

Patient Name	Nitin Ichadje .	Date	
Age	39 yrs.	UHID No	
Sex	Male .	Ref By	
Occupation	Service .	Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

**CHIEF COMPLAINTS**

- H/o B/L Heel pain '3-4 months ,

**PAST HISTORY**

- No H/o any major ill.

**MEDICAL HISTORY**

Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
No.	No.	No.	No.	No.
Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
No.	No.	No.	No.	No.
Other History				

**SURGICAL HISTORY**

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
No.	No.	No.	No.	No.

**CURRENT MEDICATIONS**

Sr. No	Complaints	Dosage	Duration
<u>None</u>			

NAME	Nitin Khadar	Weight	85.6 kg
BP	110/80 mmHg	Height	181 cm
Pulse	66 bpm	SPO2	97 %
Temperature	Absent	Peripheral Pulses	Present
Oedema	Absent	Breath Sound	AECF
Heart Sound	S1+S2		

### B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} no.	Frequency of urine	} no.
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		Nycturia	
Eye pain	} no.	Dysuria	
Spots before eyes		Urge Incontinence	
Dry eyes		OBS/GYNE.	
Wearing glasses		Abnormal bleed	} no.
Vision changes		Vaginal Discharge	
Itchy eyes	Irregular menses		
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	} no.	MUSCULOSKELETAL	
Nose bleeds		Joint swelling	} chest pain
Sore throat		Joint pain	
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems	INTEGUMENTARY (SKIN)		
CARDIOVASCULAR		Acne	} no.
Chest pain	Breast pain		
Heart rate is fast/slow	Change in mole		
Palpitations	Breast		
Leg swelling	NEUROLOGICAL		
RESPIRATORY		Confused	} no.
Shortness of breath	Sensation in limbs		
Cough	Migraines		
Orthopnoea	Difficulty walking		
Wheezing	PSYCHIATRIC		
Dyspnoea	Suicidal	} no.	
Respiratory distress in sleep	Change in personality		
GASTROINTESTINAL			Anxiety
Abdominal pain	Sleep Disturbances		
Constipation	Depression		
Heartburn	Emotional		
Vomiting			
Diarrhoea			
Melena			



भारत सरकार  
GOVERNMENT OF INDIA



नितीन श्रीराम खडसे  
Nitin Shriram Khadse  
जन्म वर्ष / Year of Birth : 1985  
पुरुष / Male



6161 2360 6405

आधार — सामान्य माणसाचा अधिकार

*Sandeep*

**Dr Sandeep Deshpande**  
MD (CARDIOLOGIST)  
REG - 72944

*N. Khadse*

**VRX HEALTHCARE PVT. LTD.**  
Shop No.34-38, Gayatri Satsang Building,  
Behind Vishnu Shivam Mall,  
Thakur Village, Kandivali East,  
Mumbai, Maharashtra - 400 101  
Mobile No.: 7506155999 / 7045955999





# Report

VRX HEALTH CARE PVT. LTD.

Name : MR. NITIN KHADSE  
Age / Gender : 39 Years 6 Months / M  
Referred By : MEDIWHEEL

UHID : VRX-43876  
Registered On : 09/09/2024 09:41  
Collected On : 09/09/2024 10:03  
Reported On : 09/09/2024 16:28

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>CBC-COMplete BLOOD COUNT</b>			
HAEMOGLOBIN	13.6	13.0 - 17.0 gm/dl	
RBC COUNT	4.64	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	42.1	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	90.73	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	29.31	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	32.3	31.5 - 34.5 g/dl	
RDW	13.1	11.6 - 14.0 %	
WBC COUNT	4.6	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	59	40 - 80 %	
LYMPHOCYTES	32	20 - 40 %	
EOSINOPHILS	03	1 - 6 %	
MONOCYTES	0	2 - 10 %	
PLATELETS COUNT	222	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	9.7	6.78 - 13.46 %	
PDW	16.7	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

**REMARKS**  
EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

**INTERPRETATION**

--- End of the Report ---

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*N. Jain*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



Name	: MR. NITIN KHADSE	UHID	: VRX-43876
Age/Gender	: 39 Years 6 Months /M	Registered On	: 09/09/2024 09:41
Referred By	: MEDIWHEEL	Collected On	: 09/09/2024 10:03
		Reported On	: 09/09/2024 16:28

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40</b>			
BLOOD GROUP	A POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING
ESR	14	< 20 mm at the end of 1Hr.	WESTERGREN
<p><b>INTERPRETATION</b>  <b>ESR(Erythrocyte Sedimentation Rate)</b>-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.            Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.            Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</p>			

--- End of the Report ---

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Age/Gender	: 39 Years 6 Months /M	Registered On	: 09/09/2024 09:41
Referred By	: MEDIWHEEL	Collected On	: 09/09/2024 13:08
		Reported On	: 09/09/2024 16:28

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			GODPOD
PPBS	91.0	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

**INTERPRETATION**

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl  
 Diabetic : >= 126 mg/dl  
 Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140  
 Diabetic : >= 200 mg/dl  
 Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >= 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols

FASTING BLOOD SUGAR			
FBS	98.88	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

**INTERPRETATION**

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# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001  
Patient Name : MR. NITIN KHADSE  
Age : 39 Yrs 6 Month  
Gender : MALE  
Ref. Doctor : SELF  
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A072898  
Registered On : 09/09/2024,02:33 PM  
Collected On : 09/09/2024,03:18 PM  
Reported On : 09/09/2024,08:39 PM  
SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>HbA1c (Glycylated Haemoglobin) WB-EDTA</b>			
HbA1c (Glycylated Haemoglobin)	5.4	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 108.3 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

  
Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)







# Report

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## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>Corelation of A1C with average glucose</b>			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

#### Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

#### Lipid Test

Investigations	Observed Value	Bio. Ref. Interval	METHOD
TOTAL CHOLESTEROL	183.3	130 - 200 mg/dl	
TRIGLYCERIDES	108.5	25 - 160 mg/dl	
HDL CHOLESTEROL	40.31	35 - 80 mg/dl	
LDL CHOLESTEROL	<b>121.29</b>	< 100 mg/dl	
VLDL CHOLESTEROL	21.7	7 - 35 mg/dl	
LDL-HDL RATIO	3.01	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	<b>4.55</b>	2.5 - 4.0 mg/dl	

#### INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

\*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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Dr. Vipul Jain  
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40</u></b>			
<b>LIVER FUNCTION TEST</b>			
SGOT	30.08	5 - 40 U/L	
SGPT	32.12	5 - 45 U/L	
TOTAL BILIRUBIN	0.82	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	<b>0.59</b>	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.23	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.69	6.0 - 8.3 g/dl	
ALBUMIN	3.92	3.5 - 5.2 g/dl	
GLOBULIN	<b>3.77</b>	2.0 - 3.5 g/dl	
A/G RATIO	1.04	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	67.61	53 - 128 U/L	
GGT	21.43	3 - 60 U/L	
<b>REMARKS</b> SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED <b>PENTRA C-200</b> BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40</b>			
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	7.69	6.0 - 7.8 g/dl	BIURET
ALBUMIN	3.92	3.5 - 5.2 g/dl	BIURET
GLOBULIN	<b>3.77</b>	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.04	1.0 - 2.0 g/dl	BIURET
<b>BUN</b>			
UREA	24.82	19 - 44 mg/dl	
BLOOD UREA NITROGEN	11.59	9.0 - 20.5 mg/dl	
CREATININE	1.15	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
URIC ACID	4.81	3.5 - 7.2 mg/dl	URICASE
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	11.59	9.0 - 20.5 mg/dL	
Creatinine	1.15	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	10.08	5.0 - 23.5	

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

#### STOOL ROUTINE

COLOUR	BROWNISH		
FORM AND CONSISTENCY	SOLID		
MUCUS	ABSENT		
FRANK BLOOD	ABSENT		
WORMS	ABSENT		
REACTION	6.0		
OCCULT BLOOD	NEGATIVE		
PUS CELLS	2-4		
EPITHELIAL CELLS	2-4		
RBCS	NIL		
OVA	ABSENT		
TROPHOZOITES	NIL		
CYST	ABSENT		
FAT BODIES	ABSENT		
MACROPHAGES	ABSENT		
VEGETABLE FIBRES	ABSENT		
YEAST CELLS	ABSENT		

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>URINE ROUTINE</b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
NITRITE	Absent		
LEUKOCYTE ESTERASE	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	<b>Present (trace)</b>		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

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 Gender : MALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A072898  
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 SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	89.2	ng/dL	58-159
Total T4 Method : ECLIA	7.0	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.686	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl  T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl  TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
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**1.Total T3( Total Tri- ido- thyronine )** is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

**2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)**is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

**3.TSH (Thyroid stimulating hormone or Thyrotropin)**is produced by anterior pituitary in response to its stimulation by TRH (Thyrotprn releasing hormone ) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

----- End of Report -----

Results are to be correlated clinically

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Scan to Validate



Entered By

Verified By

Dr Suvarna Deshpande  
 MD (Path)  
 Reg.No.83385

Dr Aparna Jairam  
 MD (Path)  
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"







Patient Name: MR. NITIN KHADSE

AGE: 39 Yrs/ M

Ref. by: MEDI WHEEL

Date: 10.09.2024

## 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, 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:** Portal vein appears normal.

**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 part of 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 is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
10.4 x 4.5 cm	11.1 x 6.1 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 distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.  
Pre void - 196 cc

.....Continue On Page 2







(MR.NITIN KHADSE .....PG 2)

**PROSTATE:** Prostate is normal in size, measures 20 cc. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

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

**IMPRESSION:**

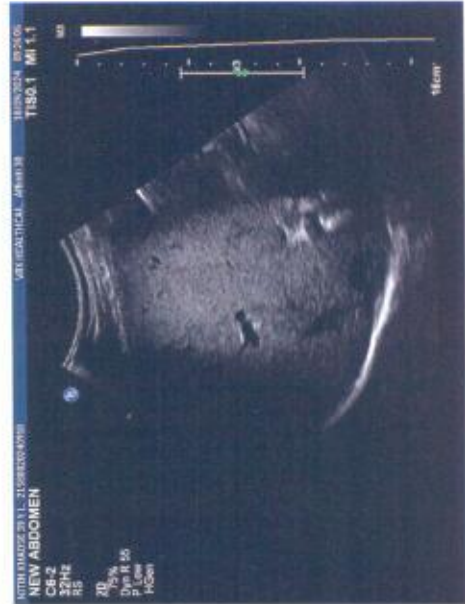
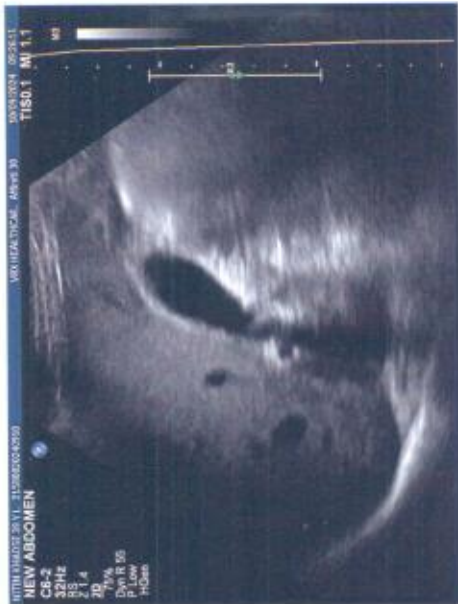
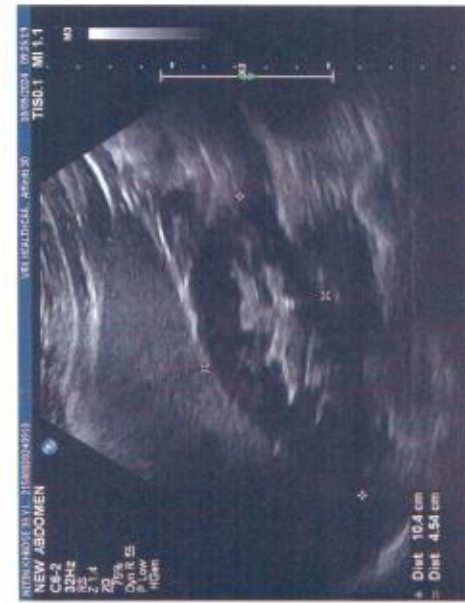
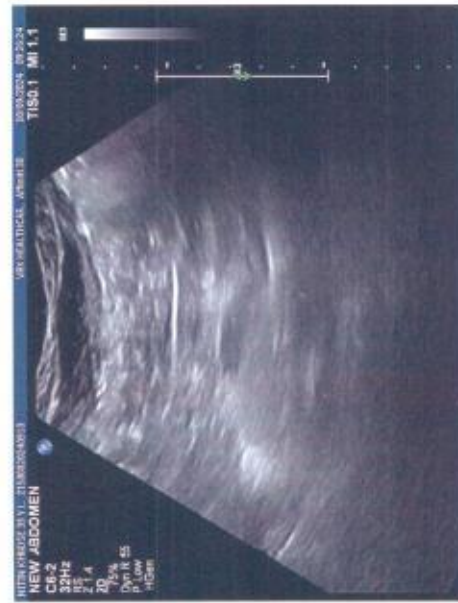
- No significant abnormality is seen.

*Thanks for the reference.  
With regards,*

**DR.FORAM AJMERA  
CONSULTANT RADIOLOGIST.**

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Patient Name:	MR.NITIN KHADSE	Age: 39 Yrs/ M
Ref. by:	MEDI WHEEL	Date: 09/09/2024

## XRAY CHEST PA

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

*Please correlate clinically.*

**DR.FORAM AJMERA**  
**CONSULTANT RADIOLOGIST.**

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2  
DOB 08/03/1985 39 Years  
KHADSE, NITIN  
Male

09/09/2024 09:41:35

VRX HEALTHCARE PVT LTD

Rate 72 Sinus rhythm  
Right axis deviation

PR 135  
QRSD 100  
QT 389  
QTc 426

--AXIS--  
P 47  
QRS 105  
T 54

12 Lead: Standard Placement

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Dr Sandeep Deshpande  
MD (CARDIOLOGIST)  
REG - 72944

*Normal*  




Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 50~0.50-40 Hz W 100B CL P2