

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000360922 OP-001

REPORT STATUS : Interim



| | | |
|--|-------------------|--------------------------------------|
| Patient Name : Mr Sunil Giri | / | Registered On : 02-Mar-2024 09:14 AM |
| Lab ID : 403900141 | | Collected On : 02-Mar-2024 08:38 AM |
| Gender/Age : Male / 43 Years | DOB : 25-Feb-1981 | Received On : 02-Mar-2024 09:43 AM |
| Ref. By : Dr. Health Check Up . Shalby | | Sample Type : EDTA Whole Blood |

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------------|----------|--------------------------|
| BLOOD COUNT AND INDICIES | | | |
| HAEMOGLOBIN <i>Colorimetric Non Cyanide</i> | 14.9 | g/dL | 13.0 - 17.0 |
| RBC COUNT <i>Electrical Impedance</i> | 4.71 | mill/cmm | 4.5 - 5.5 |
| HCT <i>Calculated</i> | 47.7 | % | 40 - 50 |
| MCV <i>Calculated based on the RBC histogram</i> | 101.3 | fL | 83 - 101 |
| MCH <i>Calculated</i> | 31.6 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 31.2 | g/dL | 31.5 - 34.5 |
| RDW <i>Calculated</i> | 13.3 | % | 13.3 - 18.3 |

TOTAL LEUCOCYTE COUNT

| | | | |
|---|------|-----------|--------------|
| Total WBC Count <i>Electrical Impedance</i> | 6000 | cells/cmm | 4000 - 10000 |
|---|------|-----------|--------------|

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

| | | | |
|-----------------------------------|----|---|---------|
| NEUTROPHILS <i>Flow Cytometry</i> | 54 | % | 40 - 80 |
| LYMPHOCYTES <i>Flow Cytometry</i> | 35 | % | 20 - 40 |
| EOSINOPHILS <i>Flow Cytometry</i> | 5 | % | 1 - 6 |
| MONOCYTES <i>Flow Cytometry</i> | 6 | % | 2 - 10 |
| BASOPHIL <i>Flow Cytometry</i> | 0 | % | 0 - 2 |

PLATELET INDICES

| | | | |
|--|-------------|------|-----------------|
| PLATELET COUNT <i>Electrical Impedance</i> | 173000 | /cmm | 150000 - 410000 |
| MPV <i>Calculated based on PLT Histogram</i> | 12.6 | fL | 7.5 - 12.0 |

PERIPHERAL SMEAR EXAMINATION

| | |
|-------------------|---|
| RBCs | Normochromic and Normocytic. |
| WBCs | Total and differential leucocyte counts are within normal limit |
| PLATELETs | Adequate in number and normal in morphology. |
| MALARIAL PARASITE | Malarial parasites are not seen on smear examination. |

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Approved On : 02-Mar-2024 10:24 AM

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist



Certificate No. : MC-5200

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

| | |
|----------|----------|
| ABO Type | "AB" |
| RH Type | POSITIVE |

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Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Citrated Whole Blood, EDTA Whole Blood

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|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

| | | | |
|-----------------------|---|--------------|--------|
| ESR 1st hour * | 5 | mm in 1 hour | 0 - 15 |
|-----------------------|---|--------------|--------|

*Modified Westergren Method***HBA1C**

| | | | |
|---------------------------------------|-----|---|--|
| HbA1c - Glycated Haemoglobin * | 6.1 | % | Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5 |
|---------------------------------------|-----|---|--|

Boronate Affinity Assay

| | | |
|--|-----|-------|
| Estimated Average Glucose (eAG) (mg/dL) * | 128 | mg/dL |
|--|-----|-------|

Calculated

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 Gender/Age : Male / 43 Years DOB : 25-Feb-1981 Received On : 02-Mar-2024 09:42 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F)

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

| | | | |
|---------------------------|------------|-------|----------|
| Plasma Glucose (F) | 113 | mg/dL | 74 - 106 |
|---------------------------|------------|-------|----------|

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

| | | | |
|------------------------|---------------|-------|--------|
| Urine Sugar (F) | ABSENT | mg/dL | Absent |
|------------------------|---------------|-------|--------|

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

| | | | |
|----------------------------|------------|-------|---|
| Plasma Glucose (PP) | 168 | mg/dL | Normal: 100-140 Impaired: 140 -199 Diabetic :>=200 |
|----------------------------|------------|-------|---|

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

| | | | |
|-------------------------|--------------------|-------|--------|
| Urine Sugar (PP) | PRESENT[++] | mg/dL | Absent |
|-------------------------|--------------------|-------|--------|

Glucose-oxidase/oxidase reaction

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| Gender/Age : Male / 43 Years | DOB : 25-Feb-1981 | Received On : 02-Mar-2024 09:40 AM |
| Ref. By : Dr. Health Check Up . Shalby | | Sample Type : Serum |

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--|
| LIPID PROFILE | | | |
| LIPID PROFILE | | | |
| Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i> | 200 | mg/dL | Desirable: <200 Borderline High: 200 - 239 High >=240 |
| SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i> | 142 | mg/dL | Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500 |
| HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i> | 39 | mg/dL | Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60 |
| Non HDL Cholesterol <i>Calculated</i> | 161 | mg/dL | Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220 |
| LDL Cholesterol <i>Calculated</i> | 133 | mg/dL | Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190 |
| VLDL <i>Calculated</i> | 28 | mg/dL | 6 - 38 |
| LDL/dHDL * <i>Calculated</i> | 3.4 | | 2.5 - 3.5 |
| Chol/dHDL * <i>Calculated</i> | 5.1 | Ratio | 3.5 - 5.0 |

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

| | | | |
|---|-------------|--------|-------------|
| Urea Nitrogen (BUN) <i>Urease, colorimetric</i> | 8 | mg/dL | 9 - 20 |
| UREA <i>Calculated</i> | 17 | mg/dL | 19 - 43 |
| Creatinine <i>Enzymatic - Creatinine amidohydrolase</i> | 0.92 | mg/dL | 0.66 - 1.25 |
| S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i> | 6.3 | mg/dL | 3.5 - 8.5 |
| Calcium <i>Arsenazo III dye</i> | 8.6 | mg/dL | 8.4 - 10.2 |
| Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i> | 3.9 | mg/dL | 2.5 - 4.5 |
| Sodium <i>Direct Ion Selective Electrode</i> | 139 | mmol/L | 137 - 145 |
| S. POTASSIUM <i>Direct Ion Selective Electrode</i> | 4.96 | mmol/L | 3.5 - 5.1 |
| Chloride <i>Direct Ion Selective Electrode</i> | 103 | mmol/L | 98 - 107 |

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IMMUNOLOGY

THYROID PROFILE (TFT)

| | | | |
|-------------------|-----|-------|----------|
| Total T3 * | 118 | ng/dL | 87 - 178 |
|-------------------|-----|-------|----------|

Chemiluminescence immunoassay (CLIA)

| T3 Total in ng/mL | 0-3 days | 1.00-7.40 |
|-------------------|-------------|-----------------|
| | 4-30 days | Not Established |
| | 1-11 months | 1.05-2.45 |
| | 1-5 years | 1.05 - 2.69 |
| | 6-10 years | 0.94-2.41 |
| | 11-15 years | 0.82-2.13 |
| | 16-20 years | 0.80-2.10 |

| | | | |
|-------------------|-------|-------|------------------------|
| Total T4 * | 11.96 | µg/dL | 99% Reference Interval |
|-------------------|-------|-------|------------------------|

 99% Reference Interval
 (µg/dL)
 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

| T4 Total in µg/dL | 1-3 days | 11.80-22.60 |
|-------------------|-------------|-----------------|
| | 4-7 days | Not Established |
| | 1-2 weeks | 9.80-16.60 |
| | 15-30 days | Not Established |
| | 1-4 months | 7.20-14.40 |
| | 4-12 months | 7.80-16.50 |
| | 1-5 years | 7.30-15.00 |
| | 5-10 years | 6.40-13.30 |
| | 10-15 years | 5.60-11.70 |

| | | | |
|--------------|-------|--------|-------------|
| TSH * | 3.075 | µIU/mL | 0.38 - 5.33 |
|--------------|-------|--------|-------------|

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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| Ref. By : Dr. Health Check Up . Shalby | | Sample Type : Serum |

PROSTATE SPECIFIC ANTIGEN * 0.6 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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| Ref. By : Dr. Health Check Up . Shalby | | Sample Type : Urine |

URINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|--------------------------------|---|----------|------------------------------|
| Physical Examination | | | |
| Colour * | Pale Yellow | | Pale yellow |
| Transparency | Clear | | Clear |
| Chemical Examination | | | |
| Glucose | <i>Glucose-oxidase/oxidase reaction</i> | Negative | Negative |
| Bilirubin | <i>Azo coupling Reaction with diazonium</i> | Negative | Negative |
| Ketone | <i>Sodium Nitroprusside reation</i> | Negative | Negative |
| Specific Gravity | <i>Refractometric Method - Bromthymol blue</i> | 1.010 | S.G. value 1.001 - 1.035 |
| Blood | <i>Peroxidase like activity of hemoglobin</i> | Negative | Negative |
| pH | <i>Double Indicator principle</i> | 6.0 | PH value 4.6 - 8.0 |
| Protein | <i>Protein Error of Indicator Principle</i> | Negative | Negative |
| Urobilinogen * | <i>Modified Ehrlich reaction</i> | 0.2 | EU/dL Upto 1.0 mg/dL (EU/dL) |
| Nitrite * | <i>Diazotization reaction of nitrite with an aromatic amine</i> | Negative | Negative |
| Leucocyte | <i>Leucocyte Esterase Test</i> | Negative | Negative |
| Microscopic Examination | | | |
| Pus cells | 2-3/hpf | /hpf | 0-5/hpf |
| Red blood cells | Nil | /hpf | NIL/hpf |
| Epithelial cells | 1-2/hpf | /hpf | NA |
| Crystals | Nil | | Nil |
| Cast * | Nil | | Nil |
| Bacteria | Nil | | Nil |
| Amorphous | Nil | | Nil |
| Yeast | Nil | | Nil |
| Others | Nil | | Nil |

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| <u>Liver Function Test</u> | | | |
| Liver Function Test | | | |
| SGPT (ALTV) <i>Multi Point Rate with P-5-P</i> | 144 | U/L | 21 - 72 |
| SGOT (AST) <i>Multi Point Rate with P-5-P</i> | 85 | U/L | 17 - 59 |
| Alkaline Phosphatase <i>PNPP, AMP Buffer</i> | 44 | U/L | 20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119 |
| GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i> | 61 | U/L | 15 - 73 |
| S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i> | 7.6 | g/dL | 6.3 - 8.2 |
| Albumin <i>Bromocresol Green (BCG), Colorimetric</i> | 4.5 | g/dL | 3.5 - 5.0 |
| S. GLOBULIN <i>Calculated</i> | 3.1 | g/dL | 2.3 - 3.6 |
| A/G Ratio <i>Calculated</i> | 1.5 | Ratio | 1.0 - 2.3 |
| Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i> | 1.0 | mg/dL | 0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3 |
| Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i> | 0.7 | mg/dL | Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5 |
| Bilirubin Direct <i>Calculated</i> | 0.3 | mg/dL | Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4 |

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Consulting Pathologist

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|-----------------------------|--------------------|----------------------|-------------------|
| Patient ID: | SUR00002452 | Patient Name: | SUNIL GIRI |
| Age: | 43 Years | Sex: | M |
| Accession Number: | 2452 MHC | Modality: | DX |
| Referring Physician: | DR SHALBY | Study: | CHEST PA |
| Study Date: | 2-Mar-2024 | | |

CHEST X-RAY (PA)

Prominent bronchovascular markings in bilaterally.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Prominent bronchovascular markings in bilaterally.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Patient's Name: Sunil Giri

Age: 43 yrs / male

Date: 02 / 03 / 2024

2D ECHOCARDIOGRAPHY REPORT**B mode findings**

- Normal LV size
- No LV hypertrophy.
- Normal LA/ RA/ RV size
- No RWMA at rest
- Normal LV systolic function, LVEF – 60 %
- Grade II diastolic Dysfunction
- Mitral Valve – Normal , No MR, Aortic Valve – Normal , No AR,
- Tricuspid Valve – Normal ,No TR,
- Pulmonary Valve – Normal , No PR
- No pulmonary arterial hypertension, RVSP – 20 mmHg
- IAS / IVS intact
- IVC is Normal > 50 % collapsible
- No clot / vegetation / effusion

IMPRESSION

- Normal LV Systolic Function
- No RWMA
- Grade II LVDD
- LVEF 60 %



Dr. Haresh Kaswala
Interventional Cardiologist

Note : Normal 2Decho study does not rule out underlying Coronary artery disease.

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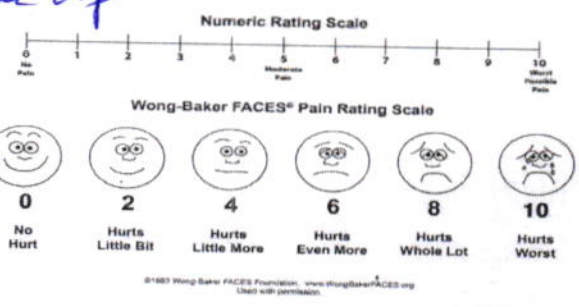
DR. RUJUTA SHELAT

Consultant Ophthalmologist
Reg. No.: G-48712

Name :- SUNIL GANI

Date:- 02/03/24

Chief Complaints:- Routine Eye check up
Routine E



Pain Assessment:-

Past History:-

Family History:-

Allergy:-

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/32 D
6/36p

PH Vision: 6/6
6/6

NCT 18
12

Sig - 0.50/-3.00x65 6/6
2.00/-1.25x60 6/6 Add +1.50m.

ON Examination

Ant. Segmenet

Both Eye

WNL BE

NAME
MAR 03 2023 10:35

VD=10

| <R> | | |
|-------|-------|----|
| SPH | CYL | AX |
| -0.75 | -3.00 | 57 |
| -1.00 | -3.50 | 68 |
| -0.50 | -3.50 | 56 |
| ----- | | |
| -0.75 | -3.00 | 57 |

| <L> | | |
|-------|-------|----|
| SPH | CYL | AX |
| -2.00 | -1.25 | 66 |
| -2.25 | -1.25 | 64 |
| -2.25 | -1.25 | 67 |
| ----- | | |
| -2.25 | -1.25 | 66 |

PD= 74
GrandSeiko.com
GR-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

- Blood Vessel:-
- Background:-
- Macula:-
- Diagnosis:-

Refractive Error

Treatment:-

Colson

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 60s

Signature of the Consultant

Dr

SHALBY HOSPITAL
SHALBY

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:- Sami Aji

Age / Sex :- 43 / M

Chief Complaints:-

Date: 2/3/24

Weight:- 94.6 kg

Height:- 180 cm

Nutritional assessment:-

- Obese
 Well nourished
 Mild-moderate nourished
 Severely mal-nourished

Pulse:- 70 bpm

BP:- 130/90 mmHg

SpO2:- 94%

Drug / Food Allergy:-

Past History :-

Family History:-

Systemic Examination:-

No cl

NAD

RS
CVS
PA
CNS
NAD

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx

Tab. Tenexa - M (3y)
20:500
- 7 -

Normal health
checkup.


Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

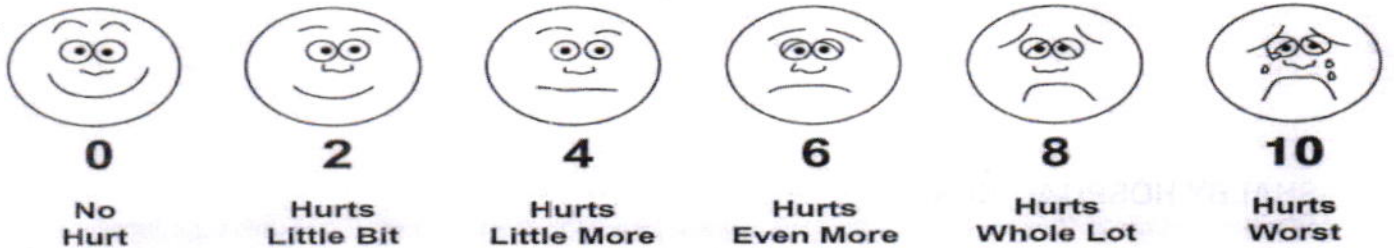
Date:- _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



| | | |
|-------------------------------------|-----------------------------|-------|
| Patient Name: SUNIL GIRI | | UHID: |
| Age / Sex: 43 Yrs. / Male | Study: USG Abdomen + Pelvis | |
| Referred By: Dr. at shalby Hospital | Date: 02/03/2024 | |

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. Portal vein appears normal.

Gall bladder is not seen, H/o cholecystectomy. CBD appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is enlarged in size and measures 34 x 39 x 38 mm (Approx. vol- 27 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

Mid line umbilical omental hernia with defect size 18 mm.

IMPRESSION:

- Mild prostatomegaly.
- Mid line umbilical omental hernia.
- Grade II fatty liver.

Thanks for referral.

DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

ID:

Name:

Birth date:

years

mmHg

kg

cm

Indication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QTc(E) int

QRS/T axis

SV1 amp

SV1+SV1 amp

bpm

ms

ms

ms

ms

°

mV

mV

62

124

82

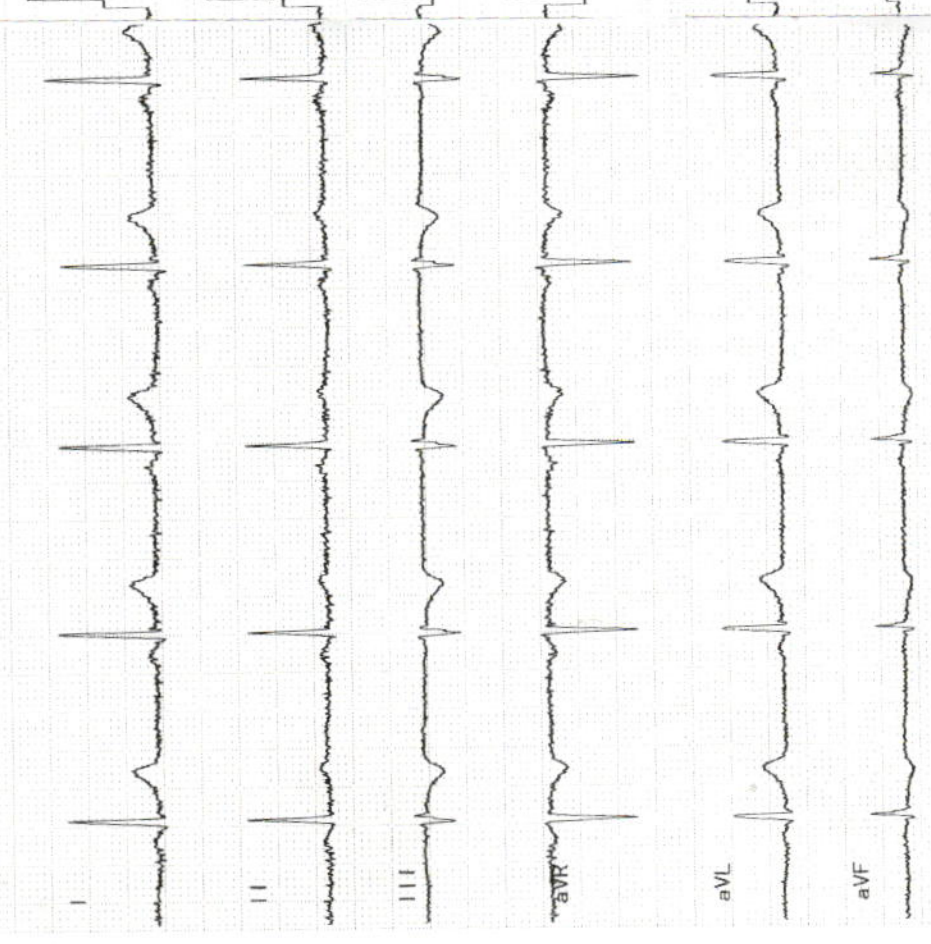
426/431

24/24/-14

1.68/1.22

2.90

10 mm/mV 25 mm/s Filter: H50 d 100 Hz



WNL

1100 Sinus rhythm
9110 ** normal ECG **

Symid giga

Unconfirmed Report
Reviewed by:

10 mm/mV

