



CID : 2430021762
Name : MR.DHAR JISHNU PRATIM
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 26-Oct-2024 / 10:16
Reported : 26-Oct-2024 / 14:26

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.05	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.3	40-50 %	Calculated
MCV	89.7	81-101 fl	Measured
MCH	30.3	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.7	20-40 %	
Absolute Lymphocytes	1750.0	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	710.0	200-1000 /cmm	Calculated
Neutrophils	60.5	40-80 %	
Absolute Neutrophils	3990.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	100.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	275000	150000-410000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	14.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

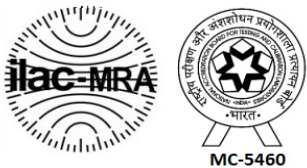
Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2430021762
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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 26-Oct-2024 / 10:16
Reported : 26-Oct-2024 / 15:36

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	83.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	38.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	54.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	102.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	31.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.99	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	103	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated



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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum 6.0 3.7-9.2 mg/dl Uricase/ Peroxidase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
 *** End Of Report ***



Dr.ANUPA DIXIT
M.D.(PATH)
 Consultant - Pathologist



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Reported : 26-Oct-2024 / 17:01

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.027	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Trace (5 mg/dl)	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	36.3	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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Reg. Location : Vashi (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



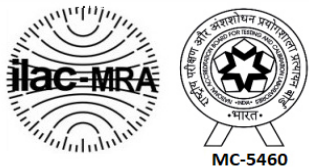
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	122	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	39.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	137.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.8	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	24.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.364	0.55-4.78 microU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Trace (5 mg/dl)	Absent	

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*** End Of Report ***



Dr. Vrushi Shroff

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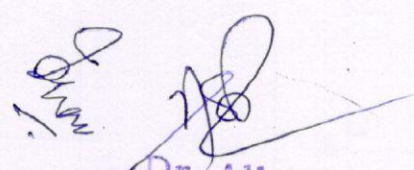
आयकर विभाग
INCOME TAX DEPARTMENT
JISHNU PRATIM DHAR
MRIDUL DHAR
10/12/1990
Permanent Account Number
BRNPD5543C

भारत सरकार
GOVT. OF INDIA



26042013

NAVI MUMBAI - 400703
SECTOR - 17, VASHI,
ABOVE RAJKAMAL SHOP
FLAT NO. 101 ANAND SAGAR CHS
SUBURBAN DIAGNOSTIC (I) PVT LTD.


Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No.73367
Dip. Psysextherapy-U.K. Reg. No.OF395
PGDHM

Date: 26/10/24

To,

Suburban Diagnostics (India) Private Limited

VASHI CENTER

FLAT NO 101 ANAND SAGAR CHS

ABOVE RAJKAMAL SHOP

SECTOR 17 VASHI

NAVI MUMBAI:- 400703

Phone No:- 022 6170 0000

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Dhar Jishnu Pratim

don't want to performed the following tests:

- 1) Stool Not given.
- 2) PPBS Blood Test Not Done
- 3) _____
- 4) _____
- 5) _____

CID No. & Date : 2430021762.

Corporate/ TPA/ Insurance Client Name : Arcofemi

Thanking you.

Yours sincerely,

✓
(Mr/Mrs/Ms. JISHNU PRATIM DHAR)

Jishnu

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Dhan Jishnu	Sex/Age	male / 33
Date	26/10/2024	CID	2430021762

History and Complaints

Cl/0 pain in Rt chest below Nipple
 H/o Trauma due to foot ball
 O/E no local tenderness, redness, or inflammation

EXAMINATION FINDINGS:

Height (cms):	171	Temp (0c):	Normal
Weight (kg):	68	Skin:	Normal
Blood Pressure	130/70	Nails:	Normal
Pulse	76w	Lymph Node:	NO - -
BMI	23.3		

Systems :

Cardiovascular:	S. S. Loud no murmur
Respiratory:	AEBS
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

Impression: R/o OTI

Advice: Referral to physician for Ht & OTI -

CHIEF COMPLAINTS:		
1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	Donated Bone marrow - Kerala
17)	Musculoskeletal System	NO

PERSONAL HISTORY:		
1)	Alcohol	Occasionally
2)	Smoking	8/day - 7-8 yr
3)	Diet	NO
4)	Medication	NO



Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395
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SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO.101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

Date: - 26/10/2024

CID: 2430021762

Name: - Mr. Jishnu Dhar

Sex / Age: m / 33

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: Nil present

Past history: Nil

Unaided Vision: NP

Aided Vision: Yes

Refraction: ~~with~~ glasses

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near	—————			N/G	—————			N/G

Colour Vision: Normal / Abnormal

Remark:

Dr. Alka S. Naik
M.B.B.S. C.C.O., Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395
PGDHM

SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO. 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

NAME :- MR.DHAR JISHNU PRATIM	AGE :-33 YRS
SEX :- MALE	DATE :26/10/2024
CID NO :- 2430021762	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves – Structurally normal
 Good biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 No diastolic dysfunction.

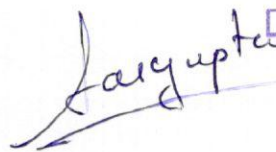
Measurements

Aorta annulus	19 mm
Left Atrium	31 mm
LVID(Systole)	22 mm
LVID(Diastole)	38 mm
IVS(Diastole)	9 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

Conclusion

Good biventricular function
No RWMA
Valves – Structurally normal
Trivial TR
No diastolic dysfunction
No PAH

* END OF THE REPORT *

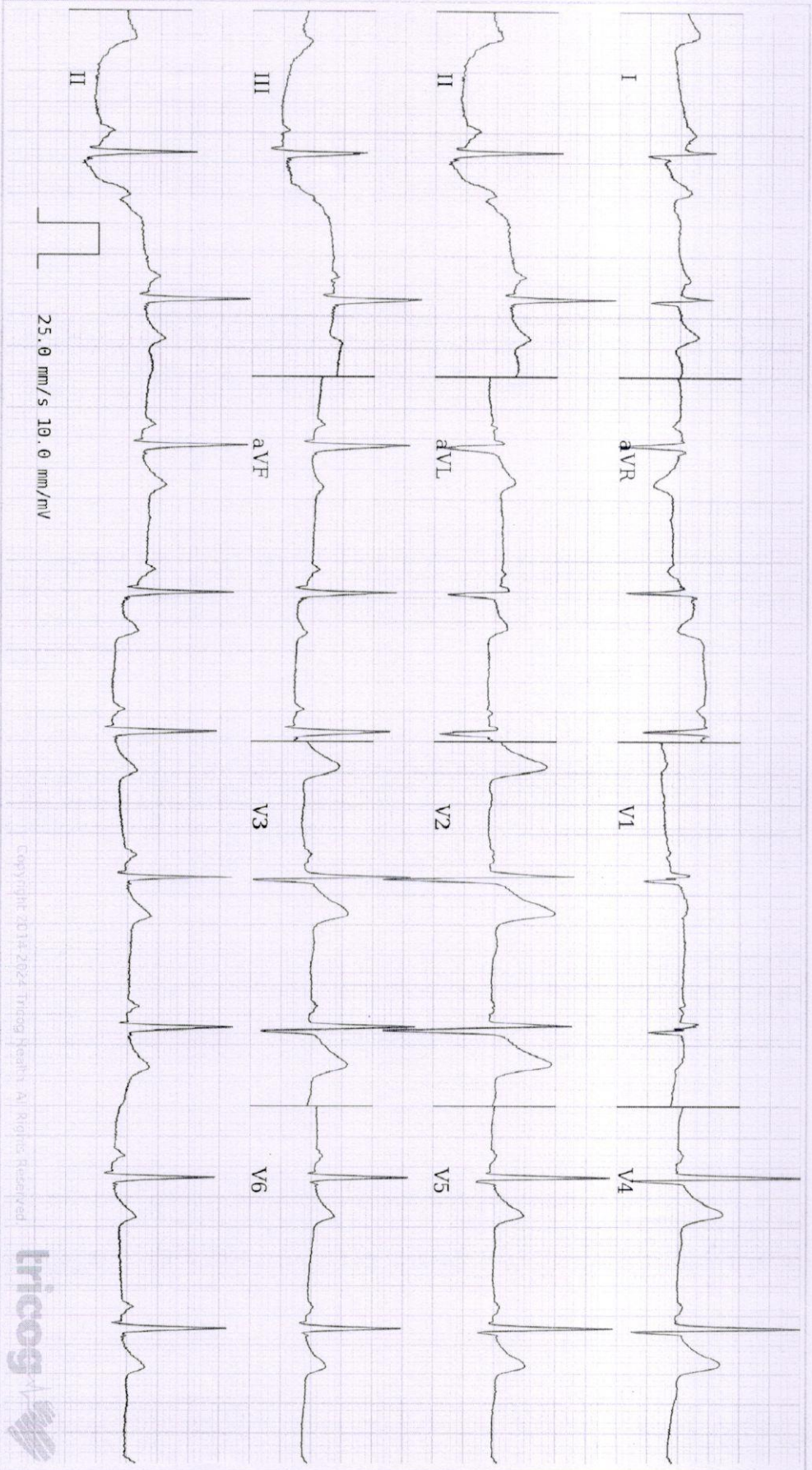

Dr. Anirban Dasgupta
MBBS DNB
Reg. No. 2005/02/0920

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO.101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

Patient Name: DHAR JISHNU PRATIM
Patient ID: 2430021762

Date and Time: 26th Oct 24 12:15 PM



25.0 mm/s 10.0 mm/mV

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Age **23** NA NA
years months days

Gender **Male**

Heart Rate **61bpm**

Patient Vitals

BP: 130/70 mmHg

Weight: 68 kg

Height: 171 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 90ms

QT: 384ms

QTcB: 386ms

PR: 140ms

P-R-T: 53° 85° 25°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dhar Jishnu Pratim

Dr. Anubha Dasgupta
MBBS DNB
Reg. 2005/02/0920

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.