



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 2845	MR Number : 23203832	Patient Name : HARDIK KHANDELWAL
Age : 26	Sex : Male	Height : 182
Weight : 98	Ideal Weight : 76	BMI : 29.59
Date : 14/04/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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Weight : 98 Ideal Weight : 76 BMI : 29.59
Date : 14/04/2023

Past H/O : P/H/O RT EYE (PUPIL) SURGERY.

Present H/O : C/O LEFT HEEL PAIN.

Family H/O : FATHER : DIABETES.

Habits : OCC. ALCOHOL.

Gen.Exam. : G.C. GOOD

B.P : 140/90 mm Hg

Pulse : 65/MIN REG.

Others : SPO2 : 97 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



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Ophthalmic Check Up :	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	-	-
Vision With Glasses	6/6 N.5	6/6 N.5
Final Correction	SAME AS PATIENTS OWN	SAME AS PATIENT OWN
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. HARDIK KHANDELWAL Type : OPD
 Gender / Age : Male / 26 Years 4 Months 17 Days Request No. : 122692
 MR No / Bill No. : 23203832 / 241004262 Request Date : 14/04/2023 08:08 AM
 Consultant : Dr. Manish Mittal Collection Date : 14/04/2023 07:59 AM
 Location : OPD Approval Date : 14/04/2023 12:06 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	15.9	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.75	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	47.8	%	40 - 50
Mean Corpuscular Volume (MCV)	83.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.7	pg	27 - 32
MCH Concentration (MCHC)	33.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	36.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.84	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	64	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.70	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.55	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.16	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.38	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.7	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	196	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. HARDIK KHANDELWAL	Type	: OPD
Gender / Age	: Male / 26 Years 4 Months 17 Days	Request No.	: 122692
MR No / Bill No.	: 23203832 / 241004262	Request Date	: 14/04/2023 08:08 AM
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metric 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name	: Mr. HARDIK KHANDELWAL	Type	: OPD
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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	O		
Rh system.	Positive		
By Gel Technology / Tube Agglutination Method			
Note :			
- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro			
- This method check`s group both on Red blood cells and in Serum for "ABO" group.			

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. HARDIK KHANDELWAL
Gender / Age : Male / 26 Years 4 Months 17 Days
MR No / Bill No. : 23203832 / 241004262
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 122692
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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	87	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	89	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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M.D.Pathology

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Patient Name	: Mr. HARDIK KHANDELWAL	Type	: OPD
Gender / Age	: Male / 26 Years 4 Months 17 Days	Request No.	: 122692
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Complete Lipid Profile

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	74	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	117	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	48	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	69	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	57	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	14.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.19		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.44		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.4	%	
estimated Average Glucose (e AG) *	108.28	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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 Location : OPD Approval Date : 14/04/2023 12:38 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	1.15	mg/dL	0 - 1
Bilirubin - Direct	0.25	mg/dL	0 - 0.3
Bilirubin - Indirect	0.9	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	39	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	73	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	85	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	32	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.59	gm/dL	6.4 - 8.2
Albumin	4.14	gm/dL	3.4 - 5
Globulin	3.45	gm/dL	3 - 3.2
A : G Ratio	1.2		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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 Gender / Age : Male / 26 Years 4 Months 17 Days
 MR No / Bill No. : 23203832 / 241004262
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 122692
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	30	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.96	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.6	mg/dL	3.4 - 7.2

--- End of Report ---

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M.D.Pathology



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 Request No. : 122692
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.64	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)	9.51	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1 - 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	1.84	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9
 Pregnancy :
 1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

— End of Report —

Dr. Sejal Odedra
M.D.Pathology



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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Trace		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23203832 Report Date : 14/04/2023

Request No. : 190060944 14/04/2023 8.08 AM

Patient Name : Mr. HARDIK KHANDELWAL

Gender / Age : Male / 26 Years 4 Months 17 Days

X-Ray Chest AP

Both lung fields are clear.

Both costophrenic sinuses appear clear.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
Consultant Radiologist





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- Foetal Echocardiography
- Echocardiography

Patient No. : 23203832 Report Date : 14/04/2023
Request No. : 190060952 14/04/2023 8.08 AM
Patient Name : Mr. HARDIK KHANDELWAL
Gender / Age : Male / 26 Years 4 Months 17 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 17 cc. Prostate measures 30mm x 32mm x 33mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Fatty liver.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist





ECG



Patient No. : 23203832 Report Date : 14/04/2023
Request No. : 190060990 14/04/2023 8.08 AM
Patient Name : Mr. HARDIK KHANDELWAL
Gender / Age : Male / 26 Years 4 Months 17 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
RIGHT ATRIUM : LVEF=60%
RIGHT VENTRICLE : NORMAL
I.V.S. : NORMAL
I.A.S. : INTACT
PULMONARY ARTERY : INTACT
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : No diastolic dysfunction

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO DIASTOLIC DYSFUNCTION
6. NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN
Consultant Cardiologist

Name: Hardik Khandelwal -
Patient ID: 23203832

14:04:2023 08:19:33
Standard 12-Lead

Date of birth: Male
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:

HR: 64 bpm
RR: 938 ms
P: 102 ms
PR: 148 ms
QRS: 75 ms
QT: 382 ms
QTcB: 394 ms
P axis: 17°
QRS axis: 41°
T axis: 39°

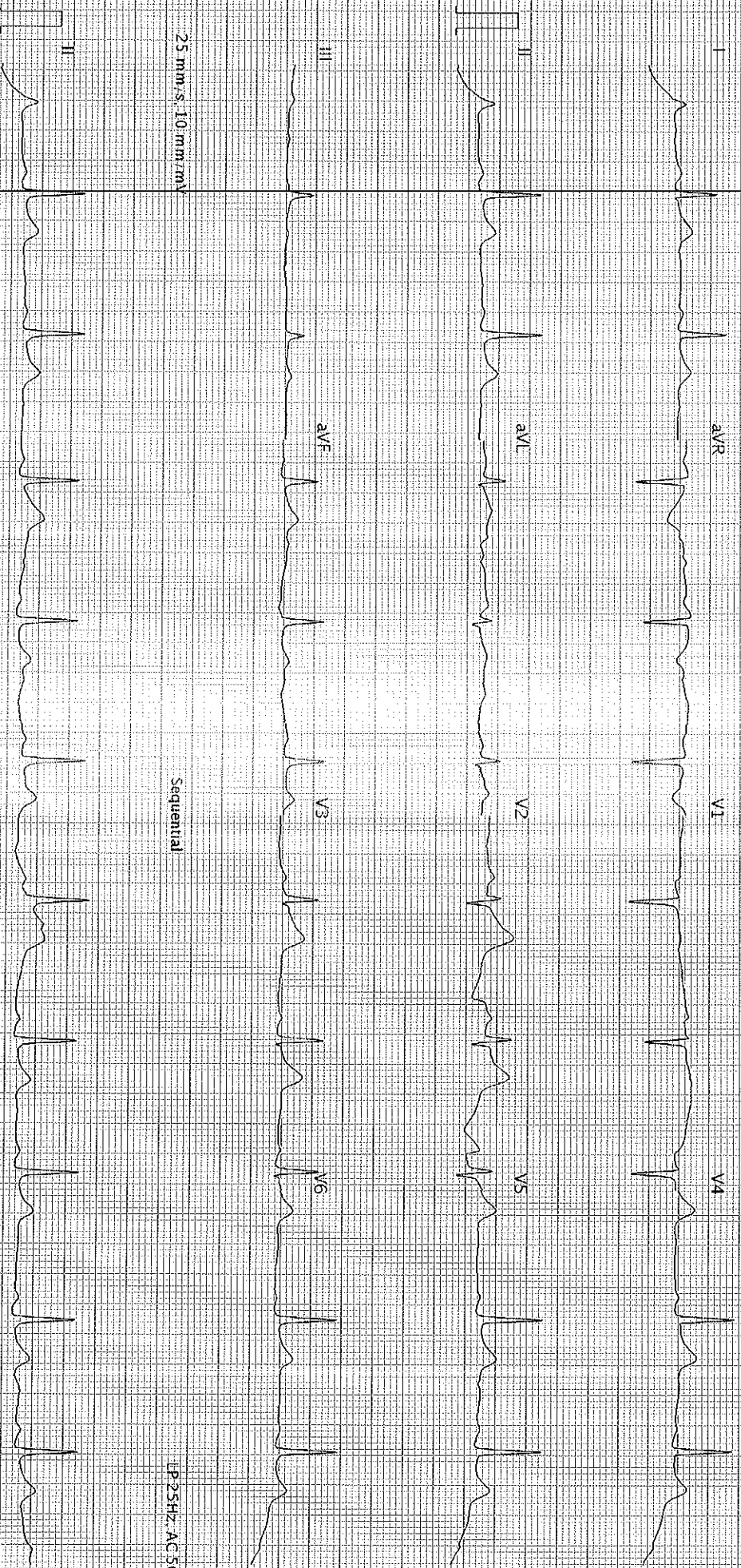
Ventricular premature complex(es)
Sinus rhythm
Normal electrical axis
Nonspecific ST abnormality (elevation)
Abnormal ECG

Unconfirmed report

Indication:
Remark:

Abnormal

pcw



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

SCHILLER
AT-102-G2-12-0 (1080-011030)

Printed on 14.04.2023 08:19:51

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Qec

LP 25Hz, AC 50Hz
Page 1 of 1