

MEDICAL SUMMARY



NAME	Mr. Rahul Khoiwal	ID	
AGE/GENDER	31 yrs.	DATE OF HEALTHCHECK	30/03/25
COMPANY NAME :- Arcofeni Mediwheel Male AHC			

HEIGHT	168 cm	BMI :-	24.4	MARITAL STATUS	Married
WEIGHT	69 kg			NO OF CHILDREN	-

C/O: Asymptomatic.

K/C/O: PRESENT MEDICATION: Nil

P/M/H: Nil

P/S/H: Nil

H/A: SMOKING: ✓

FAMILY HISTORY: FATHER: Nil

ALCOHOL:

MOTHER: Nil.

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY: Nil

BP: 130/80 PULSE:

PALLOR/ICTERUS/CYNOSIS/CLUBBING: Nil

TEMPERATURE: Normal

SCARS: Normal OEDEMA: Nil

S/E:
RS:



Normal
Breath Sound

P/A: Normal

CVS:

L1S2 normal
no murmur

Extremities & Spine:

CNS:

Normal.

ENT:

SKIN:

Normal

Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Plot no 32, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000

Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

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MEDICAL SUMMARY

NAME	Rohit Khosla	ID	
AGE/GENDER	31 years / M	DATE OF HEALTHCHECK	30/03/23

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR:	6/6	6/6		
NEAR:	NIG	NIG		
COLOUR VISION:	Normal			
ADVISE:				

FINDINGS AND RECOMMENDATION:

FINDINGS:-

- Ch-224/TG-200 ↑
- All other reports are normal

RECOMMENDATIONS:

* To avoid excess of
oil/fat/fried food
2 1/2 hr walking

FINAL IMPRESSION:

Repeat S. Lipid profile
after 2 months

Fit for Employment

at.

Dr. ASHOK K. SINGH
M. D. (Medicine)
Reg. No. MMC 66677

CONSULTANT SIGNATURE

MEDICAL SUMMARY

NAME	MR. <i>Rehul Khoiwad</i>	DATE OF CHECKUP	<i>30/03/23</i>
	YRS <i>31 years</i>	GENDER	<i>Male</i>

ENT Consultation

Asymptomatic

NO EVER RELIEVED SYMPTOMS

Ear: Both External ear normal

- No wax, no tenderness*
- Hearing - normal*
- Rinne's test positive (normal)*
- Weber's test normal*

NOSE: *External appearance - normal*
mucosal membranes healthy

PTD

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- no polyp
- no sinus tenderness

Throat:

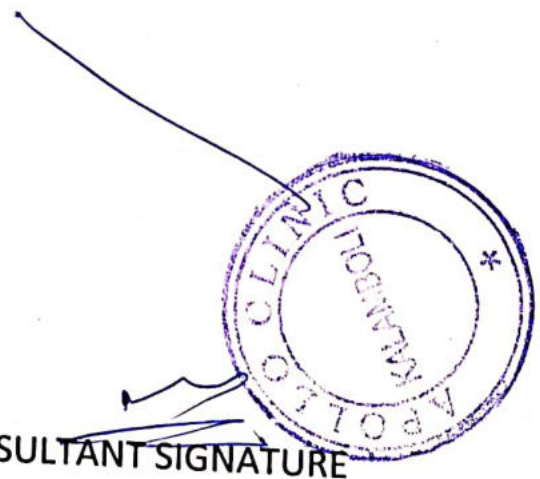
- oropharyngeal mucosa normal
- tonsils normal
- voice normal

MEDICAL SUMMARY

NAME	Rahul Khosrawal	DATE OF CHECKUP	30.03.2023
AGE	31 yrs	GENDER	M

DENTAL - CONSULTATION

- ① Grade III Stains and calculus present in all gums and teeth. Adv scaling and polishing for two times.

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 **0863 222 2933**

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DOB	:		Collected	: 30-03-2023 13:33
Age	: 31 Years		Received	: 30-03-2023 13:33
Gender	: Male		Reported	: 30-03-2023 16:32
CRM	:		Status	: Final
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Blood Grouping & Rh typing, EDTA Blood	"A" Rh POSITIVE			Slide/Tube Agglutination (Forward & Reverse)

Clinical Significance:
 Blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

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Sample Quality :	Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Post Prandial), Plasma	86.30	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200	GOD-POD

Cal significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

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Test	Result	Unit	Biological Reference Intervals
HbA1c By HPLC, EDTA Blood	5.6	%	NORMAL: 4.5-5.6 AT RISK: 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG)	114.02	mg/dL	70-126

Clinical significance :-

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Fasting, Urine	Absent		Absent / Present	Strip Method

En

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Post prandial, Urine	Absent		Absent / Present	Strip Method

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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA.

Erythrocytes

Hemoglobin	13.9	gm/dL	13.0-17.0	Colorimetric method
Red Blood Cells	6.57	10 ⁶ /μL	4.5 - 5.5	Electrical Impedance method
PCV (Hematocrit)	43.30	%	40-50	Calculated
MCV(Mean Corpuscular Volume)	65.9	fL	83 - 101	Calculated
MCH (Mean Corpuscular Hb)	21.2	Pg	27 - 32	Calculated
MCHC (Mean Corpuscular Hb Concentration)	32.1	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	17.90	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	29.10	fL	39 - 46	Calculated

Leucocytes

WBC -Total Leucocytes Count	8.12	10 ³ /μL	4.0 - 10.0	Electrical Impedance method
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Differential leucocyte count

Neutrophils	60.50	%	40 - 80	Electrical Impedance method
Lymphocytes	33.80	%	20 - 40	Electrical Impedance method
Monocytes	2.90	%	2-10	Electrical Impedance method
Eosinophils	2.40	%	1-6	Electrical Impedance method
Basophils	0.40	%	0-2	Electrical Impedance method

Absolute leucocyte count

Neutrophils (Abs)	4.91	10 ³ Cells/μL	1.5 - 8.0	Electrical Impedance method
Lymphocytes (Abs)	2.74	10 ³ Cells/μL	1.0 - 4.8	Electrical Impedance method
Monocytes (Abs)	0.24	10 ³ Cells/μL	0.05 - 0.9	Electrical Impedance method
Eosinophils (Abs)	0.19	10 ³ Cells/μL	0.05 - 0.5	Electrical Impedance method
Basophils (Abs)	0.03	10 ³ Cells/μL	0.0 - 0.3	Electrical Impedance method

Platelets

Platelet Count	291	10 ³ /μL	150 - 410	Electrical Impedance method
MPV	5.6	fL	7.4 - 10.4	Calculated

WBC Morphology

Normal

RBC Morphology

Hypochromic
Microcytosis++,
Anisocytosis+

Platelets on Smear

Adequate

Mentzer Index Formula

10

Index

<13 : Strong suspect of
Thalassaemia.

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Parameter	Result	Unit	Biological Ref. Interval	Method
ESR (Erythrocyte Sedimentation Rate), EDTA Blood	20	mm/hr	0-10	Westergren(Manual)

clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abnormalities of red cells like sickle cells or spherocytosis etc.

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Parameter	Result	Unit	Biological Ref. Interval	Method
Iron, Serum	87.3	µg/dL	50-150	Ferrene

Clinical Significance: -

Serum iron can be decreased in conditions like iron deficiency anemia and in inflammatory disorders (acute infection, immunization, and myocardial infarction), Hemorrhage etc. Increased serum iron can be seen in conditions like hemochromatosis, hemolytic anemia, hepatitis, Iron poisoning and Frequent blood transfusions

Magnesium, Serum	1.9		1.5-2.5	
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Clinical significance:-

Magnesium, along with potassium, is a major intracellular cation. Hypermagnesemia is found in acute and chronic renal failure, magnesium overload, and magnesium release from the intracellular space. Mild-to-moderate hypermagnesemia may prolong atrioventricular conduction time. Magnesium toxicity may result in central nervous system (CNS) depression, cardiac arrest, and respiratory arrest. Conditions that have been associated with hypomagnesemia include chronic alcoholism, childhood malnutrition, lactation, malabsorption, acute pancreatitis, hypothyroidism, chronic glomerulonephritis, aldosteronism, and prolonged intravenous feeding.

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LIVER FUNCTION TEST				
Bilirubin - Total, Serum	0.74	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.30	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.44	mg/dL	0.2-1	Calculated
SGOT, Serum	29.60	U/L	<35	IFCC without PLP
SGPT, Serum	28.20	U/L	<45	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	53.0	U/L	53 - 128	AMP
GGT (Gamma Glutamyl Transferase), Serum	25.40	U/L	<55	G-glutamyl-p-nitroanilide
Total Protein, Serum	6.35	gm/dL	6.4-8.8	BIURET
Albumin	3.92	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.43	gm/dL	1.9-3.9	Calculated
A:G ratio	1.61		1.1 - 2.5	Calculated

Clinical significance:

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.

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Parameter	Result	Unit	Biological Ref. Interval	Method
Lipid Profile				
Total Cholesterol, Serum	224.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP
Triglycerides, Serum	200.10	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: >499	GPO
HDL Cholesterol, Serum	58.50	mg/dL	Low : < 40 High : > 60	DIRECT
Low Density Lipoprotein-Cholesterol (LDL)	125.48	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189	DIRECT
VLDL	40.02	mg/dL	6-40	Calculated
Total Cholesterol/HDL Ratio	3.83		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5	Calculated
LDL / HDL Ratio	2.14	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5	Calculated
Non HDL Cholesterol, Serum	165.50	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190	Calculated

Clinical significance:

A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

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RENAL PROFILE

Creatinine, Serum	0.79	mg/dL	0.7 - 1.3	ENZYMATIC
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Clinical significance :-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

eGFR	139	ml/min/1.73m ²	Normal > 90 Mild decrease in GFR : 60-90 Moderate decrease in GFR : 30-59 Severe decrease in GFR : 15-29 Kidney Failure: < 15	Calculated
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Clinical Significance:

Tests to precisely measure GFR are highly complex. Therefore, healthcare providers use a formula to come up with an estimated GFR (eGFR). The formula combines results from a serum creatinine blood test with information like your age and gender. A serum creatinine blood test measures levels of creatinine, a waste product in your blood. Your body makes and uses creatine, a chemical, to provide energy to muscles. When muscles use this energy, muscle tissue breaks down, releasing creatinine (a toxin) into the blood. Healthy kidneys filter this toxin out of the blood and your body gets rid of it when you urinate. But when you have kidney disease, creatinine stays in the blood and gradually builds up.

Urea, Serum	30.80	mg/dL	15-48	UREASE-GLDH
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Clinical Significance:

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration

Blood Urea Nitrogen (BUN), Serum	14.39	mg/dL	6 -20	Urease end point reaction
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Clinical significance:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

BUN/Creatinine Ratio, Serum	18.22		5.0 - 23.5	Calculated method
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Clinical Significance:

The blood urea nitrogen (BUN)/creatinine ratio (BCR) is one of the common laboratory tests used to distinguish Pre renal azotemia and Acute tubular necrosis.

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Uric Acid, Serum 5.10 mg/dL 4.4-7.6 URICASE-POD

Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hypouricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Calcium, Serum 9.30 mg/dL 8.6 - 10.2 Arsenazo Method

Clinical significance :

Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Values of total calcium can be affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.

$$\text{Corrected total calcium (mg/dl)} = \text{total calcium (mg/dl)} + 0.8 (4 - \text{albumin [g/dl]})$$

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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum	105.69	ng/dL	60 - 181	CLIA
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Clinical significance:-

Triiodothyronine (T3) values above 200 ng/dL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum	9.84	ug/dL	4.5 - 12.6	CLIA
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Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid - Thyroid Stimulating Hormone (TSH), Serum	2.250	µIU/mL	0.4 - 5.5	CLIA
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Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypothyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
	1st trimester	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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Gender	: Male	Reported	: 30-03-2023 15:33
CRM	:	Status	: Final
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Fasting) Plasma	78.40	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125	GOD-POD

Medical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

PATIENT'S NAME: RAHUL KHOIWAL

AGE / SEX : 31 YRS / MALE

DATE: 30/03/2023

REF BY : ARCOFEMI MEDIWHEEL

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER:-

Liver is 14.8cm normal in size. Normal echotexture. No focal lesion.

GALL BLADDER & BILLIARY SYSTEM:-

Gall bladder is normal in size. Wall thickness is normal. No calculus or growth. Common bile duct is normal and measures (2mm) at porta hepatis. Portal vein is normal. (8.6mm)

PANCREAS & SPLEEN:-

Pancreas is normal in size and echotexture. No focal lesion. Spleen is 9.6cm normal in size. No focal lesion.

KIDNEYS:-

Both kidneys are normal in size, shape and echotexture. Both kidney shows normal cortico-medullary differentiation. Right Kidney = 9.3cm x 5.0cm. No calculus or hydronephrosis seen. Left Kidney = 10.9cm x 5.2cm. No calculus or hydronephrosis seen

RETROPERITONEUM:-

No evidence of obvious lymphadenopathy. Aorta and IVC visualised normal.

FREE FLUID:-

There is no evidence of free fluid in Morrison's pouch, subdiaphragmatic region and pelvis.

URINARY BLADDER:-

It is partially distended normal and wall thickness normal. No calculus or growth.

PROSTATE: Prostate is normal in size. Prostate volume 15ml. No focal lesion. Visualized seminal vesicles are normal.

IMPRESSION:-

- No significant abnormality detected.



ARC
Dr. Ashutosh Chitnis
MD, DMRE, MBBS,
Radiologist
Reg .No:-57658

Report Date :
March 30, 2023

Summary Report

PATIENT ID :
PATIENT NAME : Rahul Khoivala 31/M

PROTOCOL : BRUCE
PATIENT HEIGHT : 168 Cm
PATIENT WEIGHT : 69.00 Kg
PATIENT ADD. :
Ref. By : Not Applicable
(Not Applicable)

OBJECT OF TEST : Routine check up
RISK FACTOR : Male
ACTIVITY : Moderate active

MEDICATION :
BRIEF HISTORY :
OTHER INVESTIGATION : X-Ray

REASON FOR TERMINATION : Max HR achieved
EXERCISE TOLERANCE : Good
EXERCISE INDUCED ARRHYTHMIA : No
HAEMO RESPONSE : Normal
CHROMO RESPONSE : Normal

FINAL IMPRESSION : Stress test is negative for exercise induced Ischaemic heart disease

Dr. ASHOK K. SINGH
M. D. (Medicine)
Reg. No. NMC 0067

DRASHOK SINGH
M.D.

Patient ID :
 Patient Name : Rahul Khosla 31/M
 Report time :
 March-30-2023

Protocol : BRUCE
 Patient Height : 168 Cm
 Patient Weight : 69.00 Kg
 Patient Add. :

Ref. By: Not Applicable
 (Not Applicable)

Stage	Stage Speed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.F. X 1000	METS	ST Level I	Stages Comments
Pre-Test	00:30 0.00 / 0.00	67	120 / 80	8	1.00	0.74	
Supine	00:05 0.00 / 0.00	70	120 / 80	8	1.00	0.68	
Standing	00:05 0.00 / 0.00	69	120 / 80	8	1.00	0.68	
Hyperventilation	00:07 0.00 / 0.00	73	120 / 80	8	1.00	0.48	
Wait For Exercise	00:44 0.00 / 0.00	72	120 / 80	8	1.00	0.68	
Exercise Stage 1	03:00 2.70 / 10.00	95	120 / 80	11	5.70	0.32	
Exercise Stage 2	03:00 4.00 / 12.00	108	130 / 80	14	8.00	0.64	
Exercise Stage 3	03:00 5.50 / 14.00	118	140 / 80	16	10.60	0.52	
Peak Exercise	01:00 6.60 / 16.00	141	140 / 80	19	13.00	0.90	
Recovery 1	01:00 0.00 / 0.00	107	140 / 80	14	1.00	0.87	

TOTAL EXER TIME : 10 : 0 min
 MAX WORKLOAD : 13.00
 MAX HR : 142 bpm (75.13 % of 189 bpm)
 MAX BP : 140 / 80 mmHg
 DOUBLE PRODUCT : 19880.00
 DISTANCE COVERED : 0.72 Km

Dr. ASHOK K. SINGH
 M.D. (Medicine)
 Reg. No. MMC 66677

DR. ASHOK SINGH
 M.D.

2023-3-30 10:46:27

ID: 00004813

Name: **Rahul Rhojwal**
Gender: **M**

Age: **37y**

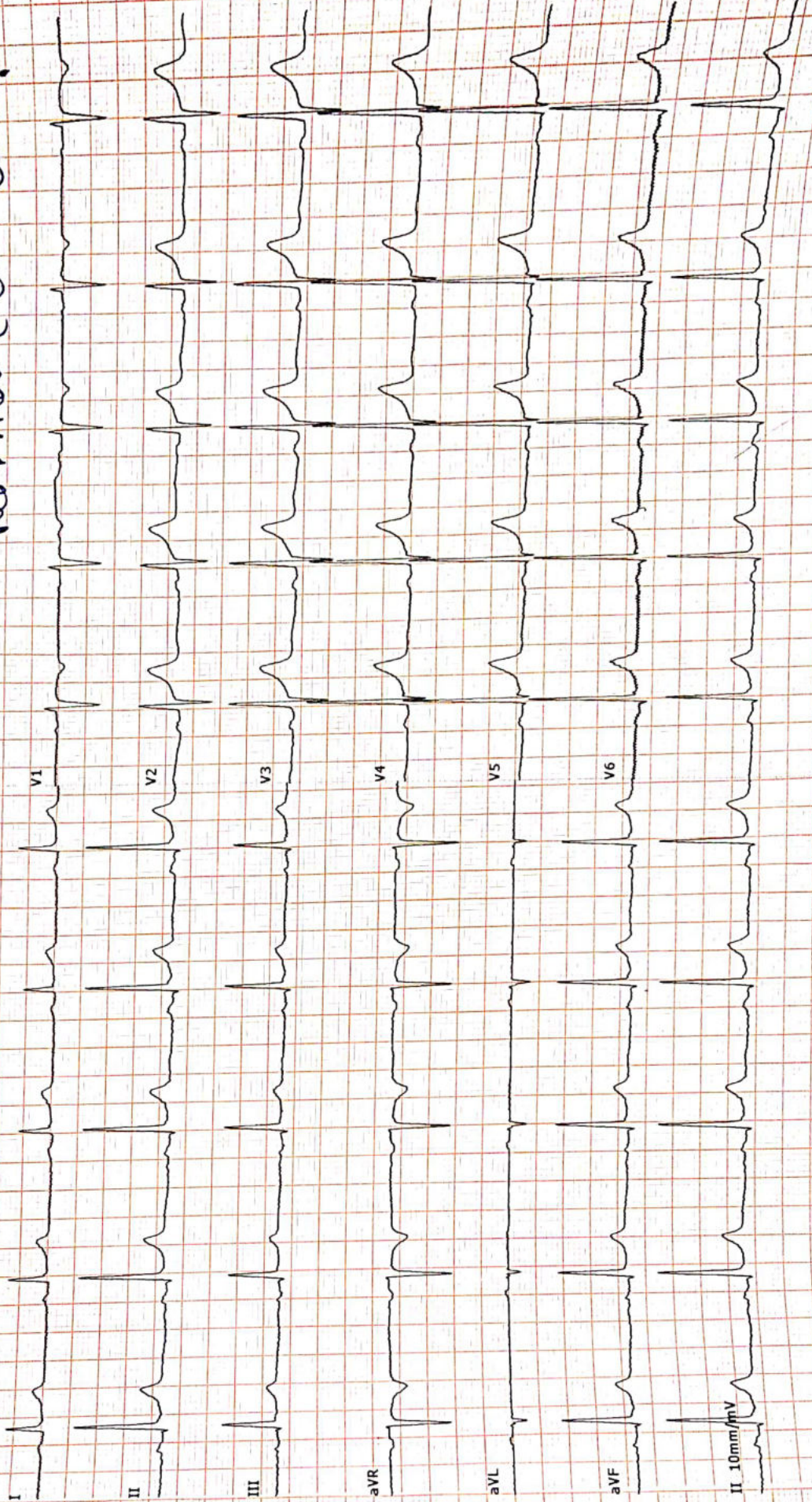
Height(cm):
BP(mmHg): /

HR.....bpm 60
P.....ms 156
Q-R-S.....ms 110
QT/QTc.....ms 366/364
P/QRS/T AXES.....deg 6/64/56
RV5/SV1.....mV 2.07/0.78
RV5+SV1.....mV 2.85

<< Conclusion >>

Report Confirmed by:

Normal ECG



10mm/mV
25mm/s
AUTO
AC:ON 0.05-35Hz

10mm/mV

NIDEK