



Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND

A Superspeciality Hospital

Veena Nagar Phase II, Tulsi Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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ALL  
CASHLESS  
FACILITY

Tele.:  
022-41624000 (100 Line)

13/4/24

### INTERVENTIONAL CARDIOLOGIST

**Dr Ravindra Ghule**  
Mon to Sat: 1.00 pm to 2.00 pm  
**Dr Mukesh Jha**  
Mon to Sat: 7.00 pm to 8.00 pm  
**Dr Ameya Chavan**  
Tue & Thurs: 11.00 am to 12.00 pm

### CARDIO VASCULAR & THORACIC SURGEON

**Dr. Sagar Kedare**  
Tues, Thurs & Sat: 11.00 am to 12.00 pm

### GASTROENTEROLOGIST

**Dr Vinay Pawar**  
Mon to Sat: 5.00 pm to 6.00 am  
**Dr Sujith Nair**  
Wed: 6.00 pm to 7.00 pm

### ORTHOPAEDICS & JOINT REPLACEMENT SURGEON

**Dr Aditya Pathak**  
Mon to Sat: 1.30 pm to 2.30 pm  
**Dr Anil Mali**  
Mon to Sat: 10.00 am to 12.00 pm  
**Dr Karthik Subramanian**  
Mon, Wed & Fri: 7.00 pm to 8.00 pm  
**Dr Atul Patil**  
Wed to Sat: 4.00 pm to 5.00 pm  
**Dr Abhijeet Savale**  
Mon, Wed & Sat: 10.00am to 11.00am

### PLASTIC AND RECONSTRUCTIVE SURGEON

**Dr Om Agarwal**  
Mon to Sat: 5.00 pm to 6.00 pm

### GENERAL PHYSICIAN

**Dr. Sagar Patil**  
Mon to Sat: 9.30 am to 11.30 am  
**Dr Hardik Thakkar**  
Mon to Fri: 8.00 pm to 9.00 pm

### GENERAL & LAPROSCOPIC SURGEON

**Dr Shirang Yadwadkar**  
Mon to Sat: 7.30 pm to 8.30 pm  
**Dr Amol Gosavi**  
Mon to Sat: 12.00 pm to 1.00pm

### PEADIATRICIAN

**Dr Kaustubh Shah**  
Mon to Sat: 9.00 am to 1.00 pm & 5.00 pm to 9.00 pm

### PEDIATRIC CARDIOLOGIST

**Dr Varsha Mane**  
Mon to Sat: 7.00 pm to 8.00 pm

### CHEST PHYSICIAN

**Dr Sapna Chavan**  
Mon to Sat: 5.00 pm to 6.00 pm  
**Dr Prasad Padwal**  
Thursday: 12.00 pm to 1.00 pm

Name: - Anubhaka Chavre

Age - 36 y / F

KCO - NAD

O/E - T - Afebrile

P - 78/min

BP - 110/70 mmHg

RR - 18/min

SpO<sub>2</sub> - 98% @ RA

S/E - CUS - S<sub>1</sub>, S<sub>2</sub> ⊕

R - BSBE

P/A - Soft

CNS - Conscious & oriented

Height - 151cm } BMI - 30.70  
weight - 70kg }

Dental checkup - (N)

Eye check-up - Normal

Skin checkup - Normal

ENT checkup - Normal

Gynaec checkup - Normal

### RADIOLOGISTS & SONOLOGISTS

**Dr. Kamlesh Jain**  
Tues, Thurs & Sat: 2.30 pm to 3.30 pm

### ONCOLOGIST

**Dr Smit Sheth**  
Mon, Wed & Fri: 4.00pm to 5pm

### ONCOSURGEON

**Dr Amit Gandhi**  
Mon to Sat: 12.00 pm to 2.00 pm

### URO SURGEON

**Dr Dhruvi Mahajan**  
Mon to Sat: 5.00 pm to 6.00 pm  
**Dr Sandesh Parab**  
Sat: 6.00 pm to 7.00 pm

### OBS. GYNAECOLOGIST

**Dr Suyash Bhandekar**  
Mon to Sat: 7.00 pm to 8.00 pm  
**Dr Pooja Phadtare**  
Tues, Wed, Fri & Sat: 4.00pm to 6.00pm

### DERMATOLOGY AND COSMETOLOGY

**Dr Reshma Ahuja**  
Mon to Sat: 6.00 pm to 8.00 pm

### NEPHROLOGIST

**Dr. Rohan Pradhan**  
Mon to Fri: 9.00 pm to 10.00 pm  
**Dr. Akash Ranka**  
Mon to Sat: 1.00 pm to 2.00 pm

### NEUROLOGY

**Dr Dipesh Pimple**  
Mon, Wed & Fri: 6.00 pm to 7.00 pm

### NEURO AND SPINE SURGEON

**Dr Ravi Sangle**  
Mon to Sat: 10.30 am to 11.30 am

### OPHTHALMOLOGIST

**Dr Akshat Shah**  
Mon to Sat: 2.30 pm to 3.30 pm  
**Dr Kiran Mangani**  
Wed: 10.00 am to 11.30 am  
**Dr Lakti Mangani**  
Fri: 10.00 am to 11.30 am

### ENT SURGEON

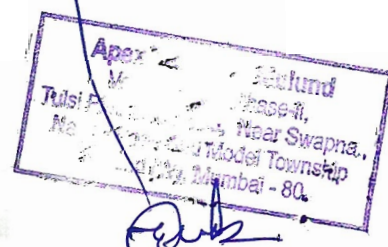
**Dr Jhanvi Thakur**  
Mon to Sat: 6.00 pm to 7.00 pm  
**Dr Yogesh Parmar**  
Tues and Thurs: 5.00 pm to 6.00 pm  
**Dr Sheetal Radia**  
Mon to Sat: 7.00 pm to 8.00 pm

### DIABETOLOGIST

**Dr Vikrant Gujar**  
Mon to Sat: 10.00 am to 11.00 am

### DIETICIAN

**Mrs Harshada Suryavanshi**  
Mon to Sat: 10.00 am to 12.00 pm





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# APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **Mrs. ANUSHKA CHORGE**  
Age/Sex : 37 Years /Female  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 87233  
Sample Collected on : 13-4-24, 2:00 pm  
Registration On : 13-4-24, 2:00 pm  
Reported On : 13-4-24, 7:19 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	<b>11.1</b>	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>34.9</b>	%	36 - 46
RBC COUNT	5.29	$\times 10^6/\mu\text{L}$	4.5 - 5.5
<b>RBC Indices</b>			
MCV	<b>66.0</b>	fl	78 - 94
MCH	<b>20.9</b>	pg	26 - 31
MCHC	31.8	g/L	31 - 36
RDW-CV	<b>17.2</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	8000	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	00	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	381000	Lakh/cumm	150000 - 450000
MPV	7.7	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on smear		

Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	12	mm/1hr.	0 - 20
METHOD - WESTERGREN			

Dr. Hrishikesh Chevle  
(MBBS.DCP.)

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Test Done	Observed Value	Unit	Ref. Range
<b>Blood Group &amp; RH Factor</b>			
SPECIMEN	WHOLE BLOOD		
ABO GROUP	'O'		
RH FACTOR	POSITIVE		
INTERPRETATION			

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

#### Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.



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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA .	24.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	11.26	mg/dL	0.0 - 23.0
S. CREATININE	0.65	mg/dL	0.6 to 1.4
S. SODIUM	<b>133.9</b>	mEq/L	135 - 155
S. POTASSIUM	4.96	mEq/L	3.5 - 5.5
S. CHLORIDE	105.7	mEq/L	95 - 109
S. URIC ACID	3.24	mg/dL	2.6 - 6.0
S. CALCIUM	8.5	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 to 5.3
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.38		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -



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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.95	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.27	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.68	mg/dL	UP to 0.7
SGOT(AST)	22.7	U/L	UP to 40
SGPT(ALT)	17.1	U/L	UP to 40
ALKALINE PHOSPHATASE	195.2	IU/L	64 to 306
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 - 5.0
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.38		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>185.1</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	92.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	18	mg/dL	Up to 35
S.LDL CHOLESTEROL	123.56	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.87		Up to 4.5
CHOL/HDL CHOL RATIO	4.29		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

**INTERPRETATION**

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).



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Age/Sex : 37 Years /Female  
Ref Doctor : APEX HOSPITAL  
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Patient ID : 87233  
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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	<b>149.1</b>	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	<b>250.1</b>	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD



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Patient Name	: <b>MRS. ANUSHKA CHORGE</b>	Patient ID	: 87233
Age/Sex	: 37 Years /Female	Sample Collected on	: 13-4-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 13-4-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 13-4-24, 7:19 pm

Test Done	Observed Value	Unit	Ref. Range
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
VOLUME	20 ml	- -	
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly Hazy		Clear
DEPOSIT	Absent		Absent
<b>Chemical Examination</b>			
REACTION (PH)	Acidic		Acidic
SPECIFIC GRAVITY	1.025		1.003 - 1.035
PROTEIN (ALBUMIN)	Absent		Absent
OCCULT BLOOD	Negative		Negative
SUGAR	Absent		Absent
KETONES	Absent		Absent
BILE SALT & PIGMENT	Absent		Absent
UROBILINOGEN	Normal		Normal
<b>Microscopic Examination</b>			
RED BLOOD CELLS	Absent		Absent
PUS CELLS	2-3 /HPF		0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF		0 - 4 /HPF
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		



Dr. Hrishikesh Chevle  
(MBBS.DCP.)

Patient Name : **MS. ANUSHKA CHORGE**  
Age / Sex : 37 years / Female  
Ref. Doctor : self  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 240419913  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1203667 / 1386303  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 14/04/2024, 02:34 a.m.  
Reported On : 14/04/2024, 02:21 p.m.  
Printed On : 14/04/2024, 04:04 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE
<b>T3, T4, TSH SERUM</b>			
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.76	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	11.63	µg/dL	5.1 - 14.1 µg/dL ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	0.830	µIU/mL	0.27 - 5.3 ECLIA First Trimester : 0.33 - 4.59 Second Trimester: 0.35 - 4.10 Third Trimester : 0.21 - 3.15

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane

Scan QR for Authentication

Checked by-

**Dr. Vivek Bonde**  
MD Pathology

\*\*END OF REPORT\*\*

Veena Nagar Phase II, Tulsi Pipe Line Road,  
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Tele.:  
**022-41624000 (100 Lines)**

<b>Patient ID</b> : 2404058916	 For Authenticity Scan QR Code	Registered On : 13/04/2024,05:48 PM
<b>Patient Name</b> : MRS. ANUSHKA CHORGE		Collected On : 13/04/2024,06:17 PM
<b>Age</b> : 37 Yrs		Reported On : 13/04/2024,09:14 PM
<b>Gender</b> : FEMALE		Sample ID
<b>Ref. By Doctor</b> : APEX HOSPITAL		 * 2 4 0 4 0 5 8 9 1
<b>Sample Collected At</b> : APEX HOSPITAL MULUND		

### Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	<b>12.30</b>	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	<b>306.3</b>	mg/dL	70 - 125

#### CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level" in the body for the previous 2-3 months. HbA1c is an indicator of glycemc control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling 25% in the month before that and the remaining 25% in months two to four.

#### 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)


End of Report

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

This report is system generated and electronically authenticated.

Page 1 of 1

  
**Dr. Roshan Shaikh**  
MBBS MD Pathology  
Consultant Pathologist



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Tele.:  
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**NAME: MRS.ANUSHKA CHORGE**

**AGE : 36Y/F**

**DATE -13/04/2024**

**REF.BY:MEDIWHEEL**

## **USG BOTH BREAST**

**Both Breast show normal fibro fatty echotexture.**

**No evidence of focal solid or cystic lesion seen.**

**No evidence of dilated ducts.**

**No evidence axillary lymphadenopathy**

**REMARK :-**

**No abnormality seen.**

**Dr.Kamlesh Jain**

(Consult Radiologist )

**DR. KAMLESH JAIN**  
**DMRD (RADIOLOGY)**  
**NVT 2002/001656**



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NAME : MRS.ANUSHKA CHORGE AGE : 36/F DATE : 13/04/2024

REF.BY : MEDIWHEEL

## USG ABDOMEN AND PELVIS SONOGRAPHY

**Liver is normal size and show normal echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence of pleural effusion.**

**Gall bladder is well distended.No evidence of cholelithiasis.**

**C.B.D appears normal, and No evidence of calculi in it.**

**Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis. Spleen shows normal echogenicity and it is of normal size. No evidence of Para-aortic Lymphadenopathy or Ascites.**

**Right kidney measures: 9.0 x 3.8 cm.**

**Left kidney measures : 10.0 x 5.2 cm.**

**No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L. Cortical echogenicity on either side appears normal.**

**Suboptimal**

**Visualised part of of uterus normal.**

**Both the ovaries are of normal size.**

**No evidence of adnexal mass. No evidence of fluid in posterior cul de-sac is seen.**

### REMARK :-

- **No Abnormality Seen.**

  
**Dr. Kamlesh Jain**

(Consultant Radiologist )

**DR. KAMLESH JAIN**  
**DMRD (RADIOLOGY)**  
2002/03/1656

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**NAME: MRS. ANUSHKA CHORGE F/36 Date - 13/04/2024**

**REF.BY: MEDIWHEEL**

### COLOR DOPPLER 2D ECHOCARDIOGRAPHY SECTOR ECHOCARDIOGRAPHY

Left ventricle normal in size and function

Right ventricle normal in size and Function

Other Cardiac chambers appear normal in dimension.

Mitral valve normal

Aortic valve normal

No RWMA

LV systolic function is good at rest. LVEF 55-60%

No e/o coarctation.No e/o clot / Vegetation / Effusion seen.

IVC 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

### COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 5 mmHg.

No MR/TR/AR

Normal flow across all other cardiac valves.

Pulmonary pressure of 22 mm of Hg.


### CONCLUSION.-

Normal Biventricular Systolic and diastolic function

No significant valvular abnormalities

LVEF-55-60%

No e/o pulmonary hypertension

  
**DR.Ravindra Ghule**  
**(Consultant cardiologist)**

**DR. RAVINDRA GHULE**  
DNB (Medical) (Cardiology)  
Reg. No. 2009 / 08 / 3036



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## APEX HOSPITALS MULUND Radiologist Report Sheet

**Patient Name:** ANUSHKA.CHORGE  
**DOB:**  
**Gender:** F  
**Type Of Study:** CR Chest PA  
**Image Count:** 1  
**Requisition Time:** 24/13/04 12:20 PM ET  
**Clinical History:** H/O ROUTINE CHECK-UP

**Medical Record No:** 13/04/2024 2945  
**Accession No:**  
**Location:** Outpatient  
**Physician:** MEDIWHEEL  
**Exam Time:** 24/13/04 09:51 AM ET  
**Report Time:** 24/13/04 12:43 PM ET

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O ROUTINE CHECK-UP

**Comparison:**

**Findings:**

The heart, mediastinum and pulmonary hila are unremarkable. The lungs are clear. There is no pleural effusion. The bony thorax is unremarkable.

**IMPRESSION:**

Normal radiograph of the chest.

Sanjay Khemuka

MBBS, MD

Consultant Radiologist

**This report has been electronically signed by: MD.Sanjay Khemuka**

**Quality Assurance: Agree / Disagree**

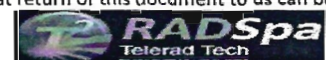
**Change in Patient Care: Yes / No**

If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form to 877-877-4679 with a copy of the official report so that appropriate action may be taken.

**If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.**

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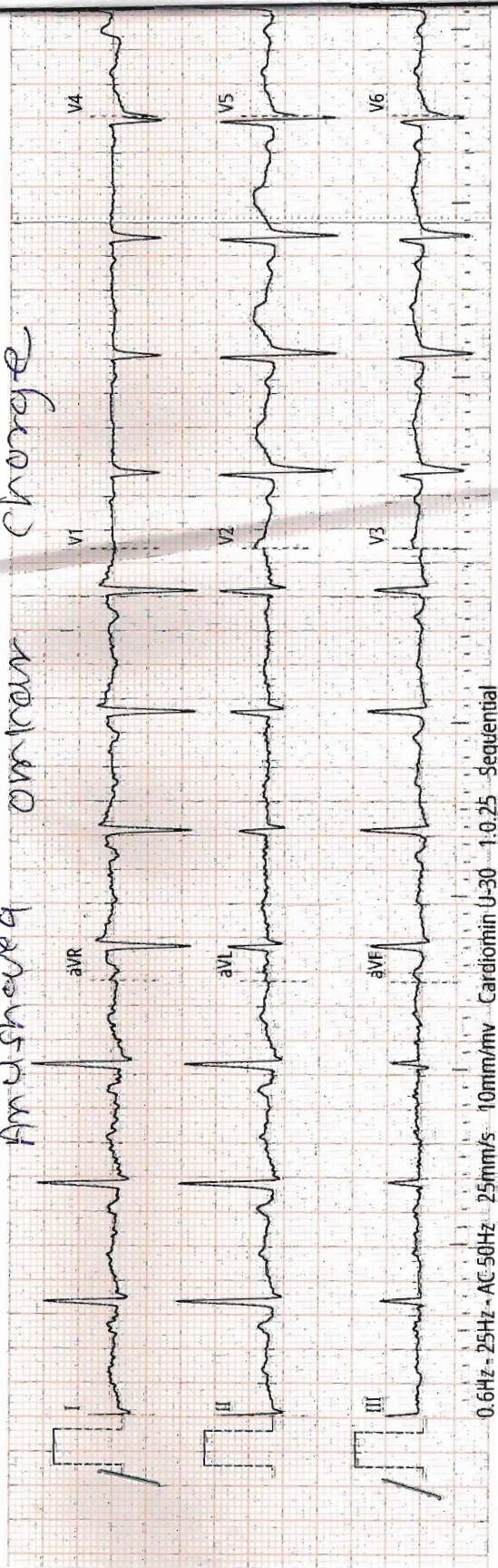


ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY  
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY

charge

over row

Amu shodeq



0.6Hz - 25Hz - AC 50Hz - 25mm/s - 10mm/mv Cardiomin U-30 1.0.25 Sequential



**ECG report**

ID : 20240413120149  
Name :  
Gender :  
Age :  
Dept :  
Bed No :

HR : 88 bpm  
PR : 150 ms  
QRS : 102 ms  
QT/QTc : 372/421 ms  
P/QRS/T : 54/49/37°  
RV5/SVI : 1,152/0,644 mv  
RV5+SVI : 1,796 mv

<< Interpretations >>

Apex Hospitals Mulund  
Confirm and Sign:  
Examination time: 2024-04-13 12:01:49

