

MER- MEDICAL EXAMINATION REPORT

Date of Examination	28/8/2024.			
NAME	Rohini Patil		Gender	Female.
AGE	33 years.		WEIGHT (kg)	59 kg.
HEIGHT(cm)	155 cm		B.P.	
			110/70 mmHg.	
EKG	Normal			
X Ray	NAD			
Vision Checkup	Color Vision: Normal.			
	Far Vision Ratio: 6/6 } Unaided.			
	Near Vision Ratio: N5 }			
Present Ailments	① Hypertension on Rx.			
Details of Past ailments (If Any)	FTLSCS in 2016.			
Comments / Advice: She <input checked="" type="checkbox"/> is Physically fit.				
<p>Gyn Hist - (N).</p> <p>Obst Hist - FTLSCS in 2016</p> <p>Dental - RCT done on 27/8/2024 (Yest).</p> <p>S.</p>				

Signature with Stamp of Medical Examiner

Dr. MUSKUL ARTE MBBS, DNB
 Regd. No. 44295 (MMA)
 Approved By DG Shipping (2001)
 Consultant in Marine Medicine & Aviation Medicine
 A-101-102, Heritage Plaza, Teli Cross Lane,
 Andheri East, Mumbai-400 069
 SEA BIRD MEDICINE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rohini Patil on 20/01/2024

After reviewing the medical history and on-clinical examination it has been found that he/she is

	Tick
<input checked="" type="checkbox"/> Medically Fit	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. <u>vit D3 ↓ - Adv. Treat</u> 2. _____ 3. _____ However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
<input type="checkbox"/> Currently Unfit. Review after _____ recommended	
<input type="checkbox"/> Unfit	

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

Dr. MUKUL ARTE MBBS, DNB
Regn. No: 44293 (MIMC)
Approved By DG Shipping (DOR)
Consultant in Marine Medicine & Aviation Medicine
A-101-102, Heritage Plaza, Teli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

This certificate is not meant for medico-legal purposes



SEA BIRD MEDICARE CENTRE

Report ID : **RBPM28895549** Reg. : **28-Aug-2024**
Patient Name : **Ms. ROHINI BHUSHAN PATIL** Report Date : **29-Aug-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.MUKUL ARTE** Age/Sex : **33 Year / Female**

CHEST X RAY REPORT

X-Ray No : 7230

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.


Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.


Dr. Jacob
Mathew MD

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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com



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Report ID : **RBPM28895549**
Patient Name : **Ms. ROHINI BHUSHAN PATIL**
Rank :
Ref By : **DR.MUKUL ARTE**
Location : **SEA BIRD- ANDHERI**

Reg. : **28-Aug-2024**
Report Date : **28-Aug-2024**
Company Name : **M/S. APOLLO HEALTH AND**
Age/Sex : **33 Year / Female**

BIO-CHEMISTRY

INVESTIGATION

OBSERVED VALUE UNITS REFERENCE RANGE

Liver Function Test

SGOT	20	IU/L	0-37 IU/L
SGPT	11	IU/L	9-43 IU/L
GGT	35	IU/L	0-49 IU/L
Sr.Bilirubin (T)	0.7	mg/dl	0.2-1.2 mg/dl
Sr.Bilirubin (D)	0.1	mg/dl	0.0-0.3 mg/dl
Sr.Bilirubin (I)	0.6	mg/dl	
Total Protien	7.5	g/dl	6.0-8.0 g/dl
Sr.Albumin	4.3	g/dl	3.2-5.0 g/dl
Sr.Globulin	3.2	g/dl	2.0 3.5 g/dl
A/G Ratio	1.4		
Alkaline Phosphatase	61	IU/L	40-129 IU/L

Renal Function Test

BUN	06	mg/dl	6-21 mg/dl
Sr.Creatinine	0.6	mg/dl	0.7-1.4 mg/dl
Uric Acid	2.0	mg/dl	2.5-7.2 mg/dl


Blood Sugar Estimation

Fasting Blood Sugar	94	mg/dl	70-110 mg/dl
Fasting Urine Sugar	Absent		
Post Prandial Blood Sugar	101	mg/dl	70-140 mg/dl
Post Prandial Urine Sugar	Absent		

---END OF REPORT---

Kindly Correlate with clinical conditions.

Remark : ---


DR.SANDIP MOHANRAO HUDDEDAR
MBBS, DCP
Pathologist


M O I C


SONALI VASANT ADELKAR
Lab Technician

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Rank : Company Name : **M/S. APOLLO HEALTH AND**
Ref By : **DR.MUKUL ARTE** Age/Sex : **33 Year / Female**
Location : **SEA BIRD- ANDHERI**

GLYCOSYLATED HEMOGLOBIN (HbA1C)

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
HbA1c	5.6	%	4.5-6.3%

Sample: Whole Blood
Method : DCCT

HbA1c-DEGREE OF GLUCOSE CONTROL


>8 % - ACTION SUGGESTED
7-8 % - GOOD CONTROL
6-7 % - NEAR NORMAL GLYCEMIA
<6 % - NON DIABETIC LEVEL

INFORMATION: GLYCOSYLATED HEMOGLOBIN ACCUMULATES WITHIN THE RED BLOOD CELLS AND EXISTS IN THIS FORM THROUGHOUT THE LIFESPAN OF RED CELLS. THUS A SINGLE HbA1c VALUE TAKEN EVERY 2 TO 3 MONTHS SERVES OVER THOSE MONTHS. THE MEASUREMENT OF HbA1c HAS BEEN USED AS AN INDEX OF METABOLIC CONTROL OF DIABETES DURING THE PRECEDING TWO TO THREE MONTH PROVIDING PHYSICIAN WITH AN OBJECTIVE LOOK AT PATIENT'S DIABETES CONTROL. HbA1c IS NOT AFFECTED BY FACTORS LIKE INTAKE OF CARBOHYDRATES, TIMING OF ANTI-DIABETES DRUG, DAILY ACTIVITIES

---END OF REPORT---

Kindly Correlate with clinical conditions.

Remark : ---


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Age/Sex : **33 Year / Female**

HEMATOLOGY

INVESTIGATION

OBSERVED VALUE UNITS REFERENCE RANGE


Complete Blood Count

Haemoglobin	12.4	gm/dl	13-18 gm/dl
Total W.B.C	7500	/cu.mm	4000-11000 /cu.mm
Neutrophils	70	%	50-70 %
Lymphocytes	28	%	20-40 %
Eosinophils	02	%	0-7 %
Monocytes	00	%	0-8 %
Basophils	00	%	0-2 %
R.B.C Total	4.56	millions/cu .mm	4.5-5.5 millions/cu.mm
P.C.V	37.3	%	42-55 %
MCV	81.7	femolitre	80-96 femolitre
MCH	27.2	picogram	27-33 picogram
MCHC	33.3	%	32-36 %
W.B.C Morphology	Normal		
R.B.C Morphology	Normal		
Platelet Count	379000	/cu.mm	150000-450000 /cu.mm
Blood Group			
Blood Group	A Positive		
ESR			
ESR	15	mm/hr	0-15 mm/hr

---END OF REPORT---

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Age/Sex : **33 Year / Female**


LIPID PROFILE

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Serum. CHOLESTEROL (CHOD - PAP)	104	mg /dl	145-240 mg/dl
Serum. TRIGLYCERIDE (GPO - PAP)	67	mg /dl	25-160 mg/dl
S.HDL CHOLESTEROL	43	mg/dl	35-80 mg/dl
VLDL CHOLESTEROL	13.4	mg/dl	Upto 40
LDL CHOLESTEROL (calculate)	47.6	mg/dl	Upto 150
CHOL/HDL CHOL(Ratio)	2.4		Upto 5.0
LDL CHOL/HDL RATIO	1.1		0-3.0

---END OF REPORT---

Kindly Correlate with clinical conditions.

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Location : SEA BIRD- ANDHERI
Reg. : 28-Aug-2024
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Age/Sex : 33 Year / Female

URINE ROUTINE

INVESTIGATION


OBSERVED VALUE UNITS REFERENCE RANGE

Colour	PALE YELLOW		PALE YELLOW
Appearance	CLEAR		CLEAR
Specific Gravity	1.015		1.030
pH	ACIDIC		ACIDIC
Odour	AROMATIC		AROMATIC
Proteins (UR)	ABSENT		ABSENT
Sugar	ABSENT		ABSENT
Bile Salts	ABSENT		ABSENT
Bile Pigments	ABSENT		ABSENT
Ketones (UR)	ABSENT		ABSENT
Occult Blood	ABSENT		ABSENT
Urobilinogen(UR)	ABSENT		ABSENT
Pus Cells (UR)	2-3	/hpf	2-3/hpf
RBC cells	ABSENT	/hpf	2-3/hpf
Epithelial Cells	3-4	/hpf	1-2/hpf
Casts (UR)	ABSENT	/hpf	
Crystals	ABSENT	/hpf	
Bacteria (UR)	ABSENT		ABSENT
Others (UR)	ABSENT		

---END OF REPORT---

Kindly Correlate with clinical conditions.

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Seabird Medicare Center

A-101-102, Heritage Plaza, Telli cross Lane

Patient: ROHINI PATIL

Refd. By:

Pred. Eqns: RECORDERS

Date : 28-Aug-2024 11:57 AM

Age : 33 Years

Height : 155 Cms

Weight : 59 Kgs

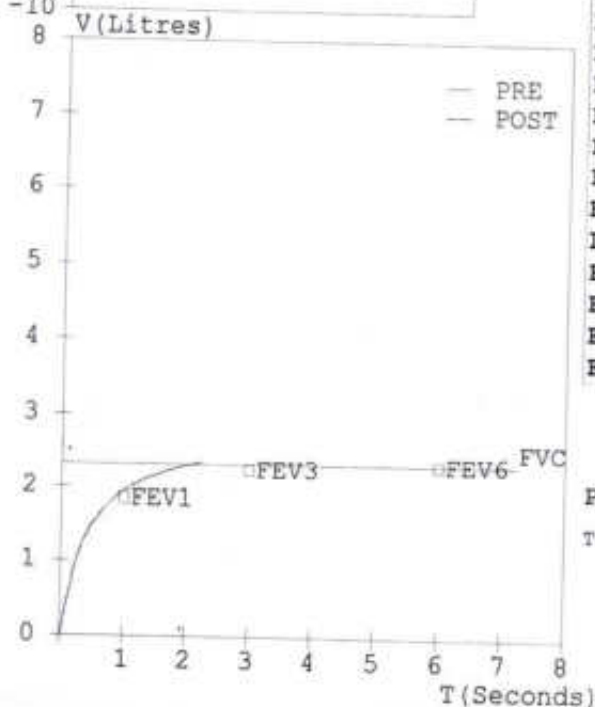
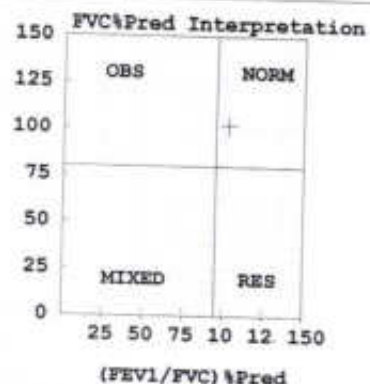
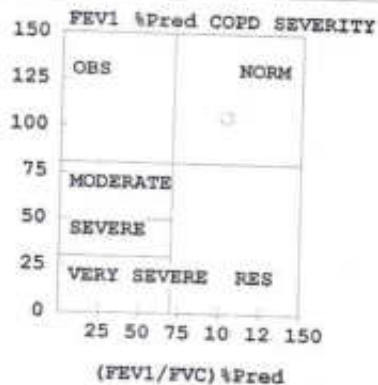
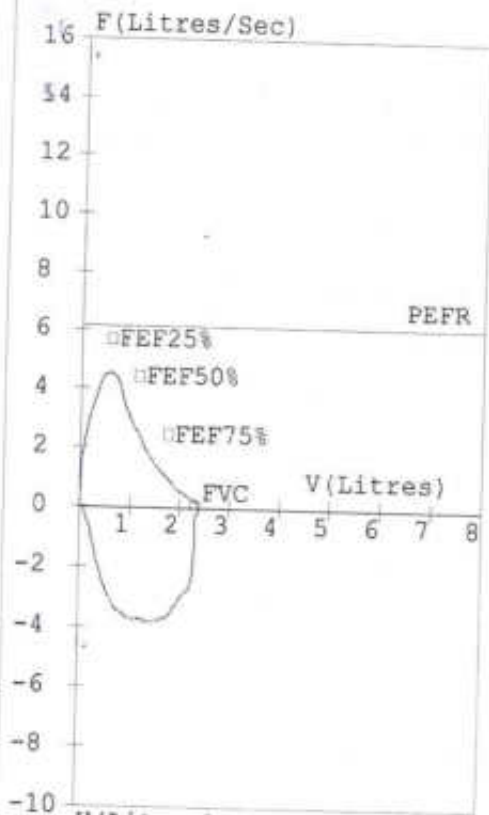
ID: 2580

Gender : Female

Smoker : No

Eth. Corr: 100

Temp :



Spirometry (FVC Results)

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	02.32	02.37	102	-----	---	---
FEV1 (L)	01.86	01.96	105	-----	---	---
FEV1/FVC (%)	80.17	82.70	103	-----	---	---
FEF25-75 (L/s)	02.72	01.96	072	-----	---	---
PEFR (L/s)	06.15	04.50	073	-----	---	---
FIVC (L)	-----	02.28	---	-----	---	---
FEV.5 (L)	-----	01.51	---	-----	---	---
FEV3 (L)	02.25	02.37	105	-----	---	---
PIFR (L/s)	-----	03.79	---	-----	---	---
FEF75-85 (L/s)	-----	00.64	---	-----	---	---
FEF.2-1.2 (L/s)	05.00	03.47	069	-----	---	---
FEF 25% (L/s)	05.71	04.50	079	-----	---	---
FEF 50% (L/s)	04.42	02.33	053	-----	---	---
FEF 75% (L/s)	02.46	00.90	037	-----	---	---
FEV.5/FVC (%)	-----	63.71	---	-----	---	---
FEV3/FVC (%)	96.98	100.00	103	-----	---	---
FET (Sec)	-----	02.32	---	-----	---	---
ExplTime (Sec)	-----	00.13	---	-----	---	---
Lung Age (Yrs)	033	031	094	-----	---	---
FEV6 (L)	02.32	-----	---	-----	---	---
FIF25% (L/s)	-----	03.33	---	-----	---	---
FIF50% (L/s)	-----	03.77	---	-----	---	---
FIF75% (L/s)	-----	03.38	---	-----	---	---

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.



DR. SANJEEVANI



Sea Bird
Sea Bird Medicare

ECHOCARDIOGRAPHIC EVALUATION

NAME: ROHINI PATIL


AGE/SEX: 33 YRS/ M

REF: APOLLO

DATE: 28/08/2024

IMPRESSION:-

- 1) All chambers normal in size.
- 2) Normal LV function.
- 3) No regional wall motion abnormality.
- 4) LV ejection fraction = 60 %
- 5) Great vessels are normal in size, relation & position.
- 6) IVS & IAS are intact.
- 7) Pericardium appears normal.
- 8) IVC normal in size and well collapsing with respiration.
- 9) No pulmonary hypertension present. RVSP by TR jet velocity = 23 mmHG
- 10) No evidence of clot in la & left ventricle.


DR. JACOB MATHEW MD,DMM,DTCD
PHYSICIAN MARINE MEDICINE



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Age/Sex : 33 Year / Female

SONOGRAPHY (ABDOMEN)

Ref No : 28/08/2024

Investigation : Abdomen Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB, Pancreas & Spleen are within normal limits.

Both Kidneys are normal in size, position and echogenicity; CM differentiation normal.
No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

No Significant abnormality noted on the study.

Dr. Jacob
Mathew MD

Dr. Jagmohan L. Chopra MD
Dr. Asghar Majeed

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भारत सरकार
GOVERNMENT OF INDIA



रोहिणी भूषण पाटील
Rohini Bhushan Patil
जन्म तारीख/DOB: 30/12/1990
महिला/ FEMALE
Mobile No: 9768151055

4258 4359 4790
VID 9166 0337 3243 4489

माझे आधार , माझी ओळख



Laboratory Report

Lab ID : 40833813516

Patient : Ms. ROHINI DOB : PATIL Tel No : PID No : Sex/Age : Female / 33 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar	Registered On: 28-Aug-2024 13:48 Collected On: 28-Aug-2024 13:48 Reported On: 28-Aug-2024 16:08
--	---	--	--


TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Thyroid Function Test

Triiodothyronine (T3) CMA	127.07	ng/dL	70-204	
Thyroxine (T4) CMA	H 12.70	µg/dL	Non Pregnant :- 4.87-11.72; Pregnancy First Trimester 8.0-17.1; Second Trimester 8.0-17.8; Third Trimester 8.0-20.1	

Verified by
SRG.




Dr Nilesh Bhamare,
 M.D.Pathology
 MMC Reg.No.2005/9/3404

Page 3 of 5





Laboratory Report

Lab ID : 40833813516

Patient : Ms. ROHINI
DOB PATIL

Ref. By :

Registered On:
28-Aug-2024 13:48

Tel No :
PID No :
Sex/Age : Female / 33 Years
Ref Id :
Specimen : Serum



Client : Sea Bird Medicare Pvt Ltd - Powai
102-104, Gateway Plaza, Central Avenue, Hiranandani
Gardens Powai - 400076

Collected On:
28-Aug-2024 13:48
Reported On:
28-Aug-2024 16:08

Processing Location :
NDPL - Vidyavihar

Remarks: Kindly Correlate Clinically

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microU/ml)
First trimester	0.21 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

..... End Of Report

Verified by
SRG.



Dr N. Bhamare
Dr Nilesh Bhamare.

Page 5 of 5

M.O.Pathology
MMC Reg.No.2005/9/3404




Laboratory Report

Lab ID : 40833813516

 Patient : Ms. ROHINI
 DOB PATIL

Ref. By :

 Registered On:
 28-Aug-2024 13:48

 Tel No :
 PID No :
 Sex/Age : Female / 33 Years
 Ref id :
 Specimen : Serum

 Client : Sea Bird Medicare Pvt Ltd - Powai
 102-104, Gateway Plaza, Central Avenue, Hiranandani
 Gardens Powai - 400076

 Collected On:
 28-Aug-2024 13:48
 Reported On:
 28-Aug-2024 16:08

 Processing Location :
 NDPL - Vidyavihar

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) CMIA	L 18.6	ng/mL	Deficiency:- Below 10; Insufficiency :- 10-30; Sufficiency :- 30-100; Hypervitaminosis :- Above 100	


25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)₂-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)₂-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)₂-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)₂-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.


Remarks: Kindly correlate clinically.

 Verified by
 SRG.


Dr Nilesh Bhamare,
 M.D.Pathology
 MMC Reg.No.2005/9/3404

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Laboratory Report		Lab ID : 40833813516
Patient : Ms. ROHINI DOB : PATIL Tel No : PID No : Sex/Age : Female / 33 Years Ref id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar Registered On: 28-Aug-2024 13:48 Collected On: 28-Aug-2024 13:48 Reported On: 28-Aug-2024 16:08

VITAMIN B - 12

Vitamin B - 12 Level 310.0 pg/mL 187-883
CMA

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B 12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily increased after Drug.

Falsely high in Deteriorated sample.

Verified by
SRG.



Nilesh Bhamare

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10mm/mV 25.0mm/S

0.05-35 Hz 50Hz



LEAD I

LEAD II

LEAD III

10mm/mV 25.0mm/S

0.05-35 Hz 50Hz

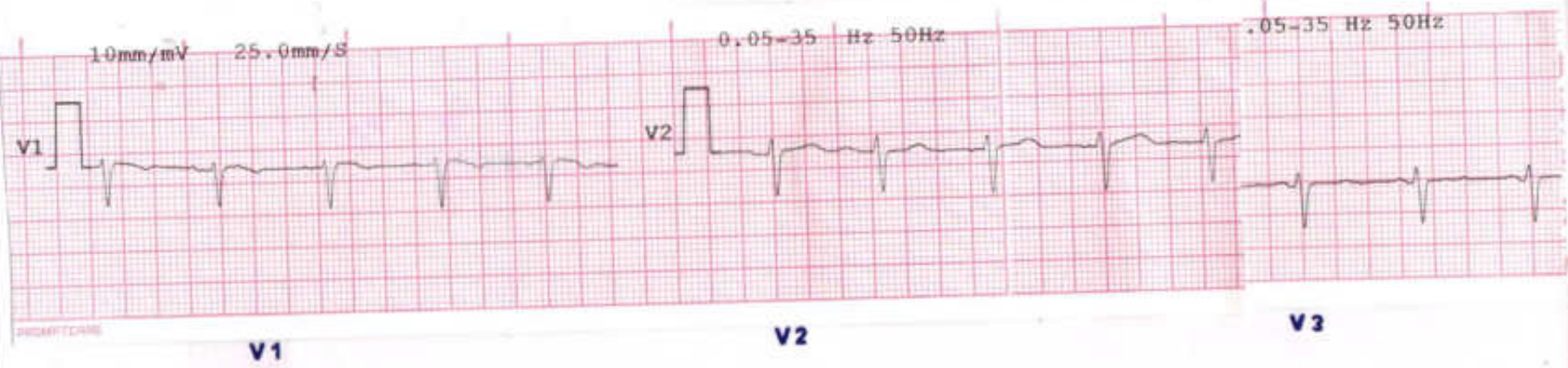


LEAD aVR

LEAD aVL

LEAD aVF

Bob





Sea Bird

Sea Bird Medicare Centre
(ISO: 9001 - 2015)

NAME

Rohini Patil

AGE

33y

DATE

28/8/2024

101-102, Heritage Plaza, Telli Cross Lane, Andheri East (Nr. Station),
Mumbai - 400069. Tel.: 022-4603 2704 / 81046 06813

102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens,
Powai, Mumbai - 400076. Tel.: 2570 4157 / 2570 1053

Website: www.seabirdhf.com / Email: seabird@seabirdhf.com

ELECTROCARDIOGRAPHIC REPORT

E. C. G. REPORT

RHYTHM 94/min
 RATE 22
 P WAVE 2
 QRS COMPLEX 2
 REMARKS None

VOLTAGE N
 RHYTHM Regular
 PR INTERVAL N
 Q WAVE N
 T WAVE in - electric

Dr. SUGAMANT

Regn. No. 44293 (MMCI)

Approved By Dr. Shipping (CO)

Cooperates in Health Insurance & Aviation Medicine

101-102, Heritage Plaza, Telli Cross Lane,

Andheri East, Mumbai - 400069

SEA BIRD MEDICARE CENTRE