

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714


Issue Date: 26/11/2018

भारत सरकार
GOVERNMENT OF INDIA

मनीष लक्ष्मण काळे
Manoj Lahu Kale
जन्म तारीख / DOB: 16/07/1985
पुरुष / MALE
Mobile No.: 9970910294

3884 7961 3360
VID : 9118 1232 8943 0101

Download Date: 30/12/2019



माझे आधार, माझी ओळख

Date:

To,
Suburban Diagnostics (India) Private Limited
301, 302 3rd Floor, Vini Eligance,
Above Tanishq Jewellers,
Borivali (W), Mumbai- 400092

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself [✓] Mr/ Mrs/ Ms. Manoj Kale
don't want to performed the following tests:

- 1) Stool-R
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2233719322

Corporate/ TPA/ Insurance Client Name : Mediacheel

Thanking you.

Yours sincerely,


(Mr/Mrs/Ms. _____)

CID# : 2233719322
Name : MR.MANOJ LAHU KALE
Age / Gender : 37 Years/Male
Consulting Dr. : -
Reg.Location : Borivali West (Main Centre)
Collected : 03-Dec-2022 / 08:21
Reported : 05-Dec-2022 / 08:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	172 cms	Weight (kg):	78 kg
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80 mmhg	Nails:	NAD
Pulse:	88/ min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & spleen not palpable
CNS: NAD

IMPRESSION:

VSK

Lipid profile T

ADVICE:

physician refer

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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- | | |
|--|----------------------|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Appendectomy in 2005 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix |
| 4) Medication | No |

*** End Of Report ***

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M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO : 87714
Dr.NITIN SONAVANE
PHYSICIAN



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 03-Dec-2022 / 08:30
Reported : 03-Dec-2022 / 11:43

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>CBC (Complete Blood Count), Blood</u>			
<u>RBC PARAMETERS</u>			
Haemoglobin	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.1	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.9	20-40 %	
Absolute Lymphocytes	2434.6	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	584.6	200-1000 /cmm	Calculated
Neutrophils	54.2	40-80 %	
Absolute Neutrophils	4010.8	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	318.2	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	51.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	295000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.1	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB 10 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Borivali West (Main Centre)

Collected : 03-Dec-2022 / 08:30
Reported : 03-Dec-2022 / 12:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	106.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	42.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	95.4	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	54.5	<73 U/L	Modified IFCC



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Kindly note change in Ref range and method w.e.f.11-07-2022

ALKALINE PHOSPHATASE, Serum	70.5	46-116 U/L	Modified IFCC
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Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum	18.9	19.29-49.28 mg/dl	Calculated
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Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum	8.8	9.0-23.0 mg/dl	Urease with GLDH
------------	-----	----------------	------------------

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.9	3.7-9.2 mg/dl	Uricase/ Peroxidase

Kindly note change in Ref range and method w.e.f.11-07-2022

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 03-Dec-2022 / 11:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	-
Red Blood Cells / hpf	Absent	0-2/hpf	-
Epithelial Cells / hpf	0-1	-	-
Casts	Absent	Absent	-
Crystals	Absent	Absent	-
Amorphous debris	Absent	Absent	-
Bacteria / hpf	1-2	Less than 20/hpf	-
Others	-	-	-

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein: (1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose: (1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl, 4+ -1000 mg/dl)
- Ketone: (1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert



MC-2111

Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 03-Dec-2022 / 13:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	253.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	172.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	36.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	217.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	182.6	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	34.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.826	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

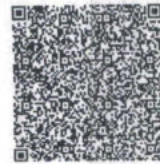
1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz .Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 03-Dec-2022
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USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 15.7 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 11.4 mm normal . **CBD:** CBD is 2.5 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.7 x 5.0 cm. **There is a 3.4 mm calculus seen in middle calyx of right kidney.**

Left kidney measures 9.9 x 4.6 cm. **There is a 3.1 mm calculus seen in lower calyx & another 3.2 mm calculus seen in upper calyx of left kidney.**

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter .

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.0 x 2.1 x 4.1 cm and prostatic weight is 14 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Opinion:

- Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.
- Bilateral non obstructive renal calculi.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Date:- 3/12/2022

CID: 223371922

Name:- Manoj Kale

Sex / Age: m / 37yrs

EYE CHECK UP

Chief complaints:

/ Nil

Systemic Diseases:

Past history:

/ Nil

Unaided Vision:

RI- LI

Aided Vision:

6/5 6/5

Refraction:

Nil Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

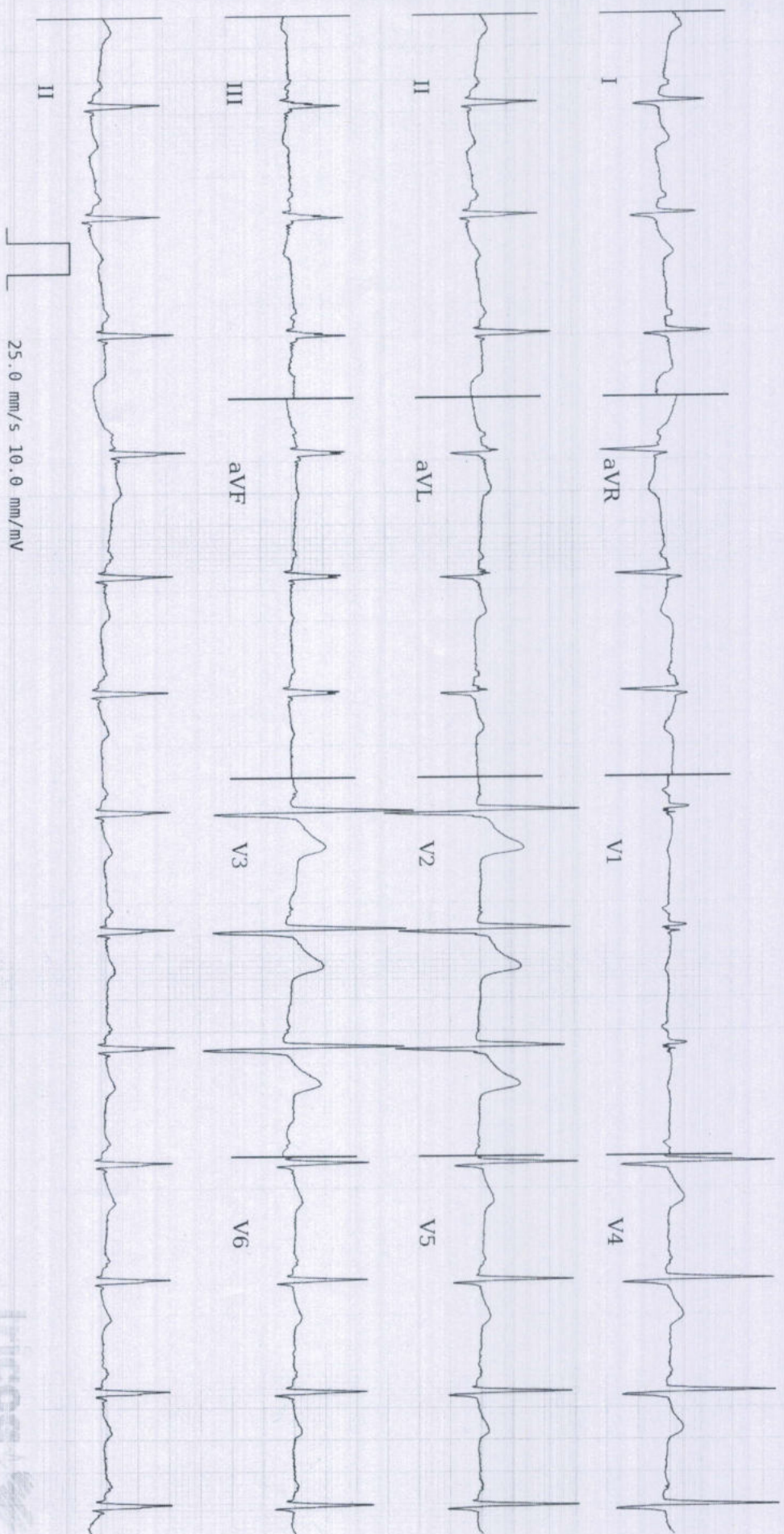
(M)

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Patient Name: MANOJ LAHU KALE
Patient ID: 2233719322

Date and Time: 3rd Dec 22 9:32 AM



ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Early Repolarization Pattern. This is a normal variant for Healthy Individuals. Please correlate clinically.

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2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

REPORTED BY

(Signature)

Dr. Nalin Sonawane
M.B.B.S., F.I.C.C., D.D.I.A.R.D. CARD
Consultant Cardiologist
87714

Age 37

years n

Gender Male

Heart Rate 8

Patient Vitals

BP: 120/8

Weight: 70 kg

Height: 172 c

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurement

QRSD: 86ms

QT: 372m

QTc: 432m

PR: 128m

P-R-T: 21° 7