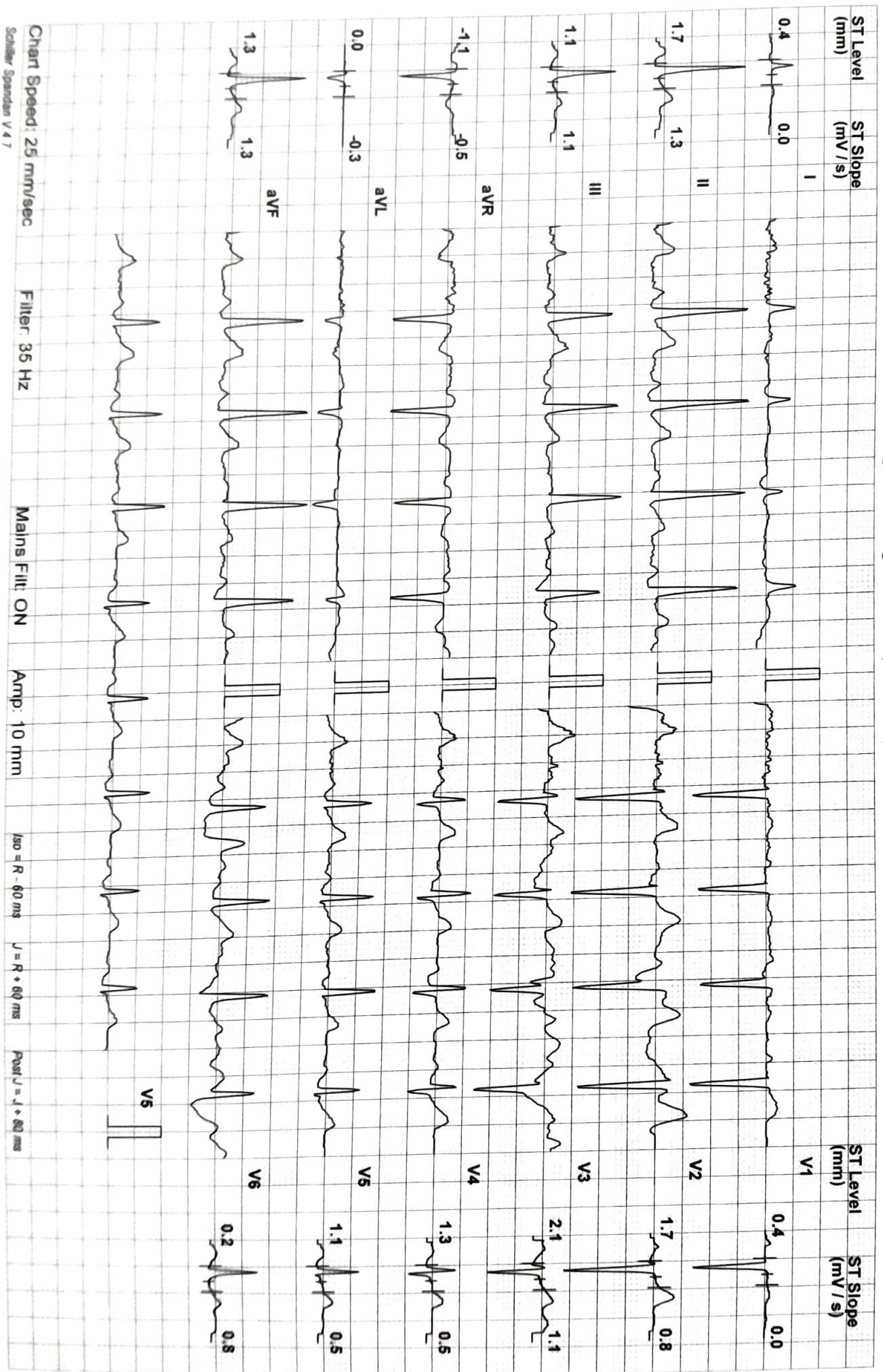
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P.: 120 / 80



SURESH SINGH (58 M)

Narayan Memorial Hospital, Behala

Protocol: Bruce

ID: 2203908

Date: 21-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s HR: 77 bpm

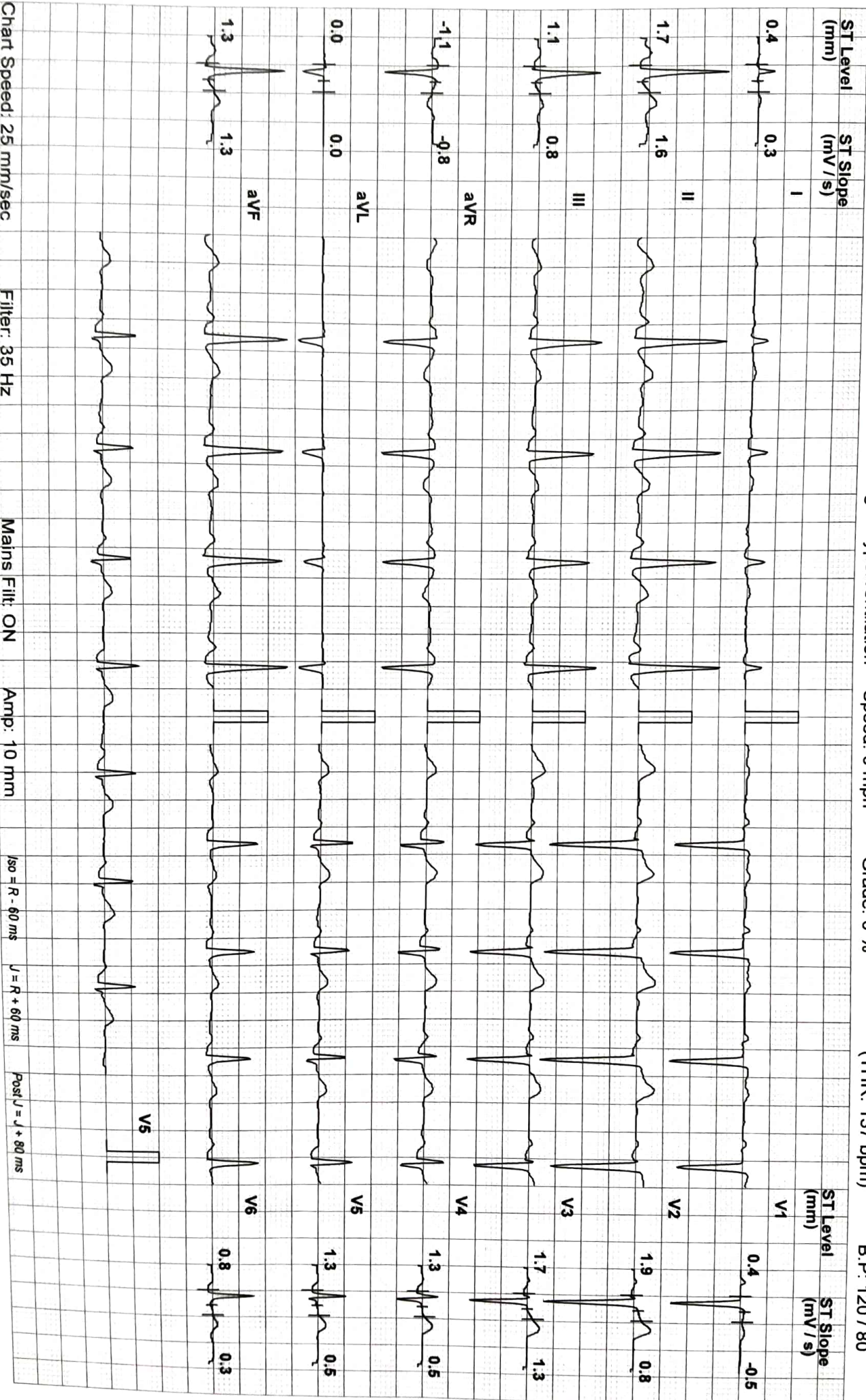
Stage: Hyperventilation

Speed: 0 mph

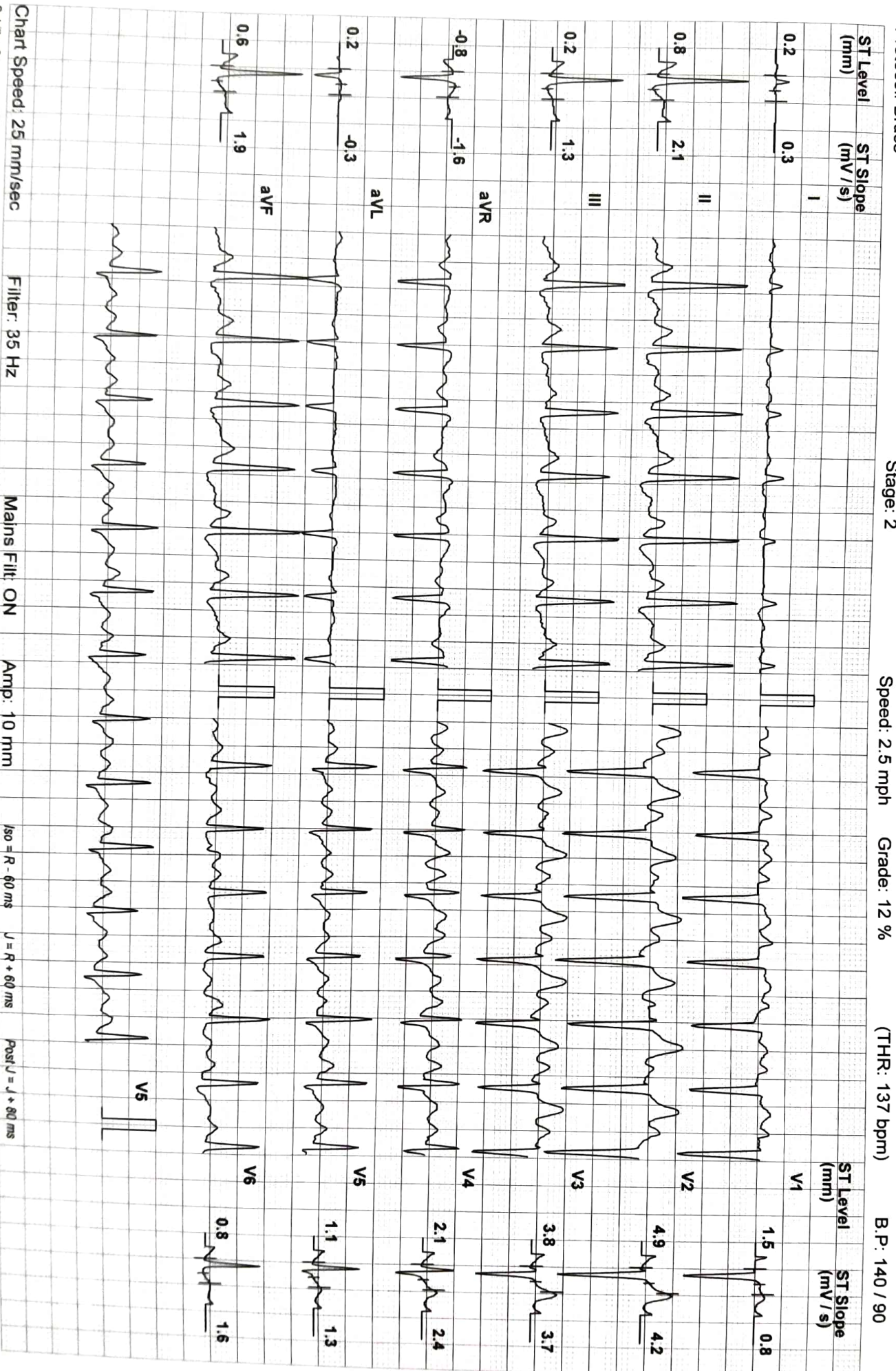
Grade: 0 %

(THR: 137 bpm)

B.P: 120 / 80







SURESH SINGH (58 M)

Narayan Memorial Hospital, Behala

ID: 2203908

Date: 21-Mar-22

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 156 bpm

Protocol: Bruce

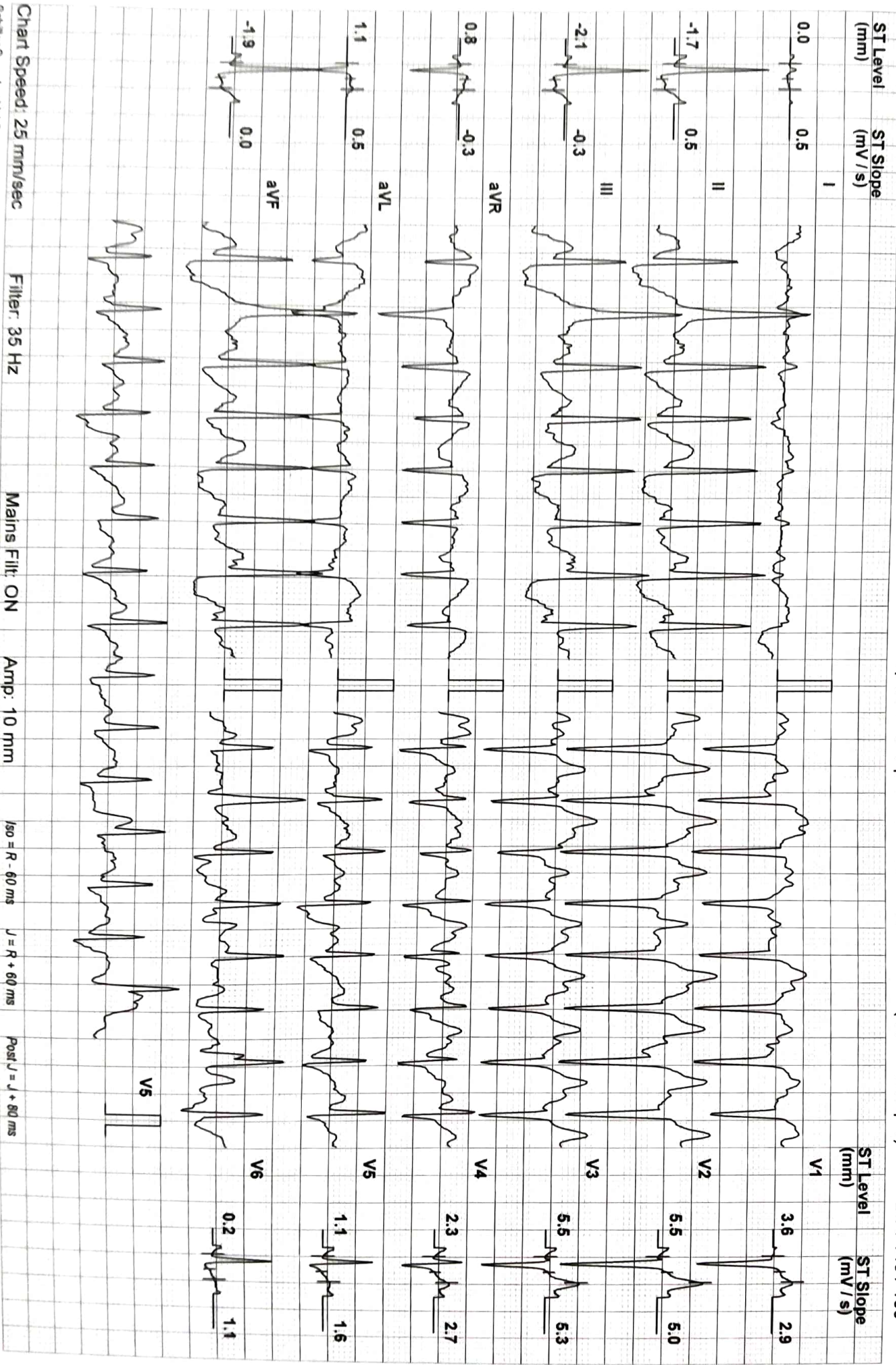
Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 137 bpm)

B.P: 140 / 100



Narayan Memorial Hospital, Behala

SURESH SINGH (58 M)

ID: 2203908

Date: 21-Mar-22

Exec Time : 9 m 2 s

Stage Time : 0 m 2 s

HR: 156 bpm

Protocol: Bruce

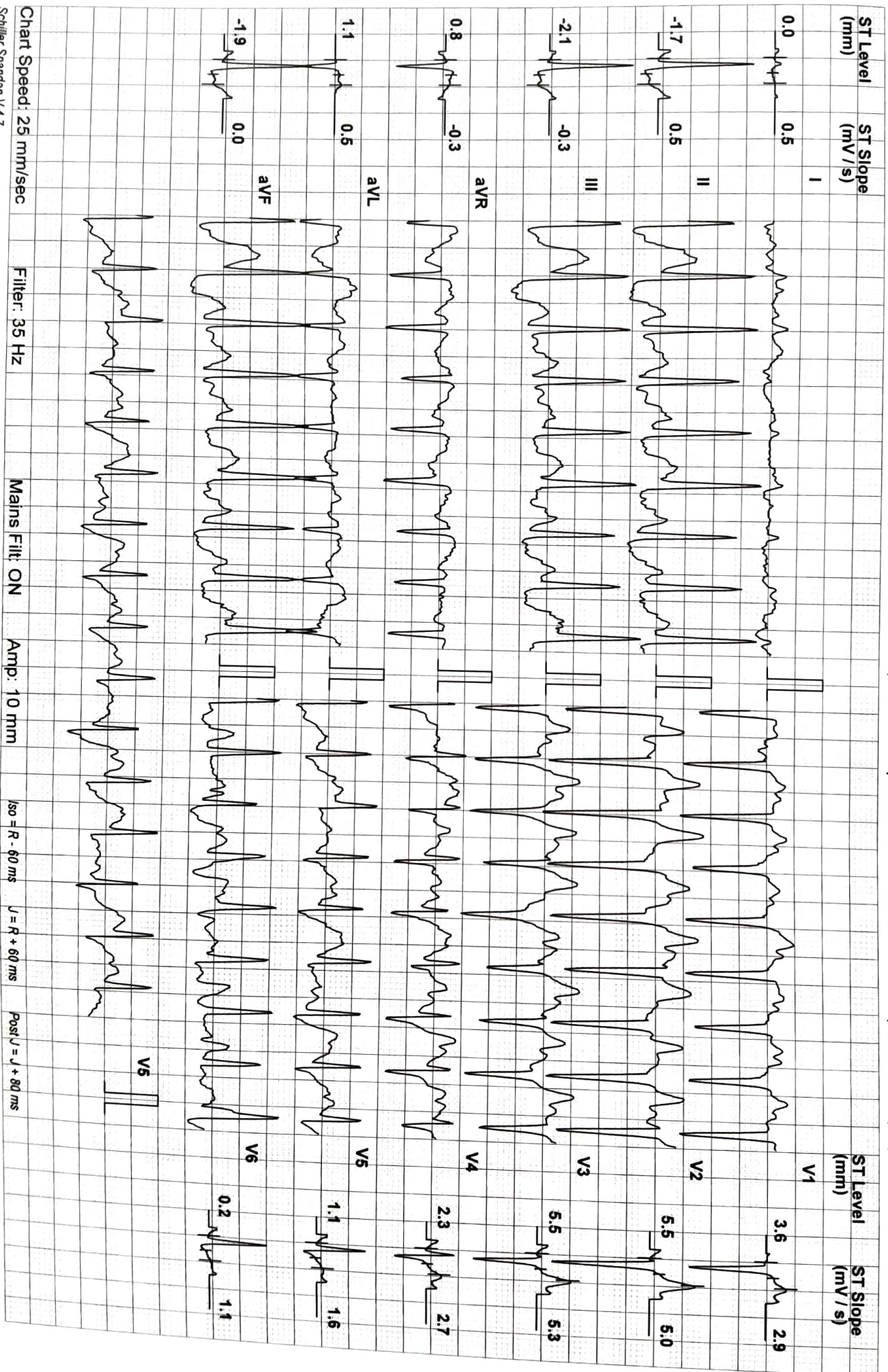
Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 137 bpm)

B.P: 140 / 100



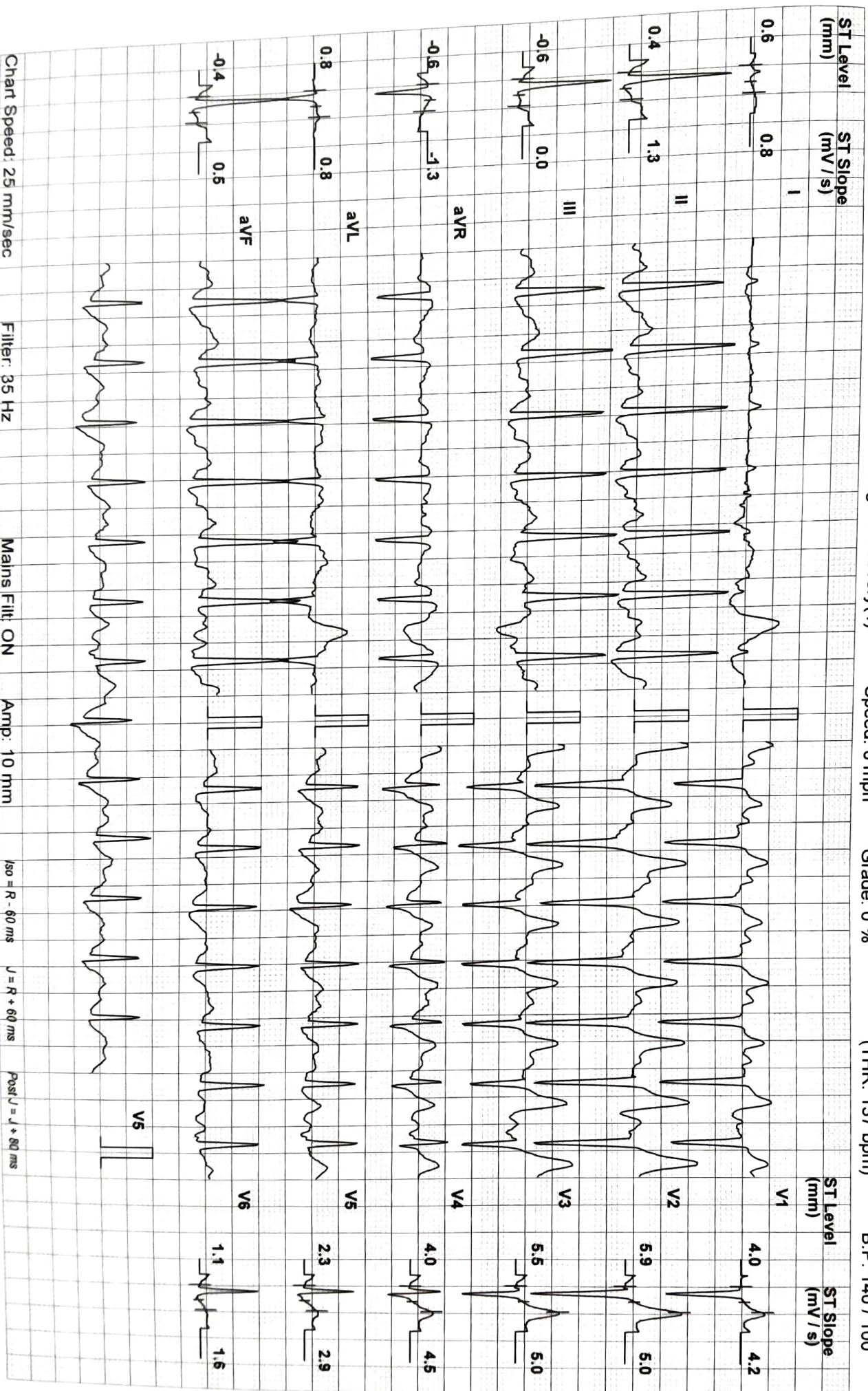
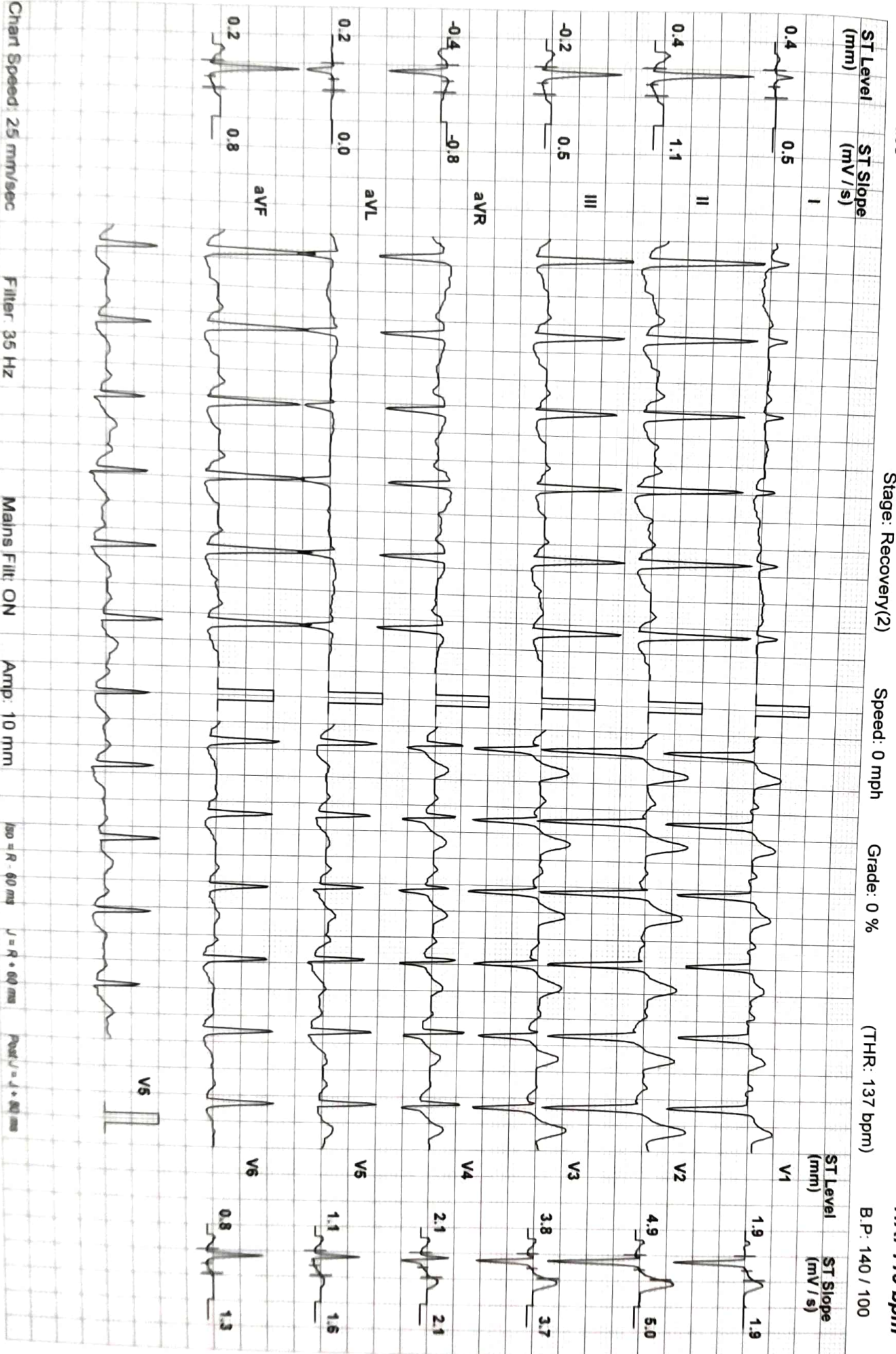


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms U = R + 60 ms Post U = J + 80 ms

Schiller Spandan V 4.7



Narayan Memorial Hospital, Behala

SURESH SINGH (58 M)

ID: 2203908 Date: 21-Mar-22 Exec Time : 9 m 2 s Stage Time : 2 m 0 s HR: 104 bpm

Protocol: Bruce

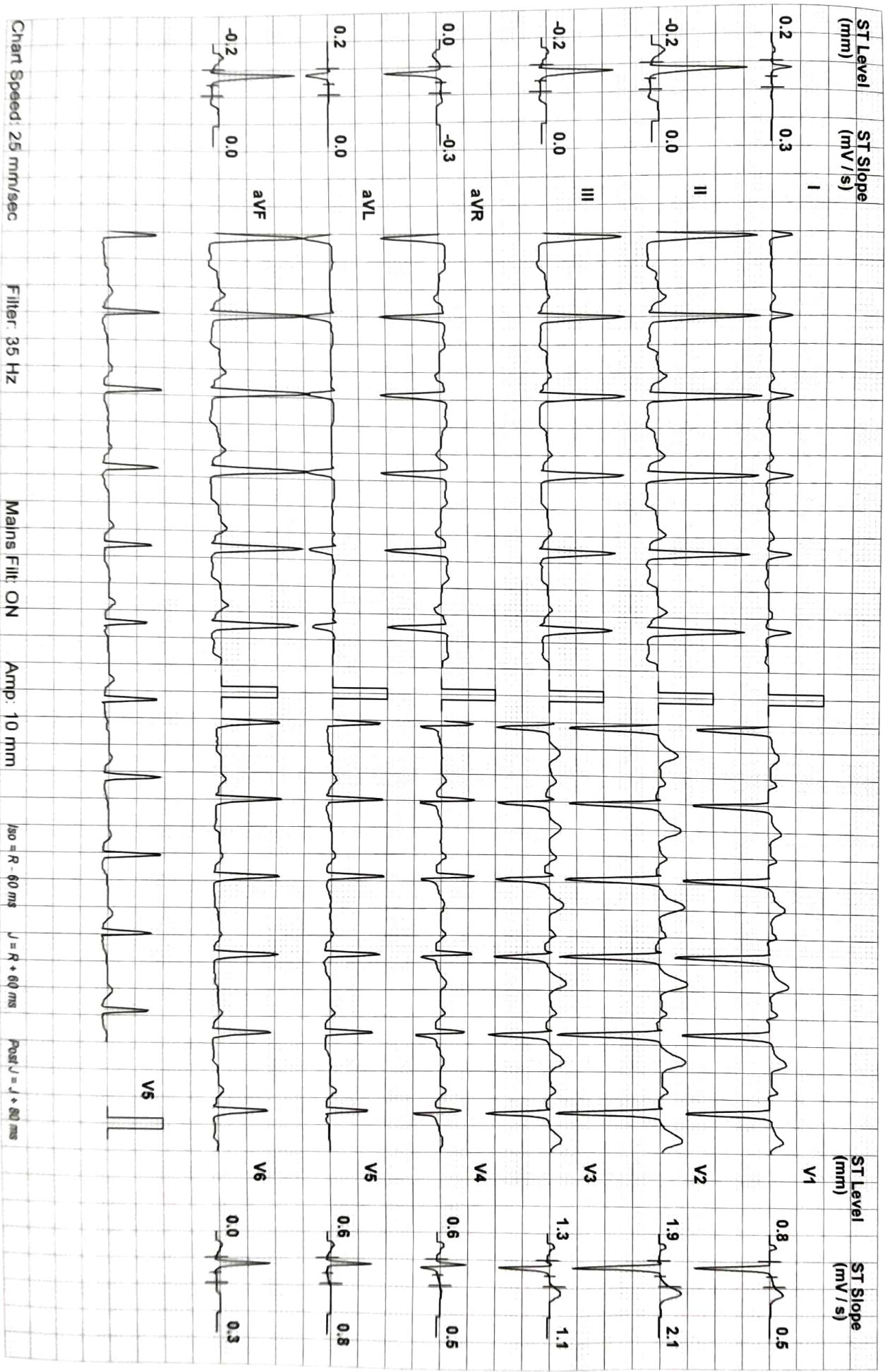
Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 120 / 80



Schiller Spandau V 4 7

DIAGNOSTICS REPORT

Patient Name	: Mr. Suresh Singh	Order Date	: 21/03/2022 12:50
Age/Sex	: 57 Year(s)/Male	Report Date	: 22/03/2022 14:09
UHID	: NMHK.2203908	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 25, BANK GARDEN, BASDRONI, Kolkata, West Bengal, 700070	Mobile	: 8697527439

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 74 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 156 msec
QRS axis	: Normal (25 Degree)
QRS duration	: 82 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 393 msec
QT	: 350 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
 - Non specific ST-T changes.
- Clinical correlation please.



Dr.INDIRA BANERJEE ,
MD,DNB,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

SURESH SINGH

2201908

Male

58 years

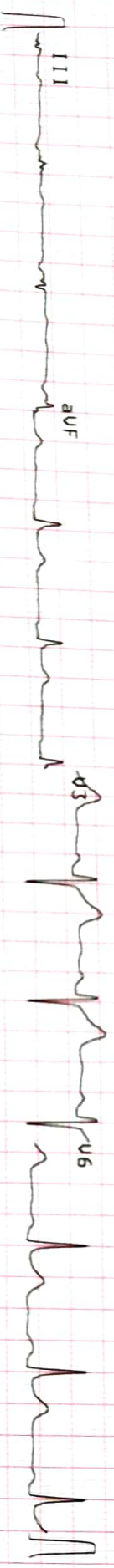
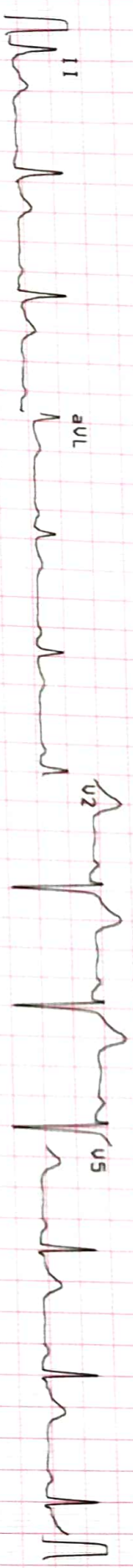
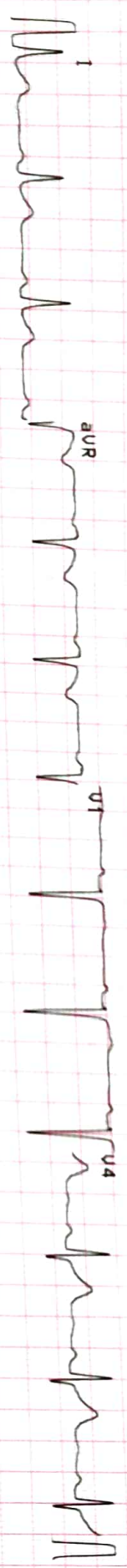
CM / kg

HR 74/min

SINUS RHYTHM
OTHERWISE NORMAL ECG

UNCONFIRMED REPORT

Intervals:	RR 809 ms	P 815	QRS 25	T 31	6.02
	P 102 ms				
	PR 156 ms	P (II)			
	QRS 82 ms	S (U1)	-1.39 mV		
	QT 350 ms	R (U5)	1.03 mV		
	QTc 393 ms	Sokol.	2.63 mV		
		(Bazett)			



10 mm/mV

0.05-25 Hz F50 55F 585 21.03.2022 12:46:53

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 CI