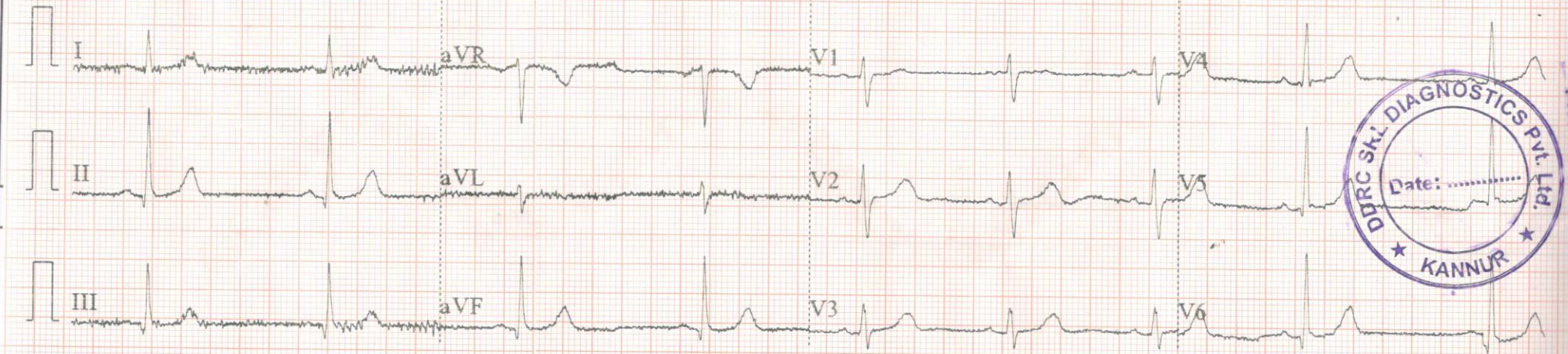
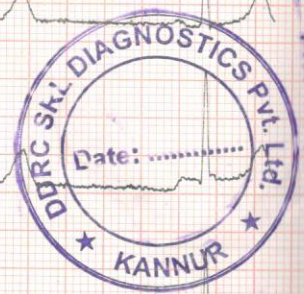


Standard	L I	L II	L III	L III Inspiration
----------	-----	------	-------	-------------------

ID: 08-02-2023 22:07:05



0.5~100Hz AC50 25mm/s 10mm/mV ♥50 V1.0 SEMIP V1.7



ARROW CE

V1	V2	V3	V4
		Standard	
	V6		

NJITHA
 male
 7 Years
 cm

mmHg
 kg
 Dr. INDUSARATH.S MBBS, MD, DNB
 Regd. No: 1964
 DDRC SRL, KANNUR

within normal.

HR : 50 bpm
 PR : 103 ms
 QRS : 151 ms
 QT/QTc : 83 ms
 P/QRS/T : 425/389 ms
 R/S : 45/66/62
 V5/SV1 : 1.402/0.502 mV


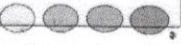
limits

**INDIAN UNION
KERALA STATE
DRIVING LICENCE** FORM 7



No.: 70/3515/2017 Date: 21/08/2017
 Name : ANJITHA.P.B
 S/W/D of : BHASI.P.K
 Address : PANDANADU HOUSE
 CHERANELLORE(PO)
 ERNAKULAM 682034

Date of Birth : 14/07/1995
 Blood Group : O+ Temp. Address
 Category Valid from Valid To GANESH MDS
 Non-Transport 21/08/2017 20/08/2037 08156857377
 Transport

He is licensed to drive throughout India, vehicle of the following description

Class of Vehicle	With effect from	Testing Authority
M/C w/o gr	21/08/2017	ALA,CTR
LMV	21/08/2017	ALA,CTR



C 1141622

Date of First Issue : 21/08/2017
 Badge No. & Date

Signature of Holder  Prathap. K
 Asst LA CHITTUR



 ANJITHA.P.B

DIAGNOSTIC REPORT

Patient Ref. No. 66600003357952

**CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITEDMEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** ANJITHA**PATIENT ID :** ANJIF1102964053**ACCESSION NO :** 4053WB000931 **AGE :** 27 Years **SEX :** Female**ABHA NO :****DRAWN :****RECEIVED :** 11/02/2023 08:11**REPORTED :** 13/02/2023 09:43**REFERRING DOCTOR :** DR. MEDIWHEEL**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**TREADMILL TEST**

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



DIAGNOSTIC REPORT



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

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DDRC SRL DIAGNOSTICS

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 Email : customercare.ddrc@srl.in

PATIENT NAME : ANJITHA **PATIENT ID :** ANJIF1102964053
ACCESSION NO : 4053WB000931 **AGE :** 27 Years **SEX :** Female **ABHA NO :**
DRAWN : **RECEIVED :** 11/02/2023 08:11 **REPORTED :** 13/02/2023 09:43
REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 5 Adult(<60 yrs) : 6 to 20 mg/dL

BUN/CREAT RATIO

BUN/CREAT RATIO 8.3 5.00 - 15.00

CREATININE, SERUM

CREATININE 0.60 18 - 60 yrs : 0.6 - 1.1 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 92 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 80 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.9 Normal : 4.0 - 5.6%. %
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%

Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

LIPID PROFILE, SERUM

CHOLESTEROL 157 Desirable : < 200 mg/dL
 Borderline : 200-239
 High : >or= 240

TRIGLYCERIDES 110 Normal : < 150 mg/dL
 High : 150-199
 Hypertriglyceridemia : 200-499
 Very High : > 499



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DIAGNOSTIC REPORT

Patient Ref. No. 66600003357952



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ACCESSION NO : **4053WB000931** AGE : 27 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:11 REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
HDL CHOLESTEROL		39	mg/dL
DIRECT LDL CHOLESTEROL		106	mg/dL
NON HDL CHOLESTEROL		118	mg/dL
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO		22.0	mg/dL
LDL/HDL RATIO		4.0	
		2.7	

General range : 40-60
 Optimum : < 100
 Above Optimum : 100-139
 Borderline High : 130-159
 High : 160-189
 Very High : >or= 190

Desirable-Less than 130
 Above Desirable-130-159
 Borderline High-160-189
 High-190-219
 Very High- >or =220

</= 30.0

3.3 - 4.4 Low Risk
 4.5 - 7.0 Average Risk
 7.1 - 11.0 Moderate Risk
 > 11.0 High Risk

0.5-3 Desirable/Low risk
 3.1-6 Borderline/Moderate risk
 >6.0 High Risk



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DDRC SRL DIAGNOSTICS

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ACCESSION NO : 4053WB000931 **AGE :** 27 Years **SEX :** Female **ABHA NO :**

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REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
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Interpretation(s)

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3) HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5) Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
------------	-----------------	-----------------------





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Email : customercare.ddrc@srl.in

PATIENT NAME : ANJITHA PATIENT ID : **ANJIF1102964053**

ACCESSION NO : **4053WB000931** AGE : 27 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:11 REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.40	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.14	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.26	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.1	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.9	2.0 - 4.0	g/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	11	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	Adults : < 34	U/L
ALKALINE PHOSPHATASE	43	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	14	Adult(female) : < 40	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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URIC ACID, SERUM

URIC ACID	3.2	Adults : 2.4-5.7	mg/dL
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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O
RH TYPE	POSITIVE



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DIAGNOSTIC REPORT



Patient Ref. No. 66600003357952



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: ANJITHA HEALTHCARE LIMITED

DDRC SRL DIAGNOSTICS

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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 8800465156

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PATIENT NAME : ANJITHA **PATIENT ID : ANJIF1102964053**

ACCESSION NO : **4053WB000931** AGE : 27 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:11 REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
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BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	13.2	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.30	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	8.68	4.0 - 10.0	thou/ μ L
PLATELET COUNT	290	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	39.6	36 - 46	%
MEAN CORPUSCULAR VOL	92.2	83 - 101	fL
MEAN CORPUSCULAR HGB.	30.7	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.1	11.6 - 14.0	%
MENTZER INDEX	21.4		
MEAN PLATELET VOLUME	8.4	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	62	40 - 80	%
LYMPHOCYTES	31	20 - 40	%
MONOCYTES	3	2 - 10	%
EOSINOPHILS	3	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	5.38	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.69	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.26	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.26	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.1		

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	6	0 - 20	mm at 1 hr
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THYROID PANEL, SERUM

T3	125.00	80.00 - 200.00	ng/dL
T4	6.67	5.10 - 14.10	μ g/dl



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CLIENT CODE : CA00010147 - MEDIWHEEL
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DDRC SRL DIAGNOSTICS

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PATIENT NAME : ANJITHA PATIENT ID : **ANJIF1102964053**

ACCESSION NO : **4053WB000931** AGE : 27 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:11 REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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TSH 3RD GENERATION 3.120 Non-Pregnant : 0.4 - 4.2 µIU/mL

Pregnant Trimester-wise :
1st : 0.1 - 2.5
2nd : 0.2 - 3
3rd : 0.3 - 3

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.



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Patient Ref. No. 666000003357952

CLIENT CODE : CA00010147 - MEDIWHEEL
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PATIENT NAME : ANJITHA

PATIENT ID : ANJIF1102964053

ACCESSION NO : 4053WB000931 **AGE :** 27 Years **SEX :** Female

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 08:11

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REFERRING DOCTOR : DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
APPEARANCE SLIGHTLY HAZY

CHEMICAL EXAMINATION, URINE

PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.030	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	3-5	0-5	/HPF
EPITHELIAL CELLS	20-30	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	DETECTED	NOT DETECTED	



DIAGNOSTIC REPORT



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DRAWN : RECEIVED : 11/02/2023 08:11 REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Results	Units
Final		

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

PHYSICAL EXAMINATION, STOOL

COLOUR BROWN

CONSISTENCY SEMI LIQUID

MUCUS ABSENT NOT DETECTED

MICROSCOPIC EXAMINATION, STOOL



DIAGNOSTIC REPORT**Patient Ref. No. 66600003357952****CLIENT CODE :** CA00010147 - MEDIWHEEL
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KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** ANJITHA**PATIENT ID :** ANJIF1102964053**ACCESSION NO :** 4053WB000931 **AGE :** 27 Years **SEX :** Female**ABHA NO :****DRAWN :****RECEIVED :** 11/02/2023 08:11**REPORTED :** 13/02/2023 09:43**REFERRING DOCTOR :** DR. MEDIWHEEL**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
PUS CELLS		0-1	/hpf
RED BLOOD CELLS		NOT DETECTED	/HPF
CYSTS		NOT DETECTED	
OVA		NOT DETECTED	





Patient Ref. No. 66600003357952

CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS

 KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : ANJITHA **PATIENT ID :** ANJIF1102964053

ACCESSION NO : 4053WB000931 **AGE :** 27 Years **SEX :** Female **ABHA NO :**
DRAWN : **RECEIVED :** 11/02/2023 08:11 **REPORTED :** 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
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Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

- Stool Culture:** - This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin:** It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay:** This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.



DIAGNOSTIC REPORTPatient Ref. No. **66600003357952****CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** ANJITHAPATIENT ID : **ANJIF1102964053**ACCESSION NO : **4053WB000931** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 08:11

REPORTED : 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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6. **Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.



DIAGNOSTIC REPORT

Patient Ref. No. 66600003357952



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

DDRC SRL DIAGNOSTICS

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : ANJITHA **PATIENT ID :** ANJIF1102964053

ACCESSION NO : 4053WB000931 **AGE :** 27 Years **SEX :** Female **ABHA NO :**

DRAWN : **RECEIVED :** 11/02/2023 08:11 **REPORTED :** 13/02/2023 09:43

REFERRING DOCTOR : DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**ECG WITH REPORT****REPORT**

COMPLETED

USG ABDOMEN AND PELVIS**REPORT**

COMPLETED

CHEST X-RAY WITH REPORT**REPORT**

COMPLETED

****End Of Report****Please visit www.srlworld.com for related Test Information for this accession

JINSHA KRISHNAN
LAB TECHNOLOGIST

DR.INDUSARATH S
CONSULTANT PATHOLOGIST

NIMISHA K
LAB TECHNOLOGIST

SREENA A
LAB TECHNOLOGIST



Scan to view Details



Scan to view Report



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <i>Angitha</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <i>mole in left hand</i>
3. Age/Date of Birth	:	<i>27yrs</i> , <i>14-7-1995</i> Gender: <input checked="" type="radio"/> F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <i>152</i> (cms)	b. Weight <i>60</i> (Kgs)	c. Girth of Abdomen <i>81</i> (cms)
d. Pulse Rate (Min)	e. Blood Pressure:	Systolic <i>110</i> Diastolic <i>80</i>
	1 st Reading	<i>110</i> <i>80</i>
	2 nd Reading	<i>110</i> <i>80</i>

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>63</i>	<i>Healthy</i>	—
Mother	<i>59</i>	"	—
Brother(s)	—	—	—
Sister(s)	<i>31</i>	"	—

HABITS & ADDICTIONS: Does the examinee consume any of the following?

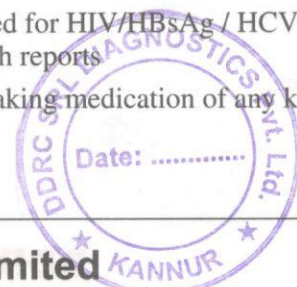
Tobacco in any form	Sedative	Alcohol
<i>No</i>	<i>No</i>	<i>No</i>

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? *no weight gain - you back - home 150lb* Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N



• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

.....
.....

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

Medically fit

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr Indusarath

Dr. INDUSARATH.S, MBBS,MD,DNB

Regd. No: 41964

DDRC SRL , KANNUR

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

Date & Time

: 11.02.2023



DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

OPHTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. ANJITHA, 27 years Female on 11.02.2023 and her visual standards are as follows:

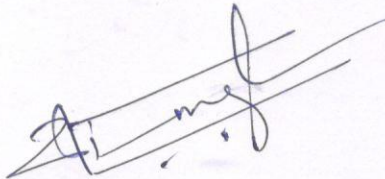
	OD	OS
VISION WITH CONTACT LENS	6/6,N6	6/6,N6
COLOUR VISION	NORMAL	NORMAL

NOTE: HISTORY OF SPECS SINCE 12 YEARS, LAST C HANGED 2 YEARS BACK (PG NOT BROUGHT)

HISTORY OF CONTACT LENS SINCE 4 YEARS

PATIENT UNCORRECTED VISUAL ACUITY AND REFRACTION WAS NOT PERFORMED AS THE PATIENT WAS NOT WILLING TO REMOVE THE CONTACT LENS AS SHE DONT CARRY THE CONTACT LENS CASE AND SOULTION WITH HER.

NO RELEVANT MEDICAL HISTORY



VIMEGA.V
OPTOMETRIST



DATE: 11.02.2023

Name	ANJITHA	Age/Sex	27Yrs/Female
Ref: By:	MEDIWHEEL	Date	11.02.2023

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

(With relevant image copies)

LIVER: Normal in size and echotexture. No e/o focal parenchymal lesions / IHBD. PV, HV & IVC are within normal limits.

GB: Normally distended, shows normal wall thickness. No e/o calculi/polyps/ pericholecystic collections.

CBD: Normal.

PANCREAS: Head and body visualized and are of normal size and echotexture. No e/o focal/diffuse parenchymal lesions/ductal dilatation/calculi. Tail cannot be visualized due to poor window.

SPLEEN: Normal in size and echotexture. Splenic vein shows normal diameter.

KIDNEY'S: Both kidneys are normal in size and echotexture. No e/o calculi/ hydronephrosis/ focal lesions/ perinephric collections.

RIGHT KIDNEY: Measures 100 x 36mms

LEFT KIDNEY: Measures 92 x 35 mms

UB: Well distended, shows normal wall thickness. No e/o calculi/growth/diverticulae. Both UV junctions are within normal limits.

UTERUS: AV, measures 66 x 32 x 49 mms. Normal in size and echotexture.

EMT: 5.5 mm, normal.

OVARIES: Both ovaries are normal in size and echotexture.

RIGHT OVARY: measures 32x 16 mms

LEFT OVARY: measures 29 x 14 mms

POD: No free fluid.

No e/o intraperitoneal free fluid/ abdominal lymphadenopathy/ mass lesion.

IMPRESSION

- **NO SONOLOGICALLY DETECTED ABNORMALITY IN THE ABDOMEN AND PELVIS.**



Dr. P.NIYAZI NASIR
MBBS, DMRD

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR

Name	ANJITHA	Age/Sex	27Yrs/Female
Ref: By:	MEDIWHEEL	Date	11.02.2023

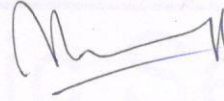
Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.
 Cardio-thoracic ratio is within normal limits.
 Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.
 No volume loss in either hemithorax.
 No definite mediastinal widening or other abnormalities noted.
 CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- Normal X-ray chest



**DR. P. NIYAZI NASIR,
 MBBS, DMRD**

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).



Dr. P. NIYAZI NASIR, MBBS, DMRD
 REG. No. 41419
CONSULTANT RADIOLOGIST
 DDRC SRL DIAGNOSTIC (P) LTD.
 KANNUR

R

ANJITHA 27Y/F MEDIWHEEL WB000931 CHEST ,P-A 11-Feb-23 12:12 PM

DDRC SRL KANNUR

ANJITHA P.B (27 F)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

ID: WB000931

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 73 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

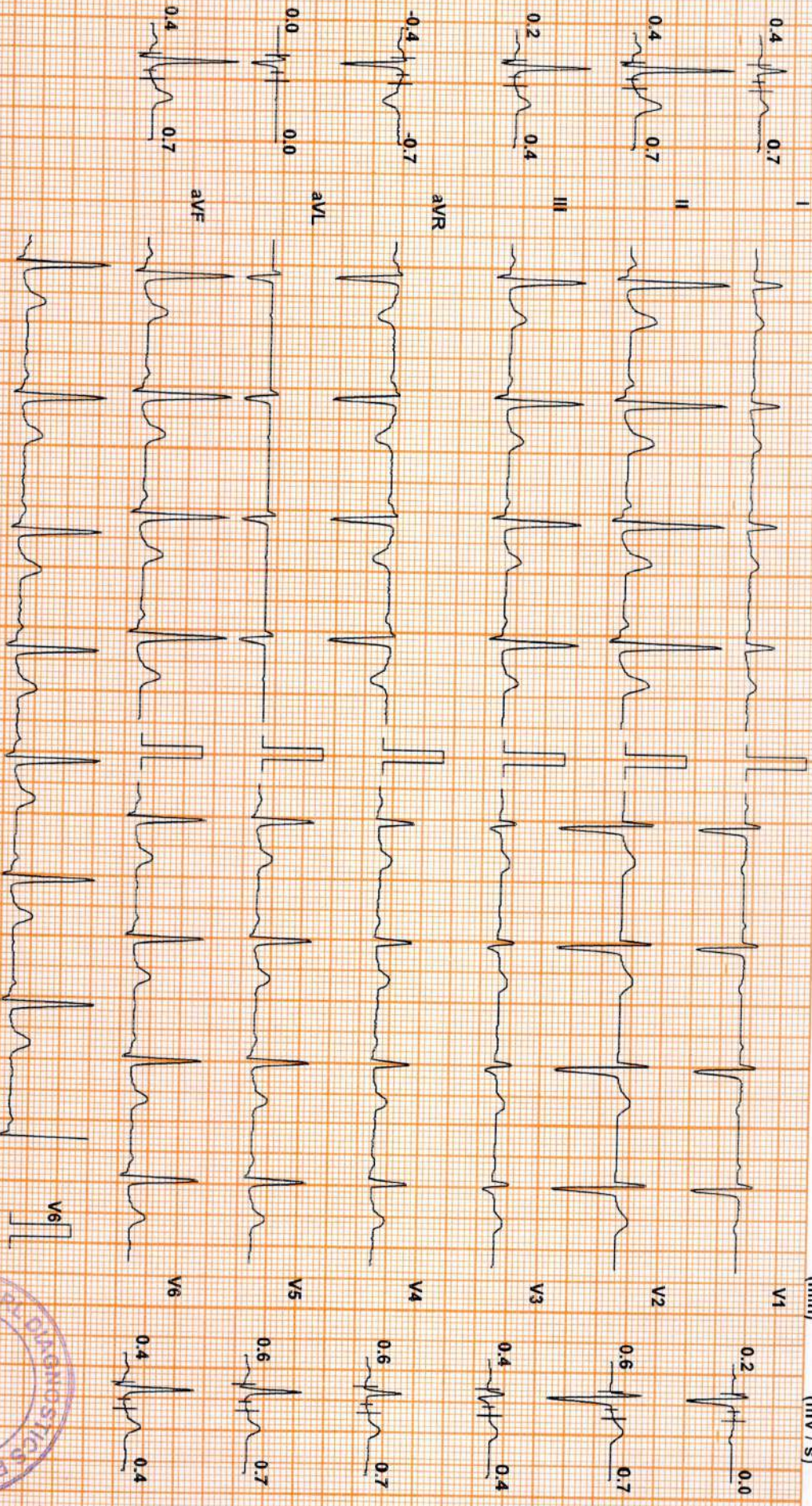


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 11-Feb-23

Time: 13:05:09

Name: ANJITHA P.B ID: WB000931

Age: 27 y

Sex: F

Height: 152 cms.

Weight: 60 Kg

Interpretation

The patient exercised according to the Bruce protocol for 8 m 36 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 104 bpm, rose to a max. heart rate of 164 (85% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 140 / 80 mmHg. No Inducible Angina.

- No significant ST changes
- Test negative for inducible ischemia



Dr. GEORGE THOMAS
MD, FCSI, FIAE
CARDIOLOGIST
Reg. 86614



Ref. Doctor: MEDIWHEEL

Doctor: -----

(Summary Report edited by user)

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details **Date:** 11-Feb-23 **Time:** 13:05:09
Name: ANJITHA P.B ID: WB000931
Age: 27 y **Sex:** F **Height:** 152 cms. **Weight:** 60 Kg.
Clinical History: Nil

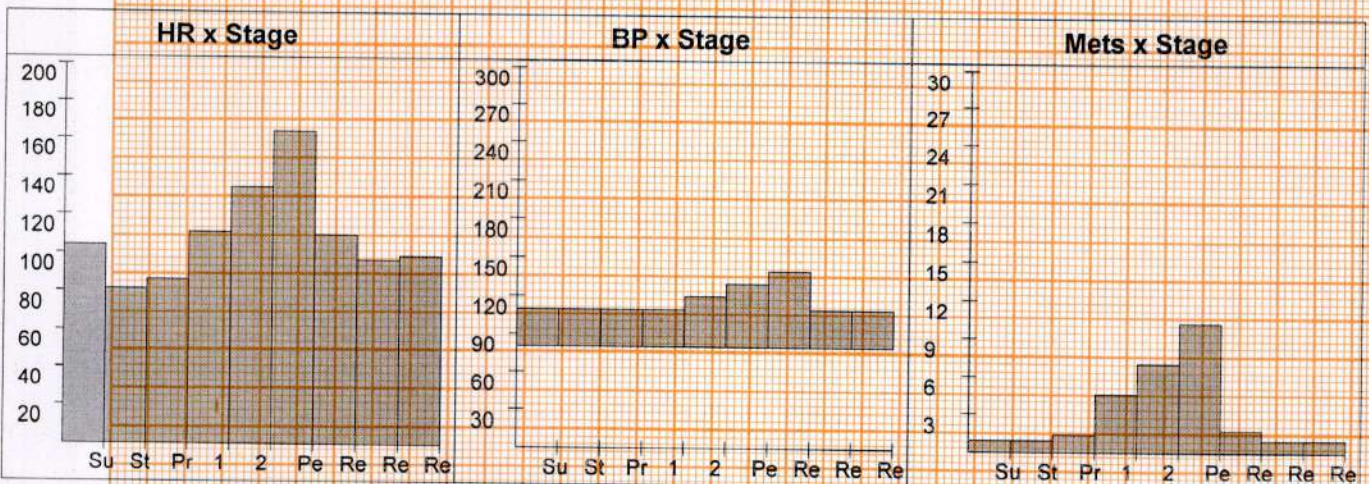
Medications: Nil

Test Details

Protocol: Bruce **Pr.MHR:** 193 bpm **THR:** 173 (90 % of Pr.MHR) bpm
Total Exec. Time: 8 m 36 s **Max. HR:** 164 (85% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 140 / 80 mmHg **Max. BP x HR:** 22960 mmHg/min **Min. BP x HR:** 6480 mmHg/min
Test Termination Criteria: Target HR attained.

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 22	1.0	0	0	104	110 / 80	-1.27 aVR	2.12 II
Standing	0 : 5	1.0	0	0	81	110 / 80	-0.42 aVR	1.06 V2
1	3 : 0	4.6	1.7	10	111	110 / 80	-0.85 aVR	1.77 II
2	3 : 0	7.0	2.5	12	134	120 / 80	-0.85 III	2.83 II
Peak Ex	2 : 36	10.2	3.4	14	164	130 / 80	-1.49 aVR	4.95 II
Recovery(1)	3 : 0	1.8	1	0	110	140 / 80	-2.34 aVR	5.66 V2
Recovery(2)	2 : 39	1.0	0	0	97	110 / 80	-1.27 aVR	2.83 II
Recovery(3)	1 : 6	1.0	0	0	99	110 / 80	-0.85 aVR	1.42 II



ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 73 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

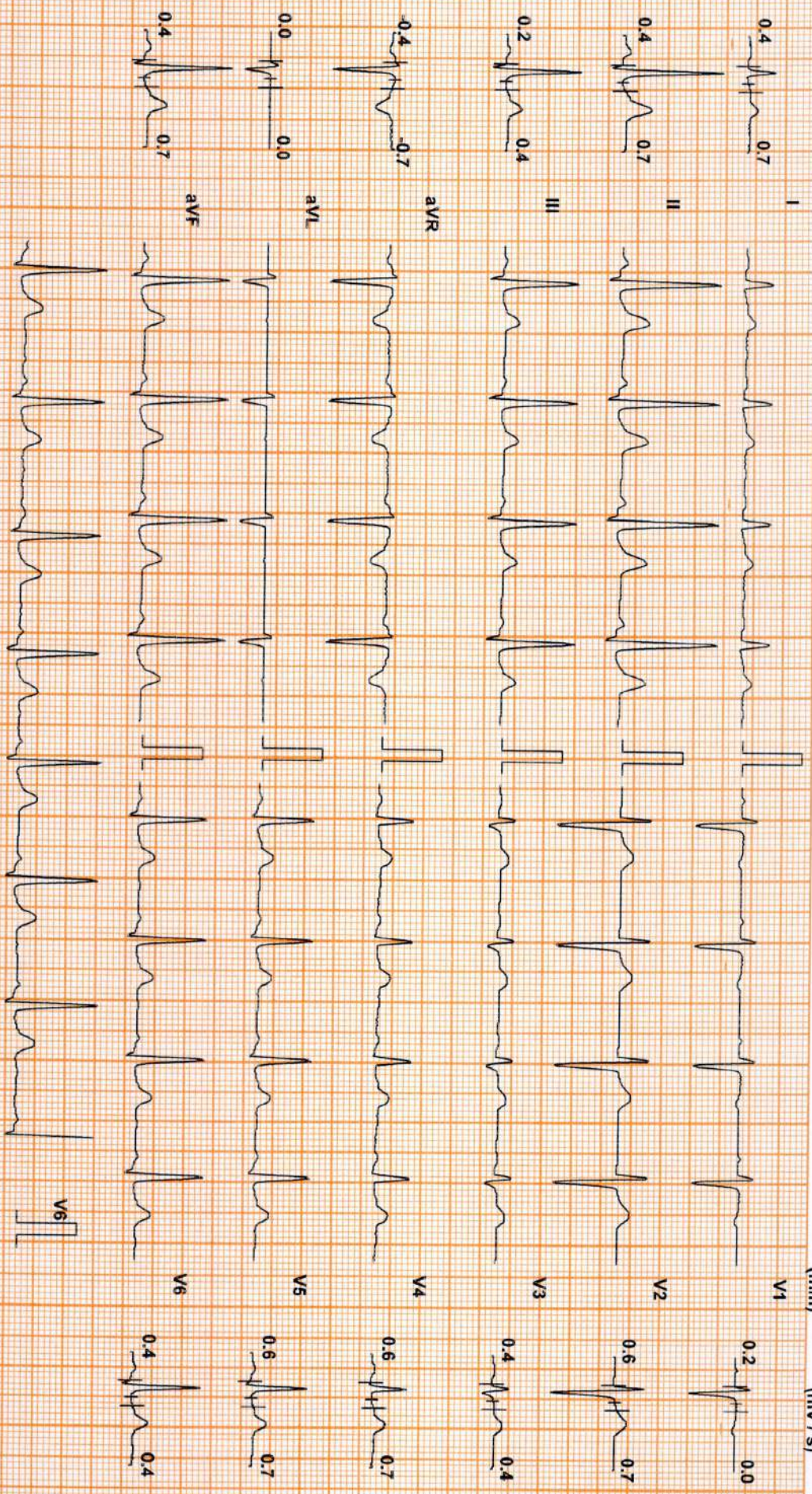


Chart Speed 25 mm/sec
Schlier Spantun V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

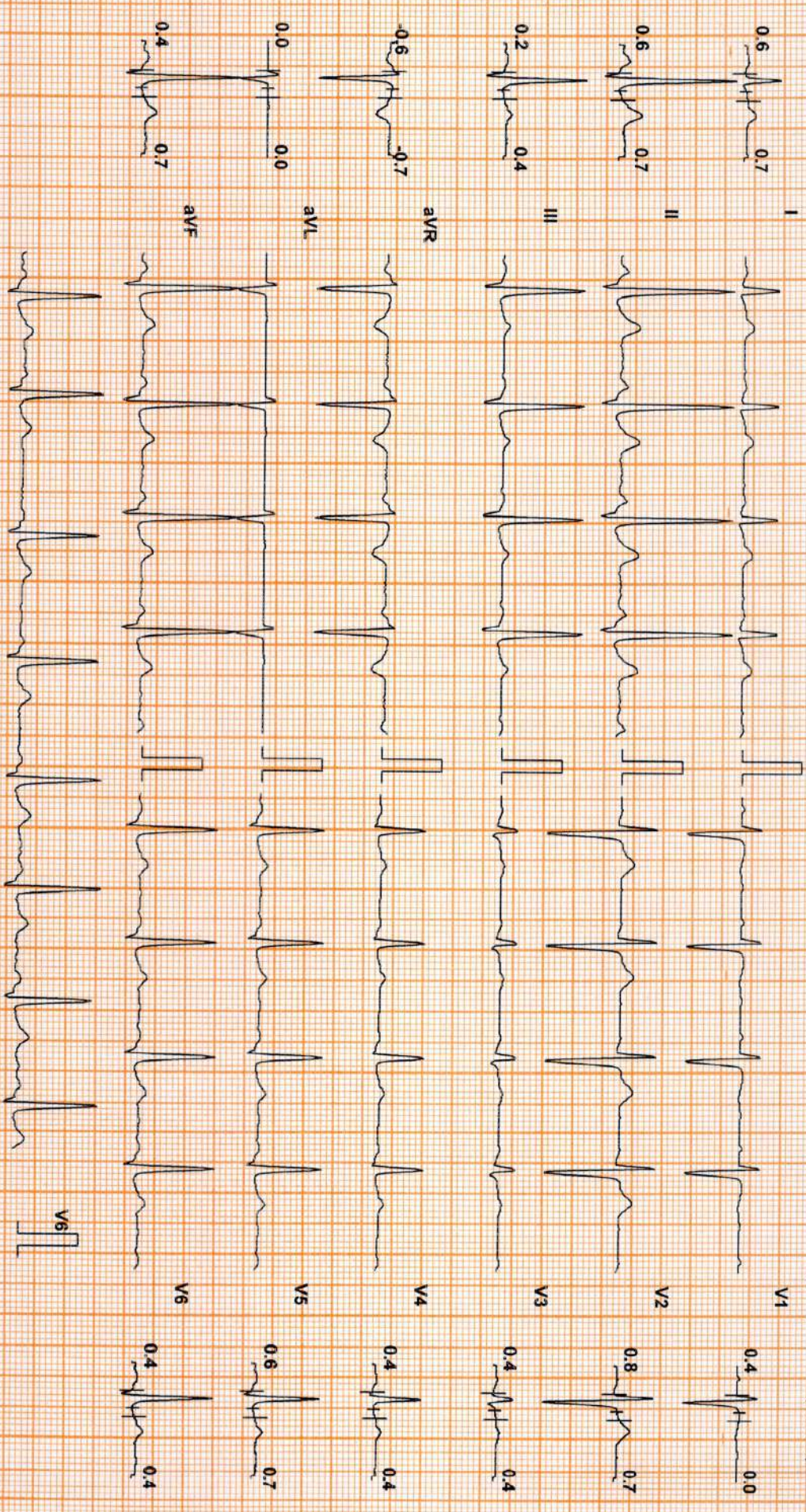


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 86 bpm

Protocol: Bruce

Stage: Pre Test

Speed: 0.5 mph

Grade: 0.5 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

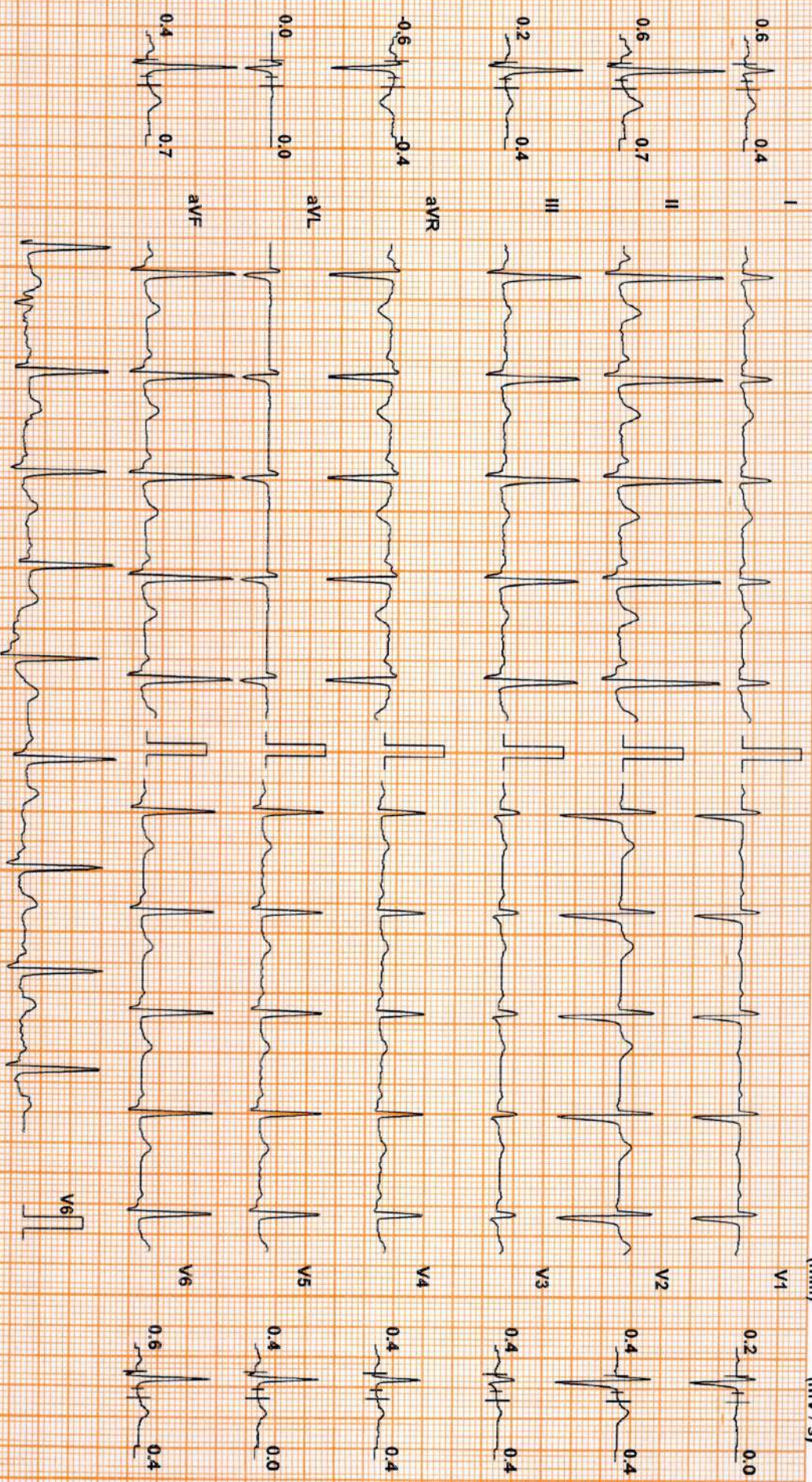


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 113 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

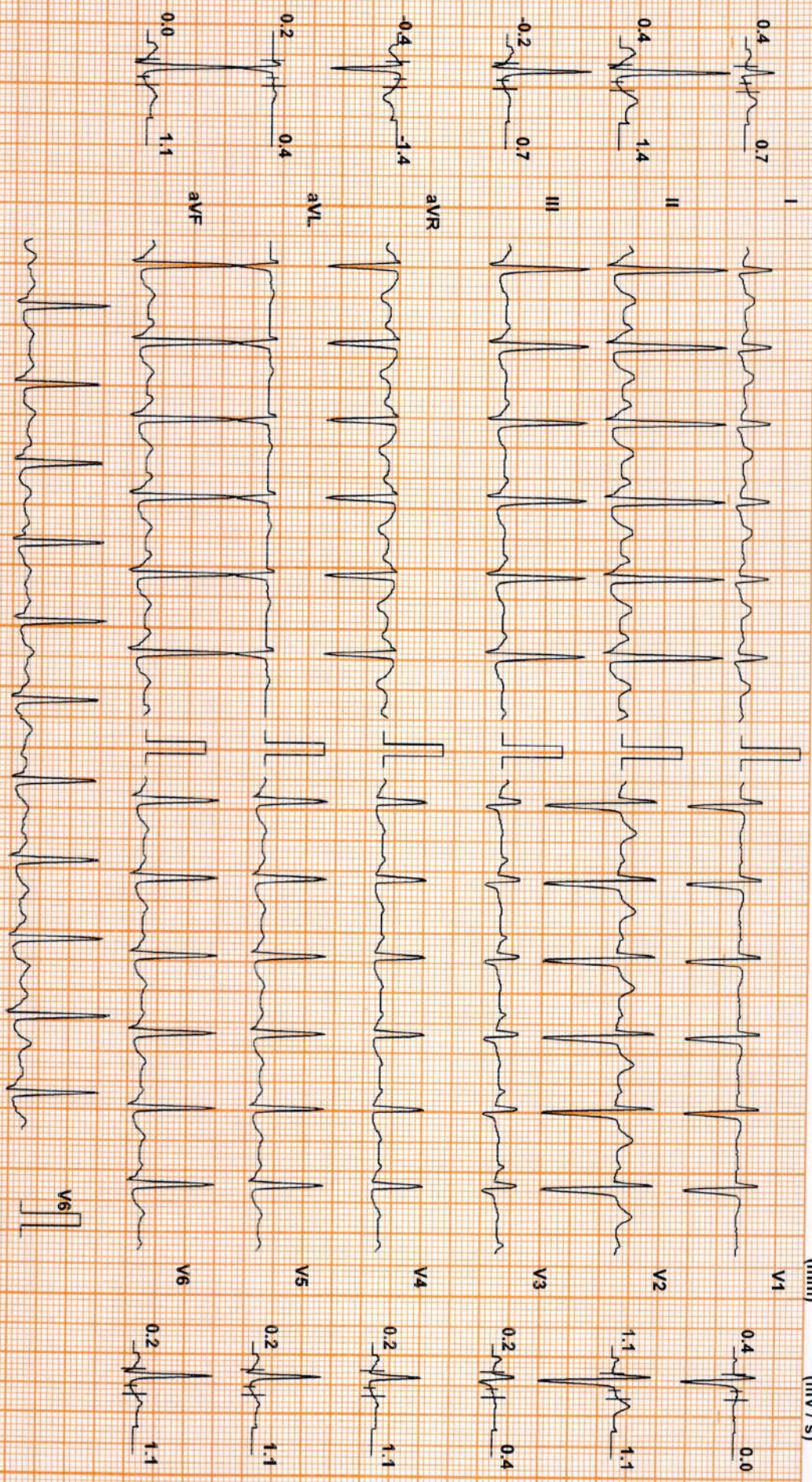


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ANJITHA P.B (27 F)

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

Protocol: Bruce

ID: WB000931

Date: 11-Feb-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 134 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 173 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

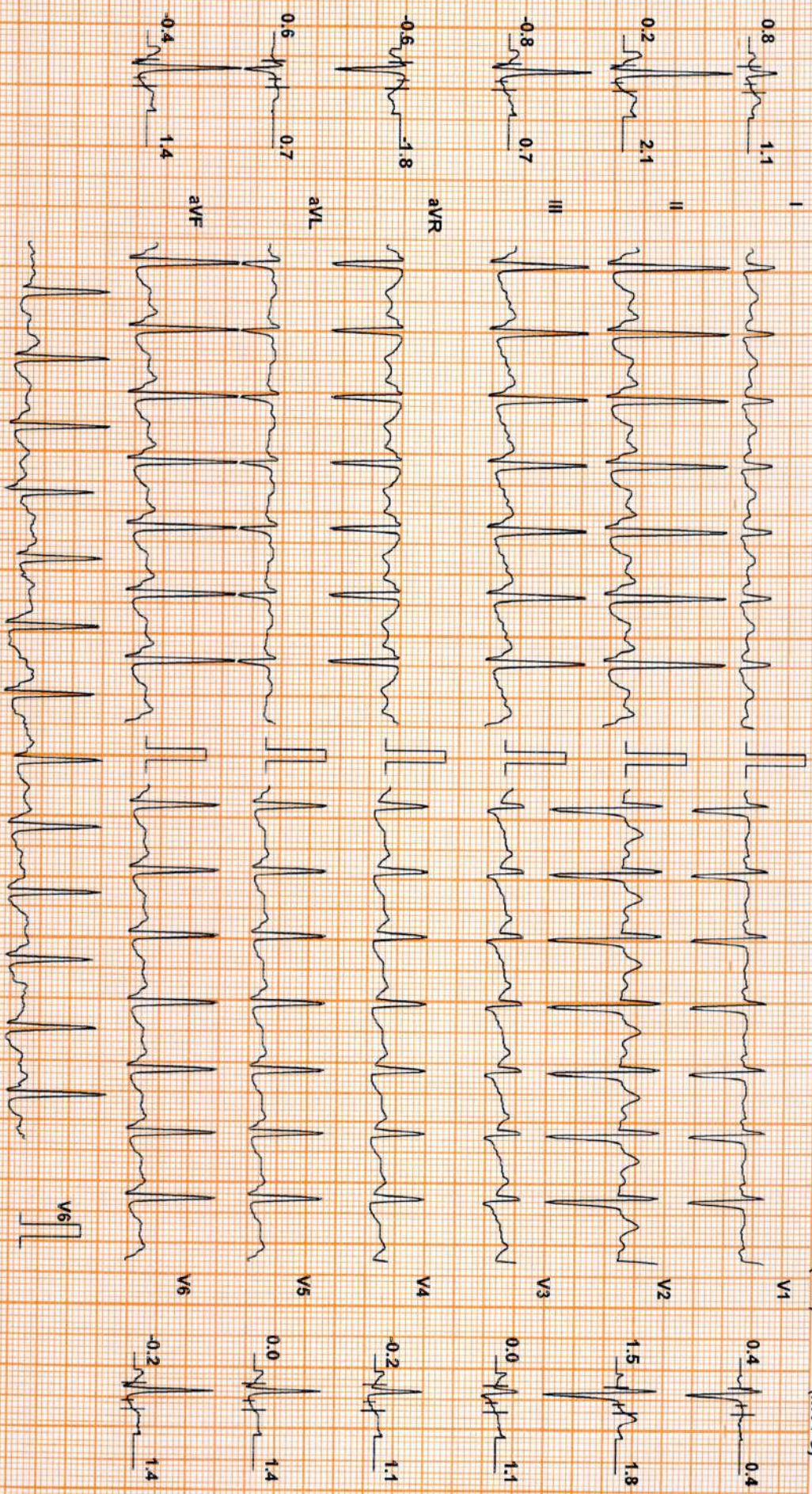


Chart Speed: 25 mm/sec
Schlifer Spandan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 80 ms

Post J = J + 80 ms

Linked Median

ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 8 m 24 s Stage Time : 2 m 24 s HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 173 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

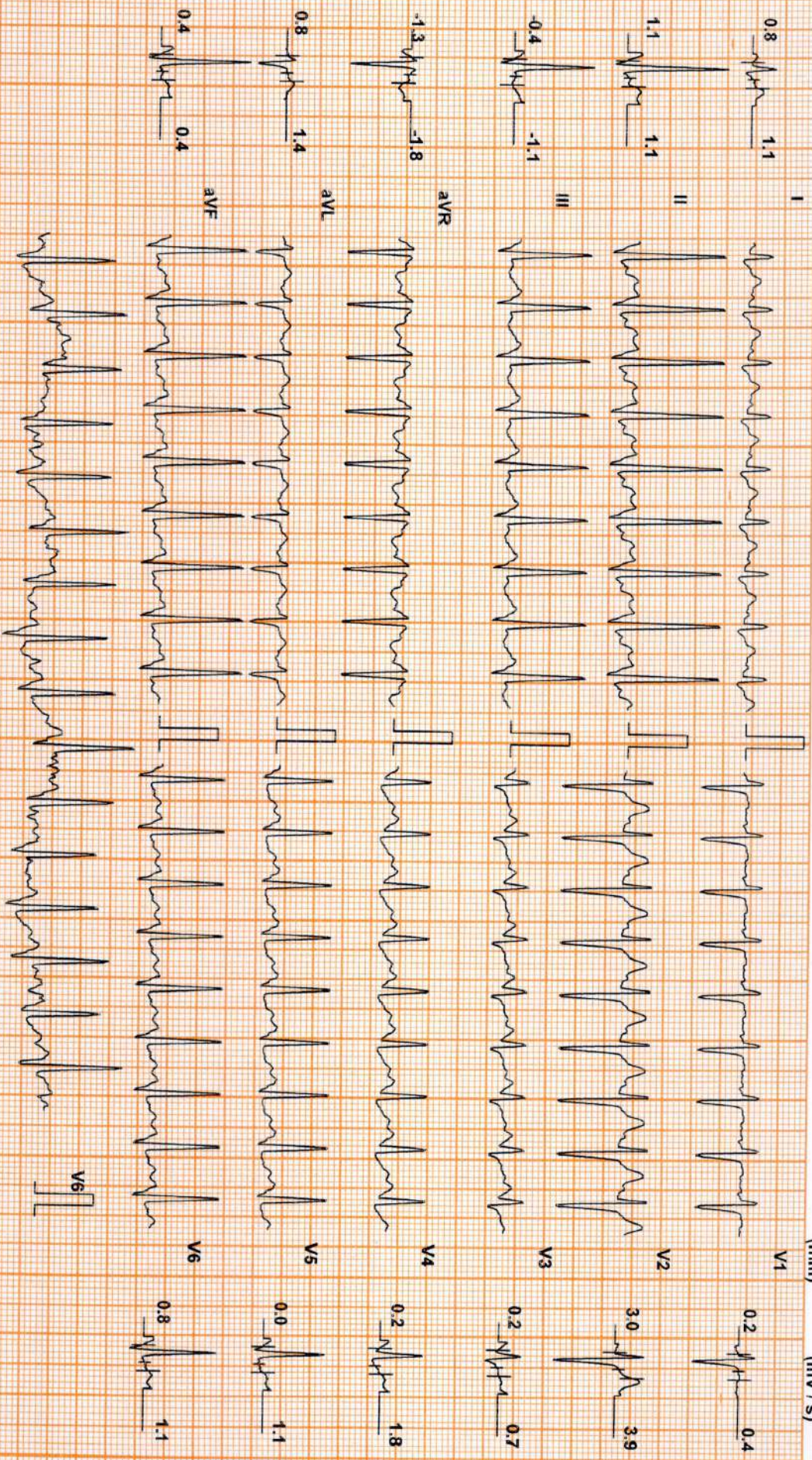


Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ANJITHA P.B (27 F)

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

Protocol: Bruce

ID: WB000931

Date: 11-Feb-23

Exec Time : 8 m 36 s Stage Time : 0 m 12 s HR: 160 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 173 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

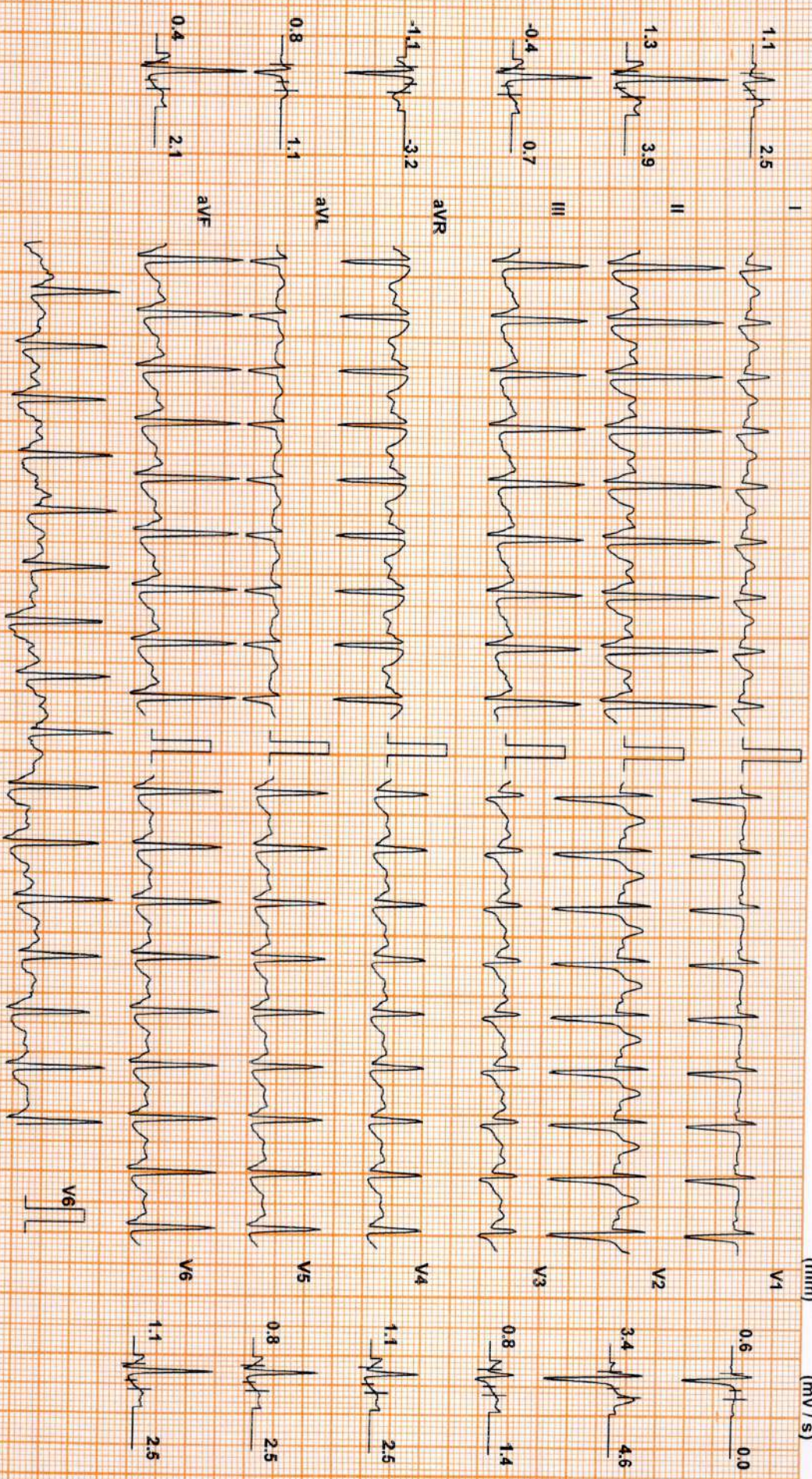


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

ANJITHA P.B (27 F)

ID: WB000931

Date: 11-Feb-23

Exec Time : 8 m 36 s Stage Time : 2 m 6 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 173 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

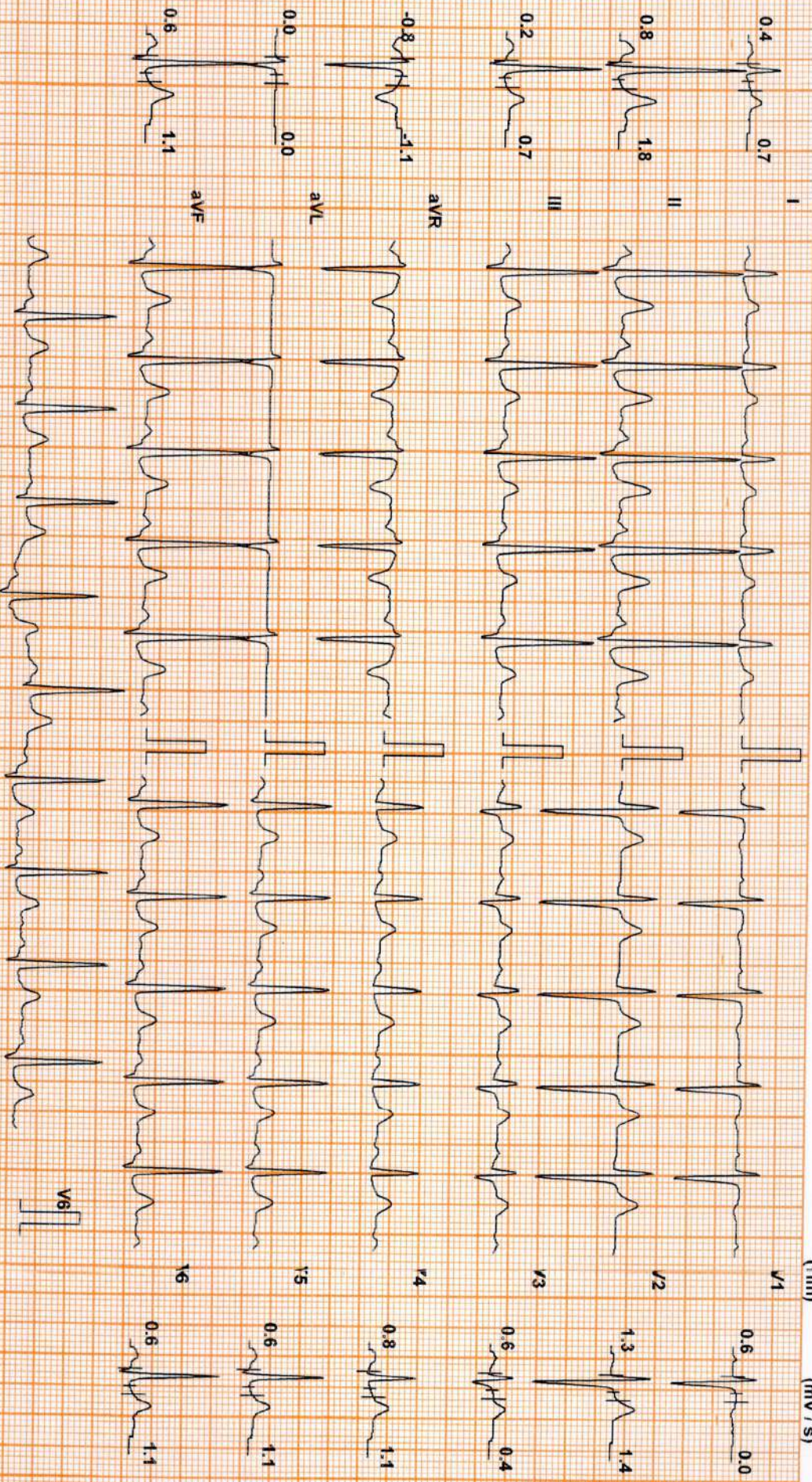


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

180 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

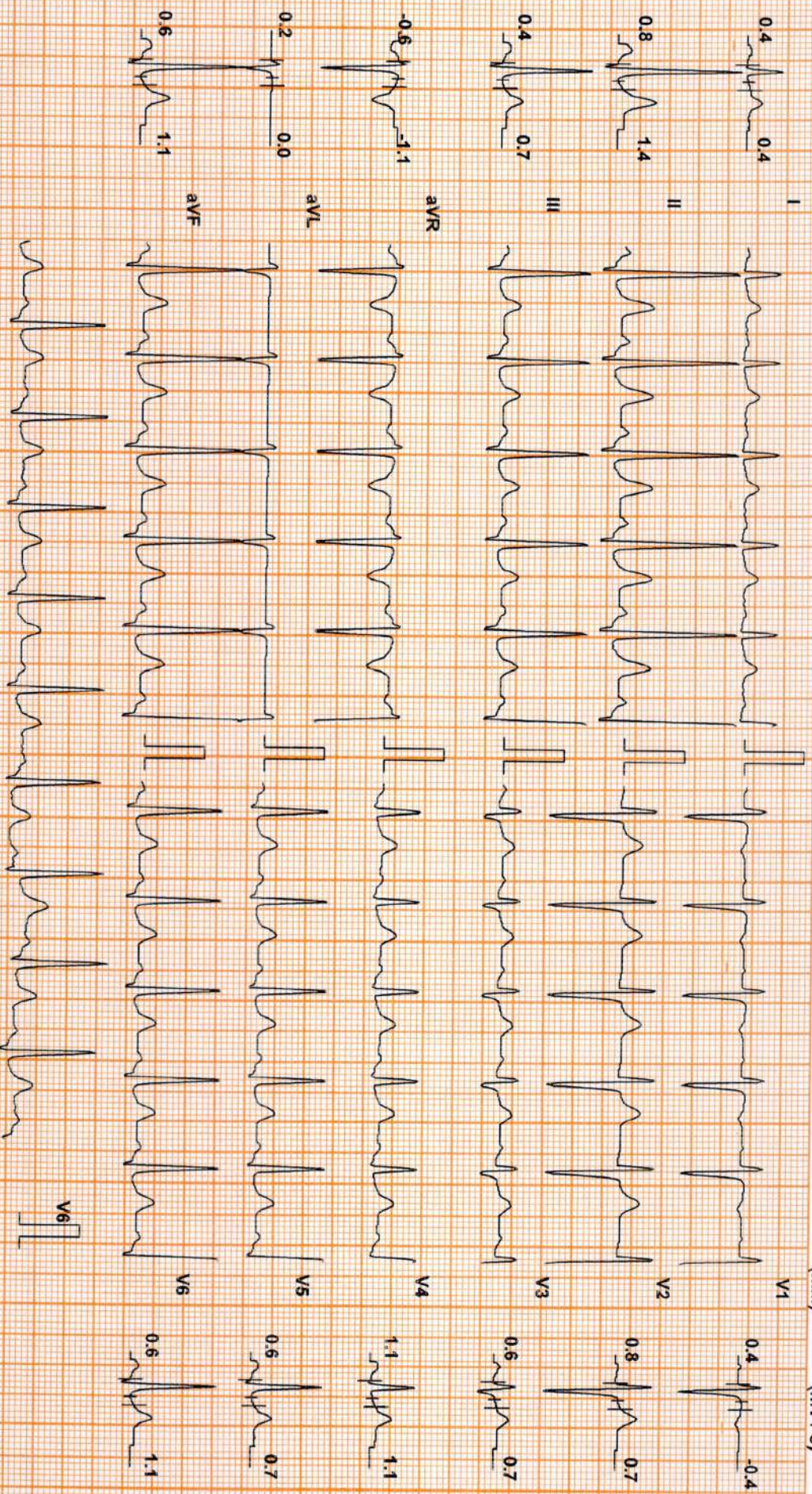


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

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