



# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS FACILITY

Akurla Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022-62747000 (100 Lines)

Name: Mrs. Disha Gupta

19/02/2024

Age: 30yrs / F

9:20 pm

C/O for Routine checkup.

Boils over Abdomen (on left) on same place: 1yr

Sx w/ Cholecystectomy

NO known allergy

of

T - Apex

P - 68 / ~

BP - 100/60 mmHg

SPO<sub>2</sub> - 98% on RA

StE CAD  
US  
M | MAD

Adv

Surgeon opinion

Dr. C.B. Sahay

9/1A left  
R



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# APEX HOSPITALS KANDIVALI DIAGNOSTIC


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## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. DISHA GUPTA	<b>LabNo</b>	14335	
<b>UHID/IP No</b>	150009479 / 10940	<b>Order Date</b>	19/02/2024 2:20PM	
<b>Age/Gender</b>	30 Yrs/Female	<b>Receiving Date</b>	19/02/2024 4:13PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	19/02/2024 4:24PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

## XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B



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Tele.:  
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<b>Patient Name:</b>	Mrs. Disha Gupta	F / 30 Yrs.
<b>Ref. by:</b>	Apex hospital	<b>Date:</b> 19/02/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size (12.6 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 10 mm in transverse diameter.

**GALL BLADDER:** not seen post op status

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 12.2 cm and is **mildly enlarged** in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
8.5 x 4.3 cm	9 x 4 cm

The kidneys are normal in size shape, position, axis and contour and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

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## PELVIS:

The uterus is anteverted. It measures 6.9 x 4.4 x 5.6 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 10.4 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 2.2 x 1.7 cm

Left ovary measures 1.6 x 3.1 cm

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

**Focal scaring seen in the right hypochondrial abdominal wall. No localized collection seen in the present scan.**

## IMPRESSION:

- Mild splenomegaly
- No other significant abnormality is seen.

● Thanks for the reference.

With regards,

**Dr. Ravi Kumar, M.D.**  
Consultant Radiologist





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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	<b>11.1 L</b>	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	<b>3.73 L</b>	10 <sup>6</sup> /uL	4.20 - 5.40	
PCV (Haematocrit)	<b>31.37 L</b>	%	36.0 - 46.0	
MCV	84.1	fl	78 - 100	Calculated
MCH	29.76	pg	26 - 34	Calculated
MCHC	35.38	gm/dl	30 - 36	Calculated
RDW	15.2	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	4730	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	70	%	40 - 80	
Lymphocyte %	37	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3311	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1750.1	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	47.3	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>94.6 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	<b>146 L</b>	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Reduced On Smear			
MPV	<b>14.3 H</b>	fl	7 - 12	

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai



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## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"B" Rh Positive			SLIDE METHOD

--End Of Report--

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### HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	10	mm/hr	< 20	Westergren

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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### GLUCOSE (PP)

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	110.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
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Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

### GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	105.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	138	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	69	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	13.80	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	82.20	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	<b>3.29 L</b>		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>1.96 L</b>		2.50 - 3.50	Calculated Value

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### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.85	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.35	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.5	mg/dl	0 - 1	
SGPT (ALT)	30.12	U/L	5 - 40	IFCC modified
SGOT (AST)	26.18	U/L	5 - 40	IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	4.1	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.30	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.78		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	98.23	IU/L	42 - 140	
GGTP (GAMMA GT)	20.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

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### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	0.75	mg/dl	0.60 - 1.30	Jaffes
UREA	17.23	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	8.05	mg/dl	7 - 20	Arsenazo III
Calcium	9.0	mg/dl	8.6 - 10.5	URICASE- PEROXIDASE
Uric Acid	4.5	mm/hr	2.5 - 6.2	Phosphomolybdate Reduction
Phosphorus	2.7	mg/dl	2.5 - 5.0	ISE Direct
Sodium	139.0	mEq/L	135 - 146	ISE Direct
Potassium	4.4	mEq/L	3.5 - 5.5	ISE Direct
Chloride	108.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	4.1	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.30	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.78		1.00 - 2.50	Calculated Value

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Hazy		Clear	Clear
Specific Gravity	1.020		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	6-8/hpf			
RBCs	Absent			
Epithelial Cells	15-18/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Present			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai



Patient Id : PVD18323-24/66962  
 Patient : MRS DISHA GUPTA  
 Age/sex : 30 Yrs/ Female  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 24024996  
 Reg. Date : 19/02/2024  
 Report Date : 19/02/2024  
 Case No. :



### HbA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.1	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	99.67	mg/dL	

Method : HPLC-Biorad D10-USA

#### INTERPRETATION

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (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 glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 

Excellent Control - 6 to 7 %,  
 Fair to Good Control - 7 to 8 %,  
 Unsatisfactory Control - 8 to 10 %  
 and Poor Control - More than 10 %.

**Note :** Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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 Age/sex : 30 Yrs/ Female  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 2402 .996  
 Reg. Date : 19/02/2024  
 Report Date : 19/02/2024  
 Case No. :



**IMMUNOASSAY**


Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	126.14	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.24	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	1.99	uIU/ml	0.27 - 4.20
Method : ECLIA			

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH-especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radiiodine • Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug Interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion*
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-88 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

  
**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640





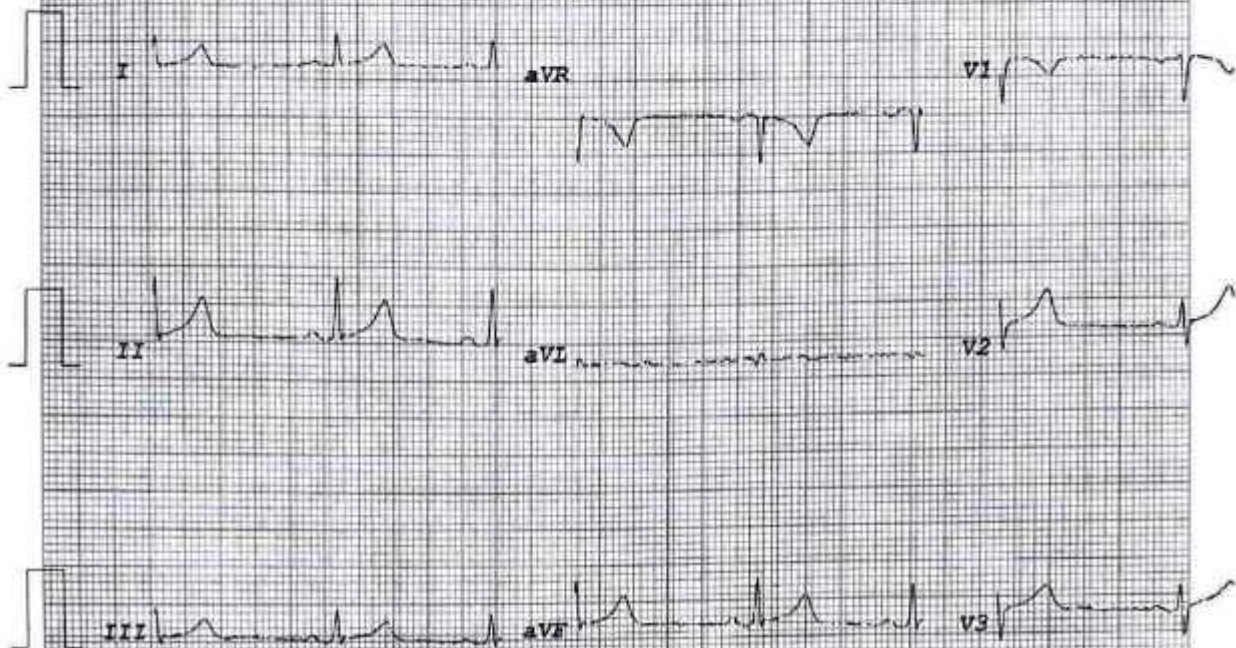
# APEX HOSPITAL

MRS DISHA GUPTA  
I.D. 8918  
Age 30/F  
Date 19-02-2024

RATE 62bpm  
B.P. 110/80

PRETEST  
SUPINE

ST. @ 10mm/m  
80ms PostJ



Corrected  
UNION, India. Tel: +91-711-8010015, Fax: +91-

*Vivek*  
DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
ICCP  
MD MEDICINE, MBBS  
2008/10/3715

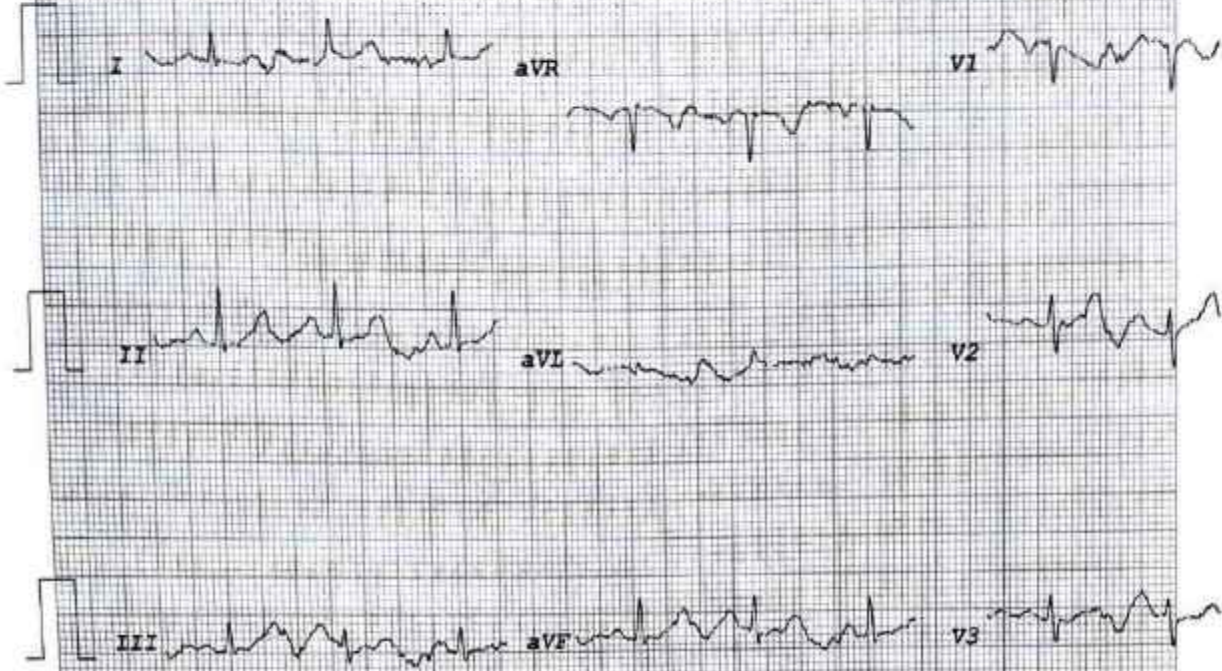
# APEX HOSPITAL

MRS DISHA GUPTA  
I.D. 8918  
Age 30/F  
Date 19-02-2024

WARM UP

RATE 78bpm  
B.P. 110/80

ST @ 10mm/m  
80ms PostJ  
Speed 1.5 k



UNI-24, Indore, Tel: +91-31-2530035, Fax: +91-

DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
ICCP  
MD MEDICINE, MBBS  
2008/10/3715

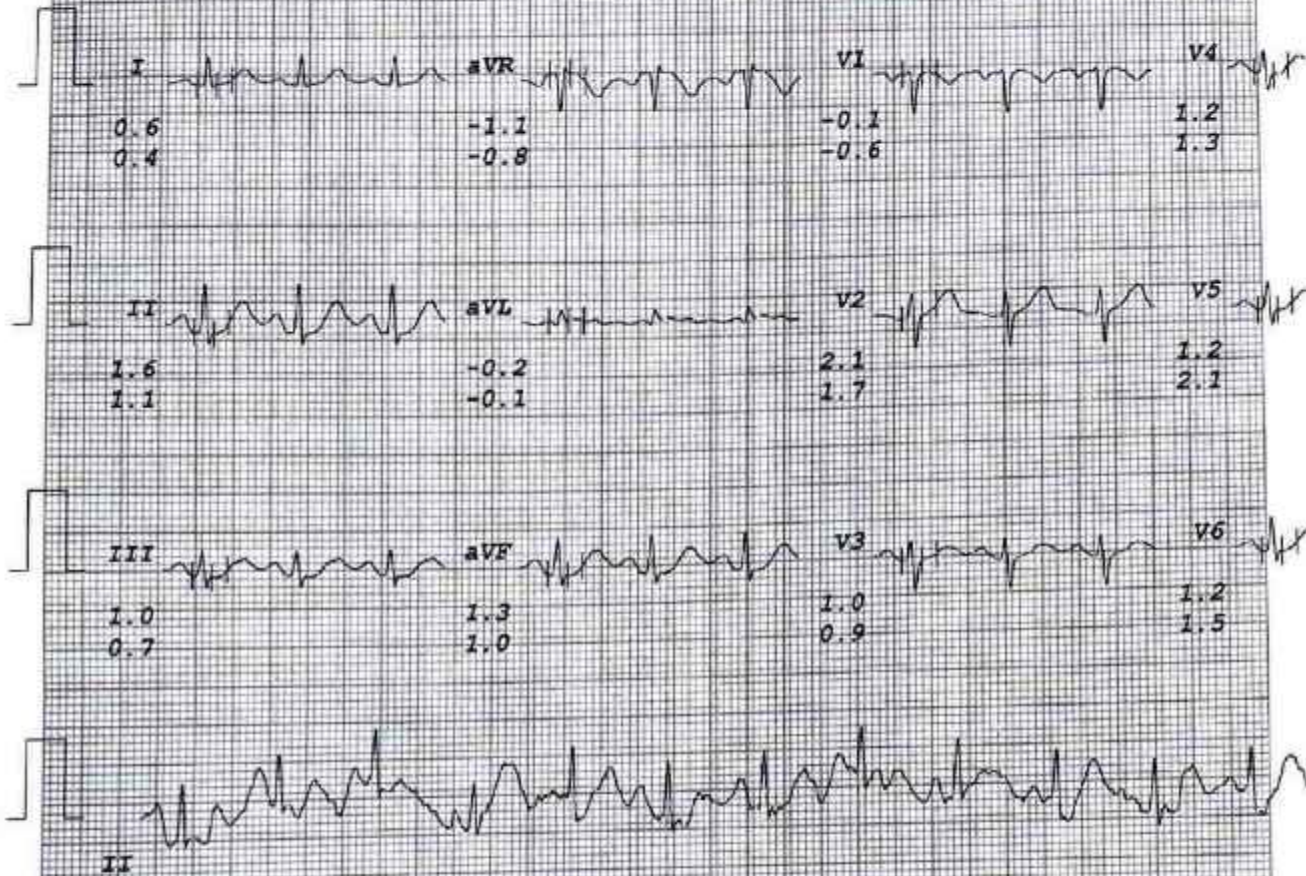
# APEX HOSPITAL

MRS DISHA GUPTA  
I.D. 8918  
Age 30/F  
Date 19-02-2024

RATE 118bpm  
B.P. 110/80

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 2.7 k  
SLOPE 10 s



URL-ED, Indore, Tel: +91-731-4930015, Fax: +91-731-4930015

DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
ICCP  
MD MEDICINE, MBBS  
2008/10/3715

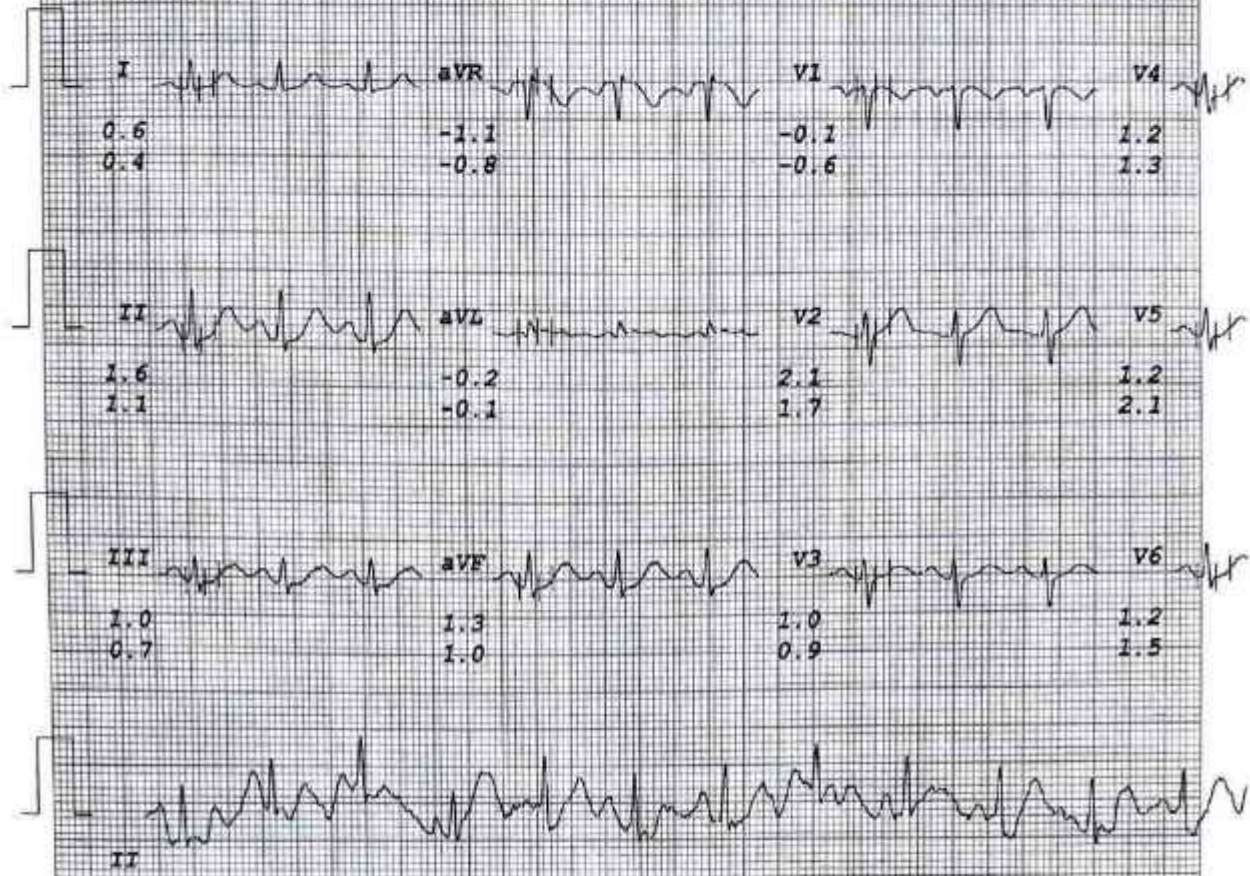
# APEX HOSPITAL

MRS DISEA GUPTA  
I.D. 8918  
Age 30/F  
Date 19-02-2024

RATE 118bpm  
B.P. 110/80

Bruce  
Stage I  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 2.7 k  
SLOPE 10 s



Base Corrected

UNI-EN, Guwahati, Tel: +91-791-4930035, Fax: +91-

DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
ICCP  
MD MEDICINE MBBS  
2008/10/3715

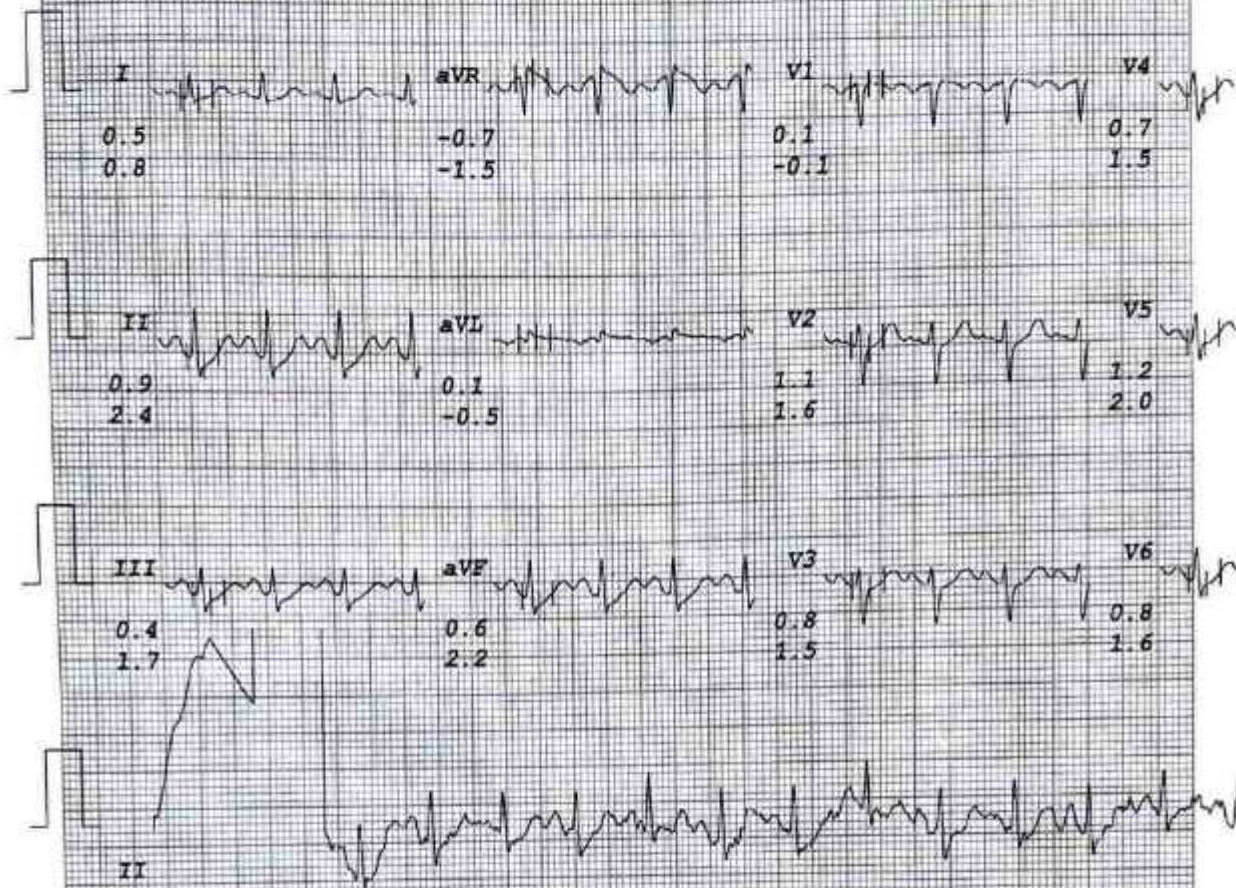
# APEX HOSPITAL

MRS DISHA GUPTA  
 I.D. 8918  
 Age 30/F  
 Date 19-02-2024

RATE 144bpm  
 B.P. 140/80

Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

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



Base Corrected

DR. VIVEK AGARWAL

DR. VIVEK AGARWAL  
 DM CARDIOLOGIST  
 DNB CARDIOLOGIST  
 ICCPR  
 MD MEDICINE, MBBS  
 2008/10/3715

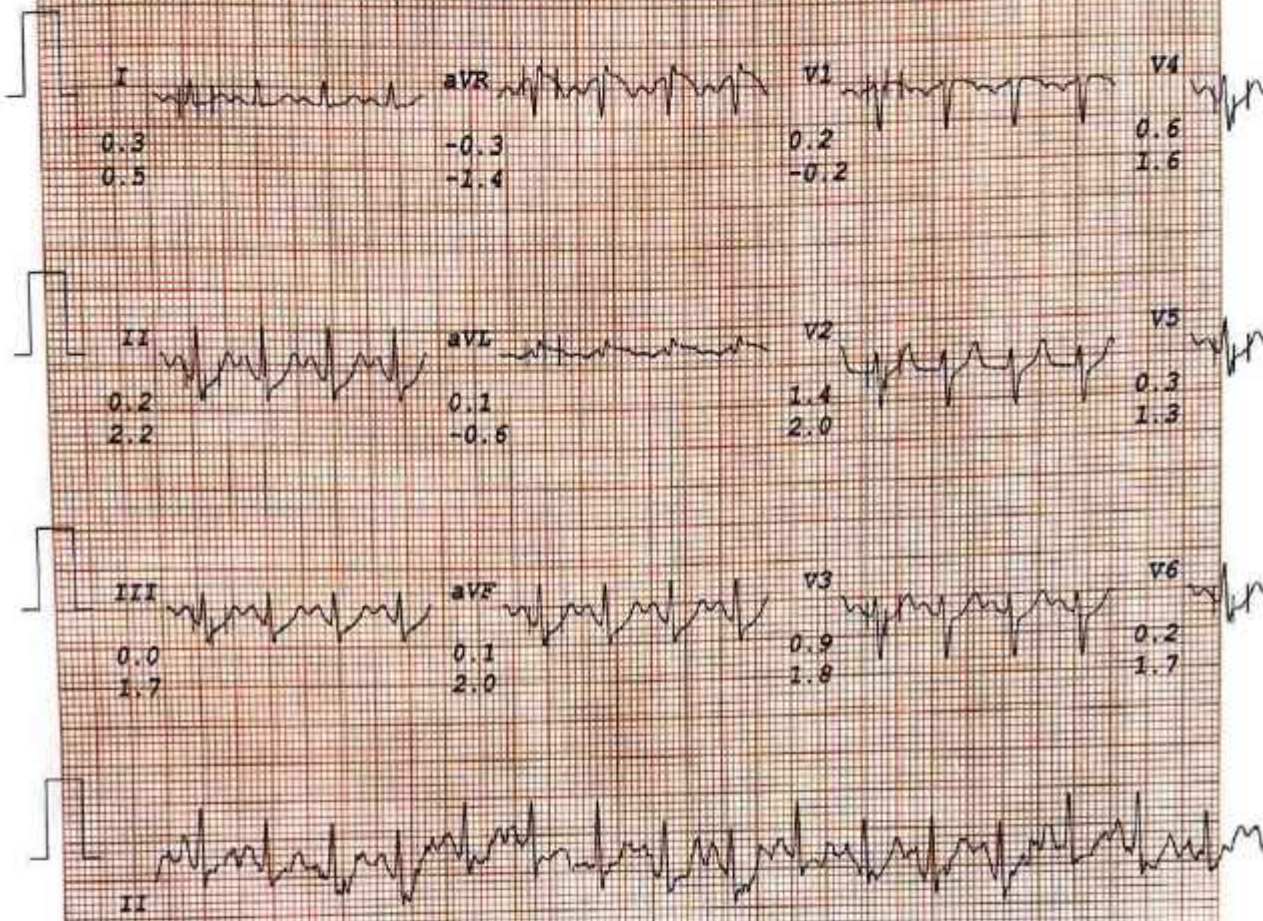
# APEX HOSPITAL

MRS DISHA GUPTA  
I.D. 8918  
Age 30/5  
Date 19-02-2024

RATE 160bpm  
B.P. 140/90

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

ST @ 10mm/m  
80ms PostJ  
Speed 5.4 k  
SLOPE 14 %



is Corrected

UNISEL, Indore, Tel. - 91-91-6210025, Fax: +91-

DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
CCPR  
MD MEDICINE, MBBS  
2008/10/3715

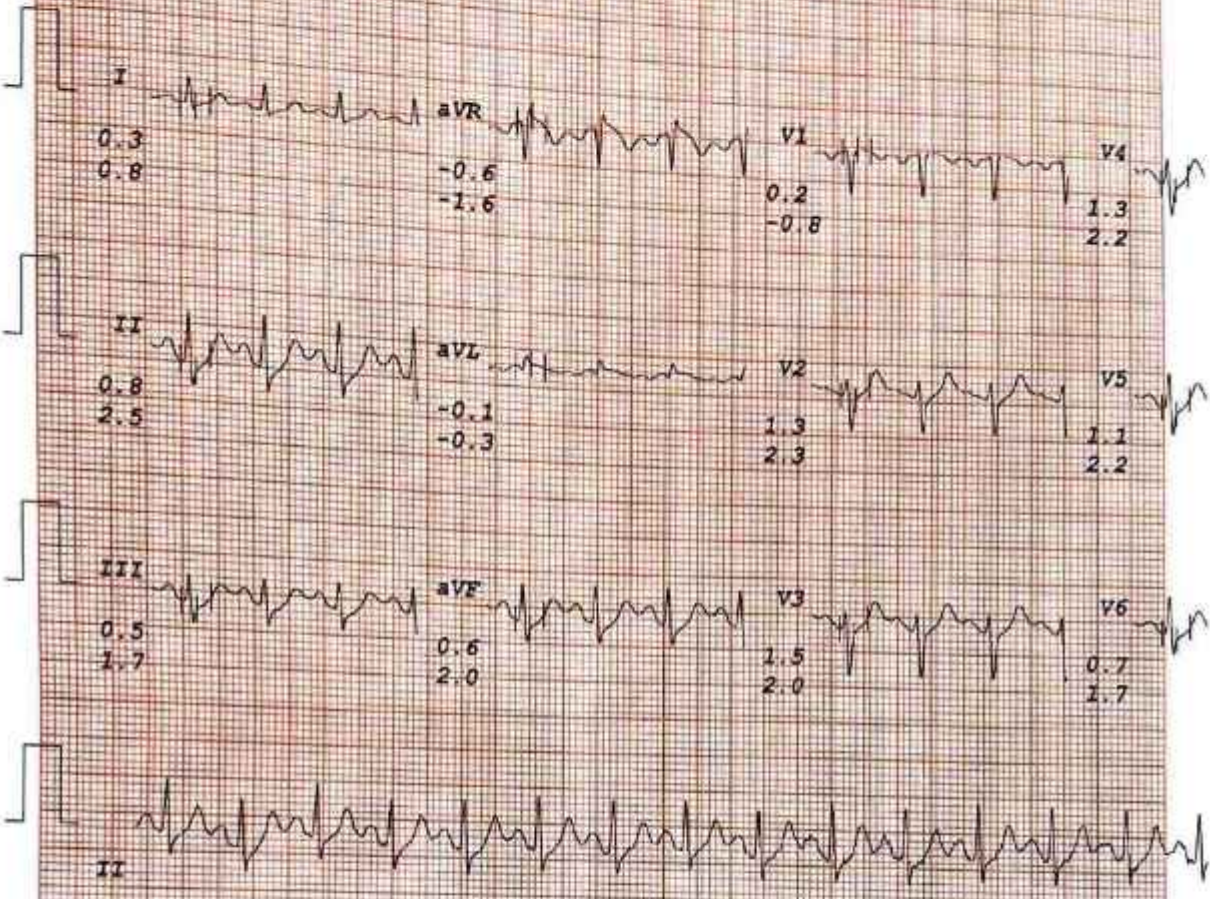
MRS DISHA GUPTA  
I.D. 8918  
Age 30/F  
Date 19-02-2024

# APEX HOSPITAL

RATE 140bpm  
B.P. 140/90

Bruce  
RECOVERY  
TOTAL TIME 10:04  
PHASE TIME 0:29

ST 8 10mm/m  
80ms PostJ



DR. VIVEK AGARWAL  
DM CARDIOLOGIST  
DNB CARDIOLOGIST  
ICCP  
MD MEDICINE MBBS  
2008/10/3715

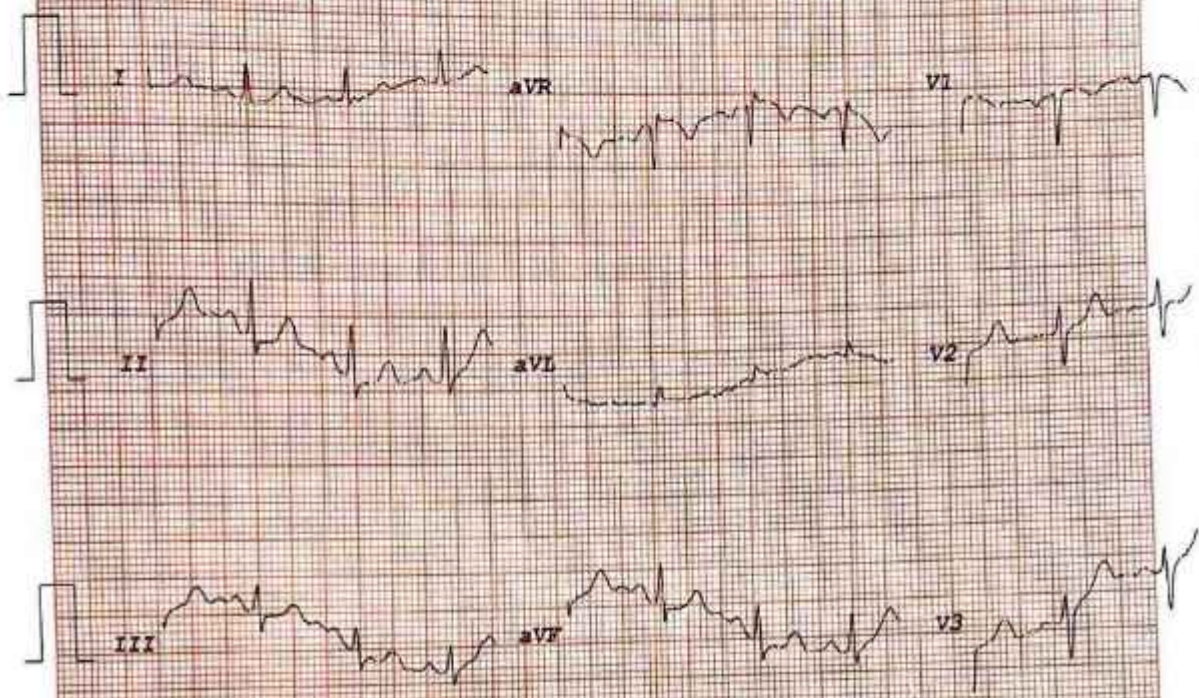
# APEX HOSPITAL

MRS DISHA GUPTA  
 I.D. 8918  
 Age 30/F  
 Date 19-02-2024

RATE 104bpm  
 B.P. 140/90

Bruce  
 RECOVERY  
 TOTAL TIME 11:03  
 PHASE TIME 1:28

ST @ 10mm/m  
 80ms PostJ



74.7  
 LESS FA  
 Sai - 40  
 24  
 em

Base Corrected

Dr. V. K. Agarwal, Tel: +91-91-4030035, Fax: +91-

**DR. VIVEK AGARWAL**  
 DM CARDIOLOGIST  
 DNB CARDIOLOGIST  
 ICCPR  
 MD MEDICINE MBBS  
 2008/10/3715





# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS  
FACILITY

Akuri Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
022-62747000 (100 Lines)

Mrs. Disha Gupta.  
Age - 30 yrs | Female.

19/2/24

Opthal.

Near -

(L) eye - N6

(R) eye - N6.

Distance -

(L) eye - 6/6

(R) eye - 6/6

**Apex Hospitals Kandivali**

Akuri Road, Next To Lodha Woods,  
Lokhandwala Township, Near Mahindra,  
Gate No. 4, Kandivali (E), Mumbai - 104.



# APEX HOSPITALS KANDIVALI

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Akurl Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

Visit website  
googlemap



Tele.:

022-62747000 (100 Lines)

19/02/24

BMI check  
Mrs. Disha Gupta 304 Ps/F

BP - 100/60 mmHg

SPO2 - 98%

Pulse - 68b

wt - 72.1 kg

Height - 166 cm

Apex Hospitals Kandivali  
Akurl Road, Next To Lodha Woods,  
Lokhandwala Township, Near Mahindra,  
Kandivali (E), Mumbai - 101.



ओपेक्स हॉस्पिटल्स काँटिदागी

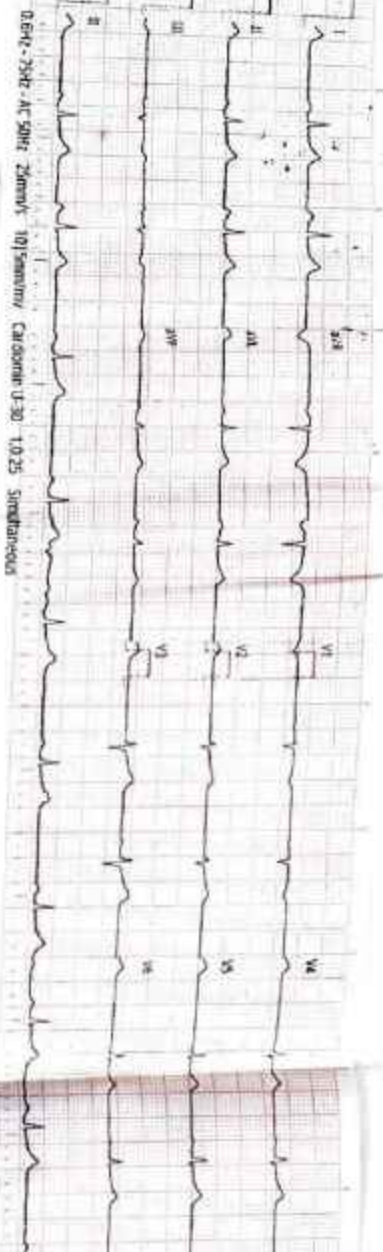
Name

Date

Time

Age

Gender



ECG report

ID : 20240219093055  
 Name :  
 Gender :  
 Age :  
 Dept :  
 Bed No :

HR : 59 bpm  
 PR : 162 ms  
 QRS : 70 ms  
 QT/QTc : 400/378 ms  
 aQRSQT : 291/277 :  
 AVS/SAI : 0.592/0.413 ms  
 RV5-SVI : 1.005 mV

Mrs. Dishu Gupta 955m

<Interpretations >

30483 / F

19/2/24

Confirm and Sign:  
 Examination time: 2024-02-19 09:33:55