

DR. RAJENDRA PASSWALA

M.D. (General Medicine)
Consultant Physician
Specialist In Heart & Kidney Diseases
Reg No : G-11241
Mo: 9898944414

OPR NO:

Shalby MD Physician Clinic

Patient Name:- Shishu M. Javeri
Age / Sex :- 44/M
Chief Complaints:-

Date: 02/04/24
Weight:- 93.2 kg
Height:- 168cm

NO Complaints

Nutritional assessment:-

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

Pulse:- 79 b/min
BP:- 120/90 mm
SpO2:- 100%

Drug / Food Allergy:-
Past History :-

NOT known

Family History:-
Systemic Examination:-

As / m / A / CHAD

He is fit for any job
He is

Provisional Diagnosis:-

NO Disease

SHALBY HOSPITAL, SURAT

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

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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 : SUR00000262513 OP-001

REPORT STATUS : Interim



Patient Name : MR. Shishir Mukeshbhai Jhaveri /	Registered On : 01-Apr-2024 09:17 AM
Lab ID : 404900020	Collected On : 01-Apr-2024 08:35 AM
Gender/Age : Male / 44 Years	DOB : 31-Oct-1979
Ref. By : Dr. Health Check Up . Shalby	Received On : 01-Apr-2024 09:22 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.5	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.17	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.3	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	85.6	fL	83 - 101
MCH <i>Calculated</i>	28.0	pg	27 - 32
MCHC <i>Calculated</i>	32.8	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	5320	cells/cmm	4000 - 10000
---------------------------------------------	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	63	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	29	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	305000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	7.9	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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Dr Pankaj Agrawal
Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD GROUP (Tube agglutination: Forward & reverse)			
ABO Type	"A"		
RH Type	POSITIVE		

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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.6	%	Non-diabetic: <u><= 5.6</u> 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

Estimated Average Glucose (eAG) (mg/dL) * 114 mg/dL

Calculated

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Gender/Age : Male / 44 Years	DOB : 31-Oct-1979
Received On : 01-Apr-2024 09:27 AM	Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	107	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	122	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

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Gender/Age : Male / 44 Years	DOB : 31-Oct-1979
Received On : 01-Apr-2024 09:23 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	124	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	65	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>	85	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	72	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	13	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.8		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.2	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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 Gender/Age : Male / 44 Years DOB : 31-Oct-1979 Received On : 01-Apr-2024 10:50 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 * 125 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 * 10.25 µg/dL 99% Reference Interval (µg/dL)
Chemiluminescence immunoassay (CLIA) 4.82 - 15.65

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 * 1.957 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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Gender/Age : Male / 44 Years	DOB : 31-Oct-1979
Received On : 01-Apr-2024 10:50 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

PROSTATE SPECIFIC ANTIGEN * 0.3 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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Received On : 01-Apr-2024 09:22 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase 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>	1.025	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	5.5	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	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/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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Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	28	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	23	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	94	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>	24	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.8	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>	0.5	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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Lab ID : 404900020
Gender/Age : Male / 44 Years
Ref. By : Dr. Health Check Up . Shalby
DOB : 31-Oct-1979

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
UREA <i>Calculated</i>	19	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.93	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.6	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.7	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.6	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.82	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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Pre - op Post- op Health Check-up

Date : 01/04/24 Patient Reg. No. : _____

Patient Name : Shishir Jhaveri Age / Sex : 44/m

Address : Surest

Complaints : NAD

Pain : _____

Bleeding gums : _____ Swelling : _____

Sensitivity : _____ Pus Discharge : _____

Medical History : NAD

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination : NAD

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : 6/6

Restoration : _____ Class V Fillings : 6/6

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge : _____

Present : _____

Crown / Bridge Replacement

Advised Crown / Bridge

Advised X - Ray / O.P.G.

Some Golden Rules :

1. Brush your teeth twice a day.
 2. Floss your teeth daily.
 3. Gargle forcefully after each meal.
 4. Visit your dentist twice a year.
 5. Any dental treatment should be performed in a well maintained hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
- After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. S.

Dr. Darshini V. S
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

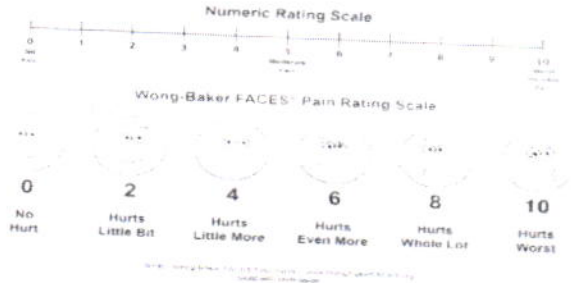
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Shikha Mukeshbhai Thaveri*

Date:- *01/04/24*

Chief Complaints:- *Routine Eye check up*
no visual complaints



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drug allergy*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/24*
6/24

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*
6/6

NCT *18*
18

SR - 1.50 / -0.75 X 95 66
- 2.25 / -0.75 X 115 66

Add Pl. 25mmHg

ON Examination

Ant. Segment

Both Eye

WNL

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AME
PR 02 2023 12:00

D=10
R>
SPH CYL AX
- 1.50 -1.00 94
- 1.50 -0.75 95
- 1.50 -0.50 99

- 1.50 -0.75 95

Anterior Chamber

L>
SPH CYL AX
- 2.50 -0.75 121
- 2.50 -0.75 119
- 2.50 -0.75 115

- 2.50 -0.75 119

Rt. EYE

Lt. EYE

D= 76
randSeiko.com
R-3300K S/N: 76BE0963

L will come later on Investigation:-

Background:-

Macula:-

Diagnosis:-

*Compound myopic Astigmatism
Presbyopia*

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months/so

Signature of the Consultant

Rm

Patient Name: SHISHIR JHAVERI		UHID:	
Age / Sex: 44 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 01/04/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is enlarged in size (16 cm) 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 well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **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 normal in size and measures 31 x 38 x 37 mm (Approx. vol- 23 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Hepatomegaly with Grade II fatty liver.
- No other significant abnormality is seen.

Thanks for referral.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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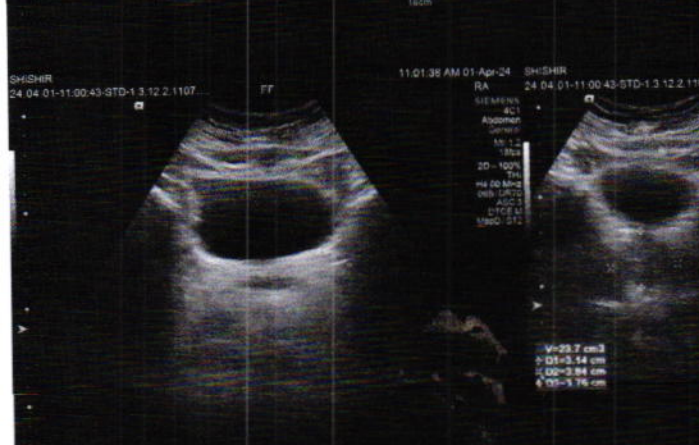
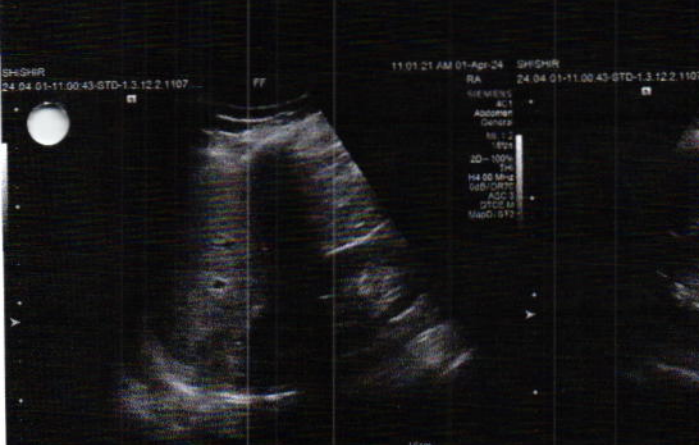
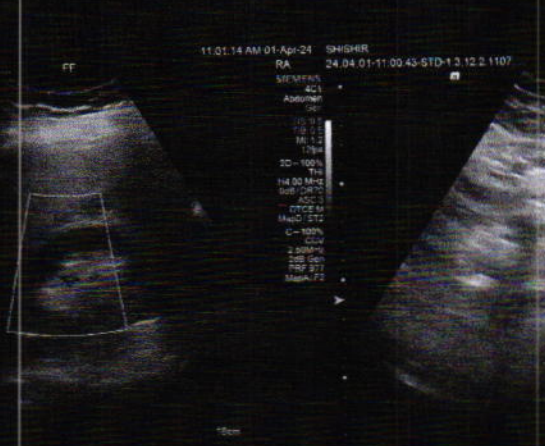
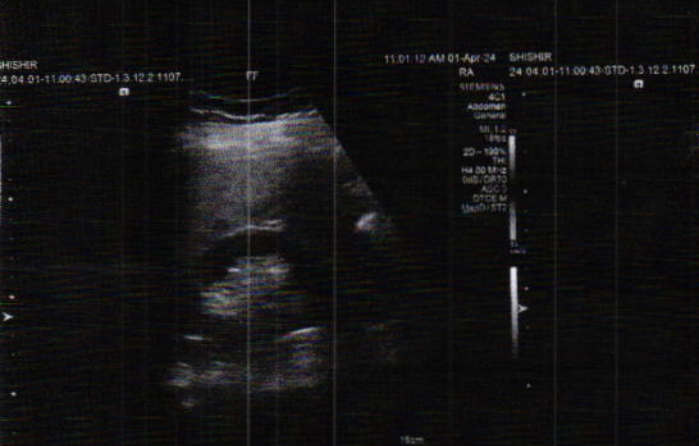
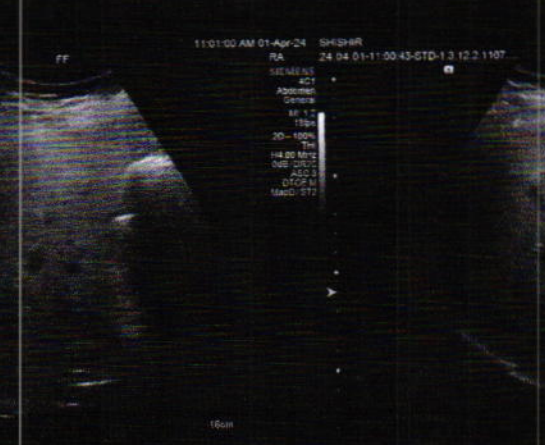
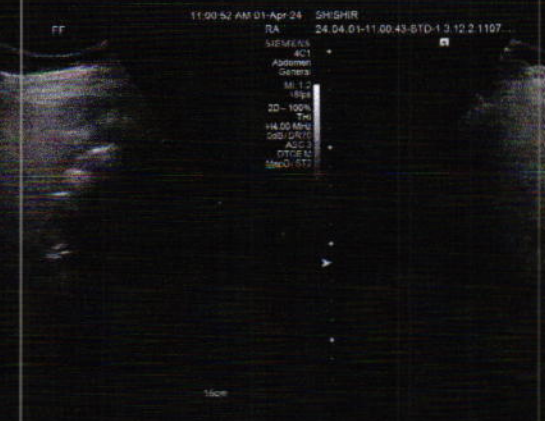
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CIN: L85110GJ2004PLC044667



Patient's Name: Shishir Jhaveri

Age: 44 yrs / male

Date: 01 / 04 / 2024

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

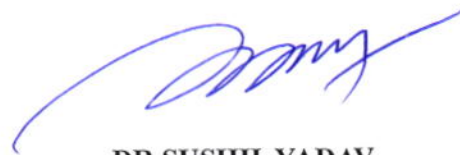
Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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ID:

Name:

Sex: M

Birth date:

years

cm

kg

/

mmHg

Medication:

Symptoms:

History:

Heart rate	77	bpm
PR int	146	ms
QRS dur	100	ms
QT/QTc (E) int	366/ 397	ms
QT/QTc (E) axis	8/ -33/ 16	°
RV5/SV1 amp	0.94/ 0.86	mV
RV5+SV1 amp	1.80	mV

1100 Sinus rhythm
 2440 Incomplete right bundle branch block
 7200 Abnormal left axis deviation
 9130 ** borderline ECG **

shishia

Unconfirmed Report

Reviewed by:

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

10 mm/mV

