

CONCLUSION OF HEALTH CHECKUP

ECU Number : 8955	MR Number : 23227168	Patient Name : SHRINAL PANDYA
Age : 35	Sex : Female	Height : 151
Weight : 80.5	Ideal Weight : 53	BMI : 35.31
Date : 31/01/2024		

Dyslipidemia

A
Lye Hyl. modification
Surgeon opinion



Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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ECU Number : 8955 MR Number : 23227168 Patient Name : SHRINAL PANDYA
Age : 35 Sex : Female Height : 151
Weight : 80.5 Ideal Weight : 53 BMI : 35.31
Date : 31/01/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : MOTHER : HTN , HYPOTHYROID
 FATHER : HTN , DM

Habits : NO

Gen.Exam. : G.C. GOOD

B.P : 130/70

Pulse : 76/MIN REG.

Others : SPO2 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 8955

Age : 35

Weight : 80.5

Date : 31/01/2024

MR Number : 23227168

Sex : Female

Ideal Weight : 53

Patient Name: SHRINAL PANDYA

Height : 151

BMI : 35.31

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

14.6

14.6

Iridus

NROMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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Date : 31/01/2024

Gynaec Check Up :

OBSTETRIC HISTORY G2 P2 - 2 FT < FORCEPS / LSCS - L AND W
MENSTRUAL HISTORY -
PRESENT MENSTRUAL CYCLE LMP : 25/01/24
PAST MENSTRUAL CYCLE REGULAR CYCLE
CHIEF COMPLAINTS -
A LSCS SCAR
PS DISCHARGE + + , EROSION + + ANT. LIP
PV NORMAL
BREAST EXAMINATION RIGHT GALACTORRHOEA, ? FIBROADENOSIS 2 O,CLOCK
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR
BMD
MAMMOGRAPHY
ADVICE S.PROLACTIN ; REGULAR BSE ; USG BREAST





Dietary Assessment

ECU Number : 8955 MR Number : 23227168 Patient Name: SHRINAL PANDYA
Age : 35 Sex : Female Height : 151
Weight : 80.5 Ideal Weight : 53 BMI : 35.31
Date : 31/01/2024

Body Type : Normal / Underweight / Overweight
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional
Frequency of consuming Sweets : / Day / or occasional
Frequency of consuming outside food : / Day / Week or occasional
Amount of water consumed / day : Glasses / liters

Life style assessment :
Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SHRINAL PANDYA
Gender / Age : Female / 35 Years 6 Months 1 Days
MR No / Bill No. : 23227168 / 242078803
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 195347
Request Date : 31/01/2024 08:55 AM
Collection Date : 31/01/2024 08:58 AM
Approval Date : 31/01/2024 04:58 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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CBC + ESR

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before a firm opinion is made. Retest may be requested.

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.52	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.1	%	36 - 46
Mean Corpuscular Volume (MCV)	82.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	25.9	pg	27 - 32
MCH Concentration (MCHC)	31.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.6	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.91	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	59	%	40 - 80
Lymphocytes	34	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.66	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.74	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.18	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	527	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR			
ESR	35	mm/1 hr	0 - 12

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

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MD (Path)

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	83	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	97	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

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MD (Path)

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

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MD (Path). DCP.

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.30	mg/dL	0 - 1
Bilirubin - Direct	0.06	mg/dL	0 - 0.3
Bilirubin - Indirect	0.24	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	24	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	34	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	94	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	25	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.93	gm/dL	6.4 - 8.2
Albumin	3.70	gm/dL	3.4 - 5
Globulin	4.23	gm/dL	3 - 3.2
A : G Ratio	0.87		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

--- End of Report ---

Dr. Ameer Soni
MD (Path)

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Complete Lipid Profile

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be requested.

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	206	mg/dL	1 - 150
Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	207	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	43	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	164	mg/dL	1 - 130
LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	123	mg/dL	1 - 100
VLDL Cholesterol (calculated)	41.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.86		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.81		3.5 - 5

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Gender / Age : Female / 35 Years 6 Months 1 Days

MR No / Bill No. : 23227168 / 242078803

Consultant : Dr. Manish Mittal

Location : OPD

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	15	mg/dL	10 - 45
BUN	7.01	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.56	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	4.9	mg/dL	2.2 - 5.8

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.93	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

Thyroxine (T4)	10.86	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

Thyroid Stimulating Hormone (US-TSH)	1.53	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	5.0		
Specific Gravity	1.019		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Present		

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Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No :P/257/23 Received at 1:10 pm		
	Clinical Details : Vaginal discharge P/V findings : Cx.- Erosion / Vg. - NAD LMP : 25/01/2024		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements. * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).		

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Request may be requested.



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GENERAL HOSPITAL**



ADVANCED DIGITAL SOLUTIONS

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Ultra Sensitive Colour Doppler

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Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23227168 Report Date : 31/01/2024
 Request No. : 190100136 31/01/2024 8.55 AM
 Patient Name : **Mrs. SHRINAL PANDYA**
 Gender / Age : Female / 35 Years 6 Months 1 Days

X-Ray Chest AP

Both lung fields are clear.
 Both costophrenic sinuses appear clear.
 Heart size is normal.
 Hilar shadows show no obvious abnormality.
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.

Consultant Radiologist



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23227168 Report Date : 31/01/2024
Request No. : 190100168 31/01/2024 8.55 AM
Patient Name : Mrs. SHRINAL PANDYA
Gender / Age : Female / 35 Years 6 Months 1 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepatic veins are clear and patent.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is normal.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **No obvious abnormality seen.**

Kindly correlate clinically.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Harsh Sanjay Vyas, D N
B
Consultant Radiologist





- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23227168 Report Date : 31/01/2024
 Request No. : 190100227 31/01/2024 12.32 PM
 Patient Name : **Mrs. SHRINAL PANDYA**
 Gender / Age : Female / 35 Years 6 Months 1 Days

USG - Breast (Bilateral)

High resolution ultrasound examination of both breasts has been performed with high frequency linear transducer.

Both breasts show **dense** fibro glandular tissues.

Ductal system appears normal in both the breasts.

No obvious solid or cystic mass seen on right side.

12x5 mm cyst with thick wall is seen in left breast l-- at 11-12 o'clock position ; ~ 7x3.5mm cyst is seen adjacent to it.

No calcification seen.

No skin thickening or nipple retraction seen.

No enlarged axillary nodes seen.

Kindly correlate clinically./follow up

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.

Consultant Radiologist

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

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Patient No. : 23227168 Report Date : 31/01/2024
Request No. : 190100149 31/01/2024 8.55 AM
Patient Name : Mrs. SHRINAL PANDYA
Gender / Age : Female / 35 Years 6 Months 1 Days

Echo Doppler Screening

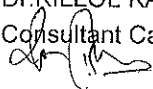
MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH PASP BY TR JET= 28MMHG
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60-65%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, Trace TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO E/O LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TRACE TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist



Name: Mrs. Shrinai Pandya -
Patient ID: ECU/23227168

31.01.2024 10:41:12
Standard 12-lead

BHAHAL AMIN GENERAL HOSPITAL

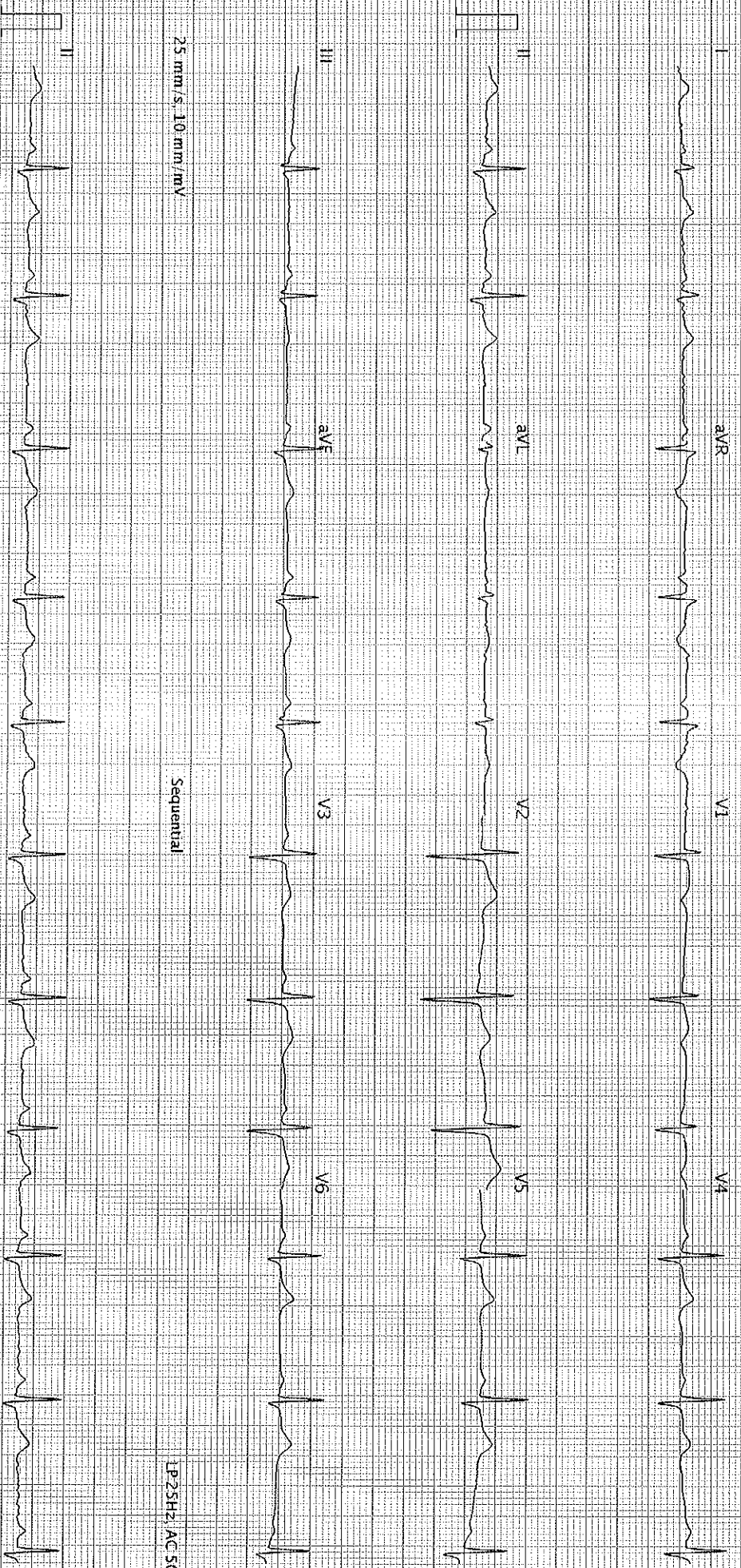
Age: 035Y
Gender: Female
Ref. phys.:
Pacemaker: Unknown

HR: 66 bpm
RR: 910 ms
PR: 141 ms
P axis: 56°
QRS axis: 70°
T axis: 33°
QR5: 88 ms
QTcB: 425 ms

Unconfirmed report

Remark:

Handwritten signature



25 mm/s, 10 mm/mV

Sequential

LP25HZ, AC 50HZ

25 mm/s, 10 mm/mV

LP25HZ, AC 50HZ

AT-102 G2.12.0 (1080, 011030)

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