

Radiology No.	: 5610/OPDPB22DL	Date	: 03-Dec-2022
Patient Name	: Mr. NISHU KUMAR	Age/Sex	: 32Y
Guardian Name	:	UHID No.	: 5151/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7317238370

ULTRASOUND OF WHOLE ABDOMAN

The liver is increased in size (15cm in RML) with increased echotexture.
Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size however increased in echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration.
Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 10.24x4.09cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration.
Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 10.17x5.33cm

Renal artery pulsation appear normal.



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BOOK APPOINTMENT



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Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 33x42x37mm which is equal to 28.22gms.

Impression : Fatty liver grade I

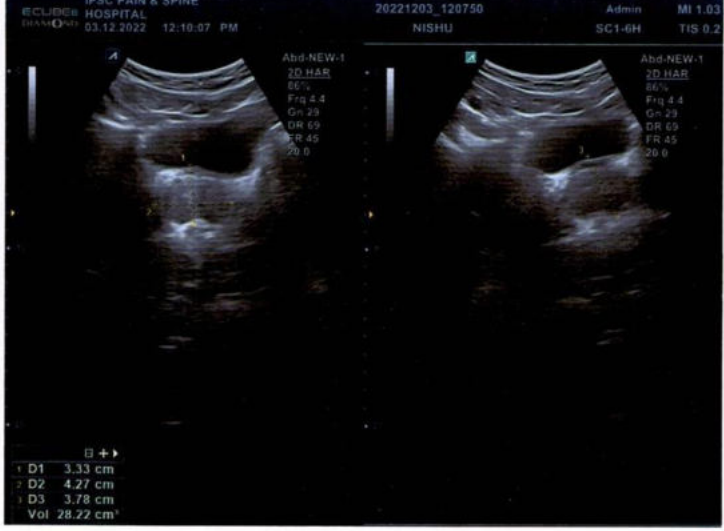
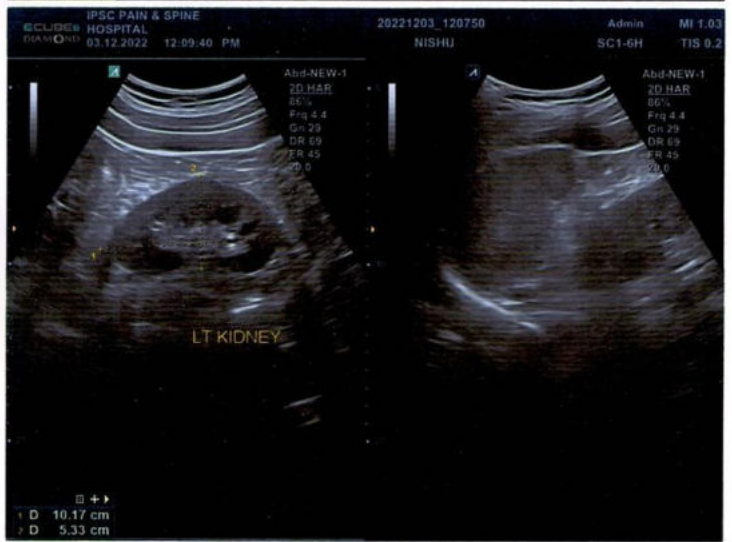
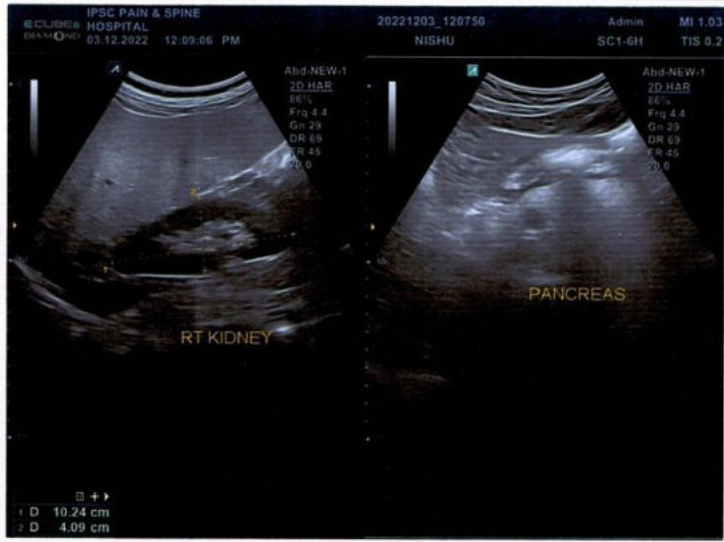
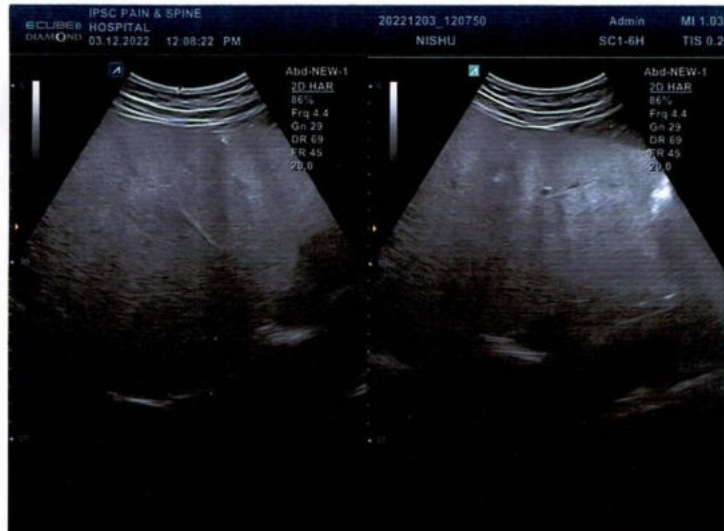


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X-RAY CHEST

Indication: H/O-Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.




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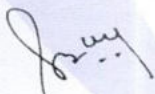
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Refd. By : Dr. INSURANCE		Received :03-Dec-2022 10.32
Sample Type : EDTA whole blood	Sample ID : 222188	Report :03-Dec-2022 14.30

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT				
HEMOGLOBIN	15.3	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.8	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	32	%	20-45	Electrical impedance
Eosinophil	04	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	5.50	mili/cmm	3.8-5.5	Electrical impedance
PCV	45	%	35-45	Calculated
MCV	81.40	fL	80-100	Calculated
MCH	27.9	Picogram	27.5-33.2	Calculated
MCHC	34.30	gm/dl	32-36	Calculated
PLATELET COUNT	363	10 ³ /uL	150-450	Electrical impedance

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



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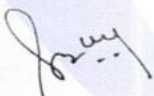
HEAMOTOLOGY

**BLOOD GROUPING(A,B,O)&Rh
FACTOR**
BLOOD GROUP ABO
RH TYPING

"A"
"POSITIVE"

Manual
Manual

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



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Refd. By : Dr. INSURANCE	Sample ID : 222188	Received : 03-Dec-2022 10.32
Sample Type : Plasma(Sodium fluoride)		Report : 03-Dec-2022 14.30

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	116.1	mg/dl	74-100	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

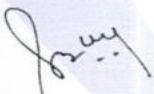
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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Refd. By : Dr. INSURANCE	Sample ID : 222188	Received : 03-Dec-2022 14.04
Sample Type : Plasma(Sodium fluoride)		Report : 03-Dec-2022 14.52

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
Blood Sugar PP	121.7	mg/dl	70-150	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

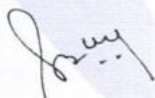
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.2	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %


Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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HbsAg	NEGATIVE			Immunochromatography
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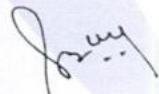
Serology

Interpretation:-

Clinical Singnificance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

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



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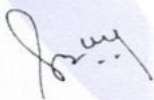
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE			Immunochromatography
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Serology

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

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



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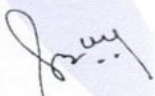
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	20.2	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	8.70	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.46	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	2.16	g/dl	2.3-3.5	
A/G RATIO	1.99	g/dl		
Calcium	10.7	mg/dl	8.6-10.2	Arsenazo
Sodium	139.7	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.4	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.3	mmol/L	98.0-109.0	ISE Indirect

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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	293.00	mg/dl	123-199	CHOD-PAP
Triglycerides	249.0	mg/dl	40-160	Gpo
HDL Cholesterol Direct	42.8	mg/dl	35.3-79.5	Direct
Vldl	50	mg/dl	4.7-22.1	
LDL Cholesterol Direct	200.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	6.9		0.0-4.97	
LDL/HDL Ratio	4.7		0.0-3.55	

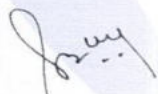
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and



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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

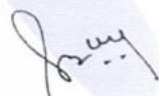
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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



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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.42	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.17	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.25	mg/dl	0-0.8	Calculated

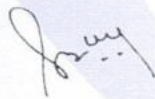
Total Protein

PROTEN	6.46	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	2.16	g/dl	2.3-3.5	
A/G RATIO	1.99	g/dl		
SGOT	42	U/L	0-35	IFCC
SGPT	98	U/L	0.0-45	IFCC

Gamma GT

Alkaline Phosphatase	216.2	U/L	0-55	Glupa-c
	74	U/L	53-128	Amp

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BOOK DIAGNOSTICS

📍 Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

📞 Contact Us : +91-7028207222

✉ bengaluru@ipscindia.com



Patient Name : Mr. NISHU KUMAR	Reg No. : 5151/UHID22DL	Lab ID. : 5610/OPDPB22DL
Age / Gender : 32Y / Male	Date : 03-Dec-2022	
Mobile No. : 7317238370	Manual No.	Collected :03-Dec-2022 10.32
Refd. By : Dr. INSURANCE	Sample ID : 222188	Received :03-Dec-2022 10.32
Sample Type : Serum		Report :03-Dec-2022 14.30

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

HORMONES

TSH	1.60	µIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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

Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252
 Lab Technician : chand




Delhi Centre:
 IPSC Delhi : Plot No 453, Sector 19
 Dwarka, New Delhi - 110075
 Contact Us : +91-7028195111
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Patient Name : Mr. NISHU KUMAR	Reg No. : 5151/UHID22DL	Lab ID. : 5610/OPDPB22DL
Age / Gender : 32Y / Male	Date : 03-Dec-2022	
Mobile No. : 7317238370	Manual No.	Collected : 03-Dec-2022 12.04
Refd. By : Dr. INSURANCE	Sample ID : 222188	Received : 03-Dec-2022 12.04
Sample Type : URINE		Report : 03-Dec-2022 14.30

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf

MICROSCOPIC

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

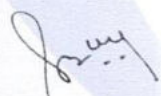
BACTERIA

NIL

OTHERS

NIL

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : chand



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bengaluru@ipscindia.com

THE DIAGNOSTIC & IMAGING CENTRE

Plot No. 147, 2nd Floor, Main Road, Sec. 7,
Dwarka, New Delhi-110078 Ph. 011-49078567

NISHU KUMAR

TREADMILL TEST REPORT

ID : 3551
DATE : 03-12-2022
AGE/SEX : 32 / M
HT/WT : 0 / 0
REF. BY :

PROTOCOL : Bruce
HISTORY :
INDICATION : Checkups/Physical fitness,
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								TI	V1	V5	
SUPINE					80	120 / 80	96	0.8	-0.5	0.9	
STANDING					85	120 / 80	102	1.4	-1	1.7	
HYPERVENT					84	120 / 80	100	1.1	-0.5	1.3	
Stage 1	2:55	0:31	2.7	10	114	130 / 80	148	0.3	-0.7	0.6	4.67
Stage 2	5:55	2:55	4	12	123	140 / 80	172	-0.3	-1	0.2	7.04
Stage 3	8:55	2:55	5.4	14	137	150 / 80	205	0.1	0	0.5	9.92
Stage 4	11:13	2:13	6:7	16	157	160 / 80	251	0.3	0.4	0.5	12.96
Stage 4	11:30	2:30	6:7	16	162	160 / 80	259	0.4	0.2	0.6	13.33
PK-EXERCISE	11:43	2:43	6.7	16	162	160 / 80	259	0.3	0.2	0.4	13.33
RECOVERY	12:58	0:55		16	120	150 / 80	180	1.4	-0.5	1.5	
RECOVERY	13:58	1:55		16	108	140 / 80	151	0.6	0.2	0.6	
RECOVERY	14:58	2:55		16	104	130 / 80	135	-0.1	0.2	0.2	
RECOVERY	15:25	3:22		16	95	120 / 80	114	0	0.2	0.3	

RESULTS

EXERCISE DURATION : 11:43
MAX HEART RATE : 162 bpm
MAX BLOOD PRESSURE : 160 / 80 mm Hg
REASON OF TERMINATION : Achieved THR,
BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal
IMPRESSIONS : Normal Chronotropic Response
Negative for Provocable myocardial ischemia,
MAX WORK LOAD : 13.62 METS



Technician :

THE DIAGNOSTIC & IMAGING CENTRE

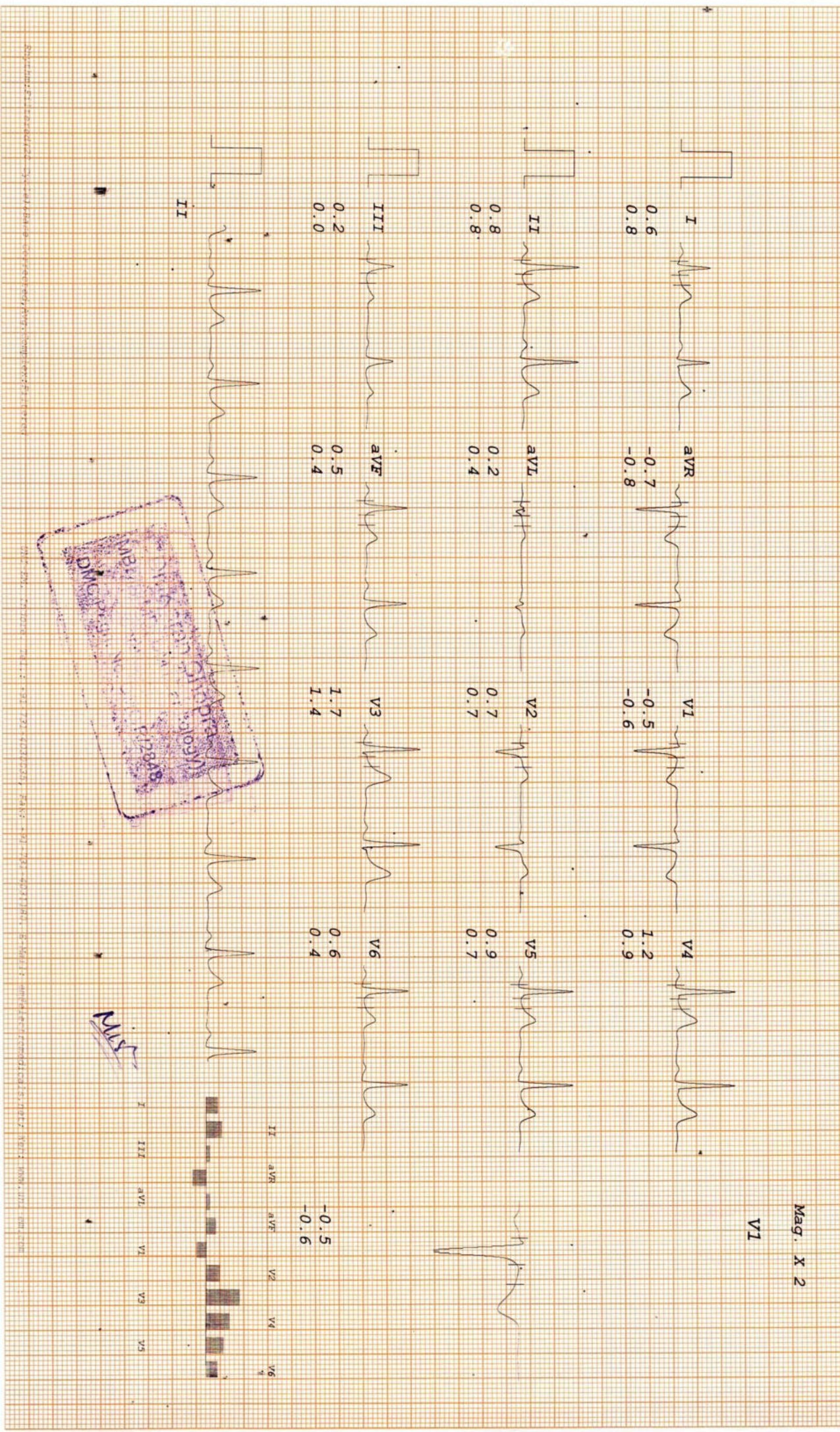
NISHU KUMAR
I.D. 3551
Age 32/M
Date 03-12-2022

RATE 80bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



DMC
MIBI
15/12/2022
12:30 PM
R12848

MIS

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NISHU KUMAR
I.D. 3551
Age 32/M
Date 03-12-2022

RATE 85bpm
B.P. 120/80

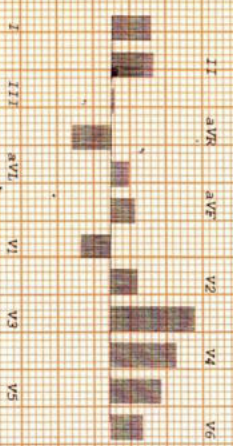
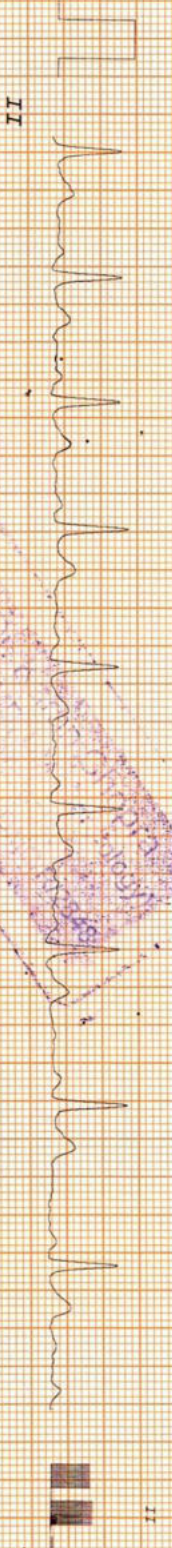
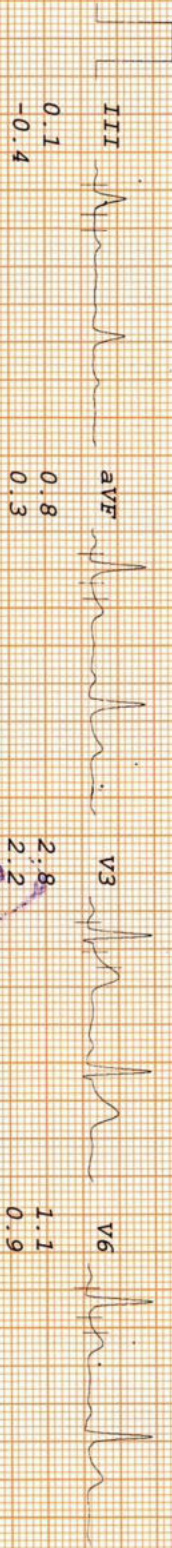
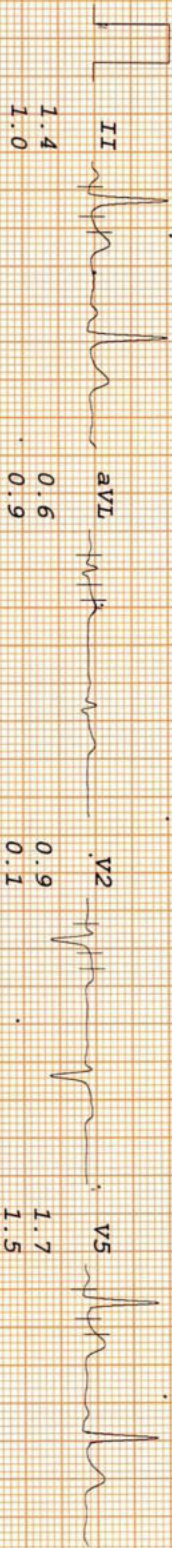
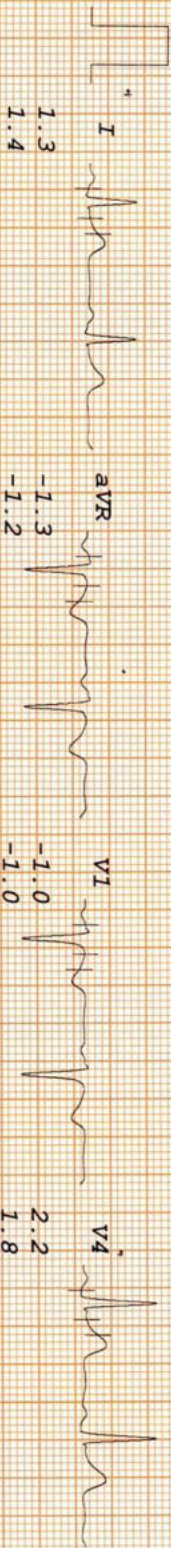
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KUMAR

I.D. 3551

Age 32/M

Date 03-12-2022

RATE 84bpm

B.P. 120/80

PRETEST

HYPERVENT

ST @ 10mm/mV

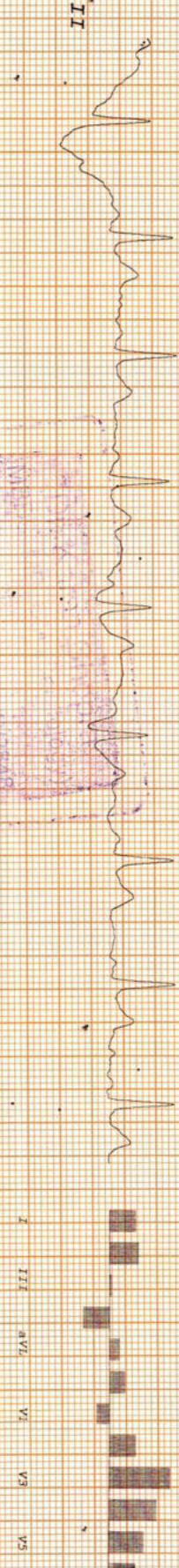
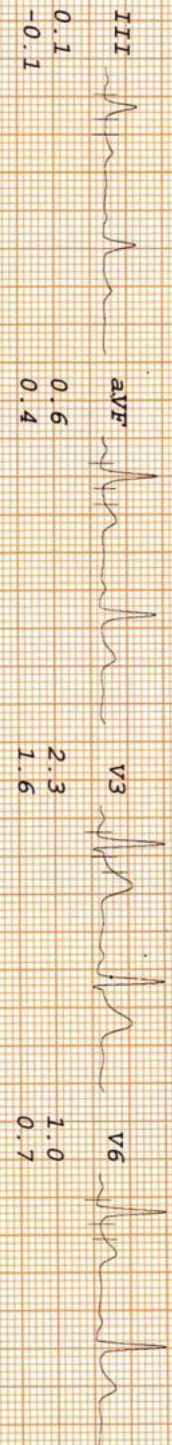
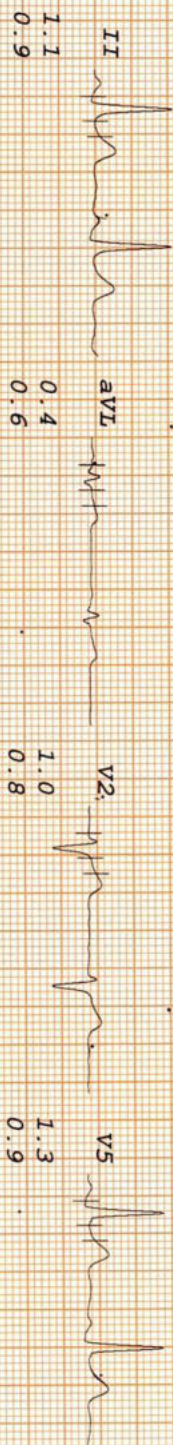
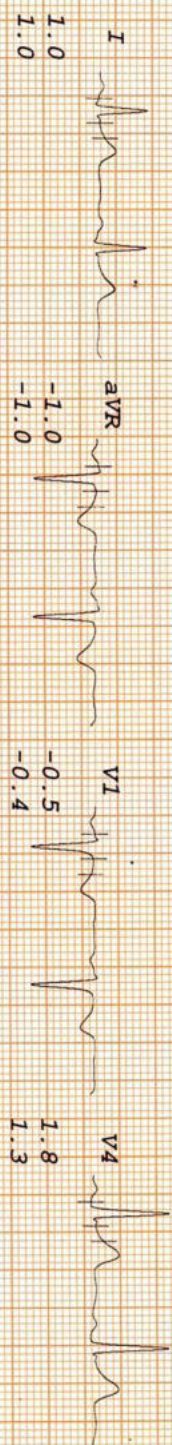
80ms PostJ

PHASE TIME 0:31

LINKED MEDIAN

Mag. X 2

V1



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NISHU KUMAR
I.D. 3551
Age 32/M
Date 03-12-2022

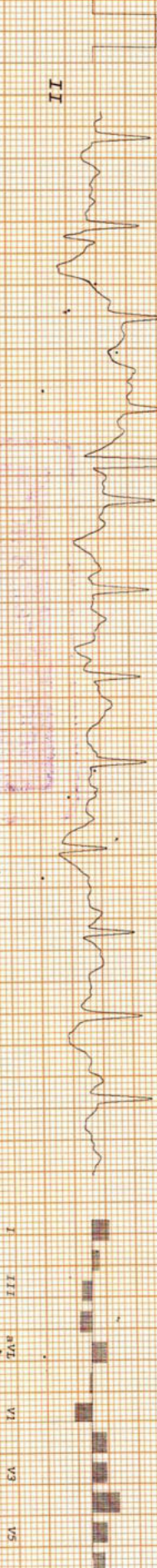
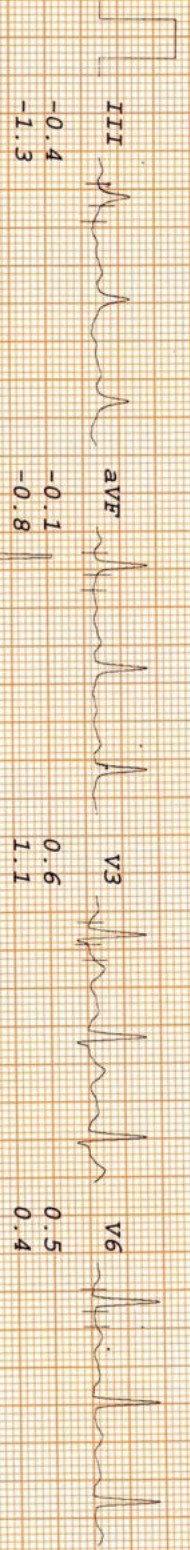
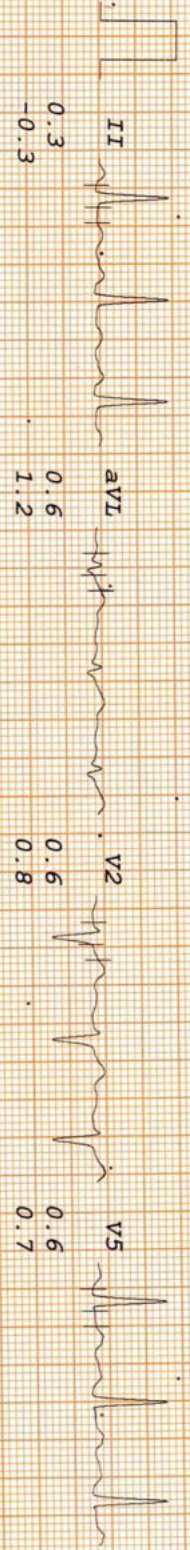
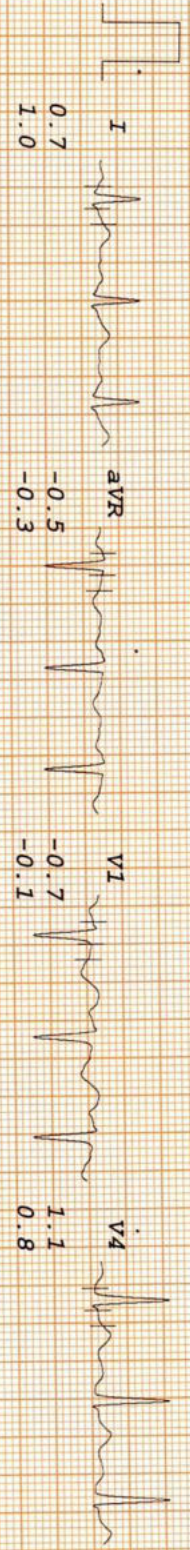
RATE 114bpm
B.P. 130/80
Bruce Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KUMAR
 I.D. 3551
 Age 32/M
 Date 03-12-2022

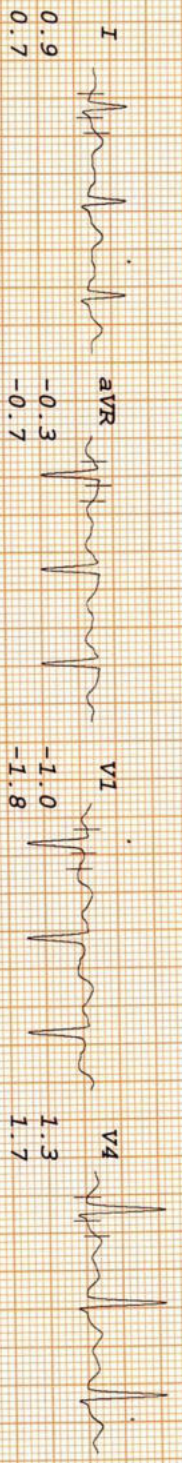
Rate 123bpm
 B.P. 140/80
 Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V1

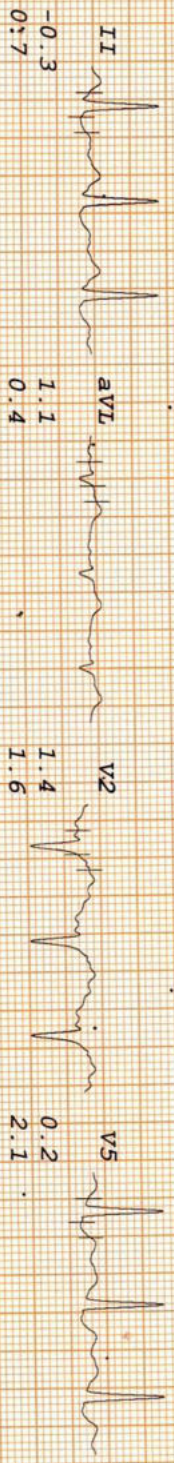


I
0.9
0.7

aVR
-0.3
-0.7

V1
-1.0
-1.8

V4
1.3
1.7

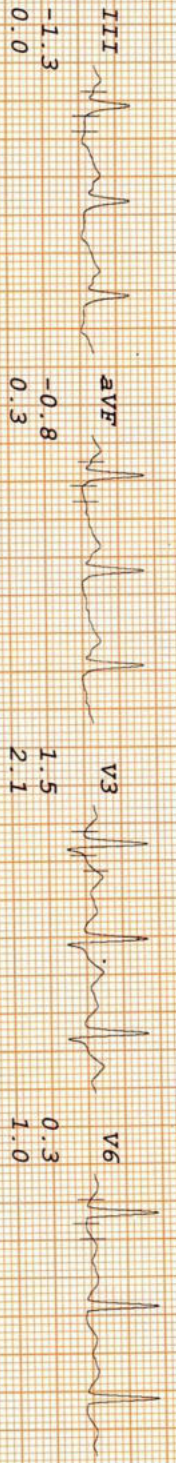


II
-0.3
0.7

aVL
1.1
0.4

V2
1.4
1.6

V5
0.2
2.1

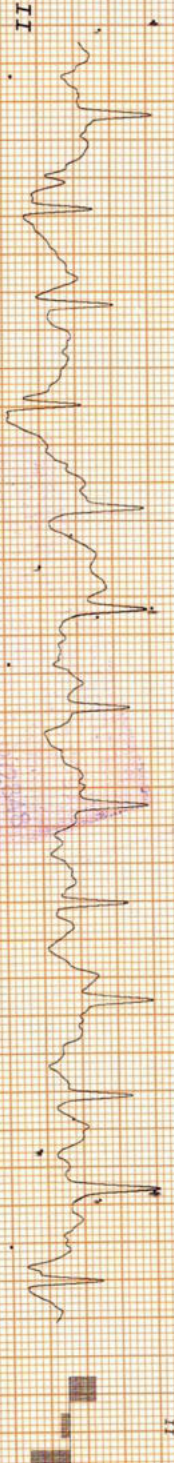


III
-1.3
0.0

aVF
-0.8
0.3

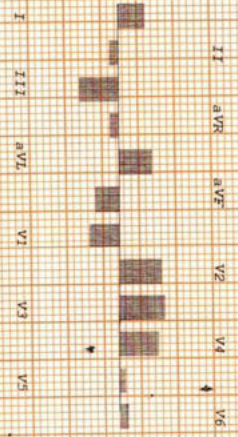
V3
1.5
2.1

V6
0.3
1.0



II

-1.0
-1.8



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NISHU KUMAR
 I.D. 3551
 Age 32/M
 Date 03-12-2022

RATE 137bpm
 B.P. 150/80

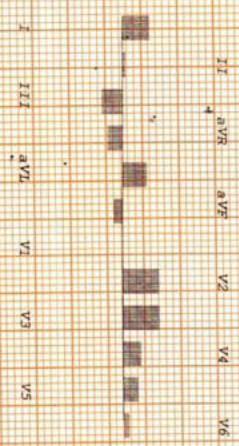
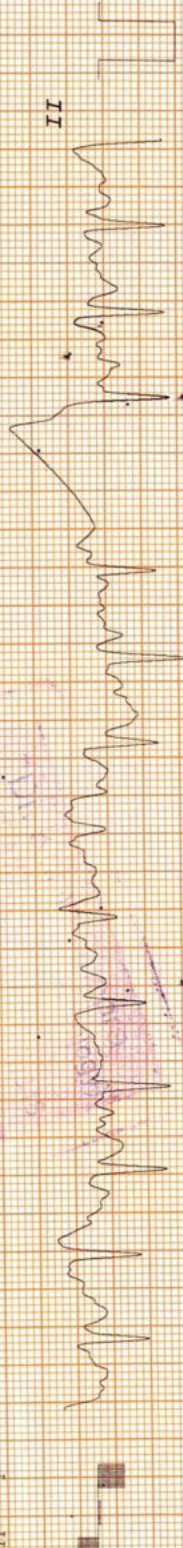
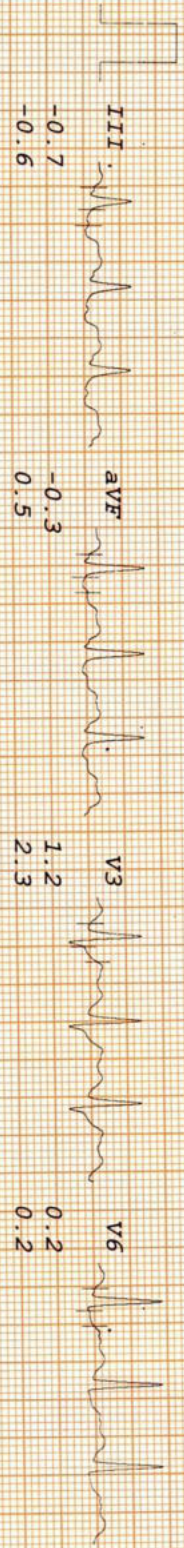
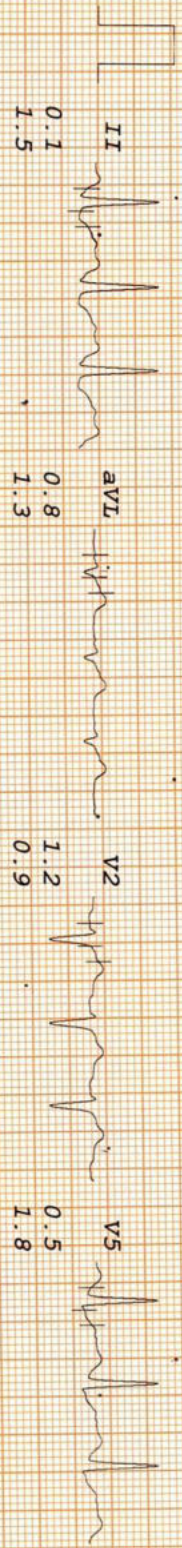
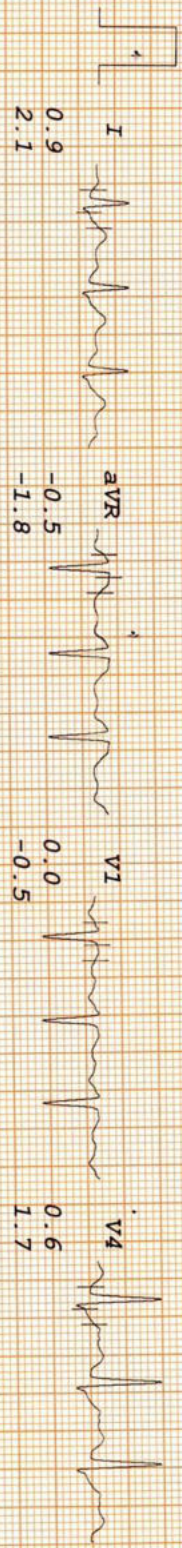
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



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NISHU KUMAR
 I.D. 3551
 Age 32/M
 Date 03-12-2022

Rate 157bpm
 B.P. 160/80

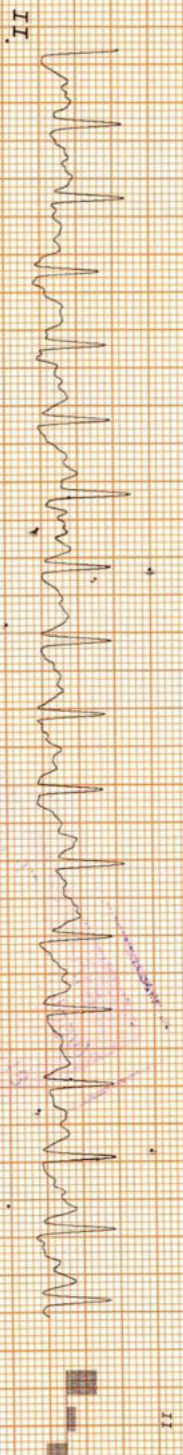
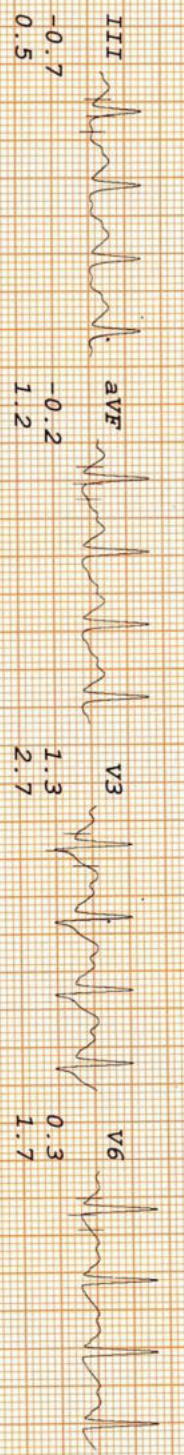
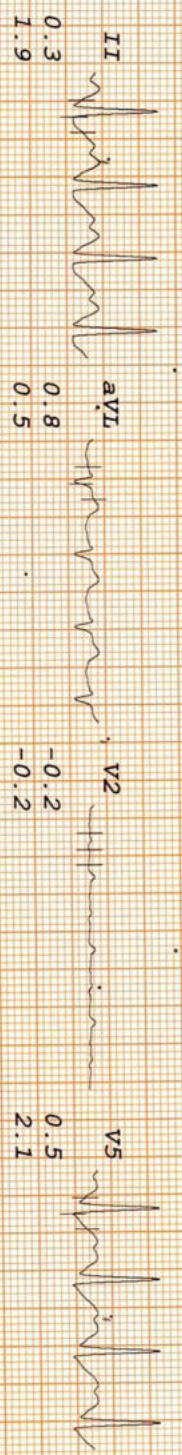
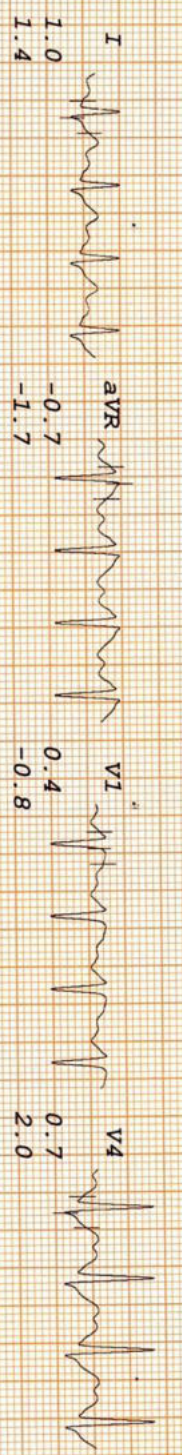
Bruce
 Stage 4
 TOTAL TIME 11:13
 PHASE TIME 2:13

ST @ 10mm/mV
 80ms Post J
 Speed 6.7 km/hr
 SLOPE 16 %

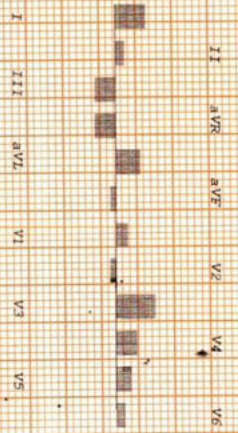
LINKED MEDIAN

Mag. X 2

V1



0.4
 -0.8



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NISHU KUMAR
 I. D. 3551
 Age 32/M
 Date 03-12-2022

RATE 162bpm
 B.P. 160/80

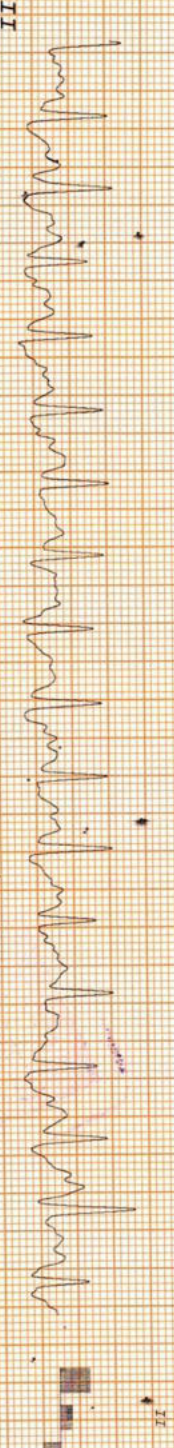
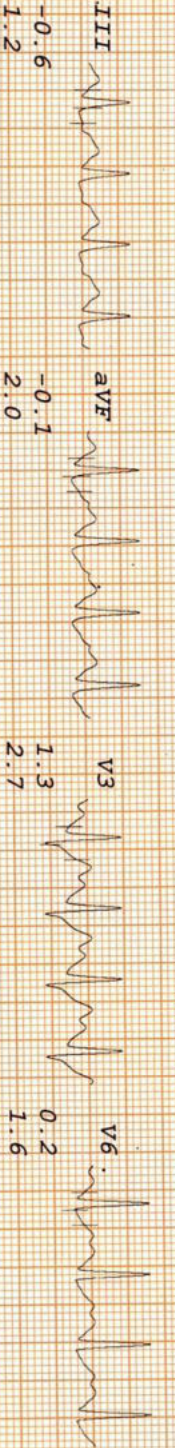
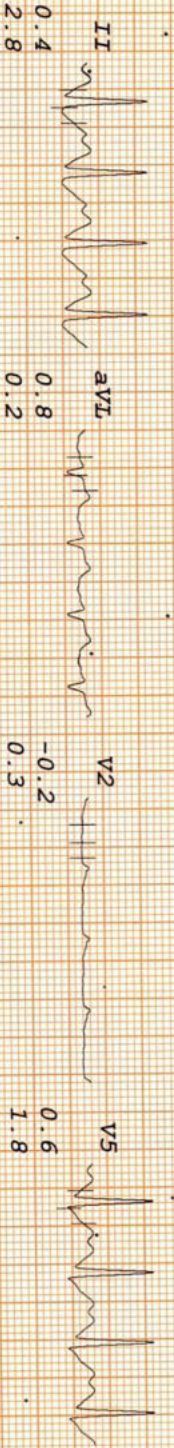
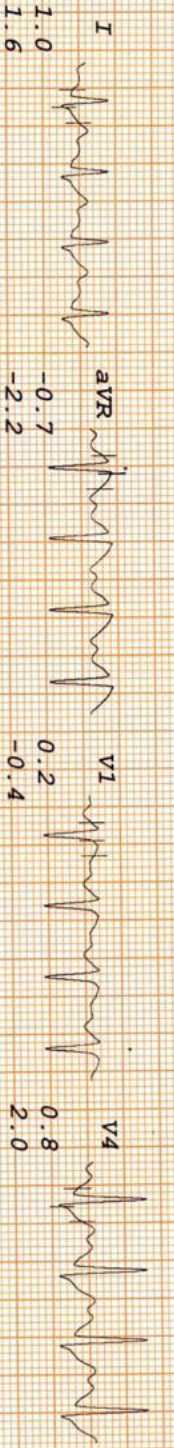
Bruce
 Stage 4
 TOTAL TIME 11:30
 PHASE TIME 2:30

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

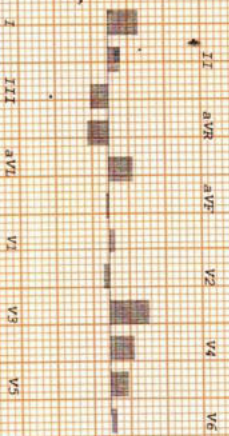
LINKED MEDIAN

Mag. X 2

V1



0.2
-0.4



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KUMAR
I.D. 3551
Age 32/M
Date 03-12-2022

Rate 162bpm
B.P. 160/80

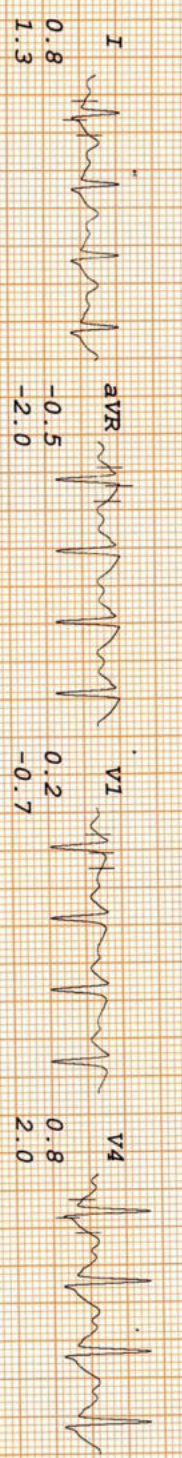
Bruce
PK-EXERCISE
TOTAL TIME 11:43
PHASE TIME 2:43

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

V1

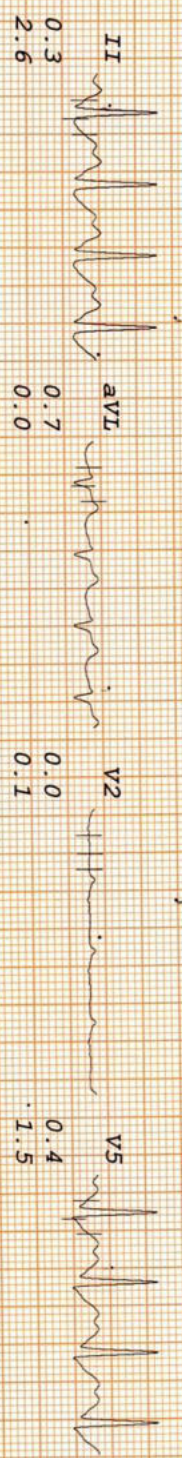


I
0.8
1.3

aVR
-0.5
-2.0

V1
0.2
-0.7

V4
0.8
2.0

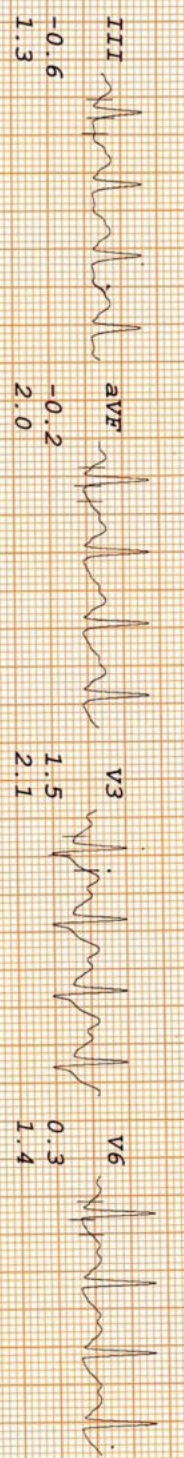


II
0.3
2.6

aVL
0.7
0.0

V2
0.0
0.1

V5
0.4
1.5

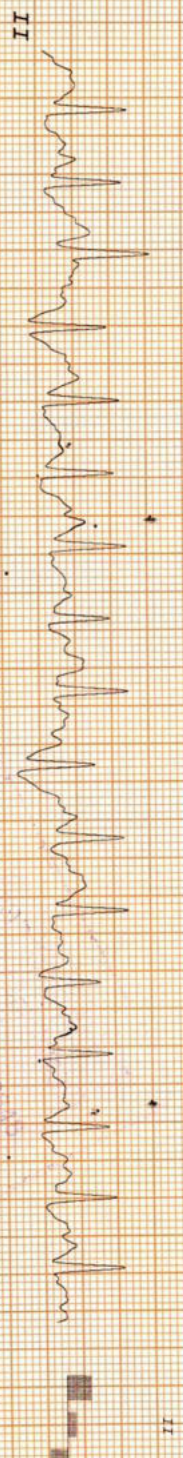


III
-0.6
1.3

aVF
-0.2
2.0

V3
1.5
2.1

V6
0.3
1.4



0.2
-0.17

II III aVR aVL V1 V2 V3 V4 V5 V6

THE DIAGNOSTIC & IMAGING CENTRE

NISHU KONAR
I. D. 3551

Rate 120bpm
B.P. 150/80

Age 32/M
Date 03-12-2022

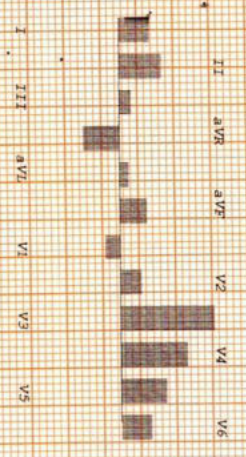
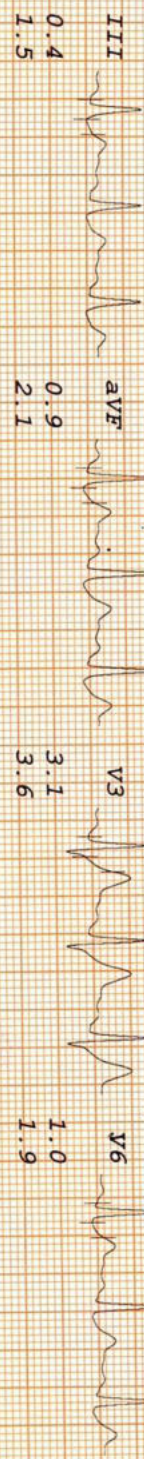
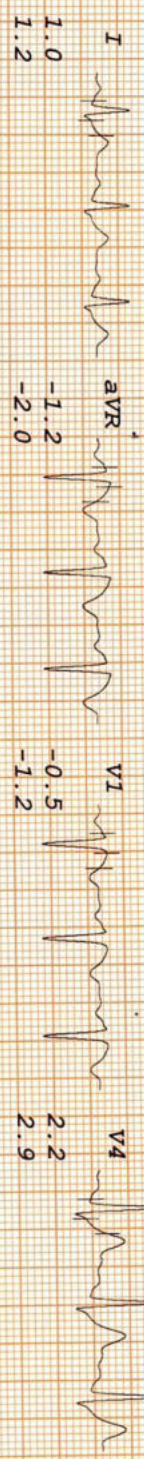
Bruce
RECOVERY
TOTAL TIME 12:58
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KOMAR
I.D. 3551

Age 32/M
Date 03-12-2022

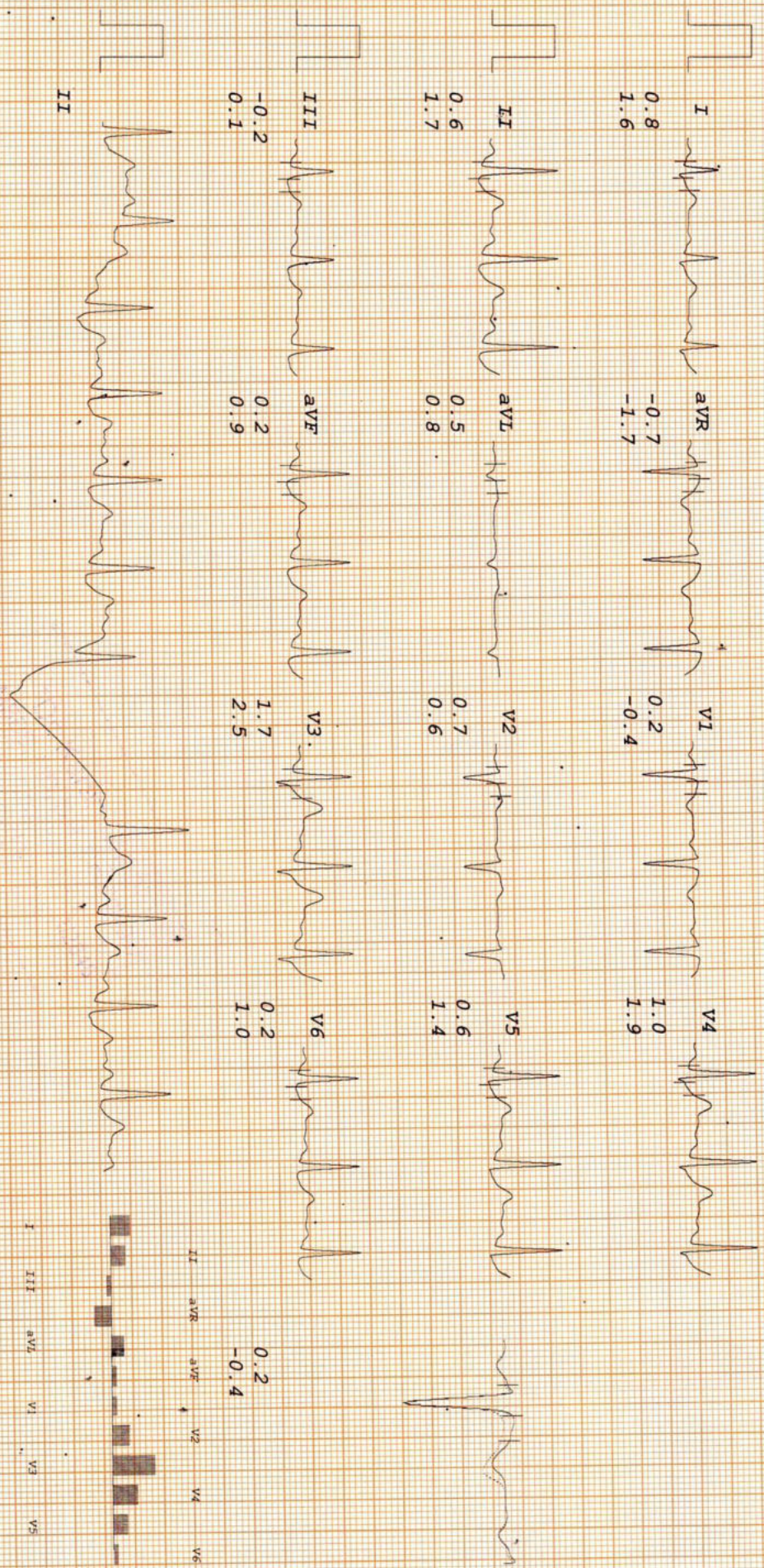
RATE 108bpm
B.P. 140/80

RECOVERY Bruce
TOTAL TIME 13:58
PHASE TIME 1:55

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KUMAR
I.D. 3551
Age 32/M
Date 03-12-2022

RATE 104bpm
B.P. 130/80

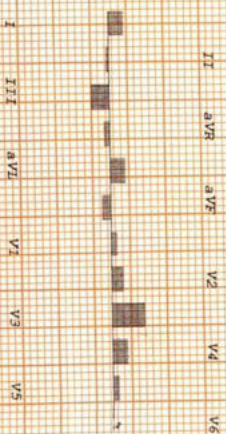
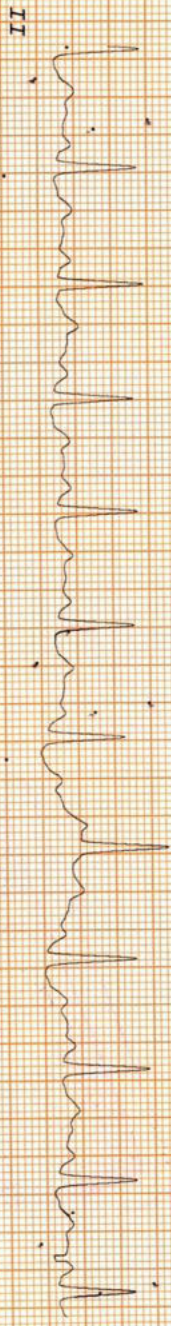
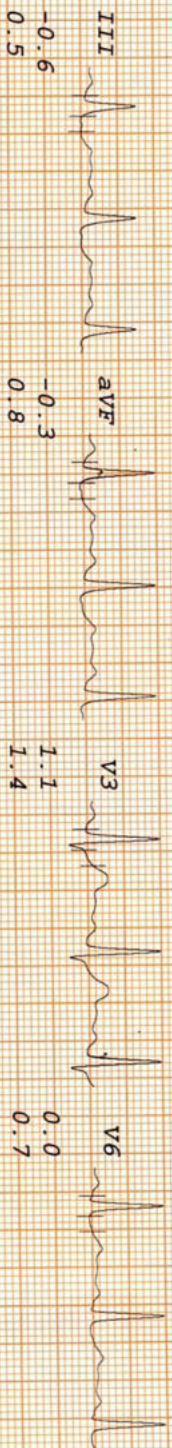
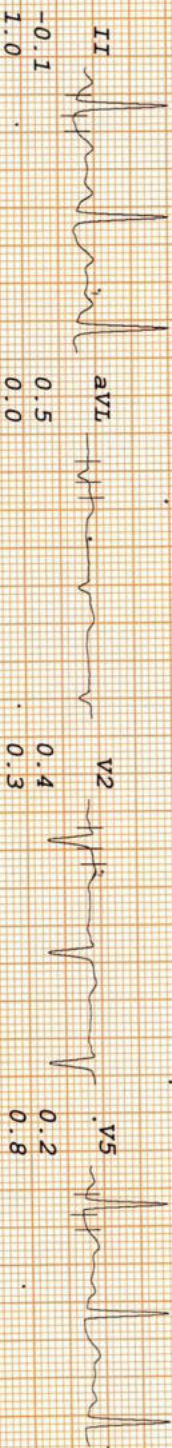
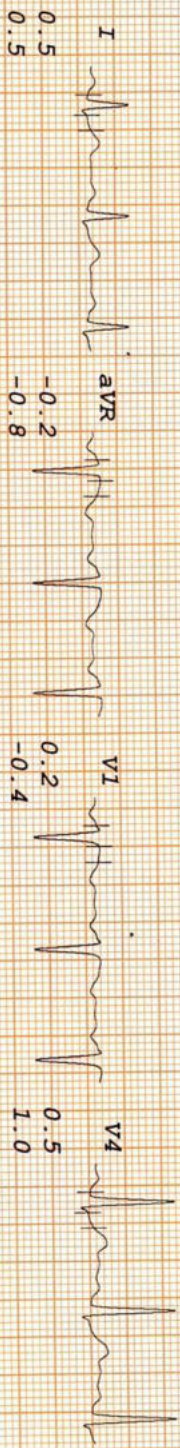
Bruce
RECOVERY
TOTAL TIME 14:58
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



THE DIAGNOSTIC & IMAGING CENTRE

NISHU KUMAR

I.D. 3551

Age 32/M

Date 03-12-2022

RATE 95bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 15:25

PHASE TIME 3:22

ST @ 10mm/mV

80ms Post-T

LINKED MEDIAN

Mag. X 2

V1

