

Name : Mr. PRAJWAL.R
PID No. : MED120040420
SID No. : 924033526
Age / Sex : 52 Year(s) / Male
Type : OP
Ref. Dr : MediWheel


Register On : 26/10/2024 8:58 AM
Collection On : 26/10/2024 9:28 AM
Report On : 26/10/2024 4:29 PM
Printed On : 27/10/2024 12:09 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/SLS Hemoglobin method)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	42.3	%	42 - 52
RBC Count (EDTA Blood/Impedance/Coulter Principle)	5.29	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	27.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	34.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Calculated)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Calculated)	38.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	5700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Flow cytometry)	47.3	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	38.5	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	5.8	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	7.6	%	01 - 10
Basophils (EDTA Blood/Flow cytometry)	0.8	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.




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Senior Consultant Pathologist
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Absolute Neutrophil count (EDTA Blood/Calculated)	2.7	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	2.2	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.3	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.4	10 ³ / μl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.0	10 ³ / μl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	249	10 ³ / μl	150 - 450
MPV (EDTA Blood/Calculated)	8.9	fL	7.9 - 13.7
PCT (EDTA Blood/Calculated)	0.222	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Capillary Photometry Technology)	2	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	125.40	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/Hexokinase)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	101.02	70 - 140

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP/Hexokinase)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	15.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.18	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.52	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.47	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.49	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	24.45	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.80	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.0	U/L	56 - 119
Total Protein (Serum/Biuret)	7.79	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.76	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.03	gm/dL	2.3 - 3.6



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A : G RATIO (Serum/Derived)	1.57		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	143.15	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	109.66	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	46.25	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	75	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	96.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220




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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	7.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	154.2	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.602	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH). Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.03	ng/ml	0.4 - 1.81
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	10.64	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	0.872	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20
 1 st trimester: 0.1-2.5
 2 nd trimester 0.2-3.0
 3 rd trimester : 0.3-3.0
 (Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
 3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	25	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.0	4.5 - 8.0
Specific Gravity (Urine)	1.006	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative



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Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination) 'O' 'Positive'





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BUN / Creatinine Ratio	12.9		6.0 - 22.0




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<u>URINE ROUTINE</u>			



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-- End of Report --

Name	PRAJWAL.R	ID	MED120040420
Age & Gender	52-Male	Visit Date	10/26/2024 5:06:48 PM
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS visualized portion of head appears normal. Rest is obscured by bowel gas.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.7	1.5
Left Kidney	10.6	1.8

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size and echopattern. It weighs 23gms

No evidence of ascites.

Impression:

- **Grade II fatty liver.**

DR. K. CHAKRADHAR

REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
2.The results reported here in are subject to interpretation by qualified medical professionals only.
3.Customer identities are accepted provided by the customer or their representative.
4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
9.Liability is limited to the extend of amount billed.
10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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CONSULTANT RADIOLOGIST
Kc/Sk

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Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. APARNA

CONSULTANT RADIOLOGIST

MEDALL CLUMAX DIAGNOSTICS

Customer Name	MR. Prajwal R	Customer ID	MED1200 10420
Age & Gender	52 Y.M.	Visit Date	26/10/24

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N5	N5
Distance Vision	6/6	6/6
Colour Vision	(2)	(2)

Observation / Comments:

No issues



52 Years

Male

QRS	90 ms
QT / QTcBaz	374 / 441 ms
PR	142 ms
P	112 ms
RR / PP	710 / 714 ms
P / QRS / T	56 / 46 / 27 degrees

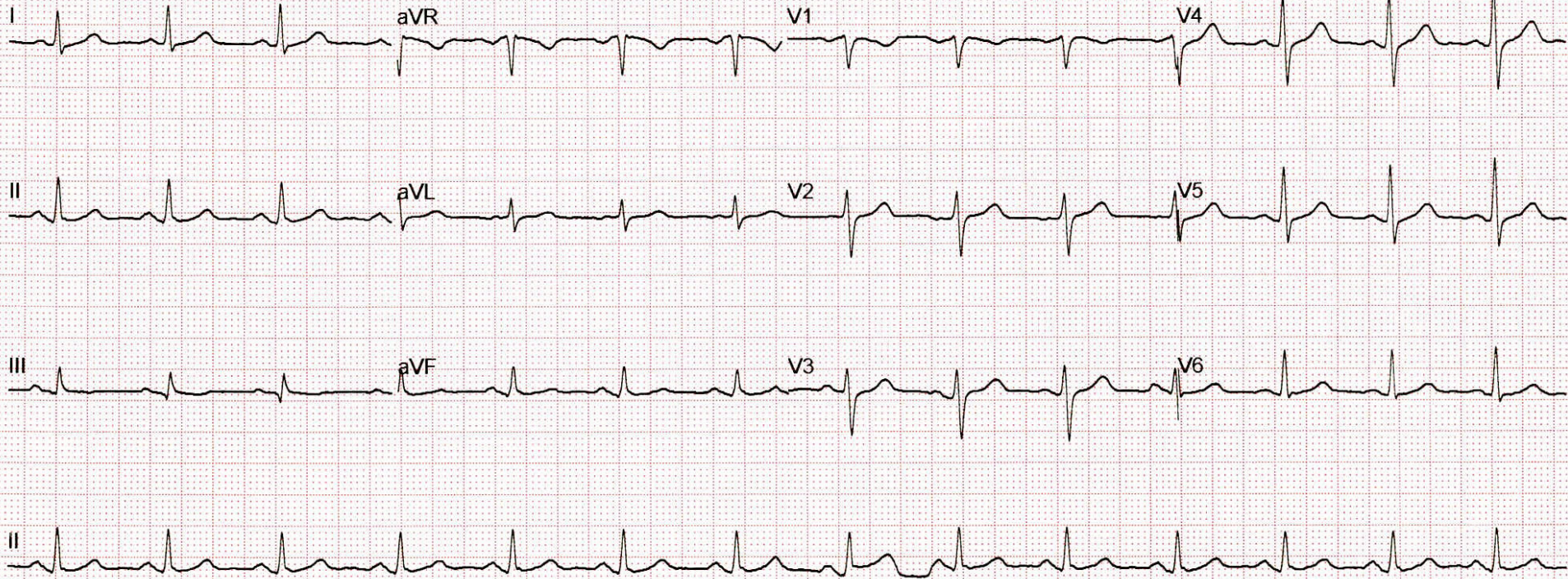


*Sinus Rhythm.
Normal Study.*

Technician: MEGHA
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

**(Needs Clinical Correlation
for further Management)**

[Signature]
Dr. Sathwik Raj V A, MD, DM
Asst. Prof. of Cardiology
K.M.C. Regn. No. 96177



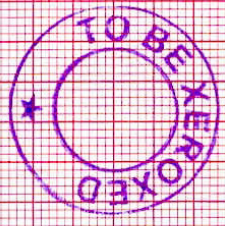
ID: 120040420

32 years

Male

26-Oct-2024
11:33:52

Referred by: MEDIWHEEL
Test Ind: IHD SCREENING



BRUCE Total Exercise time: 8:32
 Max HR: 153bpm 91% of max predicted 168bpm
 Max BP: 150/90 Maximum workload: 10 METS
 Reason for Termination:
 Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE
 NO ANGINA/ARRHYTHMIA
 NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE
 IMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA
 *** NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT***
 *** DR. SATHWIK RAJ MD, DM CARDIOLOGIST ***

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST EXERCISE	SUPINE	5:24	***	***	1.0	83	130/70	108
	STAGR 1	3:00	1.7	10.0	4.6	106	140/80	148
	STAGR 2	3:00	2.5	2.0	7.0	118	140/80	165
RECOVERY	STAGR 3	2:32	3.4	14.0	10.1	153	150/90	230
	Post	4:21	***	***	1.0	90		

Technician: SONU

CLUMAX DIAGNOSTICS

Unconfirmed

MAG55 010Bsp1

(Signature)
 Dr. Sathwik Raj V.A. MD, DM
 Asst. Prof. of Cardiology
 K.M.C. Regn. No. 96177

ID: 120040420

52years

Male

Total Exercise time: 8:32

25.0 mm/s

10.0 mm/mV

100Hz

26 Oct-2024
11:33:52

Referred by: MEDIWHEEL
Test ind: IHD SCREENING

Max HR: 153bpm 91% of max predicted 168bpm
Max BP: 150/90
Maximum workload: 10 METS

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Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE
NO ANGINA/ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE
IMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA
*** NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT***
*** DR SATHWIK RAJ MD,DM CARDIOLOGIST***

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
0:00 83bpm BP: 130/70	0:03 138bpm BP: 150/90	8:32 153bpm BP: 150/90	4:21 90bpm	0:00 83bpm BP: 130/70	0:03 138bpm BP: 150/90	8:32 153bpm BP: 150/90	4:21 90bpm
I 0.1 0.2	I 0.1 -1.2	I 0.2 -1.1	I 0.1 0.0	V1 -0.1 -0.4	V1 0.5 0.2	V1 0.5 -0.5	V1 0.0 -0.5
II 0.6 0.0	II -0.8 0.6	II -0.5 -0.1	II 0.0 0.4	V2 0.2 0.0	V2 0.6 -0.1	V2 0.6 0.2	V2 0.4 0.0
III 0.2 -0.6	III 0.3 0.0	III 0.1 0.1	III -0.3 -0.3	V3 1.2 0.7	V3 1.4 1.6	V3 1.3 1.8	V3 0.4 0.4
aVR -0.4 -0.6	aVR 0.3 -1.6	aVR 0.1 -1.7	aVR -0.1 -0.6	V4 1.2 0.6	V4 0.7 1.3	V4 0.7 1.3	V4 0.4 0.7
aVL 0.0 -0.2	aVL 0.7 -0.5	aVL 0.9 -0.5	aVL 0.2 0.0	V5 1.0 0.8	V5 0.8 0.5	V5 0.8 0.5	V5 0.0 0.4
aVF -0.5 -0.2	aVF -1.7 -0.4	aVF -1.3 -0.9	aVF -0.1 0.0	V6 0.6 0.3	V6 -0.3 -0.4	V6 -0.3 -0.4	V6 -0.1 0.2

Technician: SONU

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 010Bspl

Lead

ST(mm)

Slope(mV/s)

ID: 120040420

26-Oct-2024

11:42:05

103bpm

BP: 130/70

EXERCISE
STAGE 1

2:51

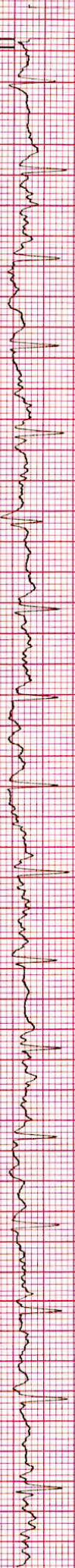
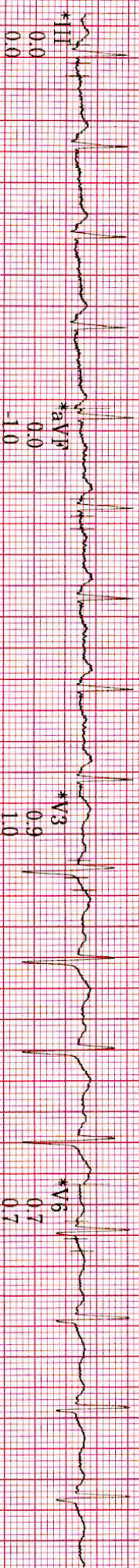
BRUCE

1.7mph

10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010Bsp1

0

ID: 120040420

26-Oct-2024

11:45:05

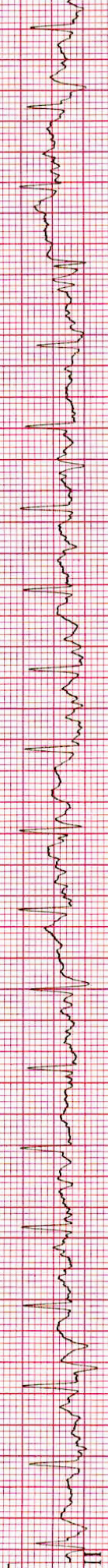
117bpm
BP: 140/80

EXERCISE
STAGE 2
5:51

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010Bsp1

LINKED MEDIANS REPORT

EXERCISE

STAGE 3

8:08

BRUCE

3.4mph

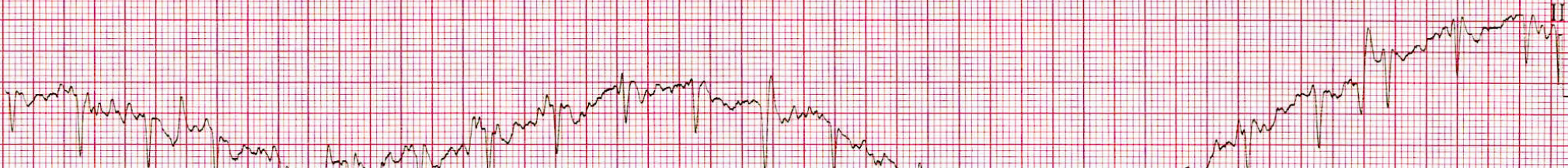
14.0%

136bpm

ST @ 10mm/mV

80ms postd

Lead ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010Bsp1

* Computer Synthesized Rhythm

ID: 120840420

26-Oct-2024
11:47:48

141bpm

RECOVERY
Post

BRUCE
3.4mph
14.0%

BP: 150/90

0:00

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

*I
0.1
-1.1

*aVR
0.3
-1.6

*V1
0.5
0.4

*V4
0.7
1.3

*II
0.5
-0.3

*aVL
0.7
-0.3

*V2
0.6
0.0

*V5
0.8
0.5

*III
0.3
0.0

*aVF
-1.3
-0.9

*V3
1.4
1.6

*V6
0.3
-0.4

Raw Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010bsp1

ID: 120040420

26-Oct-2024
11:48:47

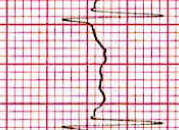
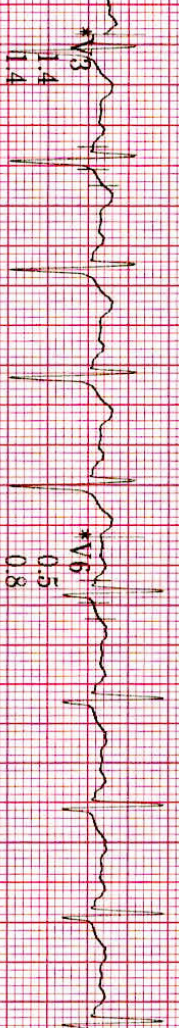
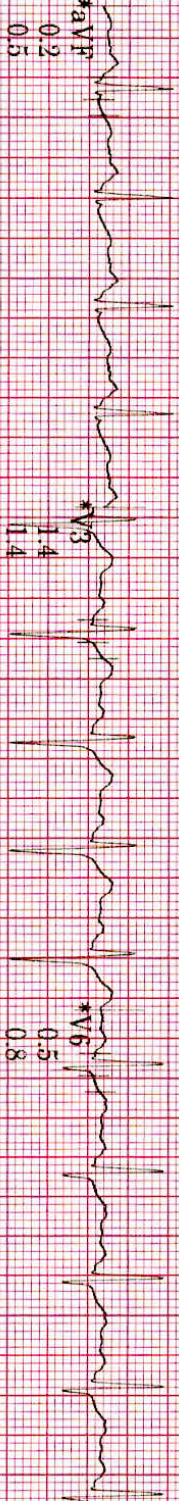
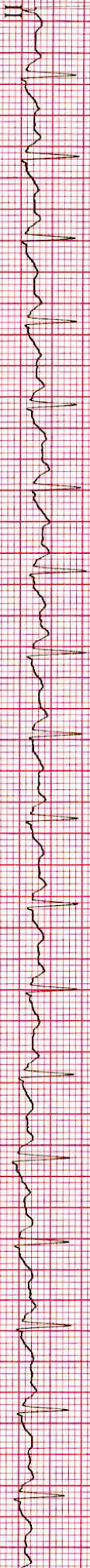
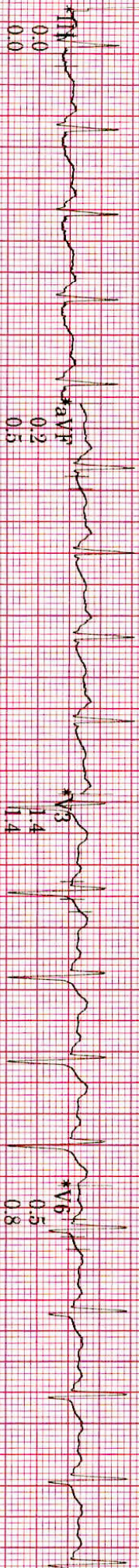
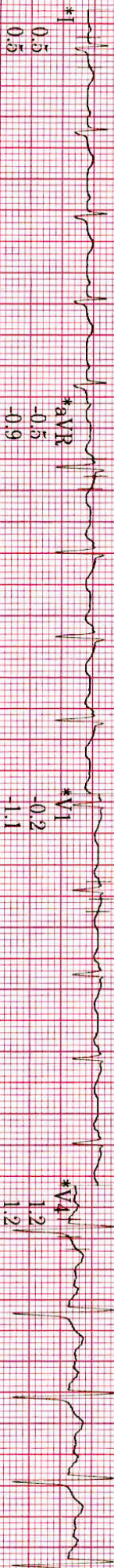
111bpm

RECOVERY
Post
1:00

BRIDGE
**mph
**%

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 010Bsp1

5

ID: 120040420

26-Oct-2024

11:50:47

97bpm

BP: 130/70

RECOVERY

Post

3:00

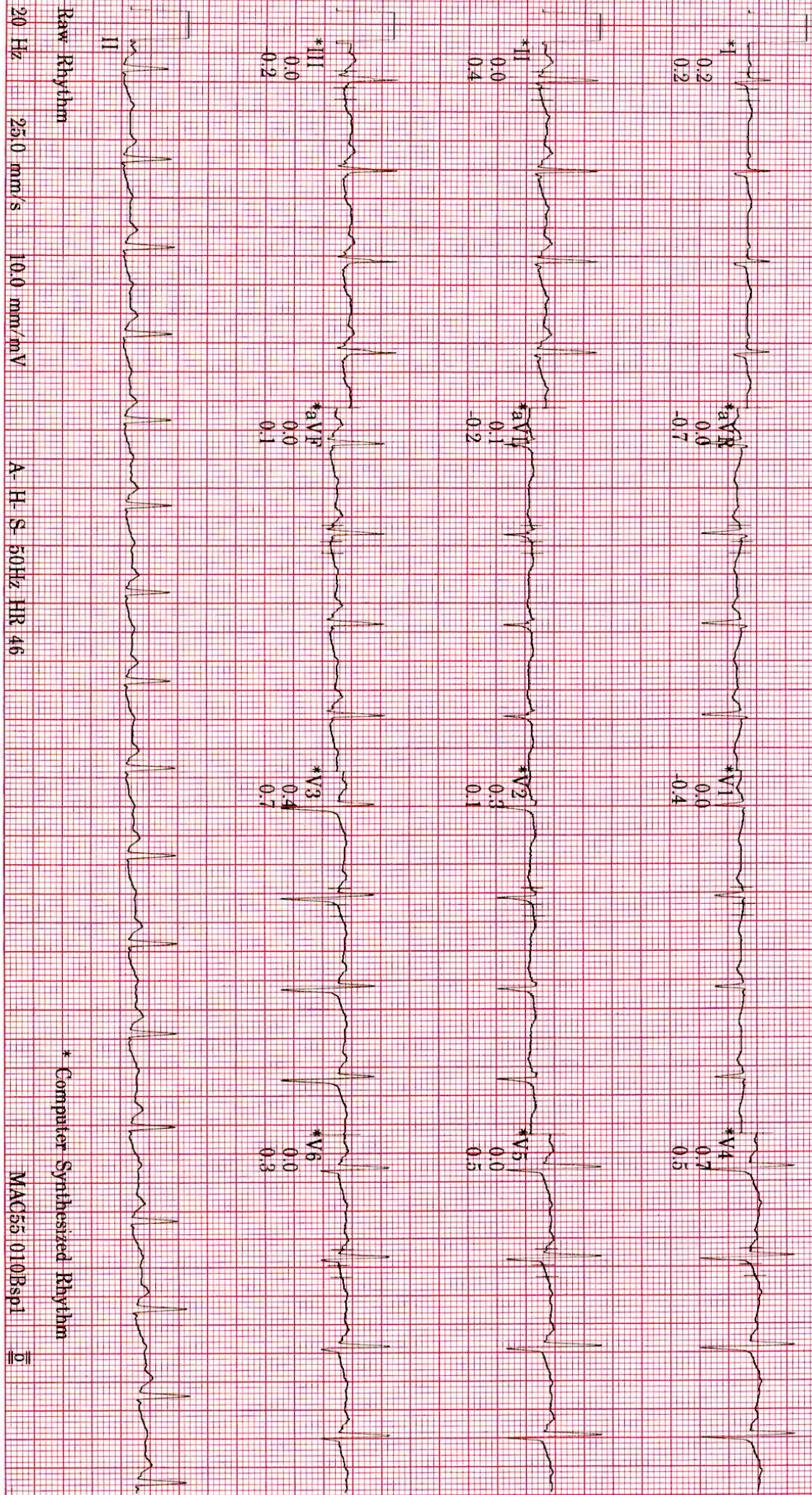
BRUCE

** *mph

** %

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



ID: 120040420

26-Oct-2024
11:51:51

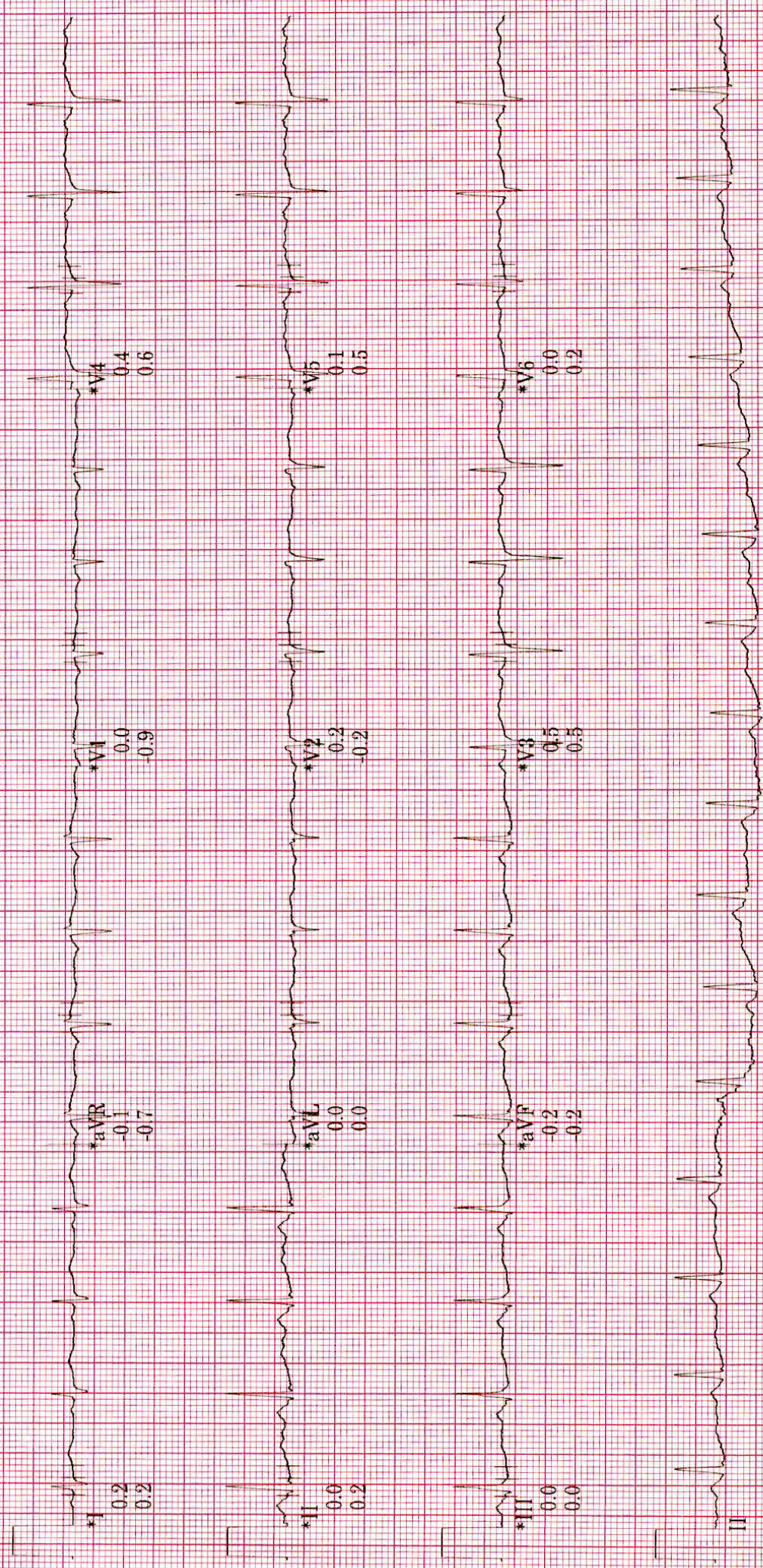
RECOVERY
Post
4:04

BRUCE
** *m**
** *%*

98bpm
BP: 130/70

ST @ 10mm/mV
80ms post₀

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010Bsp1

2