

NON veg

CHECK LIST

NAME	Rick Das	PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE	28/123	USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	177 cm	EYE/ DENTAL
WT	108 kg	GP CONSULTATION
BP	130/80	DIETITION
PULSE	80 bpm	CARDIOLOGIST
WAIST	112	GYNECOLOGIST
HIP	120	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	118	
CHEST (EXHALE)	114	
ABDOMEN	119	



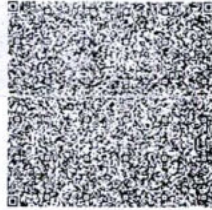
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 1528/65004/00274

To
Rick Das
S/O Nihar Kanti Das
3/6
Michael Sarani
Subhash Pally
Benachity
Durgapur (m Corp)
Bardhaman West Bengal - 713213
7685957469

Signature Not Verified
Digital Signature
AUTHORITY
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

7926 4976 7257

VID : 9190 7187 9037 2199

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Rick Das
Date of Birth/DOB: 13/11/1987
Male/ MALE

Issue Date: 24/10/2012

7926 4976 7257

VID : 9190 7187 9037 2199

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



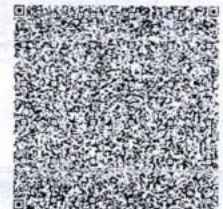
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Address:

S/O Nihar Kanti Das, 3/6, Michael Sarani,
Subhash Pally, Benachity, Durgapur (m Corp),
Bardhaman,
West Bengal - 713213

Download Date: 27/01/2023



7926 4976 7257

VID : 9190 7187 9037 2199

1947

help@uidai.gov.in

www.uidai.gov.in

Rick Das
28/1/2023

*for health checkup
at Nandan Hospital*



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS **Age/Sex** : 35 Year(s) / Male
UHID : NMHK.2302128 **Order Date** : 28/01/2023 09:37
Episode : OP
Ref. Doctor : NMH **Mobile No** : 7685957469
DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008 **Facility** : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099087	Collection Date : 28/01/23 10:13	Ack Date : 28/01/2023 11:03	Report Date : 28/01/23 15:46

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.51	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	10.19	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	4.97	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5
Method - ECLIA			

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

2. The assay is unaffected by icterus (Bilirubin < 701 $\mu\text{mol/L}$ or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)

3. There is no high dose hook effect at TSH concentrations upto 1000 $\mu\text{mol/ml}$.

4. TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.

5. The assay is unaffected by icterus (bilirubin < 633 $\mu\text{mol/L}$ or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).

6. The assay is unaffected by icterus (bilirubin < 599 $\mu\text{mol/L}$ or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS

UHID : NMHK.2302128

Episode : OP

Ref. Doctor : NMH

Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008

Age/Sex : 35 Year(s) / Male

Order Date : 28/01/2023 09:37

Mobile No : 7685957469

DOB : 01/01/1988

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

Checked By

Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2302128	Order Date : 28/01/2023 09:37
Episode : OP	Mobile No : 7685957469
Ref. Doctor : NMH	DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099087 Collection Date : 28/01/23 10:13 Ack Date : 28/01/2023 11:26 Report Date : 28/01/23 17:31			
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			
LIVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	29	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	17	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	107	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.1	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.5	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	53	U/L	8 - 61



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2302128	Order Date : 28/01/2023 09:37
Episode : OP	Mobile No : 7685957469
Ref. Doctor : NMH	DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 13.5 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 182 mg/dl Desirable <200 | Borderline 200-239 | High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 52 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 106 mg/dl Optimal < 100 | Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 24 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.50

LDL-HDL RATIO 2.04

TRIGLYCERIDES 119 mg/dl Desirable <150 | Borderline 150 - 200 | High >200

Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 8.6 ▲ mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 16.8

Sample No : 07H0099087A

Collection Date : 28/01/23 10:13

Ack Date : 28/01/2023 11:28

Report Date : 28/01/23 17:31

BLOOD SUGAR(F)

SAMPLE : PLASMA



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS
UHID : NMHK.2302128
Episode : OP
Ref. Doctor : NMH
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008

Age/Sex : 35 Year(s) / Male
Order Date : 28/01/2023 09:37
Mobile No : 7685957469
DOB : 01/01/1988
Facility : NARAYAN MEMORIAL HOSPITAL

BLOOD SUGAR FASTING 95 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0099108A Collection Date : 28/01/23 12:21 Ack Date : 28/01/2023 15:59 Report Date : 28/01/23 17:31

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.9

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control :

Excellent Control - 6 - 7 %
Fair to Good Control - 7 - 8 %
Unsatisfactory Control - 8 - 10 %
Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

Sample No : 07H0099108B Collection Date : 28/01/23 12:21 Ack Date : 28/01/2023 13:33 Report Date : 28/01/23 17:31

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 141 ▲ mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS
UHID : NMHK.2302128
Episode : OP
Ref. Doctor : NMH
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008

Age/Sex : 35 Year(s) / Male
Order Date : 28/01/2023 09:37
Mobile No : 7685957469
DOB : 01/01/1988
Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099087	Collection Date : 28/01/23 10:13	Ack Date : 28/01/2023 11:03	Report Date : 28/01/23 16:54

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	15.2	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	5.5	$\times 10^6/\text{ul}$	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	9.6	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	210	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	47	%	40 - 50
MCV <i>Method - calculated</i>	86	fl	83 - 101
MCH <i>Method - Calculated</i>	28	pg	27 - 32
MCHC <i>Method - Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	35 ▲	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Method - Microscopy</i>	63	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	30	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	04	%	2 - 10



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2302128	Order Date : 28/01/2023 09:37
Episode : OP	Mobile No : 7685957469
Ref. Doctor : NMH	DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
PLATELET	Adequate

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2302128	Order Date : 28/01/2023 09:37
Episode : OP	Mobile No : 7685957469
Ref. Doctor : NMH	DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099108	Collection Date : 28/01/23 12:21	Ack Date : 28/01/2023 15:14	Report Date : 29/01/23 17:59

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.010		
REACTION(pH)	ACIDIC (pH-6.5)		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-4/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0099109	Collection Date : 28/01/23 12:22	Ack Date : 28/01/2023 15:15	Report Date : 29/01/23 17:59
------------------------	----------------------------------	-----------------------------	------------------------------

URINE FOR SUGAR PP



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICK DAS	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2302128	Order Date : 28/01/2023 09:37
Episode : OP	Mobile No : 7685957469
Ref. Doctor : NMH	DOB : 01/01/1988
Address : 117 HOCHIMIN SARANI , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

SAMPLE : URINE

RESULT

ABSENT

End of Report

Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mr. RICK DAS	Order Date	: 28/01/2023 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 28/01/2023 18:56
UHID	: NMHK.2302128	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 117 HOCHIMIN SARANI, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 7685957469

CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.

Dr. Sayani Mahal, MD Radiology
(AIIMS), PDCC (AIIMS)

RegNo: 74369



DIAGNOSTICS REPORT

Patient Name	: Mr. RICK DAS	Order Date	: 28/01/2023 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 28/01/2023 16:03
UHID	: NMHK.2302128	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 117 HOCHIMIN SARANI, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 7685957469

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is raised.** Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal. CBD measures 0.3 cm.

GALL BLADDER :Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

PANCREAS :Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

SPLEEN :Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

KIDNEYS :

Right kidney is normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Left kidney is small in size. Cortex is thin. Pelvicalyceal system is mildly dilated.

Right kidney measures : 11.3 cm & Left kidney measures : 7.7 cm.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.



DIAGNOSTICS REPORT

Patient Name	: Mr. RICK DAS	Order Date	: 28/01/2023 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 28/01/2023 16:03
UHID	: NMHK.2302128	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 117 HOCHIMIN SARANI, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 7685957469

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.4 cm x 3.7 cm x 3.4 cm. It weight approx 23.3 gm.

PERITONEUM : : No free fluid is noted.

RETROPERITONEUM : IVC and aorta appear normal. No lymphadenopathy is seen.

IMPRESSION :

- Fatty changes in liver (Grade II).
- Small sized left kidney with mild hydronephrosis.

Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032





DIAGNOSTICS REPORT

Patient Name	: Mr. RICK DAS	Order Date	: 28/01/2023 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 28/01/2023 15:50
UHID	: NMHK.2302128	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 117 HOCHIMIN SARANI, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 7685957469

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 23 mm).
- * Trivial TR. TR Gradient = 17 mmHg.
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

Dr.INDIRA BANERJEE,
MD,DNB,MRCPCH (UK)

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

HCO

Patient Name	: Mr. RICK DAS	Order Date	: 28/01/2023 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 28/01/2023 15:30
UHID	: NMHK.2302128	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 117 HOCHIMIN SARANI, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 7685957469

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 80 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 140 msec
QRS axis	: Normal (45 Degree)
QRS duration	: 94 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 395 msec
QT	: 340 msec

IMPRESSION:

- Sinus rhythm with VPCs.
 - Normal QRS axis.
 - Non specific ST-T changes.
- Clinical correlation please.

Dr. MUNNA DAS , MD
(MEDICINE),DM(CARDIOLOGY)

Consultant Cardiologist

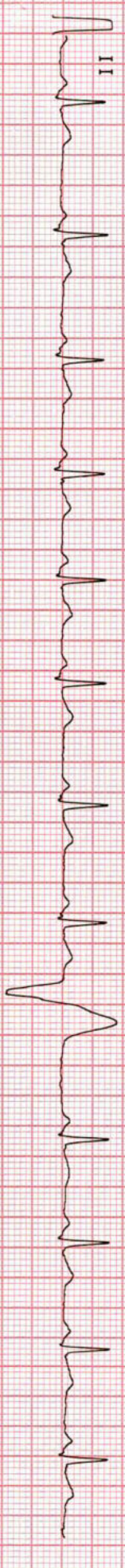
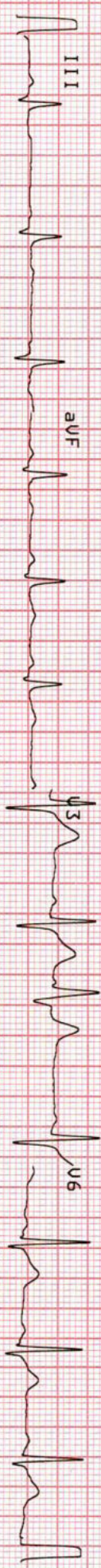
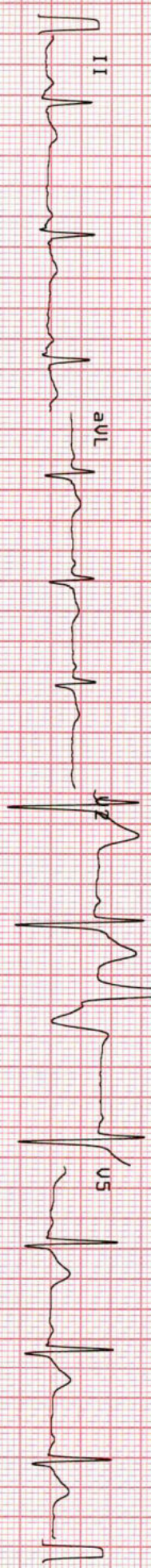
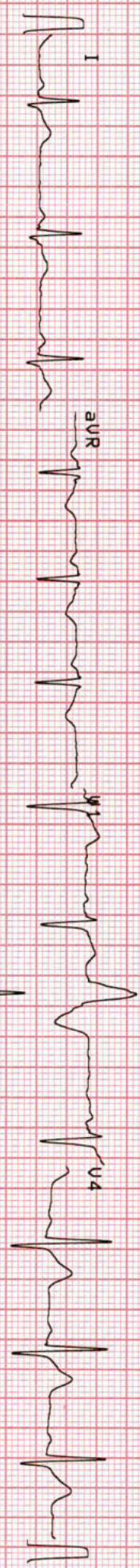
RegNo: 55696

RICK DAS
 2302128
 35 years
 Male
 kg

HR 80/min
 Axis:
 P 36 °
 QRS 45 °
 T 24 °
 Intervals:
 RR 752 ms
 P 108 ms
 PR 140 ms
 QRS 94 ms
 QT 340 ms
 QTc 395 ms
 (Bazett)
 10 mm/mV

SINUS RHYTHM
 VENTRICULAR PREMATURE COMPLEX(ES)

UNCONFIRMED REPORT



10 mm/mV
 25 mm/s
 0.05-25 Hz FS0 SSF 585 28.01.2023 09:26:11
 NARAYAN MEMORIAL HOSPITAL, BEHALA
 AT-102plus 1.25 Ct
 62190