

Dr. Yerrabothu Ramesh

MBBS, MD (General Medicine)
General physician and Diabetologist
Registration No. 03143



Mangalamma

Hypothyroid on 62.5 mcg / His inguinal hernia 4 months
Back
Non DM / Non HTN

TSR - 3.6

USG Abdomen - S/o Grade I fatty liver

Adv

wt. loss

Stop Alcohol / Smoking

TSH after 6 wks

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NACHARAM | PRAGATHINAGAR | MANIKONDA

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Patient Name	VEMULA MANOJ 37Y/M	Date of Birth	
Patient ID	OP 29500	Age	
Referral Dr		Sex	Male
Study Date Time	9 Nov 2024 12:08pm	Report Date Time	9 Nov 2024 12:46pm

PLAIN RADIOGRAPH OF CHEST- PA VIEW

FINDINGS:

CARDIA : Cardiac size is normal.

Cardiac silhouette is normal.

Both domes of diaphragm are normal in position.

LUNGS : Both lungs appear clear.

Trachea and visualized major bronchi are normal in caliber and orientation.

Both hemi thoraces are of equal and normal volume.

HILA : Mediastinal silhouette appears normal.

Bilateral hilar shadows appear normal.

CP ANGLES : Bilateral costophrenic and cardiophrenic angles appear clear.

BONE CAGE : Visualized bilateral ribs and clavicles are intact.

IMPRESSION :

No abnormal radiographic changes in the chest.

Suggested clinical correlation; Kindly discuss if needed.

Dr. Meenu Chandran
Consultant Radiologist





Mr. VEMULA MANDI	Collected : 09-11-2024 09:30	Labi ID : 41127501071
DOB :	Received : 09-11-2024 09:54	Sample Quality : Hb
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Professional	Ref By : PRASAD HOSPITAL
CRM : 223002534417		Client : Prasad Hospitals Pvt & Private Limited -Pragathi Nagar-0511344



Parameter	Result	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

Erythrocytes

Hemoglobin <i>Colorimetric method</i>	14.8	g/dL	13.0-17.0
Red Blood Cells <i>Electrical impedance method</i>	5.45	10 ⁶ Cells/ μ L	4.5 - 5.5
PCV (Hematocrit) <i>Calculated</i>	45.30	%	40-50
MCV (Mean Corpuscular Volume) <i>Calculated</i>	83.0	fL	83 - 101
MCH (Mean Corpuscular Hb) <i>Calculated</i>	27.1	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) <i>Calculated</i>	32.6	g/dL	31.5 - 34.5
Red Cell Distribution Width CV <i>Calculated</i>	13.10	%	11.6 - 14.6
Red Cell Distribution Width SD <i>Calculated</i>	41.60	fL	39-46

Leucocytes


WBC - Total Leucocytes Count <i>Flow cytometry</i>	5.73	10 ³ Cells/ μ L	4-10
Differential leucocyte count			
Neutrophils <i>Flow cytometry</i>	60.4	%	40 - 80
Lymphocytes <i>Flow cytometry</i>	29.9	%	20 - 40
Monocytes <i>Flow cytometry</i>	5.30	%	2-10
Eosinophils <i>Flow cytometry</i>	4.4	%	1-6
Basophils <i>Flow cytometry</i>	0.00	%	0-2
Absolute leucocyte count			
Neutrophils (Abs) <i>Flow cytometry</i>	3.46	10 ³ Cells/ μ L	1.5 - 8.0

Prasad Hb: LifeWell Diagnostics Pvt Ltd, Prasad Hospital, Plot no: 15, Aditya Nagar, Pragathi Nagar, Sec 10A, Hyderabad, Telangana, Hyderabad - 500093





PRASAD HOSPITALS

ID : IDLA MANGI Age : 37 Years Gender : Male CRM : 223002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 1112501691 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragathi Nagar-5011948
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Lymphocytes (Abs) <i>Flowcytometry</i>	1.71	10 ³ Cells/ μ L	1.0 - 4.8
Monocytes (Abs) <i>Flowcytometry</i>	L 0.30	10 ³ Cells/ μ L	0.5 - 0.9
Eosinophils (Abs) <i>Flowcytometry</i>	0.25	10 ³ Cells/ μ L	0.2 - 0.5
Basophils (Abs) <i>Flowcytometry</i>	0	10 ³ Cells/ μ L	0.0 - 0.3
Platelets			
Platelet Count <i>Electrical Impedance method</i>	205.00	10 ³ / μ L	150-410
MPV <i>Calculated</i>	10.5	fL	9 - 13
PDW <i>Calculated</i>	15.8	fL	10.0 - 17.9
PlateletCrit <i>Calculated</i>	0.22	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) <i>Calculated</i>	31.80	%	15.0 - 35.0

Clinical significance:
 CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

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AMULA MANDI ID : Age : 37 Years Gender : Male CRM : 2250075933417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 411275007 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited - Pragathi Nagar-500082
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Parameter	Result	Unit	Biological Ref. Interval
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ESR, EDTA Blood <i>Westergren/Manual</i>	08	mm/hr	<=10
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Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB, it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenemia and in abnormalities of red cells like sickle cells or spherocytosis etc.

PROVISIONAL REPORT



**PRASAD
HOSPITALS**

VENUGA MAVOI		Collected : 09-11-2024 09:30	Lab ID : 4112434671
DOB :		Received : 09-11-2024 09:54	Sample Quality : High
Age : 37 Years		Reported :	Location : HYDERABAD
Gender : Male		Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533412			Client : Prasad Hospitals (India) Private Limited, Pragathi Nagar, 5011946

Parameter	Result	Unit	Biological Ref. Interval
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Blood Grouping & Rh typing, EDTA Blood " AB " Positive
Slide/Tube Application (Forward & Reverse)

Clinical Significance:
 The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems discovered, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

PROVISIONAL REPORT



PRASAD HOSPITALS

EMULA MANU DOB : Age : 37 Years Gender : Male CRM : 223002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 81127501673 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragati Nagar 0531946
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Parameter	Result	Unit	Biological Ref. Interval
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Total Protein, Serum
BURET
 6.45 gm/dL 6.4-8.8

Clinical Significance:
 Urinary protein levels may rise in healthy individuals after vigorous exercise. In a random urine sample, a protein: creatinine ratio can be used to roughly approximate 24-hour excretion rate. Excess proteinuria may be due to contamination of urine with semen, menstrual blood etc.

Glucose (Fasting) Plasma
GDU-PGD
 96.20 mg/dL Normal: <100
 Pre-Diabetic: 100-124
 Diabetic =>125

Clinical significance:
 Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, or an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Glucose (Post Prandial), Plasma
GDU-PGD
 105.5 mg/dL Normal: <140
 Pre-Diabetic: 140-199
 Diabetic=>200

Clinical significance:

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions, and predict risk for complications, such as cardiovascular or eye and kidney disease.

Creatinine, Serum
ENZYMAIC
 1.11 mg/dL 0.7 - 1.3

Clinical significance:

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

Urea, Serum
UREASE/GLDM
 16.50 mg/dL 15-48

Clinical Significance:
 Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns, bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration.

Processed At: LifeWell Diagnostics Pvt. Ltd., Prasad Hospitals, Plot no : 25, Aditya Nagar, Pragati Nagar, Behind Huda Showroom, Kukatpally, Hyderabad - 500099



PRASAD HOSPITALS

EMULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127584771
DOB : 37 Years	Received : 09-11-2024 09:54	Sample Quality : High
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Provisional	Ref By : PRASAD HOSPITAL
COM : 228007533417		Client : Prasad Hospitals Pvt. Private Limited - Pragati Nagar-501124

Blood Urea Nitrogen (BUN), Serum 7.71 mg/dL 6-20
Calculated

Clinical significance:-

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

Uric Acid, Serum 7.20 mg/dL 4.4-7.6
 URICASE-PO3

Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hyperuricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defect or renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Triglycerides, Serum 101.90 mg/dL
 GPO
 Normal: <150
 High:150-199
 Hypertriglyceridemia: 200-499
 Very high: >499

Clinical significance:-

Increased plasma triglyceride levels are indicative of a metabolic abnormality and, along with elevated cholesterol, are considered a risk factor for atherosclerotic disease. Hypertriglyceridemia may be inherited or be associated with biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, or metabolic disorders related to endocrinopathies. Increased triglycerides may also be medical condition-induced (eg, prednisone). Total cholesterol and triglycerides can vary independently; measurement of both is more meaningful than the measurement of cholesterol only.

Bilirubin - Total, Serum 1.05 mg/dL 0.1 - 1.3
 DM20

Clinical Significance:

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubin are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

Bilirubin - Direct, Serum H 0.43 mg/dL <0.3
 DM42G

Clinical Significance:

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubin are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

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PRASAD HOSPITALS

MULA MANOJ		Collected : 09-11-2024 09:30	Lab ID : 411270607
DOB :		Received : 09-11-2024 09:54	Sample Quality : <input type="checkbox"/>
Age : 37 Years		Reported :	Location : HYDERABAD
Gender : Male		Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417			Client : Prasad Hospitals Private Limited - Pragathi Nagar-0511948

Bilirubin - Indirect, Serum
Calculated

0.62

mg/dL

0.2-1

Clinical Significance:

Hemoglobin is released from RBCs and broken down to heme and globin molecules. Heme is then metabolized to form biliverdin, which is transformed into bilirubin. This form of bilirubin is called unconjugated (indirect) bilirubin. The total serum bilirubin level is the sum of the conjugated (direct) and unconjugated (indirect) bilirubin. These are separated out when fractionation or differentiation of the total bilirubin to its direct and indirect parts is requested from the laboratory. Normally the unconjugated bilirubin makes up 70% to 85% of the total bilirubin.

PROVISIONAL REPORT

Procedure At: BioWell Diagnostics Pvt. Ltd., Prasad Hospital, Plot no: 15, Acharya Nagar, Pragathi Nagar, Besides New Showroom, Kukatpally, Hyderabad - 500092

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PRASAD HOSPITALS

VENUSIA MANOJ DOB : Age : 37 Years Gender : Male CRM : 229002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 11127581871 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragathi Nipr#8511948
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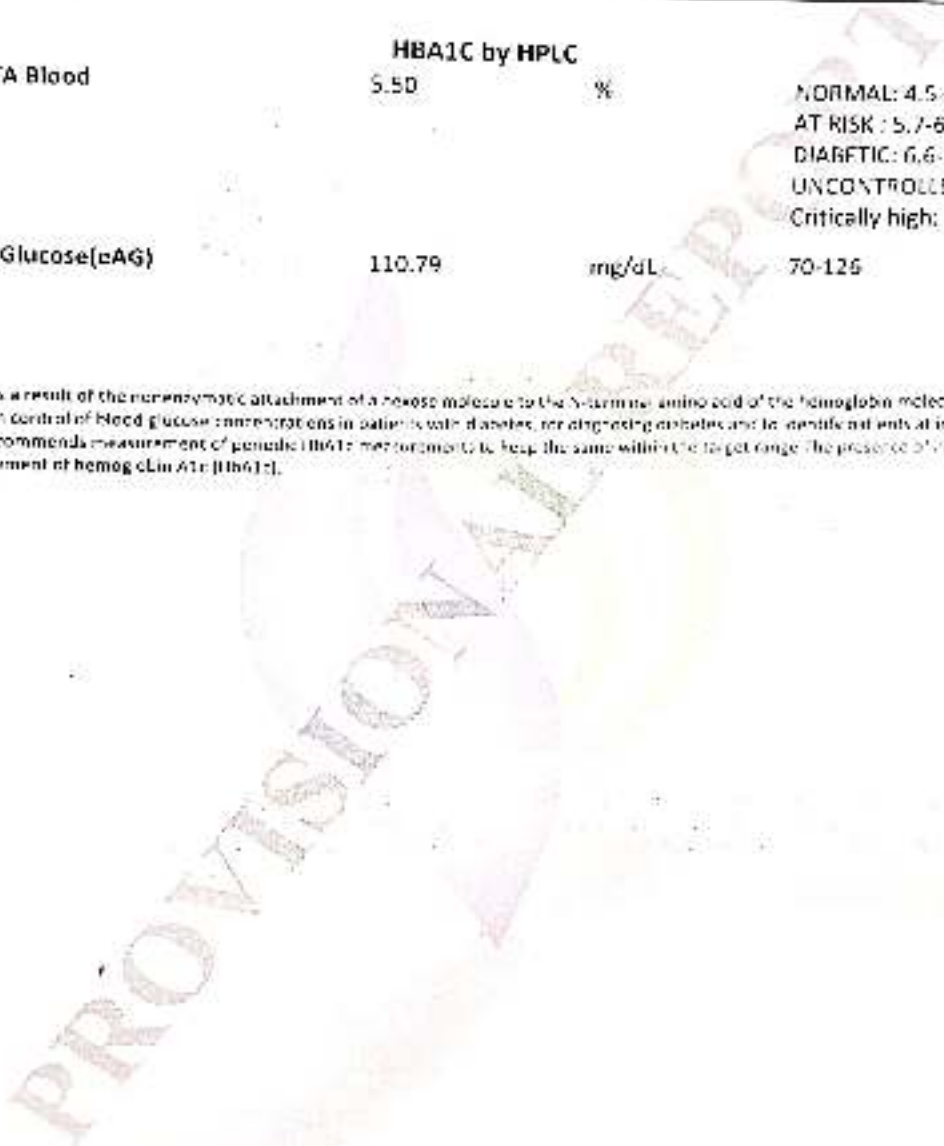
Parameter	Result	Unit	Biological Ref. Interval
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HbA1c By HPLC,EDTA Blood HPLC	HBA1C by HPLC		
	5.50	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0

Estimated Average Glucose(eAG) Calculated	110.79	mg/dL	70-126
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Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to help the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).





Age: 37 Years	Collected: 09-11-2024 09:30	Lab ID: 411453177
Gender: Male	Received: 09-11-2024 09:54	Sample Quality: High
Mobile: 233002533417	Reported:	Location: HYDERABAD
QR Code	Status: Provisional	Ref By: PRASAD HOSPITAL
		Client: Prasad Hospitals India Private Limited - Pragathi Nagar, 5011046

Parameter	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour <i>Visual</i>	Pale Yellow		Pale Yellow
Volume <i>Visual</i>	20	ml	
Specific Gravity <i>Dip Stick (Bromthymol blue)</i>	1.025		1.015 - 1.025
Appearance <i>Visual</i>	Clear		Clear
pH <i>Dip Stick (Double Indicators)</i>	6.0		5.0 - 8.0

BIOCHEMICAL EXAMINATION

Protein, Urine <i>Dip Stick (Protein Error of Indicators)</i>	Trace		Negative
Glucose <i>Dip Stick (GDP-PGD)</i>	Negative		Negative
Ketones <i>Dip Stick (Sodium nitroprusside)</i>	Absent		Negative
Urobilinogen <i>Dip Stick (Ehrlich)</i>	Normal		Normal
Bilirubin <i>Dip Stick (Dia-coupling reaction)</i>	Negative		Negative
Nitrite <i>Dip Stick (Diazotization)</i>	Negative		Negative
Blood <i>Dip Stick (Peroxidase)</i>	Negative		Negative
Leukocyte Esterase <i>Strip Based</i>	Negative		Negative


MICROSCOPIC EXAMINATION

Pus cells <i>Microscopy</i>	2 - 3	/hpf	0-5
Epithelial Cells <i>Microscopy</i>	Occasional	/hpf	0-2

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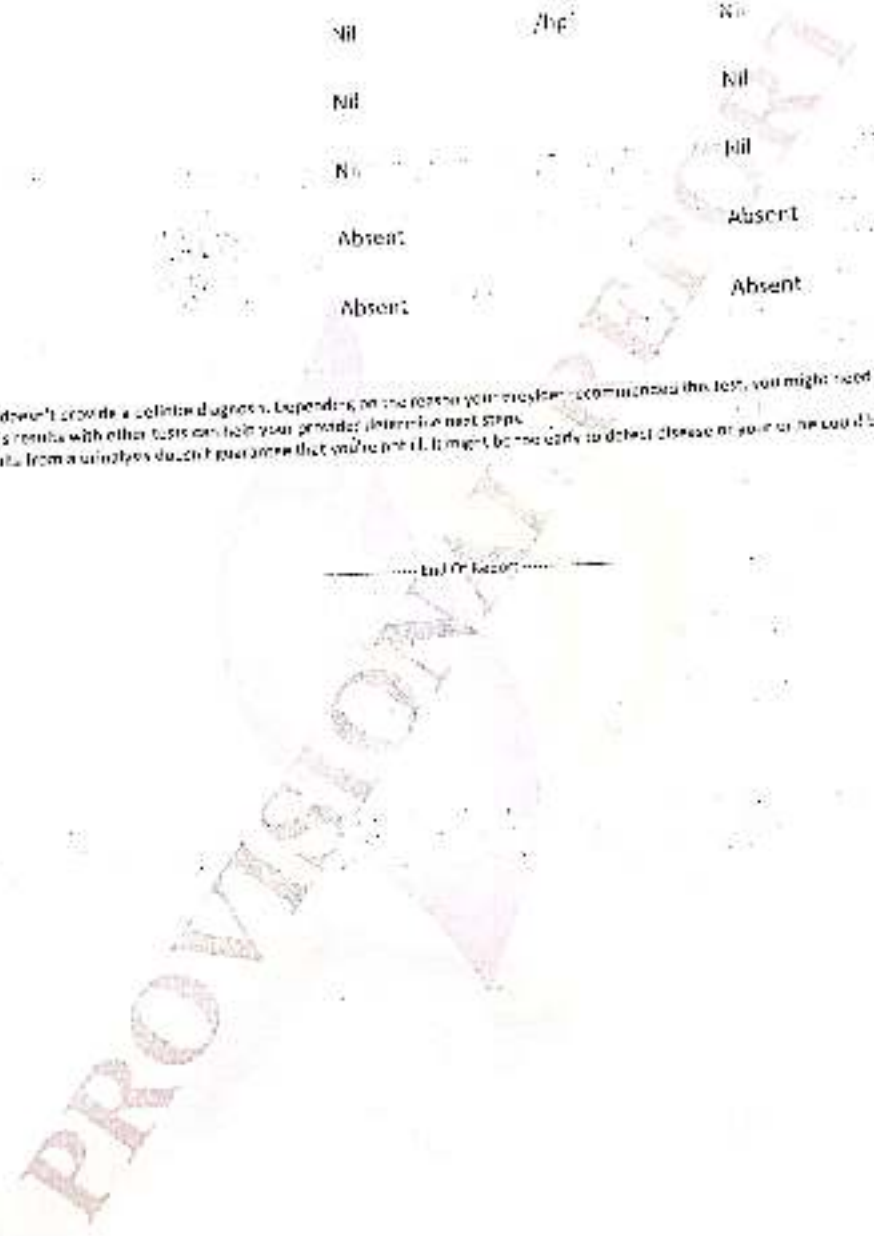
PRASAD HOSPITALS

ANAND MENON 		Collected : 06-11-2024 09:10 Received : 09-11-2024 09:56 Reported : Status : Provisional	Lab ID : Sample Quality : Location : Ref By : Client :
Age	37 Years		HYDRABAD
Gender	Male		PRASAD HOSPITAL
CRM	223002533417		Prasad Hospitals, Hyderabad Limited, Prapat Hydrabad 501095

	Nil	Trace	Nil
RBCs <i>Microscopy</i>	Nil		Nil
Casts <i>Microscopy</i>	Nil		Nil
Crystals <i>Microscopy</i>	Nil		Absent
Yeast cells <i>Microscopy</i>	Absent		Absent
Bacteria <i>Microscopy</i>	Absent		Absent

Diast significance:
 A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your physician recommended this test, you might need to follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're healthy. It might be necessary to detect disease or you or the sample could be too diluted.

----- End Of Report -----



PATIENT NAME: V. MANOJ KUMAR
REF BY DR. PRASAD HOSPITALS

37YRS/MALE
09/11/2024

ULTRA SOUND SCAN ABDOMEN

- LIVER:** Normal in size, Normal shape & increased echo texture.
No focal lesion seen.
No IHBD, Portal vein is normal and CBD normal
- GALL BLADDER:** contracted.
- PANCREAS:** Normal in size, shape and echo pattern. Main pancreatic duct normal.
- SPLEEN:** Normal in size with normal echo texture.
No focal lesion seen. Splenic Veins normal.
- RIGHT KIDNEY:** Normal in size with normal shape and echogenicity.
Corticomedullary differentiation is well maintained
Pelvicalyceal system is normal.
No focal lesion seen. No e/o renal calculi.
- LEFT KIDNEY:** Normal in size with normal shape and echogenicity.
Corticomedullary differentiation is well maintained
Pelvicalyceal system is normal.
No focal lesion seen. No e/o renal calculi
- BLADDER:** Well, distended with normal wall thickness. No evidence of calculi.
- PROSTATE:** Normal in size with normal echo texture. No focal lesion
- No free fluid in abdomen. No e/o adenopathy. Aorta and IVC are normal.

IMPRESSION: - Grade I fatty liver.

For clinical correlation

Dr. Charishma Daruru
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Regd No: 91510
Prasad Hospitals India Pvt. Ltd.

CONSULTANT RADIOLOGIST.



PRASAD HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM
KUKUTAPALLY, JNTU

Report
ACHF

240 / MANOJ KUNAR / 37 Yrs / M / 161 Cms / 100 Kg Date: 09-Nov-2024 Refd By : DR SRIVAN KUNAR Examined By: DR SRAVAN KUNAR MD,DM
Kontact: 9849 8111 1111 (Kor-Hypercholesterolemia-Non-Diabetic/Negative Estrogen/Non-Athlete)

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	108	59 %	120/80	129	00	
ExStart	00:14	0:02	00.0	00.0	01.0	108	59 %	120/80	129	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	130	71 %	120/80	156	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	146	80 %	130/80	189	00	
PeakEX	07:03	0:49	03.4	14.0	08.0	155	85 %	130/80	201	00	
Recovery	07:39	0:30	00.0	00.0	04.1	146	80 %	130/80	189	00	
Recovery	08:03	1:00	00.0	00.0	01.1	137	75 %	140/80	191	00	
Recovery	08:59	1:57	00.0	00.0	01.0	127	69 %	140/90	177	00	

FINDINGS :

Exercise Time : 05:49
 Initial HR (ExStart) : 108 bpm, 55% of Target 183
 Initial BP (ExStrt) : 120/80
 Max Workload Attained : 8.1 fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.6 mV in Recovery
 Duke Treadmill Score : 06.4
 Test End Reasons : Heart Rate Achieved, Heart Rate Achieved, Target Heart Rate Achieved

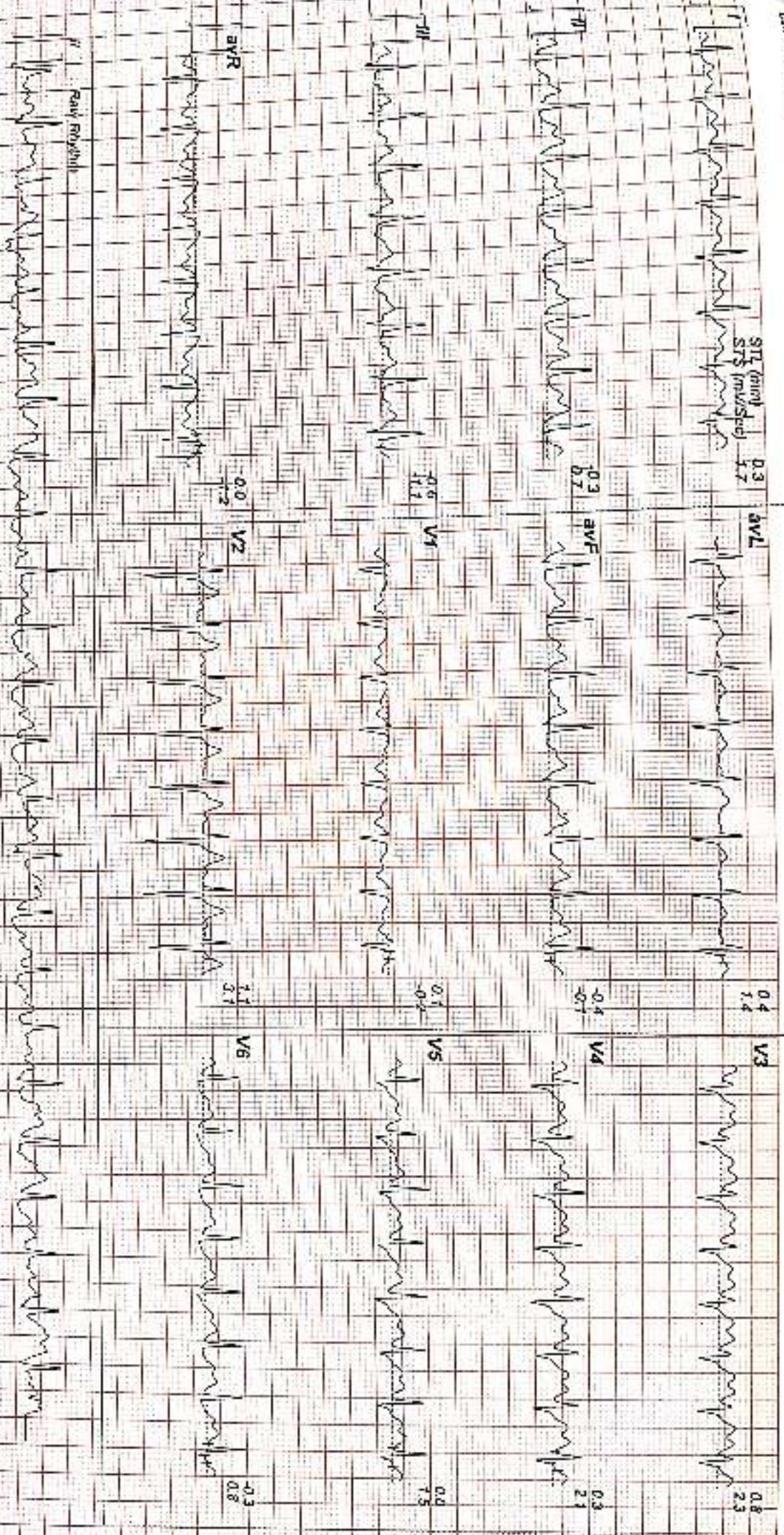
REPORT :

Doctor: DR. SRAVAN KUNAR-MD, DM, CARDIOLOGIST



DATE: 09-11-2024 10:55:25 AM METS : 7.1 HR: 146 Target HR: 80% of 183 BP: 130/80 PUL J @60mmSec

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV

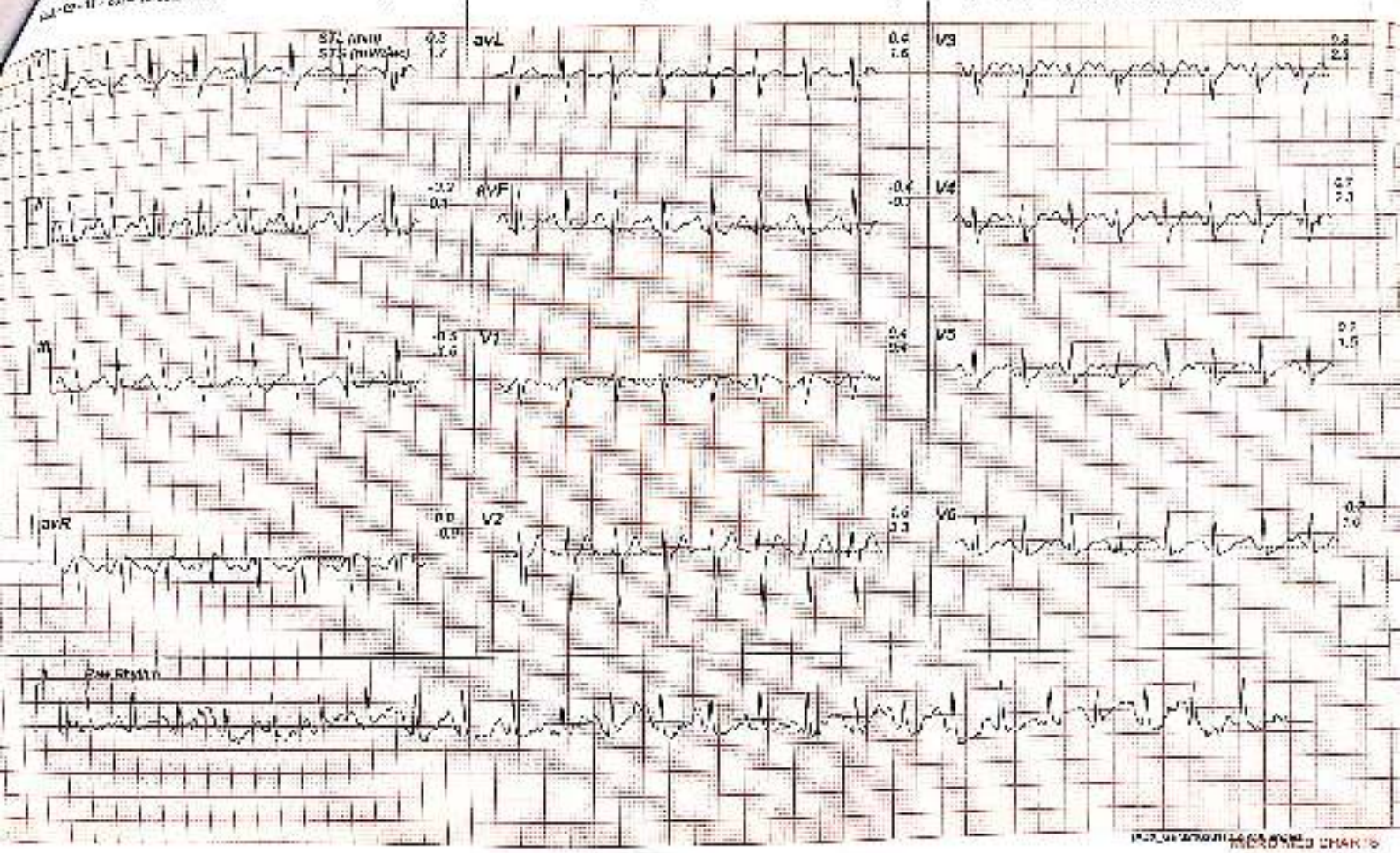




SHRI JATU
KUNDOJI KUMAR / 37 Yrs / Male / 181 Cm / 105 Kg

Jul-02-11 10:55:25 AM AC7a - 8.0 HR - 150 Target HR - 85% of 183 BP - 130/80 Feet / @Ganesh

DrTime: 05:19 Speed: 2.4 mph Grade: 14.00 % 25 min/Sec. 1.0 Cal/hr



SRINAGAR HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM

SRINAGAR HOSPITAL
SRINAGAR KUMAR / 37 Yrs / Male / 191 Cm / 105 Kg

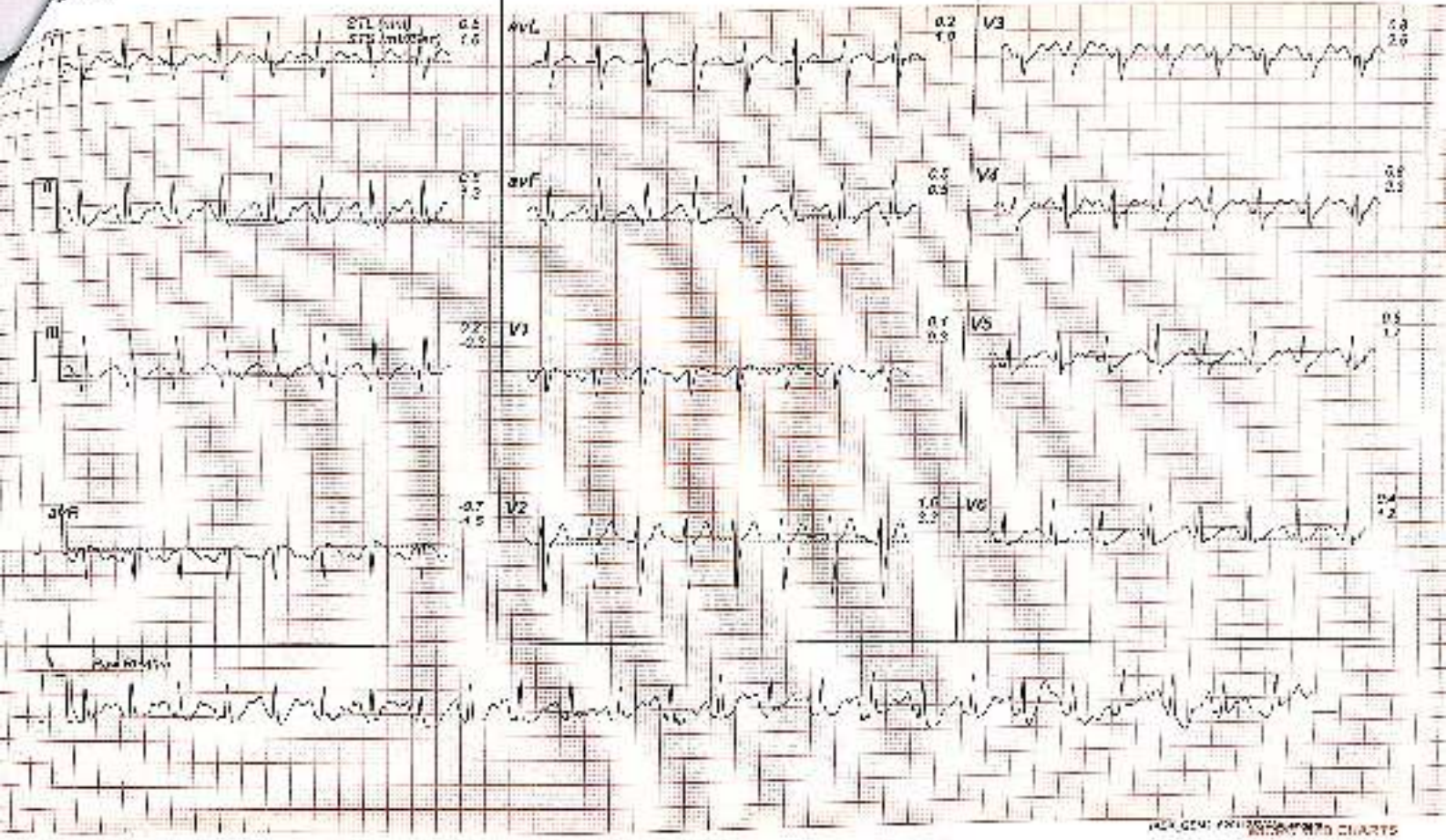
Linked Medians Report

Recovery : (00:30)



09-11-2024 10:25:25 AM METR: 4.1 HR: 145 Thyrer HR: 60% of 162 BP: 132/80 Post / Q0001Sec

7/7 Tmr: 06:49 Speed: 6.0 mm/Sec Grade: 00:00 @ 25 mm/Sec. 1.0 Cm/Div

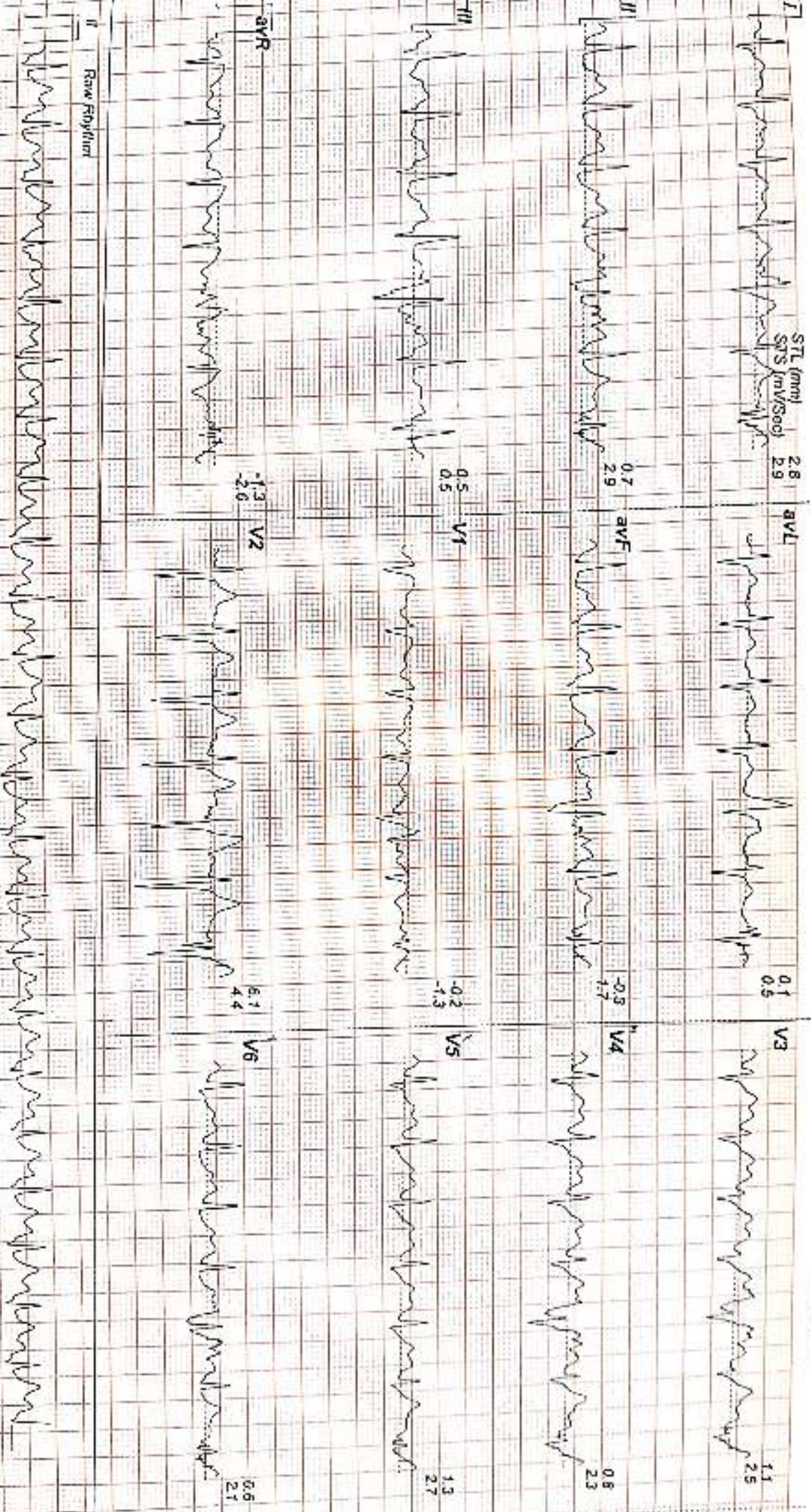


SRINAGAR HOSPITAL CHARTS



Date: 09-11-2024 10:55:25 AM METs : 1.1 HR : 137 Target HR : 75% of 183 BP : 140/90 Post J @60mSec

ExTime: 06:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 02-11-2024 10:55:25 AM METs : 1.0 HR : 127 Target HR : 69% of 180 BP : 140/90 Post J @ 60ml/Sec

Ex Time: 06:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

