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# APEX SUPERSPECIALITY HOSPITALS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 48

*Mrs. Heena Desai*

*04/05/24*

## PHYSICIAN CONSULTATION

PRESENT COMPLAINT :

*no fresh complaints.*

PAST MEDICAL / SURGICAL HISTORY:

*NP1*

### GENERAL EXAMINATION:

PULSE - *78/min*

BP: - *130/80 mmHg*

BMI

APETITE: - *Good*

THIRST: - *Thirsty*

STOOL: - *Satisfactory*

URINE: - *pale yellow.*

SLEEP: - *Sound*

SKIN: - *Normal*

NAILS: - *NAD*

HABITAT: - *Nil*

### SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: - *ACRE*

CARDIOVASCULAR EXAMINATION: - *S/S2A2*

ABDOMINAL EXAMINATION: - *soft, non tenderness*

GYNACOLOGY / OBST HISTORY ( FOR FEMALE): *NAD*



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CASHLESS FACILITY

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### OPHTHAL EXAMINATION:

FAR VISION:

eg. < 6/6  
6/6

NEAR VISION:

eg. < 6/6  
6/6

COLOUR VISION:

→ (20)

SIB Dr. Jatin (ophthalmologist)

R

- Eld Lubimostat

1-1-1 x month.

15/20

### ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST:

Normal

NOSE: EXT NOSE/ POST NASAL SPACE:

—

THROAT: TOUNGE/ PALATE/ TEETH:

NAD

NECK: NODES/ THYROID/TEETH:

NAD

### DENTAL EXAMINATION:

DECAY/ CARIES IF ANY:

NO

PLAQUE IF ANY:

NO

GUMS:

Normal

**Dr. CHIRAG V. SHAH**  
D.N.B. (M.D.)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 2003/04/1649

PHYSICIAN NAME

PHYSICIAN SIGNATURE



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**Apex Super Speciality Hospitals**  
Shantiganga Mangesh Charitable Trust Medical Centre 193-A, L.T. Road,  
Beside Punjab & Sind Bank, Babbai, Borivli (W), Mumbai-400091  
Tel : 022-25986677/46/47/48 Web : apexgroupofhospitals.com  
Email : medical.admin.apex@apexhospitals.in

**Diet Chart**

**NAME :- HEENA DESAI**

**Age /Gender :- 50 yrs / F**

**DIET :- FULL DIET , HIGH PROTEIN , LOW FAT**

- Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)
- Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar  
**OR** 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water
- Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)  
**Supplement :- Tru sanz HP - 1 scoop with 100ml water**
- Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/ 1 bowl rice  
1 bowl bhaji  
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)  
1 bowl curd/ 1 glass buttermilk
- Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Tru sanz HP - 1 scoop in 100ml water**  
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat
- Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder
- Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/1 bowl rice  
1 bowl bhaji  
1 bowl dal  
**OR** 1 bowl dal khichadi/ daliya  
1 bowl curd/ 1 glass buttermilk
- Bedtime :-** 1tsp Sesame seed

**Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.**

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

**Avoid all spicy, oily and refined flour products. Restrict bakery products.**

**For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.**



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Land Line No. 022 - 42457040  
Reception No. 9326787557

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mrs. HEENA NIMISH DESAI	<b>LabNo</b>	2319	
<b>UHID/IP No</b>	140023038 / 585	<b>Sample Date</b>	04/05/2024 11:22AM	
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	04/05/2024 11:38AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	04/05/2024 11:46AM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	<b>12.4 L</b>	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.49	10 <sup>6</sup> /uL	4.20 - 5.40	
PCV (Haematocrit)	<b>35.3 L</b>	%	36.0 - 46.0	
MCV	78.62	fl	78 - 100	Calculated
MCH	27.62	pg	26 - 34	Calculated
MCHC	35.13	gm/dl	30 - 36	Calculated
RDW	13.4	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7300	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	69	%	40 - 80	
Lymphocyte %	26	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	5037	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1898	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	146	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	219	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	<b>5037 H</b>	/cu.mm	0 - 100	Calculated
WBCs Morphology	Within normal limits.			
RBCs Morphology	MILD HYPO			
Platelet Count	278	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.0	fl	7 - 12	
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	<b>45 H</b>	mm/hr	< 20	Westergren

**Dr. Neeraj Gujar**  
MD PATHOLOGY



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### SERUM CREATININE

Sample: Serum

Creatinine	0.85	mg/dl	0.50 - 1.20	Jaffes
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### URIC ACID (SERUM)

Sample: Serum

Uric Acid	4.53	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE
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--End Of Report--

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### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	11.90	mg/dl	7 - 20	
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	155.2	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	75.54	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	44.31	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	15.11	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	95.78	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.50		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.16 L</b>		2.50 - 3.50	Calculated Value
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.80	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.27	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.53	mg/dl	1 - 1	
SGPT (ALT)	12.22	U/L	5 - 40	IFCC modified
SGOT (AST)	15.71	U/L	5 - 40	IFCC modified
Protein Total	6.81	gm/dl	6.00 - 8.00	Biuret
Albumin	3.39	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.42	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	<b>0.99 L</b>		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	50.32	IU/L	42 - 140	
GGTP (GAMMA GT)	15.29	IU/L	15.0 - 72.0	UV Kinetic IFCC

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.025		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	ABSENT			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	2-3			
RBCs	ABSENT			
Epithelial Cells	6-8			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	ABSENT			

--End Of Report--

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<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>		
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>		
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

--End Of Report--







Patient Id : **PVD04224-25/7021** Sample ID : 24051056  
 Patient : MRS HEENA NIMISH DESAI Reg. Date : 04/05/2024  
 Age/sex : 49 Yrs/ Female Report Date : 04/05/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



**IMMUNOASSAY**


Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	104.0	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)	8.12	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)	2.36	uIU/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 TSH especially 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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**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

**CENTRAL PROCESSING LABORATORY**

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 2563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvision.com



Patient Id : **PVD04224-25/7021** Sample ID : 24051056  
 Patient : MRS HEENA NIMISH DESAI Reg. Date : 04/05/2024  
 Age/sex : 49 Yrs/ Female Report Date : 04/05/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS 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**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- 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

**CLINICAL BIOCHEMISTRY**


Test Description	Result	Unit	Biological Reference Range
Homocysteine (Serum/Plasma)	14.8	umol/L	4.44 - 13.56
Method : CLIA			

**Clinical Significance:**

Assessment of risk for occlusive vascular disease, obstetric complications (recurrent spontaneous abortion, gross placental infarction), and neural tube defects (hyperhomocysteinemia). Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-Dopa may have falsely elevated Homocysteine levels. S-adenosyl-methionine is an antidepressant that is structurally similar to S-adenohomocysteine. Individuals taking this drug may show elevated levels of Homocysteine.

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NAME : HEENA DESAI	DATE : 04/05/2024
REF : MEDIWHEEL	AGE/SEX : 49Y/F

## 2D ECHO & COLOR DOPPLER REPORT

Cardiac history:

Imaging window:

### 2D Findings:

Chamber dimensions: Mild concentric LVH

RWMA- Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:- Normal

No intracardiac mass

Pericardium-Normal

IVC & Hepatic veins - Normal

### Doppler Findings:

LV diastolic Dysfunction :- TYPE-1

Color flow across valves :- Normal



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<b>M-Mode</b>	
AO diam	: 2.8 cm
LA diam	: 2.9 cm
ACS	: 1.5 cm
DE excursion	: 1.1 cm
EF Slope	: 0.06 cm
EPSS	: 0.7 cm
IVSd : 0.9 cm	IVSS : 1.1 cm
LVIDd : 4.9 cm	LVIDS : 3.2 cm
LVPWd : 1.2 cm	LVPWS : 0.7 cm
LVEF	: 60 - 65%

## Conclusions:

Mild concentric LVH

No RWMA

Normal LV systolic function with EF 60 - 65%

Type I LV diastolic Dysfunction.

No pulmonary hypertension.

Normal Pericardium.

DR. SHAH CHIRAG  
D.N.B. (M.D.)  
GENERAL PHYSICIAN

**Dr. CHIRAG V. SHAH**  
D.N.B.(M.D.)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 2003 / 04 / 1649



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## DEPARTMENT OF RADIOLOGY

<b>UHID / Bill No</b>	140023038 / OPCRB2425/142	<b>RIS No</b>	2319
<b>Patient Name</b>	Mrs. HEENA NIMISH DESAI	<b>Age/Gender</b>	49 Yrs/Female
<b>Referred By</b>	Dr. CHIRAG SHAH	<b>Bed No/Ward</b>	OPD
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Receiving Date</b>	04/05/2024 1:26PM
<b>Bill Date</b>	04/05/2024 11:22AM	<b>Report Date</b>	06/05/2024 7:55PM
<b>Company</b>	MEDIWHEEL(ARCOFEMI HEALTHCARE)	<b>Report Status</b>	Final

### USG ABD & PELVIS MALE

#### 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, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal 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 9.5 cm normal in size and shape. Its echotexture is homogeneous.

#### KIDNEYS:

Right kidney	Left kidney
11.2 x 4.2 cm	10.8 x 5.2 cm

The kidneys are normal in size 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.

Uterus is bulky and measures 10.8 x 6.0 x 8.1 cm, anteverted. Subserosal uterine fibroids are seen in anterior wall (41x31mm) and posterior wall (28x26mm, 41x23mm and 14x16mm). Endometrial echo is in midline and measures 6.6 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 16 x 18 mm Left ovary measures 19 X 16 mm

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

#### IMPRESSION:

Bulky uterus with multiple anterior and posterior wall subserosal uterine fibroids.

Dr. SAUMIL PANDYA  
MD, D.N.B, RADIOLOGIST



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# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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FACILITY

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googlemap



Land Line No. 022 - 42457040  
Reception No. 9326787557

**Patient Name:** HEENA DESAI

DATE - 04.05.2024

**Ref. by:** MEDIWHEEL

AGE/SEX - 49 Y/F

## SONOMAMMOGRAPHY OF BOTH BREASTS

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

### **FINDINGS:**

The breast parenchyma shows predominantly fibro glandular component.

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

No obvious focal lesion seen in both breasts.

Retro mammary region appears normal.

Small reactive lymph nodes with intact fatty hilum and normal cortical thickness is seen in the left axilla.

### **IMPRESSION:**

- No significant abnormality noted in both breasts in present scan.

**Thanks for the reference.**

**With regards,**

**Dr. Saumil Pandya**  
**MD DNB Consultant Radiologist**



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visit website  
googlemap



Land Line No. 022 - 4245704  
Reception No. 9326787557

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. HEENA NIMISH DESAI	<b>LabNo</b>	2319	
<b>UHID/IP No</b>	140023038 / 585	<b>Order Date</b>	04/05/2024 11:22AM	
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	04/05/2024 1:26PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	06/05/2024 10:46AM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

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

Bilateral hila are symmetrical in size, outline and density

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

Cardiac shadow is unremarkable.

Bilateral costophrenic angles are clear.

Bone thorax appears unremarkable.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



110261632

Name: heena

04-05-2024 10:26:06 AM

Vent. R  
PR Inter  
QRS Dur  
QT/QTc  
P/QRS/T

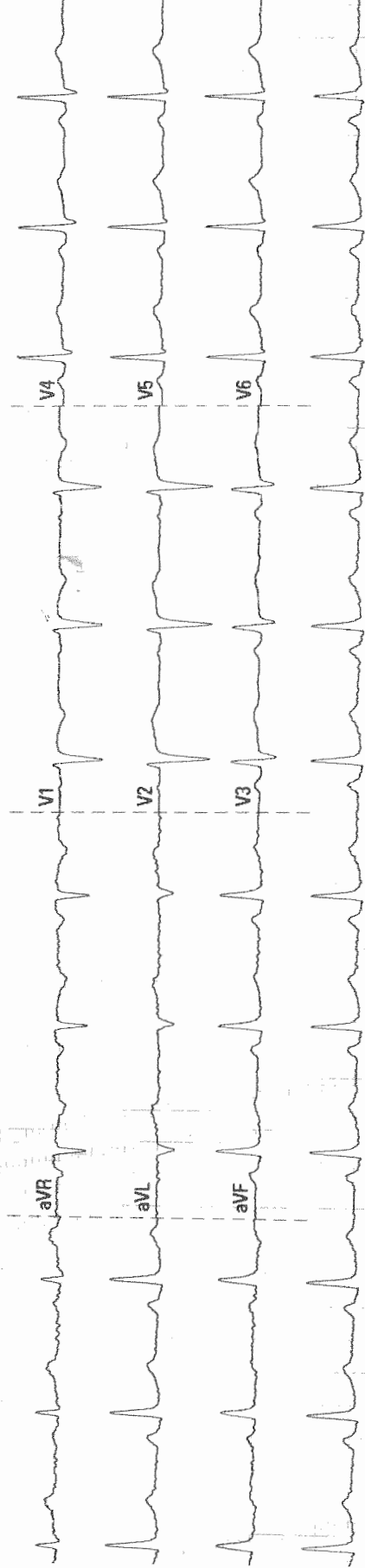
ID: 2024050410261632

Name: heena

04-05-2024 10:26:06 AM

Sinus Rhythm

Unconfirmed Diagnosis.



10 mm/mV

50 Hz

SDR 20 Hz

QTc: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/04.00.00

SN: FK-83014034

ASH/QA/FORM/NUR/04/MAR22/V1



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2898 6646

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L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

**ई. सी. जी.**

Name Heena Desai Date 4/5/24

Age 50 Gender: M  F  UHID NO \_\_\_\_\_ B.P 130/80

## ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ T Wave \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q/T Interval \_\_\_\_\_

Impression : Twan chuy Infar led

**Dr. CHIRAG V. SHAH**  
D.P.B.(M.D.)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 2003 / 04 / 1649