

Unit of Narayana Health

#### **DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Valli N MRN : 2015000001386	Gender/Age : FEMALE , 44y (20/04/1979)
Collected On: 23/09/2023 08:52 AM Received On:	23/09/2023 11:46 AM Reported On : 23/09/2023 04:59 PM
Barcode : 032309230133 Specimen : Urine Consul	tant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9742819623

<b>CLINICAL PAT</b>	HOLOGY	
Result	Unit	<b>Biological Reference Interval</b>
Yellow	-	-
Clear	-	-
7.0	-	4.5-7.5
1.005	-	1.002 - 1.030
Not Present	-	Not Present
Not Present	-	Not Present
Not Present	-	Not Present
Not Present	-	-
Not Present	-	Not Present
Normal	-	Normal
Not Present	-	Not Present
Not Present	-	Not Present
Not Present	-	Not Present
0.1	/hpf	0-5
	Result  Fullow  Vellow  Clear  Clear  T.0  Clear  T.0  Clear  Clear Clear  Clear  Clear  Clear  Clear  Clea	YellowFinalYellow-Clear-7.0-1.005-Not Present-Not Present- </td

#### Narayana Institute of Cardiac Sciences



(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

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Patient Name: Ms Valli N MRN: 2015000000	1386 Gender/Age : F	EMALE , 44y (20/04/1979	))
RBC	0.3	/hpf	0-4
Epithelial Cells	0.4	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	3.2	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

#### **Interpretation Notes**

• Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

Hema S

Dr. Hema S MD, DNB, Pathology Associate Consultant

#### **CLINICAL PATHOLOGY**

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Post Prandial) (Enzyme	Not Present	-
Method (GOD POD))		

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Dr. Sudarshan Chougule MBBS, MD, Pathology Consultant & Head - Hematology & Flow Cytometry

	BIOCHEMI	STRY	
Test	Result	Unit	<b>Biological Reference Interval</b>
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	94	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	173 H	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
HBA1C			
HbA1c (HPLC NGSP Certified)	6.1 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	128.37	-	-

#### Interpretation:

1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

3. Any sample with >15% should be suspected of having a haemoglobin variant.

#### SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.49 L	mg/dL	0.52-1.04
eGFR (Calculated)	137.2	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for

Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.

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Patient Name : Ms Valli N MRN : 2015000001386	Gender/Age : FE	MALE , 44y (20/04/1979)	
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	11	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	6.0	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	174	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	135	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	56	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	118.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	96 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	27.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.2	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.48	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	14.7 H	µg/dl	5.53-11.0
<b>TSH (Thyroid Stimulating Hormone)</b> (Enhanced Chemiluminesence)	3.258	μIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

#### **Interpretation Notes**

• TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in

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patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

## LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	mg/dL	0.2-1.3
<b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.91	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.48	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	30	U/L	14.0-36.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	20	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	78	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	11 L	U/L	12.0-43.0

#### **Interpretation Notes**

Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).
 Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin.
 Delta Bilirubin is not expected to be present in healthy adults or neonates.

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Appointments



Anushre

Dr. Anushre Prasad MBBS, MD, Biochemistry **Consultant Biochemistry** 

Mrs. Latha B S MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry

	HEMATOL	.OGY	
Test	Result	Unit	<b>Biological Reference Interval</b>
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.7 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	5.81 H	million/µl	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.6	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	64.7 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	20.1 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.1 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	16.2 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	268	10 <sup>3</sup> /µL	150.0-450.0
Mean Platelet Volume (MPV)	9.3	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.1	10 <sup>3</sup> /µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	67.4	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	27.3	%	20.0-40.0

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Monocytes (VCS Technology Plus Microscopy)	3.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.3	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	5.46	x10 <sup>3</sup> cells/µl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.22	x10 <sup>3</sup> cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.3	x10 <sup>3</sup> cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.11	x10 <sup>3</sup> cells/µl	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

#### **Interpretation Notes**

•	Haemoglobin, RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested.
	RBC Indices aid in typing of anemia.
	WBC Count: If below reference range, susceptibility to infection.
	If above reference range- Infection*
	If very high in lakhs-Leukemia
	Neutrophils -If above reference range-acute infection, mostly bacterial
	Lymphocytes -If above reference range-chronic infection/ viral infection
	Monocytes -If above reference range- TB,Typhoid,UTI
	Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
	Basophils - If above reference range, Leukemia, allergy
	Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
	* In bacterial infection with fever total WBC count increases.
	Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
	In typhoid and viral fever WBC may be normal.
	DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.
F	rythrocyte Sedimentation Rate (ESR) 2 mm/1hr 0.0-12.0
(\	Vestergren Method)

#### **Interpretation Notes**

• ESR high - Infections, chronic disorders,, plasma cell dyscrasias. DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

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Derpure WAR

Dr. Deepak M B MD, PDF, Hematopathology Consultant

#### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	В	-
RH Typing (Column Agglutination Technology)	Positive	-

R.K

Dr. Prathip Kumar B R MBBS,MD, Immunohaematology & Blood Transfusion Consultant

### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

- (LFT, -> Auto Authorized)
- (Blood Urea Nitrogen (Bun), -> Auto Authorized)
- (Uric Acid, -> Auto Authorized)
- (Fasting Blood Sugar (FBS), -> Auto Authorized)
- (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

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--End of Report-

## ADULT TRANS-THORACIC ECHO REPORT



Jayanagar

Unit of Narayana Health

DATE

## AGE/SEX : 44YRS/FEMALE

: 23.09.2023

### NAME : MRS.VALLI N

MRN NO : 2015000001386

#### FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- NORMAL VALVES
- MR-MILD
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- NORMAL LV FUNCTION
- LVEF- 60%

#### **MEASUREMENT:**

AO: 26 MM	LVID (d) : 40 MM	IVS (d) : 10 MM	RA : 30 MM
LA: 34 MM	LVID(s) : 30 MM	PW (d) : 10 MM	RV : 27MM

EF: 60 %

#### VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

#### CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

### LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

1

RVOT/LVOT : NORMAL

NH

## Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011 Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615



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Jayanagar

#### SEPTAE

IVS	: INTACT

IAS : INTACT

#### **GREAT ARTERIES**

AORTA

: NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

#### DOPPLER DATA

MITRAL VALVE : E/A – 0.8/0.6 M/S,MR – MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR –TRIVIAL, PASP- 23 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

#### **OTHER FINDINGS**

IVC- 12 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM SINUS RHYTHM / HR- 63 BPM

**VISHALAKSHI H R** 

CARDIAC SONOGRAPHER



## Narayana Multispeciality Clinic

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2

: Mrs.Valli N Patient Name : 44Years Age

**Referring Doctor : EHP** 

### ULTRASOUND ABDOMEN AND PELVIS

Narayana

2015-1386

: 23.09.2023

: Female

Multispeciality Clinic Patient ID

Unit of Narayana Health

Date

Sex

Jayanagar

#### **FINDINGS:**

Liver is enlarged in size and measures 15.5cm shows Increased echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echogenicity. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 9.1cm in length & 1.2 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.3cm in length & 1.3 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum - obscured by bowel gas

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is normal in echopattern and bulky in size, measures 9.5x2.0x1.5cm, shows anterior wall intramural fibroid measuring 0.5cm x0.4cm and 0.9cm x0.6cm.

ET measures-9.3mm

Both Ovaries are normal in sze and echopattern

Left Ovary: 3.3x2.4cm Right Ovary: 3.1x1.4cm

#### IMPRESSION:

Grade I Fatty Hepatomegaly Bulky Uterus with small uterine Fibroids

Dr B S Ramkumar 35772 **Consultant Radiologist** 

Disclaimer:

Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

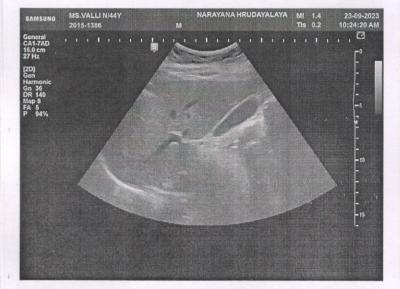


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## Arasound Image Report

Patient	
ID ·	2015-1386
Name	MS.VALLI N/44Y
Birth Date	
Gender	Male



Exam Accession #

Exam Date Description Operator 23-09-2023

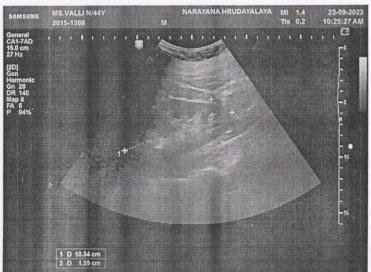




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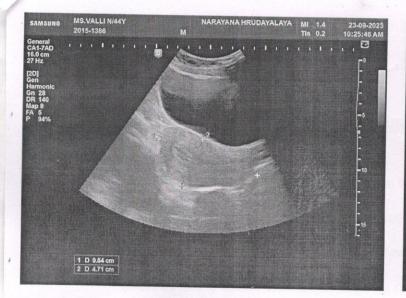


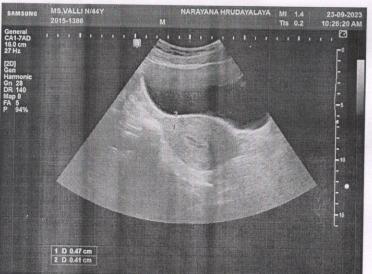


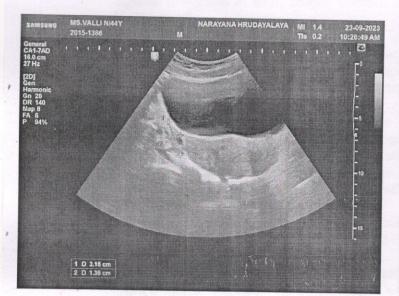


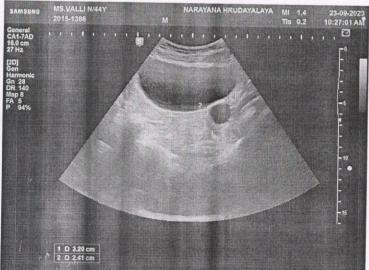
## asound Image Report

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Jayanagar

		Demusted By	EHP	
Patient Name	MS.VALLI.N	Requested By		
MDN	20150000001386	Procedure DateTime	23-09-2023 10:12	
MRN			NH-JAYANAGAR	
Age/Sex	44Y 5M/Female	Hospital		

## CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For executive health checkup.

#### FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

### IMPRESSION:

No significant abnormality detected.

Dr. Tanuj Gupta MBBS, DMRD, DNB Lead and Senior Consultant Radiologist

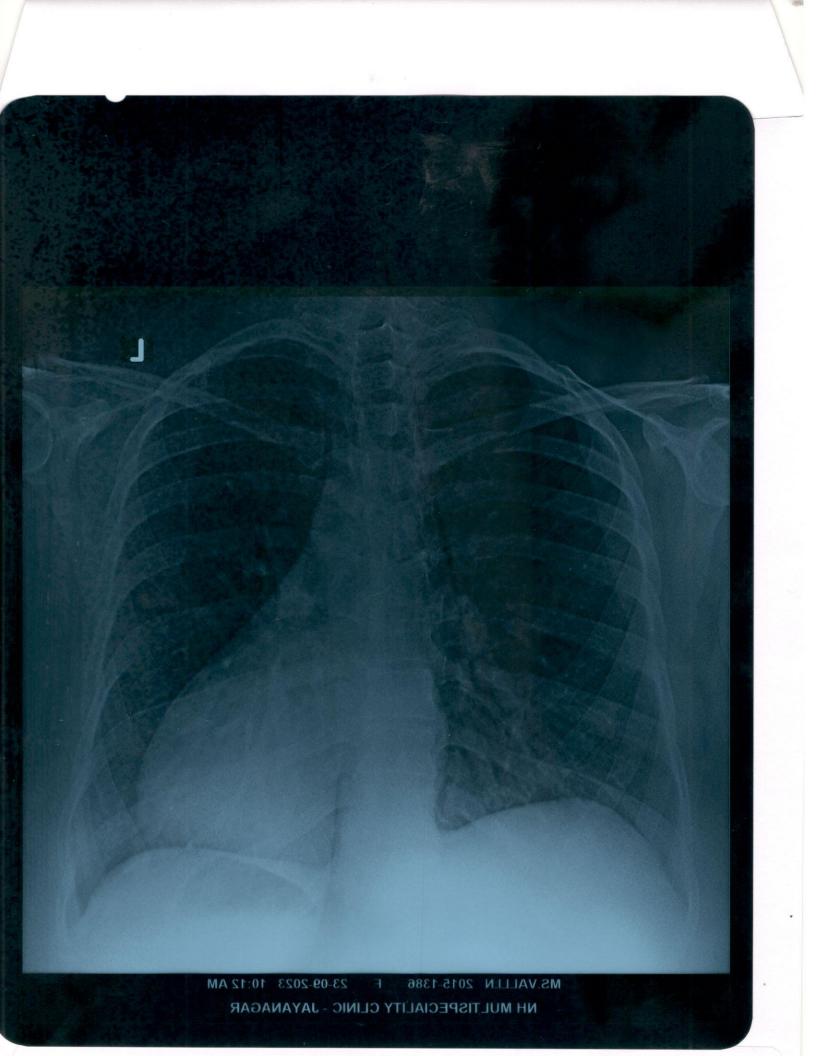
\* This is a digitally signed valid document. Reported Date/Time: 23-09-2023 10:49

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# Narayana Multispeciality Clinic

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		30 AM 74 bpm 136 ms 388/413 ms 65/31/21 deg	23.09.2023.10.24:30 AM PR Interval DIRS Duration 01/01c Interval P/0.0RS/T Axes 01c-Hodges	2015-1386 MRS VALLU N 44 Years Female Female	ID; Age: Gender