



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



ALL
CASHLESS
FACILITY

Tele.:
022-41624000 (100 Lines)

13/4/24

Name Jayant Jeshi

Age - 51 y ~ 1 M

K1C0 - T2DM :: 10 ym

OIC - T - Afibrile

p - 72/min

BP - 120/80 mmHg

RA - 18/min

SpO2 - 97% @ RA

S1C - CUS - S7 R2 (+)

Rs - BSBE

PIA - Satt

CUS - conscious & oriented

Height - 160 cm } BMI - 33.20
weight - 85 kg }

Dental check up - Normal

Eye check up - To do optthalmologist
option in S/V/O spectacles.

Skin checkup - Normal

ENT check up - Normal

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: 6.00 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 Shrirang Yadwadkar

Mon to Sat: 7.30 pm to 8.30 pm

Dr Amol Gosavi

Mon to Sat: 12.00 pm to 1.00 pm

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

RADIOLOGISTS & SONOLOGISTS

Dr. Kamiesh 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 Manglani

Wed: 10.00 am to 11.30 am

Dr Lakhí Manglani

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

Tue and Thurs: 5.00 pm to 6.00 pm

Dr Sheetal Radia

Mon to Sat: 7.00 pm to 8.00 pm

DIABETOLOGIST

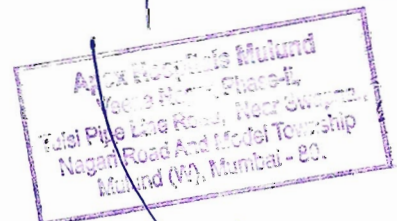
Dr Vikrant Gujar

Mon to Sat: 10.00 am to 11.00 am

DIETICIAN

Mrs Harshada Suryavanshi

Mon to Sat: 10.00 am to 12.00 pm



Signature

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. JAYANT JOSHI**
Age/Sex : 51 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 87231
Sample Collected on : 13-4-24, 4:47 pm
Registration On : 13-4-24, 4:47 pm
Reported On : 13-4-24, 6:23 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	13.8	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	41.1	%	42 - 52
RBC COUNT	4.99	x10 ⁶ /uL	4.70 - 6.50
RBC Indices			
MCV	82.4	fl	78 - 94
MCH	27.6	pg	26 - 31
MCHC	33.5	g/L	31 - 36
RDW-CV	13.0	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6900	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	66	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	300000	Lakh/cumm	150000 - 450000
MPV	8.6	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
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
-----------	----------------	------	------------

Blood Group & RH Factor

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.

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	10	mm/1hr.	0 - 20
METHOD - WESTERGREN			

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	145.1	mg/dL	70 - 110
URINE GLUCOSE	Present (++)		ABSENT
URINE KETONE	Absent		ABSENT
POST PRANDIAL BLOOD GLUCOSE	279.1	mg/dL	70 - 140
URINE GLUCOSE	Present (+++)		ABSENT
URINE KETONE	Absent		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	22.6	mg/dL	10 - 50
BLOOD UREA NITROGEN	10.56	mg/dL	0.0 - 23.0
S. CREATININE	0.61	mg/dL	0.7 to 1.4
S. SODIUM	136.9	mEq/L	135 - 155
S. POTASSIUM	4.17	mEq/L	3.5 - 5.5
S. CHLORIDE	107.7	mEq/L	95 - 109
S. URIC ACID	5.91	mg/dL	3.5 - 7.2
S. CALCIUM	8.7	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.27	mg/dL	2.5 - 4.5
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	4.6	g/dl	3.5 to 5.3
S. GLOBULIN	1.70	g/dl	2.3 to 3.6
A/G RATIO	2.71		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.79	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.37	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.42	mg/dL	UP to 0.7
SGOT(AST)	27.4	U/L	UP to 40
SGPT(ALT)	18.1	U/L	UP to 40
ALKALINE PHOSPHATASE	176.7	IU/L	64 to 306
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	4.6	g/dl	3.5 - 5.0
S. GLOBULIN	1.70	g/dl	2.3 to 3.6
A/G RATIO	2.71		0.9 to 2.3

METHOD - EM200 Fully Automatic

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Client Name : Apex Hospital

Patient ID : 87231
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Registration On : 13-4-24, 4:47 pm
Reported On : 13-4-24, 6:23 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	191.2	mg/dL	200 - 240
S. TRIGLYCERIDE	77.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	15	mg/dL	Up to 35
S.LDL CHOLESTEROL	133.78	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.19		Up to 4.5
CHOL/HDL CHOL RATIO	4.55		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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(MBBS.DCP.)

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Patient Name : **MR. JAYANT JOSHI**
Age/Sex : 51 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 87231
Sample Collected on : 13-4-24, 4:47 pm
Registration On : 13-4-24, 4:47 pm
Reported On : 13-4-24, 6:23 pm

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	30 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.025	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Present(+++)	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	3-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Hrishikesh Chevle
(MBBS.DCP.)


Patient Name : **MR. JAYANT JOSHI**
Age / Sex : 51 years / Male
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 240419914
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1203668 / 1386304
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 14/04/2024, 02:35 a.m.
Reported On : 14/04/2024, 02:31 p.m.
Printed On : 14/04/2024, 04:07 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
-----------	----------------	------	-----------------	--------

 T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine) SERUM ^	1.20	ng/mL	0.80 - 2.00 ng/mL	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	9.87	µg/dL	5.1 - 14.1 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	3.65	µIU/mL	0.27 - 5.3	ECLIA

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

Patient Name : **MR. JAYANT JOSHI**
Age / Sex : 51 years / Male
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC
CENTRE
Sample ID : 240419914
Printed By : CUDDLES N CURE DIAGNOSTIC
CENTRE



Patient ID / Billing ID : 1203668 / 1386305
Specimen Collected at : CUDDLES N CURE
DIAGNOSTIC CENTRE
Sample Collected On : 14/04/2024, 02:35 a.m.
Reported On : 14/04/2024, 03:30 p.m.
Printed On : 14/04/2024, 04:07 p.m.



TEST DONE **OBSERVED VALUE** **UNIT** **REFERENCE RANGE**

240419914 **ECLIA**



PROSTATE SPECIFIC ANTIGEN (PSA)

Total PSA[^]	0.629	ng/ml	0 - 4.0	ECLIA
Free PSA[^]	0.280	ng/ml	0.0 - 0.5	ECLIA
Free PSA / PSA Ratio.	44.52	%	> 10 % s/o BPH < 10 % s/o Ca Prostate	ECLIA

Interpretation:

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred, the PSA appears to be useful in detecting residual and early recurrence of tumor, therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia). < 10 % s/o Ca Prostate

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

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

Dr. Vivek Bonde
MD Pathology

****END OF REPORT****



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Tele.:
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Patient ID : 2404058912
Patient Name : MR. JAYANT JOSHI
Age : 51 Yrs
Gender : MALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 13/04/2024,05:46 PM
Collected On : 13/04/2024,06:17 PM
Reported On : 13/04/2024,09:13 PM
Sample ID 

* 2 4 0 4 0 5 8 9 1

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	10.00	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unsatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	240.3	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 glycemic 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.

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist

This report is system generated and electronically authenticated.



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Tele.:
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NAME : MR.JAYANT JOSHI AGE : 51/M ADTE : 13/04/2023

REF.BY :MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of 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 : 10.0 x 5.5 cm

Left kidney measures : 9.6 x 4.6 cm

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

No dilated upper or lower ureters are seen.

Bladder show smooth margin and there is no evidence of vesicle calculi.

Prostate is normal in size.

Normal in size echotexture. No focal lesion.

REMARK :-

- **No Abnormality Seen.**

Dr.Kamlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAIN
DIRD (R. RADIOLOGY)
28/2/2023/1656



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APEX HOSPITALS MULUND

Radiologist Report Sheet

Patient Name: JAYANT.JOSHI
DOB:
Gender: M
Type Of Study: CR Chest PA
Image Count: 1
Requisition Time: 24/13/04 12:21 PM ET
Clinical History: H/O ROUTINE CHECK-UP

Medical Record No: 13/04/2024 2949
Accession No:
Location: Outpatient
Physician: MEDIWHEEL
Exam Time: 24/13/04 10:47 AM ET
Report Time: 24/13/04 12:46 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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Tele.:
022-41624000 (100 Lines)

NAME: MR. JAYANT JOSHI

M/51

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 13 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 9 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

DR.Ravindra Ghule

(Consultant cardiologist)

DR. RAVINDRA GHULE

DNB (Medicine), DNB (Cardiology)

Reg. No. 2009 / 08 / 3036

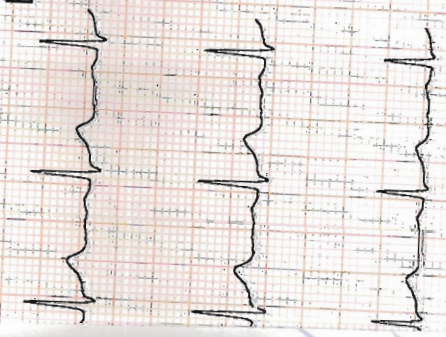
Jayant Joshi 51y male



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

ECG report

ID : 20240413120809
Name :
Gender :
Age :
Dept :
Bed No :



HR : 86 bpm
PR : 154 ms
QRS : 84 ms
QT/QTc : 354/400 ms
P/QRS/T : 54/51/36 °
RV5/SV1 : 0.769/0.473 mV
RV5+SV1 : 1.242 mV

<< Interpretations >>

Apex Hospitals Marud
Kuala Nerus, Phase 1
11, Jln Pipe Line Rd., Near Swara,
Magan Road And Model Town,
Mukim (W), Muhiel - 80

Confirm and sign :
Examination time : 2024-04-13 12:08:09