APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS FACILITY

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email: info@apexhospitals.in | www.apexgroupofhospitals.com

Tele.:
022-62747000 (100 Lines)

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. NANDINI KORAH	**LabNo**	14414
UHID/IP No	150009505 / 10983	**Order Date**	22/02/2024 12:28PM
Age/Gender	42 Yrs/Female	**Receiving Date**	22/02/2024 12:32PM
Bed No/Ward	OPD	**Report Date**	23/02/2024 10:08AM
Prescribed By	Dr. Ramesh Hari Pawar	**Report Status**	Final

XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B

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Name:- Mrs. Nandini Korah

22/02/2024

Age:- 42yr/F

Case for routine checkup.

Dx:- f-Afeb
P - 76/m
BP - 120/80 mHg
SpO2 - 98% on RA

Rx:- CAS
WS
M
/ NAD

PIA soft.

DR

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DEPARTMENT OF LABORATORY SCIENCES

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Bed No/Ward	OPD	**Report Date**	22/02/2024 1:35PM
Prescribed By	Dr. Ramesh Hari Pawar	**Report Status**	Final

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	**10.8 L**	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.98	10^6/uL	4.20 - 5.40	
PCV (Haematocrit)	**33.67 L**	%	36.0 - 46.0	
MCV	**67.61 L**	fl	78 - 100	Calculated
MCH	**21.69 L**	pg	26 - 34	Calculated
MCHC	32.08	gm/dl	30 - 36	Calculated
RDW	**17.6 H**	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	10500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	**82 H**	%	40 - 80	
Lymphocyte %	**15 L**	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	**8610 H**	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1575	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	105	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	210	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Neutrophilia			
RBCs Morphology	Hypochromasia(++),Microcytosis(++),Anisocytosis(+)			
Platelet Count	157	10^3/uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	**14.7 H**	fl	7 - 12	

--End Of Report--

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	15	mm/hr	< 20	Westergren

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"AB" Rh Positive			SLIDE METHOD

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	107.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to
following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and
sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	92.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	102	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	70	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	14.00	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	43.00	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	**2.27 L**		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	**0.96 L**		2.50 - 3.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.42	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.20	mg/dl	0.00 - 0.50	
Bilirubin Indirect	0.22	mg/dl	0 - 1	
SGPT (ALT)	18.23	U/L	5 - 40	IFCC modified
SGOT (AST)	20.94	U/L	5 - 40	IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.60	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.46		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	86.24	IU/L	42 - 140	
GGTP (GAMMA GT)	21	IU/L	15.0 - 72.0	UV Kinetic IFCC

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST) Sample: Serum				
Creatinine	1.0	mg/dl	0.60 - 1.30	Jaffes
UREA	27.02	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	12.63	mg/dl	7 - 20	
Calcium	9.2	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	3.9	mm/hr	2.5 - 6.2	URICASE-PEROXIDASE
Phosphorus	3.2	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	142.0	mEq/L	135 - 146	ISE Direct
Potassium	4.2	mEq/L	3.5 - 5.5	ISE Direct
Chloride	107.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.60	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.46		1.00 - 2.50	Calculated Value

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Bed No/Ward	OPD	**Report Date**	22/02/2024 1:35PM
Prescribed By	Dr. Ramesh Hari Pawar	**Report Status**	Final

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3/hpf			
RBCs	Absent			
Epithelial Cells	1-2/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

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TESTING WITH VISION
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Patient Id	: PVD18323-24/67797	Sample ID	: 24026022
Patient	: MRS NANDINI KORAH	Reg. Date	: 22/02/2024
Age/sex	: 42 Yrs/ Female	Report Date	: 22/02/2024
Center	: APEX HOSPITALS KANDIVALI	Case No.	:
Ref. By	: Self		

HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.4	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	108.28	mg/dL	

Method : HPLC-Biorad D10-USA

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation:
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %.
Fair to Good Control - 7 to 8 %.
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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MBBS MD (Path) Mumbai
MMC Reg no 2001031640

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Patient	: MRS NANDINI KORAH	Reg. Date	: 22/02/2024
Age/sex	: 42 Yrs/ Female	Report Date	: 22/02/2024
Center	: APEX HOSPITALS KANDIVALI	Case No.	:
Ref. By	: Self		

VITAMIN D- TOTAL (25-OH-VIT D)- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin D- Total (25-OH-Vit D)			
Vitamin D- Total (25-OH-Vit D)- Serum	46.1	ng/ml	2-10 : Deficiency 10-30 : Insufficiency 30-100 : Sufficiency > 100 : Toxicity

Method : ECLIA

INTERPRETATION:

Vitamin D is a fat soluble vitamin & exists in two main forms as cholecalciferol (Vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (Vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25 (OH) Vitamin D in liver.

Testing for 25 (OH) Vitamin D is recommended as it is the best indicator of Vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

1. 25 OH Vitamin D is the best indicator of Vitamin D nutritional status, it is used as an aid in assessment of Vitamin D sufficiency in adults.
2. 25 OH Vitamin D deficiency is seen in secondary hyperparathyroidism.
3. Decreased levels of 25 OH Vitamin D can lead to Osteomalacia, reduced bone mass & thus increase the risk of bone fractures.
4. Decreased 25 OH Vitamin D levels are also associated with low bone mineral density & also seen in nutritional rickets.
5. Decreased levels of 25 OH Vitamin D are also associated with increased cardiovascular risk, low immunity & chronic renal failure.
6. Elevated levels are associated with Vitamin D intoxication.

VITAMIN B12- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin B12- Serum	452.3	pg/ml	197.0 - 771.0

Method : ECLIA

INTERPRETATION

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. Very high levels (> 1200) may be seen for several weeks after injections of B12.

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Patient	: MRS NANDINI KORAH	Reg. Date	: 22/02/2024
Age/sex	: 42 Yrs/ Female	Report Date	: 22/02/2024
Center	: APEX HOSPITALS KANDIVALI	Case No.	:
Ref. By	: Self		

IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	116.14	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.16	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	**4.21**	ulU/ml	0.27 - 4.20

Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal Illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal Illness*
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal Illness •Subclinical Hyperthyroidism •Thyroxine ingestion*
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal Illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal Illness

----------End Of Report----------

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Patient Name:	Mrs. Nandini Korah	**F** / 42 Yrs.
Ref. by:	APEX HOPITAS	**Date**: 22.02.2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size (12.7 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 10 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 9.7 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.2 x 4.2 cm	9.8 x 4.2 cm

The kidneys are normal in size shape, position, axis and contour and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

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PELVIS:

The uterus is anteverted. It is slightly bulky and measures 10.5 x 4.7 x 7 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. **A fundal subserosal fibroid seen measuring 2 x 1.8 cm. Right lateral intramural fibroid seen measuring 3.1 x 2.5cm.** The endometrial echo is in the midline and measures 11mm.

Bilateral ovaries are normal in size and echo pattern.
Right ovary measures 3.1 x 1.3 cm
Left ovary measures 3.2 x 2.1 cm

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

Bowel loops are not dilated and reveal normal peristalsis. No abnormal bowel wall thickening seen.

IMPRESSION:

- Mildly bulky uterus with fibroids as described above.
- No other significant abnormality is seen.

Thanks for the reference.
With regards,

Dr. Ravi Kumar, M.D.
Consultant Radiologist

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022-62747000 (100 Lines)

Patient Name:	Nandini korah	F / 42 Yrs
Ref. by:	APEX HOSPITALS	**Date:** 22/2/24

SONOMAMMOGRAPHY OF BOTH BREASTS

TECHNIQUE: Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

FINDINGS:

Well defined smoothly marginated cystic lesions are seen in both breasts with morphology, size and location as described below.

RIGHT BREAST:

12'o clock position- 3.5 x 4.5 mm (in the periphery)
12'o clock position- 5.2 x 6.5 mm (near the nipple)

LEFT BREAST:

12'o clock position- 3.6 x 5.2 mm (with thin septation)
12'o clock position- 2.9 x 3.6 mm (without septations)

The breast parenchyma shows predominantly fibro glandular component.

Nipple and subareolar regions appear normal. No abnormal duct dilatation is seen.

Retro mammary region appears normal.

Few small sized lymph nodes seen in the both axilla with intact fatty hilum and normal cortical thickness are seen.

APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods , Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

Tele.:
022-62747000 (100 Lines)

Patient Name:	Nandini korah	F / 42 Yrs
Ref. by:	APEX HOSPITALS	**Date:**22/2/24

IMPRESSION:

- Well defined smoothly marginated cystic lesions are seen in both breasts with morphology, size and location as described above.
- No significant lymphadenopathy.
- **BOTH BREASTS - BIRADS 2.**

Thanks for the reference.
With regards,

Dr. Ravi Kumar
Consultant Radiologist

APEX HOSPITAL
KANDIVALI

TREADMILL TEST REPORT

MRS NANDINI KORAH
ID : 8922
DATE : 22-02-2024
AGE/SEX : 42 / F
HT/WT : 151 / 62
REF.BY :

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
SUPINE					83	120 / 80	99
Stage 1	2:55	2:55	2.7	10	137	120 / 80	164
Stage 2	5:55	2:55	4	12	162	120 / 80	194
Stage 3	8:55	2:55	5.4	14	173	130 / 80	224
PK-EXERCISE	9:19	0:19	6.7	16	178	130 / 80	231
RECOVERY	10:0	0:29			156	130 / 80	202
RECOVERY	10:48	1:17			133	150 / 90	199

RESULTS

MAX WORK LOAD

EXERCISE DURATION : 9:19
MAX HEART RATE : 178 bpm 100 % of target heart rate 178 bpm
MAX BLOOD PRESSURE : 150 / 90 mm Hg
REASON OF TERMINATION :

BP RESPONSE :
ARRYTHMIA :
H.R. RESPONSE :

IMPRESSIONS :

DR. VIVEK AGARWAL
DM CARDIOLOGIST
DNB CARDIOLOGIST
ICCPR
MD MEDICINE MBBS
2008/10/371[illegible]

Technician : 44

APEX HOSPITALS KANDIVALI

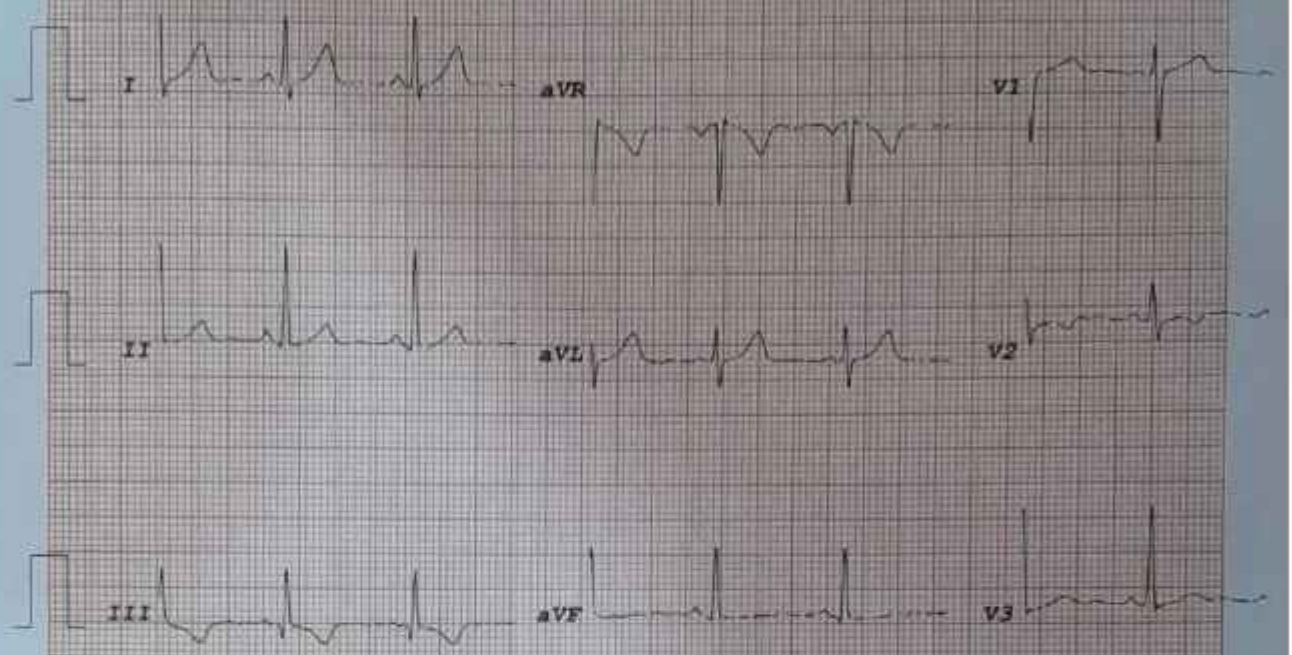
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 83bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/m
80ms PostJ



Base Corrected

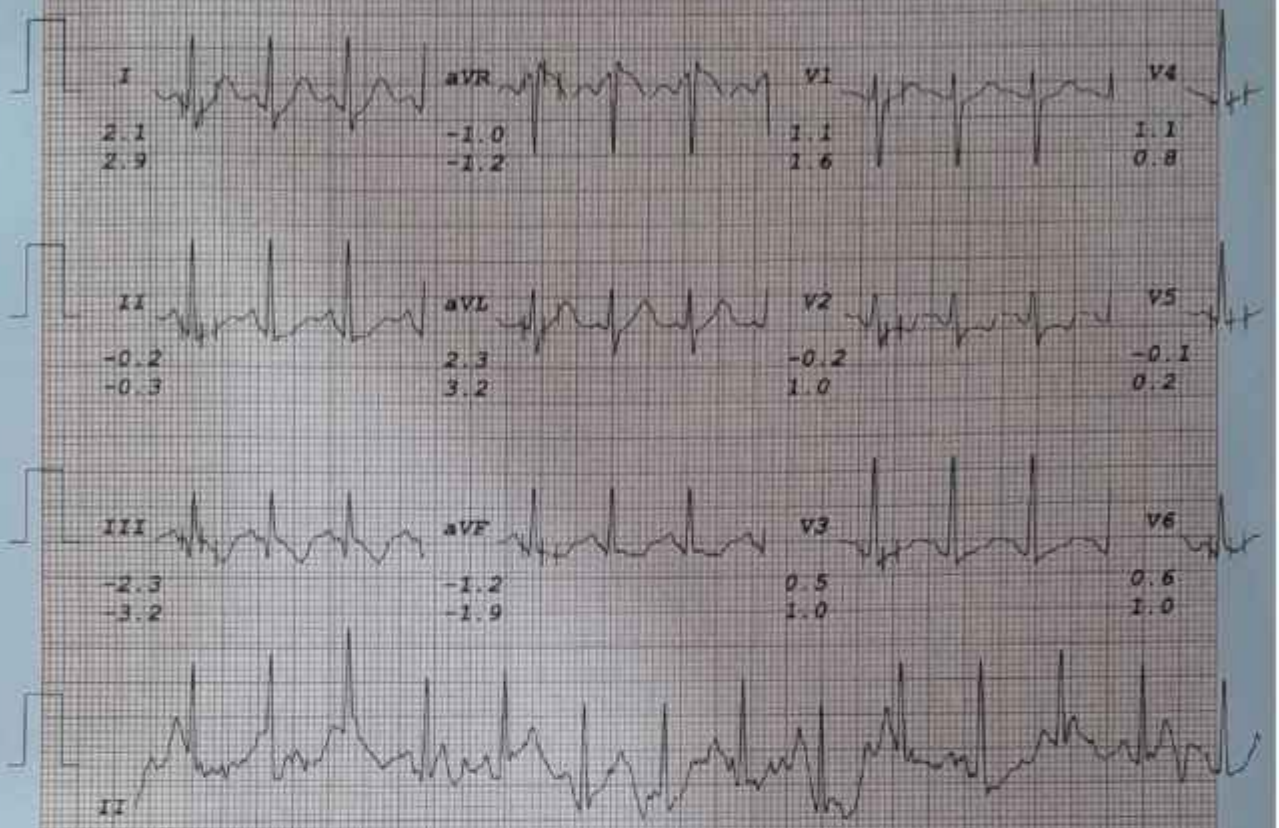
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 137bpm
B.P. 120/80

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 2.7 k
SLOPE 10 @



Base corrected

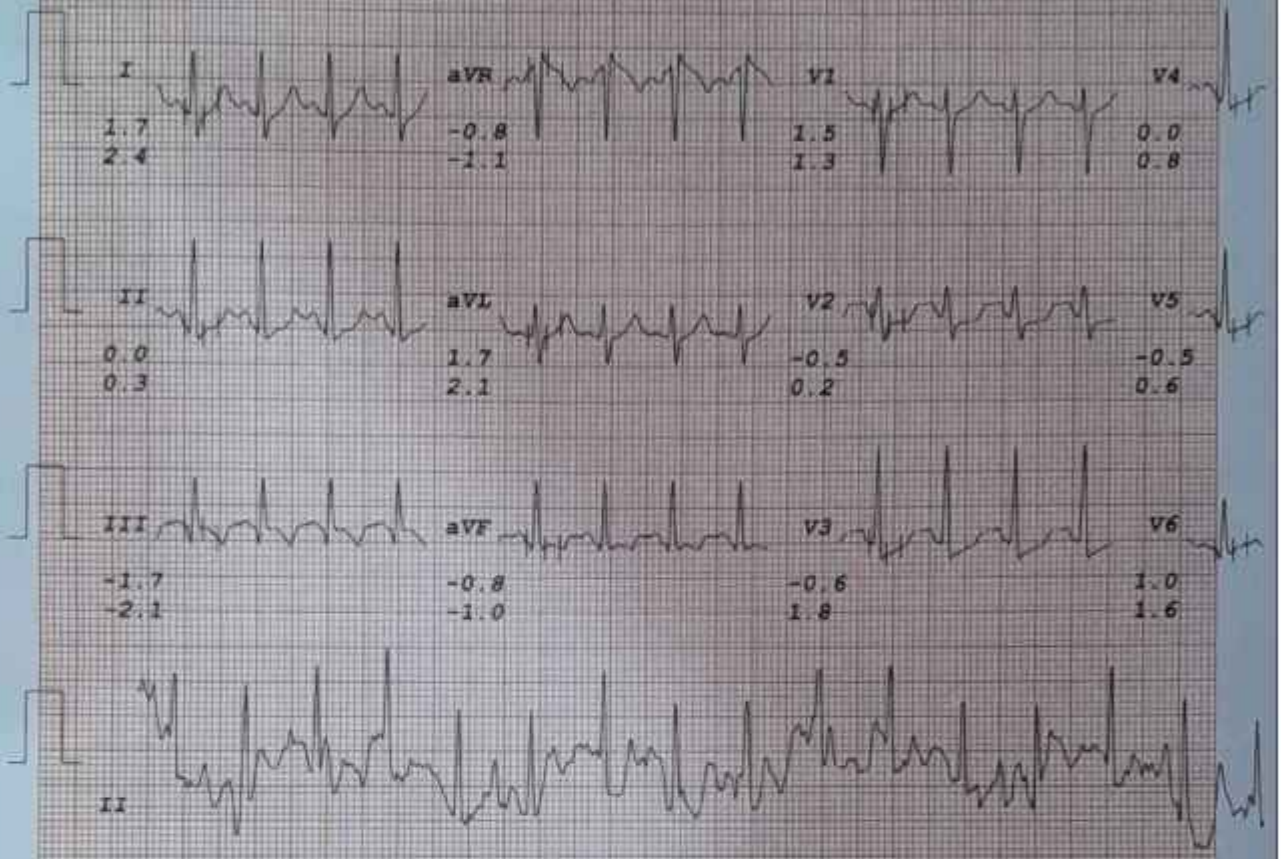
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 157bpm
B.P. 120/80

Bruce
Stage 2
TOTAL TIME 5:10
PHASE TIME 2:10

ST @ 10mm/m
80ms PostJ
Speed 4 km/
SLOPE 12 %



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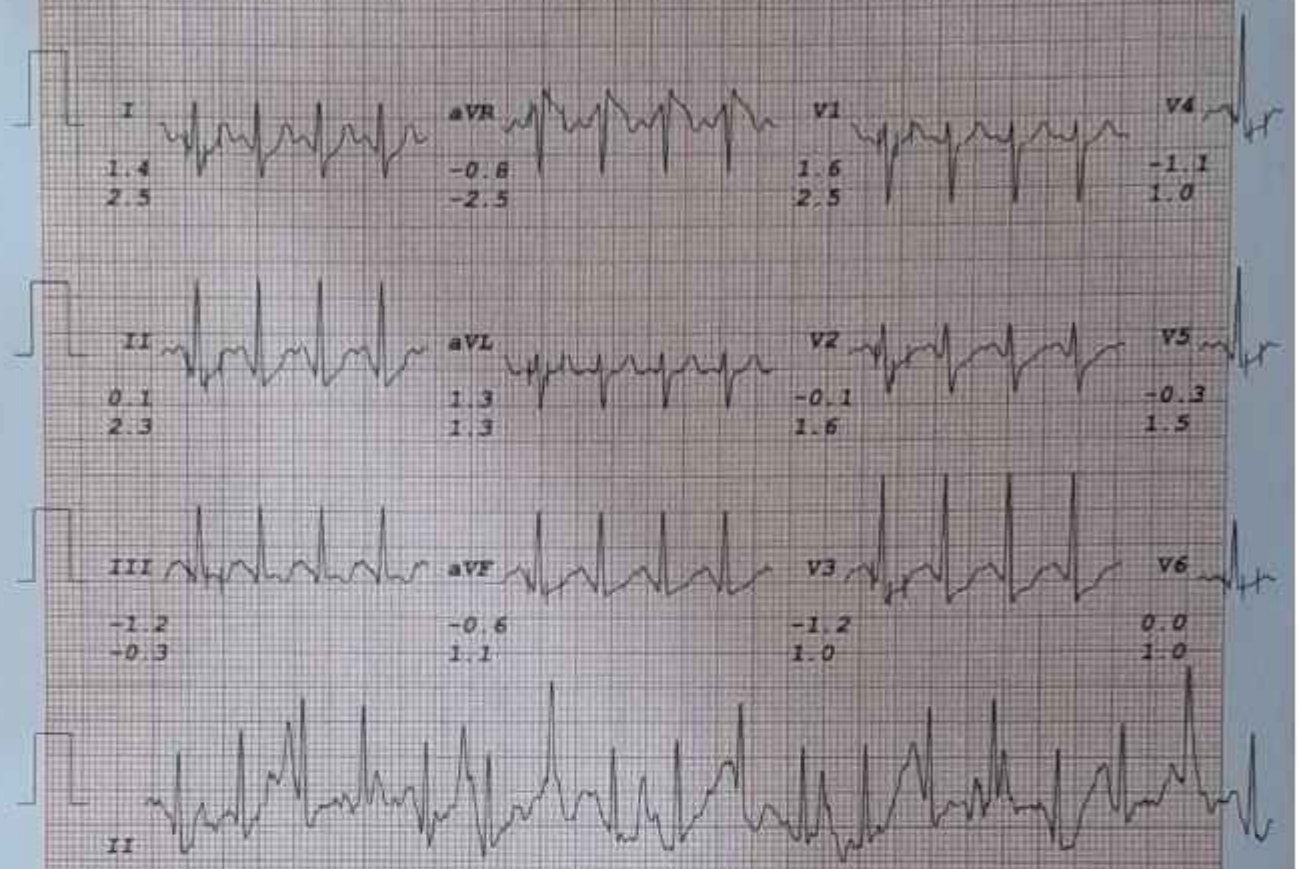
MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 173bpm
B.P. 130/80

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 5.4 k
SLOPE 14 s



Base Corrected

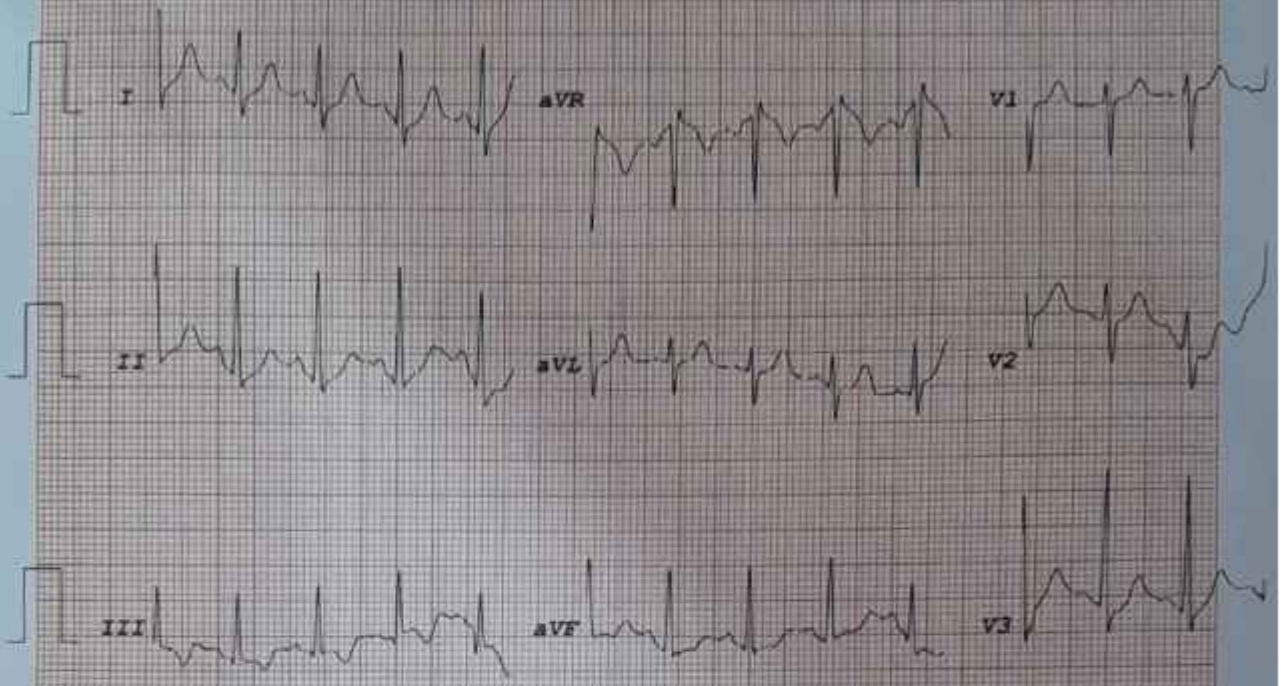
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 133bpm
B.P. 150/90

Bruce
RECOVERY
TOTAL TIME 10:48
PHASE TIME 1:17

ST @ 10mm/m
80ms PostJ



Base Corrected

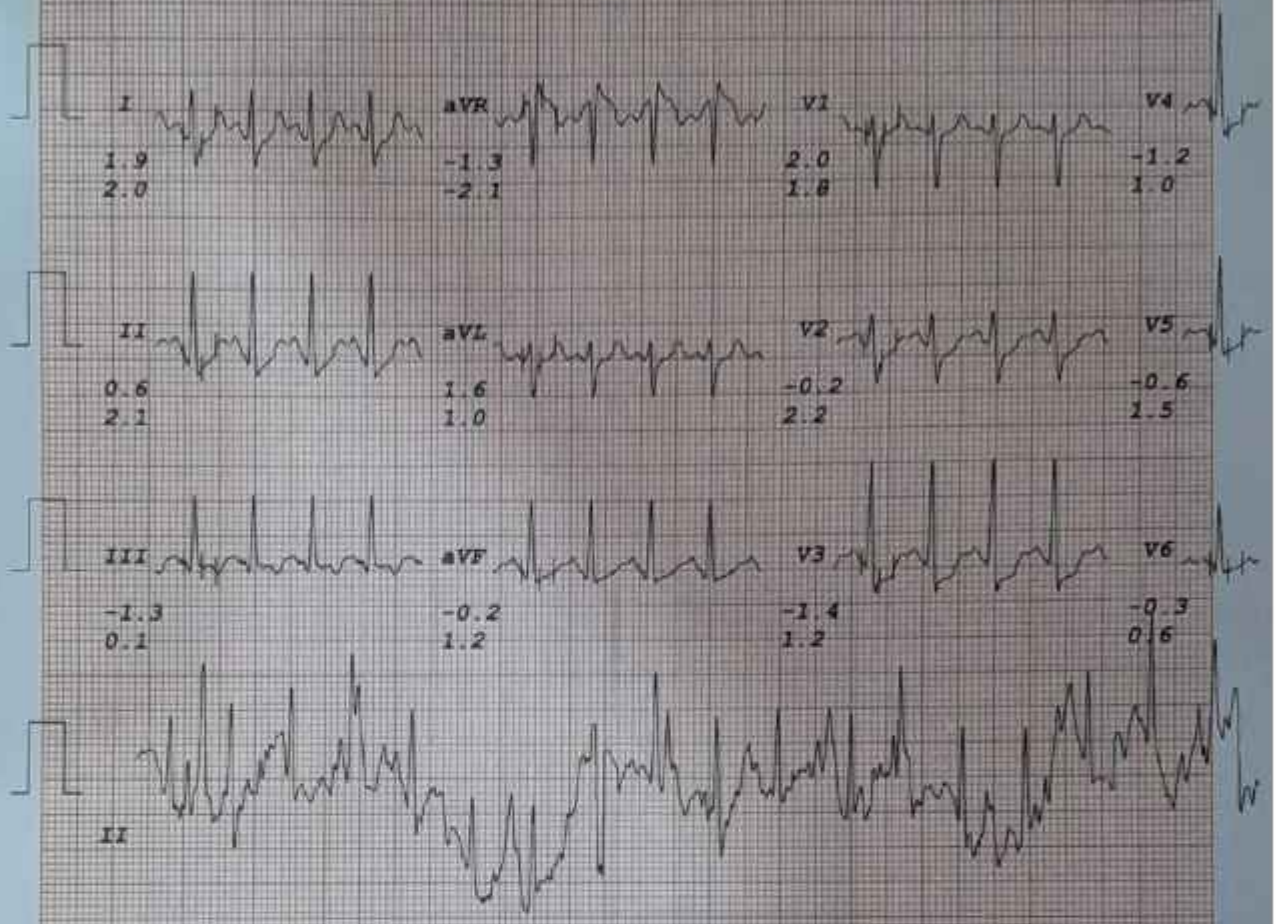
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 178bpm
B.P. 130/80

Bruce
PK-EXERCISE
TOTAL TIME 9:19
PHASE TIME 0:19

ST @ 10mm/m
@0ms PostJ
Speed 6.7 k
SLOPE 16 %



Base Corrected

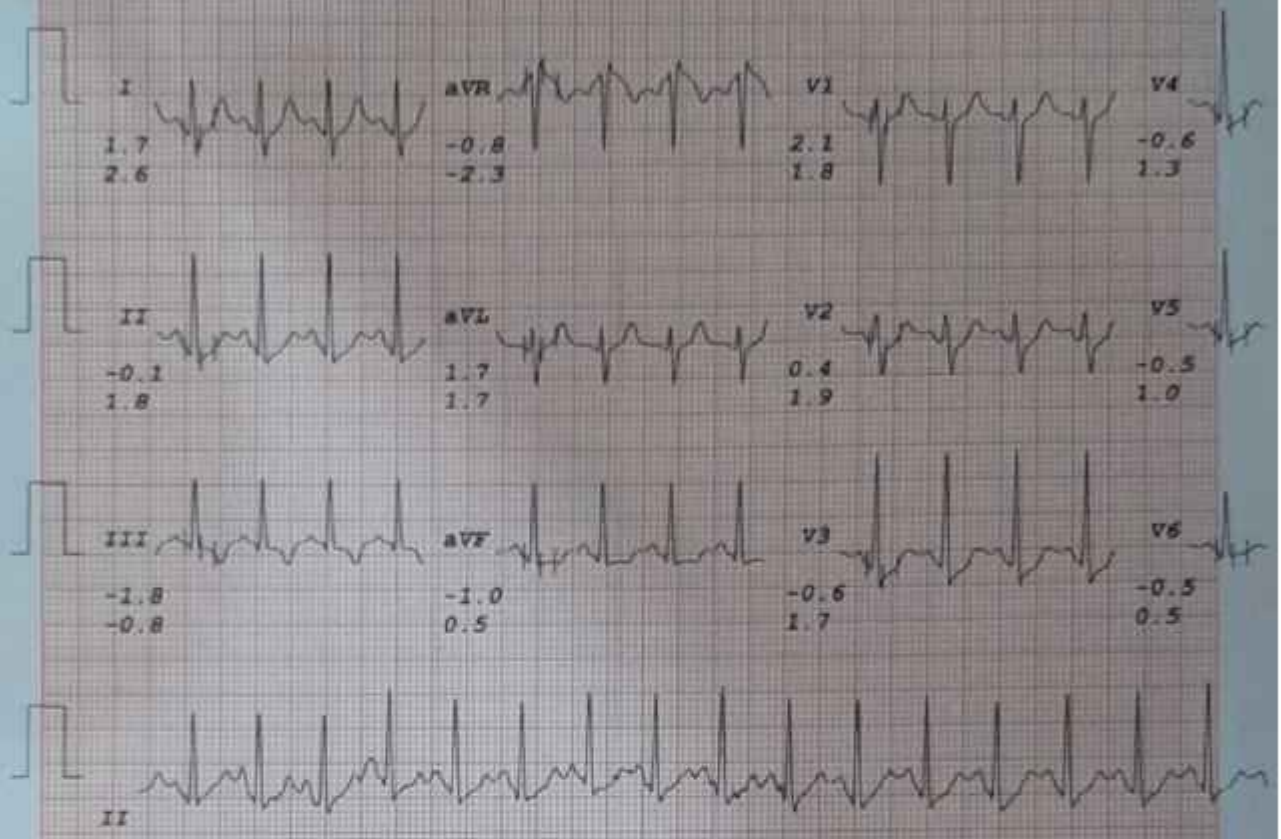
APEX HOSPITAL

MRS NANDINI KORAH
I.D. 8922
Age 42/F
Date 22-02-2024

RATE 156bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 10:00
PHASE TIME 0:29

ST @ 10mm/m
80ms PostJ



APEX HOSPITALS KANDIVALI
A Superspeciality Hospital

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,
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22/02/24

mRS. Nandini Korah 42Y/F

BP - 120/80 mmhg

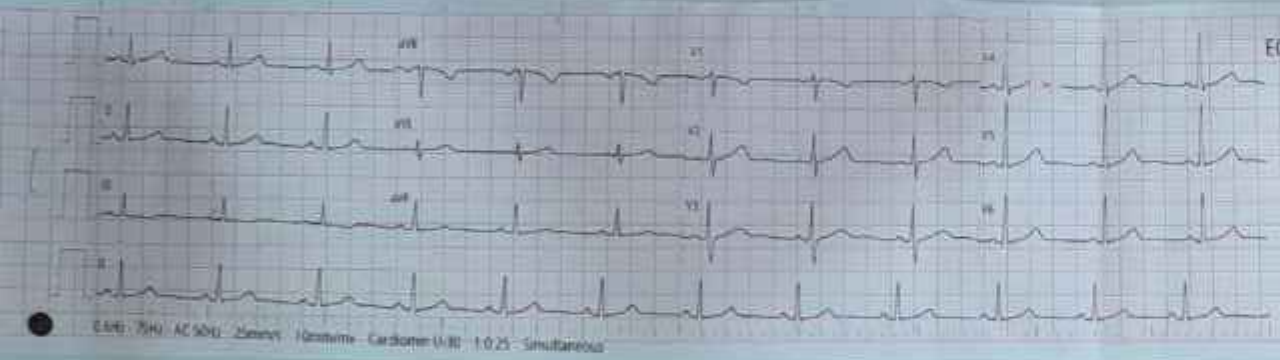
P - 76/min

SPO2 - 98%.

Hight - 151 cm

wt - 61.8 kg

अपेक्स हॉस्पिटल्स कांदिवली Name Mrs. Nandini Korah Date 22/02/24 Time 9 Am Age 42 Yrs Gender Female



ECG report

ID	20240222100256
Name	
Gender	
Age	
Dept	
Bed No	

HR	77 bpm
PR	124 ms
QRS	74 ms
QT/QTc	382/403 ms
P/QRS/T	57/60/23 °
RV5/SV1	1.304/0.439 mV
RV5+SV1	1.743 mV

Mrs Nandini 42 Yrs/F

Sinus rhythm
Normal ECG

22/02/24
9 Am

Confirm and sign:
Examination time: 2024-02-22 10:02:57

0.5Hz 75Hz AC 50Hz 25mm/mV 10mm/mV Cardiomon U-80 1:0.25 Simultaneous