

Medical Summary

Name: Mr. Raghavendra Date of Birth: 25/09/1986 Customer ID:
 Ref Doctor: Sex: Male Date: 25/03/23

Present Complaints: No specific complaints.

Past Illness: KIDNEY DM / Hypothyroid

Major medical Illness: -
 Surgery: -

Accident: -
 Others: -

Personal history:

Smoking: }
 Tobacco: } -
 Alcohol: }
 Menstrual history: }
 Obstetric history: } -

Diet: Veg.
 Exercise: Mild
 Personality:
 Marital status: Married
 Children: 1 child

Family history:

Tuberculosis: -
 Diabetes: Mother
 Asthma: -
 Drug history: -

Allergy: -

Hypertension: -
 Heart Disease: -
 Others: -
 Present Medications: -

General Examination:

Height: 142cm
 Conjunctiva: }
 Oedema: } (N)
 Tongue: }
 Throat: }

Weight: 75kg
 Lymphnodes: }
 Nails: } (N)
 Others: }
 Skin: }

BP: 120/80
 Eyes: }
 Genitals: } (N)

Eye Screening:

Vision	R/E	L/E
Distant Vision	2 (N)	2 (N)
Near Vision	2 (N)	2 (N)
Colour Vision	2 (N)	2 (N)

Systemic Examination:

Cardiovascular system:
Peripheral Pulsations:
Heart:
Respiratory System:

CNS - FC₂ ⊕
NB - BAC ⊕

Gastrointestinal System:

Higher Function:
Cranial Nerves:
Motor System:

g ⊕

Sensory system:
Superficial Reflexes:
Deep Reflexes:

g ⊕

Rectal Examination:

Others:

Impression:

DM - on Rx
Hypothyroid - on Rx

Diet:

Medication:

continue the same

Advice & Follow up:

ffup = primary physician

P. Jay
#154064

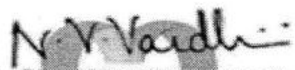
Dr. RANJITH
Consultant General Physician
MEDALL DIAGNOSTICS
#191 Panamallee High Road,
Kilpauk, Chennai - 600 099




Name : Mr. RAGHAVENDRA C V
 PID No. : MED121762234
 SID No. : 123004904
 Age / Sex : 36 Year(s) / Male
 Type : OP
 Ref. Dr : MediWheel

Register On : 25/03/2023 8:07 AM
 Collection On : 25/03/2023 9:33 AM
 Report On : 25/03/2023 7:10 PM
 Printed On : 25/03/2023 8:41 PM

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	44.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.59	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	96.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	33.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.4	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.32	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	51.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	28.6	%	20 - 45


Dr. N.V. VARDHINI Ph.D
 Consultant Geneticist
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DR. SUNDAR ELAYAPERUMAL MD, CIC
 CONSULTANT MICROBIOLOGIST
 REG NO. 41834

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The results pertain to sample tested.

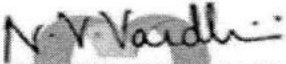
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	8.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.41	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.34	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.09	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	251	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.7	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	9.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	76.4	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/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	97.9	mg/dL	70 - 140
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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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.7	mg/dL	7.0 - 21
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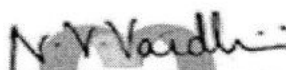
Creatinine (Serum/Modified Jaffe)	1.00	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	4.4	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.77	mg/dL	0.1 - 1.2
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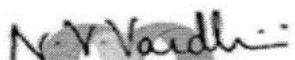



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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	27.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.2	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	41.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.01	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.70		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	106.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	71.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500


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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/Immunoinhibition)	37.8	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
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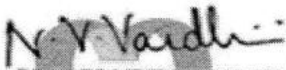
LDL Cholesterol (Serum/Calculated)	54.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
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VLDL Cholesterol (Serum/Calculated)	14.2	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	68.4	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)	2.8		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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

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

Estimated Average Glucose (Whole Blood)	136.98	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 glycemic 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.

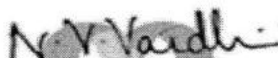
THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.14	ng/ml	0.7 - 2.04
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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.


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T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.08	µg/dl	4.2 - 12.0

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/Chemiluminescent Immunometric Assay (CLIA))	2.68	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

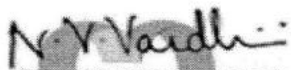
(Indian Thyroid Society Guidelines)

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.

Urine Analysis - Routine

COLOUR (Urine)	Pale Yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional /hpf	NIL


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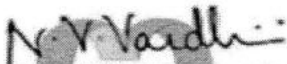


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic
Consistency (Stool)	Semi Solid	Semi Solid
Ova (Stool)	NIL	NIL
Others (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL


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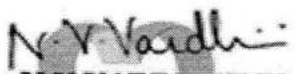
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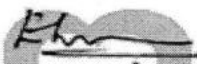
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Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL


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-- End of Report --

VITALS

MED12176223 2125-03-2308:33 AM

medall
DIAGNOSTICS
experts who care

Customer Name	Patient ID	Visit Date



123004904
MR RAGHAVENDRA C V 36/Y

PARAMETERS	MEASUREMENTS
Height (Cms)	172.5
Weight (Kgs)	75.2
BMI	25.3
Systolic (mm/Hg)	119
Diastolic (mm/Hg)	77
Spo2	97.89
Waist (Inches)	38
Hip (Inches)	33
Fat (%)	29.3
Visceral Fat (%)	5.5
Body age (Yrs)	45
RM	1529



Medall Seal & Signature


Customer Signature

Name	MR.RAGHAVENDRA C V	ID	MED121762234
Age & Gender	36Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is enlarged in size and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 10.8 x 3.5 cm.

Left kidney measures 12.7 x 5.5 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Prostate is normal in size, measures 3.5 x 3.3 x 3.0 cm (vol-18cc)
Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

Name	MR.RAGHAVENDRA C V	ID	MED121762234
Age & Gender	36Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

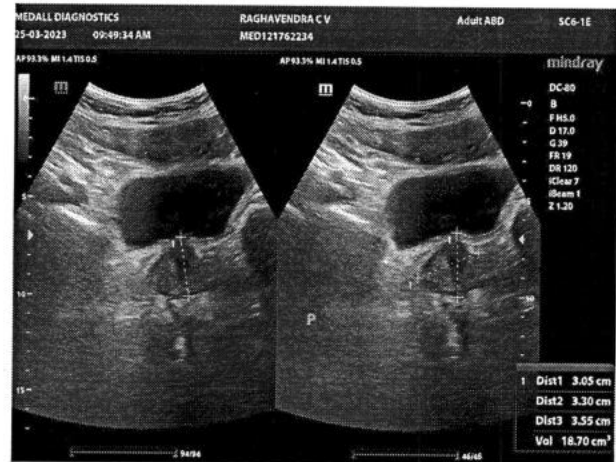
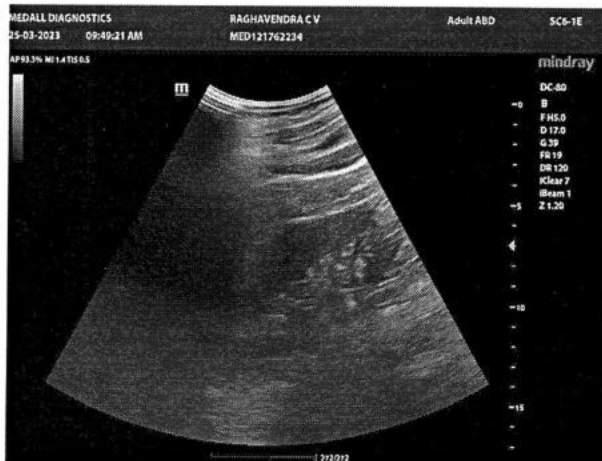
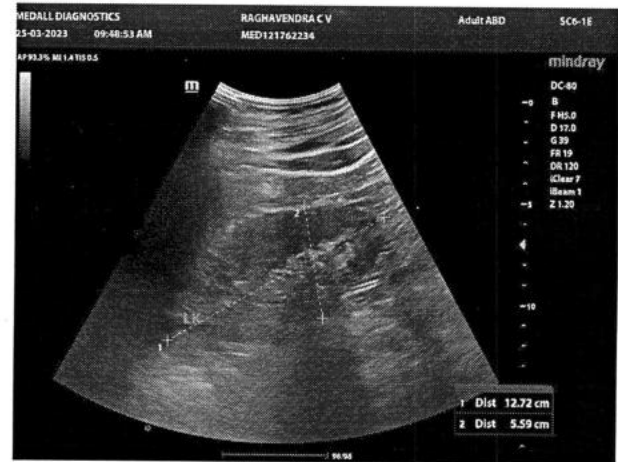
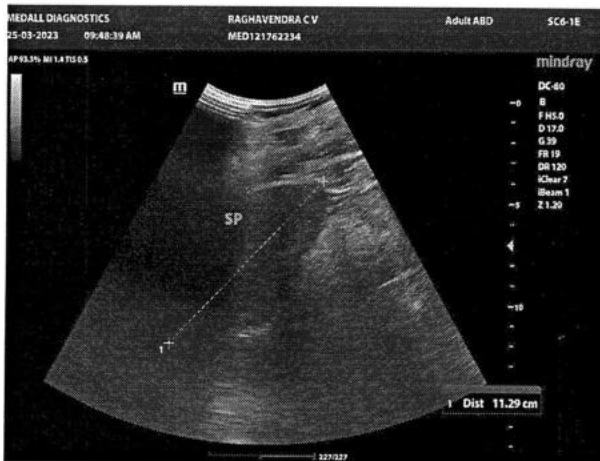
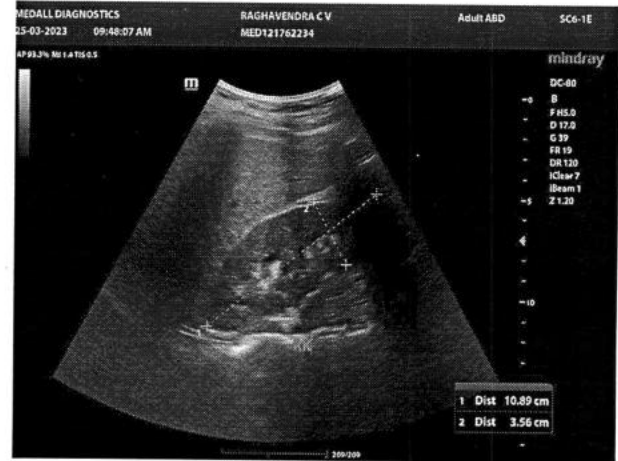
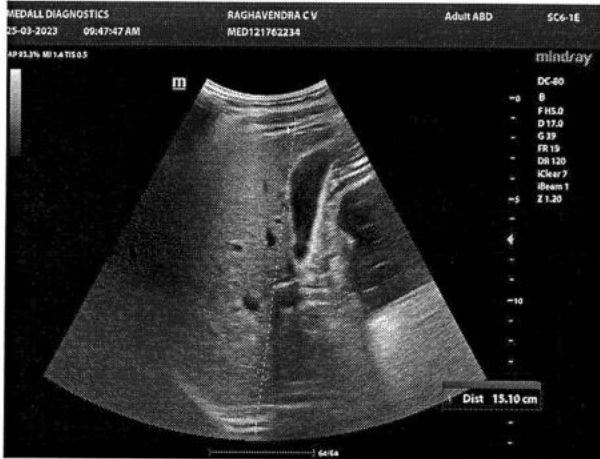
IMPRESSION:

- **Enlarged fatty liver.**
- **Other organs are normal.**



**Dr. SUMITHA
SONOLOGIST**

Name	MR.RAGHAVENDRA C V	ID	MED121762234
Age & Gender	36Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		



Name	RAGHAVENDRA C V	Customer ID	MED121762234
Age & Gender	36Y/M	Visit Date	Mar 25 2023 8:07AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

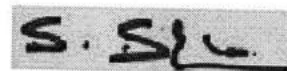
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. SOMU K

CONSULTANT RADIOLOGISTS



Name	MR.RAGHAVENDRA C V	ID	MED121762234
Age & Gender	36Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 65%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL DIASTOLIC COMPLIANCE.**
- **NORMAL COLOUR FLOW STUDIES.**

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 65 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			

Name	MR.RAGHAVENDRA C V	ID	MED121762234
Age & Gender	36Y/MALE	Visit Date	25/03/2023
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MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

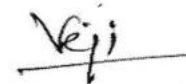
PERICARDIUM:

- Normal.

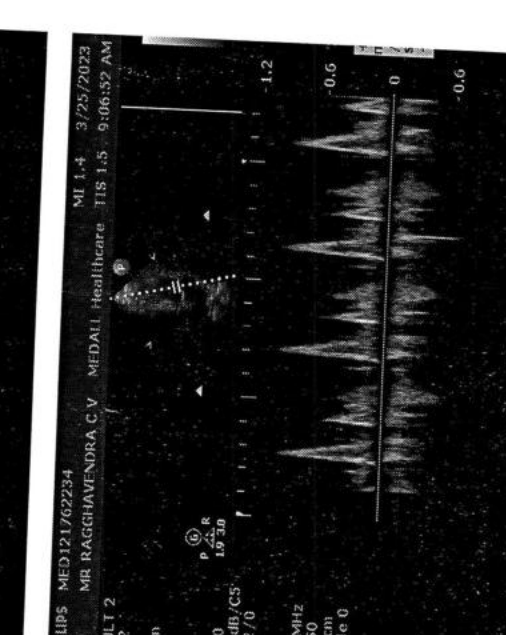
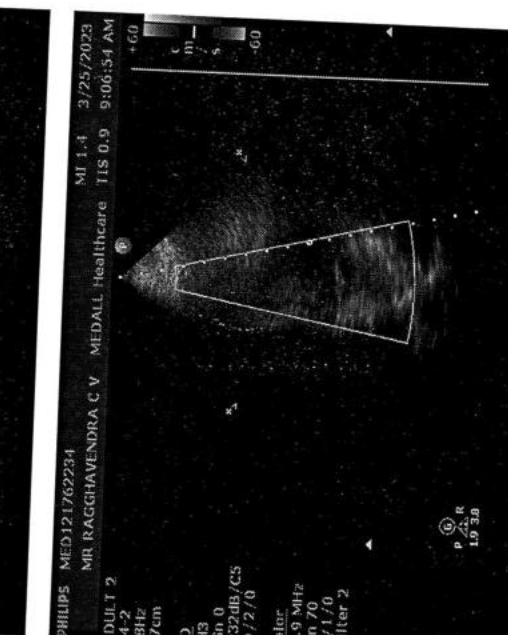
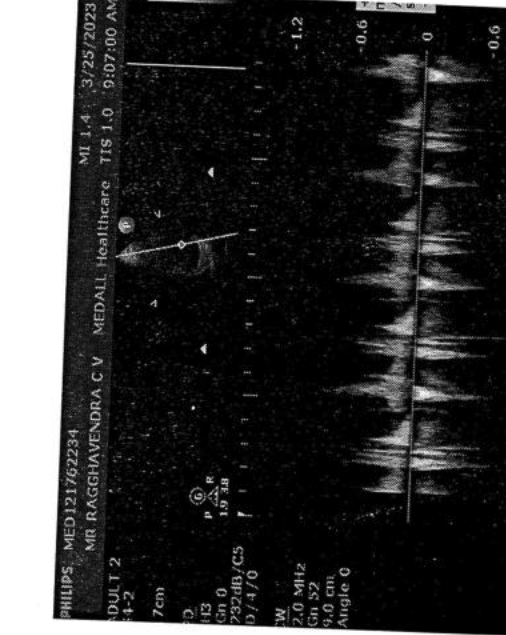
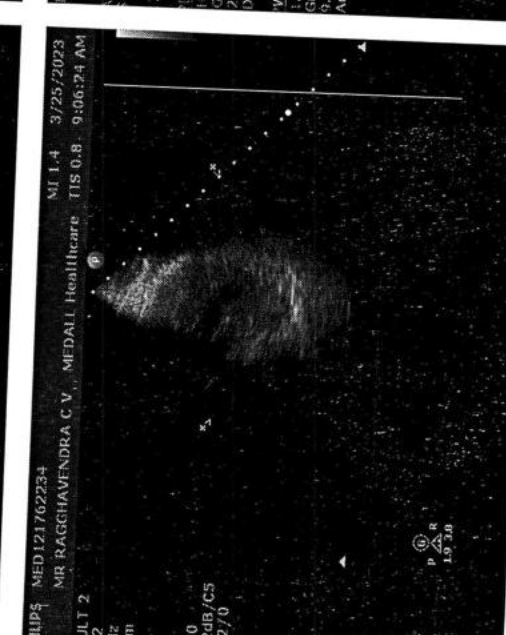
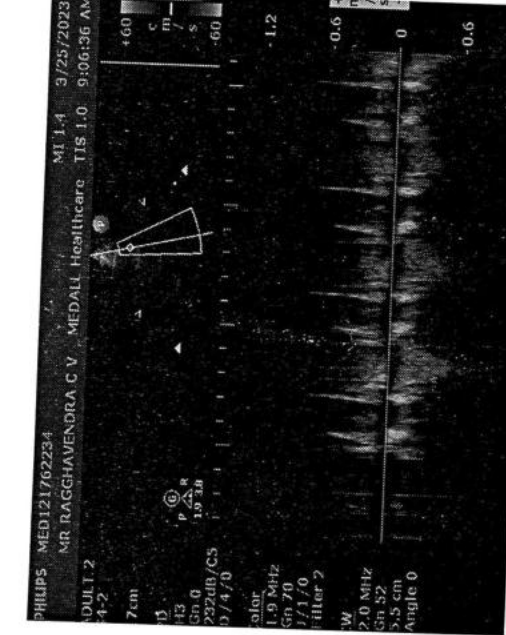
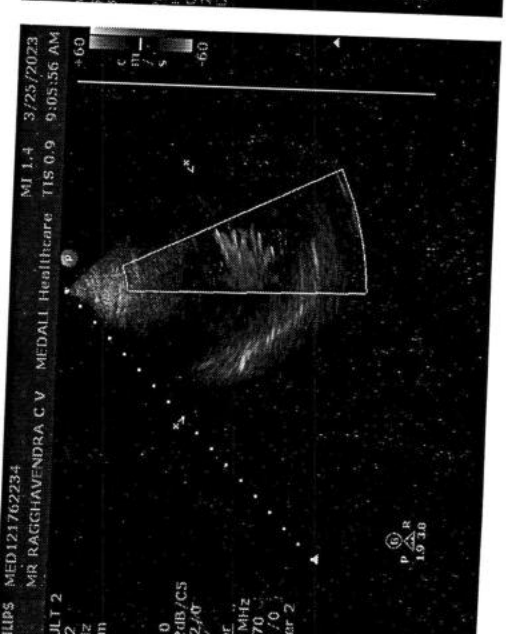
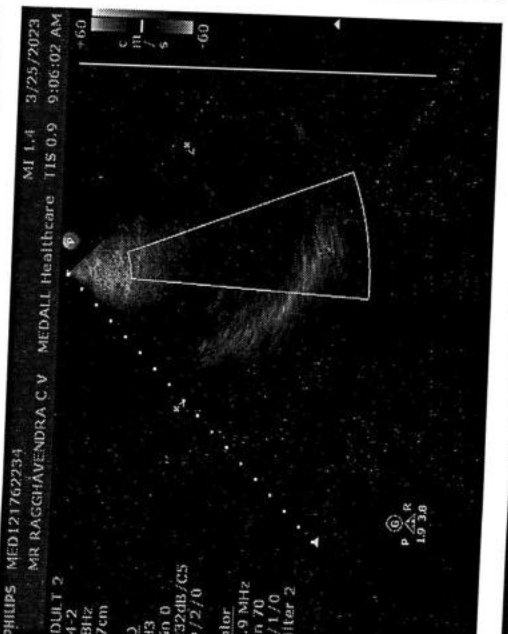
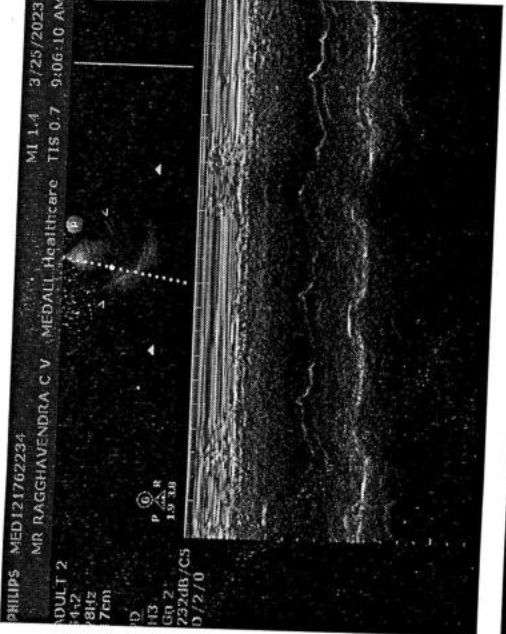
DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*



**P. VIJAYA LAKSHMI
ECHO TECHNICIAN**



HR 68 bpm

PRECISION DIAGNOSTICS

Interpretation:
 12SL - Interpretation:
 Unusual p axis, possible ectopic atrial rhythm
 Right superior axis deviation
 Inferior infarct, age undetermined

Unconfirmed report

< P
 < T
 < QRS
 aUR
 aUL
 0 I

88 ms
 378 / 401 ms
 156 ms
 106 ms
 848 / 880 ms

231 / 240 / 262 degrees
 III +90 II
 aUF

aUR
 AUL
 AUF

U1
 U2
 U3
 U4
 U5
 U6

