



PT. NAME	:- MR. RAJENDRA SINGH	Sample Collected On	:- 22/11/2024
PT. AGE/SEX	:- 42 Y / M	Report Released On	:- 22/11/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10625
Company	:- -	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	81.2	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	135.2	mg/dl	70 - 140
Uric Acid	4.6	mg/dL	3.5 - 8.5
Blood Urea Nitrogen (BUN)	16.0	mg/dL	7 - 18
Serum Creatinine	1.0	mg/dl	0.66 - 1.25
Cholesterol	168.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	96.3	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	43.0	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	105.94	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	19.26	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.91		0 - 5.0
LDL/HDL Ratio	2.4	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

CHECKED BY

सही जॉब ही सही डॉलाज का आधार है...



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Bilirubin - Total	0.83	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.24	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.59	mg/dl	0 - 1.1
SGOT (AST)	40.0	U/L	17 - 59
SGPT (ALT)	35.0	U/L	21 - 72
Alkaline phosphatase (ALP)	90.7	U/L	38 - 126
Total Proteins	7.1	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	2.80	g/dl	2.3 - 3.6
A/G Ratio	1.54		1.1 - 2.0
Gamma GT	33.9	U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

T3 (Triiodothyronine)	144.3	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	6.4	ug/dl	4.6 - 12.5
TSH	3.7	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
STOOL EXAMINATION			
<u>Physical Examination</u>			
Consistency	Solid		
Colour	Brownish		Pale Yellow
Reaction.			
Blood	Absent		
Mucus	Present		
Worms	Absent		
<u>Microscopic Examination</u>			
Ova	Nil		
Cyst	Absent		
Epithelial cell	01-02	/HPF	0 - 1
PUS CELLS	02-03	/HPF	0 - 5
Trophozoite	Absent		
Vegetable Material	Absent		
Other Findings	Not detected		
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	02-03	/HPF	0 - 5
PUS CELLS	01-02	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
Others	Not detected		
<u>Physical Examination</u>			
Colour	Colourless		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	5500	/cumm	4000 - 11000
NEUTROPHILS	72	%	40 - 70
LYMPHOCYTES	23	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	13.8	gm/dL	12.5 - 16.5
RBC COUNT	5.47	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	42.2	%	37.5 - 49.5
MCV	77.3	fL	80 - 95
MCH	25.2	pg	26 - 32
MCHC	32.70	g/dl	32 - 36
RDW-CV	14.8	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	90000	/ μ L	150000-400000
MPV	14.4	fl	7.0 - 11.0
PDW	16.4	%	12 - 18
P-LCR	63.2	%	13 - 43
ESR	20	after 1 hr	0 - 15
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	4.9	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

SPECIAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
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PSA (Total)	1.63	ng/ml	0.0 To 4.00
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--- End Of Report ---

CHECKED BY



DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. : CG MCI-2996/2010

सही जाँच ही सही इलाज का आधार है...



DATE: 22-Nov-24

PATIENT NAME MR. RAJENDRA SINGH
 AGE/SEX 42 YRS/ MALE
 REF. BY MEDIWELL

X-RAY CHEST PA VIEW OBSERVATION & IMPRESSION

- Bilateral lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- The cardiac shadow is normal.
- The bony thorax is normal.

IMPRESSION No significant abnormality is seen.

Needs clinical correlation & other investigations.

Dr. Hulesh Mandale, **MANDALE**

Consultant Radiologist

MBBS, MD, MRCP
 CCMS-223104

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptoms and other related test please interpret accordingly.

Note-

1. The report & film are not valid for medico-legal purpose.
2. Please intimate us if any typing mistakes & send the report for correlation within 7 days.



DATE- 22-Nov-24

PATIENT NAME MR. RAJENDRA SINGH
 AGE/SEX 42 YEAR / MALE
 REF. BY MEDIWHEEL

SONOGRAPHY OF THE ABDOMEN**PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)**

LIVER : The liver is normal in size, shape & contour with normal echotexture. No evidence of any focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

GALL BLADDER : Appears normal distended. Wall thickness appear normal. No obvious intraluminal calculus is seen.

PANCREAS : It is normal echogenicities and size, shape. Pancreatic duct is normal.

SPLEEN : Spleen is normal size, shape and position. No focal lesion seen.

KIDNEY : Right kidney measures 10.8 x 4.1 cm.
 Left kidney measures 11.3 x 4.4 cm.
 Both Kidneys are normal size, shape and position.
 Renal parenchymal echogenicities are normal.
 No evidence of any calculus or polycalyceal dilation.

URINARY BLADDER: UB is well distended with normal wall thickness. No evidence of mass/calculus.

PROSTATE : It is normal in size - 3.9 x 2.8 x 3.7 cm & vol 22.1 cc, shape & smooth outlines.

RETRO PERITONEUM : No evidence of lymphadenopathy / mass.

FREE FLUID : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION:

❖ No significant abnormality detected.

Needs clinical correlation & other investigations.

Dr. Hulesh Mandle, MD
 Consultant Radiologist

Kindly Note:-

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- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGAR



ent. Rate : 63 bpm
 R Interval : 144 ms
 PE Duration : 82 ms
 T/QTc Int : 382/257 ms
 QRS axis: 65.00° 66.00° 73.00°

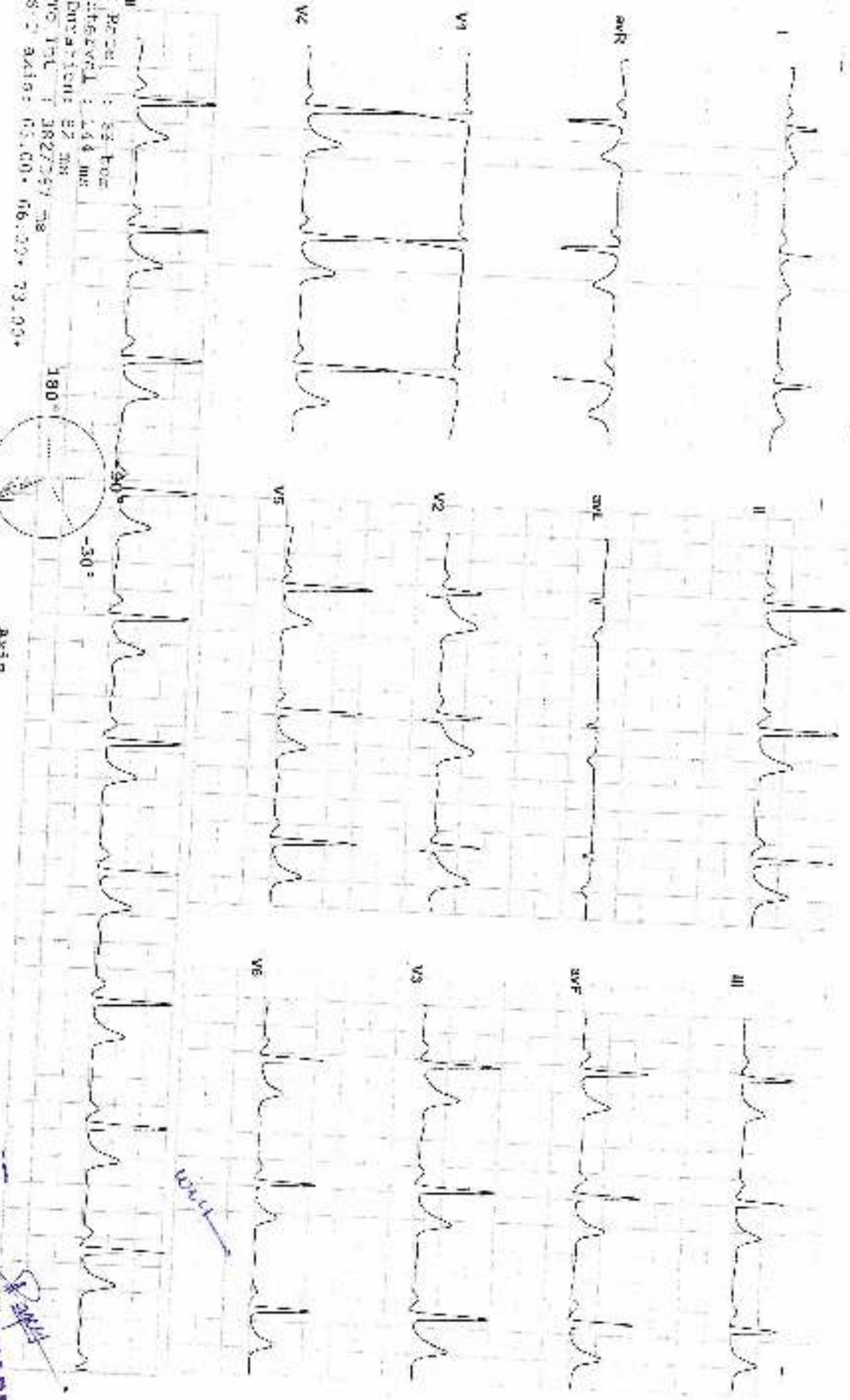


R 65.00° I 73.00° P 63.00°

Reported By:

DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC-888/2007

Signature



HRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
 ADHAKRISHNA VIHAR SANTOSHI NAGAR Email:

Report

18 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / Nonsmoker
 Ate: 22 - 11 - 2024 Refd By : MEDWHEEL Examined By:

sec	Time	Duration	Speed(mph)	Flotation	MEts	Rate	%THR	BP	RPP	PVC	Comments
pine	00:13	0:13	03.0	00.0	01.0	067	38 %	115/75	077	00	
standing	00:26	0:13	00.0	00.0	01.0	069	39 %	115/75	079	00	
Start	00:32	0:06	00.0	00.0	01.0	071	40 %	115/75	081	00	
JUCE Stage 1	00:32	3:00	01.7	10.8	04.7	124	70 %	120/80	148	00	
JUCE Stage 2	00:32	3:00	02.5	12.0	07.1	135	76 %	122/80	164	00	
JUCE Stage 3	00:32	3:00	03.4	14.0	10.2	148	82 %	130/85	189	00	
akEX	08:34	0:02	03.4	14.0	10.3	146	82 %	130/85	189	00	
covery	10:34	1:00	00.0	00.0	04.3	106	60 %	125/80	132	00	
covery	11:34	2:00	01.0	00.0	01.0	110	62 %	120/78	132	00	
covery	12:50	3:16	00.0	00.0	01.0	105	59 %	118/75	121	00	

ADINGS :

- Exercise Time : 00:02
- Max HR Attained : 146 bpm (82% of Target 178)
- Max BP Attained : 130/85 (mm/Hg)
- Minx WorkLoad Attained : 10.3. Good response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

Negative stress Report

Rajesh
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC- 686/2007

Doctor : self

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

SIR/MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 66 Kg / HR: 87

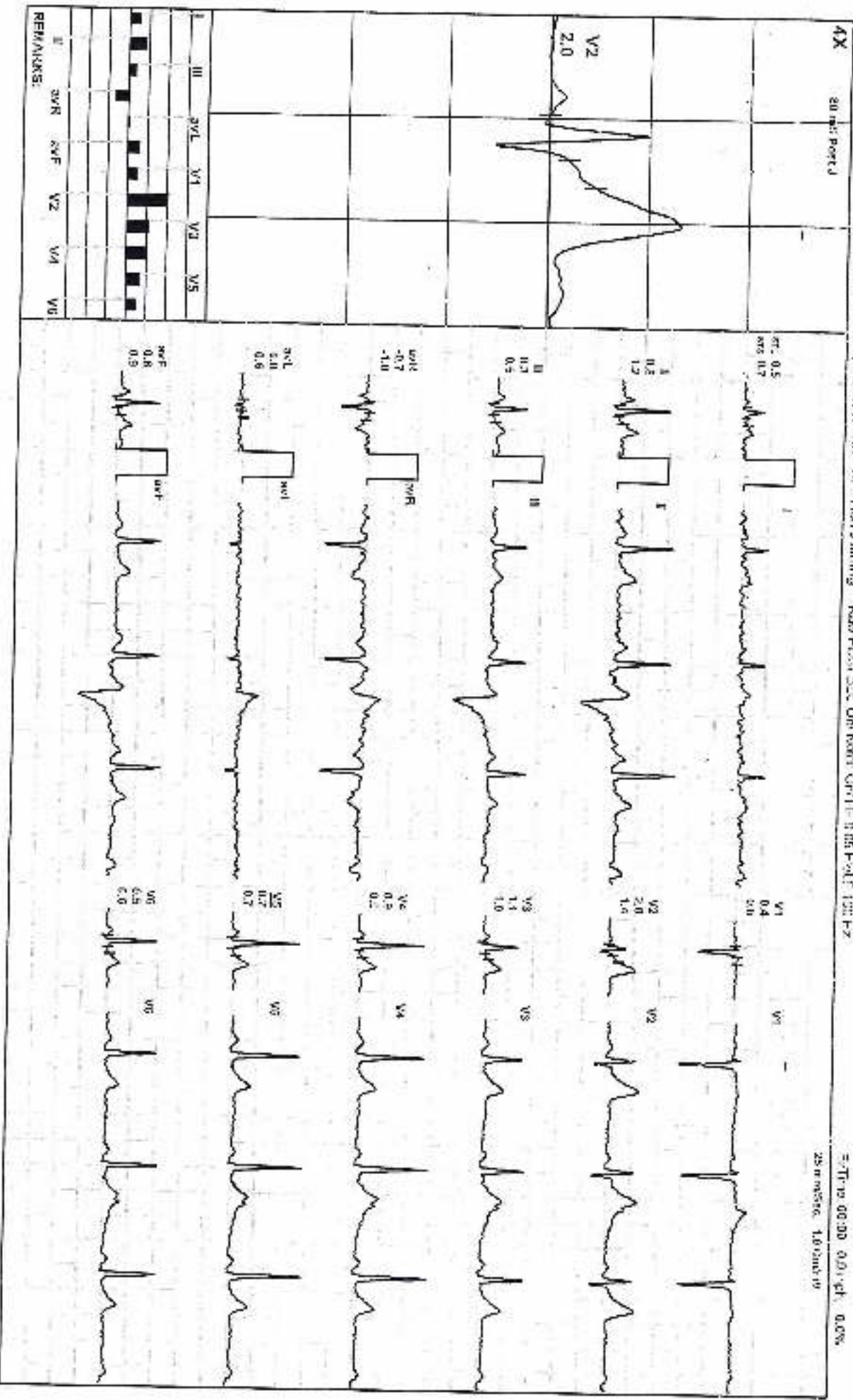
BRUCE:Supine(0:13)

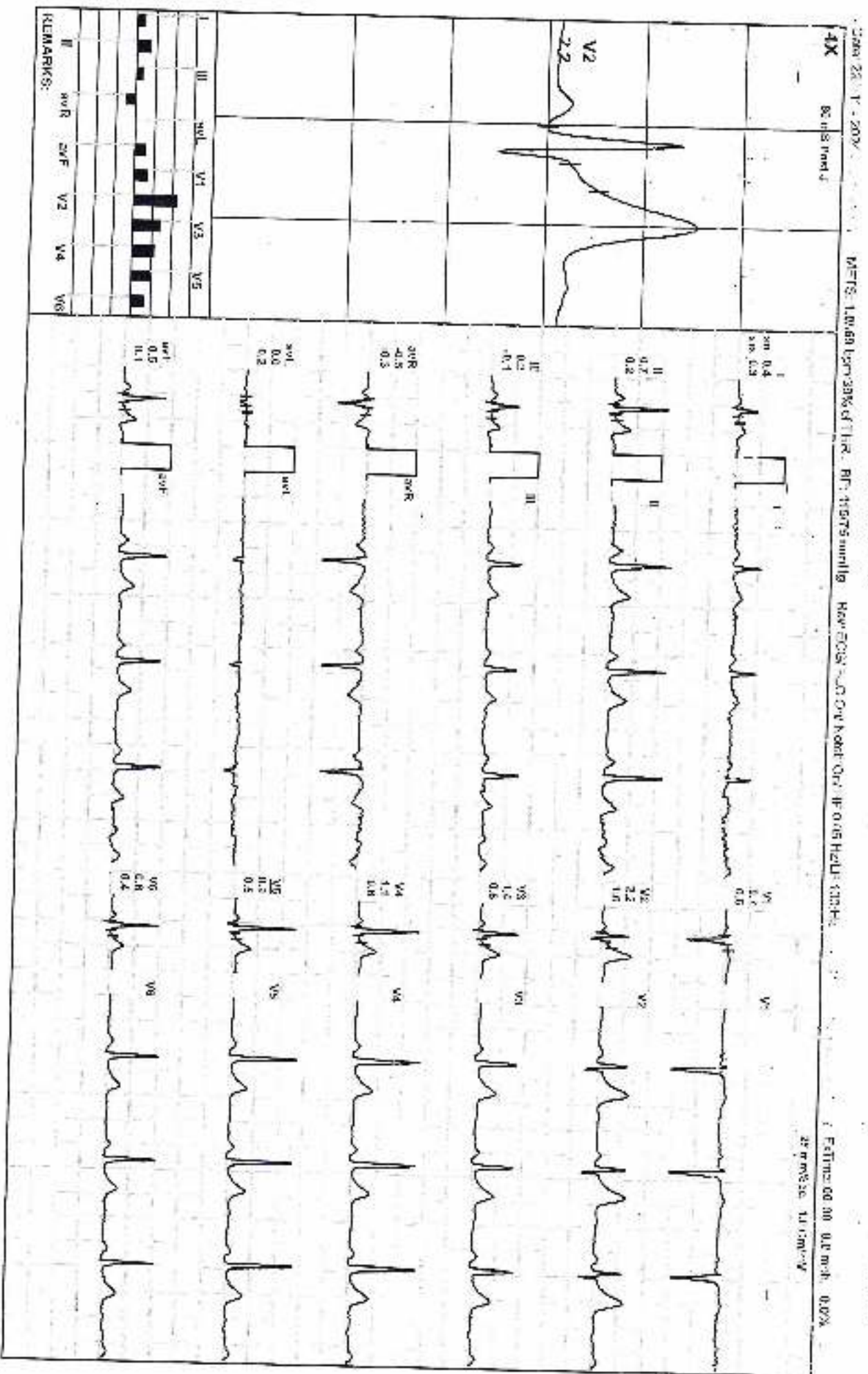
KHIL

Date: 22-11-2024

HEETS: 1.00-87 bpm 28% of HR EP: 11575 mV/mg K&M ECG SET: On: 6000 Cr: 1.185 P-w: 120 P-P

Time: 00:00 0.01/pf 6.0%
25 mm/sec 1.0 cm/10





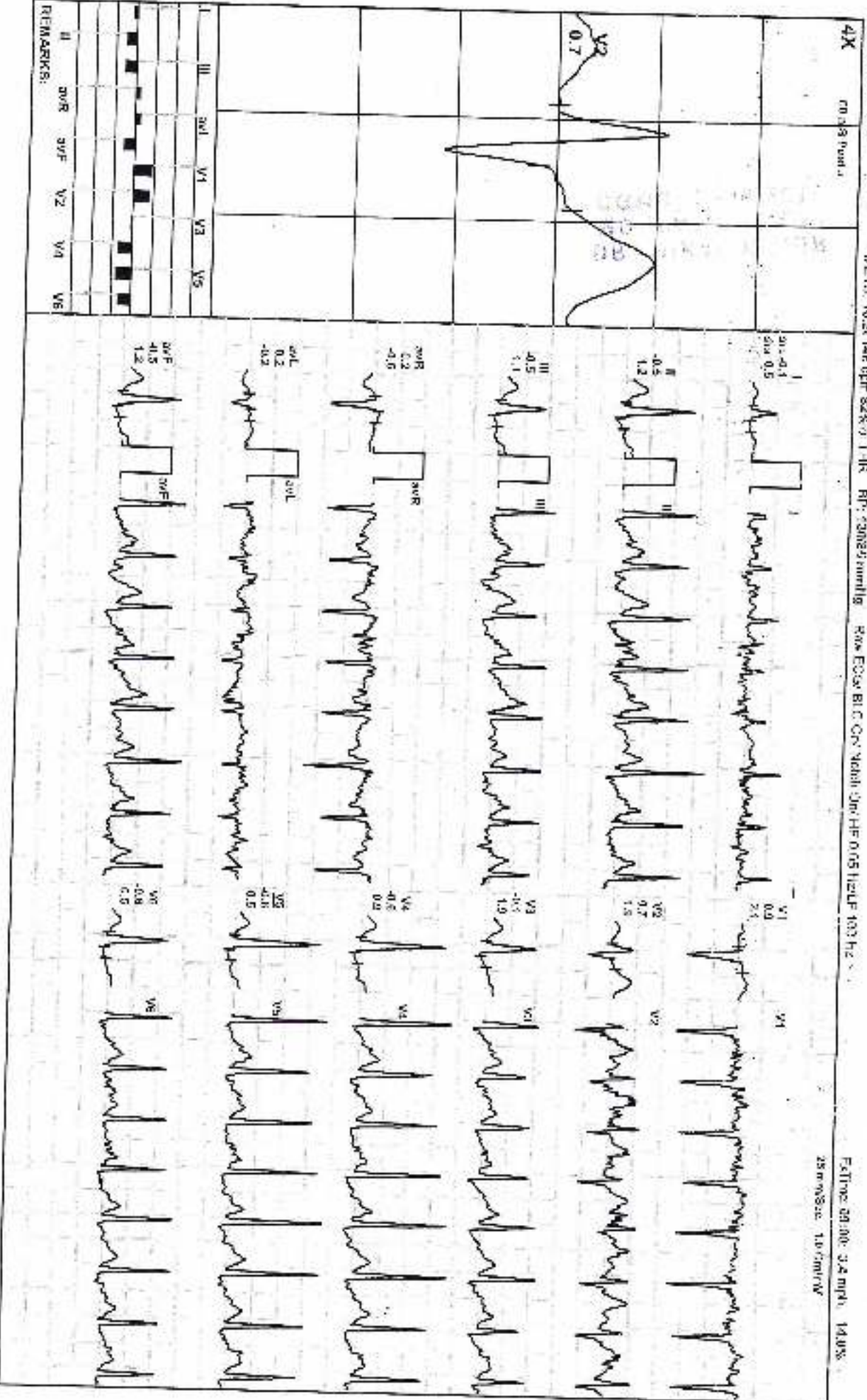
[Handwritten Signature]

Date: 29 - 11 - 2008

PWTS: 10.2V 148µVpr 82K 0.148s RP: 32ms 50mV/g

Rate: 20:00 3.4 mV 14.9%

25 mV/Sec 10 cm/IV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

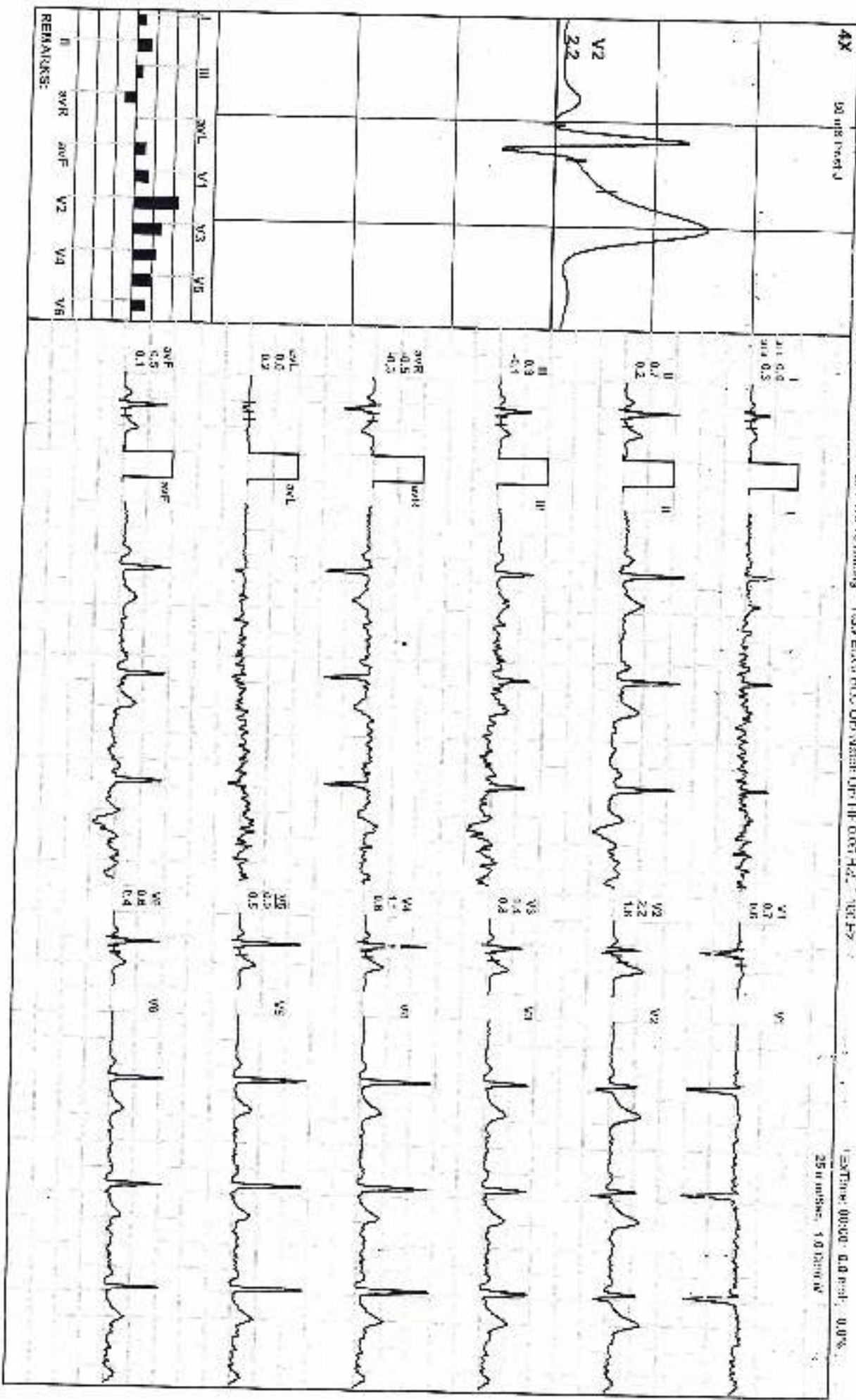
53R / MR. RAJENDRA SINGH / 42 Yrs / M / FO / Chas / 80 Kg / HR : 74

ExStant

DOB: 22 - 11 - 2024

REF: 14071300480% of T-R DE: 11575 mmHg RAW ECG: 10 UP / MESH: 0.100 Hz / 100 P-P

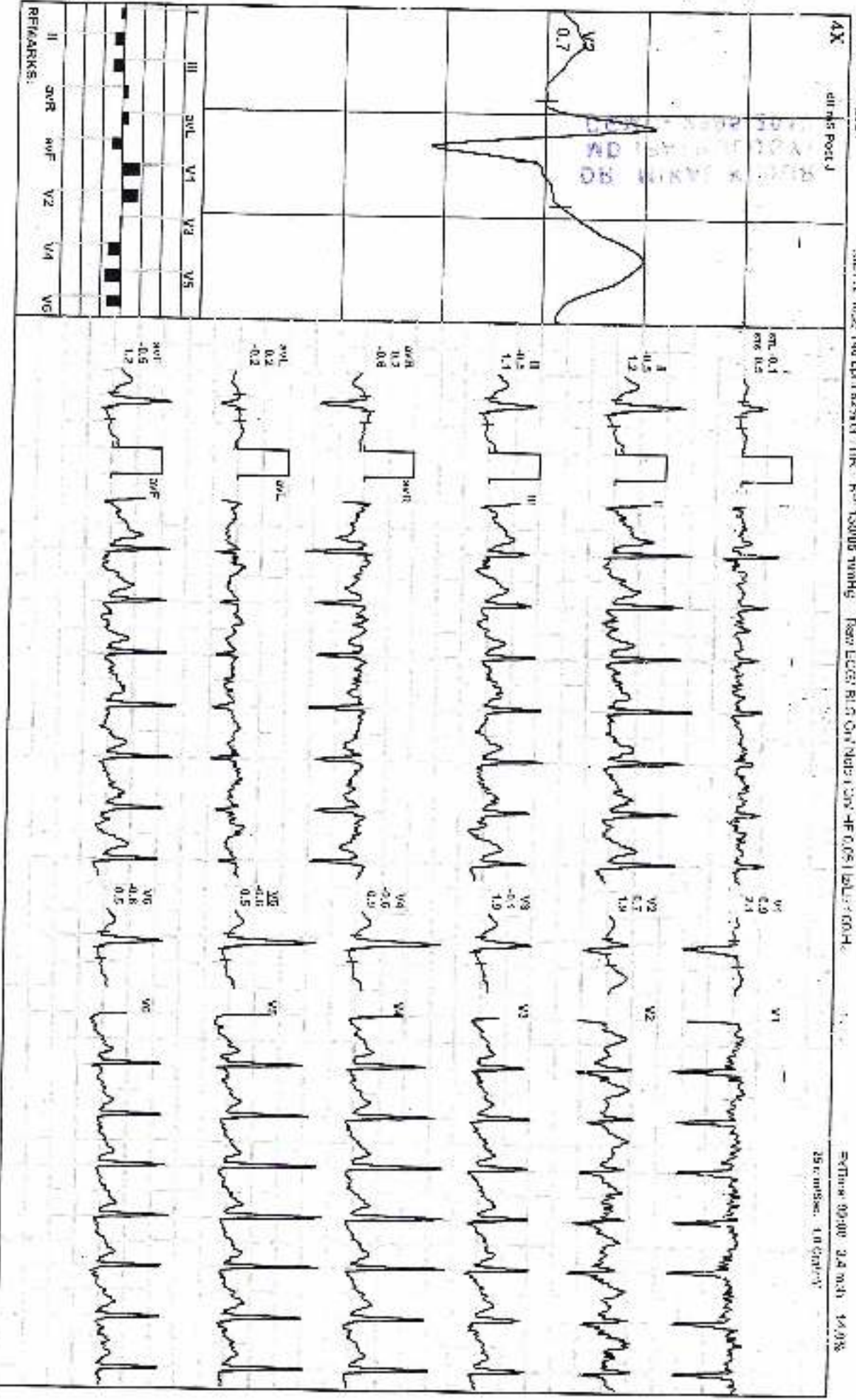
EXPOS: 00:00 6.0 post 0.0%
25 mm/sec 1.0 mV/10mm



Date: 22-11-2024

MEETS: 102/140 bpm 82% of THR. Rr: 15/min tachy Resp: 16/Min On Med: 1.5W HF 0.05 | LBNL: 100%

EndTime: 09:00 24 Nov 2024
25 sec/msec. 1.0 cm/mV



REMARKS:

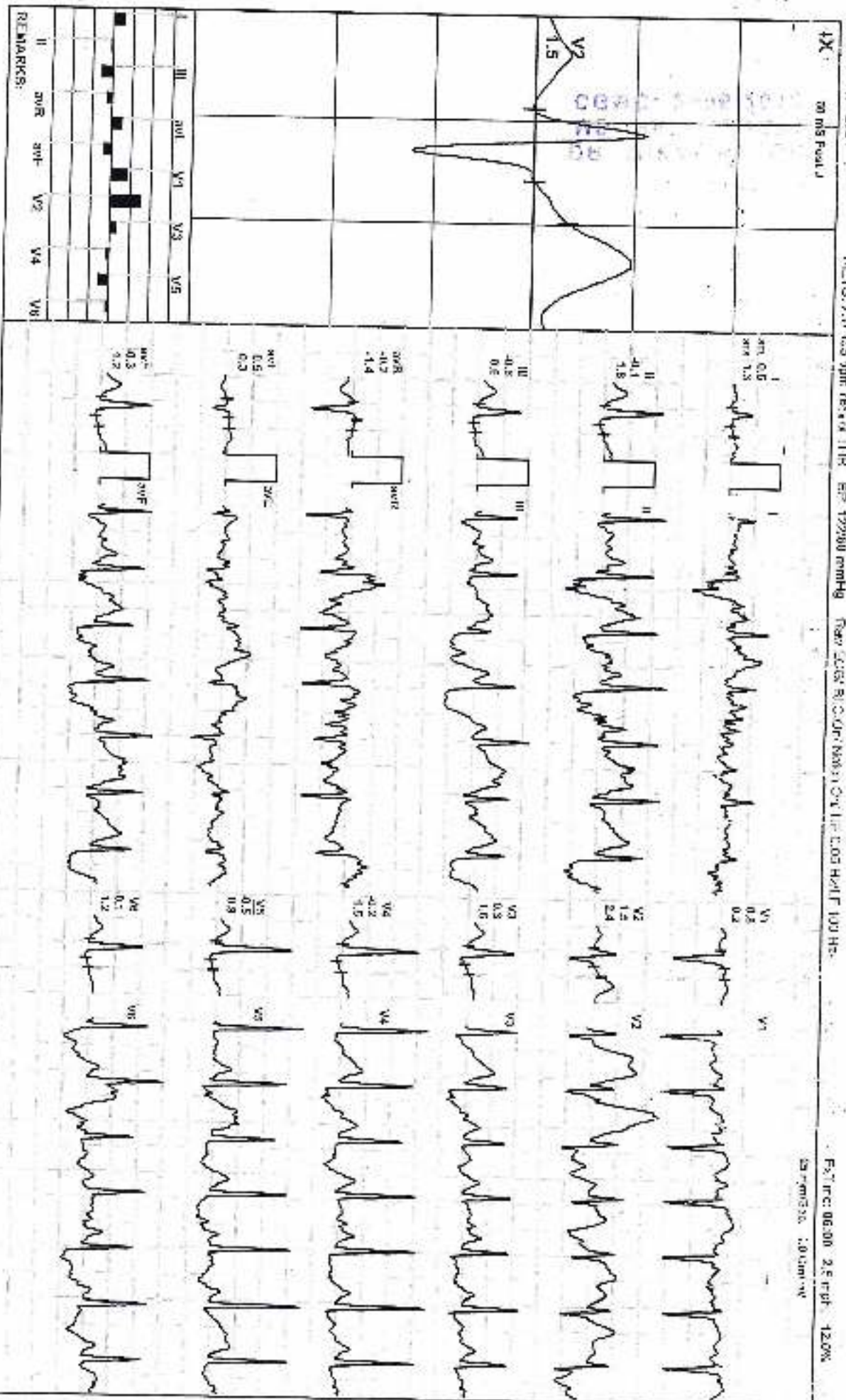
Date: 29-11-2004

NETS: 741 125 ppm 765.4 THIR EP: 192800 pmHg

Temp: 36.8 B/C, O₂: 94%, SpO₂: 94%, HR: 100 Bts.

EST: FC: 86/80 2.5 mph 120%

ST: 70ms/50 1.0/1mm/1V



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

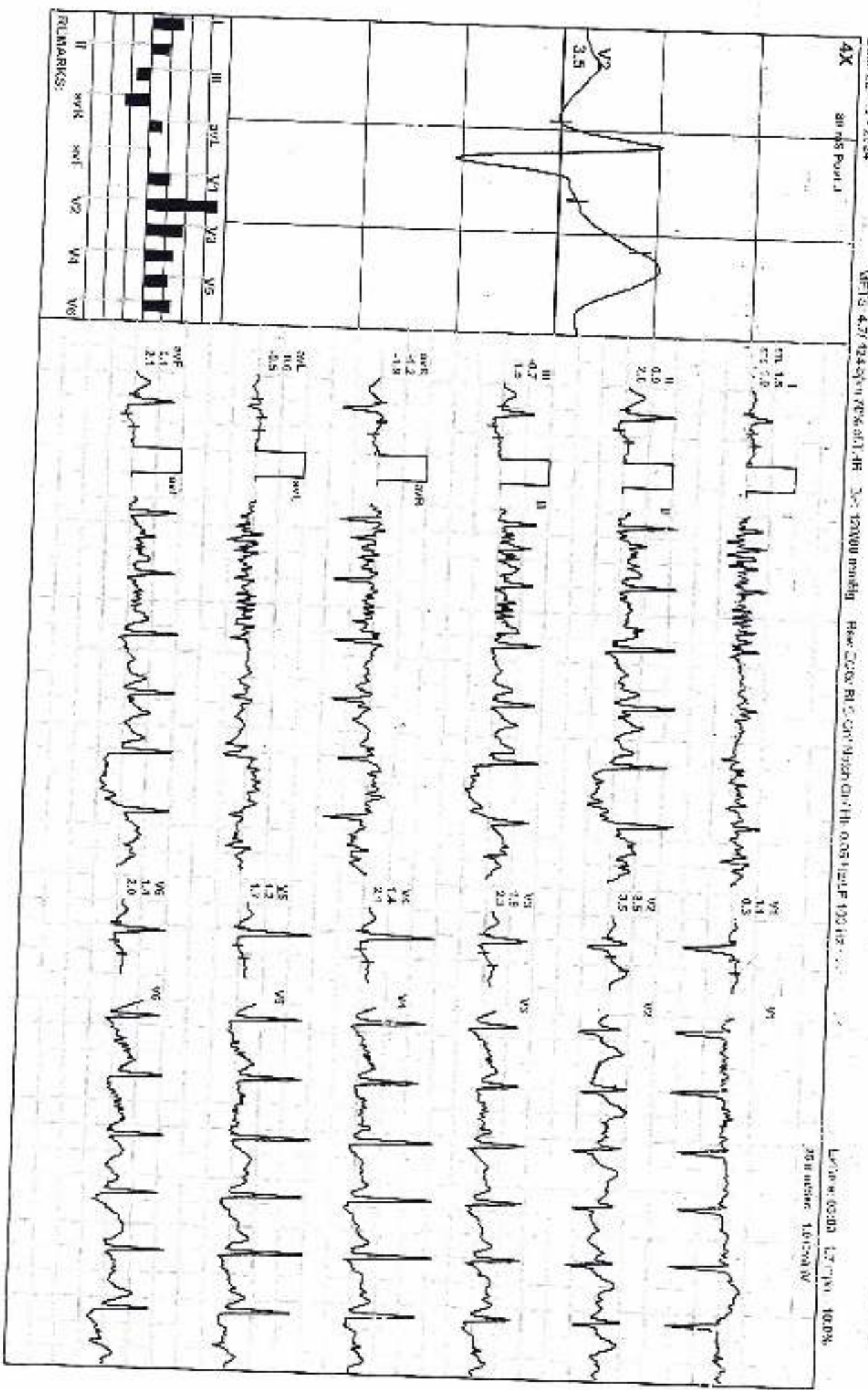
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 161 Cms / 60 Kg / HR : 724

Date: 22-12-2024

Wt: 4.7/24.5 gm, 76.6/1 HR, 3-120MM reading, Res. 200V, RUC, CRT, Muzn, CR: 0.05 Hertz, 100 Hz

BRUCE: Stage 1 (3:00)

11/11/24
ASPT



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

638 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 cms / 60 Kg / HR : 100

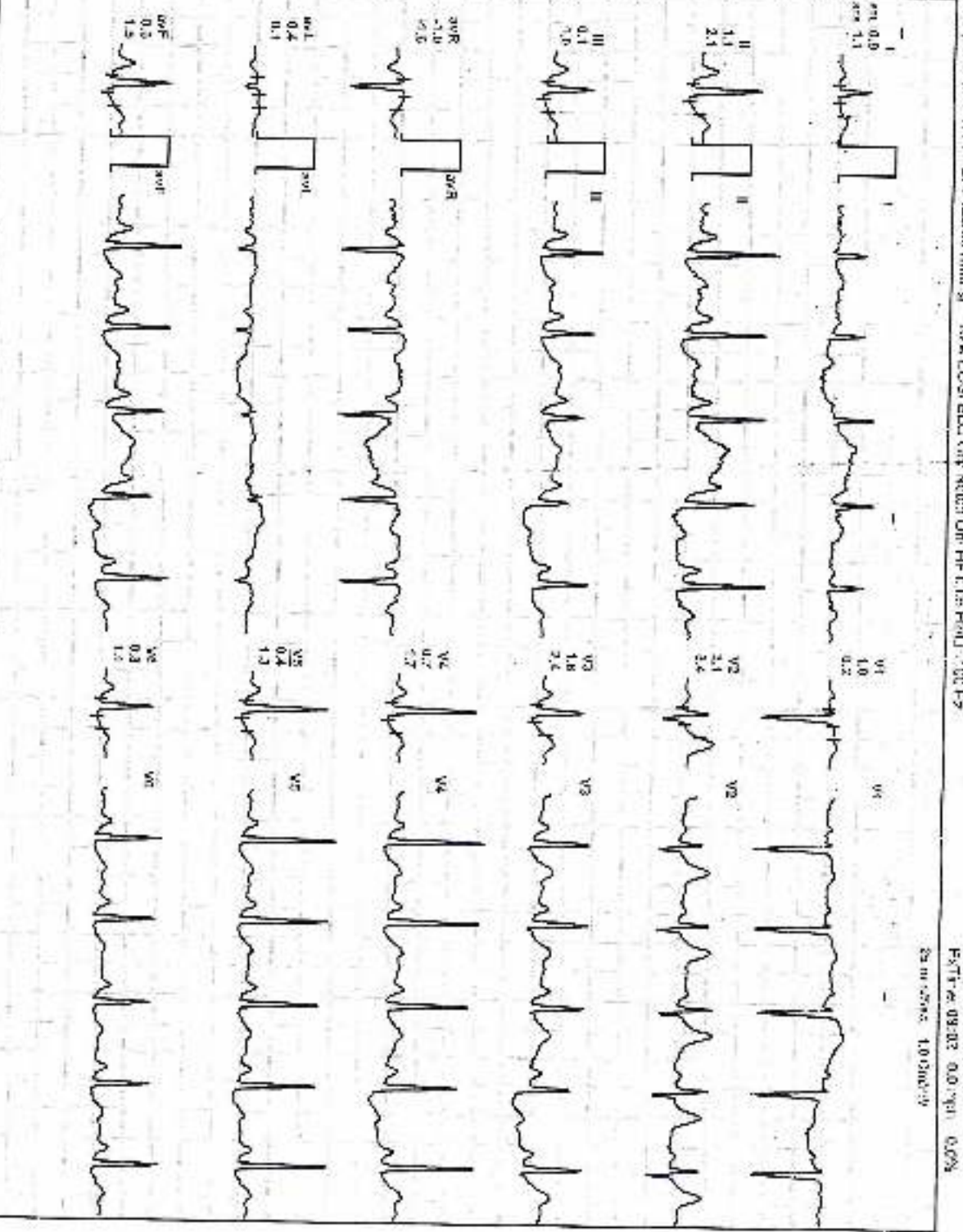
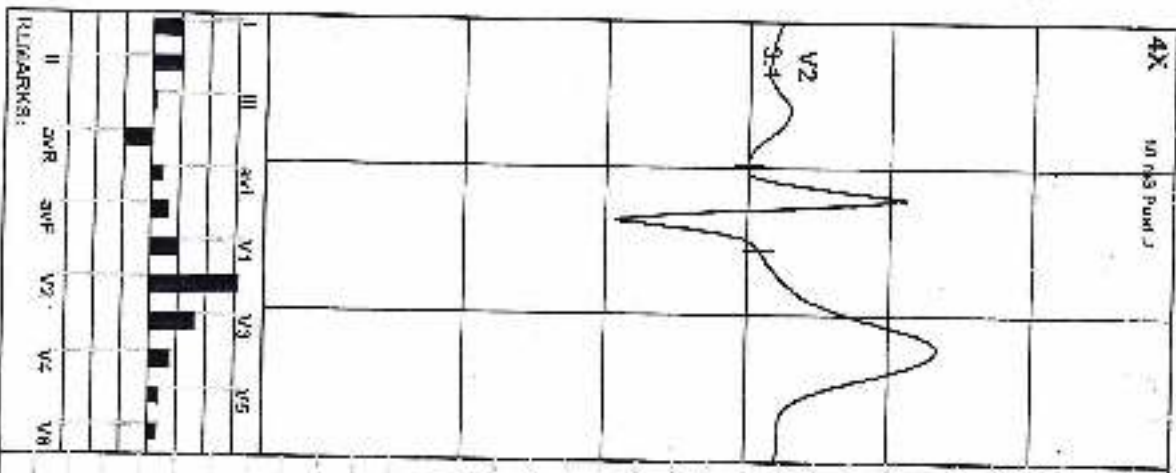
Date: 22-11-2022

MEAS: 6.3V 100 bpm 88% of THr. DP: 125/80 mmHg. RR: 12.0/min. SpO2: 98% on HF 0.05 L/min. P: 00:13

Recovery(1:00)

CHPL

ESTIM: 08:02 0.0 V/10 0.0%
25 m/sec 1.0 mV/10



REMARKS:

Lead	PR (ms)	QRS (ms)	QT (ms)
I	164	84	344
II	161	84	344
III	161	84	344
aVR	164	84	344
aVL	164	84	344
aVF	164	84	344
V1	164	84	344
V2	164	84	344
V3	164	84	344
V4	164	84	344
V5	164	84	344
V6	164	84	344

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

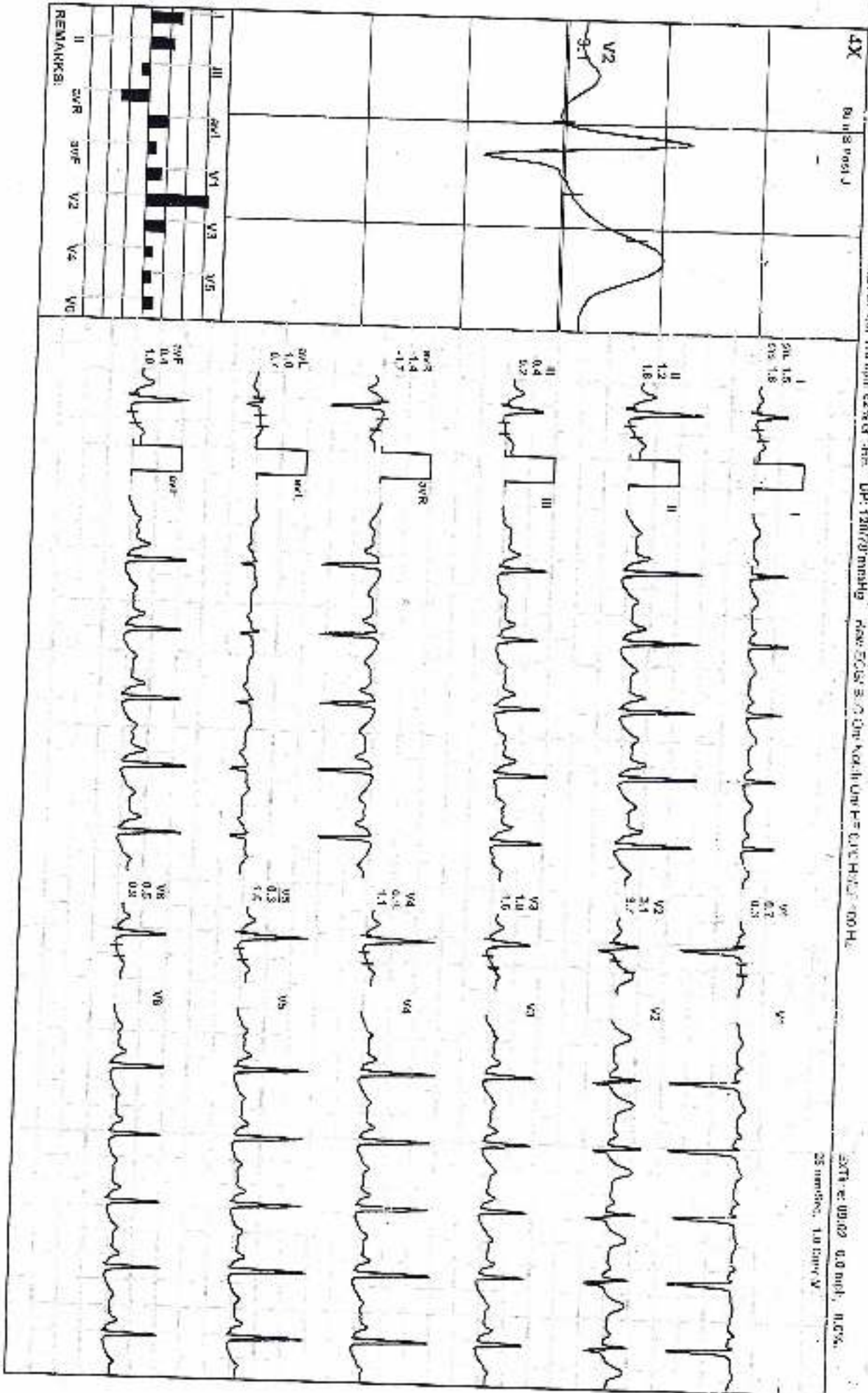
538 / MR. RAJENDRA SINGH / 42 Yrs / M / 167 Cms / 60 Kg / HR : 110

Date: 23-11-2023

MEAS: 1.0V/10mm 25mm/sec of -HR. UP: 120/70 mmHg. Rest ECG S. Q. One Mobitz One P-F. QRS. HRP. 100 Hz.

Recovery(2:00)

CHP



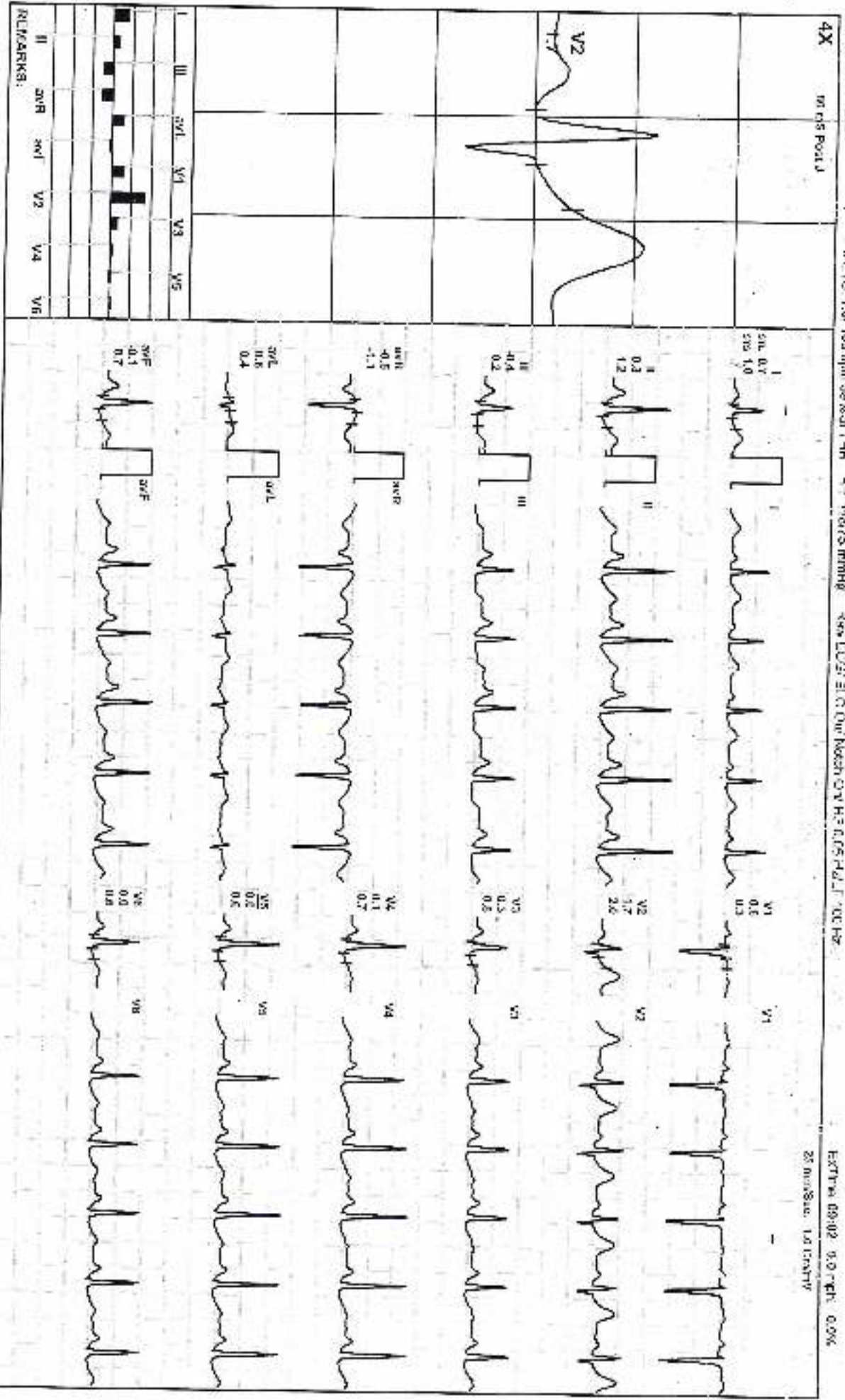
REMARKS:	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Normal Sinus Rhythm												

You obtained this FDI from an application that is not licensed to grant to 'www.pdf-filter.com' (http://www.pdf-filter.com)

Date: 29-11-2024

VETS: 100 bpm, SECT: I-46, 50, 148/75 mmHg, Res: 100%, ECG: Sinus Bradycardia, Normal

EXTRA: 69-102, 9.0 bpm, 6.0%
25 mm/Sec, 1.0 mV/1cm



REMARKS:

539 / MR. RAJENDRA SINGH / 42 Yrs / M / 157 Cms / 60 Kg / HR : 99

Date: 22 - 11 - 2024

Hrased : BRUCE

STL(mm)	Supine	I						II						ST(S/mvsec)											
		I	II	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6													
60 @ms	Standing	0.4	0.7	0.3	0.3	0.5	0.7	0.2	0.2	0.1	0.6	0.8	0.8	0.5	0.4										
	ExStart	0.4	0.7	0.3	0.3	0.5	0.7	0.2	0.2	0.1	0.6	0.8	0.8	0.5	0.4										
	Stage 1	1.5	0.9	0.7	-1.2	0.6	0.1	1.1	3.5	1.9	1.4	1.2	1.4	1.0	2.5	1.5	-1.9	-0.5	2.1	0.3	3.5	2.5	2.1	1.7	2.0
	Stage 2	0.5	-0.1	0.6	-0.2	0.5	-0.3	-0.8	1.5	0.3	-0.2	-0.5	-0.1	1.3	1.2	0.6	-1.4	0.3	1.2	0.2	2.4	1.6	1.5	0.9	1.2
	Stage 3	-0.1	-0.5	-0.5	0.2	0.2	-0.5	0.9	0.7	-0.1	-0.6	-0.6	-0.6	0.5	1.2	1.1	-0.6	-0.2	1.2	2.1	1.9	1.9	0.9	0.5	0.5
	PeakTx	-0.1	-0.5	-0.5	0.2	0.2	-0.5	0.9	0.7	-0.1	-0.6	-0.6	-0.6	0.5	1.2	1.1	-0.6	0.2	1.2	2.1	1.9	1.9	0.9	0.5	0.5
	Recovery	0.9	1.1	0.1	-1.0	0.4	0.6	1.0	3.1	1.8	0.7	0.4	0.3	1.1	2.1	1.0	-1.6	0.1	1.5	0.2	3.4	2.4	1.7	1.2	1.1
	Recovery	1.5	1.2	-0.4	-1.4	1.0	0.4	0.7	3.1	1.0	0.4	0.3	0.5	1.8	1.8	0.2	-1.7	0.7	1.0	0.3	3.7	1.6	1.1	1.0	0.9
	Recovery	0.7	0.3	-0.4	-0.5	0.6	-0.1	0.6	1.7	0.3	0.1	0.0	0.0	1.0	1.2	0.2	-1.1	0.4	0.7	0.3	2.0	0.8	0.7	0.8	0.6

STL(µV/s)	Supine	I						II					
		I	II	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6	
	Standing	4.7	10.9	6.0	-7.8	-3.6	8.5	3.2	23.1	7.1	11.9	10.1	7.9
	ExStart	5.2	10.3	5.0	-7.8	0.1	7.7	5.8	24.7	7.5	13.0	11.5	9.6
	Stage 1	7.8	0.2	-7.5	-3.9	5.3	-3.7	6.5	18.4	6.7	6.1	5.1	7.2
	Stage 2	1.7	-3.0	-4.6	0.6	3.0	-3.9	4.8	5.4	-0.3	-3.0	-4.1	-2.3
	Stage 3	2.4	-6.2	-5.4	3.4	1.3	-5.8	4.1	7.6	-3.7	-6.3	-6.7	-5.4
	PeakTx	-2.4	-6.2	-5.4	3.4	1.3	-5.8	4.4	7.6	-3.7	-6.3	-6.7	-5.4
	Recovery	5.3	5.2	-0.1	-6.3	2.7	2.5	7.9	19.2	6.5	2.0	0.8	0.9
	Recovery	7.9	0.3	-1.6	-7.2	4.8	2.1	5.2	16.1	4.6	1.5	1.2	3.0
	Recovery	4.5	0.3	-4.2	-2.4	4.3	-2.0	4.7	10.9	7.0	-0.6	-1.2	-0.6

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA UHAR SANTOSH MAJARI

SDB / PPK / RAJENDRA SINGH / 42 Yrs / Male / 167 Cms / 60 Kg / Non Smoker

Time	HR	PR (b/min)	PR (b/min)	QRS WID (ms)	QRS AXIS (Deg)	QTC (ms)	RPV1 (mV)	RPV2 (mV)	SPV1 (mV)	TPV1 (mV)	Min. J Leads for (L,R,P,Q)	Min. Post JRS (mV)	Var (ms)	VR	Filtered Phase
00:30	75	354	354	50	69	405	-276	1479	-7007	620	132	502	5	0	0
01:30	130	103	103	74	64	415	472	-1130	1909	617	79	504	134	0	0
04:30	147	102	102	74	63	477	377	1492	-7048	260	-702	W	83	0	0
07:00	124	100	100	66	63	462	304	1482	-8001	250	143	W	41	1	0
02:30	127	144	144	64	60	400	351	1522	-9770	207	151	W	79	0	0
03:30	122	146	146	72	50	430	439	1530	2397	230	61	W	-154	5	0
03:30	124	150	150	104	70	437	395	1625	-900	490	123	W	-39	0	0
01:00	128	148	148	56	60	461	190	1603	-1000	400	37	W	122	0	0
04:30	123	134	134	57	57	433	446	1446	-1018	466	160	W	-214	0	0
05:00	122	142	142	55	67	441	445	1575	-1041	419	95	W	-136	0	0
05:30	122	136	136	124	81	476	405	1621	-1036	351	-144	W	-75	0	0
05:00	120	130	130	55	50	447	473	1571	-1075	375	-131	W	-140	0	0
05:30	125	134	134	105	75	445	515	1551	-1041	391	124	W	-140	0	0
07:00	141	130	130	74	69	410	551	1654	-1100	275	-703	W	432	0	0
07:30	140	120	120	50	72	425	462	1721	-1145	501	126	W	-227	0	0
08:00	148	115	115	57	67	441	454	1637	-1067	365	-100	W	-124	0	0
08:30	148	115	115	52	66	437	465	1655	-1102	365	160	W	-117	0	0
09:00	150	115	115	116	71	315	461	1632	-1074	353	-65	W	144	0	0
09:30	146	115	115	60	57	452	470	1621	-1017	355	-114	W	-60	0	0
10:00	135	122	122	62	74	325	540	1701	-1141	475	268	W	-68	0	0
10:30	106	102	102	102	65	416	461	1476	-1187	504	217	W	-57	0	0
11:00	109	122	122	65	57	412	452	1472	-1043	517	-72	W	-60	0	0
11:30	115	132	132	40	66	401	462	1464	-1217	438	367	W	-52	0	0
12:00	107	132	132	75	53	428	439	1391	-1101	447	272	W	10	0	0
12:30	109	132	132	50	50	440	420	1347	-1082	425	276	W	-44	0	0

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R

MR. RAJENDRA SINGH

Male / 42 year (Chest)

22/11/2024 10:33:21

MEDIWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER

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Worklist

Examination

Editing