



APEX HOSPITALS MULUND

A Superspecialty Hospital

ALL CASHLESS FACILITY

Veena Nagar Phase II, Tulsī Pipe Line Road,
Near Swachh Nagar Road, Mulund (W) Mumbai - 400 080.
Email: info@apexhospitals.in | www.apexgroupofhospitals.com

Visit website
goldemr.in



Tele.: 022-41624000 (100 Lines)

01/04/24

Name: - Sanjay Bhat

Age: - 36 years / m

H/O: - NO - DM / HTN or any cardiac illness

C/O: - No any major illness present

Wt: - 73 kg

Smk: - 99%

Tea: - 100%

BP: - 110 / 70 mmHg

St/E: - RS
CVS } NAD
CNS

OPD

Wt: - 73 kg

Ht: - 150 cm

Vision: - R/E - eye - 6/6
L/E - eye - 6/7.5 } NAD

Dental: - NAD

Skin: - NAD

Apex Hospitals Mulund
Veena Nagar Phase-II,
Tulsī Pipe Line Road, Near Swachh,
Nagar Road And Model Township
Mulund (W), Mumbai - 80.



APEX HOSPITALS MULUND DIAGNOSTIC

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Venka Nagar Phase II, T. S. P. Road
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Tele.:
022-41624000 (100 Lines)



APEX HOSPITALS MULUND Radiologist Report Sheet:

Patient Name:	SANJAY BHATT	Medical Record No:	09/04/2024 2911
Age :	36 Year	Accession No:	
Gender:	Male	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	MEDIWHEEL
Image Count:	1	Exam Time:	24/09/04 11:27 AM ET
Requisition Time:	24/09/04 12:13 PM ET	Report Time:	24/09/04 12:46 PM ET
Clinical History: H/O ROUTINE CHECK-UP			

Final Report

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O ROUTINE CHECK-UP

Findings:

The heart, mediastinum and pulmonary hila are unremarkable. The lungs are clear. There is no pleural effusion. The bony thorax is unremarkable.

IMPRESSION:

Normal radiograph of the chest.

Sanjay Khemuka
MBBS, MD
Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

Quality Assurance: Agree / Disagree

Change in Patient Care: Yes / No

If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form to 877-877-1679 with a copy of the official report so that appropriate action may be taken.

If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8558884112, 8665030726.

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Tele.:
022-41624000 (100 Lines)

NAME : MR. SANJAY BHATT

36/M

DATE - 09/04/2024

REF.BY : MEDIWHEEL

COLOR DOPPLER 2D ECHOCARDIOGRAPHY

SECTOR ECHOCARDIOGRAPHY

Left ventricle normal in size and function

Right ventricle normal in size and Function

Other Cardiac chambers appear normal in dimension.

Mitral valve normal

Aortic valve normal

No RWMA

LV systolic function is good at rest. LVEF 55-60%

No e/o coarctation.No e/o clot / Vegetation / Effusion seen.

IVC 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 5 mmHg.

No MS / Trivial MR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 mm of Hg.

CONCLUSION.

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial MR

No e/o pulmonary hypertension

DR. Ravindra Ghule
(Consultant cardiologist)

DR. RAVINDRA GHULE
DM CARDIO
2009/08/3036



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Tele.:
022-41624000 (103 Lines)

Patient ID : 2404057177		Registered On : 09/04/2024, 04:32 PM
Patient Name : MR. SANJAY BILATT		Collected On : 09/04/2024, 10:50 PM
Age : 36 Yrs		Reported On : 10/04/2024, 12:27 AM
Gender : MALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		
Sample Collected At : APEX HOSPITAL, MULUND		

For Authenticity Scan QR Code

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.90	%	Below 5.0% : Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0% - 10% : Unsatisfactory Above 10% : Poor Control
Mean Blood Glucose	122.6	mg/dL	70 - 125

CLINICAL SIGNIFICANCE:

Glycosylated hemoglobin is a direct and true index of the "Mean Blood Glucose Level" in the body for the previous 7-8 months. It is a critical parameter of glycemic control. HbA1c represents average glycaemia over the past 6 to 8 weeks. Major part of hemoglobin is in the red blood cells. Life span of the red blood cells at birth is 120 days. Hemoglobin glycation has the highest influence on the HbA1c value. Clinical studies suggest that a patient in stable control with HbA1c < 6% at their HbA1c formation in the month before sampling is 55% in the month before that and 11% remaining < 6% in next two months.

Factors affecting HbA1c results:

Factors which affect HbA1c are iron deficiency, Chronic renal failure, Iron deficiency anemia, alcoholism, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and salicylate treatment.
Decreased in: Shortness of Breathing (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies.

See next page for glucose levels (CGM / Continuous glucose monitoring)

End of Report

Note: If the test results are alarming or unexpected, please contact your physician immediately for possible medical action.

Dr. Roshan Siraikh
MBBS MD Pathology
Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1



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Near Swarna Nagni Road, Mulund (W) Mumbai 400 080.



Tele.:
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Mr. SANJAY BHATT		Collected : 09-04-2024 15:17	Lab ID : 40409X12584
DOB		Received : 09-04-2024 18:40	Serum Quality : Adequate
Age : 66 years		Reported : 09-04-2024 19:37	Location : MUMBAI
Gender : Male		Status : Final	Ref By : APEX HOSPITAL
LRV		Client : SAKSHI PHARMACY	

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum	1.42	ng/ml	0.7 - 2.04
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Clinical significance-

Triiodothyronine (T3) is an active thyroid hormone in adults. In older age, relative deficiency of triiodothyronine is observed. The clinical significance of low T3 values is minimal. Serum total triiodothyronine (total T3) is normally about 1.0 and 1.5 ng/dl. High plasma triiodothyronine (T3) concentration is usually associated with hyperthyroidism. T3 is a reliable marker for hyperthyroidism. Therapy with antithyroid drugs will lead to depressed T3 values.

Thyroxine (T4), Serum	9.74	µg/dl	5.5 - 15.5
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Clinical significance-

Thyroxine (T4) is secreted in the thyroid gland. It is found in hyperthyroidism and in patients with acute thyrotoxicosis. Low T4 values in hyperthyroidism are usually associated with severe thyrotoxicosis and occur due to reduced thyroxine. Increased total thyroxine (T4) is seen in pregnancy and patients who have received high-dose oral contraceptives. In pregnancy, increased thyroxine (T4) is seen in pregnancy and patients who have received high-dose oral contraceptives. Decreased total T4 is seen in patients treated with antithyroid drugs or hypothyroidism.

Thyroid Stimulating Hormone (TSH), Serum	2.320	µIU/mL	0.4 - 5.5
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Clinical significance-

In primary hyperthyroidism, thyroid stimulating hormone level will be elevated. In primary hypothyroidism, TSH level will be low. TSH estimation is helpful in the differential diagnosis of primary (elevated) and secondary (depressed) hypothyroidism. In primary hyperthyroidism, TSH levels are significantly elevated while in secondary and tertiary hyperthyroidism, TSH levels are normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as pituitary or non-thyroidal hypothyroidism respectively.

Thyroxine	American Thyroid Association	American Endocrine Society	Thyroid Society of India
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.0	< 3.0	< 3.0

----- End of Report -----

Signature





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Tele.:
022-41624000 (100 Lines)

NAME : MR.SANJAY BIJATI

AGE : 36/M

DATE : 09/04/2024

REF.BY :MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and shows bright echo texture. No evidence of focal lesion in Liver. Portal vein appears normal. No dilated I.I.B.R. No evidence pleural effusion.

Gall bladder is well distended. No Evidence of cholelithiasis.

C.B.D appears normal, and No evidence of calculi in it.

Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis.

Spleen shows normal echogenicity and it is of normal size.
No evidence of Para aortic Lymphadenopathy or Ascites.

Right kidney measures : 9.8 x 4.2 cm.

Left kidney measures : 10.4 x 4.8 cm.

No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L.
Cortical echogenicity on other side appears normal.

No dilated upper or lower ureters are seen.

Bladder shows Smooth margin and there is no evidence of vesicle calculi.

Prostate measures : 3.2 x 2.8 x 2.3cm

Normal in size and echotexture.No focal lesion.

REMARK :

• **Grade 1 Fatty Liver.**

Dr.Kamlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAIN
DM:RD (RADIOLOGY);
2002/03/1656



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Tele.:
022-41624000 (100 Lines)

Patient Name	MR. SANJAY BHATT	Patient ID	86938
Age/Sex	36 Years / Male	Sample Collected on	9-4-24, 11:00 am
Ref Doctor	APEX HOSPITAL	Registration On	9-4-24, 11:00 am
Client Name	Apex Hospital	Reported On	9-4-24, 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	11.7	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	35.6	%	42 - 52
RBC COUNT	4.33	$\times 10^6/\mu\text{L}$	4.70 - 6.50
RBC Indices			
MCV	82.3	fL	78 - 94
MCH	27.0	pg	26 - 31
MCHC	32.1	g/dL	31 - 36
RDW-CV	15.0	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6300	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	55	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	07	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	300000	Lak/cumm	150000 - 450000
MPV	9.3	fL	5.5 - 9.5
RBC MORPHOLOGY	Hypochromia		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3020 Plus

Dr. Hrishikesh Chevle
(MBBS, DCP.)



Better Healing & Care Comes Naturally

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. SANJAY BHATT**

Patient ID : 86038

Age/Sex : 30 Years / Male

Sample Collected on : 9-4-24, 11:00 am

Ref Doctor : APEX HOSPITAL

Registration On : 9-4-24 11:00 am

Client Name : Apex Hospital

Reported On : 9-4-24 3:36 pm

Test Done	Observed Value	Unit	Ref. Range
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ESR (ERYTHROCYTES SEDIMENTATION RATE)

ESR	18	mm/hr	0 - 20
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METHOD - WESTERGRÉN

Dr. Arishikesh Chevle
(MBBS DCP.)



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Tel.:
022-41624000 (100 Lines)

Patient Name	: MR. SANJAY BHATT	Patient ID	: 86938
Age/Sex	: 30 Years (Male)	Sample Collected on	: 9-4-24 11:00 am
Ref Doctor	: APEX HOSPITAL	Registrar On	: 9-4-24, 11:00 am
Client Name	: Apex Hospital	Reported On	: 9-4-24, 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
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Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	A/B
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types.

Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

Dr. Hrishikesh Chevle
(MBS, DCP.)



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enquiries@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022-41624000 (100 Lines)

Patient Name	MR. SANJAY BHATT	Patient ID	86438
Age/Sex	36 Years - Male	Sample Collected on	04-24-11:50 am
Ref Doctor	APEX HOSPITAL	Registration On	9-1-24, 11:00 am
Client Name	Apex Hospital	Reported On	9-4-24, 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	96.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	110.2	mg/dl	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-PO1

Dr. Krishikesh Chevle
(MBBS, DCP,)



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Tele.:
022-41624000 (100 Lines)

Parent Name	: MR. SANJAY BHATT	Patient ID	: 86938
Age/Sex	: 36 Years / Male	Sample Collected on	: 9-4-24 11:00 am
Ref. Doctor	: APEX HOSPITAL	Registration On	: 9-4-24 11:00 am
Client Name	: Apex Hospital	Reported On	: 9-4-24, 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	29.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	13.60	mg/dL	5.0 - 23.0
S. CREATININE	0.96	mg/dL	0.7 to 1.4
S. SODIUM	140.0	meq/L	135 - 155
S. POTASSIUM	4.22	mEq/l	3.5 - 5.5
S. CHLORIDE	111.8	mEq/L	95 - 109
S. URIC ACID	5.38	mg/dL	3.5 - 7.2
S. CALCIUM	9.8	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTEIN	6.4	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 to 5.3
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.29		1.0 to 2.3

MET-HD - FM200 Fully Automatic

INTERPRETATION -

Dr. Prishikesh Chevle
(MBBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name	MR. SANJAY BHATT	Patient ID	86938
Age/Sex	36 Years (Male)	Sample Collected on	9-4-24 11:00 am
Ref Doctor	APEX HOSPITAL	Registration On	9-4-24 11:00 am
Client Name	Apex Hospital	Reported On	9-4-24 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	0.25	mg/dl	UP to 1.2
DIRECT BILIRUBIN	0.24	mg/dL	UP to 0.5
INDIRECT BILIRUBIN	0.54	mg/dL	UP to 0.7
SGOT(AST)	25.6	U/L	UP to 40
SGPT(ALT)	24.3	U/L	UP to 40
ALKALINE PHOSPHATASE	171.3	U/L	64 to 306
S. PROTEIN	6.4	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 - 5.0
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.29		0.9 to 2.3

METHOD - ENDO Fully Automatic

Dr. Hrishikesh Chevle
(MBBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. SANJAY BHATT	Patient ID	: K6438
Age/Sex	: 36 Years / Male	Sample Collected on	: 04/24/2024 11:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 04/24/2024 11:00 am
Client Name	: Apex Hospital	Reported On	: 04/24/2024 03:38 pm

Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	169.9	mg/dL	700 - 240
S. TRIGLYCERIDE	125.1	mg/dL	0 - 200
S. HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	120.78	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.80		Up to 4.5
CHOL/HDL CHOL RATIO	4.38		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL IJU RECOMMENDATION by ACEP (May 2015).

Dr. Hrishikesh Chevle
(MBBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. SANJAY BHATT	Patient ID	: 86938
Age/Sex	: 36 Years / Male	Sample Collected on	: 9-4-24, 11:00 am
Ref. Doctor	: APEX HOSPITAL	Registration On	: 9-4-24, 11:00 am
Client Name	: Apex Hospital	Reported On	: 9-4-24, 3:38 pm

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	20 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.010	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

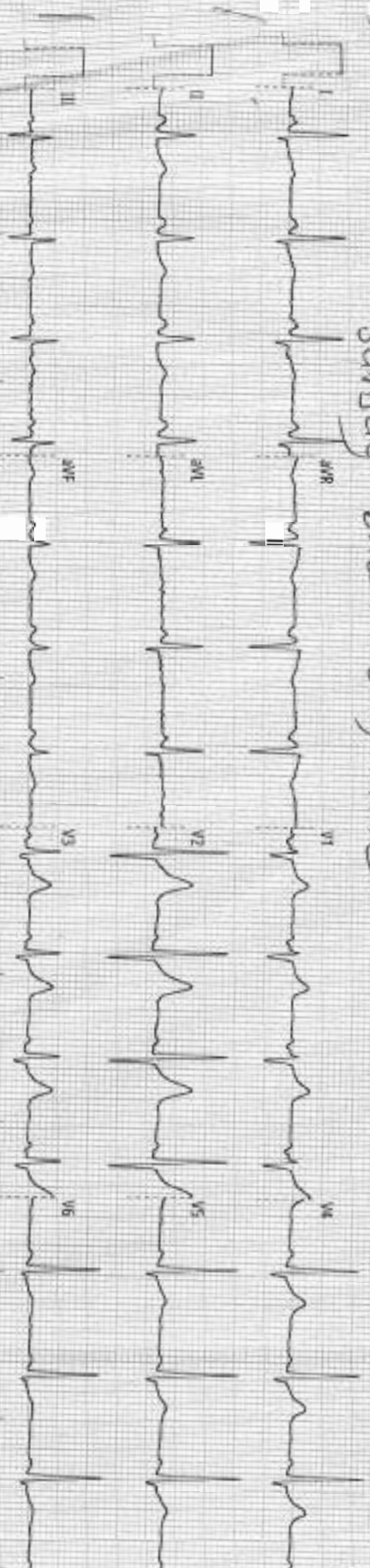
Microscopic Examination

RED BLOOD CELLS	Absent	Absent
WBC CELLS	1-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Brishikesh Chevle
(MBBS, DCP.)

Sonyy bhutt, 36 y male

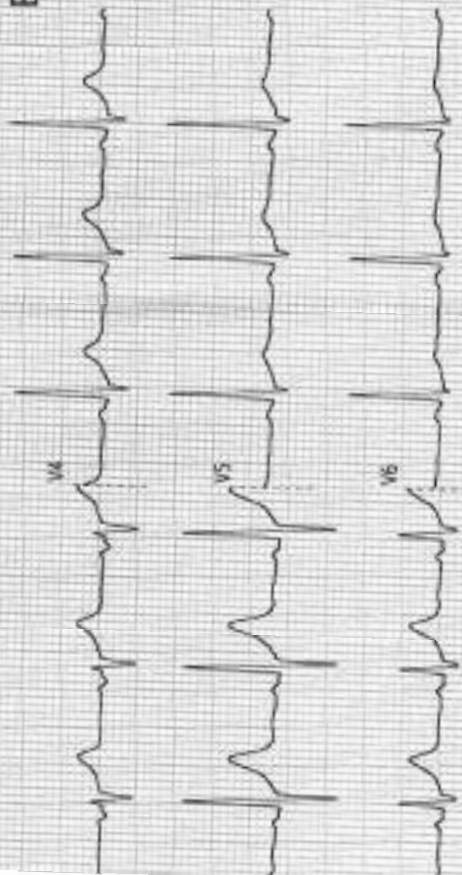
05/11/2017 - AC 5014 - 25mm/s - Normal - Calibration - 0.20 - 1.0.25 - Sequential



ECG r
ID
Name
Gender
Age
Dept
Bed

ECG report

ID : 20240409095710
Name : *Sanjay Bhat*
Gender : *male*
Age : *36 year*
Dept :
Bed No:



HR : 86 bpm
PR : 108 ms
QRS : 80 ms
QT/QTc : 336/382 ms
P/QRS/T : 34/28/52 °
RV5/SV1 : 1.39/0.401 mV
RV5+SV1 : 1.791 mV
Minnesota code: 6-5

<< Interpretations >>

[Signature]
Apex Hospitals Murumb
Veeru Nagar, Phosai,
Tulsi Pura, Linn Road, Near Swargra,
Nagari Road, Anand Nagar, Township,
Muzare (W), Mumbai - 80.

Confirm and sign:
Examination time: 2024-04-09 09:57:10