

Bank of Blood



Certificate No.: PEH-2022-1862
April 07, 2022 - April 06, 2024

Patient Name Mr. Debendra MRN 159690 Age 49 Sex M Date/Time 10/8/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PI
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 172
W - 79
BP - 114/76
P - 91

Physician reference

Dr. Bhawna Garg
MBBS, DNB, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg. No. MPT-1001

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

Patient NAME	: Mr. DEBENDRA KUMAR SAMAL	Collected	: 10/Aug/2024 10:00AM
Age/Gender	: 49 Y 0 M 0 D /M	Received	: 10/Aug/2024 10:14AM
UHID/MR NO	: ILK.00037087	Reported	: 10/Aug/2024 10:51AM
Visit ID	: ILK.128787	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name	: INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	14.0	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	42.4	%	40-54	Cell Counter
RBC Count	4.9	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.4	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.0	g/dl	30.0-35.0	Calculated
RDW	13.6	%	11-16	Calculated
Total WBC count (TLC)	9,800	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	68.2	%	50-70	Cell Counter
Lymphocytes	23.2	%	20-40	
Monocytes	5.5	%	01-10	Cell Counter
Eosinophils	2.9	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	6,684	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2273	per cumm	600-4000	Calculated
Monocyte (Abs.)	539	per cumm	0-600	Calculated
Eosinophil (Abs.)	284	per cumm	40-440	Calculated
Basophils (Abs.)	20	per cumm	0-110	Calculated
Platelet Count	1.90	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	58	mm 1st hr.	0-20	Wester Green
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SIN NO :10495433,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr. DEBENDRA KUMAR SAMAL	Collected : 10/Aug/2024 10:00AM
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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	O	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC'S : Normocytic Normochromic RBC's. No cytoplasmic inclusions or hemoparasite seen.
WBC'S : Normal in number , morphology and distribution. No toxic granules seen. No abnormal cell seen.
PLATELETS : Adequate on smear .
IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



A.K. Rajan

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	93.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	103.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



SIN NO :10495453,

Sarita Pathak

DR. SARITA PATHAK
M.D (PATH)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATED HAEMOGLOBIN (GHb/HbA1c) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.0	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	96.80			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemc control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	16.07	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.9	mg/dL	3.5-7.2	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	4.2	Meq/L	3.5-5.5	Direct ISE
Chloride	102.0	mmol/L	96-106	Direct ISE
Calcium	9.7	mg/dL	8.6-10.0	OCPC
Phosphorous	3.4	mg/dL	2.5-5.6	PMA Phenol
BUN	7.51	mg/dL	6.0-20.0	Reflect Spectrothoto

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Sarita Pathak

DR. SARITA PATHAK
M.D (PATH)

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

- Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
- In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM F			
Total Cholesterol	225.0	mg/dl	up to 200	End Point
Total Triglycerides	183.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	44.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	181	mg/dL	<130	
LDL Cholesterol	144.4	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	36.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	5.11		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	1.0	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.8	mg/dL	0.0-0.9	Calculated
SGOT / AST	24.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	35.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	70.0	U/L	43-115	PNPP
Gamma Glutamyl Transferase (GGT)	18.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.9	g/dl	6.4-8.3	Biuret
Albumin	4.8	g/dL	3.5-5.2	BCG
Globulin	3.1	g.dl	2.0-3.5	Calculated
A/G Ratio	1.55	%	1.0-2.3	Calculated



SIN NO :10495433,

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DR. SARITA PATHAK
M.D (PATH)

Patient NAME : Mr. DEBENDRA KUMAR SAMAL	Collected : 10/Aug/2024 10:00AM
Age/Gender : 49 Y 0 M 0 D /M	Received : 10/Aug/2024 02:40PM
UHID/MR NO : ILK.00037087	Reported : 10/Aug/2024 02:47PM
Visit ID : ILK.128787	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	0.97	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	7.59	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	2.656	µIU/ml	0.35-5.50	Chemilluminescence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 & T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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UHID/MR NO : ILK.00037087	Reported : 10/Aug/2024 12:48PM
Visit ID : ILK.128787	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.005		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

Microscopic Examination.

Pus Cells	1-2	/Hpf	0-2	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

*** End Of Report ***

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SIN NO :10495433,

Sarita Pathak

DR. SARITA PATHAK
M.D (PATH)



RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO. : 2048250
NAME : MR DEBENDRA KUMAR SAMAL
AGE/SEX : 49 YRS / MALE
DATE : 10-August-2024
MRD NO. : R-113440
CITY : GWALIOR

PAST SURGERIES :

CAT+PC IOL IN RE

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/9	6 BLU	N24
WITH GLASSES			N6	N6
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10:41AM	17		18	

Rx. EYE From To Instructions
1 MOISTANE EYE DROP BOTH EYE 10-Aug-2024 7-Nov-2024
10ML/POLYETHYLENE GLYCOL 400 &
OPHTHALMIC SOLUTION (0.4% & 0.3% W/V)
ONE DROP 4 TIMES A DAY FOR 90 DAYS

TREATMENT PLAN : GLASS PRESCRIPTION
R/W FOR DILATED EXAMINATION
REFERRED TO :
DR. REMARK : PERIODICAL FOLLOW UPS
NEXT REVIEW : AS PER DR. ADVISED

Jyotsna
10/8/24
DR. JYOTSNA SHARMA

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.
Nutritional Advice : As per treating physician
Instructions : Patient and Attendant(s) Counselling
Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध ● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें
नेत्रदान के लिए सम्पर्क करें : 9111004044

PATIENT NAME - DEBENDRA KUMAR SAMAL 49Y/
REFERRED BY - H.C.P
DATE - 10/08/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. Echogenic calculi seen within GB lumen measured upto ~19mm. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 9.4cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Visualized Pancreas appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~ 10x5.1cm, and left kidney ~ 11x4.9cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is normal in shape, wall and content.

Prostate appears normal in size (~ 14.3cc), shape and echotexture.

No obvious ascites.

OPINION:- Features are suggestive of-

- Echogenic calculi within GB lumen (measured upto ~19mm)-Suggestive of Cholelithiasis
- Grade I fatty liver

Suggested clinical correlation/Follow up imaging.

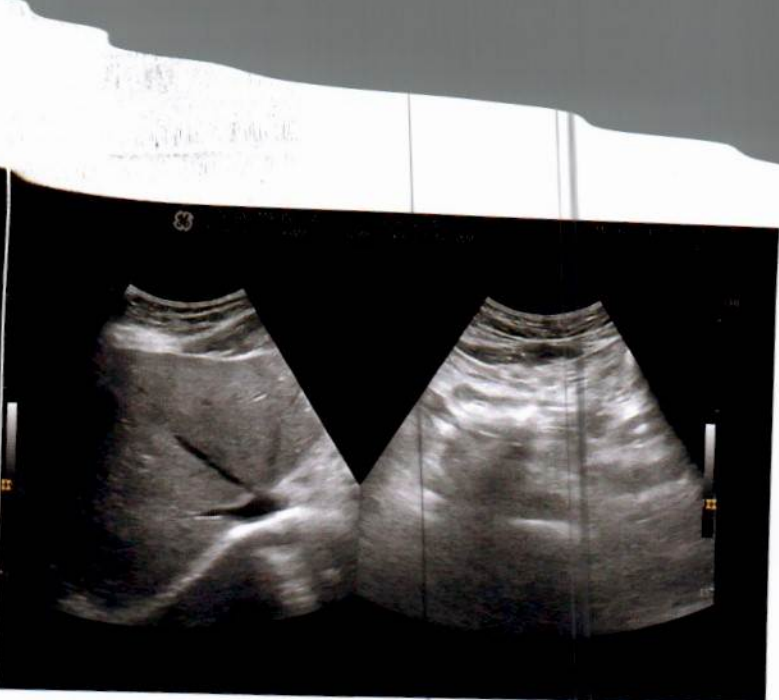
DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the clinical-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. In case of any kind of typing error, please intimate us within 7 days of reporting.



TOYI NATI
DINDANI PART
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MR No. Patient Name Foundra Age 49 Sex M Date 10/18/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP O/E
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg O/P
- Anti HCV

Health Checkup

Calculu m

Spells m

Gen. gingivitis

Oral surgery

Vitals

- B.P.
- P.R. hr.
- SPO2
- Temp

Cholur xDS 17/12

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :



PT. NAME: DEBENDRA KUMAR SAMAL	AGE/SEX: 49Y/M
REF. BY: 159690	10/08/2024

X RAY CHEST (PA)

IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.
B/L costophrenic angle appear clear and normal.
Trachea is central.
Cardiothoracic ratio is within normal limit.
Soft tissue and bony cage appear normal.
B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

- No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

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Rate 87 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 PR 167 . Sinus rhythm.....Normal P axis, V-rate 50-99
 QRS 90 . ST elev, probable normal early repol pattern.....ST elevation, age<55
 QT 344 . Baseline wander in lead(s) V4,V6
 QTc 414

--AXIS--
 P 63
 QRS 35
 T 26

12 Lead; Standard Placement
 Unconfirmed Diagnosis

- NORMAL ECG -

