



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-AUG-2023 REP. DATE : 26-AUG-2023
NAME : MRS. CHAVAN NEETA ARVIND
PATIENT CODE : 119151 AGE/SEX : 57 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Prominent bronchovascular markings are noted in both lung fields.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Prominent bronchovascular markings in both lung fields ? bronchitis.

-Kindly correlate clinically.

A handwritten signature in black ink, appearing to read 'Patil'.

**DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST**



Dept. of Pathology
(For Report Purpose Only)



PRN : 119151
Patient Name : Mrs. CHAVAN NEETA ARVIND
Age/Sex : 57Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 5297
Req.No : 5297

Collection Date & Time : 26/08/2023 08:58 AM
Reporting Date & Time : 26/08/2023 03:53 PM
Print Date & Time : 26/08/2023 03:55 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 12.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.98	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 80.1	cu micron	76 - 96
M.C.H.	: 25.1	pg	27 - 32
M.C.H.C	: 31.3	picograms	32 - 36
RDW-CV	: 13.9	%	11 - 16
WBC TOTAL COUNT	: 6150	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 341000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 56	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3444	µL	2000 - 7000
LYMPHOCYTES	: 39	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2398.50	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 123	µL	20 - 500
MONOCYTES	: 03	%	02 - 08
ABSOLUTE MONOCYTES	: 184.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- PEERZADE SHOYEB

Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 119151
Patient Name : Mrs. CHAVAN NEETA ARVIND
Age/Sex : 57Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 5297
Req.No : 5297

Collection Date & Time : 26/08/2023 08:58 AM
Reporting Date & Time : 26/08/2023 03:53 PM
Print Date & Time : 26/08/2023 03:55 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

PERIPHERAL BLOOD SMEAR

RBC MORPHOLOGY : Anisocytosis+, Normocytic with mild hypochromia. Microcytes+
WBC MORPHOLOGY : Within Normal Limits
PLATELETS : Adequate
PARASITES : Not Detected

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By : 25
Westergren Method

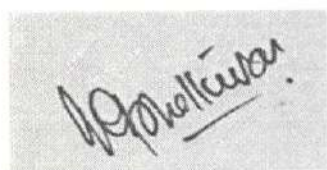
mm/hr

Male : 0 - 15
Female : 0 - 20

END OF REPORT


Technician

Report Type By :- PEERZADE SHOYEB


Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 119151
 Patient Name : Mrs. CHAVAN NEETA ARVIND
 Age/Sex : 57Yr(s)/Female

Lab No : 5297
 Req.No : 5297

Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/08/2023 08:58 AM
 Reporting Date & Time : 26/08/2023 03:53 PM
 Print Date & Time : 26/08/2023 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"
 RH FACTOR : POSITIVE

NOTE : This is for your information only.
 Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
 In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

Dr. AJAY A GANGSHETTIWAR
 M.D.(Pathology) R.No.080412

Technician

Report Type By :- PEERZADE SHOYEB

Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 119151
 Patient Name : Mrs. CHAVAN NEETA ARVIND
 Age/Sex : 57Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5297
 Req.No : 5297
 Collection Date & Time : 26/08/2023 08:58 AM
 Reporting Date & Time : 26/08/2023 03:53 PM
 Print Date & Time : 26/08/2023 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 101	MG/DL	60 - 110
Blood Sugar Level PP	: 119	MG/DL	70 - 140

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 23	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.74	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.41	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.7	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

END OF REPORT

Dr. AJAY A GANGSHETTIWAR
 M.D.(Pathology) R.No.080412

Technician

Report Type By :- PEERZADE SHOYEB

Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 119151
Patient Name : Mrs. CHAVAN NEETA ARVIND
Age/Sex : 57Yr(s)/Female

Lab No : 5297
Req.No : 5297

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/08/2023 08:58 AM
Reporting Date & Time : 26/08/2023 03:53 PM
Print Date & Time : 26/08/2023 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.20	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 13	U/L	0 - 40
S.G.P.T (serum)	: 11	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 74	U/L	35 - 105
PROTEINS TOTAL (serum)	: 7.7	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.1	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 3.60	g/dl	1.8 - 3.6
A/G RATIO	: 1.14		1:1 - 2:2

END OF REPORT

Technician

Report Type By :- PEERZADE SHOYEB

Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 119151
Patient Name : Mrs. CHAVAN NEETA ARVIND
Age/Sex : 57Yr(s)/Female

Lab No : 5297
Req.No : 5297

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/08/2023 08:58 AM
Reporting Date & Time : 26/08/2023 03:53 PM
Print Date & Time : 26/08/2023 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 210	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 88	MG/DL	0 - 150
HDL (serum)	: 43	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 120	MG/DL	0 - 130
VLDL (serum)	: 17.60	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.88		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.79		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Technician

Report Type By :- PEERZADE SHOYEB

Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 119151
Patient Name : Mrs. CHAVAN NEETA ARVIND
Age/Sex : 57Yr(s)/Female

Lab No : 5297
Req.No : 5297

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/08/2023 08:58 AM
Reporting Date & Time : 26/08/2023 03:53 PM
Print Date & Time : 26/08/2023 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML
COLOUR : PALE YELLOW
APPEARANCE : CLEAR
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.015

CHEMICAL EXAMINATION

PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 1-2 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

END OF REPORT

Technician

Report Type By :- PEERZADE SHOYEB

Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Pathologist



TEST REPORT

Reg.No : PUN0143258	Reg.Date : 26-Aug-2023 /14:06
Name : MRS.CHAVAN NEETA ARVIND	Collection : 26-Aug-2023 /14:06
Age\Sex : 57 Years\Female	Received : 26-Aug-2023 /14:20
Referred By : LIK/PUN-03SAI SIDDI PATHOLOGY (WKD)	Report : 26-Aug-2023 /14:54
Referral Dr : Self	Barcode : 002051647800

HORMONES THYROID PROFILE (T3,T4,TSH) (TFT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
TOTAL TRIIODOTHYRONINE (T3) Method:ECLIA	1.08	ng/mL	0.80-2.00
TOTAL THYROXINE (T4) Method:ECLIA	10.84	µg/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) Method:ECLIA	1.92	µIU/mL	0.27-4.20

Interpretation:

- The assay uses 4th generation highly sensitive TSH with a sensitivity of 0.005mIU/mL
- TSH is used primarily to screen for thyroid disorders as follows:
 - Screening for thyroid dysfunction
 - Diagnosis of hyperthyroidism (Decreased TSH)
 - Diagnosis of Hypothyroidism (Elevated TSH)
 - Diagnosis of pituitary and hypothalamic disorders
 - Monitoring Thyroid replacement therapy

TSH in Pregnancy: In the First trimester, maternal thyroxine-binding globulin rises and Free thyroid hormone T4 decreases. TSH levels decrease due to the thyrotropic effect of hCG. In later trimesters, TSH increases.

Trimester Specific ranges during pregnancy:

Trimester	TSH (mIU/L) or µIU/mL
First	0.1-2.5 *
Second	0.2-3.0
Third	0.2-3.0

Ref: National Academy of Clinical Biochemistry and The American Association of Clinical Endocrinologists.

Limitations:

TSH levels increase with obesity and age, upper levels with the euthyroid state may be seen in some cases.
There is no high-dose hook effect at TSH concentrations up to 1000 µIU/mL

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

* This Is an Electronically Authenticated Report *



Dr. Rishikesh Balvalli

**Dr.RISHIKESH
BALVALLI**

Consultant Pathologist

**** END OF REPORT ****



TEST REPORT

Reg.No : PUN0143258	Reg.Date : 26-Aug-2023 /14:06
Name : MRS.CHAVAN NEETA ARVIND	Collection : 26-Aug-2023 /14:06
Age\Sex : 57 Years\Female	Received : 26-Aug-2023 /14:20
Referred By : LIK/PUN-03SAI SIDDI PATHOLOGY (WKD)	Report : 26-Aug-2023 /15:27
Referral Dr : Self	Barcode : 002051647900

Clinical Biochemistry

GLYCATED HAEMOGLOBIN (HBA1C)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
GLYCATED HAEMOGLOBIN (HBA1C) Method:HPLC	6.6	%	Normal : < 5.7 Diabetes Mellitus : > 6.5 Increased Risk of Diabetes/Pre - Diabetes : 5.7 - 6.4
AVERAGE BLOOD GLUCOSE Method:Calculation	142.72	mg/dL	90 - 120 - Excellent control 121 - 150 - Good Control 151 - 180 - Average Control 181 - 210 - Action Suggested > 211 - Panic Value

Interpretation:

- HbA1c test is done using HPLC method certified by National Glycohemoglobin Standardization Program(NGSP) and traceable to Diabetes Control and Complications Trial (DCCI) reference assay
- HbA1c assay is used in the screening diagnosis and management of diabetes Mellitus
- It reflects mean glycemia and level of control for the previous 2-3 months Test can be done any time of the day and in non fasted state
- Measurement of HbA1c is recommended at 3 months intervals if glycemic control is poor or therapy has changed.
- A good control of glycemia may reflect on HbA1c Levels towards normal in -3-5 week
- HbA1c assay may be unreliable in case of altered red cell turnover hemolytic anemia and renal failure may decrease the Hba1c value in such cases Fasting blood glucose or Fructosamine assay are recommended to be used as a measure of glucose control
- Hemoglobinopathies may lead to an artifactual increase in assay value this can be ruled out by Hemoglobin electrophoresis studies Splenectomy and polycythemia raises Hba1c levels
- Pregnancy in the 2nd 3rd-trimester affects Glycemic control Hence Hba1c are not utilized in the diagnosis of gestational diabetes or in the postnatal period Recommended use of GDM GTT during pregnancy

Related tests:

fasting Blood glucose, Fructosamine, Glucose tolerance test /OGTT /GCT, Postprandial Blood Glucose microalbumin

References:

International expert committee report on the A1c assay in the Diagnosis of diabetes

Sample Type : WB EDTA

Please Correlate With Clinical Findings If Necessary Discuss

* This Is an Electronically Authenticated Report *



Balvalli
**Dr.RISHIKESH
 BALVALLI**
 MD
 Consultant Pathologist

**** END OF REPORT ****

CHAVAN, NEETA

Patient ID 58194

26.08.2023 Female

11:26:18 56yrs

Meds:

Test Reason: Screening for CAD

Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

BRUCE: Total Exercise Time 08:16
 Max HR: 164 bpm 100% of max predicted 164 bpm HR at rest: 86
 Max BP: 150/90 mmHg BP at rest: 130/85 Max RPP: 22680 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max ST: -0.16 mV, 0.00 mV/s in V5; EXERCISE STAGE 2 05:29
 Arrhythmia: A:372, PVC:3, PAU1:3
 ST/HR index: 1.54 μ V/bpm

Reasons for Termination: Dyspnea

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: Depression horizontal.

Overall impression: Positive stress test suggestive of ischemia.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 100 % THR ON RX.

NORMAL BP RESPONSE

SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

HORIZONTAL ST-T CHANGES, NO ANGINA.

STRESS TEST IS POSITIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATT DEORE *
 MD, DM-CARDIOLOGIST
 MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	00:12	0.00	0.00	1.0	86	130/85	11180	0	-0.06	
	STANDING	01:19	0.00	0.00	1.0	85	130/85	11050	0	-0.06	
	HYPERV.	01:32	0.50	0.00	1.3	96	130/85	12480	0	-0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	125	130/85	16250	0	-0.04	
	STAGE 2	03:00	2.50	12.00	7.0	141	130/85	18330	0	-0.12	
	STAGE 3	02:17	3.40	14.00	10.1	164	140/85	22960	1	-0.16	
RECOVERY		02:51	0.00	0.00	1.0	100	150/90	15000	0	-0.04	

Linked Medians

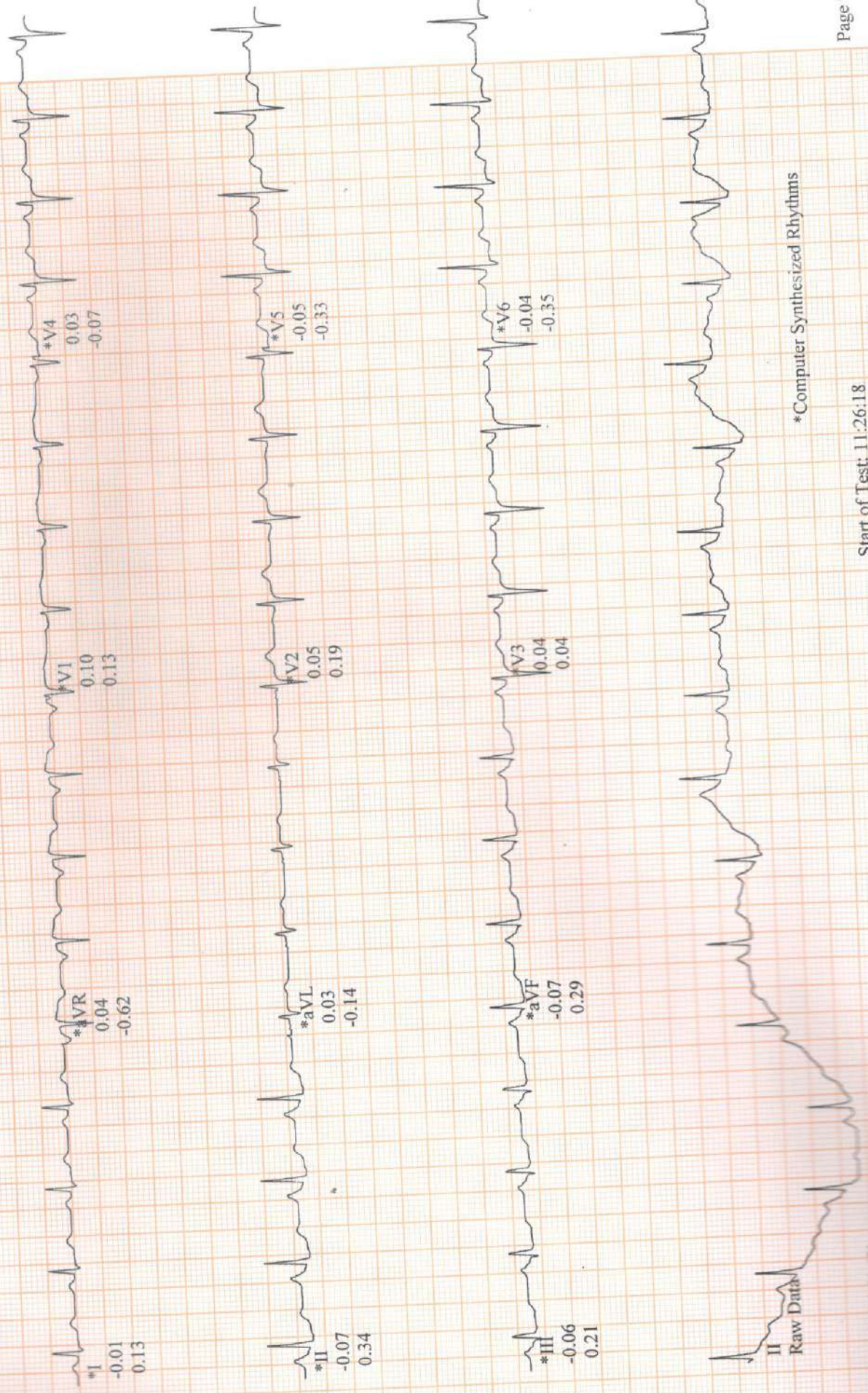
CHAVAN, NEETA
Patient ID 58194
26.08.2023
11:40:25

BRUCE
0.0 mph
0.0 %

RECOVERY
#1
02:50

100 bpm
150/90 mmHg

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

Start of Test: 11:26:18



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 26-AUG-2023 REP. DATE : 26-AUG-2023
NAME : MRS. CHAVAN NEETA ARVIND
PATIENT CODE : 119151 AGE/SEX : 57 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

BILATERAL SONOMAMMOGRAPHY

OBSERVATION:

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



Dept. of Radiology

(For Report Purpose Only)



Caring Redefined

REQ. DATE : 26-AUG-2023 REP. DATE : 26-AUG-2023
NAME : MRS. CHAVAN NEETA ARVIND
PATIENT CODE : 119151 AGE/SEX : 57 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size, shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal. **G.B.** : Post Op status

Spleen : Is normal in size , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 8.8 x 3.8 cm.
Left kidney measures : 9.2 x 4.3 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size , shape, echotexture. No fibroid.
Endometrium show normal appearance.

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

Grade I fatty Liver

- Kindly co-relate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))

2D ECHO / COLOUR DOPPLER

NAME : MRS. NEETA CHAVAN
REF BY : DR. HOSPITAL PATIENT

57 Yrs/F

OPD
26-Aug-23

M - Mode values

Doppler Values

AORTIC ROOT (mm)	26	TAPSE	
LEFT ATRIUM (mm)	31		
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	39	PG (mmHg)	5
LVID - S (mm)	22	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11*	A VEL (m/sec)	0.9
LVPW -D (mm)	10	TDI. e' (cm/sec)	
EJECTION FRACTION (%)	60	E/e'	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function, LVEF 60%
Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.
Altered mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation,
PA pressure = 19 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

No regional wall motion abnormality.
Normal Biventricular systolic function, LVEF 60%
Grade I diastolic dysfunction.
Normal PA pressure.



DR. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

ID : 2308260004

Name :

Sex :

Divisions:

HR 84 bpm
P Dur/PR int 97 / 135ms
QRS Dur 92 ms
QT/QTc int 328 / 392 ms
P/QRS/T axis 61 / 0 / -80 °

Data Time : 2023-08-26 10:12

Age :

BP :

Bed No. :

RV5/SV1 amp 0.696 / 0.571mV

RV5+SV1 amp 1.267mV

RV6/SV2 amp 0.728 / 0.611mV

Hospital :

Height :

Weight :

Hospital No. :

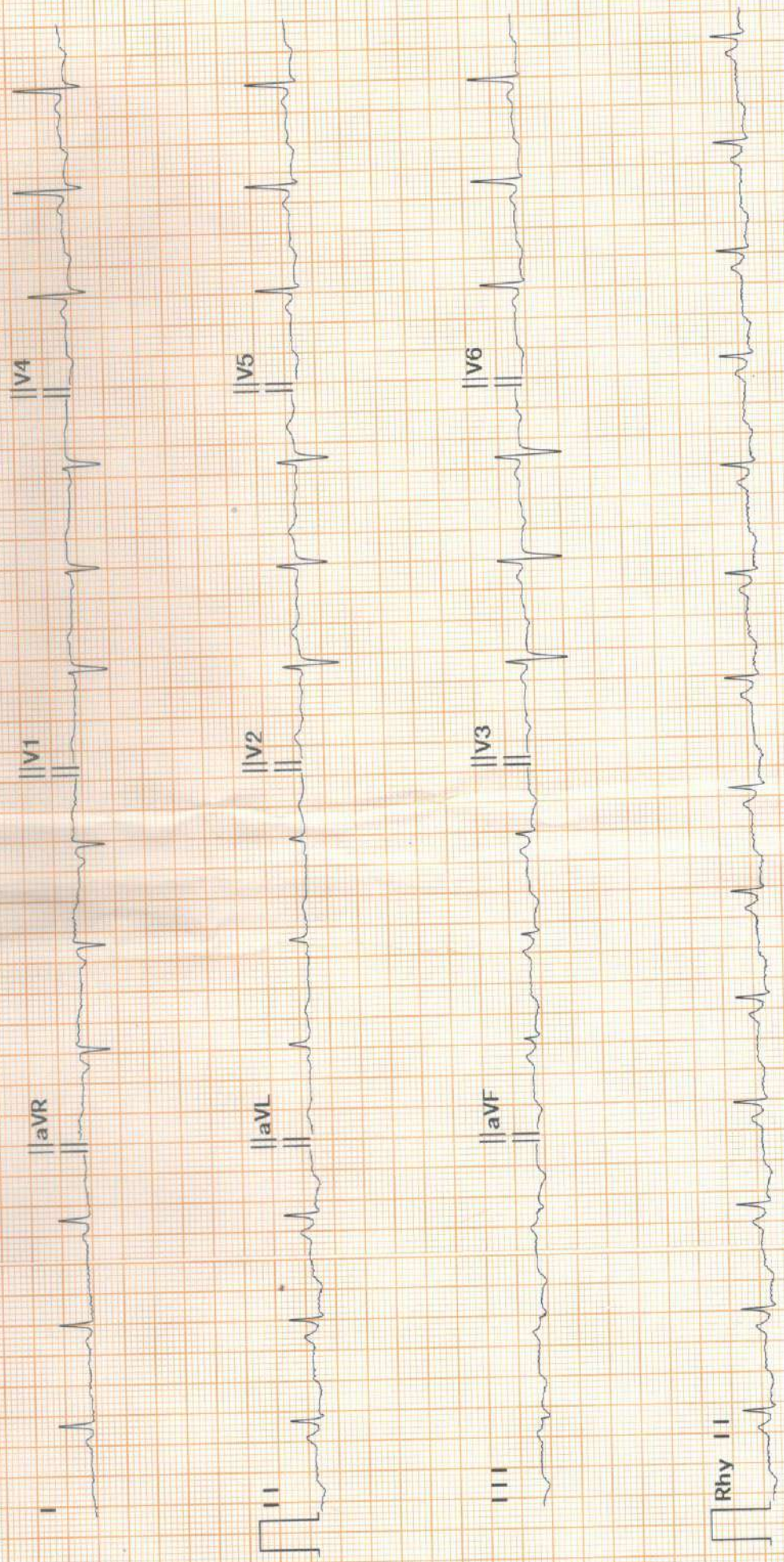
Minnesota Code

4-5-0 (I, V4, V5, V6)

5-2-2 (V4)

5-2-1 (I, aVF)

Diagnosis Info
800: Sinus Rhythm
633: ST-T Abnormality (II)





भारत सरकार
Government of India

नीला अरविंद चावण
Neela Arvind Chavan
जन्म तारीख / DOB : 22/03/1967
स्त्री / Female



7998 1520 2942

माझे आधार, माझी ओळख



1947



help@uidai.gov.in



www.uidai.gov

7998 1520 2942

पत्ता फ्लॉट नं 1 त्रिभुजि पार्क, मंगल धाम
को-ऑपरेटिव हाउसिंग सोसायटी लिमिटेड,
एकलक्ष कॉलेज जवळ, कोपरड, पुणे शहर,
पुणे, पिन: ४११०३८, महाराष्ट्र,
411038
Address: Flat No. 1 Trimbuj Dham
Co-operative Housing Society Limited, Near
Eklavya College, Kolrud, Pune City, Pune, Ex.
Serviceman Colony, Maharashtra, 411038



भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India